

Things to Know About the Myocarditis Foundation

The Myocarditis Foundation, a 501(c)(3) nonprofit organization, was formed in 2005 in response to the dire need for more information about myocarditis, an inflammatory response that attacks the heart muscle leading to, heart failure and death.

The Foundation:

- Was founded and is led by volunteers, patients, and world-renowned physicians
- Develops and maintains an array of awareness and educational programs for physicians, researchers, patients, and the public
- Assists patients in finding specialists in the disease and helps to answer questions about the disease
- Provides the ONLY fellowship-mentor research training program for innovative basic, clinical, and translational myocarditis research studies
- Strives to spark the interests of medical professionals and the public in hopes of advancing the development of accurate, rapid diagnostic methods and safe, effective therapies that minimize or eliminate the burden of myocarditis: heart dysfunction, failure, and sudden death.

The Myocarditis Foundation is the only nonprofit organization devoting ALL its resources to saving the lives of those who will be touched by myocarditis.

We rely on community support, corporate sponsorships, foundation grants, individual gifts, and countless volunteer hours.

What Physicians Know Today

- **Myocarditis affects 1.8 million people globally a year.** It has been an underdiagnosed cause of acute heart failure, sudden death, and chronic dilated cardiomyopathy, as many believed it to be rare. But we see it more frequently, especially after the COVID Pandemic.
- **1 to 10 cases of Myocarditis / 1 million COVID vaccines, but Myocarditis from the actual COVID Virus is 6 times higher.**
- Acute myocarditis is a potentially devastating condition that is most caused by viruses, but other causes may result from hypersensitivity to drugs, toxic agents, or systemic autoimmune conditions.
- Myocarditis is present in 10–50% of heart biopsy samples taken from patients with acute dilated cardiomyopathy (DCM), which is an important cause of heart failure and heart transplantation.
- The extreme diversity of clinical manifestations has made the true incidence of myocarditis difficult to determine. Recent prospective postmortem data have implicated myocarditis in sudden cardiac death of young adults at rates of 4% to 14%.
- Myocarditis has been linked to sudden infant death syndrome, as inflammatory infiltrates have been found on autopsies of some victims.
- In one study myocarditis was present in 15 of the 90 (17%) of sudden, unexpected deaths of children, suggesting that the prevalence of "silent" myocarditis may be higher in the pediatric population than is generally suspected and may contribute to a significant number of sudden and unexpected deaths in children.
- Myocarditis is the reason for sudden cardiac death in 5-14% of athletes < 35 years of age. For prevention of myocarditis and sudden cardiac death it is recommended to stop sports/exercise for 3-6 months after suspected myocarditis, and to be cleared by a physician before returning to sports/exercise.

- Help Us End Suffering and Sudden Death from Myocarditis ...

- YOUR tax-deductible contribution keeps our *Foundation* strong

- PLEASE support our work and join us in ending the death and suffering caused by Myocarditis!

Select References:

1. Heymans S, Eriksson U, Lehtonen J, Cooper LT, Jr. The Quest for New Approaches in Myocarditis and Inflammatory Cardiomyopathy. *J Am Coll Cardiol*. 2016;68(21):2348-2364.
2. Maron BJ, Udelson JE, Bonow RO, et al. Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Task Force 3: Hypertrophic Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy and Other Cardiomyopathies, and Myocarditis: A Scientific Statement From the American Heart Association and American College of Cardiology. *Circulation*. 2015;132(22):e273-280.
3. Cooper LT, Jr. Myocarditis. *N Engl J Med*. 2009;360(15):1526-1538.
4. Caforio AL, Pankuweit S, Arbustini E, et al. Current state of knowledge on aetiology, diagnosis, management, and therapy of myocarditis: a position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. *Eur Heart J*. 2013;34(33):2636-2648, 2648a-2648d.
5. Bozkurt B, Colvin M, Cook J, et al. Current Diagnostic and Treatment Strategies for Specific Dilated Cardiomyopathies: A Scientific Statement From the American Heart Association. *Circulation*. 2016;134(23):e579-e646.
6. Larsen BT, Maleszewski JJ, Edwards WD, et al. Atrial giant cell myocarditis: a distinctive clinicopathologic entity. *Circulation*. 2013;127(1):39-47.
7. Schultheiss H-P, Kuhl U, Cooper LT. The management of myocarditis. *Eur Heart J*. 2011;32(21):2616-2625.
8. Lurz P, Luecke C, Eitel I, et al. Comprehensive Cardiac Magnetic Resonance Imaging in Patients With Suspected Myocarditis: The MyoRacer-Trial. *J Am Coll Cardiol*. 2016;67(15):1800-1811.
9. Grun S, Schumm J, Greulich S, et al. Long-term follow-up of biopsy-proven viral myocarditis: predictors of mortality and incomplete recovery. *J Am Coll Cardiol*. 2012;59(18):1604-1615.