



# Clinician alert #53 – all clinicians

Effective from 06 April 2021

## New information

### **Suspected Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT)**

- Investigators in Europe are reporting on the detection of antibodies against platelet antigens (PF4) as part of the immune stimulation post vaccination, with some similarity to heparin induced thrombocytopenia (HIT) which is to be called VIPIT.
- The Thrombosis and Haemostasis Society of Australia and NZ (THANZ) have released an advisory statement which can be accessed [here](#) and includes how to recognise a case and their initial management.
- Features of cases to date (31/03/2021) include onset 4-20 days after vaccination; thrombosis predominantly of central venous sinus but splanchnic and other venous thromboembolism (VTE) reported; thrombocytopenia (severity and trajectory unclear); high D-Dimer (typically very high).
- Patients presenting with organ specific symptoms of thrombosis (e.g. severe headaches unresponsive to simple analgesia, abdominal pain or respiratory symptoms) 4-20 days after vaccination should be reviewed carefully for signs of thrombosis or bleeding.
- Incidence of VIPIT is extremely rare and is currently estimated around 1:500,000, but data from around the world is incomplete. Causal relationship to vaccine remains unconfirmed.
- Most cases of VIPIT described to date have been female and aged between 20-55 years, however males have also been affected.
- **THANZ recommends that benefit outweighs the risk in COVID-19 vaccination.** Individuals should continue to take up the offer of COVID-19 vaccination.

## Background

- If CVST or another severe thrombotic complication with thrombocytopenia is suspected in a patient who has recently received COVID-19 Vaccine AstraZeneca, refer them to an emergency department for further assessment and haematology consultation.
- Clinical investigations should include a full blood count (to look for thrombocytopenia), a D-dimer test, fibrinogen and radiological imaging, as indicated.
- Patients suspected to have this condition should NOT receive any heparin or platelet transfusions.
- [ATAGI](#) and the [TGA](#) have both published statements for healthcare providers.

## Action

Further updates will be provided as these become available.

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**VACCINE OPERATIONS - LEAD CHIEF EXECUTIVE**