Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

Based on recommendations from the Advisory Committee on Immunization Practices (ACIP), an independent panel of medical and public health experts, the Centers for Disease Control and Prevention (CDC) recommends healthcare personnel (HCP) and residents of long-term care facilities (LTCFs) be included among those offered the first supply of COVID-19 vaccines. Early protection of all HCP is critical in order for HCP to continue taking care of residents at LTCFs. Long-term care facilities HCP are on the front lines and risk being exposed to COVID-19 each day on the job. Making sure LTCF residents can receive COVID-19 vaccination as soon as vaccine is available will help save the lives of those who are most at risk of dying from COVID-19.

## Benefits of Getting Vaccinated

### Why is it important that both LTCF HCP and residents receive COVID-19 vaccine? –

Receiving a COVID-19 vaccine is an important step to reduce a person's chance of becoming sick with COVID-19 disease. HCP were placed first in line to receive COVID-19 vaccine because of their essential role in fighting this deadly pandemic **and** their increased risk of getting COVID-19 and spreading it to their patients. Their decision to get vaccinated can protect more than just their health. It can also help protect their colleagues, patients, families, and communities.

Ensuring LTCF residents receive COVID-19 vaccination as soon as vaccine is available will help save the lives of those at highest risk for infection and severe illness from COVID-19. Because LTCF residents live in group settings and are often older adults with underlying chronic medical conditions, they are most at risk of severe disease from diseases like COVID-19.

### How can facility administrators reassure HCP, residents, and residents' families that the COVID-19 vaccine is safe, even though it's new?

COVID-19 vaccines are being held to the same safety standards as all other vaccines. The federal government has been working since the pandemic began to make one or more COVID-19 vaccines available as soon as possible while ensuring they are safe and effective through the U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) authority. COVID-19 vaccines were tested in large studies that included thousands of adults age 65 and older. The study results showed that the vaccines were safe and provided protection from COVID-19 in these older adults.

The most common side effects were pain at the injection site and systemic symptoms like fever and chills. These side effects tended to be mild to moderate and went away on their own quickly. Serious side effects after vaccination were very rare. In addition, side effects were more frequent and severe in younger people compared to those that are older (>55 years).

Several expert and independent groups evaluate the safety of vaccines being given to people in the United States. After a review of all the available information, ACIP, and CDC agreed that the lifesaving benefits of vaccinating LTCF residents against COVID-19 outweigh the possible risks.

LTCF administrators will work with LTCF HCP and residents to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS) .

### What can I tell LTCF HCP to make sure they understand why they need to get vaccinated now rather than wait?

The FDA has reviewed the clinical trial data and found that the *vaccine is safe and effective enough for use.* Early protection of HCP is critical. LTCF HCP are on the front lines and at risk for being exposed to COVID-19 each day on the job. Ensuring LTCF residents and HCP get COVID-19 vaccination as soon as vaccine is available will help save the lives of those who are most at risk of dying from COVID-19. If you wait, you risk getting COVID-19 and risk passing it to other HCP, residents, family, and friends.

Facility administrators and clinical leadership play a critical role in helping HCP, residents, and their families understand the importance of COVID-19 vaccination. Learn about engaging in effective COVID-19 vaccine conversations. Many HCP and residents may have similar questions about COVID-19 vaccines, so you can read here to prepare for common resident questions. This resource may also help to build HCP confidence in COVID-19 vaccines .

# Considerations Prior to Getting Vaccinated

### Are all HCP in a LTCF eligible for COVID-19 vaccination?

Yes, all HCP are eligible for COVID-19 vaccination. HCP include all paid and unpaid persons working in your facility who have the potential for direct or indirect exposure to patients or infectious materials. Additional examples of HCP can be found here.

### Can individuals with a history of severe allergic reactions to other vaccines or injectable therapies still get a COVID-19 vaccination?

Individuals who have experienced a severe allergic reaction to other vaccines or injectable therapies should ask their doctor about whether to get a COVID-19 vaccine. Healthcare providers will help them decide if it is safe to get vaccinated.

CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications—such as allergies to food, pets, venom, environmental allergens, or latex— still receive COVID-19 vaccine. People with a history of allergies to oral medications or a family history of severe allergic reactions, or who might have a milder allergy to vaccines (not anaphylaxis)—may also still get vaccinated. People with a history of severe allergic reactions should be monitored for 30 minutes after getting the vaccine. All other people should be monitored for 15 minutes after getting the vaccine.

People who have had a severe allergic reaction to any ingredient in an mRNA COVID-19 vaccine should not receive either of the currently available mRNA COVID-19 vaccines. If someone in your facility has a severe allergic reaction after getting the first shot, they should not get the second shot. Anyone who has a severe allergic reaction may be referred to a specialist in allergies and immunology to receive more care or advice about vaccination.

More information can be found at: COVID-19 Vaccines and Severe Allergic Reactions.

### Should persons with a prior history of SARS-CoV-2 infection be vaccinated? What about those who are currently infected?

Vaccination should be offered to persons who previously had symptomatic or asymptomatic SARS-CoV-2 infection.

However, persons with known current SARS-CoV-2 infection should not be vaccinated until they have recovered from acute illness (if they had symptoms) and after criteria have been met for them to discontinue isolation.

### If someone has symptoms consistent with COVID-19, should they get the vaccine while they are having symptoms (when scheduled for either the first or second dose)?

Those with an active SARS-CoV-2 infection should not get the COVID-19 vaccine until after they have recovered from the acute illness and criteria have been met for them to discontinue isolation. Research findings currently suggest that once someone has been infected with COVID-19, they are unlikely to get infected again in the 90 days after they were first infected. Therefore, those who have been infected with SARS-CoV-2 may wait until the end of that 90-day period to be vaccinated.

### Is it safe to get a COVID-19 vaccine if I have an underlying medical condition? –

Yes. COVID-19 vaccination is especially important for people with underlying health problems like heart disease, lung disease, diabetes, and obesity. People with these conditions are more likely to get very sick from COVID-19 disease itself and need protection provided by the vaccine.

# Getting Vaccinated

### Will written consent be obtained prior to vaccination for LTCF residents and staff? –

Explaining the risks and benefits of any treatment to a patient – in a way that they understand – is the standard of care. Written consent is not required by federal law for COVID-19 vaccination in the United States; however, COVID-19 vaccine providers should consult with their own legal counsel for state requirements related to consent. In LTCFs, consent for vaccination should be obtained from residents (or the person appointed to make medical decisions on their behalf) and documented in the resident's chart per standard practice.

Pharmacy partners that are administering COVID-19 vaccine at LTCFs as part of the Federal Pharmacy Partnership for Long-term Care Program may require verbal, email, or written consent from recipients before vaccination. This is at the discretion of the pharmacy. LTCF administrators can request that pharmacy partners obtain consent from residents' families in advance when they are serving as medical proxies.

Pharmacy partners will also work directly with LTCFs to ensure staff and residents who receive the vaccine also receive an EUA Fact Sheet before vaccination. The EUA Fact Sheet explains the risks and benefits of the COVID-19 vaccine they are receiving and what to expect after vaccination. Each LTCF resident's medical chart must note that this information was provided to the resident. If a resident is unable to make medical decisions due to decreased mental capacity or illness, the EUA fact sheet will be provided to the person appointed to make medical decisions on their behalf (holder of the medical proxy or power of attorney).

### What are some considerations for staggering COVID-19 vaccination for HCP in LTCFs?

Preliminary data from COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first 3 days of vaccination (the day of vaccination and following 2 days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose. At this time, we do not know how common these symptoms will be among HCP but do not expect that all HCP who experience symptoms following vaccination will need to miss work. Please see CDC guidance for further information.

CDC understands LTCFs concerns about potential workforce shortages resulting from vaccine side effects. LTCFs may consider staggering HCP who receive vaccination, so not all HCP are vaccinated on the same day (e.g., half of HCP vaccinated at the first on-site federal Pharmacy Partnership for LTC Program clinics and the other half vaccinated in the community at health department clinics run according to their jurisdiction's plan to vaccinate HCP. Some HCP may also consider being vaccinated at the second on-site federal Pharmacy Partnership for LTC program clinics, instead of the first clinics. Most facilities enrolled in the program will have a total of three on-site clinics.

In addition, staggering might be more important for the second dose where side effects seem to be more frequent. Facilities may consider staggering HCP in the same job category or who work in the same area of the facility to help ensure continuity of operations. Staggering HCP may cause delays in vaccinating your staff, and the decision to stagger vaccination will need to be weighed against potential inconveniences that might reduce vaccine acceptance. Facilities should evaluate their specific situation when determining their best approach. Facilities that choose to stagger vaccine administration should also ensure all HCP receive two doses as recommended. There will be no cost associated with COVID-19 vaccine for recipients no matter where they get vaccinated. Also, regardless of if facilities choose to stagger HCP vaccinations, it remains critically import that LTCFs continue to follow all recommended COVID-19 infection prevention and control recommendations.

### Will there be additional opportunities for LTCF residents to be vaccinated after the Pharmacy Partnership for LTC Program ends?

Yes. After the initial phase of vaccinations, facilities may continue working with the federal pharmacy partner they were matched with or shift to another pharmacy provider that is enrolled with the jurisdiction to provide ongoing COVID-19 vaccination. In addition, states are working to ensure facilities that did not sign up for the program receive vaccine through local health departments or other channels.

### Will there be additional opportunities for LTCF staff to be vaccinated outside of the Pharmacy Partnership for LTC Program?

Yes. Staff in LTCFs are HCP and have many options to be vaccinated against COVID-19 in their state or jurisdiction, including Points of Dispensing (PODs) and health department clinics. In addition, states are working to ensure facilities that did not sign up for the program receive vaccine through local health departments or other channels.

### Will LTCF residents and/or HCP be required to receive COVID-19 vaccine?

The federal government does not mandate vaccination for individuals. However, whether a state, local government, or employer, for example, may require or mandate individuals to be vaccinated is a matter of state or other applicable law.

### What if a staff member or resident is onsite for one vaccination clinic and receives the first dose of COVID-19 vaccine, but then misses the clinic for the second dose? How do they finish the vaccine series?

Each person getting the COVID-19 vaccine will receive a vaccination record card to make sure they receive the correct vaccine for the second dose.

People who receive the first dose of COVID-19 vaccine at a LTCF but are not onsite to receive the second dose may bring their vaccination record card to another provider administering vaccine in their area to complete the vaccine series. It is important that the same vaccine is administered for the second dose. (e.g., Pfizer-BioNTech or Moderna).

Pharmacy partners may also work with your facility to allow HCP and former residents to come to the facility during future clinics, or go to their local retail pharmacy store to get vaccinated, but this will need to be coordinated locally and may vary across facilities. Please reach out directly to pharmacy partners with additional questions.

### Can individuals decline to be vaccinated for medical or religious reasons?

Individuals can refuse the vaccine for any reason. Some individuals may decline vaccination due to a medical condition or because they have an allergy to one of the components of the vaccine. Some individuals may decline vaccination due to a religious belief. Employers offering vaccination to workers should keep a record of the offer to vaccinate, the employee's decision to accept or decline vaccination, and if declined, the reason they declined.

### What should a facility do if HCP or residents decline the COVID-19 vaccine?

Please refer to your facility's internal policies and procedures regarding vaccination declinations. There are several strategies for building COVID-19 vaccine confidence when talking with HCP and residents.

- It is important to start from a place of empathy, listen to their concerns, and leave the door open for future conversations. Learn about engaging in effective COVID-19 vaccine conversations.
- It's important to talk about the benefits of vaccination and provide clear messaging on when and where vaccines will be available in the future.

Many HCP and residents may have similar questions about COVID-19 vaccines, so you can use this fact sheet to prepare for common patient questions. See answers to common questions about the new COVID-19 vaccines at this page . This resource may also help to build HCP confidence in COVID-19 vaccines .

### Is a physician's order required to get the vaccine?

No, the Public Readiness and Emergency Preparedness Act (PREP Act) authorizes State-licensed pharmacists to order and administer, and State-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations that have been authorized or licensed by the FDA.

### Did COVID-19 vaccine trials include LTCF residents?

No. However, COVID-19 vaccines were tested in large studies that included thousands of adults age 65 and older. Clinical trials did not reveal any significant safety concerns. Learn more about the safety of COVID-19 vaccines.

## After Getting Vaccinated

### How should LTCFs evaluate and manage symptoms among residents following COVID-19 vaccination?

CDC has released "Infection Prevention and Control Considerations for Residents with Systemic Symptoms Following COVID-19 Vaccination in Long-term Care Facilities," which includes suggested approaches to evaluating and managing post-vaccination symptoms for residents in LTCFs.

The approaches described will help you better balance the risk of unnecessary testing or putting into place Transmission-Based Precautions for residents that have only post-vaccination signs and symptoms. This will also help avoid allowing residents with infectious COVID-19 or another transmissible infectious disease to expose others in the facility.

### How should LTCFs evaluate and manage symptoms among HCP following COVID-19 vaccination?

CDC has released "Infection Prevention and Control Considerations for Healthcare Personnel with Systemic Symptoms Following COVID-19 Vaccination," which includes suggested approaches to evaluating and managing post-vaccination symptoms among HCP.

Because systemic post-vaccination symptoms might be challenging to distinguish from symptoms of COVID-19 or other infections (e.g., influenza), HCP with post-vaccination symptoms could be mistakenly considered infectious and restricted from work; this might have negative consequences for HCP, patients, and residents (e.g., staffing shortages) and for the restricted HCP. Strategies are needed to effectively manage post-vaccination systemic symptoms and limit *unnecessary* work restrictions.

Symptoms that **CAN** occur after COVID-19 vaccination or infection include:

- Fever, fatigue, headache, chills, muscles aches, and joint pain.

Symptoms **NOT** likely to be from COVID-19 vaccination (and HCP should look for) include:

- Cough, shortness of breath, rhinorrhea (runny nose), sore throat, or loss of taste or smell. These symptoms could instead be symptoms of COVID-19 or another infection.

It is important to understand the difference between these symptoms and educate LTCF HCP. This webpage, What to Expect After Vaccination, can help.

### What symptoms should staff members of long-term care facilities (LTCFs) look out for following vaccination of their residents: right away, within an hour, a day?

Following vaccination, staff should keep residents in the clinic and look for signs of allergic reactions like rash, itching, or difficulty breathing. For most residents, a 15-minute observation period is sufficient; however, residents with a history of anaphylaxis (from any cause) should be observed for 30 minutes. For a few days after vaccination, staff should continue to look for fever, achiness, tiredness, or local reactions at the injection site. Vaccine recipients may have some side effects, which are normal signs that the body is building protection. These side effects may affect a person's ability to do daily activities, but they should go away in a few days. Staff should also look for clinically significant events like extreme swelling or bruising or changes in behavior, even if it is unclear the event is related to the vaccine.

Any adverse event after vaccination can be reported to VAERS, even if it could have been caused by a resident's existing health condition rather than the vaccine. If an allergic reaction requires immediate medical attention, the staff should call 911 first and then report the health event to VAERS.

### What should HCP do if they develop a fever after getting vaccinated?

HCP who experience a fever after vaccination should, ideally, stay home from work pending further evaluation, including consideration for COVID-19 testing. If an infection, such as COVID-19, is not thought to be the cause of the fever, they may return to work per their facility policy. CDC has released guidance, which includes suggested approaches to evaluating and managing post-vaccination symptoms, including fever.

HCP should also work with their facility administrator to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS) . In addition, HCP are encouraged to enroll in "v-safe". This is a smartphone tool you can use to tell CDC if you have any side effects after getting a COVID-19 vaccine. If you report serious side effects, someone from CDC will call to follow up.

### How long should HCP and residents be monitored for side effects after receiving the vaccine?

Symptoms, such as fever, fatigue, headache, chills, muscles aches, and joint pain, can occur following COVID-19 vaccination. Preliminary data from COVID-19 vaccine trials suggest that most post-vaccination symptoms are mild to moderate in severity. Most symptoms occur within the first 3 days of vaccination (the day of vaccination and following 2 days) and most of the symptoms occur the day after vaccination).

Symptoms timing:

- typically resolve within 1-2 days of onset
- more frequent and severe following the second dose
- more frequent and severe in younger people compared to those that are older (>55 years)

### How do LTCF HCP report side effects after getting a COVID-19 vaccine?

Once people begin receiving COVID-19 vaccinations, CDC and the FDA will continue to closely monitor vaccine safety. The United States will use existing strong systems and data sources to conduct ongoing safety monitoring. An additional layer of safety monitoring has also been added that allows CDC and the FDA to evaluate COVID-19 vaccine safety in real time. Learn more about COVID-19 vaccine safety monitoring.

For LTCFs in particular, CDC will work with pharmacies and other partners to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS) . Facility HCP are encouraged to report any adverse events immediately.

After receiving the vaccine, HCP are encouraged to enroll in v-safe. This is a smartphone tool you can use to tell CDC if you have any side effects after getting a COVID-19 vaccine. If you report serious side effects, someone from CDC will call to follow up.

### If someone receives the COVID-19 vaccination, should they wait to get other vaccinations?

Given the lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines. If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either the COVID-19 vaccine or the other vaccine. Healthcare facilities should obtain, document, and communicate a person's recent vaccine history during inter-facility transfers.

If someone is due for another vaccine (e.g., influenza) and is scheduled for a COVID-19 vaccine clinic, the decision about which vaccine should be provided first should be made in consultation with a clinician. Given the risks from SARS-CoV-2 infection, especially in older adults and individuals with underlying health conditions, prioritizing the COVID-19 vaccine series may be recommended in most situations. However, local factors, such as co-circulation of influenza in the community, should be taken into consideration.

### Is there a different protocol that LTCF staff will have to follow for VAERS reporting?

LTCF staff are encouraged to report if their residents experience adverse events after COVID-19 vaccination. Anyone can submit a report to VAERS : patients, family members, healthcare providers, vaccine manufacturers, and the general public. CDC and FDA encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS, even if they aren't sure the vaccine caused the event.

## Infection Control & Testing Considerations

### Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, even after vaccination everyone should continue to follow all the current guidance to protect themselves and others. This includes wearing a mask, staying at least 6 feet away from others, avoiding crowds, following facility guidance on visitation and infection control, and clean hands often. CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

### A vaccine clinic is planned for a facility that is performing facility-wide testing of residents and staff because of an active SARS-CoV-2 outbreak. Should we reschedule the vaccination session?

No. Individuals in long-term care facilities and other congregate settings are at high risk of SARS-CoV-2 infection, and residents should be vaccinated at the earliest opportunity. Individuals residing in facilities with active outbreaks (except those isolated due to acute SARS-CoV-2 infection) should receive vaccination as soon as possible to avoid delays and missed opportunities given the high burden of disease in these populations.

If possible, facilities should attempt to conduct facility-wide testing within a period that allows for test results to be available prior to vaccination. However, it is not necessary to wait for test results if this would create delays in vaccination.

Viral testing for SARS-CoV-2 solely for the purposes of vaccine decision-making is not recommended. In situations where test results are pending, asymptomatic residents may be vaccinated. However, if test results are pending in a resident who has symptoms consistent with COVID-19, vaccination may be deferred until test results are received.

While they are in the facility, vaccination staff should follow all recommended infection prevention and control practices, including use of appropriate personal protective equipment (PPE).

Measures should also be taken to maintain separation between individuals with known or suspected exposure to SARS-CoV-2 and other residents or healthcare personnel in the areas where vaccine is being administered and where residents are being monitored after vaccination.

*Note: mRNA vaccines are not currently recommended for outbreak management or for post-exposure prophylaxis, which is vaccination to prevent the development of SARS-CoV-2 infection in a person with a specific known exposure. This is because protection from the currently authorized mRNA vaccines is not immediate. Two doses are required, and it takes 1-2 weeks following the second dose before a person is considered fully vaccinated. With a median incubation period of SARS-CoV-2 of 4-5 days, vaccination is unlikely to be effective in preventing disease following an exposure.*

### There is an active SARS-CoV-2 outbreak at a facility where vaccination is not planned for several weeks or months. Should this facility receive priority for earlier vaccination as a strategy to mitigate the outbreak?

Decisions about allocation of vaccines to specific facilities are made by state, local, tribal, or territorial health officials, based on such factors as the level of SARS-CoV2 transmission in an area and operational considerations for conducting vaccination sessions.

mRNA vaccines are not currently recommended for outbreak management or for post-exposure prophylaxis, which is vaccination to prevent the development of SARS-CoV-2 infection in a person with a specific known exposure. This is because protection from the currently authorized mRNA vaccines is not immediate. Two doses are required, and it takes 1-2 weeks following the second dose before a person is considered fully vaccinated. With a median incubation period of SARS-CoV-2 of 4-5 days, vaccination is unlikely to be effective in preventing disease following an exposure.

Even after vaccination, everyone should continue to follow all the current guidance to protect themselves and others from the spread of SARS-CoV-2. This includes wearing a mask, staying at least 6 feet away from others, avoiding crowds, following facility guidance on visitation and infection control, and cleaning hands often. CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

### Should persons with a known SARS-CoV-2 exposure who are awaiting results of a test be vaccinated?

Residents or staff with an exposure who are awaiting results of a SARS-CoV2 test may be vaccinated if the person does not have symptoms consistent with COVID-19.

Viral testing for SARS-CoV-2 solely for the purposes of vaccine decision-making is not recommended.

Vaccination staff should follow all recommended infection prevention and control practices, including use of appropriate personal protective equipment (PPE), while in the facility.

### What are the COVID-19 testing requirements for pharmacy staff who are administering COVID-19 vaccine onsite at LTCFs?

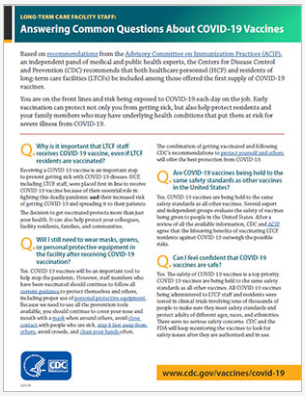
All pharmacy partner staff participating in onsite LTCF vaccine clinics must follow CMS COVID-19 testing requirements for LTCF staff. Testing is to be done at the expense of the pharmacy partner.

### After LTCF HCP are vaccinated, should they continue regular COVID-19 testing?

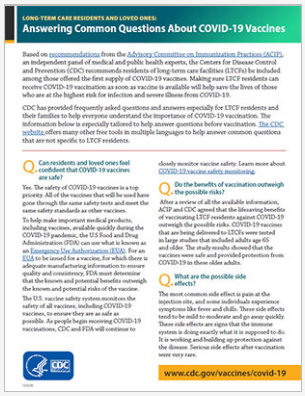
Yes, facilities should continue to follow recommendations for COVID-19 testing in nursing homes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

COVID-19 vaccination will not influence the results of viral (nucleic acid or antigen) COVID-19 tests. Positive tests should not be attributed to the COVID-19 vaccine.

Additional FAQs can be found here: https://www.cdc.gov/vaccines/covid-19/toolkits/index.html




Long-Term Care Facility Staff: Answering Common Questions About COVID-19 Vaccines




Long-Term Care Facility Residents and Loved Ones: Answering Common Questions About COVID-19 Vaccines

## Related Pages

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