

## Post-Vaccine Guidance for Long-term Care Facilities and Healthcare Providers

The purpose of this guidance is to offer recommendations for individuals who develop symptoms consistent with COVID-19 and/or an adverse vaccine reaction to minimize unnecessary exclusion and isolation of residents and healthcare personnel (HCP).

### Background and Important Notes

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Early data show 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.

- All adverse events that occur in a recipient following COVID-19 vaccination should be reported by healthcare providers to VAERS (<https://vaers.hhs.gov> / 1-800-822-7967). Additionally, serious adverse events resulting in hospitalization should be immediately (24/7) reported to the Office of Public Health by calling 1-800-256-2748. Vaccine recipients should also be encouraged to download and use the v-safe app to monitor side effects and receive reminders about the second dose (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>).
- Fever in long-term care settings is defined as a single measured temperature of 100.0°F or higher or repeated temperatures in residents of 99.0°F. 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.**

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

- Healthcare sites should staff appropriately for a small percentage of HCP with side effects affecting their ability to conduct routine activities.
  - 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 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 non-punitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms
- The approaches described in the Table below apply to HCP and residents who have received COVID-19 vaccination in the prior three days (including day of vaccination, which is considered day 1). The Table does not apply to HCP who are known to have had a high-risk 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](#).

**References:** [Infection prevention and control considerations for healthcare personnel with systemic signs and symptoms following COVID-19 vaccination](#)  
[Infection prevention and control considerations for residents of long-term care facilities with systemic signs and symptoms following COVID-19 vaccination](#)  
[Louisiana Health Alert Network Message 20-52: COVID-19 Vaccination Severe/Allergic Reaction Reporting Update](#)

Column A Not likely to be caused by the vaccine		Column B Could be caused by the vaccine <b>OR</b> COVID-19 infection	
Symptoms	<ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Runny nose</li> <li>• Sore throat</li> <li>• Loss of taste or smell</li> </ul>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Fatigue</li> <li>• Headache</li> <li>• Chills</li> <li>• Muscle pain</li> <li>• Joint pain</li> </ul>	
Exclusion/ isolation	<p>HCP should be excluded from work</p> <p>Residents should be isolated in a private room with a private bathroom Apply Contact and Droplet Precautions</p>	<p style="text-align: center;"><b>HCP</b></p> <p>If no fever and no symptoms from Column A are present, then exclusion from work is <b>not</b> necessary</p> <p>If fever is present, exclude HCP*</p>	<p style="text-align: center;"><b>Residents</b></p> <p>Residents should remain in their current room and their movement should be restricted; Apply Contact and Droplet Precautions</p>
Evaluation and testing	<p>Evaluate for COVID-19 and other respiratory infections (e.g., influenza)</p> <p>If COVID-19 antigen testing is performed and is negative, confirm result with PCR</p>	<p>HCP should be evaluated upon symptom onset</p> <p>HCP who have a fever should be tested for COVID-19</p> <p>For HCP who do not have a fever, re-evaluation and viral testing is indicated if symptoms do not resolve within two days</p> <p>Negative antigen tests do <b>not</b> need to be confirmed with PCR as long as no symptoms from column A are present</p>	<p>Residents should be evaluated upon symptom onset and closely monitored until:</p> <ul style="list-style-type: none"> <li>• fever (if present) resolves <b>and</b></li> <li>• symptoms improve</li> </ul> <p>Viral testing should be conducted when:</p> <ul style="list-style-type: none"> <li>• symptoms do not improve or persist longer than two days following vaccination <b>or</b></li> <li>• resident resides in a facility that is conducting outbreak testing or has known community exposure within the prior 14 days</li> </ul> <p>Negative antigen tests must be confirmed by PCR when a resident resides in a facility that is conducting outbreak testing, has known community exposure, or if symptoms persist longer than two days after vaccination.</p>
Discontinuation of exclusion/ isolation	<p>Follow existing <a href="#">return-to-work</a> or <a href="#">discontinuation of Transmission-Based Precautions</a> guidance</p>	<p>Fevers caused by vaccination are expected to resolve within two days. Staff who test negative for COVID-19 may return to work once they've been afebrile for 24 hours without use of fever-reducing medication as long as they feel well enough to do so. Otherwise HCP may return when clinically appropriate based on diagnosis.</p> <p>*If exclusion of febrile HCP would cause critical staffing shortages despite <a href="#">mitigation efforts</a>, these staff may be permitted to continue working provided that:</p> <ul style="list-style-type: none"> <li>• They have a negative viral test for COVID-19 <b>and</b></li> <li>• They have no symptoms from Column A <b>and</b></li> <li>• They feel well enough and are willing to work</li> </ul>	<p>If symptoms resolve within two days, precautions can be discontinued. Fever, if present, should have resolved for at least 24 hours before discontinuing precautions.</p>