

Laboratory approach for  
vaccine-induced  
thrombotic  
thrombocytopenia (VITT)  
diagnosis:

A retrospective study of clinically  
suspected cases in The Netherlands

# Disclosure

No conflict of interest to declare

## Vaccine-induced thrombotic thrombocytopenia (VITT)

Thrombocytopenia and/or thrombosis

5-30 days after vaccination

Incidence AstraZeneca NL: 1:87.182  
Incidence Janssen NL: 1:194.803

Pathophysiology not fully understood



## Heparin induced thrombocytopenia (HIT)

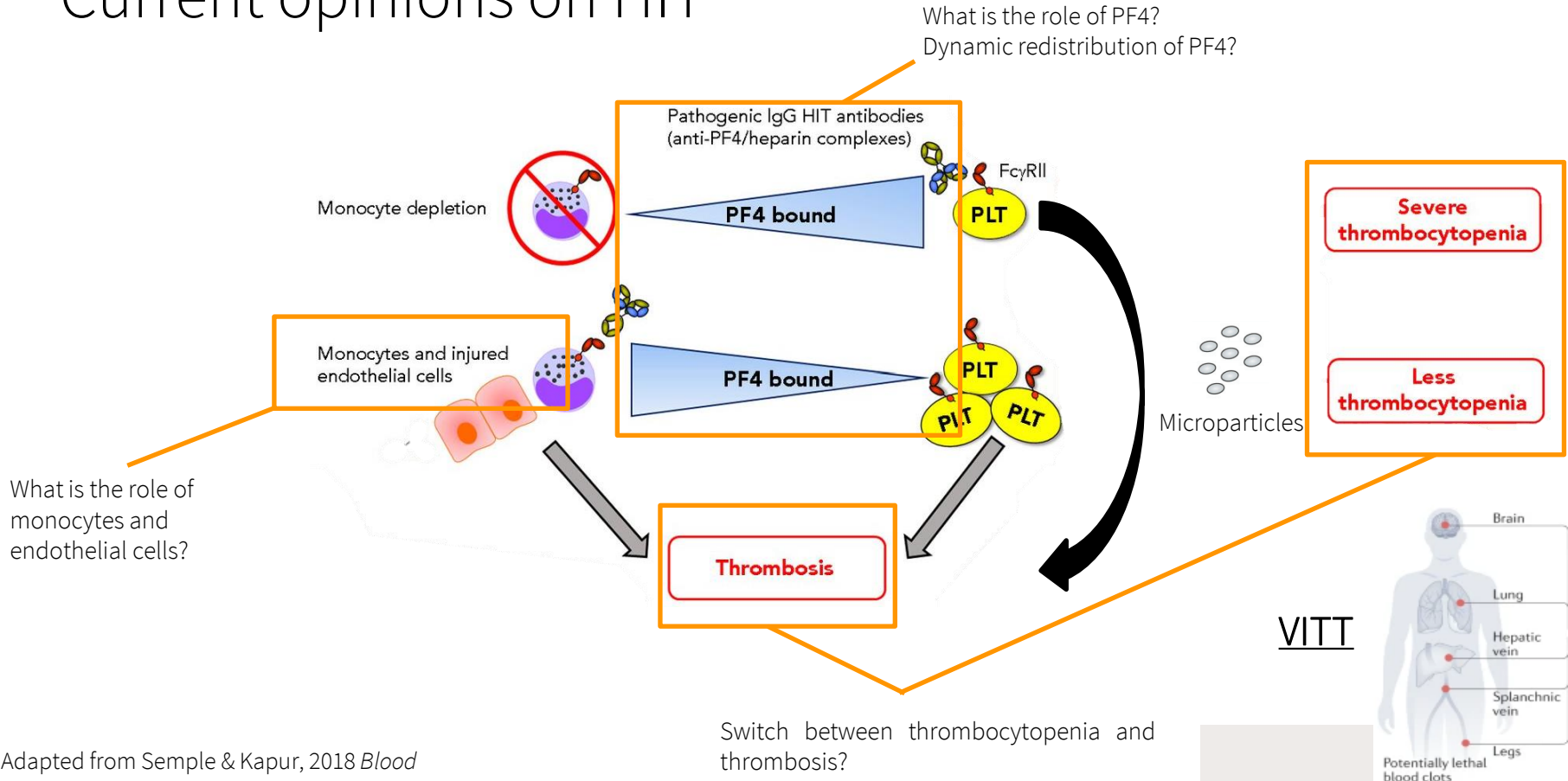
Thrombocytopenia and/or thrombosis

5-14 days after heparin exposure

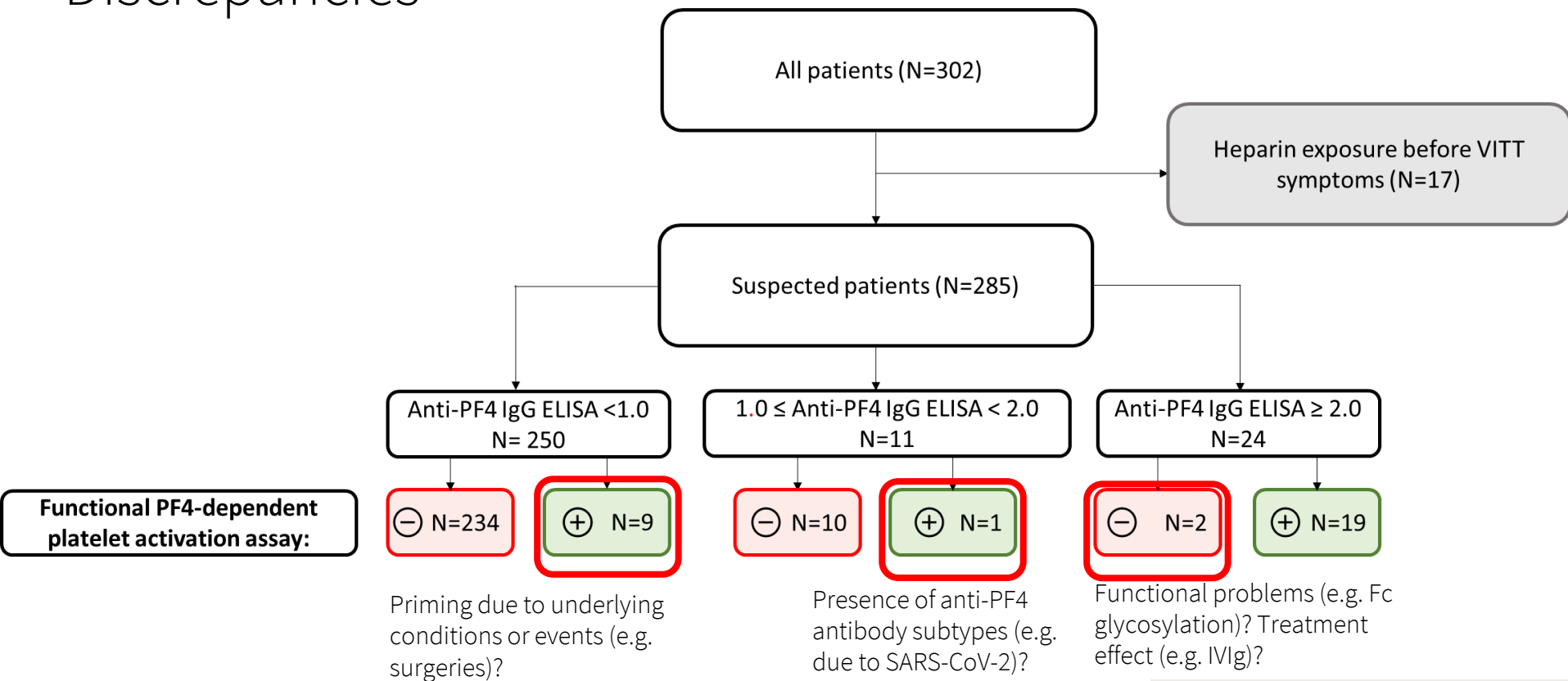
12 million people in the US receive heparin  
0.5-1% of patients develop HIT

Pathophysiology not fully understood

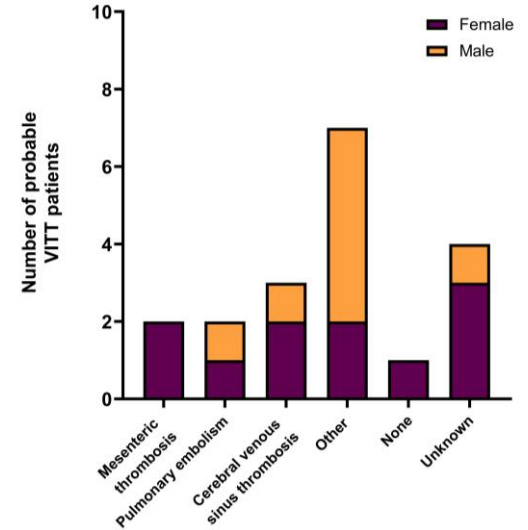
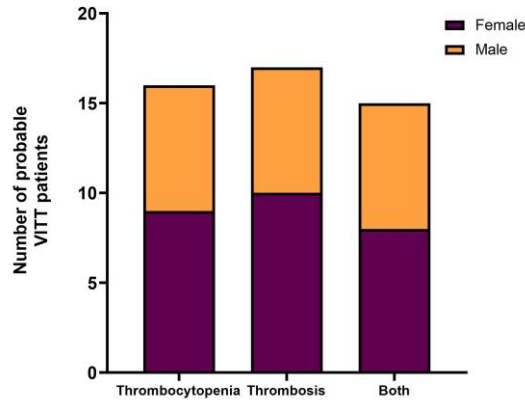
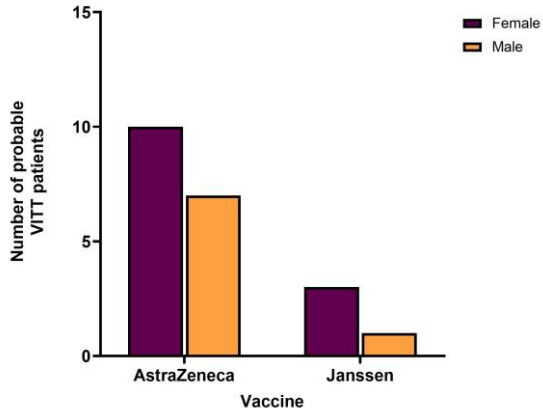
# Current opinions on HIT



# Discrepancies



# Demographics probable VITT patients



Probable VITT only in patients vaccinated with AstraZeneca or Janssen vaccine

Unusual thrombosis sites probable VITT patients

Majority probable VITT patients suffered from thrombocytopenia and thrombosis

# Conclusions

- Probable VITT patients:
  - Vaccinated with viral vector vaccines
  - Experienced VITT-related symptoms after the first vaccination
  - Displayed symptoms after an average of 16 days post-vaccination
- Anti-PF4 IgG ELISA, PF4-dependent platelet activation assay, and clinical presentation is recommended for VITT diagnosis
- Platelet FcγRIIa seems to play a role in VITT (data not shown)
- More research needed to explain discrepancies in laboratory tests for VITT

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