

# COVID-19 (Coronavirus Disease)

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## Post Vaccine Considerations for Healthcare Personnel

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

Note: Strategies are needed for healthcare facilities to appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP). The approach described in this document is intended to reduce the risks for disruptions in care and pathogen (e.g., SARS-CoV-2) transmission resulting from:

- unnecessarily excluding HCP with only post-vaccination signs and symptoms from work, and
- inadvertently allowing HCP with SARS-CoV-2 or another transmissible infection to work.

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.

Because systemic post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 or other infectious diseases, HCP with postvaccination signs and symptoms could be mistakenly considered infectious and restricted from work unnecessarily; this might have negative consequences for HCP, patients, and long-term care facility residents. Hence, strategies are needed to effectively manage post-vaccination systemic signs and symptoms and limit *unnecessary* work restrictions.

The strategies in this document are intended for use by occupational health programs and public health officials and apply to all HCP working in healthcare settings. 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, vaccinated HCP should continue to follow all [current infection prevention and control recommendations](#) to protect themselves and others from SARS-CoV-2 infection.

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

- 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. Staggering considerations may be more important following the second dose when systemic symptoms after vaccination, such as fever, are more likely to occur.
- Informing HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options for mitigating them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications or acetaminophen).
- 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. Testing should have rapid turnaround time from collection time to result reporting (< 24 to 48 hours).
- 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 in HCP**

The approaches described below 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 a [community](#) or [healthcare](#) setting in the previous 14 days. Symptomatic HCP who are within 14 days of an unprotected exposure to SARS-CoV-2 in a [community](#) or a higher risk exposure in a [healthcare](#) setting should be excluded from work and [evaluated for SARS-CoV-2 infection](#).

The approaches suggested in the table below should be tailored to fit the clinical and epidemiologic characteristics of each specific case. Ultimately, clinical judgement should be used to determine the likelihood of infection versus post-vaccination symptoms and the indicated clinical approach.

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.

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)

| HCP Signs and Symptoms   | Suggested approach   | Additional notes  |
|--|--|---|
| <p><b>Signs and symptoms unlikely to be from COVID-19 vaccination: 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 (e.g., influenza) that are not typical for post-vaccination signs and symptoms.</b></p> | <p>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. Information on return to work for HCP with SARS-CoV-2 infection is available <a href="#">here</a>.</p> | <p>If performed, a negative <a href="#">SARS-CoV-2 antigen test</a> in HCP who have signs and symptoms that are not typical for post-vaccination signs and symptoms should be confirmed by SARS-CoV-2 nucleic acid amplification test (NAAT). Further information on testing is available here: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html</a></p> |
|  |  |   |

**Signs and symptoms that may be from either COVID-19 vaccination, 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 healthcare settings is defined as a measured temperature of 100.0°F (37.8°C) or higher.**

Evaluate the HCP. 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 COVID-19 vaccination (i.e., do **not** have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste).

If symptomatic HCP return to work, they should be advised to contact occupational health services (or another designated individual) if symptoms are not improving or persist for more than 2 days. Pending further evaluation, they should be excluded from work and viral testing should be considered. If feasible, viral testing could be considered for symptomatic HCP earlier to increase confidence in the cause of their symptoms.

If performed, a negative [SARS-CoV-2 antigen test](#) in HCP who have symptoms that are limited only to those observed following COVID-19 vaccination (i.e., do not have cough, shortness of breath, sore throat, or change in smell or taste) may not require confirmatory SARS-CoV-2 NAAT testing. Additional information is available here: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

\*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.

In facilities where 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. These HCP should be re-evaluated, and viral testing for SARS-CoV-2 considered, if fever does not resolve within 2 days.

Note: Additional guidance to mitigate staff shortages when work restrictions are recommended but there are no longer enough staff to provide safe patient care is available in [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).


## Additional Resources:

Infection prevention and control considerations for residents of long-term care facilities with systemic signs and symptoms following COVID-19 vaccination can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html>

Further information on COVID-19 vaccines and recommendations can be found at:

<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:

**Healthcare Personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

**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.

**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.

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