COVID-19

Frequently Asked Questions

Masks & Cloth Face Coverings

When should I use a facemask and which type?

There are different types of face coverings and masks on the market and it can be confusing deciding which kind to wear. For the general public, non-medical masks are appropriate and allow medical-grade masks to be available to front-line health care workers who require them for protection on the job.

The WHO updated its guidance on June 5, 2020, stating that “to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission.”

When using a face covering or mask of any kind, it is essential to also use other measures to prevent spread of disease: washing your hands often with soap and water, avoiding touching your face, and keeping at least a 2 meter / 6 foot distance from others who are not in your household. Incorrect use of masks and cloth face coverings can increase the risk of infection.

Cloth face coverings and disposable non-medical masks

Use: For the general public when outside the home and when undertaking any activities where a distance of 2 meters/6 feet or more from others cannot 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 droplets and viral particles (and therefore infection) from the person wearing the mask to others. These face coverings may help prevent transmission of illness by asymptomatic carriers.

- 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 face coverings 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 face coverings should have ear straps or head straps / ties in order to ensure a good fit.

Medical masks (Surgical masks and 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.

If I have a mask, or a cloth face covering, how do I safely use it?

When you wear a mask or cloth face covering, it is important to use it properly, so you do not increase your risk for infection.

Wash your hands with soap and water before putting on the mask/covering. If soap and water are not immediately available, use hand sanitizer. Place the mask/covering carefully over your face and fit it around your nose and under your chin. A medical mask may have a small adjustable metal bar at the top and will provide a better fit.

Once the mask/covering is on your face, do not touch it or adjust it. If you are wearing a fabric mask, be aware that it will become damp as you wear it for longer periods of time, and it will need to be carefully removed.

Wash your hands (or use hand sanitizer if soap and water are not available) before removing the mask/covering. Remove the mask/covering and place it in a receptacle. Wash your hands again.

If you intend to reuse the mask:

- Disposable mask: hang it on a hook away from other objects. Be aware it may have viral particles on it and could contaminate your hands and face next time you wear it.
- Cloth face covering: wash it in hot water after each time you wear it and dry it on a hot setting or hang it in the sun.

Finding a Healthcare Provider/Testing

I live and work in the Washington, DC, area and don't have a healthcare provider. I have symptoms of COVID-19, where can I get help?

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. 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
   - 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

**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-diagnosis/self-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.

I live in a country office location and do not have a healthcare provider. Where can I get help if I suspect I may be sick with COVID-19?

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). Please also see information on Cigna telehealth options in the HR section of the internal Coronavirus Hub FAQs.

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).

Can I be tested for COVID-19?

Your healthcare provider will determine if you need to be tested for COVID-19. In most places, testing cannot be requested by people who are not sick, or who are wanting reassurance that they do not have COVID-19. Although a few countries at this time may be doing wider screening tests, testing is generally done on people with symptoms. In areas where there is a shortage of tests, priority may be given to those that are hospitalized, in a higher risk category, or frontline healthcare workers, and their main use is to inform decisions on isolation and contact tracing, to guide appropriate infection control procedures in the hospital, and to track the spread of the outbreak in a community.

In the Washington, DC, region, local health authorities and medical providers are seeking to expand testing availability.

- 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/](https://coronavirus.maryland.gov/).

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.

Testing does not change the medical treatment you will receive, as there is no specific treatment for COVID-19. All individuals with less severe symptoms of illness should self-isolate at home and monitor their condition carefully, whether they have a COVID-19 test or not. If symptoms worsen, you should consult with your healthcare provider. (See list of symptoms in the FAQs below.)

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 previous 14 days, then notify HSD by calling the WBG Emergency Line (+1 202-458-8888).

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

Tests for past infection with COVID-19 (called antibody tests or serology tests) are very new and many of them have not been validated for accuracy. Any use of these tests needs to be approached with caution right now, as they do not offer clear results. 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.

Doctors and researchers also do not know whether having antibodies against COVID-19 provides protection against future infection, and if so, for how long. This will take time and research to determine. These kinds of tests therefore, which may be useful for epidemiological research, are not able to determine your immunity status, nor will it help at this time in making decisions on return to the office or workplace assignment.

I am Sick/My Dependent is Sick

What should I do if I am sick?

Stay home and away from others. Your actions make a difference in limiting the spread of illness. Get rest and stay hydrated.

Use good hygiene to prevent spreading your illness to others. Cover your mouth with a tissue or with your flexed elbow when coughing and sneezing. Wash your hands afterwards. 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.
• For country offices: If you do not have a healthcare provider, refer to the FAQ: "I live in a country office location and do not have a healthcare provider. Where can I get help if I suspect I may be sick with COVID-19?"

• For Washington, DC, refer to the FAQ: "I live and work in the Washington, DC, area and don't have a healthcare provider. I have symptoms of COVID-19, where can I get help?"

• If you must go out, wear a medical mask if you have one, or alternatively a cloth face covering.

• If your healthcare provider tests you for COVID-19 because of symptoms or exposure to another COVID-19 patient, if you receive a positive COVID-19 test result, or if you are told you are a probable case/have been clinically diagnosed with COVID-19 without a test, notify HSD. If you have been around other staff within the last 14 days, then notify HSD by calling the WBG Emergency Line (+1 202-458-8888).

What if I've tested positive for/been diagnosed with COVID-19? What should I do?

If you have been in physical contact with other staff in the last 14 days, call the WBG Emergency Line (+1 202-458-8888) to be connected to the Medical Duty Officer within the Health & Safety Directorate (HSD) so that a risk assessment can be done. Your confidentiality will be respected.

In addition, please see the CDC's guidance here.

I wasn't tested, but my healthcare provider told me I was a probable COVID-19 case (or that I have been "clinically diagnosed" with COVID-19). What does this mean and what should I do?

Patients who meet the clinical criteria* for COVID-19 or were diagnosed by their doctor based upon an exam and/or radiology, but were unable to be tested or for whom a test was inconclusive may be declared a probable COVID-19 case. Given our global presence and testing is unavailable in some locations, there are staff and dependents who may fall into this category.

HSD recommends that staff with a probable COVID-19 infection or who were clinically diagnosed with COVID-19 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

About COVID-19

How does COVID-19 spread?

It spreads from person-to-person through respiratory droplets when an infected person coughs, sneezes, or talks. This happens most directly when someone is in close contact with an infected person (within 2 meters/6 feet). It may also be spread by people who have no symptoms. The virus can spread by touching surfaces where respiratory droplets from infected people have landed. 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.

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 becoming infected?**

- Avoid contact with people who are ill with fever or cough;
- Wash your hands with soap and water frequently and properly (for at least 20 seconds);
- Become "touch aware." Be mindful of surfaces you are touching (door handles, elevator buttons, handrails, etc.) and wash your hands appropriately afterwards. Try not to touch your face;
- When coughing and sneezing cover your mouth and nose with a flexed elbow or tissue – throw the tissue away immediately and wash your hands with soap. Encourage others to do the same;
- In areas with community spread, practice social distancing. Avoid crowded areas or large gatherings to the extent possible.

**Can I get COVID-19 through aerosol transmission?**

Whether SARS CoV-2 (the virus that causes COVID-19) can be spread through aerosols is an evolving area of scientific study. There is research that supports the possibility of aerosolized spread of the virus, but evidence confirming that viral particles in aerosols are present in sufficient amounts to cause infection is limited. Many experts agree that if aerosol transmission is occurring, it is most likely to be in high risk locations where certain medical procedures are being conducted on infected patients, crowded indoor spaces with inadequate ventilation, and could also be associated with large groups of people talking loudly or singing at close distances and not using face covers (e.g. bars, nightclubs etc.). At this time our understanding is that the primary mode of transmission is through respiratory droplets and direct contact.

By following previously recommended precautions (staying 2 meters/6 feet away from others, wearing a well-fitting medical mask or high-quality cloth face covering, washing hands after touching objects, and not touching your face), you will greatly limit the possibility of transmission. Being inside the WBG offices while following these precautions should not put you at higher risk.

Some factors to consider for limiting transmission, particularly when making decisions on activities as businesses reopen, are the following:

- 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, and type of activities can affect the risk level (i.e. gyms where people are breathing heavily are more risky than an office where proper distancing is maintained).

Avoid the 3 Cs: crowded places, close contact settings, confined and enclosed spaces such as bars, restaurants, places of worship, gyms, waiting rooms, etc.

What does social distancing mean?

In communities with sustained community spread, a number of practices outside of the workplace are being suggested to minimize risk of exposure and transmission of COVID-19. It is all our individual responsibilities to implement these:

- Avoid gatherings of more than 10 people;
- Avoid visiting elderly relatives if possible. People over 65 are at greater risk of severe disease. If possible, minimize exposure of elderly relatives to additional people. If you must visit, practice good hygiene and do not take your children. Connect virtually using your phones/computers;
- Have your children practice social distancing. Minimize/stop playdates, if they are playing at the park, encourage them to keep at least 2 meters/6 feet from other children. About 13% of cases in children are asymptomatic;
- If restaurants are open, do not dine in. Get takeout and when you get home, remove the packaging and throw it away. Wash your hands thoroughly again before eating;
- Do not visit friends/throw private parties. Rather consider going for a walk with individual friends (keeping 2 meters/6 feet apart) in the open air. This reduces the risk of transmission between adults;
- Do not have contractors/friends in your home other than in an absolute emergency;
- Avoid malls and shopping trips other than for essential items;
- Try and visit the grocery store at off-peak periods or when it is quieter. In some areas, grocery stores are limiting the number of people in the store. When standing in line try and maintain your 2 meter/6 foot separation distance. Wash your hands thoroughly when returning home;
- Minimize use of public transportation if you can. 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 does a global pandemic mean?

The shift from an epidemic to a pandemic expands the focus from individual containment measures (quarantine and isolation of the sick) to widespread community mitigation (minimizing the impact through public health) measures. Mitigation methods may include limitations of mass gatherings and public events, school closures and strengthening public health systems and hospitals. In some cases, mitigations may include curfews and movement restrictions.

- Have essential supplies in the home (planning for two weeks is a useful guide), including adequate supplies of prescription and over-the-counter medications;
- Continue to get your information from credible and trustworthy sources, such as WHO, CDC, and your local health department;
- Continue to consult the WBG Coronavirus (COVID-19) Hub for information.
- Stay calm, focus on the many simple things you can do to reduce the risk of infection for yourself and your family, and follow local public health guidance.

Vaccinations

New: Sep 18: 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.
New: Sep 18: 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.

New: Sep 18: Is there a coronavirus vaccine? I've read that some countries have started giving vaccines.

As of September 1, there is no vaccine against COVID-19 that has been thoroughly vetted through clinical trials. Vaccines typically only receive approval after they have completed "Phase 3" of a clinical trial, which tests an experimental vaccine for safety and efficacy in a wider population of up to 30,000 people. While there are vaccines being developed and already distributed to a wider population in Russia and China, until a vaccine trial has successfully undergone Phase 3 review and testing, it is not recommended for the wider population. WHO is tracking vaccines that are in Phase 3 clinical trials. Of course, any healthy staff who wish to participate in clinical trials may do so at their own discretion and should talk to their doctor about the risks and benefits of doing this.

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 you have been in close contact with someone confirmed to have COVID-19 or who was declared a probable case, you should stay at home and avoid contact with others for a period of 14 days from the last known contact with the ill person. If you develop symptoms, you should contact your healthcare provider.

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.

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. Based upon medical information available thus far, those at higher risk are older adults. The U.S. CDC has recently
updated its guidance to state that risk increases with age, not listing a specific age threshold that puts one at higher risk. It is worth noting, however, that those who are 85 years and over are at greatest risk.

There are also certain medical conditions that increase the risk for severe illness, including the following:

- 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;
- Obesity (BMI of 30 or higher);
- Type 2 diabetes;
- Hemoglobin disorders such as sickle cell disease and thalassemia.

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

Staying at Home

Can I safely gather with my family or community for religious or other events?

Everyone has a role to play in preventing the spread of COVID-19 and a responsibility to protect others in their family and community, particularly the most vulnerable. Any meeting/gathering of people should be undertaken only if permitted by local authorities and when there is no ongoing spread of COVID-19 in your community. Anyone who does not live in the same house as you poses a potential risk, even if they are family members. Remember that if you are exposed to someone who then develops COVID-19, you are at risk of developing COVID-19 and will need to go into quarantine (isolate yourself from all others for 14 days).

We do not recommend gathering with family members or friends who do not live in the same house. If you choose to participate in a larger gathering, please read the General Guidance.
for Gatherings of Families or Communities and maintain a 2-meter/6-foot distance from one another.

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, anyone 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.


What do I do when at home and avoiding contact with others?

1. Practice social distancing:
   - Restrict activities outside your home, except for getting medical care;
   - Do not go to work, school, or public areas, and do not use public transportation or taxis;
   - Avoid sharing household items if someone in the household is sick;
   - Only people who normally live in the household should be at home.
2. Practice respiratory hygiene (when coughing and sneezing cover your mouth and nose with a flexed elbow or tissue – throw the tissue away immediately and wash your hands with soap. Encourage others to do the same);
3. Reduce boredom during self-isolation by trying to keep up a normal daily routine as far as possible.

What practical steps can I take to address my anxiety about this situation?

It is natural to be concerned, and to worry over the unknowns.

Taking practical steps to prepare your household for COVID-19 will help. Have a personal/family emergency plan and review this regularly.

Stock up on prescriptions and have a home emergency kit in place that includes food and water that can be stored in the event of an inability to go out from your home for a long period.

For those that find themselves anxious about the current outbreak, we suggest following the guidance of HSD's Counseling Unit, which outlines ways to reduce anxiety and provides resources for those seeking additional information.

For psychological support, the following resources are available:

- Family Consultation Service (WBG and IMF spouses, domestic partners, and dependents over 18 years old): +1 (202) 458-5550 | DAMA 5220 85550 | familyconsultationservice@wbfn.org
• **Domestic Abuse Prevention Program**: +1 (202) 458-5800 | DAMA 5220 85800 - Confidential helpline: 24/7 | [daprevention@worldbank.org](mailto:daprevention@worldbank.org) | [http://www.worldbank.org/domesticabuse/](http://www.worldbank.org/domesticabuse/)

• **Managing Fear and Anxiety over the Novel Coronavirus**