

# COVID mRNA Vaccine-induced Fever Unmasks Deadly Brugada Syndrome

Another Mechanism for Vaccine Sudden Death Reported

By [Dr. Peter McCullough](#)

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*Brugada syndrome is a rare but potentially life-threatening inherited disease that predisposes patients to fatal cardiac arrhythmias. The syndrome is characterized by the ECG findings of a right bundle branch block and ST-segment elevations in the right precordial leads (V1-V3). More than 400 mutations in the cardiac SCN5A gene have been identified in people with **Brugada syndrome**, which is characterized by risk of cardiac arrest, particularly in the setting of fever.*

[Altermanini et al](#) describe a clear-cut case of syncope with cardiac arrest triggered by fever after COVID-19 mRNA vaccination. They were able to catch the post-arrest ECG and demonstrate the classic Brugada changes.



## Syncope following Pfizer BioNTech (bnt162b2) vaccination unmasking Brugada syndrome

Mohammad Altermanini<sup>a</sup>, Mhd Baraa Habib<sup>a</sup>, Dania Alkhiyami<sup>b</sup>, Khaled Ali<sup>c,\*</sup>, Mohamed Salah Abdelghani<sup>d</sup>, Tahseen Hamamyh<sup>d</sup>, Ahmad Elyas<sup>d</sup>, Mawahib Elhassan<sup>d</sup>



Fig. 1. ECG upon admission shows sinus rhythm with Covid S1 segment elevation >2mm in V1-V3 followed by a negative T wave.

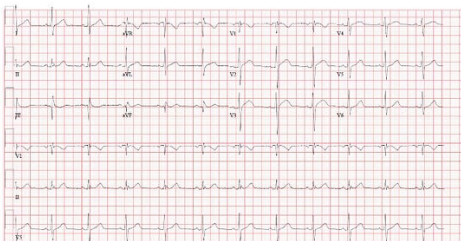


Fig. 2. Repeated ECG during the follow-up visit showing sinus rhythm with Q3 and inverted T wave on V1.

Table 1  
Lab tests in the emergency department.

Test	Value w/Units	Normal Range
WBC	$7.9 \times 10^3/\mu\text{L}$	4.0–10.0
RBC	$5.7 \times 10^6/\mu\text{L}$	4.5–5.5
Hgb	12.3 gm/dL	13.0–17.0
Platelet	$180 \times 10^3/\mu\text{L}$	150–400
Urea	3.6 mmol/L	2.5–7.8
Creatinine	75 $\mu\text{mol/L}$	62–106
Sodium	141 mmol/L	133–146
Potassium	4.1 mmol/L	3.5–5.3
Chloride	110 mmol/L	95–108
Bicarbonate	21 mmol/L	22–29
Magnesium	0.98 mmol/L	0.70–1.00
Bilirubin T	6 $\mu\text{mol/L}$	0–21
Total Protein	59 gm/L	60–80
Albumin Lvl	31 gm/L	35–50
Alk Phos	62 U/L	40–129
ALT	63 U/L	0–41
AST	39 U/L	0–40
Troponin-T HS	257 ng/L	3–15

Considering the acute history, the short interval between the administration of vaccination and the presentation of the patient with cardiac arrest, and the exclusion of other common causes, BNT162b2 vaccine-induced fever which unmasked Brugada syndrome is the most likely precipitant factor in our patient.

A similar case was reported by Okawa et al, suggested that ECG screening is necessary before the initial COVID-19 vaccination to find any asymptomatic unknown Brugada syndrome, to reduce the risk of sudden cardiac arrest in such patients [13]. Our case is

Altermanini M, Habib M, Hamamyh T, et al. SYNCOPE FOLLOWING PFIZER-BIONTECH (BNT162B2) VACCINATION UNMASKING BRUGADA SYNDROME. *J Am Coll Cardiol*. 2022 Mar, 79 (9\_Supplement) 3340. [https://doi.org/10.1016/S0735-1097\(22\)04331-5](https://doi.org/10.1016/S0735-1097(22)04331-5)

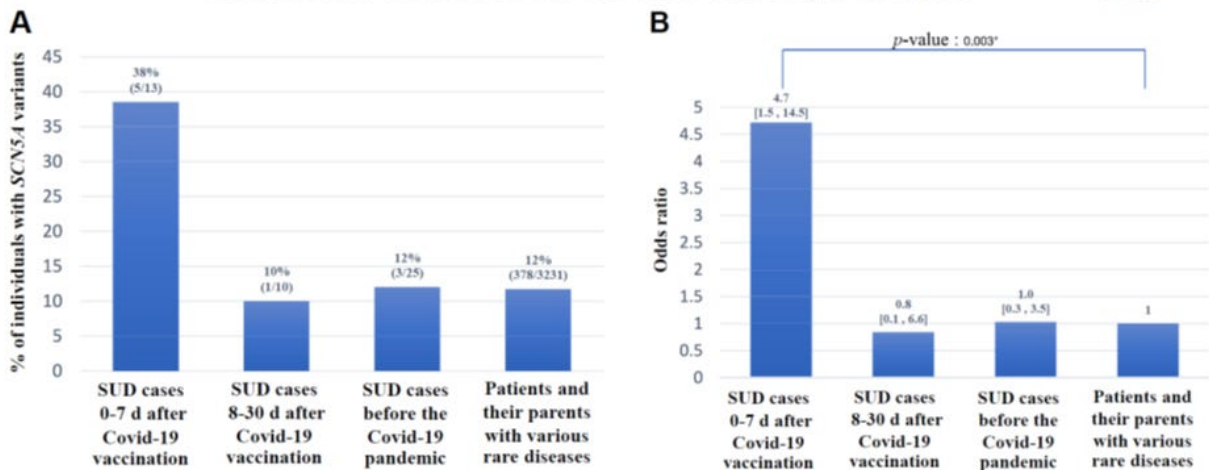
Ittiwut et al described 5 cases of vaccine sudden death that tested positive for mutations in the **SCN5A** gene. Thus it appears that at least some of the early deaths after vaccination may be related to CN5A mutations in those who may not know they have Brugada syndromes.

# Genetic basis of sudden death after COVID-19 vaccination in Thailand <sup>e</sup>

<https://doi.org/10.1016/j.hrthm.2022.07.019>

Chuponq Ittiwut, PhD, <sup>\*†</sup> Surakameth Mahasirimongkol, MD, <sup>‡</sup> Smith Srisont, MD, <sup>§</sup>

tion, respectively. Whole exome sequencing analysis revealed that 5 cases harbored *SCN5A* variants that had previously been identified in patients with Brugada syndrome, giving an *SCN5A* variant frequency of 38% (5 of 13). This is a significantly higher rate than that observed in Thai SUD cases occurring 8–30 days af-



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Ittiwut C, Mahasirimongkol S, Srisont S, Ittiwut R, Chockjamsai M, Durongkadech P, Sawaengdee W, Khunphon A, Larpadisorn K, Wattanapokayakit S, Wetchaphanphesat S, Arunotong S, Srimahachota S, Pittayawonganon C, Thammawijaya P, Sutdan D, Doungngern P, Khongphatthanayothin A, Kerr SJ, Shotelersuk V. Genetic basis of sudden death after COVID-19 vaccination in Thailand. *Heart Rhythm*. 2022 Nov;19(11):1874-1879. doi: 10.1016/j.hrthm.2022.07.019. Epub 2022 Aug 5. PMID: 35934244; PMCID: PMC9352648.

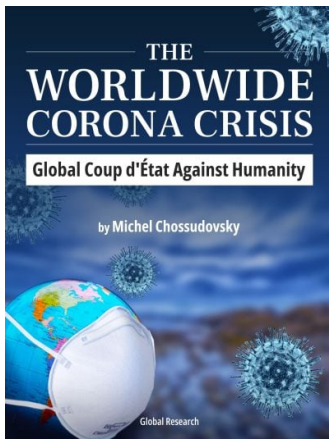
Teaching points:

1. In patients with known Brugada pattern on ECG, COVID-19 and probably all other vaccines are contra-indicated
2. In patients who survive COVID-19 cardiac arrest, they should undergo genetic testing for **SCN5A and other channelopathies**

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### **Reviews**

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