

Coronavirus 2019 (COVID-19): Evaluation of Post-Vaccination Signs and Symptoms in Residents of Long-Term Care Facilities

Preliminary data from COVID-19 mRNA vaccine trials have identified commonly occurring post-vaccination signs and symptoms. This document provides guidance to health care providers on the appropriate evaluation and management of residents in long-term care facilities who are experiencing systemic signs and symptoms after receiving the COVID-19 vaccine. Please note that this guidance is based on current information and is subject to change as more knowledge is gained about the COVID-19 vaccine.

Overview:

Common post-vaccination systemic signs and symptoms identified in COVID-19 mRNA vaccine trials to date are **fever, fatigue, headache, chills, myalgias and arthralgias**. Most signs and symptoms experienced are mild to moderate in severity, have onset within 3 days after receiving the vaccine (with most occurring one day after vaccination), and resolve within 1 or 2 days after onset. Post-vaccine signs and symptoms have been found to be more common and more severe after the 2nd dose of the vaccine, and more common in people younger than age 55. Symptoms that should **not** be attributed to the vaccine include **cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell**. These may represent symptoms of COVID-19 or another infection.

Approach to Evaluating Post-Vaccination Signs and Symptoms in Residents of Long-Term Care Facilities

SIGNS AND SYMPTOMS	WHAT TO DO	TESTING CONSIDERATIONS
<p>Signs and symptoms which may be due to COVID-19 vaccination (fever¹, fatigue, headache, chills, myalgias, arthralgias)</p>	<ul style="list-style-type: none"> Restrict resident to their room (except for medically necessary procedures) Closely monitor until fever resolves and symptoms improve Wear PPE appropriate for patient with suspected or confirmed COVID-19 If symptoms resolve within 2 days, they can be attributed to the vaccine and transmission-based precautions can be discontinued If patient had a fever, they must be afebrile X 24 hours before transmission-based 	<ul style="list-style-type: none"> Test for COVID-19 in facilities with active transmission OR if patient is a close-contact of a confirmed case Test for COVID-19 and consider other infections if symptoms are not improving OR persist longer than 2 days If antigen test is used and is negative, conduct confirmatory PCR testing

¹ Fever in a resident of a long-term care facility is defined as 100^o F or higher or repeated temperature readings of 99^o F
Coronavirus 2019 (COVID-19): Post Vaccination Considerations for Residents
Last updated: December 22, 2020
Page 1 of 2

	precautions can be discontinued	
Signs and symptoms which should not be attributed to COVID-19 vaccination (cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell)	<ul style="list-style-type: none"> • Treat resident as a PUI as per your facility policy • Discontinuation of Transmission-based Precautions dependent on outcome of workup 	<ul style="list-style-type: none"> • Test for COVID-19 and other infections as appropriate • If antigen test is used and is negative, conduct confirmatory PCR testing
Hypersensitivity reaction to vaccine (e.g., anaphylaxis, urticaria)	Manage as per standard institutional protocol.	
Local reaction to vaccine (e.g., pain, swelling or redness at injection area)	Manage as per standard institutional protocol	

For more information please see coronavirus.dc.gov/healthguidance:

- *Interim Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings*
- *Required Personal Protective Equipment (PPE) for Healthcare Facilities*
- *PCR, Antigen, and Antibody Tests*

See also: DC Health Notice SARS-CoV-2 Antigen Testing at dchealth.dc.gov/node/1497046

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.