Document Control

Title **Vaccine Induced Thrombosis and Thrombocytopenia (VITT) Adult Guideline**			
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1.0	April 2021	Final	National guidance document approved by CRC
1.1	May 2021	Final	Addition of National guidance on Gastrointestinal manifestations of VITT. Approved at CEC 13/5/21
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Policy categories for Trust's internal website (Bob) Medicine, Emergency Medicine			**Tags for Trust's internal website (Bob)** Vaccine, CVST, Cavernous sinus thrombosis, VITT, splanchnic vein,

CONTENTS

1. Purpose

1.1. The purpose of this document is to detail the process for suspected Vaccine induced thrombosis and thrombocytopenia (VITT)

1.2. The policy applies to all Trust staff likely to see patients presenting post Covid-19 vaccine with symptoms suggestive of VITT

1.3. Implementation of this policy will ensure that patients with possible VITT are investigated and managed according to national guidance.

1.4. National guidance from Royal College of Emergency Medicine (RCEM), Society of Acute Medicine (SAM) and Royal College of Physicians (RCP) based upon Guidance agreed with Expert Haematology Panel (EHP) April 10th 2021 Guidance agreed with British Society of Neuroradiologists (BSNR) and RCR April 11th 2021

1.5. National Guidance on Gastrointestinal manifestations of VITT published 4/5/21

1.6. Supported and endorsed by: Royal College of Surgeons of England (RCSE) Royal College of Physicians (RCP) Royal College of Radiologists (RCR) Royal College of Emergency Medicine (RCEM) Royal College of Physicians & Surgeons of Glasgow (RCPSG) Royal College of Surgeons of Edinburgh (RCSEd) Royal College of Surgeons in Ireland (RCSI)

1.7. Developed in collaboration with: Association of Coloproctology of Great Britain and Ireland (ACPGBI) Association of Surgeons of Great Britain and Ireland (ASGBI) Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) British Association for Study of the Liver (BASL) British Society of Gastroenterology (BSG) British Society of Gastrointestinal and Abdominal Radiology (BSGAR) British Society of Interventional Radiology (BSIR) Expert Haematology Panel (EHP) Vascular Society of Great Britain and Ireland (VSGBI)

2. Definitions

2.1. VITT is covid-19 vaccine induced thrombosis and thrombocytopenia.

2.2. Thrombosis is a blood clot

2.3. Thrombocytopenia is a low serum platelets in this case a level of <150 x 10^9/l

2.4. Clinical reference committee (CRC)

2.5. Clinical effectiveness committee (CEC)

3. Responsibilities

Role of Clinical Staff

To follow the national guidance when seeing patients with symptoms suggestive of VITT

Role of CRC/CEC Group

Clinical reference committee (CRC) / Clinical effectiveness committee (CEC) will review this document annually or more frequently as the clinical knowledge about VITT evolves. The CRC/CEC is responsible for approving the national guidance and disseminating

4. RCEM/SAM/RCP VITT pathway

4.1. See appendix A for pathway

4.2. National guidance from Royal College of Emergency Medicine (RCEM), Society of Acute Medicine (SAM) and Royal College of Physicians (RCP) based upon Guidance agreed with Expert Haematology Panel (EHP) April 10th 2021 Guidance agreed with British Society of Neuroradiologists (BSNR) and RCR April 11th 2021

5. Gastrointestinal Manifestations of VITT pathway

5.1. See appendix B for pathway

5.2. National guidance supported and endorsed by: Royal College of Surgeons of England (RCSE) Royal College of Physicians (RCP) Royal College of Radiologists (RCR) Royal College of Emergency Medicine (RCEM) Royal College of Physicians & Surgeons of Glasgow (RCPSG) Royal College of Surgeons of Edinburgh (RCSEd) Royal College of Surgeons in Ireland (RCSI)

5.3. Developed in collaboration with: Association of Coloproctology of Great Britain and Ireland (ACPGBI) Association of Surgeons of Great Britain and Ireland (ASGBI) Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) British Association for Study of the Liver (BASL) British Society of Gastroenterology (BSG) British Society of Gastrointestinal and Abdominal Radiology (BSGAR) British Society of Interventional Radiology (BSIR) Expert Haematology Panel (EHP) Vascular Society of Great Britain and Ireland (VSGBI)

6. Monitoring Compliance with and the Effectiveness of the Guideline

Standards/ Key Performance Indicators

6.1. Medicines and Healthcare products Regulatory Agency (MHRA) yellow card systems should be used when a VITT is confirmed.

6.2. https://coronavirus-yellowcard.mhra.gov.uk/

Process for Implementation and Monitoring Compliance and Effectiveness

6.3. The guidance is on the Microguide adult clinical guidance guide

7. References

- https://b-s-h.org.uk/media/19590/guidance-version-17-on-mngmt-of-vitt-20210420.pdf
- https://www.rcem.ac.uk/docs/Policy/ED-AM%20%20Vaccine%20pathway%20concerns%20-%20RCP%20-%20SAM%20-%20RCEM.pdf
- https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency
- https://www.rcseng.ac.uk/coronavirus/vaccine-induced-thrombosis-guidance/

8. Appendix A

The Royal College of Emergency Medicine

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THE SOCIETY FOR ACUTE MEDICINE

Royal College of Physicians

Guidance agreed with Expert Haematology Panel (EHP) April 10th 2021
Guidance agreed with British Society of Neuroradiologists (BSNR) and RCR April 11th 2021

Management of patients presenting to the Emergency Department/ Acute Medicine with symptoms

The condition of concern is **Covid-19 Vaccine induced Thrombosis and Thrombocytopenia (VITT)**

Key Decision point 0 – Does this patient's presentation raise any concern about VITT?

If no, manage as per routine practice for specific presentation

If yes , continue with this guidance

Concern- cases usually present with progressive thrombosis, with a high preponderance of cerebral venous sinus thrombosis. Splanchnic vein thrombosis is common and pulmonary embolism and arterial ischaemia are also seen. Bleeding can be significant and unexpected. Symptoms of concern are:

• Persistent or severe headaches, seizures or focal neurology, • Shortness of breath, persistent chest or abdominal pain, • Swelling, redness, pallor or cold lower limbs

Key Decision point 1 – initial assessment

Has the patient presented with symptoms >4-28 days since vaccination

Send FBC

Is the platelet count > 150 x 10^9/L

If Y -VITT is unlikely

As this is an emerging area of practice, please continue to check back for updates ***https://b-s-h.org.uk/*** ***and*** ***https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency***

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Key Decision point 2 -is patient safe to go home?

Does the patient have symptoms of another clinical condition that needs investigation

If **N** then home with safety net advice to return if persistent or escalating symptoms or other concern for thrombosis for repeat testing

If **Y** then further work up required for alternative diagnoses

Key Decision point 3- if platelets < 150 x 10^9/L

Send clotting (fibrinogen) and d-dimer test

d-dimer <2000[1], normal fibrinogen

Not VITT - Ix for other diagnosis

d-dimer > 2000*, low fibrinogen

Suspect VITT

Haematology advice

Rx as per guidance from Expert Haematology Panel

Appropriate imaging and other specialty referral [2]

[1]D Dimer as mcg/L, (includes FEU or DDU) = 2mg/L (cases -D Dimers > 4000 mcg/L but D Dimers 2000-4000 mcg/L need to be discussed as probable case)

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Presentation	Basic Outcome
Not AZ vaccine,	Home, no follow up (unless needs workup of other diagnosis of concern)
AZ but time window not >4-28 days	Home, no follow up (unless needs workup of other diagnosis of concern)
AZ, 5-28 days, platelets >150 x 10^9	Home with safety net to return for retesting if any exacerbation of symptoms, (unless needs workup of other diagnosis of concern)
AZ, 5-28 days, platelets <150 x 10^9	Further investigation and work up including d-dimer & fibrinogen

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Neuroimaging Recommendations

1. If no clinical and haematological features of VITT are present, headache symptoms should be managed via usual headache pathways, with neuro-imaging only if clinically appropriate. Cerebral venography is not generally indicated.

2. For patients **WITH** VITT and headache symptoms, dedicated cerebral venous imaging is appropriate.
   i. Non-contrast CT brain combined with contrast enhanced CT cerebral venography is rapid, accessible and has very high diagnostic accuracy.
   ii. MR/MR venography is an equally accurate alternative and may be preferred in some centres.

Other Radiology imaging in discussion with radiology – CTPA/ CT Abdo as required by clinical suspicion.

As this is an emerging area of practice, please continue to check back for updates ***https://b-s-h.org.uk/*** ***and*** ***https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency***

9. Appendix B

9.1. Details about clicnail presentation and management are available on the original document

https://www.rcseng.ac.uk/coronavirus/vaccine-induced-thrombosis-guidance/