

COVID-19

Frequently Asked Questions

Vaccinations

Current as of Jan 14: When will COVID-19 vaccines be available?

It depends on the location. Some countries have approved COVID-19 vaccines for use in accordance with Government and National Health Authority recommendations. These Emergency Use Authorization (EUA) approved vaccines are under the control of national distribution networks, with prioritization rolling out initially for front-line health care workers and the most vulnerable populations. This will be followed by additional vulnerable groups, essential workers, and finally the general population.

As vaccines are not currently available on the open market outside of National supply chains, the foremost access option for staff and their families is currently through the emerging national programs in their locations. 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.

HSD is unable to endorse COVID-19 vaccines which have not met WHO and/or [Stringent Regulatory Authority](#) approval. In countries where this is the situation, an option under development may include UN system distribution and administration of COVID vaccines for staff and dependents of international organizations. HSD will share further information about this as it becomes available. Alternately, staff can evaluate and decide for themselves whether to accept the nationally available vaccine, based on local public health recommendations and discussions with their doctor.

There are many ongoing pre-clinical and clinical trials of other vaccines, and it is expected that more vaccine options and availability will emerge over the coming months. The following link may provide some insights into the complicated process of vaccine development and approvals across the world. (reference: [Coronavirus Vaccine Tracker](#)).

Current as of Jan 14: Where will I be able to get an approved COVID-19 vaccine? Will the World Bank Group be getting its own supply of a vaccine for staff?

It is currently not possible for individual organizations to acquire 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 foremost access option for staff and their families is currently through the emerging national programs in their locations. 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.

In the Washington D.C. metropolitan area, staff may check the local health departments of D.C., Maryland, and Virginia for latest information on vaccine distribution:

- [District of Columbia Department of Health](#)
- [Maryland Department of Health](#)
- [Virginia Department of Health](#)

Until the pandemic emergency situation subsides, WBG staff and dependents will need to access vaccines as they become available through national administration programs, and in certain circumstances through interagency arrangements established in partnership with the UN. Further to procurement barriers, significant technical cold chain, pharmaceutical safety/quality control requirements, and medical and legal accountability considerations currently preclude the Bank Group from creating independent global vaccine supply chains to ship vaccines to country office locations. HSD will be keeping staff informed of access opportunities as they become available.

Current as of Jan 14: What if I work in a location where an approved vaccine is not available?

In certain circumstances where access is limited (e.g., locations where expatriate staff might be excluded from access, or where available vaccines have not been approved by WHO or Stringent Regulatory Authorities), the Bank Group is partnering with the United Nations system in a major interagency initiative to supply vaccines for the international development community. The UN Department of Operational Support is leading this program, and will be utilizing WHO and UNICEF procurement and distribution capabilities, with administration through the global network of UN and International Organization for Migration (IOM) clinics. Mobile vaccination teams are also being considered for areas where such clinics are not present.

As vaccinations are rolled out in many locations staff should be aware of opportunistic access to vaccine as administration centers may call for volunteers when supply is in excess of identified prioritization groups. This may include pharmacies, government public health locations, hospitals and primary care locations.

Current as of Jan 14: Will Bank Group staff and their dependents be prioritized to receive a vaccine?

Where vaccines are being accessed through national channels, the World Bank Group will follow prioritization schedules determined by local authorities. In the case of access through channels established in partnership with the UN, the World Bank Group will follow prioritization recommendations of the [WHO](#) and the [UN Medical Directors](#). These embody generally accepted principles for prioritization of potentially limited medical supplies, also applied during World Bank Group operational efforts to assist client countries with supply and access through the [COVAX initiative](#). It is expected that most national authorities will also follow this approach, which prioritizes frontline health and social care workers to receive the first available doses of vaccine, followed by those who are at risk for severe disease due to age or underlying medical conditions, and finally the general healthy population.

Staff should expect that once a COVID-19 vaccine is approved in their location, it may take some months before there is wider availability for those beyond these initial prioritized target groups, and that timelines will vary by location.

Current as of Jan 14: When a COVID-19 vaccine becomes available, how will I know it is safe?

Vaccines approved for use by the WHO or a [Stringent Regulatory Authority](#) are considered safe for use. Approval a Stringent Regulatory Authority indicates that Phase 3 clinical trials have been completed and these authorities have reviewed the safety and efficacy data and determined the benefit of their use. Depending on the selection of participants in the trials, a vaccine may be recommended for use in specific population groups only. For example, most vaccines are not currently being tested on children under 12 years old, so it may take additional time to determine the safe and effective dose for younger children.

HSD does not have independent data that would allow endorsement of COVID-19 vaccines which have not met WHO and/or [Stringent Regulatory Authority](#) approval. In countries where this is the situation, an option under development may include UN system distribution and administration of COVID vaccines for staff and dependents. HSD will share further information about this as it becomes available. Alternately, staff can evaluate and decide for themselves whether to accept the locally available vaccine, based on local public health recommendations and discussions with their doctor.

Current as of Jan 14: What is an mRNA vaccine? Is it safe?

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 proteins 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. Vaccine clinical trials test for both efficacy and safety. Therefore, they must demonstrate that the vaccine is safe for people to receive before it can receive approval.

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](#).

New as of Jan 14: I've heard that there have been allergic reactions to the mRNA vaccines. What is the risk and is it safe for me to take?

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

For those who have never had an allergic reaction to a vaccine or who have never experienced an anaphylactic reaction, there is no indicated contraindication to receiving the mRNA vaccine for reasons of allergy. **This will continue to be monitored and staff should discuss any concerns with their doctor.**

Current as of Dec 13: How effective is a COVID-19 vaccine expected to be? How long will a vaccine protect me?

The effectiveness of COVID-19 vaccine candidates is currently being determined through clinical trials, and independent evaluation by national authorities and WHO with data emerging from the trials. Early indications suggest that some COVID-19 vaccines are more than 90% effective. "Effectiveness" may refer to prevention of infection altogether, or just reduction of the severity of infection. It is not yet known whether vaccines will also prevent asymptomatic infection, and/or an individual's capacity to spread the infection further. Some vaccines require more than one dose to be effective. It may also be necessary to receive a booster dose or be revaccinated every year, as it is not yet clear how long the antibodies developed in response to a vaccine will last.

Current as of Nov 23: Does taking the vaccine guarantee someone is no longer able to transmit the virus?

We do not know yet whether the vaccine will prevent asymptomatic infection or transmission of the virus. It is expected that more data on this will emerge as the vaccine trials progress and use of the vaccines becomes more widespread.

Current as of Jan 14: Will staff be required to get the vaccine?

The choice of whether and when to take a vaccine will be a personal one. However, HSD recommends that all those who can safely receive an approved COVID-19 vaccine once it is available do get it for their own protection and to protect those close to them in the workplace and in their community. Those with past allergic or severe reactions to other vaccines should discuss with their physician to determine whether or not they should receive the vaccine. Any staff with specific concerns should raise those with their physician.

Decisions on whether documentation of vaccination will be required for travel or onsite presence in a Bank Group building or at Bank Group meetings will be determined at a later time. Staff should maintain awareness of any vaccine documentation requirements in any location they live or travel, including such requirements by private businesses. Those who receive the COVID-19 vaccine should receive documentation indicating the type of vaccine, date, dosage, and lot number, and this should be stamped or signed by the health care provider doing the vaccination.

Current as of Nov 23: Once a COVID-19 vaccine becomes available, does that mean the Bank Group will resume normal business in the office?

No. A vaccine is only one tool to fight the spread of COVID-19, and even once one is available, it will take time to slow the spread of the virus. Physical distancing and wearing of face coverings or masks will remain the key tools to limit infection for the foreseeable future. We also do not yet know how effective a vaccine may be at limiting future spread of COVID-19. Therefore, we do not expect that society will immediately "reopen" once a vaccine is available, and the WBG location specific tiered reopening guidance will remain in place for the foreseeable future.

Current as of Jan 14: Do people who have already had COVID-19 need to take the vaccine or are they automatically protected?

So far, vaccine clinical trials have focused on people who haven't been exposed to COVID-19, so the effect of vaccination on people who have been exposed is unclear. Immunity to the virus seems to wane over time. The level of immunity from natural infection is also variable, so the immune response is very strong for some people, and weaker for some. The vaccine would boost your immune response, and hopefully provide protection for longer. It is expected that more guidelines on this will emerge in due course. In countries which have started vaccinating, those with previous COVID-19 infections are not excluded from being vaccinated.

Even once people have been vaccinated, it is possible that they will require additional booster doses to keep their immunity levels effective.

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Should I get vaccinated against the flu this year?

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

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

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

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

While COVID-19 is known to cause atypical pneumonia in some patients with moderate to severe illness, existing pneumococcal vaccines do not prevent this type of pneumonia. Pneumococcal vaccines protect against pneumonia caused by *Streptococcus pneumoniae* bacteria, which is only one of several causes of pneumonia. Typically, children younger than

2 years old and adults age 65 and older get vaccinated against pneumonia. Some adults with underlying chronic health problems or who are smokers may also receive the pneumococcal vaccine, if recommended by their doctor. You should check with your doctor if you fall into one of these categories.

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

Masks & Cloth Face Coverings

When should I use a facemask and which type?

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.

Both the WHO and the U.S. CDC recommend wearing masks to prevent transmission of the SARS-CoV-2 virus that causes COVID-19. The [U.S. CDC cites evidence](#) that wearing masks protects people from transmitting respiratory droplets to others, as well as protects the person wearing the mask from inhaling others' respiratory droplets.

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, as well as to protect the wearer from infection by 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 be

at least 2 layers to be effective and 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.

Finding a Healthcare Provider/COVID-19 Testing

Washington, DC, Area

Healthcare Provider

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

COVID-19 Testing

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

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

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

Remember, in an emergency, first dial 911.

If you are tested for COVID-19 because of symptoms or exposure to a COVID-19 patient, as well as if/when you receive a positive COVID-19 test result, please notify HSD. If you have had contact with other staff members in the previous 14 days, then notify HSD by calling the WBG Emergency Line (+1 202-458-8888).

Country Office Location

Healthcare Provider

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

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

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

COVID-19 Testing

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

If you are tested for COVID-19 because of symptoms or exposure to a COVID-19 patient, as well as if/when you receive a positive COVID-19 test result, please notify HSD. If you have had contact with other staff members in the 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 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 been around other staff within the last 14 days, then notify HSD by calling the WBG Emergency Line (+1 202-458-8888).
- In addition, please see the CDC's guidance [here](#).

I wasn't tested, but my doctor diagnosed me with COVID-19 based on my symptoms.

What does this mean?

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

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

*Clinical criteria for COVID-19 include the following:

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

OR

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

OR

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

AND

- No alternative more likely diagnosis

When can I be around others or return to the office after being diagnosed or ill with COVID-19?

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

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

*If you are immunocompromised, confirm with your doctor when it is safe to be around others.

It is not necessary to be retested for COVID-19 if meeting the above criteria.

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

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

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

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

About COVID-19

Updated Jan 14: How does COVID-19 spread?

COVID-19 spreads from person-to-person through respiratory particles that are exhaled when an infected person coughs, sneezes, talks, sings, or breathes. This happens most directly when someone is in close contact with an infected person (within 2 meters/6 feet). But in some cases, it may happen at further distances with particles that are airborne (see question below on what is known about aerosol/airborne transmission). It is important to be aware that the virus can be spread by people that have NO symptoms. In a [recent study published by JAMA](#) (The Journal of the American Medical Association), over 50% of transmission of COVID-19 may be from individuals who are asymptomatic (either pre-symptomatic or who never develop symptoms).

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

Since COVID-19 can be spread by people who have no symptoms, it is important to wear a mask or face covering whenever you leave home or when interacting with anyone outside your household.

Can I get COVID-19 through aerosol transmission?

The degree to which SARS CoV-2 (the virus that causes COVID-19) can be spread through airborne transmission is an evolving area of scientific study. (There is a spectrum of respiratory droplets from larger to smaller. Smaller respiratory droplets may be carried in the

air further and for a longer period of time than heavier droplets which tend to fall to the ground within 2 meters/6 feet of an individual.)

There have been certain documented circumstances where the virus is thought to have spread through airborne transmission. However, most infections are thought to be tied to closer and direct contact with infected individuals. The cases where airborne transmission have caused infections were in enclosed areas with inadequate ventilation, and in some cases involved groups of people talking loudly or singing – essentially in circumstances where these respiratory particles remained concentrated enough to cause infection.

The best protection against any transmission of SARS CoV-2 remains proper distancing of at least 2 meters/6 feet from others who are not part of your household, wearing a mask or face covering when leaving home, and following these guidelines:

- Avoid the "3 Cs": crowded places, close contact settings, confined and enclosed spaces such as bars, restaurants, places of worship, gyms, waiting rooms, etc.
- Outdoors is better than indoors.
- Fresh air/open windows are safer than recirculated air.
- Proper filtration in ventilation systems is important.
- In indoor environments, spacing, number of people, and type of activities can affect the risk level (i.e. gyms where people are breathing heavily are riskier than an office where proper distancing is maintained).

What are the symptoms?

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

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

How do I prevent myself and others from becoming infected?

- 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, you should self-quarantine for 14 days after the last known contact and monitor your health for symptoms of COVID-19. This self-quarantine period should include limiting contact with other household members (sleeping in a separate bedroom, if possible, and wearing a mask around others in your household).
- If you were in a situation with high risk of COVID-19 transmission (such as a large gathering), monitor yourself for 14 days to see if you develop symptoms and follow distancing and masking precautions. If the gathering you attended has confirmed COVID-19 cases, discuss with your doctor whether you were exposed and whether you need to quarantine for 14 days and be tested.

Practice prudent social distancing measures:

- Avoid visiting elderly relatives if possible. People over 65 are at greater risk of severe disease. Minimize exposure of elderly relatives to additional people. If you must visit, wear a mask, practice good hygiene and do not take your children. Connect virtually using your phones/computers.
- Have your children practice social distancing. Minimize/stop playdates, and if playing at the park, maintain at least 2 meters/6 feet from other children. 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 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 or host gatherings. 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.

- 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. 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.

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 self-quarantine (stay at home) and avoid contact with others for a period of 14 days from the last known contact with the ill person. If you develop symptoms or are tested for COVID-19, contact HSD. Your confidentiality will be respected.

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

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

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. That includes older adults ([risk increases with age](#)) and those with [certain medical conditions](#):

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Serious heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies);
- People who are immunocompromised from blood, bone marrow or solid organ transplants; immunodeficiencies; HIV with a low CD4 count (an indicator of immune function in patients living with HIV) or not on HIV treatment; prolonged use of corticosteroids; or use of other immune weakening medicines;

- Obesity (BMI of 30 or higher) or severe obesity (BMI of 40 or higher);
- Pregnancy;
- Sickle cell disease;
- Smoking;
- Type 2 diabetes.

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

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

Staying at Home

Can I safely gather with my family or community for celebrations 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 from their last contact with that person.

For information on how to limit the spread of COVID-19, please review guidance from the [WHO](#), [U.S. CDC](#), and [COVID-19: Advice for Staff Spouses/Domestic Partners, Dependents & Retirees](#). For U.S. CDC advice related to specific holidays, please [click here](#).

Can I safely travel to gather with my family or community for celebrations or other events?

We do not recommend gathering with family members or friends who do not live in the same house. If you choose to travel during holidays or vacation, maintain a 2-meter/6-foot distance from one another.

For those traveling to Washington, DC, from areas outside the DMV (District, Maryland, Virginia area) or from Washington, DC, to other locations and then returning, please read the guidance on the [D.C. Department of Health website](#) regarding testing and quarantine requirements.

If you choose to travel, consider your mode of travel and its relative safety. Traveling in your own vehicle with limited stops and avoiding crowded areas when stopping for food or restroom breaks is safest. See [CDC guidance on travel safety](#) and considerations for different modes of travel.

New Jan 14: Are there specific testing requirements before traveling?

Many countries require a negative COVID-19 test for entry, and some U.S. states require this as well. You should check what the testing requirements are 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](#).

The [U.S. CDC had announced](#) that all passengers traveling to the U.S. from overseas must show a negative viral test before boarding their flight. This is in effect as of January 26, 2021. You may travel instead with documentation of your previous positive viral test results and a letter from your healthcare provider or a public health official that states you have been cleared for travel. The positive test result and letter together are referred to as "documentation of recovery."

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

- Limit outings to essential activities.
- Practice good hygiene within the home (in addition to when going out), to limit potential spread of illness to those in your household.
- If someone in your household is ill, [follow guidelines](#) for caring for someone sick at home.
- 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@wbfm.org
- **Domestic Abuse Prevention Program:** +1 (202) 458-5800 | DAMA 5220 85800 - Confidential helpline: 24/7 | daprevention@worldbank.org | <http://www.worldbank.org/domesticabuse/>
- [Managing Fear and Anxiety over the Novel Coronavirus](#)