

Department of Immunology Tel. No. 08 6457 1490 Clinic Date: 22/3/2022

Western Australian Vaccine Safety Surveillance Perth Children's Hospital 15 Hospital Avenue NEDLANDS WA 6009

Dear Sir/Madam

Patient Name: Adam SIWEK

UMRN: D5514292 DOB: 21/9/1984

I reviewed this gentleman in the Vaccine Safety Clinic via telephone due to current COVID -19 restrictions. He had his first dose of the Pfizer vaccine on 15 September. Following this he developed issues with migraines and also recurrent epistaxis. He did not seek medical attention at this time and this all resolved. He subsequently went to have his second dose of the Pfizer vaccine on 15 October 2021. Within 24 hours he had recurrence of his epistaxis having four episodes in the week. He also developed left sided chest pain which was worse with exertion and slightly worse on lying flat. This culminated in an episode where he developed significant sharp stabbing pain on 09 December associated with feeling unwell and clammy. He attended the hospital via ambulance and had a significant elevated troponin with ECG changes with T wave inversion of V2 through to V3 and a cardiac MRI subsequently confirmed myocarditis. Unfortunately he has continued with ongoing symptoms of chest pain and shortness of breath.

He has a past medical history of AVM which is under observation through NIISWA. He is currently taking rosuvastatin 10 mg once a day, colchicine 500 mcg twice daily and naproxen prn. He denies any known drug allergies. Socially he is an electrician. He is an ex-smoker having stopped 7 years ago and drinks 6 to 10 drinks in a sitting at the weekend.

Clinically the history is consistent with a level 1 definition myocarditis according to Brighton classification criteria with an A1 causality association. He unfortunately did get COVID approximately two weeks ago although he recovered from this with only minimal symptoms. Given his ongoing current chest pain, the fact that he is awaiting further cardiology review and patient preference, and in line with ATAGI guidelines for recent COVID infection I have given him a temporary exemption for 4 months post COVID infection and we will touch base with him in four months' time and make a plan for vaccination at that time.

Yours sincerely

Electronically approved by

Dr Andrew McLean-Tooke Consultant Immunologist