Platelet Count	Latest Ref Range: 150 - 450 10e9/L	326
RBC Count	Latest Ref Range: 3.8 - 5.2 10e12/L	3.94
MCV	Latest Ref Range: 78 - 100 fl	85
MCH	Latest Ref Range: 26.5 - 33.0 pg	26.4 (L)
MCHC	Latest Ref Range: 31.5 - 36.5 g/dL	31.2 (L)
RDW	Latest Ref Range: 10.0 - 15.0 %	17.2 (H)
Diff Method	Unknown	Automated Method
% Neutrophils	Latest Units: %	42.5
% Lymphocytes	Latest Units: %	41.8
% Monocytes	Latest Units: %	9.2
% Eosinophils	Latest Units: %	5.3
% Basophils	Latest Units: %	0.6
% Immature Granulocytes	Latest Units: %	0.6
Nucleated RBCs	Latest Ref Range: 0 /100	0
Absolute Neutrophil	Latest Ref Range: 1.6 - 8.3 10e9/L	2.3
Absolute Lymphocytes	Latest Ref Range: 0.8 - 5.3 10e9/L	2.2
Absolute Monocytes	Latest Ref Range: 0.0 - 1.3 10e9/L	0.5
Absolute Eosinophils	Latest Ref Range: 0.0 - 0.7 10e9/L	0.3
Absolute Basophils	Latest Ref Range: 0.0 - 0.2 10e9/L	0.0
Abs Immature Granulocytes	Latest Ref Range: 0 - 0.4 10e9/L	0.0
Absolute Nucleated RBC	Unknown	0.0

Imaging:
None recently

Assessment:
Jummai P Nache is a 50 year old female patient who is following up after a prolonged admission and continued rehab after MIS-A. Her clinical course has left her with life-changing physical disfigurement which is almost certainly going to need amputation.

Most of our visit was spent again discussing the potential role of the vaccine in this process. Dr. Fontana shared the letter from the CDC stating that this was MIS-A without clear involvement from the vaccine, though it can't (and likely never will be) excluded as contributing to some extent. Since the last visit, and separate from the laboratory evidence discussed with the CDC, I did have the PF4 antibody testing done on a blood sample saved from around the same day as her arterial thrombotic events. This testing was negative. Thrombotic Thrombocytopenic Syndrome (TTS, previously termed VITT as mentioned in my previous note) is the syndrome linked to the infrequent CSVT and other thrombotic events linked to Johnson and Johnson vaccines. While we do not have pathognomonic tests for this (or most other disorders), the PF-4 antibody testing is quite sensitive, so the absence of it is reassuring against that diagnosis. Greinacher et al. **Thrombotic Thrombocytopenia after ChAdOx1 nCov-19 Vaccination**, *NEJM* April 2021 Https://www.nejm.org/doi/full/10.1056/NEJMoa2104840). The onset here was also a bit early, based on discussions I had with an expert on the topic at another institution in reviewing this case.

We spent 45 minutes reviewing what constitutes MIS-A versus other similar inflammatory or infectious states, how the vaccine could have hypothetically amplified an MIS-A that might have occurred anyway, but since we do not know why some are susceptible to MIS and not others, we cannot even say that for sure. My feeling is that they are still in the coping phases of this, and more will come with the amputations needed, so I am just trying to support Jummai and Phillip through this with as much evidence-based background to Jummai's events as I can. I will keep working with