



Considerations for healthcare personnel and long-term care residents with systemic signs and symptoms following COVID-19 vaccination

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Background

- Residents and healthcare personnel (HCP) should continue to follow all current CDC infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.
- Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.



Background

- Systemic signs and symptoms following COVID-19 vaccination can include fever, fatigue, headache, chills, myalgia, and arthralgia. Most are
 - mild to moderate in severity
 - occur within the first 3 days of vaccination
 - resolve within 1-2 days of onset
- Systemic adverse reactions were more commonly reported after the second dose than after the first dose and were generally more frequent and severe in persons aged 18–55 years than in those aged >55 years.*
- Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are not consistent with post-vaccination symptoms.

* <https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm>

Healthcare Personnel (HCP)

Infection prevention and control considerations for healthcare personnel with systemic signs and symptoms following COVID-19 vaccination



Overview

- HCP with postvaccination signs and symptoms could be mistakenly considered infectious and restricted from work unnecessarily.
- Strategies to evaluate and manage post-vaccination signs and symptoms among HCP are needed to avoid
 - Unnecessarily excluding HCP with only post-vaccination signs and symptoms from work
 - Inadvertently allowing HCP with SARS-CoV-2 or another transmissible infection to work
- The strategies are intended for use by occupational health programs and public health officials.
- They apply to all HCP working in healthcare settings.



Considerations to minimize the impact of post-vaccination systemic signs and symptoms on healthcare staffing

- Vaccinating HCP preceding 1-2 days off, during which they are not required to be in the facility.
- Staggering delivery of vaccine to HCP in the facility so that not all HCP in a single department, service, or unit are vaccinated at the same time.



Considerations continued...

- Informing HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options for mitigating them.
- Developing a strategy to provide timely assessment of HCP with systemic signs and symptoms post-vaccination, including providing or identifying options for SARS-CoV-2 viral testing, so it is readily available if indicated.
- Offering nonpunitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms.



Suggested approaches to evaluating and managing new-onset systemic post-vaccination signs and symptoms

- Approaches apply to HCP who
 - have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1) and
 - are not known to have had unprotected exposure to SARS-CoV-2 in the previous 14 days.
- Ultimately, clinical judgement should determine the likelihood of infection versus post-vaccination symptoms.



Signs and symptoms unlikely to be from COVID-19 vaccination

- Signs and Symptoms
 - Presence of ANY systemic signs and symptoms consistent with SARS-CoV-2 infection (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) or another infectious etiology that are not typical for post-vaccination signs and symptoms.
- Suggested approach
 - Exclude from work pending evaluation for possible etiologies, including SARS-CoV-2 infection, as appropriate.
 - Criteria for return to work depends on the suspected or confirmed diagnosis.



Signs and symptoms that may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection

- Signs and Symptoms
 - Presence of ANY systemic signs and symptoms (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that are consistent with a post-vaccination reaction, SARS-CoV-2 infection, or another infectious etiology.
- Suggested approach
 - HCP who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2:
 - Feel well enough and are willing to work, and
 - Are afebrile, and
 - Systemic signs and symptoms are limited only to those observed following vaccination.



Continued...

- Suggested approach
 - If symptomatic HCP return to work and symptoms are not improving or persist for more than 2 days
 - Exclude from work, pending evaluation, and consider viral testing
 - HCP with fever should, ideally, be excluded from work pending further evaluation, including consideration for SARS-CoV-2 testing.
 - If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.
 - When critical staffing shortages are anticipated or occurring, HCP with fever and systemic signs and symptoms limited only to those observed following vaccination could be considered for work if they feel well enough and are willing.
 - HCP should be re-evaluated, and viral testing for SARS-CoV-2 considered, if fever does not resolve within 2 days.



Long-Term Care Residents

Infection prevention and control considerations for residents of long-term care facilities with systemic signs and symptoms following COVID-19 vaccination



Overview

- Strategies to appropriately evaluate and manage post-vaccination signs and symptoms among long-term care residents are needed to balance
 - the risk of unnecessary testing and implementation of Transmission-Based Precautions for residents with only post-vaccination signs and symptoms with that of
 - inadvertently allowing residents with infectious COVID-19 or another transmissible infectious disease to expose others in the facility.



Suggested approaches to evaluating and managing systemic new onset post-vaccination signs and symptoms for residents in long-term care facilities

- Approaches apply to residents who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1).
- Approaches should be tailored to fit the characteristics of each case.



Signs and symptoms *unlikely* to be from COVID-19 vaccination

- Signs and Symptoms

- Presence of **ANY** systemic signs and symptoms consistent with SARS-CoV-2 (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) or another infectious etiology that are **not** typical for post-vaccination signs and symptoms.

- Suggested approach

- Evaluate for possible infectious etiologies, including testing for SARS-CoV-2 and/or other pathogens, as appropriate.
- Pending evaluation, these residents should be placed in a single person room (if available) and cared for by HCP wearing appropriate Personal Protective Equipment (PPE) recommended for residents with suspected or confirmed SARS-CoV-2 infection. They should **not** be cohorted with residents with confirmed SARS-CoV-2 infection **unless** they are also confirmed to have SARS-CoV-2 infection through testing.
- Criteria for when Transmission-Based Precautions may be discontinued depend on the results of the evaluation.



Signs and symptoms *that may be* from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection

- Signs and Symptoms
 - Presence of ANY systemic signs and symptoms (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that are consistent with post-vaccination signs and symptoms, SARS-CoV-2 infection, or another infectious etiology (e.g., influenza).
- Suggested approach
 - Evaluate the resident
 - These residents should be restricted to their current room (except for medically necessary procedures) and closely monitored until:
 - Fever (if present) resolves and
 - Symptoms improve

Continued...

- Suggested approach
 - HCP caring for these residents should wear all PPE recommended for residents with suspected or confirmed SARS-CoV-2 infection while evaluating the cause of these symptoms.
 - If the resident's symptoms resolve within 2 days, precautions can be discontinued.
 - Fever, if present, should have resolved for at least 24 hours before discontinuing precautions.
 - Viral testing for SARS-CoV-2 should be considered for residents if their symptoms are not improving or persist for longer than 2 days.
 - Residents residing in facilities with active transmission, or who have had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days, should be tested for SARS-CoV-2 infection.



Additional Resources

MMWR: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm>

Post Vaccine Considerations for Healthcare Personnel:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>

Long-Term Care Residents: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html>

Direct Service Providers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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