

Our Lady's Children's Hospital, Crumlin and Cork University Hospital, Cork



Department of Haematology/Oncology



Recommendations for H1N1 (Swine Flu) Vaccination: Children with Bleeding Disorders

Children more at risk for H1N1 include:

Anyone aged over 6 months who has:

- Long-term Lung Disease (like Asthma and Cystic Fibrosis),
- Long-term Heart Disease,
- Long-term Kidney/liver Disease,
- Long-term Neurological Disease (like Cerebral Palsy),
- Immunosuppression e.g. cancer treatment (and their household contacts),
- Haemoglobinopathies,
- Diabetes,
- Morbid Obesity (check with your GP)

1. Patients with Severe Haemophilia in 'at risk group':

The vaccine should be administered intramuscularly. The bleeding disorder should be corrected first with clotting factor replacement, aiming for a clotting factor level of 0.50U/ml (50%). The vaccine should be given using a 23-gauge needle and pressure applied to the vaccine site for 1-2 minutes post injection to reduce the risk of bleeding.

2. Patients with Severe Haemophilia not in 'at risk group' who are on prophylaxis:

The vaccine can be administered intramuscularly following administration of regular prophylaxis.

3. All other patients with a bleeding disorder:

(Children with severe haemophilia who are not on prophylaxis, mild or moderate haemophilia, von Willebrand's Disease, Platelet function disorders etc):

The vaccine should be administered by *deep subcutaneous injection* with a 25-gauge needle. The skin tissue overlying the injection site is grasped with the thumb and the forefinger but elevated in a roll, rather than tensed and flattened. The angle of injection may be as great as 90 degrees to the skin and pressure applied to the site for 1-2 minutes post injection to reduce the risk of bleeding.

19th November 2009