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Editorial

The Risk of Myocarditis and Pericarditis in the MIS-C and After Vaccination of mRNA

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Abstract

There are countries that already vaccinate young people from 12 to 18 years of age. But others only give the vaccine in patients with comorbidities at this age.

The reason of this discrepancy is that some health authorities said that is controversy because of side effect of myocarditis and pericarditis after vaccination.

Recent reports from Medscape and Up today concluded that the risk of the inflammatory reaction after vaccine causing myocarditis and pericarditis in reduced if we compared with MIS-C infection.

The youngers from 12 to 18 years of age, should do the vaccination because the benefits are higher than the risk in this population to have myocarditis or pericarditis.

Keywords: *Myocarditis; Pericarditis; MIS-C; Vaccination*

Background

The controversy was installed in the community, about whether the age group from 12 to 15 years old should be vaccinated now, instead of just being recommended to adolescents with comorbidities. There are countries that already vaccinate young people from 12 to 18 years of age. But others only give the vaccine in patients with comorbidities at this age. Nobody has any doubts about this last indication that it is pertinent to receive the full vaccination as soon as possible. In relation to the rest of the group of young people, we know that the risk of acquiring the infection is small and when then infected, the symptoms are mild compared to adults.

The most important thing is to get to the facts so that we can conclude anything.

The following data are taken from UpToDate and Medscape which are nothing more than websites widely recognized by the scientific community. The risk of MIS-C, Multisystemic Inflammatory Syndrome in children, is 1 for every 1000 young people, mainly in the age group from 6 to 14 years old, with the average age of infection at 10 years old. This serious complication of Covid 19 infection has a reduced risk of onset in children under 6 years of age. Therefore, vaccination at this age becomes controversy. The MIS-C prognosis is uncertain as long-term follow-up data is limited. The mortality rate is approximately 1 to 2 percent, although between 10 30% have elevated cardiac markers during hospitalization. Most children with cardiac involvement recover clinically at the time of hospital discharge. The

delta variant has a degree of contagion equal to that of chickenpox. It is currently prevalent in almost all countries and regions. Vaccination serves precisely to prevent, with great probability of success, infection by Covid 19 and consequently the evolution of the disease to its most severe form in children, MIS-C, which can lead to death. According to the latest data from June 2021 on myocarditis and pericarditis after COVID-19 mRNA vaccination, they suggest that the rate observed in individuals aged 12 to 39 years is higher than the expected baseline rate. The majority of reported cases occurred in males after one week of vaccination, with a higher incidence at the second dose. Symptoms in almost all cases were mild and responded well after medical treatment. The benefits of mRNA vaccines outweigh this potential risk. The Pfizer and Moderna vaccines have already been applied to millions of teenagers. Both have been approved by the FDA and EMA, US and European drug agencies, respectively. If MIS-C causes mortality in children and adolescents aged 6 to 14 years and there is a way to prevent it if they are vaccinated, it is imperative to vaccinate!

Preventive medicine is universal and non-selective. By vaccinating only patients with comorbidities, we are just being selective, not offering the same possibilities to avoid the disease to other young people. Any citizen has the right to access health care as well as enjoy the same treatments. The risks of vaccine side effects also exist in patients with comorbidities, but as the benefits are greater, vaccination is indicated [1-3].

They can say that it is not a priority to vaccinate the remaining group from 12 to 15 years old, but scientific data show that it is precisely from 6 to 14 years old that the risk of MIS-C is greater. There are no arguments against facts. The entire group from 12 to 15 years of age must be vaccinated like those from 16 to 18years, regardless of whether they have comorbidities or not. Rights are equal for everyone!

Conclusion

The risk of myocarditis and pericarditis is reduced after vaccination compared to MIS-C infection and the vaccine should be given to these young people because the benefits are higher than the risk of heart inflammation.

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