

COVID-19 Vaccine Screening Questions: Clinical Decision Guide- Long Term Care Facilities

Potential Contraindications

1. Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics. Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. Isolation and precautions can generally be discontinued 10 days after symptom onset AND resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. This applies to either dose of the vaccine. Current evidence suggests that reinfection is uncommon in the 90 days after initial infection. While there is no minimum interval between infection and vaccination, patients with documented acute infection may defer vaccination until isolation criteria is met or until the end of the 90- day period. In some instances, pharmacists or other providers may make the clinical decision to defer vaccination for up to 90 days, but deferring vaccination for 90 days is NOT a requirement.

2. Have you ever received a dose of COVID-19 vaccine?

Check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Persons should not be scheduled to receive the second dose earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]). However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period do not need to be repeated. The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?

Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, should be observed for 30 minutes after vaccination. All other persons should be observed for 15 minutes.

- Was the severe allergic reaction after receiving a COVID-19 vaccine?

History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine.

- Was the severe allergic reaction after receiving another vaccine or injectable medication?

A history of mild allergic reaction to a vaccine or injectable therapy is not a precaution to vaccination. History of severe allergic reaction (e.g., anaphylaxis) to another vaccine or a component of another vaccine OR anaphylactic reaction to any other injectable medication is a precaution to currently authorized COVID-19 vaccine. Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. These individuals should be observed for 30 minutes after vaccination

- Was the severe allergic reaction after receiving Polyethylene Glycol or any product containing Polyethylene Glycol?

History of severe allergic reaction (e.g., anaphylaxis) to a component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine

- Was the severe allergic reaction after receiving Polysorbate or any product containing Polysorbate?

History of severe allergic reaction (e.g., anaphylaxis) to a component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine

4. Have you received any vaccines in the past 14 days?

Given the lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration with any other vaccine. However, mRNA COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus toxoid-containing vaccination as part of wound management, measles or hepatitis A vaccination during an outbreak) or to avoid barriers or delays to mRNA COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations prior to/upon admission or onboarding). If mRNA COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

Potential Considerations

5. Have you received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days?

Vaccination should be deferred for at least 90 days from the date of therapy, as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses. This recommendation applies to persons who receive passive antibody therapy before receiving any vaccine doses as well as those who receive passive antibody therapy after the first dose but before the second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy. For persons receiving antibody therapies not specific to COVID-19 treatment, administration of mRNA COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response.

6. Do you have a bleeding disorder or are you taking a blood thinner?

COVID-19 vaccine may be given to these patients if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

7. For women, are you currently pregnant or breastfeeding?

Pregnancy is not a contraindication to current COVID-19 vaccine. While there are currently no available data on the safety of COVID-19 vaccines in pregnant people, studies and results are expected soon. Pregnant people may choose to get vaccinated. Observational data demonstrate that while the absolute risk is low, pregnant people with COVID-19 have an increased risk of severe illness.

Lactation is not a contraindication to current COVID-19 vaccine. Lactating people may choose to be vaccinated. There is no data available for lactating people on the effects of mRNA vaccines.