## ALL patients presenting with thrombosis symptoms 4-28 days after AZ/JJ vaccine exposure should get a STAT CBC at hospital-based labs or Lifelabs

VITT/TTS Suspected AZ or JJ vaccine 4 – 28 days ago AND

- platelet count <150 x 10<sup>9</sup>/L or
- signs or symptoms of thrombosis

## Signs of symptoms consistent with arterial or venous thrombosis ANYWHERE:

- Severe headache, vision changes or other neurological symptoms
- Unexplained shortness of breath or chest pain
- Unexplained back or abdominal pain
- Swelling or redness in a limb
- Acute pain with pallor in a limb
- · Petechiae, easy bruising or bleeding

## Legend

ATE Arterial thromboembolism ΑZ AstraZeneca **CTPA** CT pulmonary angiogram **CVST** Cerebral venous sinus thrombosis DOAC Direct oral anticoagulant (apixaban, rivaroxaban) ED **Emergency Department** HIT Heparin-induced thrombocytopenia ITP Immune thrombocytopenic purpura IVIG Intravenous immunoglobulin IJ Johnson & Johnson SRA Serotonin release assay (platelet activation assay) TTS Thrombosis and thrombocytopenia syndrome VITT Vaccine-induced immune thrombotic

VGH Vancouver General Hospital VTE Venous thromboembolism

thrombocytopenia

VITT/TTS Excluded Possible post-vaccine ITP -**Contact Hematology** 

Send to ED for STAT peripheral smear\*, INR, aPTT, D-dimer, fibrinogen and COVID testing \*microangiopathy with red cell fragmentation and hemolysis is rarely described in VITT/TTS

Any one of:

· High suspicion of clot

Confirmed

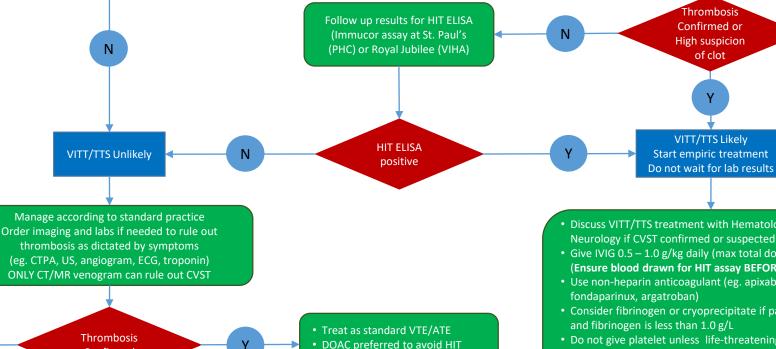
## Clinical Care Pathway of VITT/TTS in British Columbia



- Call Hematology (if no local Hematology, call 604-875-5000 to page VGH Hematologist)

Ask if recent exposure to heparin/LMWH (within 1-4 weeks)

- MUST call Laboratory to do stat HIT assay for query VITT/TTS (draw 2 red and 2 blue top tubes) and complete requisition§
- Order appropriate imaging to look for clots and other labs if indicated



• Check platelet count in 3-5 days

- Discuss VITT/TTS treatment with Hematology (and Stroke) Neurology if CVST confirmed or suspected)
- Give IVIG 0.5 1.0 g/kg daily (max total dose 2.0 g/kg) (Ensure blood drawn for HIT assay BEFORE giving IVIG)
- Use non-heparin anticoagulant (eg. apixaban, rivaroxaban,
- Consider fibrinogen or cryoprecipitate if patient bleeding and fibrinogen is less than 1.0 g/L
- Do not give platelet unless life-threatening bleeding or need life-saving surgery
- Lab to confirm samples are sent to McMaster for SRA