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| SEAL_v2008-07_web%20large | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **Post COVID-19 Vaccine Considerations for Staff in DYS Residential Programs**  **January 27, 2021** |

**Post COVID-19 Vaccine Considerations for Staff in DYS Residential Programs**

Strategies are needed for congregate care programs to appropriately evaluate and manage post-vaccination signs and symptoms among staff. The approach described in this document is intended to reduce the risks for disruptions in care and pathogen (e.g., SARS-CoV-2) transmission resulting from:

* unnecessarily excluding staff with only post-vaccination signs and symptoms from work, and
* inadvertently allowing staff with SARS-CoV-2 or another transmissible infection to work.

These considerations are based on the current understanding of signs and symptoms following COVID-19 vaccination, including timing and duration, and might change as experience with the vaccine accumulates.

Systemic signs and symptoms, such as fever, fatigue, headache, chills, muscle or joint pain can occur following COVID-19 vaccination. Preliminary data from COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose and among younger persons compared to those who are older (>55 years). Cough, shortness of breath, runny nose, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.

The approaches described below apply to staff 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 a DYS residential program setting in the previous 14 days. Symptomatic staff who are within 14 days of an unprotected exposure to SARS-CoV-2 in a community or a higher risk exposure in a residential program setting should be excluded from work and evaluated for SARS-CoV-2 infection.

**Positive viral 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.**

The following signs and symptoms, alone, are not consistent with SARS-CoV-2 infection and should be managed per usual protocols for vaccine-related side effects:

* immediate hypersensitivity reactions (e.g., hives or severe allergic reaction)
* local symptoms (e.g., pain, swelling, or redness at injection site)

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

Presence of ANY systemic signs and symptoms consistent with SARS-CoV-2 infection (e.g., cough, shortness of breath, runny nose, sore throat, loss of taste or smell) or another infectious disease (e.g., influenza) that are not typical for post-vaccination signs and symptoms.

* Exclude from work pending evaluation for possible disease including SARS-CoV-2 infection, as appropriate.
* Criteria for return to work depends on the suspected or confirmed diagnosis.
* If performed, a negative SARS-CoV-2 antigen test in staff 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 (also referred to as a PCR test).

**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 100.0 degrees or higher, fatigue, headache, chills, muscle or joint pain that are consistent with post-vaccination signs and symptoms, SARS-CoV-2 infection or another infectious disease (e.g., influenza).

* Direct care staff to stay home and obtain SARS-CoV-2 nucleic acid amplification test.

**Staff who meet the following criteria may be considered for return to work pending viral testing for SARS-CoV-2:**

Feel well enough and are willing to work **and**

Are without fever **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, runny nose or change in smell or taste).

**\*Staff with fever should be excluded from work pending SARS-CoV-2 testing. If an infectious disease is not suspected or confirmed as the source of their fever, they may return to work when experiencing no fever for more than 24 hours and they feel well enough.**

If symptomatic staff return to work, routine infection prevention and control practices should be followed including universal source control with a surgical face mask, physical distancing (when possible), hand hygiene and optimal air ventilation. Appropriate use of personal protective equipment (PPE) is required.

If symptomatic staff return to work, they should be advised to contact Regional Management if symptoms are not improving or persist for more than 2 days. Pending further evaluation, they should be excluded from work pending negative results from viral testing.

Because information is currently lacking on vaccine effectiveness in the general population; the resultant reduction in disease, severity, or transmission; or the duration of protection, staff and youths should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.

Further information on COVID-19 vaccines and recommendations can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

<https://www.mass.gov/covid-19-vaccine-in-massachusetts>