

SARS-CoV-2 J & J Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

CLINICAL GUIDELINE

RECOGNIZE, CONSULT TO TREAT, AND REPORT

On April 12, the Centers for Disease Control and Prevention (CDC) issued a [Health Alert](#) concerning six reported cases of cerebral venous sinus thrombosis (CVST) in combination with low platelet count (thrombocytopenia) in women ages 18-48 years that occurred within 3 weeks of receiving the Johnson & Johnson (J & J) COVID-19 vaccine. Intermountain Healthcare has temporarily paused administration of the J & J COVID-19 vaccine.

The CDC is asking clinicians to recognize, consult to treat, and report suspected cases of any clotting condition accompanied by thrombocytopenia occurring after J&J vaccine administration. It is estimated that over 3 million individuals are within the window of time when such cases might occur. These adverse events have not been seen in either of the mRNA vaccines, and patients should continue to be encouraged to receive either the Pfizer or Moderna vaccines.

The CDC is continuing to review cases and is conducting harms-to-benefit analyses to inform their decision about future use of the vaccine.

RECOGNIZE

Physicians, APPs, and clinical caregivers should recognize blood clotting symptoms experienced between four days to three weeks of receipt of the J & J vaccine. These symptoms include:

- Severe, persistent headache
- Shortness of breath
- Focal neurologic symptoms
- Abdominal or chest swelling
- Visual changes or seizures
- Redness in a limb, or pallor and coldness in a limb

Testing: Patients should be evaluated with D-dimer and fibrinogen tests, as well as a CBC. If platelet count is below 150,000/mcl, call Intermountain's Thrombosis Service at 801-408-506 and ask for the thrombosis physician on call to be paged.

CONSULT FOR TREATMENT

Treatment should involve consultation with Intermountain's Thrombosis Service. To date, it is suggested that a non-heparin anticoagulant be used. Treatment considerations include using an anti-Xa inhibitor anticoagulant (apixaban, rivaroxaban) and intravenous immunoglobulin, 1g/kg. **Do not use warfarin or heparin.** The mechanism for vaccine-induced immune thrombotic thrombocytopenia (VITT), is thought to be immune-mediated platelet activation, similar to heparin-induced thrombocytopenia (HIT).

REPORT

Providers should report any potential vaccine adverse events through [Intermountain's SafetyNet reporting system](#) (located at the OPE website) using either the Edge or Chrome browser. Once there, choose Category > Pandemic > Event Type > COVID-19. Adverse events reported through SafetyNet will be tracked and escalated to the federal Vaccine Adverse Event Reporting System (VAERS) by Intermountain's System Pharmacy Services.

LEARN MORE

Physicians, APPs, and other clinical caregivers with further questions can read the full [CDC Health Alert](#), read [Intermountain's FAQs](#), or contact the Thrombosis Service by calling 801-408-5060.