

Department of Immunology
Tel. No. 08 6457 1490
Clinic Date: 12/4/2023

Dr James R. Prendiville (Faxed)
Mosman Park Family Practice
2 Willis Street
MOSMAN PARK WA 6012

Dear Dr Prendiville

UMRN: E5604746
DOB: 8/6/1987

Patient Name: Reiley PATERSON

Past Medical History:

1. 2 x inguinal hernia surgeries (2012 and 2013).
 - 1.1 No complications.
2. Appendicectomy (2014).
 - 2.1 No complications.

Medications

Nil regular.

Allergies

Nil.

Social History

Currently works as an electrician and in strength and conditioning coaching as well as currently working as a handyman at a resort in Broome. He does not smoke or drink regular alcohol or use recreational drugs. is not undertaking any regular exercise at present.

Vaccine History

1 x dose of the Novavax vaccine on 24 February 2022.

I reviewed Reiley Paterson in the Vaccine Safety Clinic on the 12th April 2023, via telephone consult. Reiley is a 35-year-old gentleman who was re-referred to us by his GP in March of 2023 for advice regarding long-COVID symptoms following his original Novavax vaccine.

Reiley suspects that he had the COVID-19 infection in March of 2020, after return from travelling in Brazil. This infection was not confirmed on PCR or RAT testing. Reiley did not suffer from any long COVID symptoms following his initial infection. He had subsequent confirmed COVID-19 antibodies on blood tests in December of 2021.

Reiley would describe himself as vaccine hesitant, but was unable to get an exemption and required the vaccine in order to open his gym. As such, he waited until the Novavax was available and received his first dose of the vaccine on 24 February 2022. The night of

receiving the vaccine, Reiley reports symptoms of night sweats, worsening brain fog and insomnia, which lasted for approximately 48 hours. One week post the vaccine he started to develop chest pain, with symptoms affecting the left side of his body, aching in nature as well as radiating to his stomach and left loin to groin area. The pain was fluctuated in intensity and he noticed some associated tachycardia and presyncope at work. Reiley saw his GP at the time and was reportedly troponin negative with a normal ECG. He presented to Fiona Stanley Hospital ED and his CXR was unremarkable. Reiley subsequently had ongoing review via Access Cardiology, until July of 2022 and reportedly had a normal cardiac MRI, an unremarkable stress echocardiogram and no symptoms or objective investigation findings to suggest pericarditis or myocarditis.

Around this time, Reiley contacted a friend in the United States to receive a copy of the "frontline critical care protocol". He reports having taken Ivermectin for four weeks, followed by a form of topical therapy for two weeks. In addition to this medication, he took various supplements, including vitamins D, K and C, melatonin, aspirin, magnesium, fluvoxamine. He reports that this combination of therapies dulled down his significant symptoms.

In June 2022, he noticed some paraesthesias in his lower limbs, twitching in his forehead and some blurred vision as well as worsening of his previously described symptoms. He also reported tinnitus, affecting his right side more than his left, and ongoing diarrhoea. He did see an optometrist at this time with no objective cause found for his ocular symptoms. By September 2022, Reiley reported that his symptoms had slightly improved and he was able to start working as a handyman. By December 2022, he started to see an online Practitioner, who provided assistance with regard to his gut health. He describes undertaking a regime of "detox to metals and rebuilding of his epithelium". He also reports engagement with Doctors online, who we are providing treatment for the COVID injured. He reports that his symptoms have improved in this time, with ongoing issues including brain fog, intermittent chest pain and tachycardia, paraesthesias, internal tremors, tinnitus and blurred vision. All of these symptoms are exacerbated by stress and exertion and continue to fluctuate in intensity.

At the time of our long review, Reiley did continue to mention various theories about vaccines as a genetic therapy. He discussed the conspiracy surrounding forged COVID-19 documents and reiterated his perspective about the unethical behaviour of Doctors and Physician's related to the treatment of COVID injured patients. He had strong feelings about Doctors not being interested in helping and acting against the Hippocratic Oath. He felt very disappointed regarding the purpose of the Vaccine Clinic and our inability to provide advice regarding his ongoing symptoms of long COVID.

Impression:

My impression, at this stage, is that Reiley has suffered from multiple reactogenic symptoms following his COVID-19 vaccine. There is no objective evidence of myocarditis, pericarditis or another medical issue that would strongly correlate with the vaccine or preclude him from being eligible for further doses of the vaccine.

Plan

1. There is no current contraindication to Reiley receiving further doses of the COVID-19 vaccine

2. There is no current mandate for COVID-19 vaccination at present.
3. We will otherwise discharge Reiley into the ongoing care of his GP and various Physicians.
4. I did liaise with Reiley's General Practitioner, Dr Prendiville, at the time of review to apologise that we are not a Long COVID Clinic, as anticipated, we primarily provide advice regarding future vaccine safety.

Yours sincerely

Electronically approved by

Dr Gabrielle Rule
Registrar

Letter reviewed by

Dr Andrew McLean-Tooke
Consultant Immunologist

cc: Reiley Paterson