

Post Vaccine Considerations for Healthcare Personnel

Healthcare Personnel (HCP) Signs and Symptoms	Suggested Approach	Additional Notes
<p><u>Signs and symptoms unlikely to be from COVID-19 vaccination:</u></p> <p>Presence of ANY 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.</p> <p>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.</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 (NAAT).</p> <p>Further information on testing is available here: https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html</p>
<p><u>Signs and symptoms that may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection:</u></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 100.00F (37.80C) or higher.</p>	<p>Evaluate the HCP.</p> <p>HCP who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2:</p> <ul style="list-style-type: none"> • 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). <p>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 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>	<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> <p>Additional information is available here: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html</p>