COVID-19
Frequently Asked Questions – World Bank Group

Masking: Workplace Health and Safety Protocols

Is wearing a mask required while in WBG buildings/offices?

Yes, wearing a mask is still an essential part of our safe return to the office at this time. For all entrants to WBG HQ buildings, masks are required in all common areas (including but not limited to corridors/hallways, foyers, elevators, waiting areas, restrooms, parking garages, fitness centers, etc.) and in meeting rooms (except for those addressing an audience). Masks are also required for those visiting Service Center/Helpdesk locations (including but not limited to GCS Service Centers, HR Operations, ITS Support Centers, HSD Travel Health Clinic, MedStar COVID-19 Testing Centers, etc.). Masks are optional at individual cubicles/workstations (this includes open workspaces and those workstations located along corridors, hoteling, etc.). Masks may be removed in the cafeterias only when seated to eat.

When masks are no longer mandated at WBG offices, staff who wish to continue wearing masks should do so without pressure to remove them and should not be pressured to partake in activities in which they feel unsafe (i.e., meetings or gatherings in enclosed spaces). Above all, those who have vulnerabilities or health concerns themselves or in their family should feel empowered to protect their health and the health of their family members by maintaining mitigation measures, to include home-based work.

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.

When is wearing a mask most effective and important?

Wearing a mask is most effective in situations where there may be a high risk of viral transmission, such as situations of close contact, indoor/closed spaces, and/or crowded places. Protection provided by a mask depends on both filtration and fit. The highest quality filtration is provided by masks that are certified as N95, KN95, or KF94 respirator masks. The mask should fit without any gaps around the edges, and fully cover the nose and mouth. Masks should also be worn while around household members if isolating because of COVID-19 infection.

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:

• Respirator masks (designated as N95, PN95, or KF94) provide the highest level of filtration.
• Disposable surgical type masks are often made with 3-5 layers of fused material and provide the next best level of filtration – but may not offer a tight fit without adjustments.
• Cloth masks alone provide inadequate filtration and may be paired with a disposable mask to improve filtration. They should only be used if higher quality disposable masks/respirators such as KN95 or KF94 are not available. 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.

Further information can be found below:

• [CDC: Types of Masks and Respirators](https://www.cdc.gov/masks/index.htm)

Testing: Workplace Health and Safety Protocols

If I have been vaccinated, why do I need to be tested?

Asymptomatic surveillance testing programs, such as the one the WBG is implementing, provide information and help monitor for COVID-19 infection at a community and/or population level, rather than solely at an individual level. By testing representative samples of the population regularly (those who are in the office at least one day a week for 4+ hours), surveillance testing can help identify breakthrough infections, provide an additional layer of protection for those regularly returning to the office, and advance our understanding of asymptomatic infection and risk levels in our community.

Isolation/Quarantine

When should I quarantine if I had close contact with someone who has COVID-19?

If you had close contact with someone with COVID-19, you should follow your country’s health authority guidelines about when and how long to quarantine. In the U.S., the [CDC recommends](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/contact-protection.html) that, regardless of vaccination status, those who are exposed to COVID-19...
should begin to wear a high-quality mask immediately upon learning of the exposure and continue to do so for a full 10 days after the last exposure (counting Day 1 as the first day AFTER the last exposure) any time they are around others, including inside their home. The CDC no longer requires non-vaccinated individuals to quarantine after exposure. Anyone who was exposed should test for COVID-19 on Day 6 after the last exposure, even if they do not have symptoms. If the test result is positive, then they must isolate.

Staff should continue to follow good health practices and stay out of the office if they develop symptoms of COVID-19 at any time, including after a known exposure, even if a test is negative. Staff who have symptoms of illness should stay out of the office until they are well or until recommended testing is negative. The U.S. FDA recommends serial testing when using rapid antigen tests (testing 2 to 3 times over the course of several days, with 48 hours in between tests) if an initial test result is negative. This will increase the accuracy of testing results.

Outside the U.S., follow local guidance. In the absence of national guidelines, staff should follow WHO recommendations.

Vaccinations: General Questions

How effective are the vaccines against COVID-19 variants? How long will a vaccine protect me?

Different vaccines have different levels of effectiveness, and newer variants of COVID-19 appear to be much more transmissible, leading to breakthrough infections among people who are vaccinated. Vaccine effectiveness against infection also wanes over time. Getting a booster when eligible will help increase your protection. COVID-19 vaccines are still the best tool for protection against severe illness and death from COVID-19.

Are people who are vaccinated against COVID-19 able to transmit the virus?

Anyone infected with COVID-19 can potentially transmit the virus to others. Vaccination will help protect against severe illness and may shorten the duration of illness. This will lead to a shorter period of transmissibility. Anyone infected with COVID-19 needs to isolate from others to prevent transmitting the virus.

If I had COVID-19, do I need the vaccine for protection against future infection?

Yes, if you have not been vaccinated (or boosted, if eligible) against COVID-19 you should get the vaccine. A prior infection with COVID-19 does not provide long-term protection against future infection. Many people have been infected multiple times, and each infection brings a risk of severe illness or long COVID symptoms.

How soon after a COVID-19 infection can I receive the vaccine?

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 says that you may choose to wait up to 3 months after the beginning of your infection before receiving a vaccine or your next vaccine dose. 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.

Is it safe to mix COVID-19 vaccine types? Can I get more than one type if the first one I get is not WHO approved?

The WHO says that it is safe and effective to get different types of COVID-19 vaccines if you choose to or need to. The U.S. CDC advises that you should complete the primary series with the same vaccine when possible. However, if you had a non-WHO approved vaccine for your first dose, you can start over your COVID-19 vaccination series with a WHO approved vaccine once 28 days have passed since your last dose of non-WHO approved vaccine.

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

The U.S. CDC and WHO recommend 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 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.

Who should get a COVID-19 vaccine booster?

Follow your national health authority and/or WHO recommendation on getting a booster. U.S. CDC information on boosters can also help guide your decisions. Getting a booster when eligible is an important step in increasing your protection against COVID-19 infection.

Booster shots should not be confused with the additional vaccine doses recommended for immunocompromised individuals. WHO also advises that an additional dose of vaccine is recommended for immunocompromised individuals.

If I am immunocompromised, should I get an additional dose of COVID-19 vaccine?

The U.S. CDC and the WHO recommend that moderately to severely immunocompromised individuals receive an additional vaccination dose to increase their protection against COVID-19 infection. Their immune response to the initial vaccination(s) may not have been as strong as in people who are not immunocompromised.

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

Finding a Healthcare Provider

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. 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

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).
I am Sick/My Dependent is Sick

What should I do if I have COVID-19?

Stay home and do not go out in public. Talk to your doctor to discuss your symptoms and to see whether you need specific treatment. 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 have your household members wear a mask around you. 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."
- If you must go out to receive medical care, wear a mask.
- Contact HSD to report your infection and receive guidance. If you have been around other staff in the days prior to your diagnosis or onset of symptoms, advise HSD in your initial contact so that they can do appropriate contact tracing follow up. If you had clear known exposure to other staff members, please inform such staff directly that they may have been exposed.
- In addition, please see the CDC’s guidance here.

About COVID-19

How do I prevent getting infected with COVID-19?

- Get vaccinated (and boosted if eligible).
- Wear a mask in areas of high transmission, especially in enclosed indoor environments and crowded areas.
- Avoid high risk situations whenever you can. COVID-19 illness can disrupt your and your family’s life for several weeks, even if you do not get severely ill. If you have upcoming events or travel that will be difficult to miss, take extra precautions in the 2 weeks before to avoid situations where you may become infected.
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.

Who could be at increased risk for severe COVID-19?

Certain individuals are at higher risk of severe illness from COVID-19. Those who are unvaccinated are more likely to get severely ill from COVID-19 than those who are up-to-date with their vaccinations. Individuals with chronic health conditions are also at higher risk for severe illness and should stay up-to-date with COVID-19 vaccinations. That includes older adults (risk increases with age) and those with certain medical conditions:

- Cancer;
- Cerebrovascular disease;
- Chronic kidney disease;
- Chronic liver disease (cirrhosis, non-alcoholic or alcoholic fatty liver disease; autoimmune hepatitis);
- Chronic lung diseases (including moderate to severe asthma and COPD, see the full list here);
- Cystic fibrosis;
- Dementia or other neurological conditions;
- Diabetes (type 1 or 2);
• Disabilities (including people with any type of disability that makes it more difficult to do certain activities or interact with the work around them; people with ADHD, cerebral palsy, birth defects, intellectual or developmental disabilities, learning disabilities, spinal cord injuries, or Down syndrome);

• Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies, or possibly high blood pressure);

• HIV infection;

• Immunocompromised state (weakened immune system, including primary immunodeficiency);

• Mental health conditions (mood disorders, including depression and schizophrenia spectrum disorders);

• 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;

• Physical inactivity (people who do little to no physical activity or exercise);

• 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, wear a mask when in high-risk situations, avoid crowds, and strictly follow other public health guidelines. Ensure that you have enough of any prescription and over the counter medications you regularly need. 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.