



## **Co-Locating COVID-19 Vaccination and Testing Services**

**August 16, 2021**

This guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at <https://www.sfdcph.org/covidvax>.

### **Background**

SFDPH and its partners are establishing opportunities for COVID-19 vaccination at testing locations in the community, with the goal of increasing COVID-19 vaccination uptake among unvaccinated populations most affected currently by the surge in COVID-19 cases associated with the delta variant.

SFDPH and its partners are also seeking to create opportunities for COVID-19 vaccination when mobile COVID-19 testing teams are on-site among populations experiencing clusters or outbreaks of COVID-19 cases.

This guidance outlines key principles and processes to appropriately and safely conduct both testing and vaccination at the same sites or events.

### **Principles**

#### **Minimize contact between ill persons seeking testing, and healthy persons seeking vaccination**

Not everyone seeking testing is symptomatic or will test positive for COVID-19. However, there will be a much higher proportion of acutely ill persons among those seeking testing, compared with the general population. In a similar way, not everyone seeking vaccination is healthy, but relatively few will be acutely ill. Requiring social distancing and masking is a requirement for testing and vaccination locations. In addition, we recommend:

- If COVID-19 testing and COVID-19 vaccination are offered as separate services – i.e., persons can come there for testing-only, vaccination-only, or both – then testing and vaccination areas should be physically separated using barriers, signage, and physical distancing between the testing and vaccination areas, to keep these populations from mixing.
- People who present for testing and opt for vaccination should not relocate to a vaccination-only section. Ideally staff in testing-only areas should be also trained in administering vaccines when indicated. If this is not feasible, staff from vaccination areas should maintain their PPE and come to testing areas to perform vaccination.

- If adding a COVID-19 vaccination capability at sites that are established and promoted as testing sites, do not promote these locations as sites where persons can come for vaccination only. If a vaccination-only site exists, keep the testing-plus vaccination and the vaccination-only areas physically separate as described above.

### **Encourage vaccination except when contraindicated or CDC recommends deferring vaccination**

There are relatively few absolute contraindications to COVID-19 vaccination, and several precautions. See [CDC clinical guidance](#) for more detail.

### **COVID-19 vaccination in people with prior COVID-19 infection**

Persons with prior COVID-19 infection may be vaccinated. Unless someone was treated with COVID-19 monoclonal antibodies or convalescent serum, there is no minimum interval before they can receive vaccine. However, [CDC recommends](#) that for those with known current COVID-19 infection, vaccination should be deferred until the person has recovered and has met criteria to discontinue isolation.

### **COVID-19 vaccination in people with recent close contact to a COVID-19 case**

Persons with a [known COVID-19 exposure](#) should generally not seek vaccination until the end of their quarantine period, to avoid potentially exposing health care personnel and others during their vaccination visit.

However, if these persons have already left quarantine to undergo COVID-19 testing, as is often recommended after an exposure, vaccine may be offered at the time of testing so long as they meet all other criteria laid out in this Guidance.

Note that CDC does not recommend COVID-19 vaccination for outbreak management or post-exposure prophylaxis to prevent development of COVID-19 infection in a person with known exposure. This is because the median incubation period of COVID-19 is 4-5 days, and so COVID-19 vaccine will not provide an adequate immune response quickly enough to prevent infection. Instead, the benefit of COVID-19 vaccination in outbreak settings is in preventing COVID-19 infection in the future, among those who may have repeated or subsequent exposures.

### **COVID-19 vaccination in people with current symptoms and/or current COVID-19 infection**

[CDC general guidance on immunizations](#) endorses that vaccines can safely be administered in persons currently experiencing mild acute illness. See Appendix below for clinical definition of mild acute illness.

The [CDC checklist prior to COVID-19 vaccination](#) indicates that people with mild illnesses may be vaccinated, but that COVID-19 vaccination should be deferred in those with moderate-to-severe acute illness as well as in those with current SARS-CoV-2 infection:

- “While there is no evidence acute illness reduces vaccine efficacy or increases adverse reactions, as a precaution, delay vaccinating patients with moderate or severe illness until the illness has improved.”
- “Defer vaccination of persons with current SARS-CoV-2 infection until the person has recovered from acute illness and discontinued isolation. This recommendation applies regardless of whether the SARS-CoV-2 infection occurred before the recipient received an initial dose or between doses, for a two-dose vaccine. Viral or serological testing to assess for current or prior infection solely for the purpose of vaccine-decision making is not recommended.”

**Therefore, in accordance with CDC guidance, SFPDH current recommendation is that persons seeking COVID-19 testing may receive a receive a COVID-19 vaccine upon receipt of a negative test result.**

- **Persons awaiting results of PCR testing may be vaccinated once a negative PCR test is resulted**
- **Persons awaiting results of antigen testing (e.g., BinaxNOW) may be vaccinated once a negative antigen test is resulted. At sites where negative antigen tests are sent for PCR confirmation, it is not necessary to defer vaccination pending PCR result; sites may vaccinate upon the determination of a negative antigen test.**

SFPDH will continue to analyze this approach and may adjust policy in the future based on emerging evidence and/or changes in national guidance.

**Effect on vaccination compliance, by requiring negative COVID-19 test in order to receive COVID-19 vaccine**

The primary aim of offering vaccination at test sites is to increase vaccination participation.

SFPDH is aware of anecdotal reports that some persons presenting for COVID-19 antigen testing are unwilling to wait at the test site to receive their COVID-19 test result (generally about 15-minute turnaround time). Thus, it is possible that requiring a negative test result prior to vaccination could result in missed opportunities for vaccination, but this question has not been studied.

To shed more light on this question, we recommend that co-located testing/vaccination sites survey patient willingness to wait for a negative test result, if it would enable them to be conveniently vaccinated at the same visit.

## Operational Workflow

Person presents for testing at a test site where vaccination is available

- Maintain separation between those coming for testing (and possible vaccination) and those coming only for vaccination
- Assess vax status
  - Fully vaccinated → Test only; No need for further vax
  - Unvaccinated or partially vaccinated → Test; Consider vax at this visit but only if test negative
- Assess symptom status
  - No symptoms, or mild acute symptoms only, or loss of taste/smell → Test; Consider vax at this visit but only if test negative
  - Moderate to severe acute symptoms → Test only; Not eligible for vax
- Check prior to vaccination
  - Must test negative for COVID-19 and not have moderate-severe acute illness
  - Screen for standard COVID-19 vaccination contraindications/precautions

## Appendix

The definition of **mild acute illness** for the purpose of vaccination includes runny nose, nasal congestion, sore throat, mild cough, loose stools, and mild diarrhea.

The definition of **moderate-to-severe acute illness** for the purpose of vaccination includes fever (generally >100.4 F but if temperature is not measured then patient endorsement of fever is sufficient), shortness of breath, increased respiratory rate, severe or persistent cough. Since it is not feasible to describe all potential manifestations of moderate-to-severe acute illness, health care staff should use their clinical judgment.

Note that **loss of taste or sense of smell** may be a mild symptom but is highly associated with COVID-19 infection, only rarely occurring in the absence of COVID-19 infection. Persons seeking vaccination who endorse **recent** (i.e., within the last 14 days) loss of taste or sense of smell are likely to have current COVID-19 infection and should defer vaccination pending results of COVID-19 testing.