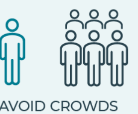
COVID-19



# Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Updated Apr. 27, 2021 Print

**CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.**

## Summary of Recent Changes

### Updates as of April 27, 2021

- Updated SARS-CoV-2 testing recommendations
- Updated visitation guidance to include recommendations for acute care facilities and to describe circumstances when source control and physical distancing are not required during visitation
- Added guidance for communal activities and dining in healthcare settings

## Key Points

- CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination, which are summarized in this guidance.
- Updated recommendations on SARS-CoV-2 testing
- Updated recommendations will be added to this page regularly as new information becomes available.

# Introduction

This guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.

CDC has released public health recommendations for vaccinated persons, which describe circumstances when non-pharmaceutical interventions (e.g., quarantine) could be relaxed for fully vaccinated persons in non-healthcare settings. CDC continues to evaluate the impact of vaccination; the duration of protection, including in older adults; and the emergence of novel SARS-CoV-2 variants on healthcare infection prevention and control recommendations; updated recommendations will be added to this page regularly as new information becomes available.

> At this time, there are limited data on vaccine protection in people who are immunocompromised. Further, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available. Examples of such immunocompromising conditions likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.) **In general, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individuals with an immunocompromising condition.**

Except as noted in the **Updated Recommendations** below, HCP should continue to follow all current infection prevention and control recommendations, including those addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection.

# Updated Recommendations:

## 1. Visitation

### When is visitation allowed?

**Post-acute care facilities, including nursing homes**

**Indoor visitation could be permitted for all residents except as noted below:**

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
  - Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.
- Additional information is available in the CMS memo addressing nursing home visitation – COVID-19 (Revised 3/10/2021) and the CMS memo addressing visitation at intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities -COVID-19

**Acute care facilities:**

**Visitation should continue to be prioritized for those visitors important for the patient's physical or emotional well-being and care (e.g., care partner, parents).**

- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated **patients with SARS-CoV-2 infection** until they have met criteria to discontinue Transmission-Based Precautions.
  - Vaccinated and unvaccinated **patients in quarantine** until they have met criteria for release from quarantine.
- Facilities in **outbreak status** should follow guidance from state and local health authorities on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

## What infection prevention and control practices are recommended when planning for and allowing visitation in post-acute and acute care facilities?

- Facilities should continue to promote and provide vaccination for all HCP.
- Post-acute care facilities should continue to encourage vaccination among all new admissions.
- Facilities should maintain a record of the vaccination status of patients/residents and HCP.
- Before allowing indoor visitation, the risks associated with visitation should be explained to patients/residents and their visitors so they can make an informed

decision about participation.

- Full vaccination for visitors is always preferred, when possible.
- Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.
- Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for source control or physical distancing).
- Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control, except as described in the scenarios below.
- Hand hygiene should be performed by the patient/resident and the visitors before and after contact.
- High-touch surfaces in visitation areas should be frequently cleaned and disinfected.
- Facilities should have a plan to manage visitation and visitor flow.
  - Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and HCP in the facility, except as described in the scenarios below.
- Facilities might need to limit the total number of visitors in the facility at one time in order to maintain recommended infection control precautions. Facilities might also need to limit the number of visitors per patient/resident at one time to maintain any required physical distancing.
- Location of visitation if occurring indoors:
  - If the patient/resident is in a single-person room, visitation could occur in their room.
  - Visits for patients/residents who share a room should ideally not be conducted in the patient/resident's room.
    - If in-room visitation must occur (e.g., patient/resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither patient/ resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices , including physical distancing and source control.
    - If visitation is occurring in a designated area in the facility, facilities could consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits do occur, everyone in the designated area should wear source control and physical distancing should be maintained between different visitation groups regardless of vaccination status.

### Physical distancing and source control recommendations when both the patient/resident and all of their visitors are fully vaccinated:

- While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
- Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility.

### Physical distancing and source control recommendations when either the patient/resident or any of their visitors are not fully vaccinated:

- The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.

## 2. Communal activities within a healthcare setting

### Who should not participate in communal activities?

- Vaccinated and unvaccinated **patients/residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19,** until they have met criteria to discontinue Transmission-Based Precautions.
- Vaccinated and unvaccinated **patients/residents in quarantine** until they have met criteria for release from quarantine.

### What infection prevention and control practices are recommended when planning for and allowing communal activities?

Determining the vaccination status of patients/residents/HCP at the time of the activity might be challenging and might be subject to local regulations. When determining vaccination status, the privacy of the patient/resident/HCP should be maintained (e.g., not asked in front of other patients/residents/HCP). For example, when planning for group activities or communal dining, facilities might consider having patients/residents sign up in advance so their vaccination status can be confirmed and seating assigned. **If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control.**

**Patients/Residents**

- Group activities:
  - If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity.
  - If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others.
- Communal dining:
  - Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing.
  - If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.
- Patients/residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.

**Healthcare Personnel**

- In general, fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in- person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.

## 3. Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents

The following recommendations are based on what is known about currently available COVID-19 vaccines. These recommendations will be updated as additional information, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines, becomes available. This could result in additional circumstances when work restrictions for fully vaccinated HCP are recommended.

- Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need

to be restricted from work for 14 days following their exposure.

- HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.

- Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.
  - Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.
- Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

## 4. SARS-CoV-2 Testing

- Anyone with symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test immediately.

- Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.
  - People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.
- In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (**regardless of vaccination status**) remain unchanged.
  - In nursing homes with an outbreak of SARS-CoV-2, HCP and residents, **regardless of vaccination status**, should have a viral test every 3-7 days until no new cases are identified for 14 days.
  - Hospitals and dialysis facilities with an outbreak of SARS-CoV-2 should follow current recommendations for viral testing potentially exposed HCP and patients, **regardless of vaccination status**.
- Expanded screening testing of asymptomatic HCP should be as follows:
  - Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility

experiencing an outbreak.

- In nursing homes, unvaccinated HCP should continue expanded screening testing as previously recommended.
- For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.

- Performance of pre-procedure or pre-admission viral testing is at the discretion of the facility. The yield of this testing for identifying asymptomatic infection might be lower among vaccinated patients because a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection. However, these results might continue to be useful in some situations to inform the type of infection control precautions used (e.g., room assignment/cohorting, or personal protective equipment used).

## 5. Use of Personal Protective Equipment

- Recommendations for use of personal protective equipment by HCP remain unchanged.

# Definitions:

**Fully vaccinated** refers to a person who is:

- ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine; there is currently no post-vaccination time limit on fully vaccinated status
- This guidance applies to COVID-19 vaccines currently authorized for emergency use by the Food and Drug Administration. Considerations for applying this guidance to vaccines that are not FDA-authorized include whether the vaccine product has received emergency approval from the World Health Organization or authorization from a national regulatory agency.

**Unvaccinated** refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance.

**Healthcare settings** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

## References

Hall et al. Effectiveness of BNT162b2 mRNA vaccine against infection and COVID-19 vaccine
coverage in healthcare workers in England, multicentre prospective cohort study (the SIREN study). Lancet preprint. Available at:https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3790399 . Accessed Feb 23, 2021.

Interim Public Health Recommendations for Fully Vaccinated People

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