Please distribute the following information to relevant staff in your organisation.

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Ministry of Health-IMAC advice - Myocarditis and the COVID-19 vaccine

Please see the following information from the Ministry of Health and IMAC in order to ensure everyone is fully aware of the symptoms and signs of o/pericarditis in the days following COVID-19 vaccination.

Kia ora koutou

Today the Ministry of Health issued a press release regarding the death of a woman in the days following vaccination with the Pfizer COVID-19 vaccine. The Ministry of Health states the case has been referred to the Coroner and the cause of death has not yet been determined.

The COVID-19 Vaccine Independent Safety Monitoring Board (CV-ISMB) considered that the myocarditis was probably due to vaccination. The CV-ISMB noted that there were other medical issues occurring at the same time which may have influenced the outcome following vaccination.
Key points for vaccinators and other health professionals

- A risk of heart inflammation (myocarditis, pericarditis, or both) has been observed in people who have received mRNA COVID-19 vaccines in overseas studies, particularly in males under 30 years of age after the second vaccine dose.
- IMAC emphasises that the overwhelming benefits of vaccination in protecting against COVID-19 greatly outweigh the rare risk of these conditions, and Comirnaty (Pfizer mRNA vaccine) used in New Zealand continues to be recommended for all people ≥ 12 years of age who do not have any contraindications to the vaccine.
- Myocarditis symptoms such as chest pain, shortness of breath or feelings of having a fast-beating fluttering, or pounding heart may appear within a few days of having the vaccine. Anyone who experiences these symptoms after having the vaccine should seek medical attention.
- Myocarditis or pericarditis reports have been more common following the second dose and in younger males.
- The risk of myocarditis from COVID-19 infection is much greater than from COVID-19 vaccination: Recent data from Israel showed three cases of myocarditis per 100,000 following Comirnaty vaccination versus 11 per 100,000 with COVID-19 infection.
- Most myocarditis and pericarditis cases linked to mRNA vaccination have required hospitalisation for assessment and monitoring but most cases have been mild and patients have recovered quickly with standard treatment. Longer-term follow-up of these cases is ongoing. However, sudden death may be a complication of myocarditis so careful assessment and management of suspected cases is important.

All episodes of myocarditis and pericarditis following Comirnaty should be notified to CARM.

More information about myocarditis and the COVID-19 vaccine in New Zealand is available on our website.

For further advice or support please call 0800 immune or 0800immune@auckland.ac.nz.

Ngā mihi,

The Immunisation Advisory Centre