Title: Impact of Vaccination on Healthcare Workers Availability for Work

Author: Prof Martin Cormican, Clinical Lead, HSE AMRIC

Organisation: Health Service Executive

Date: 08 April 2021 for NPHET of 08 April 2021

Presentation Duration: NA

Action required:
☐ For noting
☐ For discussion
☑ ✓ For decision pending NPHET discussion
BACKGROUND
The NPHET requested that the HSE “review relevant policy and guidance for healthcare workers who are fully vaccinated, with regard to close contact status and return to work for the medically vulnerable who have been cocooning.”

Vaccination of healthcare workers against COVID-19 has transformed the situation with respect to the number of healthcare workers who suffer COVID-19 disease in Ireland. There is also growing evidence of the effectiveness of vaccine in preventing infection. Thompson and colleagues have reported in MMWR 29 March real world experience showing that the incidence of infection was 1.38 per 1000 person days in unvaccinated frontline healthcare workers compared with 0.04 infections per 1000 patient days in those fully immunised and 0.19 infections per 1000 person days among partially immunised participants. This support previous work by Hall and colleagues. There is also evidence that vaccination reduces viral load in those who become infected (Levine-Tiefenbrun and colleagues).

Healthcare workers should be aware that the SARS-COV-2 virus that causes COVID-19 has developed into a number of different variants that are of clinical concern since the pandemic started. There is a concern that the protection provided by full vaccination may not be equally good against all of these variants. For this reason and for other reasons it is important to emphasise that all healthcare workers need to maintain a high standard of infection prevention and control practice in all aspects of their work even when fully vaccinated. In some cases Public Health may advise additional precautions for fully vaccinated people if there is a concern that the person was in contact with someone know to be or likely to be infected with such a variant.

Against this background the HSE makes the following recommendations with respect to HSE healthcare workers who have been fully vaccinated.

The following definition of fully vaccinated has been used in “Guidance on vaccinated individuals visiting other vaccinated individuals in a household setting” and is followed in this document.

Individuals are considered fully vaccinated for COVID-19 as follows and as set out here
• 15 days after the second AstraZeneca dose
• 7 days after the second Pfizer-BioNTech dose
• 14 days after the second Moderna dose

HEALTHCARE WORKERS AGED 70 YEARS AND OLDER WHO ARE FULLY VACCINATED AND WITH NO MEDICAL CONDITIONS THAT PLACES THEM AT HIGH RISK OF SEVERE DISEASE

May return to work including frontline patient care when fully vaccinated subject to brief Occupational Health risk assessment

HEALTHCARE WORKERS WHO ARE FULLY VACCINATED WITH MEDICAL CONDITIONS THAT PLACES THEM AT HIGH RISK OF SEVERE DISEASE BUT ARE NOT IMMUNECOMPROMISED

May return to work including frontline patient care when fully vaccinated subject to an Occupational Health risk assessment

NOTE REGARDING HEALTHCARE WORKERS WHO ARE PREGNANT OR IMMUNECOMPROMISED

Healthcare workers who are excluded from work because they are pregnant or immune compromised must continue to stay away from work at present. This is subject to ongoing review.
HEALTHCARE WORKERS WHO ARE FULLY VACCINATED AND WHO ARE EXPOSED TO AN INFECTIOUS CASE OF COVID-19 AND ARE IDENTIFIED AS CONTACTS

Need not restrict their movements and may continue to work including frontline patient care when fully vaccinated unless specific circumstances apply as follows.

Specific circumstances that apply are as follows:

1) Known contact with person in whom infection with variant that is likely escape vaccine mediated protection is known or suspected

2) The person is known to have a medical condition or to be on treatment that is expected to compromise the ability of their immune system to respond to vaccination (see above)

3) A public health or occupational health risk assessment has identified other specific grounds for concern.

ENDS