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16/05/2022

Dr Andrea Peiser
7 Melaleuca Drive
ST IVES NSW 2075

Dear Andrea,

RE: Mr Michael Birch DOB: 24/04/1992
32/7-15 Taranto Road, MARSFIELD NSW 2122
0437 031 900

I am writing about Michael whom I saw with your kind note. He has been struggling with difficult fatigue symptoms after a severe reaction after his second Pfizer vaccine, although he had symptoms that began with the first dose. It's thought that a subset of patients with mRNA vaccines get rapid vascular uptake with deposition to the heart that causes these range of inflammatory symptoms that people experience and cardiac investigations find abnormalities in some but not in many others.

At the moment cardiac symptoms have settled. He is off the beta blocker that was helpful and he is no longer on Colchicine. He is on Naltrexone, Ketotifen, some Crestor and another antihistamine.

Lately he has been getting some twitching of peripheral lower limb muscles and about the face. Therefore it's beyond what you would call a benign facial myokymia because different areas are affected. That predates the Crestor. Obviously through this whole process he has been quite deconditioned.

Laboratory investigations in 2018 showed elevated CCP antibodies. He saw a Rheumatologist in Hornsby Dr Podgorski then and then more recently with the range of symptoms he has had, he had a further appraisal with another Rheumatologist and CCP antibodies were observed.

I think at the moment with Michael we should get an EMG and Nerve Conduction studies done on him. I will recheck his CCP antibodies, his CK and a few other autoimmune markers. I don't think his P-ANCA with negative MPO PR3 antibodies merits concern, it's reasonable to redocument it. I will write to you and Michael when I get those results.

After he does the EMG then we will just start him empirically on Plaquenil 200 mg in the morning. On his body weight he could have two tablets a day. That takes 4-6-8 weeks to help mop up residual inflammatory symptoms and we often use it in undifferentiated connective tissue disorders as well as obviously lupus and rheumatoid.

I will catch up with Michael in 12-14 weeks after he starts the Plaquenil. If we continue it after that time we do like patients to get a visual field check at that time and then annually for historical reasons. Occasionally patients are more UV sensitive on it and get buzzing in their ears, headache or increased tummy wind. If it disagrees with him he should let me know earlier.

Obviously if the EMG and Nerve Conduction studies are abnormal then he will need neurological review and I would organise that for him then when I get those results.

Michael had the two doses of the Pfizer vaccine and then he got COVID in January which would

have been Omicron. Unfortunately that won't protect him from getting B2 and other variants that are emerging, so he should remain antisocial and careful. He could be reassured that Novavax should be a good option for a booster for him.

Addendum 18/5/2022

Dr Christian Skulina reported on NCS and EMG on Michael on 17 May 2022 which showed no evidence of large fibre neuropathy. Needle EMG showed changes in the left gastrocnemius medial head. Since he has had fasciculations at other sites, however, I think neurology review would be appropriate and I will refer him for an appointment with Dr Skulina. Meanwhile he can start Plaquenil.

Addendum 19/05/2022

Michael's tests on DHM Pathology Lab ID: 862298928 showed he does not have a rheumatoid factor. Uric acid was 0.18 consistent with low dietary meat intake probably. Cholesterol was 3.4. CK was normal. Corrected calcium was 2.08. His CRP was normal. Thyroid function was normal. Thyroid antibodies were negative. Blood count and ESR were normal. His ANA was negative. Intrinsic factor and parietal cell antibodies were negative. ENA was negative. Coeliac serology was negative. IgG, IgA and IgM were normal. IgG subclasses were normal.

His CCP antibodies are 18, less than they have been. This should be monitored on an annual basis. If it is greater than 30 he should be clinically reviewed. It should be checked along with rheumatoid factor. He has a P-ANCA of 1:80 with negative MPO PR3 antibodies, a non-pathological finding. EPG on serum was normal without inflammatory change.

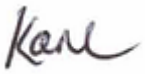
COVID serology shows he has had previous COVID infection but he does have good COVID IgG spike protein antibodies as well.

Addendum 20/05/2022

ASCA IgG was negative with IgA detected, a non-pathological finding (co-positivity for both can suggest Crohn's disease).

We should review him after he has had about 12 to 14 weeks of a trial of Plaquenil therapy.

Yours sincerely,



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cc:
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Prof Hosen Kiat, Cardiac Health Institute, Suite 203, 16-18 Bridge Street, EPPING NSW 2121
Mr Michael Birch, 32/7-15 Taranto Road, MARSFIELD NSW 2122