

## Possible Clinical Presentation of VITT

**Any one of the following:**

- persistent and severe headache
- focal neurological symptoms
- seizures, or blurred or double vision (suggesting CVST or arterial stroke)
- shortness of breath or chest pain (suggesting pulmonary embolism or acute coronary syndrome)
- abdominal pain (suggesting portal vein thrombosis) or
- limb swelling, redness, pallor, or coldness (suggesting deep vein thrombosis or acute limb ischemia).

- Determine COVID-19 vaccine history and date (4-28 days post vaccine)
- Rule out COVID-19 infection if required

↓ COVID-19 vaccine 4-28 days previously

Bloodwork

- CBC
- D-Dimer
- Fibrinogen
- Peripheral blood smear

**Platelet count is equal or less than  $150 \times 10^9 /L$**

- Review other bloodwork
- D Dimer levels (elevated)
  - Fibrinogen (low)
  - Peripheral blood smear (normal)

Diagnostic imaging or surgical intervention for thrombosis

**Thrombosis present**

**PROBABLE VITT**

Hematology consult  
HIT Testing  
(enzyme immunoassay)

Thrombosis absent

**POSSIBLE IMMUNE THROMBOCYTOPENIA**

**Report as Adverse Event Following Immunization**

platelet count is higher than  $150 \times 10^9 /L$

Diagnostic imaging or surgical intervention for thrombosis

Thrombosis absent

Not VITT

**Thrombosis present**

**POSSIBLE EARLY VITT**

Continue to assess for Thrombocytopenia