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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 Youth in Residential Programs**  **January 27, 2021** |

**Post COVID Vaccine Considerations for Youth in DYS Residential Programs**

Strategies are needed by congregate care programs to appropriately evaluate and manage post-vaccination signs and symptoms among their residents. The approach described in this document is intended to balance:

the risk of unnecessary testing and implementation of Transmission-Based Precautions for youths with only post-vaccination signs and symptoms with that of

inadvertently allowing youths with infectious COVID-19 or another transmissible infectious disease to expose others in the program.

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, myalgia, and arthralgia, 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, rhinorrhea, 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.

**Routine infection prevention and control practices:**

Staff in congregate care programs should follow the recommended infection prevention and control practices. These recommendations, which emphasize monitoring of youths for symptoms of COVID-19, universal source control, physical distancing (when possible), hand hygiene, and optimizing engineering controls, are intended to protect staff and youths from exposures to SARS-CoV-2. Appropriate use of personal protective equipment (PPE), including universal use of a facemask is also recommended.

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.

Suggested approaches to evaluating and managing systemic new onset post-vaccination signs and symptoms for youths in congregate care programs:

The approaches described below apply to youths who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered day 1).

All symptomatic youths should be assessed; the approaches suggested 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.

**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 post-vaccination.

* Evaluate for possible infectious etiologies, including testing for SARS-CoV-2 and/or other pathogens, as appropriate.
* Pending evaluation, these youths should be placed in a single person room (if available) and cared for by staff wearing all PPE recommended for youths with suspected or confirmed SARS-CoV-2 infection. They should not be cohorted with youths 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.
* If performed, a negative SARS-CoV-2 antigen test in a youth 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 (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, 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 is defined as a single measured temperature of 100.0oF (37.8oC) or higher.

* Evaluate the youth.
* These youths should be restricted to their current room and closely monitored until:

Fever (if present) resolves **and**

Symptoms improve.

Staff caring for these youths should ideally wear all PPE recommended for youths with suspected or confirmed SARS-CoV-2 infection while evaluating the cause of these symptoms.

If the youth’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 youths if their symptoms are not improving or persist for longer than 2 days.

**Youths 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 youth, a negative antigen test in a resident 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 Nucleic Acid Amplification Test (NAAT).

However, confirmatory SARS-CoV-2 NAAT testing should be conducted if there is active transmission in the facility, if the youth 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.

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>