# **Post Vaccine Considerations for Employees**

Modified from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>

The strategies in this document are intended for use by employers and public health officials and apply to employees that have recently been vaccinated for COVID-19. These strategies intended to limit unnecessary work restrictions due to side effects from vaccination.

* **Whole-body, symptoms**, such as **fever, fatigue, headache, chills, joint pain, and muscle aches**, can occur following COVID-19 vaccination and with COVID-19 infection or other infectious diseases (such as the flu).
	+ Whole body symptoms after COVID-19 vaccination might be difficult to distinguish from signs and symptoms of COVID-19 or other infectious diseases (such as the flu).
	+ Most whole-body symptoms after COVID-19 vaccination:
		- Start within the first three days of vaccination (the day of vaccination is counted as day one; the first three days of vaccination is the day of vaccination and the following two days
			* Most whole-body side effects occur the day after vaccination
		- Go away within 1-2 days of onset.
		- Are usually mild to moderate[[1]](#footnote-1)
			* Whole-body side effects are more likely to occur and be more severe after the second dose and in people under 55 years of age.
		- Are usually well managed by nonsteroidal anti-inflammatory medications such as ibuprofen/Motrin or acetaminophen/Tylenol.
* **Focused symptoms**, like **cough, shortness of breath, runny nose, sore throat, or loss of taste or smell** are **not** consistent with COVID-19 vaccination side effects, and instead may be symptoms of COVID-19 infection or other infectious diseases (such as the flu).

**Considerations to minimize the impact of whole-body symptoms after COVID-19 vaccination on staffing include:**

* Vaccinate staff before a scheduled 1-2 days off during which they are not required to report to work (such as on a Friday).
* Stagger vaccination of employees so not all are vaccinated at the same time.
	+ Staggering considerations may be more important following the second dose when whole-body symptoms after vaccination, such as fever, are more likely to occur.
* Inform employees about the potential for whole-body symptoms after vaccination and options for treating/improving them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications such as ibuprofen/Motrin or acetaminophen/Tylenol).
	+ Share “What to Expect after Getting a COVID-19 Vaccine” with employees <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/321466-A_FS_What_Expect_COVID-19_Vax_Final_12.13.20.pdf>

**Suggested approaches to evaluating and managing whole-body symptoms in employees after COVID-19 vaccination:**

* The approaches described below apply to employees 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 exposure to COVID-19 in the previous 14 days.
	+ Any employee with symptoms who are within 14 days of an exposure to COVID-19 (i.e., are a close contact to a confirmed or probable case) should be excluded from work and evaluated for COVID-19 infection.
* NOTE: vaccination **does not** affect the results of COVID-19 viral tests, therefore positive viral tests, if performed, should**not** be attributed to the COVID-19 vaccine.

| **Employee Symptoms** | **Suggested Approach** | **Additional Notes** |
| --- | --- | --- |
| **ANY** focused symptoms consistent with COVID-19 (or another illness like influenza) that is NOT typical for post-vaccination signs and symptoms such as: * Cough
* Shortness of breath
* Runny nose
* Sore throat
* Loss of taste or smell
 | * Exclude from work.
* Evaluate for COVID-19 (viral testing, medical evaluation, etc.), or other possible causes as appropriate.
* Criteria for return to work depends on the suspected or confirmed diagnosis.
 | If antigen testing is performed in this situation (symptom not consistent with vaccine side effects) and is negative, it should be confirmed by PCR testing.  |
| Whole-body symptoms that maybe**from either COVID-19 vaccination, COVID-19 illness, or another infection** such as**:*** Fever
* Fatigue
* Headache
* Joint pain
* Muscle aches
 | Employees who HAVE NOT HAD A FEVER (temperature 100.4⁰ or above) may be considered for return to work without viral testing/evaluation for COVID-19 IF:* They **DO NOT**have other symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste.
* They understand to contact their supervisor (or another designated individual) if their symptom(s) are not improving or continue for more than 2 days after the day of vaccination.
	+ If this occurs, they should be excluded from work and evaluated for COVID-19.
* Employees with fever should be excluded from work pending further evaluation, including consideration for COVID-19 testing (see box above).
	+ If no infection (COVID-19 or other) is found to be cause of fever, they may return to work when they feel well enough.
 | If antigen testing is performed in this situation (symptom not consistent with vaccine side effects) and is negative, it should be confirmed by PCR testing.  |

1. When discussing vaccine side effects, mild side effects do not interfere with daily activity; moderate side effects typically interfere with your ability to do or enjoy your daily activity; severe side effects prevent you from being able to do your daily activity. [↑](#footnote-ref-1)