



St. Vincent's Clinic

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Dr Nadia Laeeq
Florey Medical Centre
Kesteven St
Florey ACT 2615

Dear Nadia,

Re: Mr Rado FALETIC
11 Diggles St, Page ACT 2614
DOB: 11/02/1976

Thank you for asking me to review Rado regarding his post-coronavirus vaccine symptoms. I reviewed him via Telehealth.

Rado had a typical reaction at first to his first Pfizer coronavirus vaccine of 19 October with local swelling and fatigue. However, two days later, he developed chest and left arm ache together with fatigue, fever, and tachycardia, all of which lasted about 24 hours. The chest pain was not typical of pericarditis; he described the pain as like being "pricked with needles". Shortly after his second Pfizer vaccination on 9 November, his symptoms recurred along with "brain fog" and worsening hypertension, although without fever (or weight loss). The brain fog resulted in him being unable to work normally. He denied breathlessness, although sometimes feels like he has just done exercise when he hasn't. He has had at least four visits to the Emergency department over the subsequent two months. I understand that multiple ECGs, chest x-rays, troponin levels, blood counts and CRP levels were normal. An echocardiogram on 14 January was reported as normal apart from a mildly dilated left ventricle; his ejection fraction was 55%. Over the last few weeks, his symptoms have started to improve such that he has been to cycle several times.

Rado was diagnosed with hypertension on June 2019. He believes it had been well-controlled on perindopril 10 mg daily until his vaccinations. Since then, his resting blood systolic pressure has been closer to 140 mmHg, but has improved with the recent addition of amlodipine 5 mg daily. He has an appointment to see a cardiologist in April.

Rado has had mild asthma, but is on no regular therapy. He has obstructive sleep apnoea controlled with CPAP. He is on no other regular medication. He may have had penicillin anaphylaxis as a child. His mother has had a stroke and may be hypothyroid. His father has hypertension and heart failure. His two sisters are healthy, as are his two children, who are unvaccinated. Rado works from home as a consultant facilitating international science collaborations. At the very end of our consultation he mentioned that he had done only two hours of work in three months and asked whether I could confirm that he qualified for the national vaccination complication compensation.

I have no doubt that Rado's symptoms are due to the Pfizer vaccine. I have encountered many patients with more typical pericarditis, but some with only hypertension and tachycardia. These symptoms have settled over weeks to months in those patients and appear to be settling in Rado. If the amlodipine does not help, other medications I have seen used are a beta-blocker and ivabradine, although a beta-blocker could of course worsen his asthma. His left ventricular dilatation could be a consequence of his longstanding hypertension, but I would assume it more likely to have been a vaccine effect if the left ventricular dilatation improves on a follow-up echo.

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As for future vaccine doses, Rado should not have Pfizer again. I would not administer Moderna, which can cause the same illness. Novavax is only approved for the primary vaccination series, so Rado cannot access that for now, but it may well be approved as a booster in the future. AstraZeneca has not been linked to pericarditis, so is a viable option. His main risk for COVID infection would be via his young children, who have just returned to school. Overall, I would recommend that he receive AstraZeneca, as the alternative of COVID infection also carries a risk of pericarditis, brain fog and chronic fatigue.

I will explore the issue of financial compensation and whether Rado qualifies, although the diagnosis may require a cardiologist's assessment. I have not made any plans to review Rado again, but would be more than happy to do so should you think that might be of value. Many thanks for your referral.

Kindest regards,

A handwritten signature in black ink, appearing to read 'Andrew Carr', with a stylized flourish at the end.

Andrew Carr