Updated Joint Statements of the Philippine Heart Association (PHA) and the Philippine Society of Hypertension (PSH) on Elevated Blood Pressure Readings during COVID Vaccination

We recognize that significant vaccination deferrals and delay were observed due to blood pressure elevations that to date have not resulted to any serious nor life threatening events established to be related to COVID-19 vaccines.

To limit the duration of face-to-face interactions and optimize turn around times, we revise our recommendations as follows:

1. There is no need to take vital signs (blood pressure, respiratory rate, heart rate) during screening unless the vaccinee is in distress which warrants further evaluation.

2. If warranted, blood pressure (BP) must be taken accurately. Elevation of the sBP > 180 and /or dBP >120 with signs and/or symptoms of target organ damage (TOD) or hypertensive-mediated organ damage (HMOD) such as Acute Coronary Syndrome, Heart Failure, Stroke and Acute Kidney Injury, is considered as a Hypertensive Emergency and should be referred to the ER immediately (level I, 2017 ACC AHA). In this case vaccination is ideally rescheduled until this life-threatening condition has been stabilized.

3. Individuals with BP elevations not classified as Hypertensive Emergency, may be vaccinated, but must be observed for 30 to 60 minutes post vaccination, monitoring for evolving signs or symptoms of hypertensive emergency, as well as hypotension which may be a manifestation of anaphylaxis.

4. Sublingual medications to lower the blood pressure are no longer recommended due to its adverse effects. Conservative measures including relaxation techniques such as deep breathing exercises, placing the patient in a comfortable environment, allowing patient to void, may help.

5. All individuals with persistent BP elevation not classified as Hypertensive Emergency must be counseled to seek clinic consult for proper work up the soonest possible time.

6. Post vaccination, the vaccinee must be monitored for any adverse reactions which may include allergy (refer to guidelines issued by PSAI) and blood pressure elevation that may lead to a hypertensive emergency as defined in number 2.

PHA and PSH will continue to monitor the rapidly evolving landscape of COVID19 vaccination and are committed to update these interim statements as needed or as new data become available.

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a. Accurate BP measurement must be done in a quiet room with comfortable temperature, and must be done at least 30 minutes after exercise, drinking coffee, or smoking, and ideally after voiding urine. The cuff bladder must cover 75 to 100% of the individual’s arm circumference. The patient must be seated, with the back supported, and feet flat on the floor. BP must be taken with the arm bare and resting, with the mid arm at heart level, and the cuff bladder must cover 75 to 100% of the arm circumference (2017 ACC AHA).

b. Symptoms of TOD or HMOD include headache and dizziness attributed to a possible neurologic deficit, visual disturbance, chest pain, and difficulty of breathing). Elevations of the sBP > 180 and /or dBP >120 without TOD/HMOD is considered as Hypertensive Urgency. Patients in such cases are advised to reinstitute or intensify oral treatment and arrange for close follow up (2017 ACC AHA).

as of April 14, 2021