Current & Future State of ED & how Primary Care Can Help

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Vaccines-related complications in the community

- AZ -> VITT + General & Localised reactions
- Pfizer -> Cardiac + General & Localised reactions

Luckily, the rate of presentations will come down as we are almost at the double rates vaccinations (less likely for complications to happen)

AstraZeneca

General & Localised reactions

** Patient education

** Handouts about symptoms as the patients waiting for their vaccines to go through

** Offer them to ring for any queries

THANZ
Thrombosis & Haemostasis society of Australia and New Zealand

AstraZeneca

VITT

- 4-42 days after the vaccine (1st or 2nd dose)
- Thmobosis, AND (initial count can be normal in VITT)
- Thrombocytopaenia (<150x10_9) AND
- High D-Dimer (Typically more than 5 upper normal limit)

**If patient is not acutely unwell, can be investigated in the community

**4 hours turnaround time for pathology results

Isolated thrombocytopaenia?

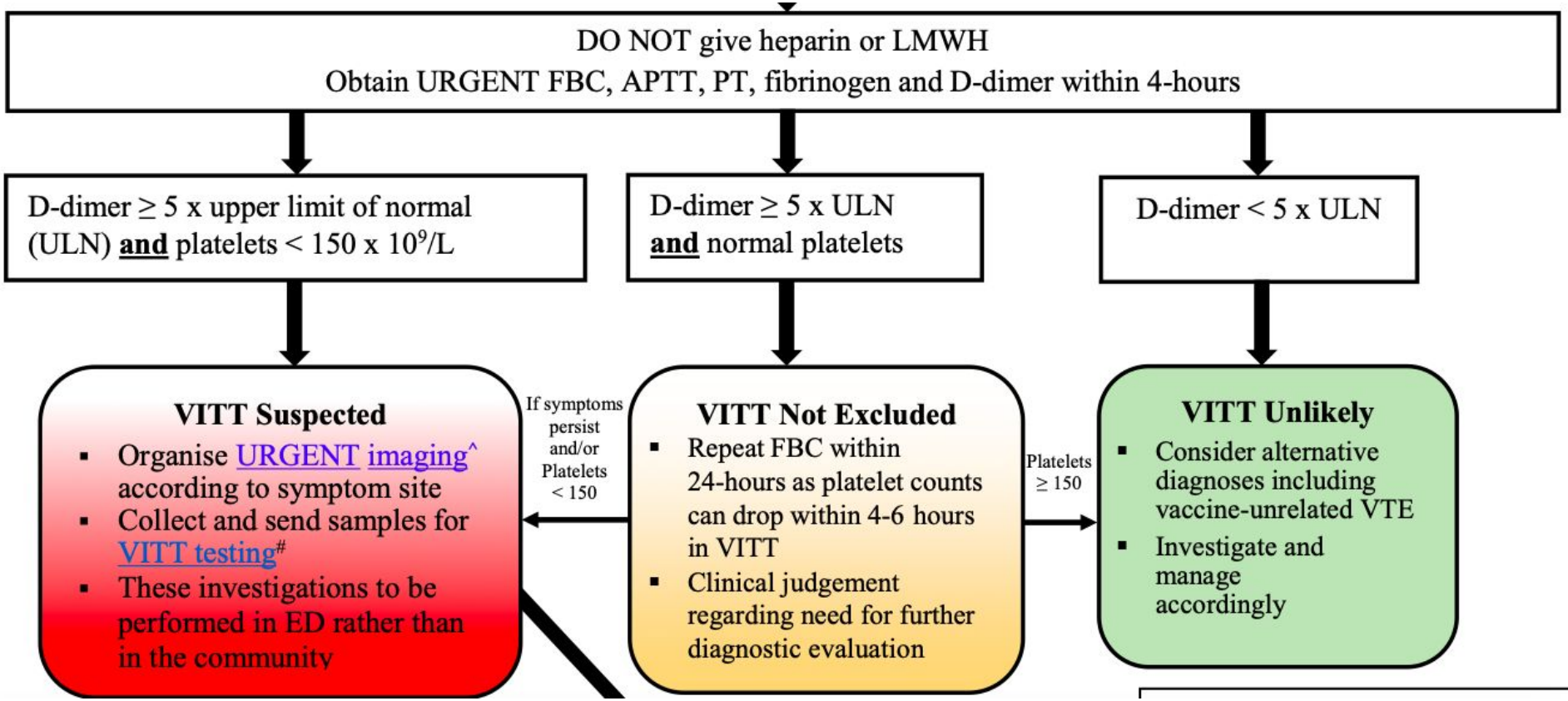
Vaccine-associated immune thrombocytopaenic purpura

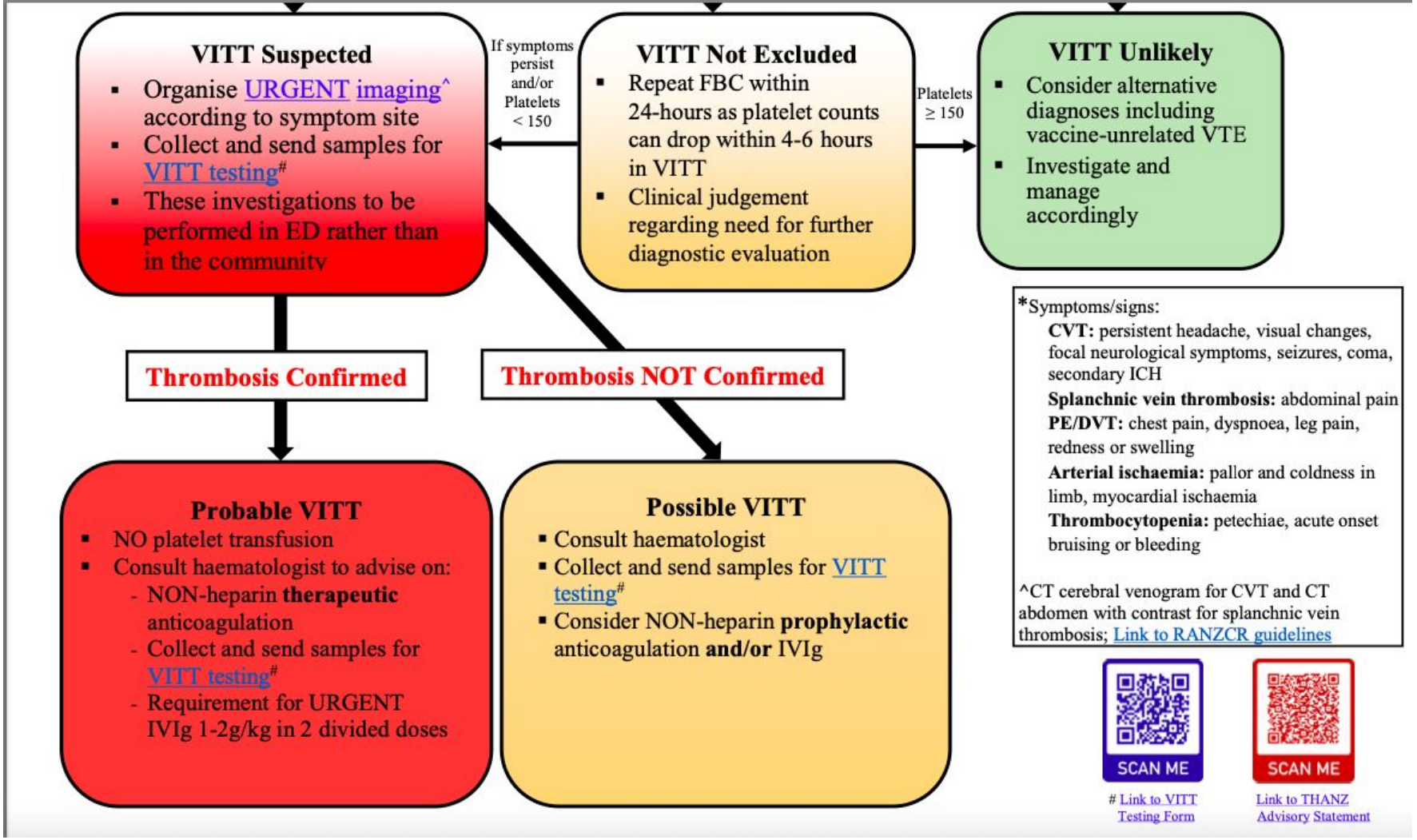
AstraZeneca

Investigations

- FBC
- APTT
- PT
- Fibrinogen
- D-Dimer

** Results available within 4 hours


DO NOT give heparin or LMWH
Obtain URGENT FBC, APTT, PT, fibrinogen and D-dimer within 4-hours
D-dimer ≥ 5 x upper limit of normal (ULN) and platelets < 150 x 10⁹/L
D-dimer ≥ 5 x ULN and normal platelets
D-dimer < 5 x ULN
VITT Suspected
Organise URGENT imaging^ according to symptom site
Collect and send samples for VITT testing#
These investigations to be performed in ED rather than in the community
If symptoms persist and/or Platelets < 150
VITT Not Excluded
Repeat FBC within 24-hours as platelet counts can drop within 4-6 hours in VITT
Clinical judgement regarding need for further diagnostic evaluation
Platelets ≥ 150
VITT Unlikely
Consider alternative diagnoses including vaccine-unrelated VTE
Investigate and manage accordingly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Thrombosis Confirmed
Thrombosis NOT Confirmed
Probable VITT
NO platelet transfusion
Consult haematologist to advise on:
- NON-heparin therapeutic anticoagulation
- Collect and send samples for VITT testing#
- Requirement for URGENT IVIg 1-2g/kg in 2 divided doses
Possible VITT
Consult haematologist
Collect and send samples for VITT testing#
Consider NON-heparin prophylactic anticoagulation and/or IVIg
*Symptoms/signs:
CVT: persistent headache, visual changes, focal neurological symptoms, seizures, coma, secondary ICH
Splanchnic vein thrombosis: abdominal pain
PE/DVT: chest pain, dyspnoea, leg pain, redness or swelling
Arterial ischaemia: pallor and coldness in limb, myocardial ischaemia
Thrombocytopenia: petechiae, acute onset bruising or bleeding
^CT cerebral venogram for CVT and CT abdomen with contrast for splanchnic vein thrombosis; Link to RANZCR guidelines
SCAN ME
Link to VITT Testing Form
SCAN ME
Link to THANZ Advisory Statement

Pfizer

Mainly Pericarditis & Myocarditis

- Within the first 5 days of the vaccine
- Can happen in kids too (with more kids being vaccinated now)
- Usually good recovery/prognosis

Pfizer

Chest pain, palpitations, SOB

- Examination (chest auscultation, Postural BP, HR, perfusion state)
- ECG
- Echo - liaise with local cardiologist for urgent echo's
- Trop leak in Myocarditis