Intramuscular Vaccination in Hemophilia

I read the recent article on hemophilia with interest(1). It is stated that all intramuscular injections are contraindicated and affected children should receive all vaccines including immunizations against hepatitis B and A. Considering the two recommendations together, how should one vaccinate hemophilic children against DPT, hepatitis B and A and *Haemophilus influenzae* type b (which are recommended by intramusclar route only)? This issue assumes further importance as many such vaccines are given during infancy when clinical bleeding episodes are rare since the child is not yet fully mobile.

Ravi Goyal,
Consultant Pediatrician,
581 A, Talwandi,
Kota 324 005, Rajasthan, India.

REFERENCE

1. Kushyap R, Choudhry VP. Hemophilia. Indian Pediatr 2000; 37: 45-53.

Reply

Children with hemophilia are at higher risk of developing muscular hematoma following intramuscular injections. Therefore, it becomes essential that all Pediatricians should take detailed family history of bleeding episodes. In presence of a positive family history, the children need to be investigated by coagulation studies to identify the cause of bleeding. In the absence of investigative facilities and if the investigations are being deferred for any other cause; it is advised that all suspected cases with bleeding disorders should be vaccinated only by subcutaneous (SC) injections with fine 26 gauze needle. It has been clearly shown that the effectiveness of various immunizations is same irrespective of the method of administration (SC or IM). Site of immunization should be pressed for 10-15 minutes after vaccination. Aspirin should not be used as an antipyretic agent if required.

Children with hemophilia are at higher risk of developing blood transmitted infections such as hepatitis B and cytomegalo virus. Therefore it becomes mandatory that all hemophilic children should receive hepatitis B vaccine subcutaneously at diagnosis in addition to other vaccinations as recommended by IAP.

V.P. Choudhry,
Professor,
Department of Hematology,
All India Institute of Medical Sciences,
New Delhi 110 029, India.

Clinical Profile and Sero-Conversion Pattern of Children with HBsAg Positivity

We read with interest the 'Brief Report' on "Clinical profile and sero-conversion pattern of children with HBsAg positivity"(1) and want to make some comments. The diagnosis of acute viral hepatitis-B was made in majority of the study population (40 of 45) on the basis of HBsAg positivity only. However, the diagnosis of acute hepatitis-B infection is made by demonstrating IgM anti-HBc. Of these 40 children, serum bilirubin was normal in 2 and transaminases were not elevated in 3. How can one make a diagnosis of acute viral hepatitis-B, when liver function tests are normal and only