COVID-19

Frequently Asked Questions

Vaccinations: Access

When and where will I be able to get an approved COVID-19 vaccine? Will the World Bank Group be getting its own supply of vaccine for staff?

It is currently not possible for individual organizations to acquire Stringent Regulatory Authority (SRA) approved COVID-19 vaccine supplies, as all manufacturers’ production for the foreseeable future is allocated to national government administered programs and/or the WHO COVAX program. The WBG is monitoring this situation and will continue to explore opportunities for future vaccine procurement, shipping, and administration as they arise.

The foremost access option for staff and their families is through the emerging national programs in their locations or through the UN interagency vaccine program in locations where the UN has assessed national programs to be inadequate. Staff should monitor all available guidance from their national and local authorities for availability of nationally approved vaccines, as well as information on where they are positioned in the prioritization for vaccination. For more information on the vaccine development and approvals, this Coronavirus Vaccine Tracker is useful.

In the U.S., all adults and children 12 and older are currently eligible to receive COVID-19 vaccines. To find a vaccine location, visit Vaccines.gov or visit the local health departments of DC, Maryland, and Virginia for the latest information.

- District of Columbia Department of Health
- Maryland Department of Health
- Virginia Department of Health

Can I get the vaccine at the WBG on-site MedStar HQ clinic?

For information on signing up for the vaccine through MedStar, please visit this site.

Currently, the MedStar platform is accepting enrollments for staff, retirees, and their dependents residing anywhere in the DC Metro Area. You can fill out a form to be placed in the MedStar enrollment system.

Can I receive the vaccine if I am not a citizen of the country I live in? Will I have to pay for it?

In the U.S. vaccines are being administered regardless of citizenship status. Vaccines are being distributed free of charge as part of the federal distribution effort, but some providers may charge an administrative fee. However, there should be no additional out of pocket costs for the cost of the vaccine itself.
In Country Office locations, the UN system Resident Coordinators/agencies and programs, along with some Country Office Heads, are discussing inclusion of International Organizations in country specific national vaccination campaigns.

In some locations the Country Office has coordinated with Government and local health providers to facilitate vaccination within Country Office buildings. These COVID vaccination campaigns are part of the local government department of health response for key humanitarian and development partners like the WBG.

What if I work in a location where an approved vaccine is not available?

In certain circumstances where access is limited (e.g., locations where expatriate staff might be excluded from access, or where available vaccines have not been approved by WHO or Stringent Regulatory Authorities), the Bank Group is partnering with the United Nations system in a major interagency initiative to supply vaccines for the international development community. The UN Department of Operational Support is leading this program and the first deliveries of vaccines have commenced. The first doses are targeting UN system personnel and their dependents who are considered to be at higher risk through age, medical conditions, or frontline worker job status.

In countries where the UN will be supplying vaccines, staff and their dependents will register through a UN platform to schedule their vaccination.

As vaccinations are rolled out in many locations, staff should be aware of opportunities to access vaccines through pharmacies and other vaccine sites if there is excess supply.

Can I travel to get a COVID-19 vaccine? If I received my first dose of vaccine and then moved or traveled from the location where I received it, where can I get my second dose?

Travel to get a vaccine is an individual decision. Anyone intending to do this should be aware of the vaccine availability and prioritization in the location to which they intend to travel, as well as determine whether they will be eligible to receive the vaccine given their residential status (or non-status) and risk category. Travel should be planned so as to ensure that you coordinate vaccine dose administration from the same provider/local authority. Travel to receive a vaccine is not a reimbursable business expense.

If you received the first of a two-dose series of COVID-19 vaccine and then traveled to another location, you should seek information from local health authorities about whether and where you may be able to get your second dose. You may not be able to receive a second dose in the time frame recommended, and you may have to wait until there is enough vaccine on the market that all priority groups have been offered vaccination and there are sufficient doses for the general population. For questions on whether you can receive a different type of vaccine for your second dose than you received for your first dose, see the FAQ on this question.

Can children receive the vaccine?

A number of countries, including the U.S., Canada, Chile, Israel, Singapore, and several countries in Europe have authorized the Pfizer mRNA vaccine for use in children aged 12 to 15. In Europe, the Moderna vaccine has been recommended for authorization by the
European Medicines Agency (EMA) for kids aged 12 to 17 years. The availability of the Moderna vaccine for kids in that age group is up to individual countries. Other vaccines have not yet been authorized for use in children. In other countries that have approved the Pfizer vaccine, it is authorized for individuals age 16 and older. All other COVID-19 vaccines are authorized for people aged 18 and older. Ongoing clinical trials are determining the safe dose for younger children, but it will be later in 2021 before pediatric vaccines might become available.

Vaccinations: Safety and Efficacy

How do I know COVID-19 vaccines are safe and effective? If available, should I get a vaccine that has not been approved by the WHO or other Stringent Regulatory Authorities?

Vaccines approved by the WHO or a Stringent Regulatory Authority have completed phase 3 trials testing safety and efficacy in tens of thousands of people, and are approved based on their strong indications of both safety and efficacy. In addition, many of the approved vaccines have now been administered to millions of people and the U.S. CDC, European Medicines Agency (EMA), and other national health entities track safety among those who received the vaccine. The vaccines approved by WHO and a Stringent Regulatory Authority are overwhelmingly safe and effective at preventing symptomatic COVID-19 infections, hospitalization, and death. While some people may worry that the technologies used to develop COVID-19 vaccines are new (such as mRNA), the reality is that these technologies have been in development for decades and are well studied by scientists.

Given the health risks associated with COVID-19 and the stringent regulatory requirements for vaccine approval, HSD recommends that all who can safely receive an approved COVID-19 vaccine should do so once it is available, both for their own protection and to better protect those close to them. For more information on COVID-19 vaccine safety, visit the U.S. CDC's website and the WHO's FAQ on vaccine safety. Visit the CDC's webpage on myths and facts about COVID-19 vaccines.

Staff in some countries have the opportunity to access vaccines which have not received WHO and/or Stringent Regulatory Authority approval. HSD is not in a position to recommend either for or against receiving these vaccines. The choice of whether and when to take a vaccine is a personal one and should be guided by information provided by local public health authorities and in consultation with the staff member's personal healthcare provider. We can advise that any of the COVID-19 vaccines recommended by National Governments and Authorities are more effective in minimizing severe COVID-19 disease that not receiving any COVID-19 vaccine. An informed decision should be made in discussion with your health care provider.

Are the vaccines safe for those who are pregnant or breastfeeding?

The U.S. CDC recommends COVID-19 vaccination for pregnant and breastfeeding women. Pregnant women are at higher risk for severe illness from COVID-19 infection, and the vaccine will protect them as well as their unborn child. The evidence of safety of the COVID-19 vaccines in pregnant women has been growing, and the benefits of receiving the vaccine outweigh any known or potential risks of vaccination during pregnancy. None of the vaccines
are made with live virus, so there is no risk of passing on COVID-19 to the fetus through vaccination. The WHO also says that pregnant women should understand the risks of COVID-19 in pregnancy and the likely benefit provided by the vaccine in the local situation, and should weigh receive the vaccine when the benefits outweigh the risks. For more on this from the WHO, see the "Science in 5" video.

For those who are breastfeeding, some small studies of breastfeeding mothers who were vaccinated have shown development of COVID-19 antibodies in the breastmilk, which may be protective for their babies.

**How effective are COVID-19 vaccines? How long will a vaccine protect me?**

Different vaccines have different levels of effectiveness. The efficacy of COVID-19 vaccines is determined through clinical trials and independent evaluation by national authorities and WHO, and the effectiveness of approved vaccines is determined through review of post-trial real world data in vaccinated populations.

Early indications suggest that the effectiveness of some COVID-19 vaccines is more than 90%, but this may vary in the context of new COVID-19 variants (see more information in the FAQ below: How effective are the vaccines against the new COVID-19 variants?). "Efficacy" may refer to prevention of infection altogether, or just reduction of the severity of infection. Studies done in the UK, Israel, and the U.S. suggest that mRNA vaccines are effective at preventing asymptomatic infection. While breakthrough infections may occur, those who are vaccinated are well protected against severe disease, hospitalization, and death. Some vaccines require more than one dose to be effective, and recent studies indicate that both doses of a two-vaccine schedule are needed to provide effective protection against the Delta variant.

We do not have information yet about the durability of protection. In the future, it may be necessary to receive a booster dose, and some countries have started planning boosters. However, the WHO has spoken out strongly against this while much of the world still has limited access to the vaccines.

The **U.S. CDC now recommends** that those who are moderately to severely immunocompromised get an additional dose of mRNA vaccine after the initial two doses, at least 28 days after the second dose.

It is not yet known how effectively vaccines will prevent an individual from spreading the virus to others. While some studies have indicated that those who became infected even after vaccination carry a lower viral load, more recent data shared by the U.S. CDC indicate that with the Delta variant, vaccinated individuals may carry as much virus as non-vaccinated individuals, which may mean they can spread the infection to others.

**Vaccines and Immunocompromise**

**If I am immunocompromised, should I get a third COVID-19 vaccine?**

The US CDC now recommends **moderately to severely immunocompromised** people get an additional dose of mRNA COVID-19 vaccine at least 28 days after an initial 2 doses of Pfizer
or Moderna. The additional dose should be the same vaccine as the initial series. The recommendation for an additional vaccine dose does not apply to the J&J vaccine.

This recommendation applies to those with weakened immune systems who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last two years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress the immune response

The recommendation is limited to adults aged 18 and older for the Moderna vaccine because that vaccine has not been authorized for adolescents as of yet. The Pfizer vaccine is authorized for adolescents aged 12 and older, and adults.

Why should immunocompromised people get a third COVID vaccine?

Having a compromised immune system puts you at higher risk of severe illness and death from COVID-19. Studies show that the initial mRNA vaccine doses are less effective for people with weakened immune systems, and they are also more likely to have a breakthrough infection than people in more normal health.

I have a chronic disease that makes me vulnerable to severe COVID-19 - should I be getting a third COVID-19 vaccine too?

At this time an additional dose is only recommended for people who meet the CDC's criteria for being immunocompromised. People with other chronic conditions, even those that put them at higher risk for severe COVID-19, are not authorized to get an additional dose at this point.

Do I sign up to get the additional dose, or should I talk to my doctor first? And do I have to prove I'm immunocompromised?

Start by talking with your health care provider about your immunocompromised condition or its treatment to ensure the benefits outweigh the risks. At this time proof is not likely to be required.

Do people who have already had COVID-19 need to get the vaccine or are they automatically protected?

Yes, health authorities recommend that they get the vaccine. Immunity from infection with the virus appears to wane over time and there have been cases of reinfection in people who had
an initial infection more than 90 days prior. Immunity is also variable among those who were infected, with some having higher levels of protective antibodies and others having fewer. Vaccines will boost the immune response and are expected to provide protection for a longer period of time, although the exact period of protection is not yet known.

If I had COVID-19, can I receive the vaccine? And if so, how soon after?

Yes, you can receive the COVID-19 vaccine after you have recovered from your illness and have met the criteria for discontinuing isolation. The U.S. CDC notes that those who have been treated for COVID-19 with monoclonal antibodies or convalescent plasma should not receive a vaccine within 90 days of this treatment.

Can I choose which vaccine I get? What if I want to choose the vaccine that is most effective?

The best vaccine is the approved one that is soonest available to you. You will likely not have the opportunity to choose which vaccine you receive until there is more supply than demand. The most important thing is to receive an approved vaccine as soon as you are able. All of the approved vaccines are effective at preventing severe illness, hospitalization, and death, and the more quickly that people are vaccinated, the sooner that herd immunity will be reached, which will limit the spread of the virus.

How effective are the vaccines against the new COVID-19 variants?

There are several new variants of COVID-19, and more continue to be identified. The variants of concern currently identified by WHO are Alpha/B.1.1.7 (first identified in the U.K.), Beta/B.1.351 (first identified in South Africa), Delta/B.1.617.2 (first identified in India), and Gamma/P.1 (first identified in Brazil). All of these new variants appear to spread more easily and quickly, and therefore may lead to more cases of illness. More people may become ill because a larger proportion of those that are exposed to these variants become ill.

So far, research has shown that being fully vaccinated protects against serious illness and hospitalization. However, partial vaccination has more limited protection against the Delta variant, depending on the type of vaccine received.

Getting to a point worldwide where most people are vaccinated will help prevent the development of additional variants, some of which could have properties that make vaccines less effective or ineffective. This is why it is important for everyone that can be vaccinated to do so as soon as possible.

Does taking the vaccine guarantee someone is no longer able to transmit the virus?

While some evidence from earlier observational studies showed that vaccinated people are less likely than unvaccinated people to transmit infection to others, this may be different in the context of the Delta variant. Recent data published by the CDC, as well as data from the UK and Singapore, indicate that with the Delta variant, vaccinated individuals who become infected carry as much virus as those who are not vaccinated (even though they will not become as ill), and therefore may be able to spread the virus. This is the reason behind the U.S. CDC’s recently updated guidance that all individuals (vaccinated or not) should wear masks in indoor settings where the community transmission rate is substantial or high.
(substantial transmission is defined by 50 new cases per 100,000 people in the last 7 days and high transmission is 100 new cases per 100,000 in the last 7 days).

While in general vaccines may reduce the transmission of illness, the protective effect is never 100%, just as the vaccines are not 100% protective against symptomatic disease. As a result, some vaccinated people living in areas of high or substantial transmission should continue other important measures to prevent the spread of COVID-19, including mask wearing in indoor public spaces, social distancing, and avoiding crowded indoor settings.

For those individuals who are not fully vaccinated, it is important to continue protective measures such as wearing masks in public and physical distancing from others in public spaces.

**Can the vaccine cause me to test positive for COVID-19?**

No, the vaccine will not cause you to test positive for active infection with COVID-19. However, an antibody test may be positive because this tests for whether your body has produced antibodies to the virus, which help protect against the virus.

**Mixing Vaccine Types: Is it safe? Can I get more than one type if the first one I get is not WHO approved?**

Currently, data is still limited on the safety and effectiveness of mixing different vaccine types. Some recent studies from the U.K., Germany, and Spain have shown that immunization with AstraZeneca and Pfizer (receiving either the AstraZeneca as first dose or the Pfizer as first dose, and then vice versa for the second dose) is as effective as two doses of either vaccine. However, large scale studies to look at safety of this approach in a larger population have not been done.

**mRNA vaccines:** The U.S. CDC says that the mRNA vaccines produced by Pfizer and Moderna are not interchangeable and that an individual's second dose of vaccine should be from the same manufacturer as the first dose. It is preferable to delay the second vaccine dose for up to 6 weeks in order to receive the same product. In exceptional circumstances when the same vaccine is not available, the CDC says that any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. There are currently studies looking at whether different types of vaccines can be mixed and if this is safe and effective, but right now more evaluations are required as there are no clear data on this.

**Vaccines approved by WHO:** Those who have received a full series of COVID-19 vaccination by a WHO approved vaccine do not need any additional vaccination with a U.S. FDA approved vaccine, according to the U.S. CDC. Those who have started, but NOT received a full series of COVID-19 vaccination by a WHO approved vaccine may be offered a U.S. FDA approved vaccine, but no sooner than 28 days after the last vaccine dose received.

**Vaccines not approved by WHO:** Those who have received a partial or full series of COVID-19 vaccination with a non-WHO approved vaccine may be offered a U.S. FDA approved vaccine, but no sooner than 28 days after the last vaccine dose received, according to the U.S. CDC.
What can I safely do after being fully vaccinated?

For those who have been fully vaccinated in the U.S., the CDC has released guidance on what you can safely do. This specific advice pertains to those who have received 2 doses of the mRNA vaccine or one dose of the Johnson & Johnson vaccine and two full weeks have passed since the last dose.

For those living outside the U.S. who have been fully vaccinated, look to national health authorities and the WHO about what can and cannot be safely done after vaccination, particularly in light of different variants that may be circulating. Where such guidance has not yet been developed, those who have been vaccinated should remain cautious and continue to follow all preventive measures.

What this Means for Travel:

- **Fully vaccinated people can travel safely** within the U.S. and do not need to get tested before or after travel unless the destination requires it. Fully vaccinated travelers within the U.S. do not need to self-quarantine.

- **International travel poses additional risks**. Fully vaccinated individuals coming to the U.S. must be tested for COVID-19 within 3 days of their flight (or show documentation of recovery from COVID-19 in the last 3 months), and should still get tested 3 to 5 days after arrival, but they do not need to self-quarantine. They should also continue to follow all safety precautions during travel.

mRNA Vaccines: Information and Safety

This type of vaccine introduces a piece of mRNA (the genetic material that instructs cells to build specific proteins) into the body's cells. The mRNA instructs cells to make a protein which matches the structure of the spike protein found on the SARS-CoV2 virus, which is then displayed on the cell surface. The body's immune system recognizes this protein as foreign and builds antibodies against it. These antibodies will fight against any future infection with the virus. This is a new type of vaccine technology that can be produced more quickly than standard vaccines.

The Pfizer and Moderna mRNA vaccines have been approved by the WHO and other Stringent Regulatory Authorities based on their strong safety and efficacy profiles in clinical trials. In addition, safety monitoring continues as millions of people have already received the vaccine, and there have been no safety signals that indicate any concerns with the vaccines.

You can read more here from WHO about how vaccines work. For a short explanation on how mRNA vaccines work, watch the video in this article.

Questions about Allergic Reactions

A relatively small number of severe allergic reactions (anaphylaxis) to the Pfizer and Moderna mRNA vaccines (among the millions who have received it) have been reported. While these reactions are very rare in terms of incidence per million doses, those who have a prior history of allergic reaction to any vaccination or vaccine component (including polyethylene glycol or
polysorbate, which are present in the mRNA vaccines), or have a history of anaphylaxis should discuss with their doctor whether it is recommended to receive the mRNA vaccine.

For those who have never had an allergic reaction to a vaccine or who have never experienced an anaphylactic reaction, there is no contraindication to receiving the mRNA vaccine for reasons of allergy. For more information, see the [U.S. CDC information on COVID-19 vaccines for people with allergies](https://www.cdc.gov/vaccines/covid-19/info-by-age.html).

**Questions about Safety for Kids**

In the U.S., where the Pfizer vaccine has been authorized for use in children aged 12-15, the CDC has noted a rare but increased rate of pericarditis and myocarditis (inflammation of the tissues around the heart or in the heart muscle) among those receiving the vaccines than would be expected normally in the population. This has been noted more often after the second dose than the first dose, and more often in males than females. While some of these cases require hospitalization and monitoring, the vast majority recover fully with no lasting ill effects. Pericarditis/myocarditis are conditions that can also occur with viral illness. The CDC emphasizes that the benefits of COVID-19 vaccination for this age group far outweigh the risks. You can read more from the CDC on [this page](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/12-15-yo.html).

**AstraZeneca Vaccine: Information and Safety**

The AstraZeneca vaccine is a viral vector vaccine using an inactivated adenovirus (a type of cold virus) to deliver a piece of DNA that codes for the spike protein characteristic of SARS CoV-2. It instructs the body's cells to create the spike protein and display it on the cell surface. This piece of DNA does not integrate into the body's DNA. The body's immune system identifies this spike protein foreign and creates antibodies against it that protect the recipient against SARS CoV-2. (For more information on how these vaccines work, read the [U.S. CDC information here](https://www.cdc.gov/vaccines/techinfo/advisory-committee/ccc/ccc-2021-01-12.html), and a more detailed explanation from the [New York Times vaccine tracker page here](https://www.nytimes.com/2021/03/17/health/coronavirus-vaccine-safety.html).)

**Questions about Safety**

The AstraZeneca vaccine was recently under scrutiny in some European countries following rare reports of unusual blood clotting incidents in some people who received the vaccine. The WHO, along with the European Medicines Agency (EMA), determined that there is a plausible, but rare, link between the vaccine and unusual blood clots with low platelets. However, because these events are so rare weighed against the benefits of the vaccine, the WHO and EMA have recommended its continued use.

Those who receive the vaccine should be aware of signs and symptoms for which they should seek urgent medical attention: shortness of breath, chest pain, leg swelling, persistent abdominal pain, neurological symptoms such as severe persistent headaches or blurred vision, persistent bleeding, or tiny blood spots under the skin beyond the site of injection. In the cases investigated by the EMA and WHO, these blood clots occurred in the brain and the abdomen between 4 and 16 days after receiving the vaccine. Most cases were in women under 60 years of age. At the time of the EMA investigation, there had been 222 cases reported out of over 34 million who received the vaccine in Europe and the UK (an estimated incidence of 1 in 100,000 to 1 in 250,000).
It is important to note that infection with COVID-19 also carries a risk for blood clots (one meta-analysis found a rate of 7.8% risk of pulmonary embolism in COVID-19 patients) and the risks associated with COVID-19 infection can be severe and include death. Therefore, vaccination against COVID-19 remains the best way to protect oneself.

In addition, the AstraZeneca vaccine may have increased risk of Guillain-Barré Syndrome (GBS) following vaccination. GBS is a rare immune system disorder that results in muscle weakness, pain or numbness, and, in more severe cases, paralysis. GBS could result from different causes, including infections, and occurs more frequently in males and persons over 50 years old. Cases may occur coincidentally following vaccination. For example, rare cases of GBS have been observed following seasonal influenza vaccines and vaccines to protect against shingles, but it is not known if the vaccines cause GBS. The WHO Global Advisory Committee on Vaccine Safety (GACVS) emphasizes that the benefits of the vaccine continue to outweigh the risks.

Questions about Efficacy

In clinical trials, the AstraZeneca vaccine showed good efficacy against the SARS CoV-2 virus. However, as the B.1.3.5 variant began circulating in South Africa and other locations, data reviewed in South Africa showed that this vaccine was not effective in protecting against mild to moderate disease from infection with the B.1.3.5 variant. What remains unknown is whether it protects against severe disease, hospitalization, and death. These questions are being investigated, and AstraZeneca is developing an adjusted vaccine to be protective against the new variants. The Africa CDC says the use of the AstraZeneca vaccine should continue.

In locations where B.1.3.5 is circulating and the AstraZeneca vaccine is the only vaccine available, global public health authorities still advise to receive this vaccine because of the good protection against the original SARS CoV-2 virus and other variants, and because of potential protection against more serious disease or death. For further information from WHO on this vaccine, please check here.

Johnston and Johnson: Information and Safety

The Johnson & Johnson vaccine is a viral vector vaccine using an inactivated adenovirus (a type of cold virus) to deliver a piece of DNA that codes for the spike protein characteristic of SARS CoV-2. It instructs the body's cells to create the spike protein and display it on the cell surface. This piece of DNA does not integrate into the body's DNA. The body's immune system identifies this spike protein foreign and creates antibodies against it that protect the recipient against SARS CoV-2. (For more information on how these vaccines work, read U.S. CDC information here, and a more detailed explanation from the New York Times vaccine tracker page here.)

Questions about Safety

In the U.S. there have been a very small number of people who received the J&J vaccine who developed a rare kind of blood clot along with low platelets (platelets are a part of the blood that causes clots). This rare condition is much like events investigated in Europe in relation to the AstraZeneca vaccine. Scientists believe that these blood clots in the brain or abdomen along with low platelets is an immune-mediated phenomenon similar to heparin-induced and
auto-immune thrombocytopenia syndromes. Most of the cases identified in the U.S. were in women under 50 and occurred between 6 and 13 days after vaccination.

U.S. regulatory authorities determined that while these events are likely tied to the vaccine, the benefits of the vaccine outweigh the risks because of the very low incidence among those that received it (15 cases out of approximately 8 million vaccinated, or a rate of 7 in 1 million among women under 50). The pause on the vaccine which was in place during the investigation flagged to medical providers that this condition requires a different type of treatment than usually used to treat blood clots or low platelets. European and South African regulatory authorities are also continuing to use the vaccine.

Those who receive the vaccine should be aware of signs and symptoms in the 2 weeks after vaccination for which they should seek urgent medical attention, and tell their doctor they have received the vaccine: shortness of breath, chest pain, leg swelling, persistent abdominal pain, neurological symptoms such as severe persistent headaches or blurred vision, persistent bleeding, or tiny blood spots under the skin beyond the site of injection. (Anyone with these signs and symptoms anytime should seek urgent medical care.)

It is important to note that infection with COVID-19 also carries a risk for blood clots (one meta-analysis found a rate of 7.8% risk of pulmonary embolism in COVID-19 patients) and the risks associated with COVID-19 infection can be severe and include death. Therefore, vaccination against COVID-19 remains the best way to protect oneself.

In addition, the U.S. FDA has warned that the J&J vaccine may have increased risk of Guillain-Barré Syndrome (GBS) within 42 days of vaccination. GBS is a rare immune system disorder that results in muscle weakness, pain or numbness, and, in more severe cases, paralysis. GBS could result from different causes, including infections, and occurs more frequently in males and persons over 50 years old. Cases may occur coincidentally following vaccination. For example, rare cases of GBS have been observed following seasonal influenza vaccines and vaccines to protect against shingles, but it is not known if the vaccines cause GBS. The U.S. Advisory Committee on Immunization Practices (ACIP), as well as the WHO Global Advisory Committee on Vaccine Safety (GACVS) emphasize that the benefits of the vaccine continue to outweigh the risks.

**Vaccinations: Workplace Health and Safety Implications**

**Will staff be required to get the vaccine to enter WBG offices?**

Yes, staff are required to be fully vaccinated in order to enter WBG HQ buildings, and must enter their vaccination status into the new “myVax” portal when it launches in September. While vaccination remains a personal choice, we strongly urge staff with access to approved vaccines to be vaccinated in order to protect themselves, their families and communities, as well as colleagues.

For Country Office locations, staff will also be required to enter their vaccination status in the “myVax” portal, and it is expected that in the future there will be a requirement for full vaccination in order to enter the office. This requirement will be dependent on vaccine availability in location. Additional effective safety measures will also continue to be implemented, including social distancing and mask requirements to help protect staff.
Once COVID-19 vaccines become more widely available, will the Bank Group resume normal business in the office?

Resumption of normal business in the office depends on a number of factors, not just vaccination. A vaccine is only one tool to fight the spread of COVID-19. Even with vaccinations, it will take time to slow the spread of the virus and see the impact of variants in light of vaccinations. Physical distancing and wearing face masks will remain the key tools to limit infection for both those that are unvaccinated as well as those who are vaccinated (except in specific situations, as noted below in the FAQ on mask requirements). The WBG location specific tiered reopening guidance will remain in place for the foreseeable future.

What if the office reopens and some staff have not had a vaccine, how will I be protected?

Pertaining to HQ reopening, please see the FAQ "will staff be required to get the vaccine", which states that staff who are coming to the office are required to confirm that they are fully vaccinated in order to gain access. In locations where vaccines are not yet readily available, existing safety protocols remain in place.

The WBG Return to Office Framework was developed to ensure that health and safety protocols are in place to protect staff who will be in the office, whether or not they have been vaccinated. This includes protective health measures such as wearing masks and physical distancing. The framework lays out a gradual, paced return to the office based on local health parameters, with the number of those coming to the office being limited until such time that there is a material and sustained downward trend in case numbers over time.

If I get a COVID vaccine that is not approved by the WHO or Stringent Regulatory Authority, will this affect my ability to travel to a country that has not approved that vaccine?

This is currently not yet clear, as individual countries make their own policies about the types of COVID-19 vaccines they will recognize for entry. However, COVID-19 testing remains a requirement for entry into most countries, and this generally applies to both vaccinated and unvaccinated individuals.

Seasonal Flu and Pneumonia Vaccines

Should I get vaccinated against the flu this year?

Yes. Flu vaccination is recommended each year during flu season for everyone 6 months and older, with some rare exceptions. This year in particular, as COVID-19 causes symptoms that may be similar to the flu, it is especially important to follow these recommendations. This will help protect you against the flu and prevent potential avoidable visits to medical providers where you may be presumed to have COVID-19. Getting the flu vaccine will also help limit the impact on potentially scarce health care resources.

In the northern hemisphere, the flu season runs from October through March, and in the southern hemisphere it runs from April through September. In tropical and sub-tropical regions, flu may spread year-round. You should check with your doctor about getting the flu vaccine during flu season where you are living. In the U.S. and other northern hemisphere...
countries, the flu vaccine is usually available in October, but may be received in September if available. In southern hemisphere countries the flu vaccine is available in April.

- **At HQ**: To receive the flu vaccine, visit your closest pharmacy that offers vaccination. Many locations offer the vaccine on a walk-in or appointment basis, such as CVS pharmacies or Minute Clinics, as well as others. You may also visit your primary care provider. If the WBG on-site MedStar Clinic is your primary care provider, you may schedule a visit by appointment. STCs should check with their own insurance provider about where they can get the vaccine.

- **In CO locations**: check with your medical provider about where you can get the vaccine. The cost of the vaccine is fully covered by Cigna and Aetna.

**Should I get a pneumococcal vaccine or vaccines against any other diseases?**

While COVID-19 is known to cause atypical pneumonia in some patients with moderate to severe illness, existing pneumococcal vaccines do not prevent this type of pneumonia. Pneumococcal vaccines protect against pneumonia caused by *Streptococcus pneumoniae* bacteria, which is only one of several causes of pneumonia. Typically, children younger than 2 years old and adults age 65 and older get vaccinated against pneumonia. Some adults with underlying chronic health problems or who are smokers may also receive the pneumococcal vaccine, if recommended by their doctor. You should check with your doctor if you fall into one of these categories.

It is always important to receive standard recommended vaccinations according to your country’s vaccination schedule. If you think you have missed vaccines for diseases such as measles, polio, tetanus, meningitis, or hepatitis A or B, or others, talk to your doctor about getting vaccinated. These are important tools in preventing illness.

**Masks & Cloth Face Coverings**

**When should I use a facemask and which type?**

The WHO, U.S. CDC, and other national health authorities recommend wearing masks to prevent transmission of the SARS-CoV-2 virus that causes COVID-19. This applies to both unvaccinated AND vaccinated individuals in areas with substantial or high transmission. Proper use of facemasks can help prevent the spread of COVID-19. A significant amount of COVID-19 transmission occurs when people have no symptoms. Facemasks limit the droplets and aerosol particles being exhaled into the environment from someone potentially infected. When properly worn, a mask also protects the person wearing it from others’ respiratory droplets and aerosols.

**NOTE**: Health authorities in some countries have either required or recommended medical grade masks for better filtration. Where recommended or required by local authorities, staff should follow those guidelines.
HSD reminds staff that protection provided by a mask depends on both filtration and fit. While medical grade N95 masks may provide a higher filtration, they will not provide improved protection if they do not fit well.

Tips on Fit:

To be effective, a mask must be worn over the mouth and nose.

If you have a mask with a nose wire, mold the wire to your nose bridge to close gaps.

Improve the fit of a disposable mask and eliminate the side gap by knotting the ear loops near the mask and tucking in the side of the mask for a close fit.

Two ways to check for fit:

- Exhale while feeling for airflow out the sides, top, & bottom of the mask with your hands.
- When you inhale, the mask should collapse toward your face, indicating no air being pulled in through the edges of the mask.

Tips on Filtration:

A mask should be at least 2 layers thick

- Disposable masks are often made with 3-5 layers of fused material
- Cloth masks should be made with at least 2 layers of tightly woven breathable material. Check this by seeing if the fabric blocks light when held up to a bright light.

When using a face covering or mask of any kind, it is essential to also use other measures to prevent spread of disease, avoiding the "3 Cs":

- Close contact with others (stay at least 2 meters/6 feet away from others who are not in your household),
- Crowded places, and
- Closed spaces with poor ventilation.

Also remember to avoid touching your face and wash your hands frequently with soap and water.

Cloth and disposable masks

Use: For the general public when outside the home, especially when undertaking activities where a distance of 2 meters/6 feet or more from others cannot always be maintained, such as when using public transport, in shops, or in other confined or crowded environments. They should also be used when caring for someone sick with COVID-19 in your home, or by someone who is sick with COVID-19 and is being cared for by family or household members.
**Purpose:** To help prevent spread of infection from you to others, and from others to you. Because a significant amount of transmission occurs when people do not (yet) have symptoms, it is important to wear a mask anytime outside your household.

- [CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6902a1.htm)

**Specifications:** There are many different varieties of cloth and disposable masks. They should cover the nose and mouth and fit well without gaps. You should feel no air flow through or out the sides, top, or bottom of the mask. Cloth masks should be at least 2 layers to be effective, should not be "see through", and should have ear straps or head straps / ties in order to ensure a good fit.

**Medical masks / N95 respirators**

**Use:** For healthcare workers caring for patients ill with COVID-19.

**Purpose:** To protect themselves from illness transmitted by sick patient. N95 masks require specific training and fit testing to be used effectively and should be reserved for healthcare workers.

Some national and local health authorities require people to wear face coverings or masks in public places and may enforce this. You should follow local requirements in such locations.

**Will mask wearing be required while in WBG buildings/offices?**

**Yes,** for all entrants to WBG HQ buildings during Tiers 2 and 1 face masks are required except when working in an individual office alone with the door closed. This is following HSD's review of updated guidance (CDC and DC Public Health) that all individuals, including those who are vaccinated, should wear masks in indoor settings.

**In Country Offices,** staff who are returning to the office are also required to wear masks as outlined above. CO staff should also follow other local health and safety requirements.

**Finding a Healthcare Provider/COVID-19 Testing**

**Washington, DC, Area**

**Finding a Healthcare Provider**

1. Contact Teladoc (a telehealth provider) to get guidance on what you should do (Aetna MIP). Information on Teladoc can be found at [Teladoc.com/Aetna](https://www.teladoc.com/). You can also download the Teladoc app.

2. You can also consider alternative healthcare providers in the Washington, DC, Virginia, or Maryland areas. Please call before arrival:
   - [MedStar onsite WBG clinic](https://www.medstar.org/)
• MedStar urgent care/prompt care (DC and Maryland) – see MedStar locations (select specifically for MedStar prompt care/urgent care)
• GW Medical Faculty Associates (DC) – Immediate and Primary Care
• Virginia Hospital Center in Arlington
• INOVA Hospitals located throughout Fairfax County: Fairfax, Alexandria, and Fair Oaks as well as INOVA urgent care centers

COVID-19 Testing

• For information on testing in DC, visit: https://coronavirus.dc.gov/testing.
• For testing information in Maryland, visit: https://coronavirus.maryland.gov/pages/symptoms-testing.
• For testing sites in Virginia, visit: https://www.vdh.virginia.gov/coronavirus/covid-19-testing/covid-19-testing-sites/.

Note: Testing for COVID-19 is based on the doctor’s clinical assessment and may not be done if you do not have symptoms, depending on your locality.

The CDC has also created a coronavirus self-checker tool which can help you make decisions. This tool is only intended for use by people currently in the United States.

Remember, in an emergency, first dial 911.

If you are tested for COVID-19 because of symptoms or exposure to a COVID-19 patient, as well as if/when you receive a positive COVID-19 test result, please notify HSD. If you have had contact with other staff members in the days before your diagnosis or onset of symptoms, please notify HSD by calling the WBG Emergency Line (+1 202-458-8888).

Country Office Location

Finding a Healthcare Provider

Please contact the Medical Emergency Response Coordinator (MERC) in your home country if you need urgent medical care. MERC contact details can be found in the country-specific information on the WBG Travel Advisory page.

If you have mild symptoms and need support finding a healthcare provider in your location, call the COVID-19 Global 24-hour Helpline (+1 202-458-8300).

If you are having a medical emergency, please contact the local emergency number in your location. Then, if additional emergency support is needed, contact the WBG Emergency Line (+1 202-458-8888).
COVID-19 Testing

For those living outside the U.S., in general, testing is under the control of local health authorities and may require a doctor's referral. Individuals should consult with their doctor in that location. As testing needs to be conducted as part of a local medical strategy and support infrastructure, COs are encouraged to coordinate with UN Country Teams who are developing local solutions as part of the UN First Line of Defense initiative (FLOD), in partnership with UN and ILO clinics where present.

If you are tested for COVID-19 because of symptoms or exposure to a COVID-19 patient, as well as if/when you receive a positive COVID-19 test result, please notify HSD. If you have had contact with other staff members in the days before your diagnosis or onset of symptoms, please notify HSD by calling the WBG Emergency Line (+1 202-458-8888).

Can I be tested to see if I am immune to COVID-19?

Tests for COVID-19 antibodies (which may be an indicator of past infection) are available on the market, however they have varying accuracy and reliability. Even those tests which are validated may have a high rate of false positive or false negative results, meaning they cannot accurately tell you if you were infected with COVID-19 in the past or are immune to COVID-19. Antibody testing is also not currently recommended to assess for immunity to COVID-19 following COVID-19 vaccination or to assess the need for vaccination in an unvaccinated person.

A positive result from an antibody test does not mean you have a specific amount of immunity to COVID-19, and a negative test (showing no antibodies) after vaccination does not mean you do not have immunity. Since vaccines induce antibodies to specific viral protein targets, post-vaccination antibody test results will be negative in those who have not been infected with COVID-19 if the test used does not detect the specific antibodies induced by the vaccine. See the U.S. CDC guidelines for antibody testing for more information.

I am Sick/My Dependent is Sick

What should I do if I have COVID-19?

Stay home and away from others. Your actions make a difference in limiting the spread of illness. Get rest and stay hydrated. Talk to your doctor to discuss your symptoms and to see whether you should be tested or need specific treatment.

Use good hygiene to prevent spreading your illness to others. Isolate yourself from other members of your household to the degree possible, sleeping in a separate bedroom and using a separate bathroom if available. Wear a mask around other household members and maintain at least a 2 meter/6-foot distance. Have your household members wear a mask any time they may need to be around you as well. Limit the time you spend in any common areas or around others in your home, even when maintaining physical distance and masking. Clean any high touch surfaces frequently.

If you or any household member that is ill has severe symptoms of illness, including emergency warning signs for COVID-19 such as trouble breathing, persistent pain or pressure
in your chest, bluish lips or face, or new confusion or difficulty being woken, seek emergency medical care right away.

If symptoms of illness are not severe, but you need to seek medical care:

- Contact your healthcare provider by phone.
- If you need a healthcare provider, see "Finding a Healthcare Provider / COVID-19 Testing."
- If you must go out to receive medical care, wear a mask.
- If you test positive for COVID-19, or if your doctor diagnoses you clinically with COVID-19, notify HSD.
- If you have had contact with other staff members in the days before your diagnosis or onset of symptoms, please notify HSD by calling the WBG Emergency Line (+1 202-458-8888).
- In addition, please see the CDC’s guidance here.

I wasn’t tested, but my doctor diagnosed me with COVID-19 based on my symptoms. What does this mean?

Patients who meet the clinical criteria* for COVID-19 or were diagnosed by their doctor based upon an exam and/or radiology, but could not be tested (or for whom a test was inconclusive) should follow the same guidelines as someone who tests positive for COVID-19.

Staff with a probable COVID-19 infection or who were clinically diagnosed should contact HSD for further support and advice. Confidentiality will be respected.

*Clinical criteria for COVID-19 include the following:

- At least two of the following symptoms: fever (measured or subjective), chills, severe shivering and sweats, muscle or body aches, headache, sore throat, new loss of smell and taste

OR

- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing

OR

- Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, OR acute respiratory distress syndrome

AND

- No alternative more likely diagnosis
When can I be around others or return to the office after being diagnosed or ill with COVID-19?

People (who are not immunocompromised*) who have been diagnosed with COVID-19 can be around others / return to the office when:

- **If they were ill with symptoms**: A minimum of 10 days has passed since the first symptoms of illness, plus another 3 days after the end of respiratory symptoms and fever (other symptoms such as fatigue or lack of ability to smell may last longer and do not indicate infectiousness to others).

- **If they were asymptomatic**: A minimum of 10 days after testing positive.

*If you are immunocompromised, confirm with your doctor when it is safe to be around others. It is not necessary to be retested for COVID-19 if meeting the above criteria.

**Reminder**: Anyone who has been in contact with someone diagnosed with COVID-19 should quarantine for 14 days after the last contact with the individual. In the case of family/household contacts of ill individuals, those non-ill individuals should quarantine for 14 days after their household contact is no longer infectious per the above parameters.

I continue to have symptoms of illness, even though I’ve recovered from the acute phase of COVID-19. What can I expect and what resources are available to support me?

Some people who are no longer in the acute phase of COVID-19 illness continue to experience symptoms such as fatigue, fevers, cough, headaches, brain fog (problems with memory or focus), heart or vascular problems, or other symptoms. This “long-term COVID” is not yet well defined and it is unknown how many of those who have been diagnosed with COVID-19 continue to experience symptoms and face ongoing recovery. You should discuss these symptoms with your doctor and see what treatment or steps may be recommended. You should also take the time you need to recover, and not try to push yourself beyond your limits.

The WBG has support for staff who continue to be ill and cannot work. Information on use of sick leave or applying for short-term disability (STD) can be found on myHR, along with some guidance on how to care for yourself and what work-related benefits you have. HSD offers psychosocial support for staff who may be struggling with the mental health effects of COVID-19 illness. Individual counseling is available, as well as on demand and scheduled psychological support programs.

I am not Sick

What should I do if I have had close contact with a confirmed or probable COVID-19 case?

If you know that have you been in close contact* with someone confirmed to have COVID-19, or who was declared a probable case, you should self-quarantine (stay at home) and avoid contact with others for a period of 14 days from the last known contact with the ill person.
you develop symptoms or are tested for COVID-19, contact HSD. Your confidentiality will be respected.

If living with someone who is sick with COVID-19, do not go to work and avoid contact with others. Follow instructions for minimizing your exposure outlined by the U.S. CDC. Local public health authorities should give you guidance on when you will be able to end your self-isolation.

*While data to precisely define "close contact" is limited, the U.S. CDC has updated its definition to mean being within 2 meters/6 feet of an infected individual for 15 cumulative minutes over a 24 hour period (this may include multiple short contacts that add up to 15 minutes). This expansion of the definition (from 15 consecutive minutes of contact) is based on new data, meaning that multiple short contacts that add up to 15 minutes or more may pose a risk for transmission. If you have questions about potential contact with a person who has COVID-19, please contact HSD.

About COVID-19

How does COVID-19 spread?

COVID-19 spreads from person-to-person through respiratory particles that are exhaled when an infected person coughs, sneezes, talks, sings, or breathes. This happens most directly when someone is in close contact with an infected person (within 2 meters/6 feet). But in some cases, it may happen at further distances with particles that are airborne. This airborne or aerosol transmission may mean that you can get COVID-19 even when not in close contact with someone, particularly if you are in a poorly ventilated space, among crowds, and if not wearing a face mask. Please see WHO and CDC information on how COVID-19 spreads.

It is important to be aware that the virus can be spread by people that have NO symptoms. In a study published by JAMA (The Journal of the American Medical Association), over 50% of transmission of COVID-19 may be from individuals who are asymptomatic (either pre-symptomatic or who never develop symptoms).

The virus may spread by touching surfaces where respiratory droplets from infected people have landed, but this is more likely to happen in locations such as medical facilities or when taking care of a COVID-19 patient at home. If you touch a surface and then touch your nose, mouth or eyes without washing your hands, you may infect yourself. Therefore, it is important to not touch your face, and to wash your hands thoroughly for 20 seconds with soap and water after you have been in a public place or if you have been around someone who is sick.

Since COVID-19 can be spread by people who have no symptoms and newer variants spread more easily than the original SARS CoV-2 strain, it is important to wear a mask whenever you are in close contact, crowded conditions, even if you are vaccinated.

The best protection against any transmission of SARS CoV-2 is getting vaccinated when possible, proper distancing of at least 2 meters/6 feet from others who are not part of your household, wearing a mask or face covering when leaving home, and following these guidelines:
• Avoid the "3 Cs": crowded places, close contact settings, confined and enclosed spaces such as bars, restaurants, places of worship, gyms, waiting rooms, etc.
• Outdoors is better than indoors.
• Fresh air/open windows are safer than recirculated air.
• Proper filtration in ventilation systems is important.
• In indoor environments, spacing, number of people, time spent indoors, and type of activities can affect the risk level (i.e. gyms where people are breathing heavily are riskier than an office where proper distancing is maintained).

What are the symptoms?

• Fever (38.0 C/100.4 F or higher)
• Cough
• Difficulty breathing
• Fatigue
• Chills
• Repeated shaking with chills
• Muscle pain
• Headache
• Sore throat
• New loss of taste or smell

Other symptoms such as diarrhea or nasal congestion may also be present. Symptoms may be mild to severe and can appear from 1 to 14 days after exposure. If you or anyone you know experiences any of the following signs or symptoms while infected with COVID-19, seek emergency medical care right away: trouble breathing, persistent chest pressure or pain, new confusion, inability to stay awake, bluish lips or face.

How do I prevent myself and others from becoming infected?

• Get vaccinated against COVID-19 when you have the opportunity.
• Maintain physical distance of at least 2 meters/6 feet from all individuals who are not part of your household.
• Wear a mask or face covering outside of your home when you may encounter other non-household members (outdoors and indoors). A mask should be worn in any indoor setting where there are others around, EVEN IF maintaining a 2 meter/6-foot distance.
• Avoid crowded areas, close contact settings, and confined or enclosed spaces with poor air circulation. Do not host or participate in any large gatherings.
• Wash your hands frequently with soap and water for 20 seconds, especially when returning from any public setting, before eating, and before touching your mouth, nose, or eyes. If no soap is available use an alcohol-based hand sanitizer.

• When coughing and sneezing, do NOT remove your mask (if you are outside of your home).

• If you are exposed to someone known or suspected to have COVID-19, and are not fully vaccinated, you should self-quarantine for 14 days after the last known contact and monitor your health for symptoms of COVID-19. This self-quarantine period should include limiting contact with other household members (sleeping in a separate bedroom, if possible, and wearing a mask around others in your household). According to the U.S. CDC, If you are fully vaccinated, you do not need to quarantine unless you have symptoms.

• If you were in a situation with high risk of COVID-19 transmission (such as a large gathering), monitor yourself for 14 days to see if you develop symptoms and follow distancing and masking precautions. If the gathering you attended has confirmed COVID-19 cases, discuss with your doctor whether you were exposed and whether you need to quarantine for 14 days and be tested.

Practice prudent social distancing measures:

• Avoid visiting elderly or vulnerable people if you and they are not vaccinated.

• Have your children practice social distancing if they are too young to be vaccinated or if they are not vaccinated. They should maintain at least 2 meters/6 feet from other unvaccinated children, especially in indoor settings, and wear a mask if indoors or in outdoor areas where they cannot maintain a distance from others. Cases in children can be asymptomatic, and you may not know if your child or someone else's child has COVID-19.

• If restaurants are open, do not dine indoors if you are not vaccinated.

• Do not attend or host gatherings among unvaccinated individuals.

• Go shopping only for essential items. Visit the grocery store at off-peak periods or when it is quieter.

• Minimize use of public transportation if you can for those who are unvaccinated and where crowding is present. If you need to use public transportation, use during off-peak times. Avoid being in cars/buses with lots of people. If you are able, use a private car.
What if I have a chronic medical condition and may be at a higher risk for illness from COVID-19?

Certain individuals are at higher risk of severe illness from COVID-19. Those who are at higher risk should get vaccinated against COVID-19 as soon as they are able. That includes older adults (risk increases with age) and those with certain medical conditions:

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Serious heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies);
- People who are immunocompromised from blood, bone marrow or solid organ transplants; immunodeficiencies; HIV with a low CD4 count (an indicator of immune function in patients living with HIV) or not on HIV treatment; prolonged use of corticosteroids; or use of other immune weakening medicines;
- Overweight (defined as a body mass index (BMI) of > 25kg/m2 but < 30kg/m2), obesity (BMI ≥30 kg/m2 but < 40 kg/m2), or severe obesity (BMI of ≥40kg/m2), with the risk of severe COVID-19 illness increasing sharply with elevated BMI;
- Pregnancy;
- Sickle cell disease;
- Smoking;
- Type 2 diabetes.

There are certain other medical conditions that may increase the risk of severe illness, but data are still limited. These conditions include asthma, high blood pressure, chronic liver disease, type 1 diabetes, and other conditions. See the full list here.

For those who are at higher risk, ensure that you have enough of any prescription medications you take, and strictly follow social distancing and masking guidelines. Stay in touch with your doctor to ensure that your underlying medical condition is closely monitored. If you get sick, do not delay in seeking medical care.

Is it safe to gather with my family or community for celebrations or other events?

The U.S. CDC advises that individuals who are fully vaccinated may resume activities that they did prior to the pandemic, but should wear a mask indoors in areas with substantial or high transmission (substantial transmission is defined by 50 new cases per 100,000 people in the last 7 days and high transmission is 100 new cases per 100,000 in the last 7 days).

When in a situation where there will be a mixed group of vaccinated and unvaccinated individuals, those who are unvaccinated should continue to maintain distance and wear a mask, and even vaccinated individuals may want to do so depending on the size and location
(outdoors or indoors) of the gathering. Also keep in mind the need to protect children who are still too young to be vaccinated and who should continue masking and distancing. Because it is not yet clear to what degree vaccination prevents someone from spreading COVID-19 to others if infected, vaccinated parents of young unvaccinated children should consider carefully in what situations they may want to use a mask.

If you or any of the participants in a gathering become ill with symptoms of COVID-19 (fever, cough, shortness of breath, tiredness, aches and pains, nasal congestion, runny nose, sore throat or diarrhea) after the gathering, any unvaccinated individual who was in contact with or around that person in the 2 days before symptoms started needs to self-quarantine for a period of 14 days from their last contact with that person. Those who are vaccinated and were exposed should get tested 3 to 5 days after exposure and wear a mask in public indoor setting for 14 days or until they receive a negative test, and monitor themselves for symptoms. If they become symptomatic, they should quarantine.

### Travel

**Are there specific testing requirements before traveling?**

Many countries require a negative COVID-19 test for entry. The U.S. requires that all passengers traveling from overseas show a negative viral test taken no more than 3 days before their flight. For those recently ill with COVID-19 (within the last 90 days), they must show documentation of recovery: a copy of previous positive viral test results and a letter from their healthcare provider or a public health official that states they have been cleared for travel or cleared to end isolation.

You should check the testing requirements before travel with the health authorities of the destination country or location. Here is one location where you can find international travel restrictions: [IATA Travel Regulations Map](#).