

FIRST COAST Heart & Vascular CENTER

Vaccines are often recommended for administration by the intramuscular route. These recommendations are based on similar immunogenicity but fewer local side effects if administered intramuscularly than subcutaneously or intradermal based on clinical trial data. The COVID-19 vaccines currently FDA approved and likely others soon to be available, will also likely be administered by intramuscular route.

Many physicians use the subcutaneous route for patients receiving an oral anticoagulant therapy (blood thinners) because this route is thought to induce fewer hemorrhagic side effects (local bleeding or hematoma formation), although no clinical trials support this recommendation. The number of people receiving oral anticoagulant therapy has increased over the past years as a result of a greater number of its indications; more people in this group are therefore likely to meet eligibility criteria for vaccination.

Recent clinical trial data regarding vaccinations given to persons on anticoagulants (blood thinners) has been performed to address this particular question in a scientific fashion. The results of these trials, while not specifically address the COVID-19 vaccine, support intramuscular vaccination as a safe and effective strategy of care in patients on anticoagulants (blood thinners).

It is the position of this practice that the relevant medical literature does not suggest increased harm to persons receiving vaccines by intramuscular route while taking anticoagulants (blood thinners). We do not recommend stopping anticoagulants prior to intramuscular injection for vaccination. Care should be taken to ensure that specific medications such as warfarin (Coumadin) are dosed appropriately and are within therapeutic range prior to vaccination or any other injection strategies of care. Specifically, the medical literature does not support stopping the anticoagulants warfarin (appropriately dosed), Eliquis (Apixaban), Xarelto (Rivaroxaban), or Pradaxa (Dabigatran) prior to vaccination. Furthermore, the antiplatelet drugs used by many patients, including Plavix (Clopidogrel), Effient (Prasugrel), Brilinta (Ticagrelor) or Aspirin should also not be stopped prior to intramuscular vaccination.

This communication should serve as a clearance letter for these patients specifically addressing this issue, but no other.

Warm regards,



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