PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 541-12-16-ADV
Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination

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TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination**
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This transmission is a Health Advisory: Provides important information for a specific incident or situation; may require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF AND DIRECT CAREGIVERS IN YOUR FACILITY

The Department is providing guidance for responding to signs and symptoms following COVID-19 vaccination in healthcare personnel (HCP). Strategies are needed for healthcare facilities to appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP) in order to minimize staffing disruptions and transmission of infectious diseases, including COVID-19.

Key points in the advisory include:

- Signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can typically occur following COVID-19 vaccination, usually within the first three days of vaccination.
- Presence of signs and symptoms consistent with SARS-CoV-2 infection that are **not** typical for post-vaccination signs and symptoms (i.e. cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) should **not** be attributed to the COVID-19 vaccine.
- 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.

A figure is provided to outline the steps healthcare facilities should take in response to HCP who develop symptoms in the 3 days following vaccination for COVID-19. **If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department.**

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 advisory is intended to reduce the risks for disruptions in care and pathogen 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.

A. OVERVIEW

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 post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 or other infectious diseases, HCP with post-vaccination 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 signs and symptoms and limit *unnecessary* work restrictions.

The strategies in this advisory 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 outlined in PA-HAN-524 or its successor to protect themselves and others from SARS-CoV-2 infection.

B. CONSIDERATIONS TO MINIMIZE THE IMPACT OF POST-VACCINATION SIGNS AND SYMPTOMS ON HEALTHCARE STAFFING

- Vaccinate HCP preceding 1-2 days off, during which they are not required to be in the facility.
- Stagger 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.
- Inform HCP about the potential for short-term signs and symptoms post-vaccination and potential options for mitigating them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications or acetaminophen).
- Develop a strategy to provide timely assessment of HCP with 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 (<48 hours).
- Offer nonpunitive sick leave options (e.g., paid sick leave) for HCP with signs and symptoms post-vaccination to remove barriers to vaccination and to reporting these symptoms.

C. SUGGESTED APPROACHES TO EVALUATING AND MANAGING NEW-ONSET POST-VACCINATION SIGNS AND SYMPTOMS IN HCP

The approaches described in the Table and Figure 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. The Table and Figure provide the same information in two different formats.

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 (as described in PA-HAN-510) 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.

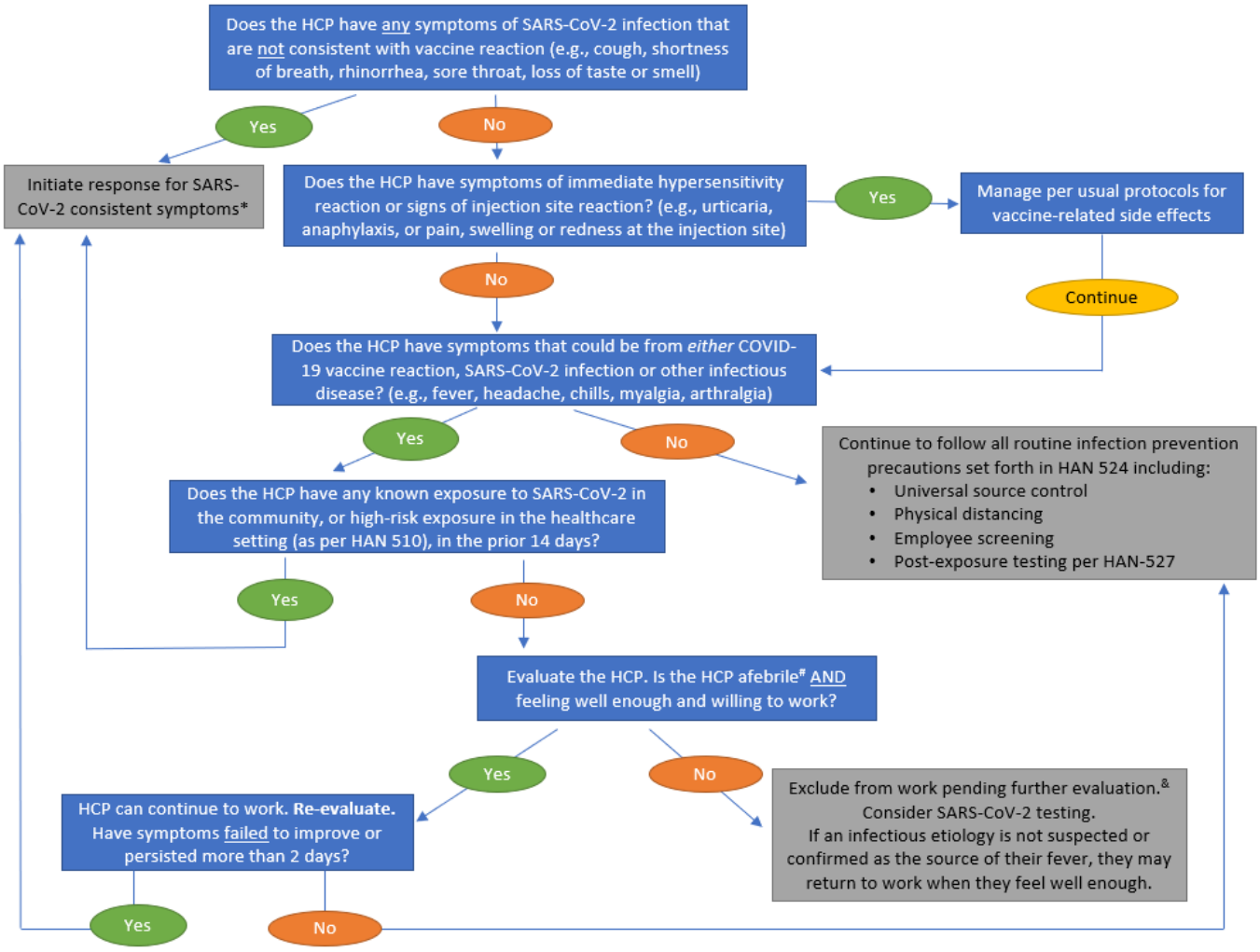
Note: The following signs and symptoms, alone, are **not** consistent with SARS-CoV-2 infection and should be managed per usual protocols for vaccine-related side effects:

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

Table. Response to healthcare personnel who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1)

HCP Signs and Symptoms	Suggested approach	Additional notes
Signs and symptoms *unlikely* to be from COVID-19 vaccination: Presence of signs and symptoms consistent with SARS-CoV-2 infection or another infectious etiology (e.g., influenza) that are **not** typical for post-vaccination signs and symptoms (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell).	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 here.	If performed, a negative SARS-CoV-2 antigen test 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 in PA-HAN-532, PA-HAN-526 and on the Point-of-Care testing website.
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) do not require confirmatory SARS-CoV-2 NAAT testing. Further information on testing is available in PA-HAN-532, PA-HAN-526 and on the Point-of-Care testing website.

Figure. Response to healthcare personnel who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1)



***Response for SARS-CoV-2 consistent symptoms** includes:

- Exclude from work according to current COVID-19 policies outlined in PA-HAN 530.
- Perform testing for SARS-Co-V-2, if available. Testing should have rapid turnaround time from collection time to result reporting (< 24 to 48 hours).
- Criteria for return to work will depend on the suspected or confirmed diagnosis.
- If performed, a negative SARS-CoV-2 antigen test should be confirmed by SARS-CoV-2 nucleic acid amplification test (NAAT)

#**Fever** in healthcare settings is defined as a measured temperature of 100.0ºF (37.8ºC) or higher. HCP with fever should 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.

&**Crisis Staffing:** In facilities meeting criteria for crisis staffing, HCP with fever and signs and symptoms limited **only** to those observed following vaccination **(i.e. no cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell)** 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.

To be utilizing crisis standards for staffing, all of the following criteria must be met in the healthcare facility:

- Exclusion of the exposed HCP would mean there would no longer be enough staff to provide safe patient care
- Other contingency capacity standards have been exhausted (see CDC strategies)
- The facility has met criteria for crisis capacity standards for staffing as defined in their emergency preparedness plan.

D. ADDITIONAL RESOURCES

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.

E. 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.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of December XX, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.