June 25, 2025

BioNTech Manufacturing GmbH
Attention: Heather Hufnagel, MS
Pfizer, Inc.
500 Arcola Road
Collegeville, PA 19426

Re: EUA 27034 - Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine, Reissued on August 22, 2024, under Section 564 of the Federal Food, Drug, and Cosmetic Act (FDCA) (21 U.S.C. 360bbb-3); Request in Amendments submitted and received on June 13, June 18, and revised Fact Sheets received via email on June 25, 2025, to Update the Authorized Fact Sheets.

Dear Ms. Hufnagel:

This letter is to notify you that we have reviewed the requested changes and data to support the revisions to your Authorized Fact Sheets and that your request is granted.

We concur with your request to include new information about the risks of myocarditis and pericarditis following administration of mRNA COVID-19 vaccines in sections 5.2, 6.2, and a reference in a new section 15 of the Fact Sheet for Healthcare Providers Administering Vaccine: Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula), for Individuals 6 Months through 11 Years of Age as indicated below:

5.2 Myocarditis and Pericarditis

The observed risk has been highest in males 12 years through 24 years of age.

Based on analyses of commercial health insurance claims data from inpatient and outpatient settings, the estimated unadjusted incidence of myocarditis and/or pericarditis during the period 1 through 7 days following administration of the 2023-2024 Formula of mRNA COVID-19 vaccines was approximately 8 cases per million doses in individuals 6 months through 64 years of age and approximately 27 cases per million doses in males 12 through 24 years of age.

Follow-up information on cardiovascular outcomes in hospitalized patients who had been diagnosed with COVID-19 vaccine-associated myocarditis is available from a longitudinal retrospective observational study. Most of these patients had received a two-dose primary series of an mRNA COVID-19 vaccine prior to their diagnosis. In this study, at a median follow-up of approximately 5 months post-vaccination, persistence of abnormal cardiac magnetic resonance imaging (CMR) findings that are a marker for myocardial injury was common. The clinical and prognostic significance of these CMR findings is not known[1] *[see Adverse Reactions (6.2)]*.

6.2 Postmarketing Experience

Cardiovascular Outcomes in Patients Diagnosed With mRNA COVID-19 Vaccine-associated Myocarditis

In a longitudinal retrospective observational cohort study across 38 hospitals in the U.S., information on cardiovascular outcomes was collected on 333 patients 5 through 29 years of age who had been diagnosed with COVID-19 vaccine-associated myocarditis. Among these patients, 322 were confirmed to have received an mRNA COVID-19 vaccine encoding the S glycoprotein of the Original SARS-CoV-2. Of 331 patients, 278 had onset of symptoms following the second dose of a primary series, 33 following the first dose of a primary series, and 20 following a first booster dose[1].

Among 307 patients who had been diagnosed with COVID-19 vaccine-associated myocarditis for whom follow-up information was available, 89 reported cardiac symptoms at a median follow-up of 91 days (interquartile range 25-186 days) post-vaccination[1].

Initial gadolinium-enhanced cardiac magnetic resonance imaging (CMR) was performed on 216 patients, of whom 177 had late gadolinium enhancement (LGE), a marker of myocardial injury. Among 161 patients who had LGE on initial CMR and who had a follow-up gadolinium-enhanced CMR at a median follow-up of 159 days (interquartile range 78-253 days), 98 had persistence of LGE. Overall, the severity of LGE decreased during follow-up. The clinical and prognostic significance of these CMR findings is not known[1].

Limitations of this study include potential selection bias towards patients with more severe myocarditis who are more likely to be hospitalized and have CMR, variability in diagnostic testing, and variability in follow-up[1].

15 References

1 Jain SS, Anderson SA, Steele JM, et al. Cardiac manifestations and outcomes of COVID-19 vaccine-associated myocarditis in the young in the USA: longitudinal results from the Myocarditis After COVID Vaccination (MACiV) multicenter study. Lancet. 2024;76:1-13. https://doi.org/10.1016/j.eclinm.2024.102809

Additional related changes were made to the warning and precautions section in the highlights page of the Fact Sheet for Healthcare Providers Administering Vaccine: Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) for consistency. This Fact Sheet has also been updated to include other minor editorial changes.

In addition, the Fact Sheet for Recipients and Caregivers About Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) which has Emergency Use Authorization (EUA) to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 6 Months Through 11 Years of Age has been revised to include the following new information:

WHAT ARE THE RISKS OF PFIZER-BIONTECH COVID-19 VACCINE?

Myocarditis and pericarditis following administration of mRNA COVID-19 vaccines have occurred most commonly in males 12 years through 24 years of age. In most of these people, symptoms began within a week following vaccination. Based on available data, estimated rates of myocarditis and/or pericarditis from 1 through 7 days after getting a dose of the 2023-2024 Formula of mRNA COVID-19 vaccines were approximately 8 cases per million doses in people 6 months through 64 years of age and approximately 27 cases per million doses in males 12 years through 24 years of age.

In most people who have had myocarditis or pericarditis after receiving an mRNA COVID-19 vaccine, symptoms have gone away a few days after receiving treatment with medicines used to reduce inflammation.

In a study, follow-up information was collected on people who developed myocarditis after receiving the original formula of a COVID-19 vaccine; most people had received an mRNA COVID-19 vaccine. Some people in the study reported having heart symptoms approximately 3 months after developing myocarditis. Some people in the study had heart MRIs (scans that show detailed images of the heart muscle) initially after developing myocarditis and again approximately 5 months later. The initial and follow-up heart MRIs commonly showed signs of injury to the heart muscle, with improvement over time in most people. It is not known if these heart MRI findings might predict long−term heart effects of myocarditis. Studies are underway to find out if there are long-term heart effects in people who have had myocarditis after receiving an mRNA COVID-19 vaccine.

This EUA Fact Sheet has also been updated to include other minor editorial changes.

By submitting this amendment for review and concurrence by the Food and Drug Administration (FDA), you have complied with the Conditions of Authorization stated in the August 22, 2024, letter authorizing the emergency use of Pfizer-BioNTech COVID-19 Vaccine.

Sincerely,

David C. Kaslow, M.D.
Director
Office of Vaccines Research and Review
Center for Biologics Evaluation and Research