



# Vaccine Recommendations and Guidelines of the ACIP

## Interim Considerations for COVID-19 Vaccination of Healthcare Personnel and Long-Term Care Facility Residents

### Background

The Advisory Committee on Immunization Practices (ACIP) recommends that when a COVID-19 vaccine is authorized by the Food and Drug Administration (FDA) and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel (HCP) and 2) residents of long term care facilities (LTCF). These considerations will be updated as additional information becomes available.

### Healthcare personnel

HCP include all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials.

### Sub-prioritization of HCP for COVID-19 vaccination

ACIP recommends that HCP be prioritized in the earliest phase of COVID-19 vaccination. However, in settings where the initial vaccine supply is insufficient to vaccinate all HCP, sub-prioritization of vaccine doses may be necessary. Considerations for sub-prioritization, of equal importance, include:

- HCP with direct patient contact and thus who are unable to telework, including those who work in inpatient, outpatient, or community settings, who provide services to patients or patients' family members, or who handle infectious materials
- HCP working in residential care or long-term care facilities
- **HCP with documented acute SARS-CoV-2 infection** in the preceding 90 days may choose to delay vaccination until near the end of the 90 day period in order to facilitate vaccination of those HCP who remain susceptible to infection, as **current evidence** suggests reinfection is uncommon during this period after initial infection. Of note, previous SARS-CoV-2 infection, whether symptomatic or asymptomatic, is not considered a contraindication to vaccination and serologic testing for SARS-CoV-2 antibodies is not recommended prior to vaccination.

Furthermore, given the storage requirements of mRNA vaccines, initial vaccine distribution may be limited to large healthcare systems with ultracold freezer capacity. Thus, coordination between state and local health officials and healthcare administrators is needed to ensure vaccine access to HCP not affiliated with hospitals.

### Vaccination of pregnant and breastfeeding HCP

**Evidence** suggests that **pregnant women are potentially at increased risk for severe COVID-19-associated illness and death compared to non-pregnant women, underscoring the importance of disease prevention in this population.** Given the predominance of women of child-bearing potential among the healthcare workforce, a substantial number of HCP are estimated to be pregnant or breastfeeding at any given time. **Currently, there are no data on the safety and efficacy of COVID-19 vaccines in these populations to inform vaccine recommendations.** Further considerations around use of COVID-19 vaccines in pregnant or breastfeeding HCP will be provided once data from phase III clinical trials and conditions of FDA Emergency Use Authorization are reviewed.


### **Post-vaccination symptoms in HCP**

Based on available data, COVID-19 vaccination is expected to elicit systemic post-vaccination symptoms, such as fever, headache, and myalgias. While the incidence and timing of post-vaccination symptoms will be further informed by phase III clinical trial data, strategies are needed to mitigate possible HCP absenteeism and resulting personnel shortages due to the occurrence of these symptoms. Considerations might include:

- Staggering delivery of vaccine to HCP in the facility so that personnel from a single department or unit are not all vaccinated at the same time. Based on greater reactogenicity observed following the second vaccine dose in phase I/II clinical trials, staggering considerations may be more important following the second dose.
- Planning for personnel to have time away from work if they develop systemic symptoms following COVID-19 vaccination.

Further considerations on the management of post-COVID-19 vaccination symptoms among healthcare personnel is under development.

## Long-term care facility residents

LTCFs  provide a spectrum of medical and non-medical services to frail or older adults unable to reside independently in the community. These include:

- Skilled nursing facilities: facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require care because of injury, disability, or illness.
- Assisted living facilities: facility providing help with activities of daily living. Residents often live in their own room or apartment within a building or group of buildings.

## Sub-prioritization of LTCF residents for COVID-19 vaccination

ACIP recommends that LTCF residents be prioritized in the earliest phase of COVID-19 vaccination. However, in settings where the initial vaccine supply is insufficient to vaccinate residents of all LTCFs, sub-prioritization of vaccine doses may be necessary. Considerations for sub-prioritization include:

- Skilled nursing facilities should be prioritized among LTCFs as they provide care to the most medically vulnerable residents.
- After skilled nursing facilities, consider broadening to other facilities, including:
  - Assisted living facilities
  - Intermediate care facilities for individuals with developmental disabilities
  - Residential care facilities
  - State Veterans Homes

## Consent/assent of COVID-19 vaccination of LTCF residents

Partners supporting the [Pharmacy Partnership for Long-Term Care Program](#) should follow all Emergency Use Authorization Conditions of Use for COVID-19 vaccines when vaccinating LTCF residents, including provision of fact sheets. Consent/assent for vaccination should be obtained from the resident or their medical proxy and documented in the resident's chart per standard practice.

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