



Clinician alert #59 – all clinicians

Effective from 31 May 2021

New information

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ) have released a joint [statement](#) on Thrombosis with Thrombocytopenia Syndrome (TTS) (also called Vaccine-induced Thrombotic Thrombocytopenia [VITT]) and the use of the COVID-19 Vaccine AstraZeneca.

The list of conditions for which [Pfizer](#) (Comirnaty) COVID-19 vaccine is preferred has been expanded to include:

- History of idiopathic splanchnic (mesenteric, portal, splenic) vein thrombosis (**NEW**)
- Antiphospholipid syndrome with thrombosis (**NEW**)
- History of cerebral venous sinus thrombosis (CVST)
- History of heparin-induced thrombocytopenia (HIT)
- People with serious potentially life-threatening adverse events attributed to the first dose of AstraZeneca such as anaphylaxis or TTS (**NEW**)

If a person is advised by an allergist/immunologist that they should not be given AstraZeneca vaccine due to having one of the Australasian Society of Clinical Immunology and Allergy (ASCI) recognised [contraindications](#) to AstraZeneca vaccine, they can apply for Pfizer (Comirnaty) vaccination.

Additionally, persons aged 50 years and older who are scheduled to receive imminent medical treatment (within 3 months) likely to induce clinically significant immune compromise, for example, chemotherapy/radiotherapy/organ transplantation, or immune compromising treatment, can apply for the Pfizer (Comirnaty) vaccine to allow completion of their 2-dose immunisation schedule prior to treatment.

Background

- As of 31 May 2021, the total number of cases in Australia, assessed by the Therapeutic Goods Administration as having TTS following the AstraZeneca vaccine, is 27 confirmed and 6 probable cases. ATAGI currently estimates the risk of TTS in Australia at around 2.6 per 100,000 in those <50 years and 1.6 per 100,000 in those ≥50 years.
- ATAGI reinforces that people of any age who have had their first dose of AstraZeneca vaccine without any serious adverse events can receive the second dose.
- Currently, ATAGI recommends that Pfizer (Comirnaty) vaccine is preferred over AstraZeneca vaccine for persons aged < 50 years who have not already received a first dose of AstraZeneca vaccine.

Action

- The joint [statement](#) outlines other clotting related conditions in which AstraZeneca vaccine remains recommended, including: people with a past history of venous thromboembolism in typical sites, such as deep vein thrombosis or pulmonary embolism; people with a predisposition to form blood clots, such as those with Factor V Leiden, or other non-immune thrombophilic disorders; people with a family history of clots or clotting conditions; people currently receiving anticoagulant medications; people with a history of ischaemic heart disease or cerebrovascular accident; people with a history of thrombocytopenia.
- Clinicians are asked to remain alert to TTS/VITT in patients who present with symptoms to suggest thrombosis (venous or arterial) or thrombocytopenia **AND** COVID-19 vaccination within the past 30 days.

- If TTS/VITT is suspected, please follow the THANZ TTS/VITT management [guidelines](#).
- Please ensure you report all suspected adverse events following vaccination to the Western Australian Vaccine Surveillance System ([WAVSS](#)).
- Requests for an alternative COVID-19 vaccine in persons aged 50 years and over, due to medical history (based on the conditions listed above) with supporting medical documentation can be submitted at via an online form, located on Department of Health [website](#).

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