

Hematology - COVID-19 Frequently Asked Questions

If I'm on an anticoagulant/blood thinner, can I get a COVID vaccine?

Patients receiving an anticoagulant (e.g. warfarin, rivaroxaban, apixaban, dabigatran, etc) can safely receive a COVID-19 vaccination.

If you are taking warfarin (coumadin), be sure that you are up-to-date on your INR monitoring and that your latest INR level is not above the therapeutic range before getting vaccinated. Contact your physician if you have any questions.

All patients on anticoagulants should hold firm pressure on the injection site, without rubbing, for approximately 5 minutes after getting the vaccine.

If I take aspirin or a platelet inhibitor (e.g. Plavix, clopidogrel, Brilinta, ticagrelor), is there anything I should do around the time of the vaccination?

You should continue your medications without interruption while receiving the vaccination.

After you receive the vaccination, hold firm pressure on the injection site, without rubbing, for 2-5 minutes.

If I have a bleeding disorder, can I get the vaccine?

Patients with bleeding disorders can safely receive a COVID-19 vaccination if they follow the guidance below:

- If you have hemophilia or severe von Willebrand disease where your factor activity levels are less than 10%, treatment to raise your factor activity to greater than 10% prior to your vaccination is recommended.
- If you receive Hemlibra (emicizumab) for prevention of bleeding, no additional treatment is needed.
- After your injection, you should hold firm pressure on the injection site, without rubbing, for approximately 5 minutes. Talk to your hematologist if you need additional guidance.

If I have low platelets or a history of immune thrombocytopenia (ITP), can I get a COVID vaccine?

A current diagnosis or history of immune thrombocytopenia (ITP) is not a contraindication to receiving the COVID-19 vaccine, as long as your platelet count is above 20,000 (see below). Patients with ITP are encouraged to get a COVID-19 vaccine.

If you've received treatments like rituximab or steroids, your immune response to the vaccine may be reduced. However, it is still recommended that you proceed with a vaccine when available to you, rather than waiting a specified time after your last treatment. A reduced response to the vaccine is much better than no protection.

A platelet count greater than 20,000 is adequate for an intramuscular injection. If your count is above 20,000 but still less than 50,000, you should hold firm pressure on the injection site, without rubbing, for 5 minutes after vaccination.

If your platelets are less than 20,000, talk to your doctor about ways to increase your platelet count prior to receiving your vaccination.