

Funding

None.

Conflict of interest

None.

References

1. Marco García MT, Torres Lana Á, Anta Agudo MB, Rufino Delgado Mdelat. Tachycardia as an undescribed adverse effect to the Comirnaty® vaccine (BNT162b2 Pfizer-BioNTech Covid-19 vaccine): Description of 3 cases with a history of SARS-CoV-2 disease. *Enferm Infecc Microbiol Clin*. 2022;40:276–7. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2529993X22000417>
2. Grais IM, Sowers JR. Thyroid and the heart. *Am J Med*. 2014;127:691–8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0002934314002368>
3. Cordero A, Cazorla D, Escribano D, Quintanilla MA, López-Ayala JM, Berbel PP, et al. Myocarditis after RNA-based vaccines for coronavirus. *Int J Cardiol*. 2022;353:131–4. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0167527322001279>
4. Bellos I, Karageorgiou V, Viskin D. Myocarditis following mRNA Covid-19 vaccination: a pooled analysis. *Vaccine*. 2022 Mar;40:1768–74. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0264410X22001402>
5. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Syst Rev*. 2021;10:89. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/33782057>
6. Walsh EE, Frenck RW, Falsey AR, Kitchin N, Absalon J, Gurtman A, et al. Safety and immunogenicity of two RNA-based Covid-19 vaccine candidates. *N Engl J Med*. 2020;383:2439–50. <http://dx.doi.org/10.1056/NEJMoa2027906>
7. Li J, Hui A, Zhang X, Yang Y, Tang R, Ye H, et al. Safety and immunogenicity of the SARS-CoV-2 BNT162b1 mRNA vaccine in younger and older Chinese adults: a randomized, placebo-controlled, double-blind phase 1 study. *Nat Med*. 2021;27:1062–70. Available from: <http://www.nature.com/articles/s41591-021-01330-9>
8. Frenck RW, Klein NP, Kitchin N, Gurtman A, Absalon J, Lockhart S, et al. Safety, immunogenicity, and efficacy of the BNT162b2 Covid-19 vaccine in adolescents. *N Engl J Med*. 2021;385:239–50. <http://dx.doi.org/10.1056/NEJMoa2107456>
9. Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. *N Engl J Med*. 2020;383:2603–15. <http://dx.doi.org/10.1056/NEJMoa2034577>
10. Moreira ED, Kitchin N, Xu X, Dychter SS, Lockhart S, Gurtman A, et al. Safety and efficacy of a third dose of BNT162b2 Covid-19 vaccine. *N Engl J Med*. 2022;386:1910–21. <http://dx.doi.org/10.1056/NEJMoa2200674>

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Comment on “Tachycardia following Pfizer-BioNTech COVID-19 vaccine”**Comente sobre “Taquicardia después de Vacuna Pfizer-BioNTech COVID-19”**

Dear Editor,

We would like to share ideas on “Tachycardia following Pfizer-BioNTech COVID-19 vaccine.”¹ Martins-Filho came to the conclusion that, despite certain anecdotal accounts in the literature, the Pfizer-BioNTech vaccine is safe and does not raise the risk of tachycardia and other cardiac problems.¹ This is in contrast to the evidence from blinded, placebo-controlled RCTs.

We all worry that the COVID-19 vaccine could be hazardous despite the fact that it is useful. There may or may not have an impact on heart rate. The pre-vaccination information on the health and immunological status of vaccine recipients is lacking, therefore it is still unclear what the trigger factor for tachycardia in the earlier studies was. The public's lack of confidence in vaccines may be caused by conflicting evidence. The current report can reassure people about the vaccine's safety.

If a vaccine recipient experiences tachycardia, it could be caused by a number of different things. Co-infections, which can happen to vaccination recipients after immunization, could be viewed as a vaccine effect. Dengue fever, for example, may coexist. Consider concurrent dengue infection and how it affects heart rate.² It takes enough evidence to draw a conclusion on the vaccine's impact. More definitive proof on this subject would come from a group of individuals with known pre-vaccination health and immunological statuses who were then monitored to examine how the vaccine affected heart rate.

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None.

References

1. Martins-Filho PR. Tachycardia following Pfizer-BioNTech COVID-19 vaccine. *Enferm Infecc Microbiol Clin*. 2023;41:65–6. <http://dx.doi.org/10.1016/j.eimc.2022.06.001>
2. Kebayoon A, Wiwanitkit V. Dengue after COVID-19 vaccination: possible and might be missed. *Clin Appl Thromb Hemost*. 2021;27, 10760296211047229.

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