



# RE: COVID VACCINATION OF 12-17 YEARS OLD BELONGING TO THE A3 CATEGORY

## REMINDERS TO PATIENTS, PARENTS, CAREGIVERS

1. There should be a prior pediatric clearance from the patient's attending physician for vaccination of 12-17 year old patients with comorbidities with any of the two FDA approved for emergency use mRNA vaccines (Pfizer and Moderna).
2. Pre vaccination screening at the vaccination sites should be done in addition to the pediatric clearance.
3. For hypertensive pediatric patients:
  - Ensure that blood pressure is controlled prior to vaccination
  - Do not forget to give their medications before vaccination
  - Please bring the patient's anti-hypertensive medications to the vaccination center
4. On the day of vaccination the vaccinee should not drink coffee or drink beverages that have caffeine, no smoking and avoid drinking medications that can increase blood pressure (e.g. NSAIDs, allergy meds with decongestants).
5. We do not recommend the giving of any antihypertensive medications to patients not on regular antihypertensive medications if their blood pressure is found to be high during pre vaccination screening. Nonpharmacologic maneuvers maybe done to relax the patient in a comfortable area, doing deep breathing exercises or allowing them to void or urinate. But upon the discretion of the doctors at the vaccination sites the following medications maybe given and should be available. If the patient missed his/her antihypertensive medication it can also be given and blood pressure monitored every 15 minutes two times. If BP decrease to below 160/100 mm Hg vaccination can proceed.
  - a. Nifedipine (short acting) 0.25 mg per kg per dose (limited availability in the market of the 5 mg softgel cap) per orem
  - b. Captopril 0.1-0.2 mg per kg per dose per orem or sublingual (available as 25 mg tablet)
  - c. Clonidine 2 – 5 mcg/kg/dose per orem. Available as 75mcg tablet and 150 mcg tablet
6. BP elevation should not be a reason to postpone vaccination unless the patient is manifesting signs and symptoms of hypertensive emergency.
7. Limit time the patient stays in the vaccination site to prevent undue exposure to infections especially covid. Hence we recommended to observe BP twice every 15 minutes and then decide whether to postpone vaccination.
8. BP must be taken properly using appropriate sized cuff. It is recommended that different sizes of cuffs be available at the vaccination site. Since 12-17 years old will be vaccinated a pediatric cuff and an adult cuff maybe sufficient in addition to a larger cuff for obese adolescents. Although aneroid manometer is recommended in children as BP measuring device, for the purpose of this Covid vaccination an automated BP measuring device maybe used.
9. Patients who will be discovered as hypertensive for the first time need to be seen by their regular doctor or referred to a subspecialist appropriate for the patient for further documentation of the hypertension on two separate visits as required by pediatric hypertension guidelines and appropriate work up and management started.

## References:

1. Lurbe Empar et al. 2016 European Society of Hypertension guidelines for the management of high blood pressure in children and adolescents. *J Hypertens* 34:000–000 Copyright \_ 2016 Wolters Kluwer Health, Inc.
2. Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. *Pediatrics*. 2017;140(3):e20171904
3. Ona DD et al. Executive Summary of the 2020 clinical practice guidelines for the management of hypertension in the Philippines. *J of Clin Hypertension*. 2021; 23(9) pp1637-1650