

# Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT)/ Thrombosis and Thrombocytopenia Syndrome (TTS) Poster

Most important interventions to reduce morbidity and mortality are early diagnosis and empiric IVIG treatment

## When to suspect VITT/TTS?

AZ or JJ vaccine 4 – 28 days prior to onset of thrombosis symptoms

Severe headache, visual changes or other neurological symptoms

Signs or symptoms of other types of clotting (eg. chest pain, leg swelling, abdominal pain)

Unusual bruising, bleeding or petechiae

## What tests to order?

STAT CBC to check platelet count ( $<150 \times 10^9/L$ )

Coagulation tests to check for clotting: D-dimer, INR, aPTT, fibrinogen

HIT ELISA to confirm presence of anti-PF4 antibodies

CT/MRI venogram and other imaging if other sites of clots suspected

## What empiric treatment to start?

DO NOT GIVE PLATELETS

IVIG 0.5 – 1.0 g/kg daily  
(maximum 2 g/kg total dose)

Non-heparin anticoagulant (eg. direct oral anticoagulant, argatroban)

Contact Hematology or Thrombosis Specialist