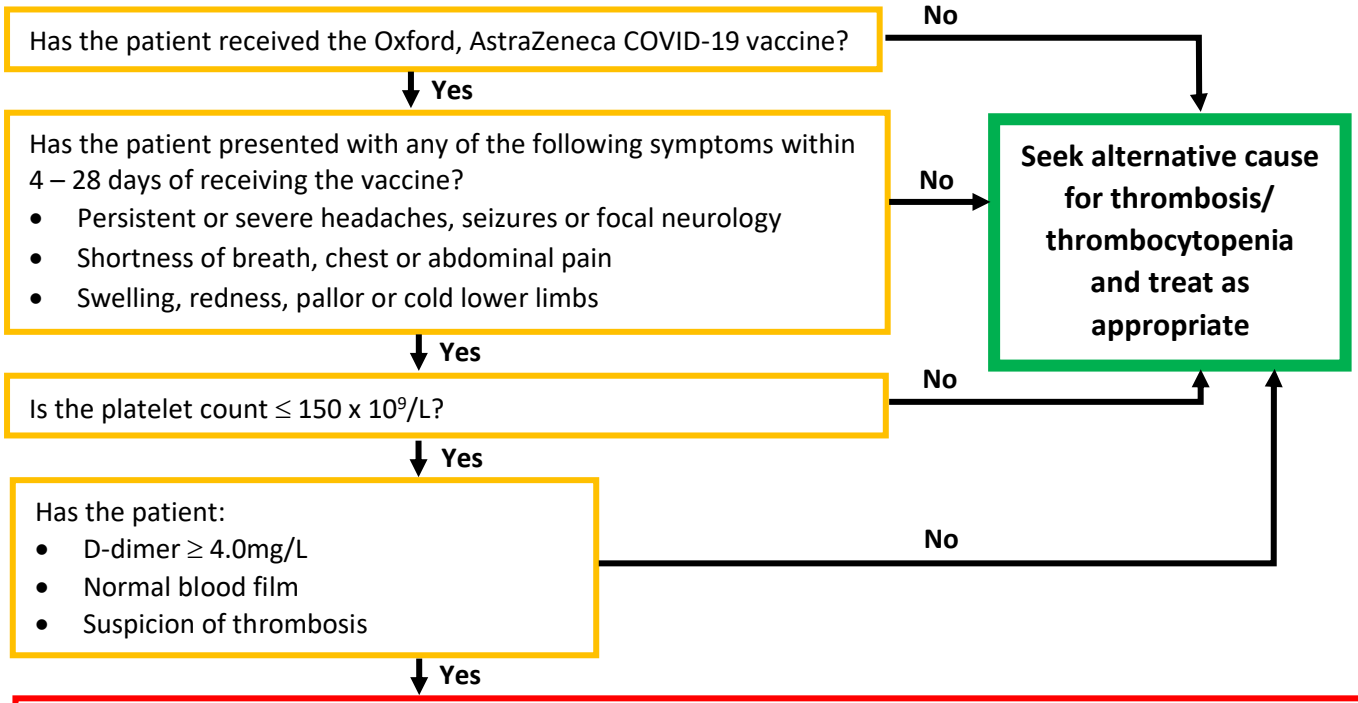
Management of Suspected Vaccine Induced Thrombosis and Thrombocytopenia at Guy's and St Thomas' Hospitals



Presumptive Diagnosis of Vaccine Induced Thrombosis and Thrombocytopenia

1) **AVOID PLATELET TRANSFUSIONS**
2) Send two serum samples and one EDTA sample to Haemostasis Lab to screen for heparin induced thrombocytopenia (HIT) and further testing
3) ***Contact the Thrombosis Consultant on call via switchboard*** to discuss management, which should include:
    - Consideration of the use of intravenous immunoglobulin (IVIG)
    - Therapeutic anticoagulation
        - **Avoid heparin based anticoagulants (including heparin flushes)**
        - Consider non-heparin based anticoagulants such as argatroban or fondaparinux
        - Refer to the Management of Suspected Heparin-Induced Thrombocytopenia (HIT) – Argatroban guideline linked here
    - If no obvious sign of thrombosis, but thrombocytopenia and raised D-dimer are present
        - Consider thromboprophylaxis with non-heparin based anticoagulants
        - Treatment options should be ***discussed with the Thrombosis Consultant on call***
4) Confirmed cases must be reported as soon as possible to the MHRA using the Yellow Card reporting scheme linked here

Vaccine induced thrombosis and thrombocytopenia is a potential rare complication occurring with 4-28 days of receiving the Oxford, AstraZeneca COVID-19 vaccine.

The thrombosis often includes cerebral venous sinus thrombosis, but cases of arterial thrombosis at other sites have been reported.

Typical laboratory features include Platelets <150x10⁹/L, significantly elevated D-dimer and low fibrinogen.

*The syndrome has similarities to heparin induced thrombocytopenia, therefore it is important to **avoid all forms of heparin based anticoagulation and platelet transfusions** as they can potentially exacerbate thrombosis*

The Thrombosis team at GSTT will prospectively collect information on confirmed cases, and provide to the MHRA and Public Health England

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