

# **COVID-19 Vaccine Frequently Asked Questions**

**February 8, 2021**

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic and directed state agencies to restrict visitation at nursing facilities (NFs) to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) directed all NFs to restrict visitation and allow access only to staff or other individuals providing critical services.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all NFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, information in this FAQ document will be arranged by topic, and if guidance changes from previous FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy and Rules at [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov).

The frequently asked questions document now includes a table of contents to make it easier to use. Just click on a topic or question to automatically be redirected to a specific place on the page.

These frequently asked questions are published to offer providers resources to consult when they are making decisions. They are guidance, recommendations, and best practices that LTC Regulation has collected for the convenience of the providers, to assist in decision making related to the health and safety of residents during this unprecedented time.

As the information in this document is subject to change, please continue to check the [CDC website](#) and [DSHS website](#) for the latest updates and information regarding COVID-19 and COVID-19 Vaccines.

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## **Vaccine Allocation and Distribution**

**Question:** How do long-term care facilities get COVID-19 vaccine?

**Response:** Long-Term Care (LTC) facilities serve populations particularly vulnerable to COVID-19 infection. LTC residents, and those who care for them, are considered a priority for vaccination in Texas' strategy against the COVID pandemic. They are categorized as Phase 1A in the Texas vaccination plan and are eligible to receive vaccinations.

### **Eligible Individuals include:**

Residents and the LTC Staff working directly with these vulnerable residents in nursing facilities; assisted living facilities; state supported living centers (SSLCs); community-based intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID) regardless of size; and small group home residence settings (three and four person residences) that are owned and operated by a certified Home and Community-based Services (HCS) Medicaid Waiver Program provider.

### **Eligible facilities include:**

- Nursing Facilities
- Assisted-Living Facilities
- State Supported Living Centers (SSLCs)
- Community-based intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID) regardless of size
- Small group home residence settings (three and four person residences) that are owned and operated by certified Home and Community-based Services (HCS) Medicaid Waiver Program providers.

### **Providers include:**

- Direct Care Providers
- Physicians
- Nurses
- Personal Care Assistants
- Direct Care Staff
- Custodial
- Food Service Staff

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*Any DSHS authorized vaccine provider in Texas may vaccinate any of the above facilities or individuals without need for specific state permission.*

The Federal-Pharmacy Program is currently closed to new enrollments. Facilities enrolled have been contacted by the CDC and were matched with large pharmacy chains to coordinate COVID-19 vaccine needs for both facility staff and residents. The state has limited involvement in this program.

LTC residents and staff, along with outside organizations that assist in caring for these vulnerable individuals, have the following options available as the Federal Pharmacy Program is now closed.

**Option 1:**

Enroll as a Texas Vaccine Provider with the Department of State Health Services (DSHS) to directly receive and administer the vaccine. How to become a COVID-19 Vaccinator, enrollment and requirements can be found here: <https://dshs.texas.gov/coronavirus/immunize/provider-enrollment.aspx>

**Option 2:**

Partner with vaccinators with whom there is an existing vaccination relationship (i.e. for those who provide flu shots, shingles, etc., to the facility or group.)

*Note: Partner must be enrolled and approved with Texas as a Covid-19 Vaccine Provider*

- Facility to contact provider directly to arrange on-site vaccination of your staff and residents
- Vaccine will be shipped directly to approved Covid-19 Vaccine Provider (facilities will not receive shipments)

**Option 3:**

Contact local vaccine providers to include local or regional health departments, EMS, or pharmacies. As more vaccine becomes available, local providers will have greater flexibility in vaccine acquisition and distribution.

**To find a potential vaccine provider:**

<https://tdem.maps.arcgis.com/apps/webappviewer/index.html?id=3700a84845c5470cb0dc3ddace5c376b>

**To find your public health service provider:**

<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>

**General Information regarding vaccine is contained at:**

<https://www.dshs.texas.gov/coronavirus/immunize/vaccine.aspx>

#### **Option 4**

If LTC's are unable to find a solution or have questions an email can be sent to: [Vaccine.LTCF@dshs.texas.gov](mailto:Vaccine.LTCF@dshs.texas.gov)

Subject Line: "LTC Unable to Find Vaccine Provider"

*The state has limited vaccination capabilities beyond what is previously noted, however, will use this information in matching facilities when able.*

**Question:** If we signed up to be a vaccine provider and signed up for the federal pharmacy partnership program, how will vaccines be allocated? If a provider signed up for both, would it get the vaccine through the partnership or directly?

**Response:** DSHS will coordinate with facilities and LTC providers that registered for both initiatives to determine which will be used for initial distribution of vaccines.

Facilities and LTC providers that signed up for the federal Pharmacy Partnership Program and are not registered as Texas vaccine providers will receive on-site vaccination through CVS, Walgreens, or another pharmacy. If your facility already signed up for this program, please contact the established pharmacy partner directly for questions regarding the scheduling of vaccine administration.

For Walgreen's: Reach out to your local vaccine lead with any questions. If you need contact information, please email [immunizeLTC@walgreens.com](mailto:immunizeLTC@walgreens.com). Please visit the [LTC Facility COVID-19 Vaccination Program](#) for additional resources.

For CVS: Email [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com) or call 833-968-1756 for vaccine coordination questions.

See CVS's [COVID-19: Vaccination FAQs](#) for additional information.

For other questions about the federal pharmacy partnership program, please contact [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov).

Some LTC facilities registered as Texas vaccine providers and chose not to enroll in the federal program. Facilities registered as vaccine providers will receive an allocation of vaccines from the state. Per the [DSHS Vaccine FAQs](#), once registration has been completed, a facility will have the option to "pre-book" or request to receive vaccine. For questions or more information on this program, please email [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov), or call the DSHS COVID-19 vaccine provider hotline at 877-835-7750.

**Question:** How will enrolled COVID-19 vaccine providers be assigned to identified groups to be vaccinated first under the Vaccine Allocation Guiding Principles?

**Response:** Assignment is based on information provided by each vaccine provider when they enrolled. They were asked to specify the number of people in each critical population group they serve. In the very earliest stages, the choice of providers is also based on provider type, such as hospitals and long-term care.

**Question:** How does the federal Pharmacy Partnership for Long Term Care Program overlap or not with state efforts to vaccinate both residents and staff? We are currently unclear about the differing roles of the state vs. federal vaccination initiatives and whether there will be any coordination.

**Response:** LTC facilities that signed up for the federal Pharmacy Partnership Program will receive on-site vaccination through CVS or Walgreens. Contact the established pharmacy partner directly for scheduling COVID-19 vaccine administrations. Pharmacies in this program will offer three vaccine clinics at an enrolled facility. Facilities should make all efforts to coordinate vaccination for all staff and residents during these three visits. If your facility requires additional vaccines be administered after three visits, you will need to use other resources to get additional vaccinations.

For Walgreen's: Reach out to your local vaccine lead with any questions. If you need contact information, please email [immunizeLTC@walgreens.com](mailto:immunizeLTC@walgreens.com). Please visit the [LTC Facility COVID-19 Vaccination Program](#) for additional resources.

For CVS: Email [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com) or call 833-968-1756 for vaccine coordination questions. See CVS's [COVID-19: Vaccination FAQs](#) for additional information.

To find a potential vaccine provider:

- <https://tdem.maps.arcgis.com/apps/webappviewer/index.html?id=3700a84845c5470cb0dc3ddace5c376b>
- To find your public health service provider:  
<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>
- Contact a [COVID-19 Vaccination Hub Provider](#)
- General Information regarding vaccine is contained at:  
[dshs.texas.gov/coronavirus/immunize/vaccine.aspx](https://dshs.texas.gov/coronavirus/immunize/vaccine.aspx)

LTC facilities enrolled as Texas vaccine providers will receive an allocation of vaccines from the state and will be responsible for administering the vaccine. DSHS will coordinate with providers who registered for both initiatives to determine which initiative will be used for the initial distribution of vaccines.

### LTC Populations

**Question:** Will the initial vaccine allocation include LTC residents as well as staff? Are resident and staff initiatives (phase 1A) happening concurrently with the initial allotment?

**Response:** LTC staff and residents should receive the vaccine at the same time. The state's Expert Vaccine Allocation Panel (EVAP) will make a final determination on who will receive the vaccine once a specific vaccine is approved under an Emergency Use Authorization (EUA).

Following guidance issued by the CDC's Advisory Committee on Immunization Practices (ACIP), DSHS Commissioner John Hellerstedt approved the EVAP's recommendation to include residents and staff of long-term care facilities in the first tier of Phase 1A.

Per the [COVID-19 Vaccine Allocation Guiding Principles and Health Care Workers Definition](#) (updated 12/17/20) from EVAP:

Phase 1A: Health Care Workers Definition

First Tier

1. Hospital staff working directly with patients who are positive or at high risk for COVID-19. Includes:
  - a. Physicians, nurses, respiratory therapists, and other support staff (custodial staff, etc.)
  - b. Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
2. Long-term care staff working directly with vulnerable residents. Includes:
  - a. Direct care providers at nursing facilities; assisted living facilities; state supported living centers; and community based intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IIDs), regardless of size; and small group home residences (three- and four-person residences) that are owned and operated by a certified Home and Community-based Services (HCS) Medicaid waiver program provider.
  - b. Physicians, nurses, personal care assistants, custodial, food service staff
3. EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
4. Home health care workers, including hospice care and personal assistants, who directly interface with vulnerable and high-risk patients



5. Residents of long-term care facilities, including residents at nursing facilities; assisted-living facilities; state supported living centers (SSLCs); and community-based intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID), regardless of size. Phase 1A also includes individuals in small group home residences (three- and four-person residences) that are owned and operated by certified Home and Community-based Services (HCS) Medicaid waiver program providers.

**Question:** Does facility “staff” include contractors and consultants?

**Response:** Yes, the definition includes contractors and consultants. During registration, facilities and LTC providers were asked to specify the number of people in each critical population group they serve, including health care workers.

**Question:** Will residents and staff who have recovered from COVID-19 receive the vaccine in the same priority order?

**Response:** Yes. Residents and staff who have recovered from COVID-19 will receive the vaccine in the same priority order as individuals who have not had COVID-19.

**Question:** Will LTC staff receive the vaccine at the same time as hospital staff?

**Response:** Both LTC staff and hospital staff are in the initial phase to receive the vaccine. Weekly allocations will be made to providers across the state based on the number of doses allocated to the state and the eligible populations.

**Question:** What about Local IDD Authority (LIDDA) staff, who are service coordinators for persons living in IDD settings?

**Response:** The Expert Vaccine Allocation Panel will make recommendations in the coming weeks on vaccines for non-health care populations.

**Question:** Can Home and Community-based Services (HCS) group home providers register for the federal Pharmacy Partnership Program? As this will not be the only shipment of doses made available, will they be able to register at a later date?

**Response:** Sign-up for this program is now closed. If the HCS provider or partnering pharmacy can obtain and store vaccine, it can register as a COVID-19 vaccine provider at this link:

<https://enrolltexasiz.dshs.texas.gov/emrlogin.asp>.

If the HCS provider cannot obtain and store vaccines, it can contact its [local health department or DSHS region](#) to determine options, or work with local pharmacies that have vaccine supply. The provider also should contact its

HHSC regional office if it experiences difficulties in locating vaccines for staff or residents.

HHSC will notify providers as soon as more information is available. All providers are encouraged to [register for GovDelivery](#), which is the email system for HHSC notifications.

**Question:** What other high-risk congregate settings will be prioritized for vaccination, and how will that effort be coordinated? For example, independent senior living and affordable senior housing.

**Response:** At this time, our information is limited to what the Expert Vaccine Allocation Panel (EVAP) has shared, which is subject to change. Here is detail on how EVAP has prioritized vaccine distribution, as of Dec. 27, 2020: [COVID-19 Vaccine Allocation Guiding Principles and Health Care Workers Definition](#) (updated 12/17/20) from EVAP:

Phase 1A: Health Care Workers Definition

First Tier

1. Hospital staff working directly with patients who are positive or at high risk for COVID-19. Includes:
  - a. Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
  - b. Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
2. Long-term care staff working directly with vulnerable residents. Includes:
  - a. Direct care providers at nursing homes, assisted living facilities, state supported living centers, and community based intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IIDs) regardless of size and small group home residence settings (three and four-person residences) that are owned and operated by a certified Home and Community-based Services (HCS) Medicaid waiver program provider.
  - b. Physicians, nurses, personal care assistants, custodial, food service staff
3. EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
4. Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients
5. Residents of long-term care facilities including nursing homes, assisted living facilities, state supported living centers, community based intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IIDs) regardless of size, and small group home residence settings (three and four-person residences) that are owned and operated by a certified Home and Community-based Services (HCS) Medicaid waiver program provider.

## Second Tier

1. Staff in outpatient care offices who interact with symptomatic patients.

Includes:

- a. Physicians, nurses, and other support staff (custodial staff, etc.)
- b. Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
- c. Non 9-1-1 transport for routine care

2. Direct care staff in freestanding emergency medical care facilities and urgent care clinics

3. Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID

4. Public health and emergency response staff directly involved in administration of COVID testing and vaccinations

5. Last responders who provide mortuary or death services to decedents with COVID-19. Includes:

- a. Embalmers and funeral home workers who have direct contact with decedents
- b. Medical examiners and other medical certifiers who have direct contact with decedents

6. School nurses who provide health care to students and teachers

## Vaccine Planning

**Question:** How will vaccinations be scheduled and administered for Phase 1A?

**Response:** It will be up to each pharmacy partner or other vaccinator to work with the facility to schedule its on-site clinic when vaccine supply is available.

**Question:** Can the COVID-19 vaccine be administered with other vaccines (i.e. influenza vaccine, pneumococcal vaccines)?

**Response:** The COVID-19 vaccine should be administered alone, due to lack of data on safety and efficacy of the COVID-19 vaccine administered with any other vaccine. Providers should try to space out different vaccine administration with a minimum interval of 14 days before or after administration with any other vaccine.

However, mRNA COVID-19 vaccines and other vaccines may be administered within a shorter period in situations where the benefits of vaccination outweigh the potential unknown risks of vaccine co-administration (ex. tetanus vaccine as part of wound management), or to avoid barriers or delays to mRNA COVID-19 vaccination (ex. LTCF residents or healthcare personnel who recently received the influenza vaccine). If

mRNA vaccines are administered within 14 days of another vaccine, doses do NOT need to be repeated for either vaccine.

Please see the [CDC's Interim Clinical Considerations for use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

**Question:** If someone received monoclonal antibodies for treatment of COVID-19, when can they get the vaccine?

**Response:** The CDC recommends deferring the COVID-19 vaccine for at least 90 days for those who received monoclonal antibodies or convalescent plasma as part of their COVID-19 treatment. They also indicate that reinfection is uncommon in the 90 days after initial infection. For more information on COVID-19 vaccines and persons who previously received passive antibody therapy, please see the [CDC's Interim Clinical Considerations for use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)

**Question:** Does the second dose have to be the same type of vaccine or from the same manufacturer of the vaccine as the first dose?

**Response:** Yes. The first and second dose should be the same vaccine from the same manufacturer. Results from clinical trials and vaccine studies have not examined the interchangeability of COVID-19 vaccine products.

In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine can be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

See [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

**Question:** When the pharmacy partners, such as CVS, Walgreens, or HEB staff, come to the facility to vaccinate residents, will they also vaccinate any staff who hadn't already been vaccinated?

**Response:** It will be up to each pharmacy partner or other vaccinator to work with the facility to schedule its on-site clinic when vaccine supply is available.

**Question:** What happens if someone misses the 28-day timeline for the 2<sup>nd</sup> dose, such as if they try to get the 2<sup>nd</sup> vaccine on day 29 instead?

**Response:** The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly:

- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
- OR**
- Moderna (100 µg, 0.5 ml): 1 month (28 days) apart

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.

If it is not feasible to adhere to the recommended interval, the second dose may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are limited data on the efficacy of mRNA COVID-19 vaccines administered beyond 42 days. If the second dose is administered beyond these recommended intervals, there is no need to restart the series.

See [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

**Question:** Does DSHS plan to have a uniform consent form for the vaccine?

**Response:** According to [CDC](#) and [Texas DSHS](#), there is no federal or state requirement for signed consent relating to immunization. The COVID-19 vaccine only requires informed consent, not written consent. While HHSC does not have a standard consent form, a facility can develop its own, possibly based on the CDC's [Pre-vaccination Checklist for COVID-19](#).

Staff and residents and/or resident representatives must be educated on the potential risks and benefits of the vaccine, and then choose to receive the vaccine or not. For residents, documentation in the resident's medical chart should indicate that the resident was provided vaccine education and whether they received the vaccine or not.

Here are vaccine fact sheets for health care providers, as well as for the recipient of the vaccine and/or caregiver:

- [Pfizer-BioNTech COVID-19 vaccine fact sheet for recipients and caregivers](#)
- [Moderna COVID-19 vaccine fact sheet for recipients and caregivers](#)

Furthermore, since all doses of COVID-19 are required to be reported into ImmTrac, staff members can [request a record of their immunizations through DSHS](#) for their own records.

**Question:** Will the vaccine be a one-time vaccination or be something that needs to be repeated annually?

**Response:** We do not know at this time how long the effects of the vaccine, or immune response to the vaccine, will last or if a booster will be needed. CDC is still trying to determine how long immunity lasts from acquiring COVID-19 naturally. The average duration of immunity is thought to be at least 90 days.

**Question:** Does DSHS plan to adjust guidance based on vaccines, i.e., guidelines on cohorting, staffing, and other precautions? Some residents and staff will refuse, so how does that impact guidance on quarantine? What if staff refuse because of a physician saying it's contraindicated? For example, do staff who refuse to vaccinate need to follow more stringent PPE requirements? Would residents who refuse to vaccinate need to follow all current precautions, such as masks, physical distancing, and quarantine?

**Response:** DSHS and the CDC will continue to evaluate what precautions are needed. At this time, our public health partners do not recommend lessening current precautions.

CDC currently recommends that vaccinated persons continue to follow public health guidance (masks, distancing, avoiding crowds, hand hygiene, etc.) to protect themselves and others, given the limited information on how much the vaccine might reduce transmission and how long its protection lasts. CDC also states that the vaccine does not get people out of quarantine.

See [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

**Question:** If someone participated in the clinical trials and received the vaccine instead of a placebo, do they need to receive the vaccine now?

**Response:** No, an individual who received the vaccine in the clinical trials does not need to also receive the vaccine now.

**Question:** Based on the CDC guidance to hold off tuberculin skin test (TST) for 4 weeks and prioritizing vaccine, is HHSC providing some guidance around this?

**Response:** The Texas Administrative Code (TAC) for [Assisted Living Facilities](#) and [Nursing Facilities](#), the [State Operations Manual for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#) and [PL 20-25: Revised Recommendations for Tuberculosis Screening, Testing, and Treatment of Health Care Personnel](#) provide important information on Tuberculosis (TB) screening and testing requirements for residents and health care personnel at long-term care facilities.

## **TB Screening and Testing for healthcare personnel and residents:**

For new health care personnel:

- Conduct and document a TB test, TB risk assessment, and a TB symptom evaluation at hiring as a baseline reference.

For new resident admissions:

- The facility must screen all residents at admission in accordance with the attending physician's recommendations and current CDC guidelines. Residents are not required to be tested for TB upon admission to an LTC facility.

For current health care personnel:

- TB testing for health care personnel is recommended only when there is known TB exposure or ongoing TB transmission at a facility or agency.
- Annual TB symptom evaluation is recommended for personnel with untreated latent TB infection (LTBI) and should be considered for certain groups at increased occupational risk for TB exposure or in a setting where TB transmission has occurred.
- Treatment is encouraged for all health care personnel with untreated LTBI.
- Annual TB education for health care personnel should include the following topics:
  - TB risk factors;
  - Signs and symptoms of TB disease; and
  - TB infection control policies and procedures.

For current residents:

- TB testing should be considered, in consultation with the resident's attending physician, only if the resident displays signs or symptoms of TB, if there is a known TB exposure, or ongoing transmission of TB at the facility.
- Whether or not a resident is tested for TB, as well as the type of TB test to be used, should be determined by the attending physician's recommendations.
- The resident has the right to refuse TB testing.

## **How TB Testing Applies to the COVID-19 Vaccine:**

The CDC does not have data to inform the impact of the COVID-19 mRNA vaccines on either the TST or IGRA TB tests for infection. Due to the lack of data, the CDC has issued [new guidance on the interpretation of TB test results in vaccinated persons](#), and clinical considerations on administering the COVID-19 vaccine to individuals who also need to be screened and tested for TB.

**Question:** If a person doesn't have insurance, will they still be able to be vaccinated? How will that work?

**Response:** Yes, vaccine providers have all signed an agreement to provide the COVID-19 vaccine at no cost to the individual regardless of insurance status.

### Vaccine Safety

**Question:** A fever is a known side effect of the vaccine. If someone gets the vaccine and then has a fever, would that mean that they fail screening and would have to be quarantined?

**Response:** Per the [ALF COVID-19 Emergency Response Rule](#), [ICF/IID Emergency Response Rule](#), and [NF COVID-19 Response Emergency Response Rule](#), any staff member or visitor with a fever  $\geq 100.4^{\circ}$  Fahrenheit cannot be allowed into the facility.

If the staff member is showing signs/symptoms that might be from either COVID-19 infection or vaccination, such as temperature of 100°F or higher, fatigue, headache, chills, myalgia, or respiratory symptoms, the staff member should be evaluated. Per the [CDC](#), staff who meet the following criteria can be considered for return to work without viral testing for COVID-19:

- Feel well enough and are willing to work and
- Are afebrile (fever in health care setting is defined as a temperature of 100.0°F or higher) and
- Systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., do NOT have other signs and symptoms of COVID-9 such as cough, shortness of breath, sore throat or change in smell or taste.)

If symptomatic staff return to work, they should be advised to contact occupational health services (or another designated individual) if symptoms are not improving or persist for more than 2 days. Pending further evaluation, symptomatic staff whose symptoms persist for more than 2 days should be excluded from work, and viral testing should be considered. If feasible, viral testing could be considered for symptomatic staff earlier to increase confidence in the cause of their symptoms.

Please see the [Post Vaccine Considerations for Healthcare Personnel](#) for more information on how to monitor staff who receive the COVID-19 vaccine.



**Question:** Is it safe to give the vaccine to residents or staff with active COVID-19 infection or those in quarantine because of possible exposure? Can a resident get vaccinated if the resident previously had COVID-19?

**Response:** In general, vaccinations are not administered to individuals with moderate to severe illness from infection. The following are recommendations specific to the mRNA COVID-19 vaccines:

- People have been exposed to COVID-19 or are in quarantine: For the general public, those who have been exposed to COVID-19 should wait until after their quarantine period ends to receive the vaccine. However, residents in quarantine in a LTC facility, or any other congregate setting, can be vaccinated since they are already being visited by a health care provider.
- People who have COVID-19: Vaccination of persons with known current COVID-19 infection should be deferred until the person has recovered from the acute illness – if the person had symptoms, and [criteria](#) have been met to discontinue isolation.
- People with a history of COVID-19: While there is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented COVID-19 infection in the preceding 90 days can delay vaccination until near the end of this period, if desired. However, delaying the vaccination for the full 90 days is not required in this case.

See [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

**Question:** What safety precautions should we be aware of? Are there any individuals who should NOT get the COVID-19 vaccine?

**Response:** Persons with a history of an immediate allergic reaction of any severity to an mRNA COVID-19 vaccine or any of its components might be at greater risk for anaphylaxis upon re-exposure to either of the currently authorized mRNA COVID-19 vaccines. An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

CDC considers a history of the following to be a contraindication to vaccination with both the Pfizer-BioNTech and Moderna COVID-19 vaccines:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components

- Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])\*
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)\*

\* These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available). See [Appendix B](#) for more information on ingredients included in mRNA COVID-19 vaccines.

Providers must report adverse events in accordance with the Fact Sheet to VAERS.

Please check the [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines](#) for updates and additional information on contraindications and precautions regarding the mRNA COVID-19 vaccines.

**Question:** What should we counsel residents and staff about regarding the vaccine?

**Response:** This information will be specific to the vaccine they are receiving.

For the Pfizer-BioNTech COVID-19 Vaccine: [Fact Sheet for Recipients and Caregivers](#)

For the Moderna COVID-19 Vaccine: [Fact Sheet for Recipients and Caregivers](#)

You may also check the [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at your Facility](#) for additional resources and FAQs on how to [prepare staff](#) and how to [prepare residents](#) for COVID-19 vaccination.