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ASSOCIATE PROFESSOR OF INFECTIOUS DISEASES
2A/18 BENTHAM ST, YARRALUMLA, ACT 2600
PROVIDER NO. 214893EL

Date: 13 December 2021

Dr Nadia Laeeq
Florey Medical Centre, 19/21 Kesteven Street, Florey ACT 2615
Fax: 6259 2027

Dear Nadia,

Re: Mr Rado Faletic DOB: 11/02/1976
11 Diggles Street, Page ACT 2614
Mobile: 0414 778 087

Thank you for referring this 45-year-old married man regarding a chronic syndrome. Rado is married with two kids, aged 8 and 10. He consults around sites. He has no pets and his last overseas travel was in 2019. He has been to Europe, Asia, the Pacific Islands, and once to South Africa. As a child, he apparently had difficulty breathing to penicillin. He has hypertension, obstructive sleep apnoea, and oesophagitis in 2017, which spontaneously resolved.

On 11 February 2021, he developed a headache, malaise, nausea and vomiting, fevers and sweats. Then a sore throat, mild cough, and altered sense of taste appeared. Over the next three days, he had anorexia and intermittent severe left knee pain. Then within a week, these initial symptoms subsided, but the cough worsened, and he produced a small amount of clear sputum. An ulcer was cleared on the right side of his tongue and the skin of his right sole cleared. After two weeks, the cough lingered for a bit longer, but it was less with intermittent fatigue, insomnia, "brain fog", and headache. The altered sense of taste did persist, but all of these symptoms improved over six months. There was also intermittent right upper quadrant abdominal pain. At the beginning of September 2021, he was much better, and in this last week, he was almost back to his premorbid status. In terms of sick household contacts, his daughter was the first to become sick for two weeks, then Rado, then his son and wife. It was a similar illness for all of them, although his daughter visited on the fourth day and admitted. He also had an acutely painful left shoulder, for which they visited hospital, but there was no obvious cause apparently found. His wife had "brain fog". He and his daughter tested negative for COVID while symptomatic, although I understand that a full viral PCR panel was not performed.

Rado also feels that the Pfizer vaccine may have exacerbated symptoms. He received his first dose on 19 October 2021, and two days later, he had presyncope while in bed, and noticed tingling in the right upper limb. He also had headaches for around two weeks. His second Pfizer vaccine was given on 9 November 2021. He had some nausea, intermittent dizziness, sharp pains in the chest, (which was not pleuritic) and palpitations. He went to Calvary ED on 16 November 2021 and he was noted to be afebrile. An ECG was done on that day. His troponin and D-dimer were normal as was his chest x-ray. He re-presented to ED on 6 December 2021. His chest pain was 4/5 severity. Again, his troponin and lipase were normal.

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Looking through his blood tests, on 6 September 2021, his HLA-B27 was negative. On 27 August 2021, he was COVID-antibody negative. On 31 August 2021, his TSH, CRP and ESR were normal with a negative CCP and rheumatoid factor. His serology for EBV and CMV were negative.

On examination, Rado looked well. His blood pressure lying down was 137/85mmHg with a pulse rate of 66bpm and regular. There was no chest wall tenderness. The heart sounds were dual with no murmurs with no rubs. The chest was clear and the abdomen soft and non-tender with no masses. There was no lymphadenopathy. There were no digital stigmata of endocarditis.

I explained to Rado that his family did have a viral illness that led to his ongoing symptoms and it is also possible that the innate immune response to the vaccine may have exacerbated these symptoms, but it is just too hard to be certain about this. I do not think he had COVID, as both he and his daughter tested negative, while symptomatic, and his antibody test six months later was negative.

Rado has decided that he does not want to have the booster dose of the COVID vaccine in case it exacerbates his symptoms. I explained that I cannot guarantee that this would not occur, but I did talk to him about the benefits of having a booster dose of the vaccine. He has asked me to submit an adverse vaccine event report to ACT Health. I will do this to say he may have had a possible reaction to the vaccine.

If Rado does not improve, I would be grateful if you could look for other causes of these non-specific constellation of symptoms. Could you please arrange a 24-hour urinary test for metanephrines and 5-HIAA for pheochromocytoma and carcinoid syndrome respectively? Could you also please repeat his CRP, ESR, and do an autoimmune screen with an ANA, ENA, dsDNA, ACE, and ANCA? If Rado continues to have these chronic symptoms, like a chronic fatigue syndrome, I explained that graded physiotherapy and psychology review may be helpful. He did note though that he is exercising quite a lot already.

I have not made arrangements to see Rado again, but I am happy to do so at any time.

Yours sincerely,

Sanjaya Senanayake,
FRACP, MBBS(Hons), BSc(Med), MAppEpid
(Seen but not signed)

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