

Department of Immunology
Tel. No. 08 6457 1490
Clinic Date: 26/7/2022

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

Dear Sir/Madam

UMRN: C7989643
DOB: 13/9/1986

Patient Name: Cory CRIPPS

Thank you for referring this 35-year-old gentleman, whom I saw in the Immunology Safety Clinic. He had his first dose of Pfizer on 15 January 2022. For the first day, he developed mild soreness of the arm but the next day felt back to his normal. However, the day after this he began to develop some retrosternal chest pain which then gradually increased. By day 6, he attended the GP and had an ECG which was unremarkable and subsequently went into the Emergency Department, by which time his pain was very severe. He describes retrosternal pain without clear pleuritic component that was worse on the leaning forward and improved on lying back. His ECG and chest x-ray at the time of his Emergency Department attendance was normal. He subsequently went on to have a cardiac MRI performed by Dr Teng, which subsequently showed evidence of mild pericardial enhancement around the right ventricular free wall and anterior wall, especially apically. He was treated with colchicine with some improvement and has not had any further vaccines. Unfortunately, he has had ongoing shortness of breath on exertion and chest pain if he exerts himself. He had stopped the colchicine but had noticed joint symptoms, particularly his knees, shoulders and hips and he has been subsequently referred to a rheumatologist for further investigation of this.

He denies any significant past medical history. He is currently taking colchicine 500mcg daily.

Socially, works in an office job. He is a non-smoker and currently does not drink.

Impression:

1. Pericarditis post mRNA vaccine (Pfizer) dose 1 - level 1 diagnostic certainty by Brighton collaboration criteria; WHO AEFI causality A1 (vaccine associated event).

Recommendations:

1. To avoid further mRNA vaccines (Pfizer or Moderna)
2. Can have Novavax as a second dose and for additional boosters but recommended to have this once he is asymptomatic from chest pain for six weeks prior

I have not arranged to see him again routinely in our clinic but we would be happy to do so in the future should that be required.

Yours sincerely

Electronically approved by

Dr Andrew McLean-Tooke
Consultant

cc: Nil Gp / Nil Practice Confirmed

Cory A. Cripps,

Dr Justin Y. Teng, Ecardiology, Suite 42 Mount Medical Centre, 146 Mounts Bay Road, PERTH WA
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