



Clinician alert #55 – all clinicians

Effective from 16 April 2021

New information

Vaccine associated Thrombosis with Thrombocytopenia Syndrome (TTS) also called Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT)

- A second Australian case of TTS following an AstraZeneca COVID-19 vaccination in WA was reported by the TGA on April 13.
- Although TTS after AstraZeneca vaccination is a rare adverse event, it is possible that additional cases will occur in the coming weeks.
- All clinicians should review guidance from the Thrombosis & Haemostasis Society of Australia and New Zealand (THANZ) on the recognition, diagnosis and management of suspected TTS/VIPIT available at <https://www.thanz.org.au/resources/covid-19>.

Background

- Evidence is evolving on TTS/VIPIT, a rare but serious side effect occurring after receipt of the AstraZeneca COVID-19 vaccine.
- Currently ATAGI recommends that Comirnaty COVID-19 vaccine (Pfizer) is preferred over AstraZeneca COVID-19 vaccine for persons aged < 50 years who have not already received a first dose of AstraZeneca vaccine. The full ATAGI recommendations are available at <https://www.health.gov.au/news/atagi-statement-healthcare-providers-specific-clotting-condition-reported-after-covid-19-vaccination>.
- The Commonwealth government is working with states and territories to determine how persons under 50 years of age who are eligible for vaccinations in phase 1a and 1b can access Comirnaty COVID-19 vaccine (Pfizer).

Action

- Clinicians are asked to be alert to TTS/VIPIT in patients who present with symptoms to suggest thrombosis (venous or arterial) **AND** COVID vaccination within the past 4-20 days.
- If TTS/VIPIT is suspected, recommended investigations include full blood count, D-dimer and coagulation profile in conjunction with imaging as clinically indicated. Ideally the patient should be referred to an emergency department for investigation.
- If screening blood work demonstrates platelet count $<100 \times 10^9/L$ **AND** D-dimer $> 5 \times$ upper limit of normal +/- low fibrinogen, please consult with your haematology team irrespective of the imaging findings.
- The treatment of TTS/VIPIT may differ from other thrombotic/thrombocytopenic conditions and expert guidance should be sought; in general, heparin or platelet transfusions should be avoided in patients with suspected VIPIT.
- Preliminary investigations and approval from a haematologist providing clinical input are required prior to requesting an ELISA test to detect anti-PF4 antibodies.
- Please ensure you report all suspected adverse effects following vaccination to The Western Australian Vaccine Surveillance System (WAVSS)
<https://www.safevac.org.au/Home/Info/WA>.

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