

Yellow Card Reference Number: [REDACTED]

From [REDACTED] (KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST) [REDACTED]

Date Tue 2021-02-16 10:20

To Yellow Card Mailbox <yellow.card@mhra.gov.uk>

Local Identification Number: [REDACTED]

Patient Initials: [REDACTED] **Patient Age:** 32 Years **Patient Sex:** Male

Yellow Card Reference Number: [REDACTED]

Thank you for taking the time to complete a Yellow Card report on a suspected side effect to the COVID-19 Vaccine AstraZeneca.

In view of the nature of the reaction you reported, please would you be kind enough to provide us with some additional details. You can return this information to us via email at yellowcard@mhra.gov.uk. Please quote the above Yellow Card reference number with all correspondence. In particular, it would be helpful to have the following information, if available:

- Could you please confirm if a diagnosis was confirmed for the events of thrombocytopenia and thrombosis? No unifying diagnosis confirmed.
- Could you please confirm the cause of death as stated on the post-mortem report or death certificate?

Cause of death already sent

- Could you provide us with the post-mortem report, or alternatively could you provide us with contact details for where we might obtain this?

No post mortem undertaken, case not referred to the Coroner

- Could you please confirm if there was involvement of any other cell lines, or if platelets were the only cell line affected? Isolated thrombocytopenia at presentation.
- Please provide information on any other potential causes of thrombocytopenia excluded eg: infectious causes, malignancy including metastatic disease, leukaemia, myelofibrosis lymphoproliferative disorders, TTP, DIC, HIT syndrome Rapid progression to death from admission (within hours) therefore all potential causes for thrombocytopenia unable to be excluded. No evidence of blasts on film or other abnormalities to suggest leukaemia or myelofibrosis. No red cell fragments reported on film to raise strong suspicion of either TTP or DIC. Clotting times normal, which goes against DIC. No previous exposure to heparin so not HIT. Nil from history to suggest underlying malignancy. Patient fit and well before presentation. No signs of infection or any other potential causes of thrombocytopenia.
- Please provide information on any other potential risk factors for thrombosis eg: active malignancy, intracranial malignancy, intracranial infection, significant dehydration, immobility, previous DVT, protein C and S deficiency, systemic inflammatory diseases, recent CNS trauma/ surgical intervention, acquired prothrombotic states (including nephrotic syndrome). None of the risk factors listed were apparent. No evidence of nephrotic syndrome. No family history of thrombosis declared. Not tested for additional acquired prothrombotic state (antiphospholipid syndrome, paroxysmal nocturnal haemoglobinuria) as per advice received by the haematologist on duty.
- Was there a known history or new diagnosis of autoimmune/ inflammatory disease eg: SLE, antiphospholipid syndrome? No
- Were any medications with a potential thrombocytopenic effect or ITP known to be taken concomitantly prior to the event eg: heparin, alemtuzumab, sodium valproate. None that treating team were aware of.
- Please provide nadir platelet counts and relevant blood results where available. Plts 30 at presentation. Plts fell to nadir of 10. Pt subsequently died. No historical blood results

available.

- Was there any relevant medical history? No, patient previously fit and well.
- Were there any other concurrent events that may have contributed to the event? We could not identify any.
- Could you let us know if there is any other relevant information you can provide that has not already been addressed above.

Kind regards,


Critical Care Consultant

King's College Hospital NHS Foundation Trust

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