

Important Information about Myocarditis and Pericarditis for Pfizer and Moderna COVID-19 Vaccines

Please review the following information about the rare risk of myocarditis and pericarditis following immunization with mRNA vaccines.

There have been rare cases of myocarditis (swelling of the heart muscle) and pericarditis (swelling of the lining around the heart) following vaccination with original Pfizer and Moderna COVID-19 vaccines reported in Canada and internationally.

Reported cases of myocarditis and pericarditis following vaccination with mRNA COVID-19 vaccines, although hospitalized, have recovered well with rest and treatment of symptoms.

Reported cases have occurred more often in males, persons aged 12 to 29, following the second primary series dose, and usually within a week after vaccination. Myocarditis has also occurred more frequently following the full dose of the original Moderna COVID-19 vaccine, which is used for the primary series, compared to the Pfizer original vaccine. Some data suggests that myocarditis/pericarditis occurs less often if there is a longer interval between the first and second dose of mRNA COVID-19 vaccine.

Symptoms of myocarditis/pericarditis can include:

- Shortness of breath
- Chest pain or pressure
- Unexplained sweating or cough
- The feeling of a fast or abnormal heartbeat

If you develop any of these symptoms, seek immediate medical attention and make sure you mention you have received the vaccine.

Recommendations for primary series

Because of what is known about myocarditis and pericarditis following mRNA COVID-19 vaccines as part of the primary series, it is recommended that persons aged 5 to 29 should receive the original Pfizer COVID-19 vaccine for their **primary series**.

Recommendations for mRNA doses given after completion of the primary series

Previously it was recommended that Pfizer original may be preferred to Moderna original COVID-19 vaccine in the 18 to 29 age group for doses given after the primary series as well. This was a precautionary recommendation, meaning that it was based on the possible risk of myocarditis rather than the known risk. However, available data show that there is no difference in the risk of myocarditis/pericarditis between Pfizer original and the half dose of Moderna original when given for doses after the primary series is complete.

Because of what is known about myocarditis and pericarditis following mRNA COVID-19 vaccines given after the primary series is complete, **adults aged 18 to 29** can receive any mRNA COVID-19 vaccine which is available and for which they are eligible for doses given after the primary series is completed.

For information visit: novascotia.ca/vaccine-plan



Important Information about Myocarditis and Pericarditis for Pfizer and Moderna COVID-19 Vaccines

Please review the following information about the rare risk of myocarditis and pericarditis following immunization with mRNA vaccines.

Recommendations for people who experienced myocarditis and/or pericarditis following an mRNA COVID-19 vaccine

As a precautionary measure, the National Advisory Committee on Immunization (NACI) recommends that people who have experienced myocarditis with or without pericarditis (with an abnormal cardiac investigation) within 6 weeks following a previous dose of an mRNA COVID-19 vaccine should wait to receive further doses of mRNA COVID-19 vaccines.

People with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can receive subsequent doses of COVID-19 vaccine once they are symptom free and at least 90 days has passed since vaccination. These individuals must also wait the minimum interval since last vaccination.

Some people with confirmed myocarditis with or without pericarditis following vaccination may choose to receive another dose of mRNA COVID-19 vaccine after discussing the risks and benefits with their healthcare provider. These individuals are recommended to receive Pfizer due to the lower reported rate of myocarditis with or without pericarditis following the Pfizer 30 mcg vaccine compared to the Moderna 100 mcg vaccine.

Recommendations for people who have a history of myocarditis not related to an mRNA COVID-19 vaccine

People who have a history of myocarditis not related to COVID-19 vaccination and are still being followed by a health care provider should consult their health care provider for individual considerations and recommendations.

People who are no longer being followed clinically for cardiac issues following myocarditis should receive COVID-19 vaccine.

There are many potential causes for myocarditis and pericarditis. Myocarditis can also occur as a complication in people who are infected with COVID-19.

The benefits of receiving mRNA COVID-19 vaccine outweigh the very small risk of myocarditis/ pericarditis in people of all ages.

NACI will continue to review and monitor the evidence on myocarditis and/or pericarditis after a dose of an mRNA COVID-19 vaccine as it emerges and will update their recommendations as needed.

The National Advisory Committee on Immunization continues to strongly recommend that a complete COVID-19 mRNA (Pfizer or Moderna) series should be offered to individuals who do not have contraindications to the vaccine. Both mRNA vaccines demonstrate high vaccine effectiveness particularly against severe disease.

Novavax

There have been reports of myocarditis and pericarditis following vaccination with the Novavax COVID-19 vaccine during the clinical trial. It is currently unclear whether these cases have been caused by the Novavax COVID-19 vaccine. Ongoing safety monitoring will occur to assist in determining whether myocarditis/pericarditis is associated with the use of Novavax COVID-19 vaccine.



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