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To:
Compassionate Allowances Program Office
Social Security Administration

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Proposed Condition Name

Myocarditis and Pericarditis After COVID-19 mRNA Vaccination

Alternate Names

- Acute Myocarditis
- Acute Pericarditis
- Myopericarditis
- Vaccine-Associated Myocarditis
- Post-mRNA COVID-19 Vaccine Myocarditis/Pericarditis

Summary

Myocarditis is inflammation of the heart muscle; pericarditis is inflammation of the sac surrounding the heart. Both have been documented as rare but serious adverse events following administration of COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna) [1,2].

Onset is typically within several days to two weeks post-vaccination, and the disease course can be severe, resulting in hospitalization, long-term cardiac impairment, arrhythmias, or death [1,3]. These conditions can cause persistent limitations in exercise tolerance, mobility, and work capacity. Objective diagnostic criteria and imaging confirm the diagnosis, allowing rapid disability determination.

Description of Condition

Myocarditis and pericarditis after mRNA vaccination are believed to be immune-mediated, triggered by the body's immune response to the spike protein or lipid nanoparticle carrier [7]. Inflammatory cell infiltration damages myocardial cells and/or pericardial tissue, impairing cardiac function.

Symptoms include chest pain, dyspnea, palpitations, syncope, and in severe cases, cardiogenic shock [3,5]. Chronic sequelae may include persistent myocardial fibrosis, heart failure, constrictive pericarditis, and arrhythmias [8].

Diagnostic Testing

Laboratory & ECG:

- Elevated cardiac troponin (I or T) [1,3]
- Elevated inflammatory markers (CRP, ESR)
- ECG abnormalities: ST-segment elevation/depression, PR-segment depression (pericarditis), arrhythmias

Imaging:

- Echocardiography: reduced left ventricular ejection fraction (LVEF), wall motion abnormalities, pericardial effusion
- Cardiac MRI: myocardial edema and late gadolinium enhancement; pericardial thickening/enhancement [3,6]
- Coronary angiography to exclude ischemic heart disease

Other:

- Endomyocardial biopsy (rare): lymphocytic infiltration with myocyte necrosis [3]
- Viral serologies to exclude other infectious causes

Physical Findings

- Chest pain (often pleuritic and positional in pericarditis) [5]
- Tachycardia, atrial or ventricular arrhythmias
- Pericardial friction rub (pericarditis)
- Signs of congestive heart failure: elevated JVP, pulmonary rales, peripheral edema
- Hypotension or signs of low cardiac output in severe cases [1,3]

ICD-10 Codes

- **I40.0** — Infective myocarditis
- **I40.1** — Isolated myocarditis
- **I40.8** — Other acute myocarditis
- **I40.9** — Acute myocarditis, unspecified
- **I30.0** — Acute nonspecific idiopathic pericarditis
- **I30.8** — Other forms of acute pericarditis
- **I30.9** — Acute pericarditis, unspecified
- **I51.4** — Myocarditis, unspecified

Onset

Symptoms generally develop within **3–14 days** following vaccination [1,2,4], though delayed cases have been reported. Onset may be abrupt, with rapid progression from mild discomfort to severe cardiac dysfunction.

Course / Progression

- **Acute phase:** Rapid onset chest pain, dyspnea, palpitations; may require hospitalization or ICU admission [1,3].
- **Subacute/chronic phase:** Some recover fully; others experience persistent LV dysfunction, chronic pericardial inflammation, or recurrent episodes [8].
- **Long-term:** Risk of chronic heart failure, constrictive pericarditis, sudden cardiac death [7,8]. Many never regain pre-illness functional capacity.

Treatment

Acute:

- Hospital admission for monitoring
- NSAIDs and colchicine for pericarditis [5]
- Corticosteroids or other immunosuppressants for severe/refractory myocarditis [3]
- Heart failure therapy: ACE inhibitors, beta-blockers, diuretics
- Antiarrhythmic therapy or ICD for life-threatening arrhythmias

Long-term:

- Avoid strenuous activity for ≥3–6 months [5]
- Repeat echocardiography or cardiac MRI to monitor recovery
- Ongoing heart failure management
- Device therapy (ICD/pacemaker) if conduction disturbances persist [8]

Rationale for Compassionate Allowance

- **Severe and rapid disability:** These conditions can cause immediate and profound loss of cardiac function, precluding basic work activities [1,2,3].
- **Objective verification:** Diagnostic criteria are well-established and confirmable by imaging and lab tests [1,3,6].
- **Poor prognosis in severe cases:** Many patients experience long-term functional limitations, recurrent hospitalizations, or death [8].
- **Regulatory recognition:** CDC and EMA have formally acknowledged myocarditis and pericarditis as rare but serious mRNA vaccine-associated adverse events [4].

Given the rapid onset, objective diagnosis, and high disability potential, inclusion in the Compassionate Allowances Program would expedite SSA disability determinations for affected individuals.

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