



Anticoagulation UK

COVID – 19 Vaccine and anticoagulants

The vaccine rollout has commenced across the UK. People will receive the vaccination according to a list of priorities which are as below¹

- 1 - Residents in a care home for older adults and their carers
- 2 - All those aged 80 and over. Frontline health and social care workers
- 3 - All those aged 75 and over
- 4 - All those aged 70 and over. Clinically extremely vulnerable individuals
- 5 - All those aged 65 and over
- 6 - All individuals aged 16-64 with underlying health conditions which put them at higher risk of serious disease and mortality
- 7 - All those aged 60 and over
- 8 - All those aged 55 and over
- 9 - All those aged 50 and over

Pregnant women and children under 16 (unless they have serious health problems) will not be routinely vaccinated.

Individuals will be notified as to when they are due for vaccination and advised where this will be carried out. GPs cannot provide the vaccine on request.

As advised by Public Health England, the vaccine is administered as an intramuscular injection in the upper arm. An intramuscular injection is a technique used to deliver a medication into the muscles. This allows the medication to be absorbed into the bloodstream quickly.

The British Society of Haematology² advises that patients with bleeding disorders or taking anticoagulants or antiplatelet medications, require special consideration as there is a slightly increased risk of bleeding due to the intra-muscular route of administration.

- Patients on standard intensity anticoagulation with warfarin (target INR 2.0 – 3.0) can receive intra-muscular injections as long as the most recent INR is <3.0. There is no need to re-check the INR solely for the purposes of vaccination.
- Patients on maintenance therapy with Direct Oral Anticoagulants (Apixaban, Dabigatran, Edoxaban and Rivaroxaban) can delay the dose on the day of vaccination until after the intra-muscular injection but do not need to miss any doses.
- Patients on single agent anti-platelet therapy (e.g. aspirin or clopidogrel) can continue on these medications without any adjustment.
- Patients with higher intensity anti-thrombotic treatment, for example warfarin with a target INR > 3.0 or dual antithrombotic medications, should be managed on an individual basis.
- The bleeding risk can be reduced by application of firm pressure at the injection site for at least 5 minutes afterwards.
- Patients on a full dose of heparin or fondaparinux injections, should also be able to have the vaccine. The daily dose can be delayed until after the injection but there is no need to miss any doses.

If an individual has a history of allergic reaction, please advise the healthcare professional **before** you have your vaccination.

ACUK cannot provide individual medical advice around your anticoagulation therapy and whether you should have the vaccination. If you have any concerns, please speak with your anticoagulation clinic or GP.

¹<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine>

² <https://b-s-h.org.uk/about-us/news/covid-19-updates/>

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