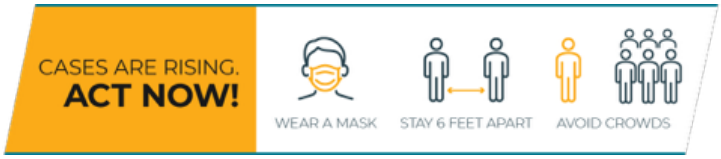
COVID-19 (Coronavirus Disease)



Post Vaccine Considerations for Residents

Updated Dec. 13, 2020 Print

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

Note: Strategies are needed by long-term care facilities to appropriately evaluate and manage post-vaccination signs and symptoms among their residents. The approach described in this document is intended 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.

While this guidance is intended for long-term care facilities, it could also be applied to patients in other healthcare settings. These considerations are based on the current understanding of signs and symptoms following COVID-19 vaccination, including timing and duration, and might change as experience with the vaccine accumulates.

Overview

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Preliminary data from mRNA COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination (the day of vaccination and following two 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 and among younger persons compared to those who are older (>55 years). Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are not consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.

Note: The following signs and symptoms, alone, are **not** consistent with SARS-CoV-2 infection and should be managed per usual protocols for vaccine-related side effects:

- immediate hypersensitivity reactions (e.g., urticaria, anaphylaxis)
- local symptoms (e.g., pain, swelling, or redness at injection site)

Routine infection prevention and control practices:

Healthcare personnel at long-term care facilities should follow the recommended infection prevention and control practices described in the Preparing for COVID-19 in Nursing Homes and the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. These recommendations, which emphasize close monitoring of residents of long-term care facilities for symptoms of COVID-19, universal source control, physical distancing (when possible), hand hygiene, and optimizing engineering controls, are intended to protect healthcare personnel and residents from exposures to SARS-CoV-2. Use of personal protective equipment (PPE), including universal use of a facemask and eye protection for healthcare personnel in areas experiencing moderate to substantial community transmission who are caring for residents not suspected to have SARS-CoV-2 infection, is also recommended.

Because information is currently lacking on vaccine effectiveness in the general population; the resultant reduction in disease, severity, or transmission; or the duration of protection, residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.

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

The approaches described in the Table below apply to residents who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1).

Note: Facilities that are conducting outbreak testing for SARS-CoV-2 transmission, or evaluating residents who have had prolonged close contact with someone with SARS-CoV-2 infection in the previous 14 days, should care for residents following all recommended infection control practices including placement in Transmission-Based Precautions with use of all recommended personal protective equipment, and performing appropriate testing.

All symptomatic residents should be assessed; the approaches suggested in the table below should be tailored to fit the clinical and epidemiologic characteristics of the specific case.

In any situation, 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.

Signs and Symptoms	Suggested approach	Additional notes
Signs and symptoms *unlikely* to be from COVID-19 vaccination: 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 (e.g., influenza) that are **not** typical for post-vaccination signs and symptoms	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 healthcare personnel wearing all 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.	If performed, a negative SAR antigen test in a resident wh and symptoms that are not t post-vaccination signs and sy should be confirmed by SAR nucleic acid amplification tes Further information on testir available here: https://www.cdc.gov/coronav nCoV/lab/index.html
Signs and symptoms *that may be* from either COVID-19 vaccination,	Evaluate the resident. These residents should be restricted to their current room (except for medically necessary procedures) and closely monitored until:	If SARS-CoV-2 antigen testing evaluate a symptomatic resid negative antigen test in a res has symptoms that are limite those observed following CO vaccination (i.e., do not have

SARS-CoV-2 infection, or another infection: 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). Fever in long-term care settings is defined as a single measured temperature of 100.0oF (37.8oC) or higher or repeated temperatures of 99.0oF (37.2oC).	• Fever (if present) resolves and • Symptoms improve Healthcare personnel caring for these residents should, ideally, wear all PPE recommended for residents with suspected or confirmed SARS-CoV-2 infection while evaluating the cause of these symptoms. Strategies to optimize PPE supply are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html 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.	shortness of breath, rhinorrh throat, or loss of taste or sm not require confirmatory SAF NAAT. However, confirmatory SARS NAAT testing should be cond there is active transmission i facility, if the resident has ha prolonged close contact with with SARS-CoV-2 infection in 14 days, or if symptoms pers longer than 2 days. Additional information is ava here: https://www.cdc.gov/coronav ncov/lab/resources/antigen-t guidelines.html

Additional Resources:

Infection prevention and control considerations for healthcare personnel with systemic signs and symptoms following COVID-19 vaccination can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html

Additional information on COVID-19 vaccines and recommendations:

https://www.cdc.gov/vaccines/covid-19/index.html

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html

Adverse events that occur in a recipient following COVID-19 vaccination should be reported to VAERS. Vaccination providers are required by the Food and Drug Administration to report vaccination administration errors, serious adverse events, cases of Multisystem Inflammatory Syndrome, and cases of COVID-19 that result in hospitalization or death following COVID-19 vaccination under Emergency Use Authorization. Reporting is encouraged for any other clinically significant adverse event even if it is uncertain whether the vaccine caused the event. Information on how to submit a report to VAERS is available at https://vaers.hhs.gov or by calling 1-800-822-7967.

Definitions:

Serious adverse event: Serious adverse events are defined as death; a life-threatening adverse event; inpatient hospitalization or prolongation of existing hospitalization; a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions; a congenital anomaly/birth defect; an important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed in this definition.

Last Updated Dec. 13, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases