

RHDAUSTRALIA ADVICE ON COVID-19 VACCINATION FOR PEOPLE WITH ACUTE RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Please distribute to primary health care providers

Following the Australian Technical Advisory Group on Immunization (ATAGI) [COVID-19 - Guidance on myocarditis and pericarditis after mRNA COVID-19 vaccines](#) released on 30th July 2021, RHD Australia has prepared the following guidance for COVID-19 vaccination in people with acute rheumatic fever (ARF) and rheumatic heart disease (RHD).

ATAGI – Key points

There is a small risk of developing myocarditis and/or pericarditis¹ (myopericarditis) following mRNA COVID-19 vaccines such as *Comirnaty* [Pfizer] and *Spikevax* [Moderna].

ATAGI recommends that people with a history of ARF and/or RHD can receive an mRNA COVID-19 vaccine such as Pfizer and Moderna, but should seek advice about the timing of vaccination and whether any additional precautions are recommended.

- The risk of developing myopericarditis after COVID-19 vaccination is very low, especially in females.
- Young males are at higher risk of developing myopericarditis after COVID-19 vaccination, but this risk is still low.
- Myopericarditis is more likely to occur after the second dose of an mRNA vaccine.
- Myopericarditis occurs as a complication of COVID-19 infection at a significantly rate higher than after mRNA vaccination.
- The known consequences of myopericarditis after COVID-19 vaccination are not severe, and most people make a full recovery.
- The tendency for autoimmune carditis after streptococcal infection (i.e. ARF) is considered unlikely to be related to the tendency for vaccine-induced myocardial inflammation.
- If someone has impaired myocardial function due to valvular heart disease, the consequences of developing myopericarditis after vaccination might be greater, but the consequences from COVID-19 infection could be greater still.

There is no evidence that the risk of developing myopericarditis after COVID-19 vaccination is higher for people with RHD than for the general population.

¹ Myocarditis is inflammation of the heart muscle. Pericarditis is inflammation of the thin sac that surrounds the heart.

RHDAustralia's recommendations

People living with RHD and people who have a history of ARF are prioritised for COVID-19 vaccination with the vaccine and dose regimen recommended for their age group.

COVID-19 vaccines are not administered during acute inflammatory states. (Following acute carditis in the context of ARF, vaccination should be delayed until inflammatory markers settle, guided by ESR/CRP confirmation. Inflammatory markers can last up to 90 days.)

- For people with recent ARF who have not yet been vaccinated, the decision for timing of vaccination needs to be made considering the individual's level of risk of COVID-19 exposure.
- If COVID-19 infection rates are high in the individual's community (e.g. active community transmission or if ring vaccination around cases is required), the benefit of Pfizer vaccination soon after recovery from rheumatic carditis before inflammatory markers settle outweighs any perceived risk, and earlier vaccination may be appropriate.
- Primary care providers should seek specialist advice to present to the individual and their family to guide a decision on vaccination timing after an episode of ARF.

RHDAustralia and Menzies have convened an advisory panel and are happy to facilitate clinical advice in relation to the above recommendations and on individual cases as required. Enquiries to be directed to info@rhdaustralia.org.au

**This advice should be used in context of the
COVID-19 public health response in each jurisdiction.**