#### **Resident Signs and Symptoms**

Signs and symptoms unlikely to be from COVID-19 vaccination:

Presence of ANY 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 not typical for post-vaccination signs and symptoms.

## Suggested Approach

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 not be cohorted with residents with confirmed SARS-CoV-2 infection unless they are also confirmed to have SARS-CoV-2 infection through testing.

Criteria for when Transmission-Based Precautions may be discontinued depend on the results of the evaluation.

## **Additional Notes**

If performed, a negative SARS-CoV-2 antigen test in a resident 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).

Further information on testing is available here: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html</a>

# 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 long-term care settings is defined as a single measured temperature of 100.00F (37.80C) or higher or repeated temperatures of 99.00F (37.20C).

#### Evaluate the resident.

These residents should be restricted to their current room (except for medically necessary procedures) and closely monitored until:

- Fever (if present) resolves and
- Symptoms improve

Healthcare personnel caring for these residents should, ideally, wear all PPE recommended for residents with suspected or confirmed SARS-CoV-2 infection while evaluating the cause of these symptoms. Strategies to optimize PPE supply are available here:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

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.

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.

If SARS-CoV-2 antigen testing is used to evaluate a symptomatic resident, <u>a negative</u> <u>antigen test in a resident</u> 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.

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.

Additional information is available here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html</a>