

mRNA-1273

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Uveitis flare-up secondary to herpes simplex and varicella-zoster virus infection reactivation: case report

A 53-year-old man developed uveitis flare-up secondary to herpes simplex and varicella zoster virus infection reactivation following vaccination with mRNA-1273.

The man, who was diagnosed with herpes kerato-uveitis in right eye, was treated with unspecified therapy. The infection was inactive for the next 18 months without any treatment. He received two doses of mRNA-1273 [Moderna] vaccine against COVID-19 [route and dosage not stated]. However, 5 days after receiving the second dose of mRNA-1273, he presented with a severe flare-up of a granulomatous hypertensive uveitis in his right eye with numerous granulomatous keratic precipitates (KP) and an increased intraocular pressure (IOP) of 41mm Hg.

The man was treated with valacyclovir, dexamethasone and dorzolamide/timolol. Within 6 days, IOP normalised. Laser flare photometry (LFP) showed decreased flare 3 weeks later and granulomatous KPs almost disappeared. However, due to fluctuating IOP and LFP values, he continued receiving valacyclovir and dexamethasone along with acetazolamide and dorzolamide. At last follow-up at two and a half months, his LFP value was 12.2 ph/ms and IOP value was 16mm Hg. He was diagnosed with uveitis flare-up secondary to reactivation of herpes simplex and varicella zoster virus infection. The reactivation of herpes simplex and varicella zoster virus infection was suspected to be due to mRNA-1273 vaccine.

Herbert CP, et al. Effect of SARS-CoV-2 mRNA vaccination on ocular herpes simplex and varicella-zoster virus reactivation: should preventive antiviral treatment be given in known herpes patients. *Journal of Ophthalmic Inflammation and Infection* 11: No. 1, 2021. Available from: URL: <http://doi.org/10.1186/s12348-021-00262-2> 803614830