

Nebraska Post Vaccine Considerations for Healthcare Personnel

12/31/2020

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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.

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HCP Signs and Symptoms	Suggested Approach	Additional Notes
<p>Signs and symptoms unlikely to be from COVID-19 vaccination: Presence of <u>ANY</u> 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.</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.</p>	<p>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.</p>

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HCP Signs and Symptoms	Suggested Approach	Additional Notes
<p>Signs and symptoms that may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection:</p> <p>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).</p> <p>Fever in healthcare settings is defined as a measured temperature of 100.0 F (37.8 C) or higher.</p>	<p>Evaluate the HCP. HCP who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2:</p> <p>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.</p> <p>* HCP with fever should, ideally, be excluded from work pending further evaluation, including consideration for</p>	<p>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.</p>

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	<p>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.</p> <p>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.</p>	
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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).