UHN Recommendations for Clinical Assessment LTC Following COVID-19 2nd Dose Vaccination

Background

The second dose of the mRNA-1273 Covid-19 Vaccine (Moderna) has demonstrated increased incidence and severity of systemic/localized reactions in clinical trials[1]. Localized adverse reactions recorded were: pain, swelling, erythema and lymphadenopathy. Systemic reactions observed were: headache, fatigue, arthralgia, myalgia, fever, and nausea/vomiting. Both localized and systemic reactions lasted a mean of 3 days following the second dose. Fortunately, severe systemic reactions were less commonly reported in persons over 65 years of age. However, these reactions still threaten the health of LTC residents through innate complications (e.g. dehydration) as well as harm associated with delayed or misdiagnosis. Notably, there is significant overlap with COVID-19 symptoms. Considering this information, the following recommendations are being made for urgent medical referral and infection prevention and control (IPAC):

General Recommendations

- All residents receiving COVID-19 vaccine should be monitored for symptoms and signs of distress for a minimum of 15 minutes after receipt of vaccine. For those with a history of severe allergic reactions or anaphylaxis to any substance, the observation period should last at least 30 minutes
- Beyond initial monitoring, twice daily assessment for COVID-19 symptoms should resume
- Residents should be monitored for red flags (see below) and it is recommended to have vital signs checked twice daily for 2 days following vaccination

Red Flags Requiring Emergent Assessment

- Shortness of breath or trouble breathing
- Swelling/ tingling of the face, mouth, lips or tongue
- Diffuse hives
- High fever (over 40°C)
- Convulsions or seizures
- Severe drowsiness with or without pallor
- Numbness or tingling in extremities

Recommendations for COVID-19 Testing and Isolation Following Vaccination

- Immunity to COVID-19 cannot be presumed until 14 days post second vaccination, thus it is recommended to test and isolate all patients displaying ANY symptoms of COVID-19 after vaccination

1. Baden LR, El Sahly HM, Essink B, et al. Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine [published online ahead of print, 2020 Dec 30]. *N Engl J Med*. 2020;NEJMoa2035389. doi:10.1056/NEJMoa203538

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- In the event that the COVID swab is negative, residents should remain on isolation until symptoms resolve
- Alternate cause should be considered for any symptoms that persist beyond 72 hours

COVID-19 Symptoms

- Fever/ Chills
- Headache
- Cough
- Shortness of breath
- Sore throat or difficulty swallowing
- Runny nose or congestion with no other cause (ex. allergies)
- Loss of taste or smell
- Arthralgia (joint pain)
- Myalgia (muscle pain)
- Eye pain or conjunctivitis (pink eye)
- Nausea or vomiting
- Diarrhea
- Abdominal pain
- Unusual fatigue, lethargy or malaise
- Unexplained fall, decreased level of consciousness or delirium (particularly in elderly patients)
- Unexplained worsening of a chronic condition

Adverse Events Following Immunizations (AEFIs) Surveillance

- Healthcare providers are required to report AEFIs related to the COVID-19 vaccination
- Refer to the Public Health Ontario (PHO) Fact Sheet for which AEFIs to report: Fact Sheet - Adverse Event Following Immunization Reporting For Health Care Providers In Ontario (publichealthontario.ca)
- Providers should use the updated Report of Adverse Event Following Immunization (AEFI) form available from PHO: Report of Adverse Event Following Immunization (AEFI) Requisition (publichealthontario.ca)
- For case classification and types of adverse events, refer to the PHO document: Infectious Diseases Protocol; Appendix B: Provincial Case Definitions for Diseases of Public Health Significance; Disease: Adverse Events Following Immunization (AEFIs) (gov.on.ca)