COVID-19

Frequently Asked Questions – World Bank Group

New:

What is currently known about the new Omicron COVID-19 variant?

The Omicron variant was first identified in Botswana on November 11 and in South Africa on November 14. The WHO declared it a variant of concern on November 26. Currently, scientists and the medical/public health community are working to better understand its transmissibility and potential for severe disease, as well as the level of vaccine effectiveness against the new variant.

Early data indicate that this variant spreads far more easily than the original SARS CoV-2 virus and the Delta variant. Early data also indicate that vaccines may not be as protective against infection, particularly if vaccination was 6 months prior or more. Those who are infected, even if asymptomatic, can spread the illness to others. What is not yet known is whether Omicron may cause more or less severe illness compared to the original SARS CoV-2 strain or other variants. This question will be of particular concern for the unvaccinated.

For up-to-date clinical information about this variant, staff should check the WHO and U.S. CDC.

Staff should closely watch any flight cancellations and entry restrictions that may affect their upcoming travel plans. All current mitigation measures that staff are currently taking to protect themselves against COVID-19 infection should continue, with the most important being vaccination and boosters if eligible and available.

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 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., everyone aged 5 and older is eligible to get a COVID-19 vaccine to help protect against COVID-19. 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 has partnered with the United Nations system in a major interagency initiative to supply vaccines for the international development community. The first round of vaccine distributions has been completed, and UN Country Teams are coordinating with the UN Department of Operational Support for additional doses where these are needed.
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, or you may only have access to a different vaccine. Local health authorities will also determine whether you can receive a second vaccine dose that is different from the first dose.

Can children receive the vaccine?

Countries are making their own determination on whether and when to approve COVID-19 vaccinations for children. Some countries have already moved forward with authorizing certain vaccines for younger age groups while others have not yet approved any vaccines for kids. Staff will need to follow national health authority guidance on this.

In the U.S., the FDA and CDC have authorized the use of a lower dose Pfizer mRNA vaccine in children aged 5 to 11. This lower dose vaccine will be available to kids in that age group through community vaccination clinics and pediatricians offices. A number of countries are vaccinating younger children with the Sinovac or Sinopharm vaccine; and several countries have authorized the Pfizer mRNA vaccine for use in children aged 12 to 15 and the Moderna vaccine for kids aged 12 to 17 years. All other COVID-19 vaccines are authorized for people aged 18 and older. Pfizer currently has ongoing clinical trials to determining the safe dose for children younger than five.

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, approved vaccines have now been administered to millions of people worldwide, 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), 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, 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 vaccine is a personal one and should be guided by local public health authorities your 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 can be vaccinated against COVID-19, in consultation with their healthcare provider, saying there is no specific safety concern based on what is known about the vaccines. For more on this from the WHO, see the "Science in 5" video.

The CDC and WHO also recommend the vaccine for those who are breastfeeding. Some 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 the vaccines, especially against COVID-19 variants? How long will a vaccine protect me?

Different vaccines have different levels of effectiveness, but all approved vaccines have been protective against serious COVID-19 illness, hospitalization, and death. The efficacy of COVID-19 vaccines is determined through clinical trials, and post-trial effectiveness is measured through review of real-world data in vaccinated populations.

While the effectiveness of some COVID-19 vaccines appears to be more than 90%, this may wane over time, especially in the context of COVID-19 variants. It is not yet known how effective vaccines are against the new Omicron variant. Studies indicate that a booster dose increases the level of protective antibodies against SARS CoV-2, and this may help protect
against new variants and serious illness. Based on these studies, some countries have approved booster doses at 6 months after the completion of the primary series.

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?**

Data published by the U.S. CDC, the UK, and Singapore indicate that in an environment where the Delta variant is spreading, vaccinated individuals who become infected carry as much virus as those who are not vaccinated (even though they may not become as ill), and therefore may be able to spread the virus. [A recently published study from the UK](#) shows that vaccinated individuals infected with the Delta variant can transmit the virus to household contacts where there is typically prolonged exposure. However, transmission happens to a lesser degree than from unvaccinated index cases. Infected vaccinated individuals had as high a viral load as those who were unvaccinated but also showed a quicker viral load decrease than those who were unvaccinated.

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, 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.

**Vaccines and Boosters**

**Who should get a COVID-19 vaccine booster?**

A number of countries are considering or recommending COVID-19 vaccine booster shots to their populations, particularly those who fall into higher risk categories. (Booster doses are considered separate from additional, third doses of mRNA vaccine which are recommended for immunocompromised individuals as part of the full primary vaccination series. See FAQ on this below.) In the U.S., the [CDC recommends](#) that all individuals 16 and older who have completed a primary series get a booster dose. For those whose primary series was an mRNA vaccine, their booster should be at least 6 months after their last mRNA dose. For those who received the J&J vaccine, their booster should be at least 2 months later. The FDA and CDC have also said that people may receive a different booster shot than the primary series received. [See here for U.S. CDC recommendations](#) on COVID-19 vaccine boosters, and [here for more detailed clinical considerations](#).

The WHO has also considered evidence on booster doses during their SAGE (Strategic Advisory Group of Experts on Immunization) meeting in December 2021. WHO current advice on boosters is that a booster is recommended for immunocompromised individuals, as well as those who received an inactivated vaccine such as Sinovac, Sinopharm, or COVAXIN. WHO also recommends an additional (second) dose to act as a booster of the [J&J vaccine](#). WHO guidance on COVID-19 vaccination is [available here](#).
Staff should follow national health authority guidance in their location regarding boosters, including whether a booster dose is necessary to be considered fully vaccinated. If you do not fall into a group authorized for a booster dose of vaccine, or if you live in a location where boosters have not been authorized and have concerns, you should talk to your doctor before independently seeking out an additional vaccine dose. (Please note: At this time vaccine booster shots are not required in order to be considered fully vaccinated for the purposes of WBG vaccine requirements. HSD is closely monitoring emerging data regarding waning immunity for various vaccine types, and will adjust requirements for being considered fully vaccinated according to recommendations of recognized public health authorities.)

Booster shots should not be confused with the additional vaccine doses recommended for immunocompromised individuals.

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

The U.S. CDC recommends that moderately to severely immunocompromised people who received two doses of an mRNA vaccine get an additional (third) dose of mRNA COVID-19 vaccine at least 28 days after their initial 2 doses of Pfizer or Moderna. The additional dose should be the same vaccine as the initial series.

For those who received the J&J vaccine and are moderately to severely immunocompromised, there currently is no recommendation from the U.S. CDC for an additional vaccine dose.

The CDC advises that after completing a primary series (whether 3 doses of mRNA or one dose of J&J), immunocompromised individuals may also receive a booster 6 months later if they finished an mRNA primary series or 2 months later if they had a J&J primary vaccination. See here for the CDC's guidance on this.

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

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 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. Talk with your healthcare provider about your immunocompromised condition or its treatment to ensure the benefits outweigh the risks.

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 decreases over time and there have been cases of reinfection in people who were infected 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. A recent CDC study shows that individuals previously recovered from COVID-19 infection were five times as likely to be reinfected with COVID-19 as people who were vaccinated with two doses of Pfizer or Moderna. Vaccines will boost the immune response and are expected provide protection for a longer period of time, although the exact period of protection is not yet known. Additionally, studies show that those with prior COVID-19 infection who get vaccinated have a large boost in protection against COVID-19, including against variants of concern.

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 may 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.

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?

While data on the safety and effectiveness of mixing different vaccine types remain limited, some studies do show that this can be a safe and effective approach. The CDC has endorsed this approach for those seeking boosters, saying that people eligible for boosters can select a different vaccine than the one they received for their primary series. (See a study supporting this approach here.) Other 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.

In the U.S., the following guidance applies:

**mRNA vaccines**: The U.S. CDC says that all doses of the primary series should be completed with the same product. However, if the same vaccine is not available, a second dose of a different mRNA vaccine may be given 28 days after the initial dose.

**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 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.

Outside the U.S.:

Decisions on mixing and matching vaccine types should be guided by emerging evidence in support of this approach, in consultation with your doctor, following WHO and local health authority guidance. The WHO does advise that in situations where a second dose of AstraZeneca is not available, a second dose of Pfizer or Moderna can be used.

**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.** To travel to the U.S., international travelers have to be fully vaccinated with and FDA/WHO approved vaccine (or show documentation of recovery from COVID-19 in the last 3 months), and must be tested for COVID-19 within 1 day of their flight, 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 that the risk of vaccination is greater than the benefit. See here for the U.S. CDC’s information on adverse events.

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 immediate allergic reaction to any vaccination, injectable therapy for another disease, or vaccine component (including polyethylene glycol, which is present in the mRNA vaccines) should discuss with their doctor whether it is recommended to receive the mRNA vaccine. You can find information on the ingredients of the mRNA vaccines here: Pfizer, Moderna.

For those who have never had an allergic reaction to a vaccine and are not allergic to one of the ingredients in the mRNA vaccines, there is no contraindication to receiving an mRNA vaccine for reasons of allergy. For more information, see the U.S. CDC information on COVID-19 vaccines for people with allergies.

Questions about Safety for Adolescents and Young Adults

In the U.S., the CDC has noted a rare but increased rate of myocarditis and pericarditis (inflammation of the heart muscle or the tissues around the heart) among adolescent and young adult mRNA vaccine recipients, predominantly among males aged 16 and older, than would be expected normally in the population. This has been noted more often after the second dose than the first dose. While some of these cases require hospitalization and monitoring, the majority were mild and recover fully. The CDC continues to investigate these cases and monitor for any potential long-term effects. Myocarditis and pericarditis are conditions that can also occur with viral illness, including COVID-19 infection. 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 here.
No cases of myocarditis or pericarditis were reported in the Pfizer vaccine trial for children aged 5 to 11.

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 U.S. CDC information here, and a more detailed explanation from the New York Times vaccine tracker page here.)

Questions about Safety

The AstraZeneca vaccine has been monitored by the European Medicines Agency (EMA) 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. Reference the EMA’s safety update published on October 6, 2021.

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, when the Beta/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. Subsequently, AstraZeneca began a trial in June 2021 of an adjusted vaccine to be more protective against Beta, which could potentially be a model for future vaccines targeting variants with similar mutations. The Africa CDC says the use of the AstraZeneca vaccine should continue.

In locations where the AstraZeneca vaccine is the only vaccine available, global public health authorities advise people to receive this vaccine because of the good protection against serious illness or death. For further information from WHO on this vaccine, please check here.

**Johnson 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.

See here for the U.S. CDC’s information on adverse events.

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. As individuals are increasing their personal contact with others, this could increase exposure to the flu. The flu vaccine 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 as they are still dealing with the pressures of the COVID-19 pandemic. The WHO and the U.S. CDC have advised that you can receive a flu vaccine at the same time as you receive a COVID-19 vaccine.

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 from September if available. In southern hemisphere countries the flu vaccine is usually 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 for all staff and dependents who are covered by the WBG health insurance plans.
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, and 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 and respirators

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.

• WHO: Novel Coronavirus (COVID-19) advice for the public: When and how to use masks

• CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

Specifications: There are many different varieties of cloth and disposable masks and respirators. 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.
**Recommendations:** In high-risk situations, consider wearing a [non-medical respirator mask that meets a quality standard](#) (such as a KN95). High risk situations include: crowded environments (whether indoors or outdoors), especially when with others of unknown vaccination status; caring for a COVID positive family member; if you have a medical condition (such as an immunocompromise) that puts you at higher risk for severe illness with COVID-19, even if vaccinated.

**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 if you are sick (Aetna MIP). Information on Teladoc can be found at [Teladoc.com/Aetna](http://Teladoc.com/Aetna). You can also download the Teladoc app.

2. You can also consider the following healthcare providers in the Washington, DC, Virginia, or Maryland areas. **Please call before arrival:**
   - [MedStar onsite WBG clinic](#)
   - 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](https://coronavirus.dc.gov/testing).
- For testing information in Maryland, visit: [https://coronavirus.maryland.gov/pages/symptoms-testing](https://coronavirus.maryland.gov/pages/symptoms-testing).

**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](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms-checker.html) 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 and receive a positive 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 support strategy, COs are encouraged to coordinate with UN Country Teams.
If you are tested for COVID-19 and receive a positive 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 (noting that vaccination is recommended for all eligible individuals, including those who have had a prior infection).

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 ill with symptoms: A minimum of 10 days has passed since the first symptoms of illness, 24 hours with no fever (without the use of fever-reducing medications), and
other symptoms improving (some symptoms such as fatigue or lack of ability to smell may last longer and do not indicate infectiousness to others).

- **If 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:** Any **unvaccinated or not fully vaccinated** individual who has been in contact with someone diagnosed with COVID-19 should quarantine for 14 days after the last contact with the infected individual. **Vaccinated individuals** do not need to quarantine if they have no symptoms, according to the U.S. CDC, but should be tested 5 to 7 days after first exposure (counted as 2 days before symptom onset or 2 days before the infected person’s positive test if no symptoms) and wear a mask indoors for 14 days following exposure or until their test result is negative.

**If you are a family/household contact of an infected individual with ongoing exposure, and are vaccinated,** you should test a second time 5 to 7 days after the end of isolation of the infected family member and continue to wear a mask indoors in public until 14 days after the end of the infected family member’s isolation or until after the final negative test result.

**If you are unvaccinated or not fully vaccinated,** you should continue to quarantine for an additional 14 days after the end of isolation of the infected family member. At any time, if you develop symptoms, you should isolate yourself and be tested for COVID-19.

**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.

**I am not Sick**

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

If you have been in close contact* with someone confirmed to have COVID-19, or who was declared a probable case and you are **unvaccinated**, you should quarantine (stay at home) and avoid contact with others for a period of 14 days from the last known contact with the infected person. If you are **vaccinated**, you do not need to quarantine if you have no symptoms, according to the U.S. CDC. However, you must be tested 5 to 7 days after first exposure (counted as 2 days before symptom onset or 2 days before the date of the infected
person’s positive test if no symptoms) and wear a mask indoors for 14 days following exposure, or until you test negative.

**If you are a family/household contact of an infected individual with ongoing exposure, and are vaccinated,** you should test a second time 5 to 7 days after the end of isolation of the infected family member and continue to wear a mask indoors in public until 14 days after the end of the infected family member’s isolation or until after the final negative test result.

**If you are unvaccinated or not fully vaccinated,** you should continue to quarantine for an additional 14 days after the end of isolation of the infected family member.

If you develop symptoms at any time, you should isolate yourself and be tested for COVID-19. If you develop symptoms or test positive for COVID-19, contact HSD. Your confidentiality will be respected.

If caring for someone who is sick with COVID-19, follow instructions for minimizing your exposure as outlined by the U.S. CDC.

*While data to precisely define "close contact" is limited, the U.S. CDC defines it as 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). If you do not meet this definition and have concerns about contact (especially in an environment where the Delta variant is prevalent), you may wish to proceed with caution and get tested according to the protocols above. Talk to your healthcare provider if you have questions about potential contact with a person who has COVID-19.

**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 it may happen at further distances with particles that are airborne, particularly if you are in a poorly ventilated space, among crowds, and not wearing a face mask. Please see WHO and CDC information on how COVID-19 spreads.

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. Do not touch your face, and 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 other variants spread more easily than the original SARS CoV-2 strain, wear a mask whenever you are in close contact with others or in 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 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) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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. If local public health authorities recommend it, get a booster dose.
• 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 quarantine for 14 days after the last known contact and monitor your health for symptoms of COVID-19. This 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, but should get tested 5 to 7 days after first exposure and wear a mask indoors in public settings for 14 days after exposure or until you test negative.

• 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 (depending on your vaccination status).

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 lung diseases, including obstructive pulmonary disease (COPD), asthma (moderate to severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension;
• Dementia or other neurological conditions;
• Diabetes (type 1 or 2);
• Down syndrome;
• Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies, or hypertension);
• HIV infection;
• Immunocompromised state (weakened immune system);
• Liver disease;
• 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 or thalassemia;
• Smoking, current or former;
• Solid organ or blood stem cell transplant;
• Stroke or cerebrovascular disease, which affects blood flow to the brain;
• Substance use disorders;
• Tuberculosis.
See the CDC’s detailed 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?

If planning celebrations and holiday gatherings with family and friends, it is important to consider who will be part of the gathering and what their vaccination status and vulnerabilities may be. The safest option for gathering is where all individuals are vaccinated, and where precautions are taken to limit crowding, poor ventilation, and close contact. The U.S. CDC has developed guidance for holiday celebrations that advises protecting those who are vulnerable and unable to be vaccinated (such as young children) as well as those who are at higher risk or immunocompromised by ensuring that all those around them are vaccinated. Wearing a mask in indoor settings is advised for those who are unvaccinated, and testing prior to gatherings can also be used to prevent potential spread of the virus.

Vaccinated individuals may also want to continue wearing a mask indoors, particularly in a public setting in an area with substantial or high COVID-19 transmission. Children older than 2 who are still too young to be vaccinated should continue masking and distancing. Vaccinated parents of young unvaccinated children should also consider carefully in what situations they may want to use a mask because of the potential for breakthrough infection and asymptomatic spread.

If you or any participants in a gathering become ill with symptoms of COVID-19 after the gathering or are notified that you are a contact of someone that is infected with COVID-19, you should follow guidelines for testing and isolation or quarantine. Any unvaccinated individual who was in contact in the 2 days prior to symptom onset with someone infected with COVID-19 should quarantine for 14 days from their last contact with that person. Those who are vaccinated and were exposed should get tested 5 to 7 days after exposure and wear a mask in public indoor settings for 14 days from last contact or until they receive a negative test, and monitor themselves for symptoms. Anyone with symptoms of illness should get tested and isolate while waiting for the test results.

Travel

Are there specific testing requirements before traveling?

Many countries require a negative COVID-19 test for entry. As of Monday, December 6, the U.S. requires that all passengers traveling from overseas show a negative viral test taken no more than 1 day before the flight, regardless of vaccination status. Vaccination is a requirement for U.S. entry as of November 8, 2021 for those who are not citizens/legal permanent residents, with rare exceptions. 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.

Do I need to be vaccinated before traveling? What are the vaccine requirements for entry to other countries?

Each country sets its own entry requirements, including whether vaccination is required for entry. To see what measures are required for entry to a country, the International Air Transport Association (IATA) publishes a map with entry data. This should be verified prior to travel by checking with the authorities of the destination country.

The U.S. has vaccination entry requirements as of November 8, 2021 for all passengers arriving by air. Travelers are required to show proof of vaccination with a U.S. or WHO approved vaccine, and are required to have a negative viral test 1 day before departure. Staff should closely check the documentation requirements for entry. There are limited exceptions to the vaccination requirement (such as for those who are citizens of a country with limited COVID-19 vaccine availability). For more detail on these travel requirements, see the CDC guidance on international travel here. Staff may also follow this CDC travel assessment to determine whether they will be allowed entry.

For U.S. entry, those who are not fully vaccinated but are otherwise allowed entry must have a negative viral test taken no more than one day before the flight departure. For additional information on types of tests accepted or documentation of recent recovery from COVID-19, see the CDC guidance here.