

# Nebraska Post Vaccine Considerations for Residents

12/31/2020

## Post Vaccine Considerations for Residents

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 CMS and CDC 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.

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Signs and Symptoms	Suggested approach	Additional notes
<p><b>Signs and symptoms unlikely to be from COVID-19 vaccination:</b></p> <p>Presence of <b>ANY</b> 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 <b>not</b> typical for post-vaccination signs and symptoms.</p>	<p>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 <b>not</b> be cohorted with residents with confirmed SARS-CoV-2 infection <b>unless</b> they are also confirmed to have SARS-CoV-2 infection through testing.</p> <p>Criteria for when Transmission-Based Precautions may be discontinued depend on the results of the evaluation.</p>	<p>If performed, <a href="#">a negative SARS-CoV-2 antigen test in a resident</a> who has 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).</p>

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Signs and Symptoms	Suggested approach	Additional notes
<p><b>Signs and symptoms that may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection:</b></p> <p>Presence of <b>ANY</b> 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 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).</p>	<p>Evaluate the resident.</p> <p>These residents should be restricted to their current room (except for medically necessary procedures) and closely monitored until:</p> <ul style="list-style-type: none"> <li>• Fever (if present) resolves and</li> <li>• Symptoms improve</li> </ul> <p>Healthcare personnel caring for these residents should wear all PPE recommended for residents with suspected or confirmed SARS-CoV-2 infection while evaluating the cause of these symptoms.</p> <p>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.</p> <p>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.</p>	<p>If SARS-CoV-2 antigen testing is used to evaluate a symptomatic resident, <a href="#">a negative antigen test in a resident</a> who has symptoms that are limited only to those observed following COVID-19 vaccination (i.e., do not have cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell) may not require confirmatory SARS-CoV-2 NAAT.</p> <p>However, confirmatory SARS-CoV-2 NAAT testing should be conducted if there is active transmission in the facility, if the resident has had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days, or if symptoms persist for longer than 2 days.</p>