



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

May 28, 2021

Dear Colleagues,

We are writing to ensure you are aware that the Centers for Disease Control and Prevention (CDC) has recently identified increased cases of myocarditis and pericarditis in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. **CDC continues to recommend COVID-19 vaccination for everyone 12 years and older.**

CDC's "Clinical Considerations Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults" is online at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>.

Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the lining outside the heart. In both cases, the body's immune system is causing inflammation in response to an infection or some other trigger. Symptoms can include chest pain, shortness of breath, or palpitations.

Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older. Onset was typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. In most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms.

CDC Recommendations for Clinicians

- CDC continues to recommend COVID-19 vaccination for everyone 12 years and older given the greater risk of other serious complications related to COVID-19, such as hospitalization, multisystem inflammatory syndrome in children (MIS-C), or death.
- Report all cases of myocarditis and pericarditis post COVID-19 vaccination to VAERS (<https://vaers.hhs.gov/reportevent.html>)
- Consider myocarditis and pericarditis in adolescents or young adults with acute chest pain, shortness of breath, or palpitations. In this younger population, coronary events are less likely to be a source of these symptoms.
- Ask about prior COVID-19 vaccination if you identify these symptoms, as well as relevant other medical, travel, and social history.

- For initial evaluation, consider an ECG, troponin level, and inflammatory markers such as C-reactive protein and erythrocyte sedimentation rate. In the setting of normal ECG, troponin, and inflammatory markers, myocarditis or pericarditis are unlikely.
- For suspected cases, consider consultation with cardiology for assistance with cardiac evaluation and management. Evaluation and management may vary depending on the patient age, clinical presentation, potential causes, or practice preference of the provider.
- For follow-up of patients with myocarditis, consult the recommendations from the [American Heart Association and the American College of Cardiology](https://www.ahajournals.org/doi/10.1161/CIR.000000000000239) (<https://www.ahajournals.org/doi/10.1161/CIR.000000000000239>)
- It is important to rule out other potential causes of myocarditis and pericarditis. Consider consultation with infectious disease and/or rheumatology to assist in this evaluation.
 - Where available, evaluate for potential etiologies of myocarditis and pericarditis, particularly acute COVID-19 infection (e.g., PCR testing), prior SARS-CoV-2 infection (e.g., detection of SARS-CoV-2 nucleocapsid antibodies), and other viral etiologies (e.g., enterovirus PCR and comprehensive respiratory viral pathogen testing).

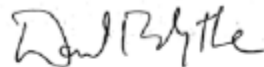
CDC is continuing to investigate these cases, and we will continue to share information as it becomes available.

Thank you for your ongoing work to ensure that Marylanders receive the COVID-19 vaccination.

Sincerely,



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