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Vaccines for Bleeding Disorder Patients


Fact Sheet


Even though receiving a vaccine puts someone more at risk for bleeding than if they were to have never received it at all, it is perfectly acceptable for patients with bleeding disorders to receive vaccines. A few simple tips must be followed to decrease the risk for bleeding:

-  If a patient has Hemophilia and infuses factor on a prophylaxis schedule, they should be sure to schedule their vaccine administration on a day that they will already be receiving their prophylactic factor medication. This ensures that the patient has enough circulating factor in their body to decrease their risk for bleeding from the vaccine administration.
-  A fine-gauge needle (23 gauge or smaller) should be used.
-  The number of vaccines administrations *per limb* should be no more than one. For example, if someone should need two vaccines, they should receive each of these in a different limb, not both in the same.
-  Regardless of what type of bleeding disorder the person has, firm pressure should be held at the injection site after the vaccine administration for at least 5-10 minutes without rubbing. This will help to decrease the risk for bleeding as well.

 If subcutaneous (SQ) route of administration is available instead of intramuscular (IM), this is preferred. According to MASAC (Medical and Scientific Advisory Council) Document #221, the vaccines (single vaccines, not in combination with other vaccines), that have been tested and demonstrated to be effective when administered either SQ or IM include:

- a. Pneumococcal polysaccharide (PPSV)
- b. Polio, inactivated
- c. Hepatitis A
- d. Hepatitis B

 If any analgesic medication is needed after the vaccine, NSAIDs (Ibuprofen, Advil™, Motrin™, Aleve™ etc.) should be avoided. Acetaminophen (Tylenol™) is okay to give for pain.

 Be sure to call BCDI with any adverse reactions such as hematoma, fever, warmth, or redness.