



COVID-19 Vaccine Administration for People with Hemophilia

Q: For clients with Hemophilia, we routinely administer intramuscular vaccines subcutaneously, rather than IM. Is this something that can be done for the COVID vaccine?

A: Because of the risk for hematoma formation after injections, intramuscular injections are often avoided among persons with bleeding disorders by using the subcutaneous or intradermal routes for vaccines that normally are administered intramuscularly. However, we do not know whether COVID-19 vaccines will generate an adequate immune response when administered subcutaneously or intradermally. For this reason, COVID-19 vaccines should be administered intramuscularly if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered by this route with reasonable safety. If intramuscular administration is deemed unsafe, the vaccine may be given subcutaneously but clinicians and patients should be aware that vaccine efficacy, when administered by this route, has not been studied.

The following precautions should be considered for patients with bleeding disorders. Similar precautions may be warranted for patients receiving anticoagulation therapies. These precautions are adapted from guidance developed by the CDC and the National Hemophilia Foundation:

- For most patients with bleeding disorders, COVID-19 vaccines should be administered intramuscularly using the smallest gauge needle that is practicable (23-gauge or smaller).
- Most hemophilia patients who are receiving emicizumab may receive the vaccine intramuscularly (IM) at any time.
- In consultation with their hematologist, patients who receive antihaemophilia or similar therapy (for example, factor replacement) may consider scheduling vaccination shortly after such therapy is administered.
- Steady manual pressure, without rubbing, should be applied to the vaccine site for 10 minutes after the vaccine is given. The site should be monitored for hematoma formation. Patients should be encouraged to contact their physician if the hematoma is large or expanding, or if it is associated with significant discomfort.
- Clinicians administering COVID-19 vaccines to patients with bleeding disorders are encouraged to consult the patient's treating hematologist for any additional precautions which may be warranted, especially if the bleeding disorder is rare or the risk of bleeding is expected to be high.

References:

National Hemophilia Foundation FAQ on COVID-19 vaccines:

<https://www.hemophilia.org/news/covid-19-vaccines-and-bleeding-disorders-frequently-asked-questions-faqs>

CDC's General Consideration for Vaccine Administration (2011)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>