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Covid-19: Colleges publish guidance after patients attend emergency departments with vaccine concerns

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A group of royal colleges has produced guidance for doctors seeing patients who have concerns about symptoms after receiving the Oxford AstraZeneca covid-19 vaccine.

The Royal College of Emergency Medicine, the Society for Acute Medicine, and the Royal College of Physicians say that anyone who presents with symptoms suggestive of covid-19 vaccine induced thrombosis and thrombocytopenia (VITT)¹ should have a full blood count to check their platelet level. Symptoms of concern include persistent or severe headaches, seizures, or focal neurology; shortness of breath, persistent chest, or abdominal pain; and swelling, redness, pallor, or cold lower limbs.

The guidance says that VITT is unlikely if the platelet count is greater than $150 \times 10^9/L$. But if platelets are below this level then a clotting and d-dimer test should be requested and VITT suspected if fibrinogen is low (d-dimer >2000). Patients with suspected VITT and headache symptoms should have cerebral venous imaging with computed tomography or magnetic resonance venography.

The British Society for Haematology says that anyone with suspected VITT should be given intravenous immunoglobulin immediately and anticoagulation with non-heparin based therapies, but that platelet transfusions should be avoided.² “This is an immune condition and there is no evidence that people with a prior history of thrombosis or known risk factors for thrombosis are more at risk. For most people, the risk of recurrent thrombosis from covid-19 infection is greater than the risk of this syndrome,” it said.

The advice comes after the *HSJ* reported that emergency clinicians had raised concerns over a surge in patients attending emergency departments as a result of anxiety over the safety of the AstraZeneca vaccine.³ Investigations by EU and UK regulators into reports of unusual blood clots after receiving the vaccine concluded that these are a “possible” and “extremely rare” side effect.⁴ Neither agency established a causal relation.

However, the UK’s Joint Committee on Vaccination and Immunisation (JCVI) decided that adults under 30 who are healthy and not at risk of developing severe covid-19 should be offered an alternative vaccine where possible.

Katherine Henderson, president of the Royal College of Emergency Medicine, said that following the announcements, patients had been attending emergency departments after receiving the AstraZeneca vaccine. “I saw 21 patients with concerns in an eight hour shift, so we have to have a way of dealing with this. It was important for us to have a strategy for managing those patients that didn’t mean

that they were getting over-investigated but they were getting reassurance. We also need to be aware that if somebody has significant symptoms it is always possible, given the rarity of VITT, that it is something else,” she said.

Henderson stressed that VITT was a very rare condition. “The problem was that we were seeing an awful lot of patients with mild symptoms and we needed a respectful way of managing their anxiety that didn’t paralyse the system and didn’t over-investigate people who didn’t it,” she said.

GPs have also warned that the JCVI’s decision to offer under 30s an alternative to the AstraZeneca vaccine will create more work for primary care—with patients coming to them with concerns.⁵

Dave Tomson, clinical director of North Shields Primary Care Network, co-runs a vaccination site in North Shields. He said that patient concerns about the vaccine had already slowed down the vaccination process. “It undoubtedly slows down flow and makes life more complicated,” Tomson said. He said, however, that he had not seen a significant impact on the number of patients accepting the AstraZeneca vaccine. “We did our first first dose AstraZeneca clinic since the new JCVI guidance came out, yesterday. It was laborious and it certainly slowed things down. We were intending to vaccinate 1800 people yesterday and we vaccinated 1715 people. I would estimate around 100 people didn’t show,” he said.

“Out of the 1715, 10 over 30s declined the AstraZeneca vaccine and we have put them in for a Pfizer clinic. Of the under 30s, five declined the AstraZeneca vaccine but at least as many opted to have it.”

1 Royal College of Emergency Medicine. ED-AM vaccine pathway concerns. 12 April 2021. www.rcem.ac.uk/docs/Policy/ED-AM%20Vaccine%20pathway%20concerns%20-%20RCP%20-%20SAM%20-%20RCM.pdf.

2 British Society for Haematology. Guidance produced by the expert haematology panel focussed on vaccine induced thrombosis and thrombocytopenia. April 2021. <https://b-s-h.org.uk/about-us/news/guidance-produced-by-the-expert-haematology-panel-ehp-focussed-on-vaccine-induced-thrombosis-and-thrombocytopenia-vitt>.

3 Collins A, Illman J. Surge of patients hit A&Es over Oxford jab clot fears. *HSJ*. 9 April 2021. www.hsj.co.uk/emergency-care/surge-of-patients-hit-aandes-over-oxford-jab-clot-fears/7029867.article.

4 Mahase E. AstraZeneca vaccine: Blood clots are “extremely rare” and benefits outweigh risks, regulators conclude. *BMJ* 2021;373:n931. doi: 10.1136/bmj.n931 pmid: 33832929

5 Pearce C. GPs warn of unintended consequences of new AstraZeneca covid vaccine advice. 9 April 2021. www.pulsetoday.co.uk/news/clinical-areas/immunology-and-vaccines/gps-warn-of-unintended-consequences-of-new-astrazeneca-covid-vaccine-advice.

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