



**COVID-19
RESPONSE
VACCINES**

FAQ: UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME

(PUBLISHED: 14 APRIL 2021)

INTERNAL: ISEEK:

ISeek Story (English): <https://iseek.un.org/article/Information-FAQs-COVID-19-vaccines>

iSeek Story (French): <https://iseek.un.org/fr/article/Information-FAQs-vaccins-contre-COVID-19>

FAQ (English) : <https://iseek.un.org/covid-19-vaccines-faq>

FAQ (French) : <https://iseek.un.org/fr/faq-vaccins-covid-19>

EXTERNAL: UN.ORG

FAQ (English) : https://www.un.org/sites/un2.un.org/files/coronavirus_vaccinefaq.pdf

FAQ (French) : https://www.un.org/sites/un2.un.org/files/vaccins_contre_la_covid-19_iseek.pdf

GENERAL INFORMATION & ELIGIBILITY

1. HOW WILL I RECEIVE MY COVID-19 VACCINATION?

The UN has requested Member States to include UN personnel in their respective national/host country COVID-19 vaccination programmes. While confirming the inclusion of UN personnel within their national planning, most Member States have advised that they will be providing the vaccine free of charge. The vaccine may also be available and accessed through a primary care provider, and in many cases that cost will be covered by medical insurance.

In countries where there is no national programme in place, or in which UN personnel are not included in the national distribution programme, the UN Department of Operational Support (DOS) has been tasked by the Secretary-General to identify alternative arrangements for making the vaccine available. DOS is working to ensure alternative arrangements are put in place for UN personnel.

Member States have also been requested by the Secretary-General to follow the [WHO's Values Framework and Prioritization Roadmap](#) for the fair and equitable allocation and prioritization of the COVID-19 vaccine.

2. WHO IS INCLUDED IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

In locations where there are no national/ host country COVID-19 vaccination programmes and where UN personnel may not have access to the COVID-19 vaccine, the UN, through the Department of Operational Support (DOS), is working to ensure alternative arrangements are put in place for such personnel through a UN System-wide COVID-19 Vaccination Programme.



The UN System-wide COVID-19 Vaccination Programme intends to support the following categories of individuals - who are serving and/or residing in the duty stations in which the UN System-wide COVID-19 Vaccination Programme will be carried out:

- a. UN System personnel:
 - i. Staff members,
 - ii. UN Volunteers,
 - iii. Interns,
 - iv. Consultants and Individual Contractors, and
 - v. Other personnel holding a direct UN contract.
- b. Eligible family members: spouses/partners and dependent children recognized under the staff regulations and rules of the respective UN system organizations, who are authorized to reside at the duty station with the staff member or who reside at a location where the UN is running a vaccination campaign.
- c. Accompanying eligible family members of non-staff personnel as defined by the UN system organizations' staff regulations and rules and policies, who are authorized to reside at the duty station with such personnel or who reside at a location where the UN is running a vaccination campaign.
- d. Military and police personnel deployed by the United Nations and accompanying eligible dependents (including troops of AMISOM).
- e. UN System retirees in receipt of a pension benefit from the United Nations Joint Staff Pension Fund (UNJSPF) or from the IMF Staff Retirement Plan (SRP), or the World Bank SRP who have established their normal place of residence in a country where the UN System-wide COVID-19 Vaccination Programme is carried out.
- f. All personnel of international non-governmental organizations (INGOs) that are engaged by UN system organizations in the implementation of their respective mandates, and the accompanying dependents of those INGO's international personnel, provided the INGO has been sponsored by a participating UN organization and the individual's eligibility has been validated.
- g. Personnel of key institutional contractors providing support in the countries concerned provided the contractor has been sponsored by a participating UN organization and the individual's eligibility has been validated.
- h. Inclusion of additional categories of frontline personnel remains under discussion and active consideration.

Please see [UN System-wide COVID-19 Vaccination Programme Eligibility document](#) for details.

3. HOW WILL THE UN PRIORITIZE VACCINATIONS IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

The UN will base its prioritization roadmap for UN personnel and eligible dependents on the [WHO Strategic Advisory Group of Experts \(SAGE\) Roadmap](#) for prioritizing uses of COVID-19 vaccines in the context of limited supply.



This roadmap allows for individuals who are at greater risk of exposure to the virus, or who will likely suffer a more severe course of illness if contracting the virus to receive the vaccine first. Such priority groups will include in priority workers at highest risk, such as health care workers and other front-line workers, as well as older adults, and those of any age with underlying health conditions.

It should be noted that all UN personnel receiving the vaccines from national authorities should adhere to the local health authorities' directives on prioritization of individuals. While WHO makes recommendations for prioritization, not all countries follow exactly the sequence outlined in the [WHO prioritization roadmap](#).

4. WHEN CAN I EXPECT TO RECEIVE MY VACCINATION?

Most UN personnel should receive the COVID-19 vaccine through their own national/host country vaccination programmes, according to the timelines and prioritization guidelines of those programmes. UN personnel should be receiving their vaccination based on their particular status (age, health status, etc.) within the local health authorities' or [WHO's prioritization roadmap](#).

In duty stations where vaccination through the national programme may not be possible, the Department of Operational Support (DOS) is working to ensure alternative arrangements are put in place for UN personnel and their eligible dependents.

Additional information will be communicated as soon as it becomes available, through the [UN COVID-19 webpage](#), the [iSeek COVID-19 page](#), and your office.

5. IS COVID-19 VACCINATION MANDATORY FOR UN PERSONNEL?

COVID-19 vaccination is not mandatory for UN personnel and their dependents, but it is strongly recommended.

The UN recommends UN personnel and their dependents receive a COVID-19 vaccine that has been approved by WHO and/or by two Stringent Regulatory Authorities (SRAs) for emergency use. Any immunization procedure, regardless of whether it has been approved by WHO and/or by two Stringent Regulatory Authorities (SRAs), should always be based on the recipient's informed consent.

The UN provides regular information from different sources on the state of progress in the field of research and development of vaccines globally, with a view to assisting UN personnel and their family members when they are in the process of making an informed decision as to whether to participate in a vaccination programme. In addition, the UN seeks to coordinate its system-wide action based on the recommendations of the WHO as lead health agency, while taking into account applicable national COVID-19 regulations in the different host countries. UN personnel and their family members should consult their healthcare provider or treating physician for additional information.

All UN personnel and dependents participating in national vaccination campaigns, or in the UN System-wide COVID-19 Vaccination Programme, should obtain comprehensive information/briefing from their healthcare provider or treating physician on the type of vaccine



being offered, in order to be able to make an informed decision about whether or not to take the vaccine.

- [More WHO information on COVID-19 vaccines](#)
- [More information from the UN Medical Directors on COVID-19 vaccines](#)

Consistent with the UN standards of conduct and host country agreements, where applicable, UN personnel are expected to respect and comply with instructions, preventive and protective measures and other anti-COVID-19 policies of the host country.

6. WILL VACCINATIONS BECOME A REQUIREMENT FOR PHYSICAL RETURN TO THE PREMISES IN THE NEXT NORMAL WHEN WE GET TO THAT STAGE?

Whilst the UN [system] organizations do not intend to make COVID-19 vaccination mandatory, including in the context of a physical return to the premises, receiving such vaccination is strongly recommended. While the WHO does not recommend the use of “Vaccine passports” at this time, it appears that many individual countries are considering this strategy and therefore may require vaccination for certain activities/travel.

7. WILL THE VACCINE BE COVERED UNDER UN MEDICAL INSURANCE PLANS?

Yes. Similar to other vaccines, coverage of the vaccine is foreseen under the medical plans when recommended by the local health authorities and/or the WHO, and when vaccines are not offered free of charge by national governments.

8. AT WHAT RATE WILL THE VACCINES AND THE (PARA)MEDICAL FEE TO ADMINISTER THE VACCINE, BE COVERED?

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan:

- UNHQ medical plans Aetna PPO, Empire PPO, UN Worldwide Plan or UN MIP
- Geneva-based plan UNSMIS
- Vienna-based plans, insured through Allianz

9. WILL THE MEDICAL PLANS LIMIT REIMBURSEMENT FOR VACCINES UP TO A MAXIMUM AMOUNT?

There is no pre-determined maximum amount. Vaccines will be reimbursed up to the reasonable and customary level for the specific vaccine. Reasonable and customary refers to the prevailing pattern of charges for the vaccine at the duty station where the vaccine is administered as reasonably determined by the third-party administrator.

10. IF A STAFF MEMBER DECIDES TO RECEIVE A VACCINE THROUGH THE PRIVATE SECTOR INSTEAD OF THE NATIONAL/HOST COUNTRY OR THE UN SYSTEM-WIDE



COVID-19 VACCINATION PROGRAMME, WILL THE STAFF MEMBER BE REIMBURSED?

Yes. While the national/host country or the UN System-wide COVID-19 Vaccine Programme are the recommended sources for the vaccine, if staff members are unable to get the vaccine through a government or a UN System-wide COVID-19 Vaccination Programme, staff members will be eligible for reimbursement for vaccination administered by a private provider under their medical insurance plan.

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan.

11. WILL A MEDICAL PRESCRIPTION BE REQUIRED IN ORDER FOR THE COST OF RECEIVING THE VACCINE TO BE COVERED UNDER UN MEDICAL PLANS?

No, third-party administrators will not require a prescription to be submitted in order for coverage to apply, but a prescription may be required in order to obtain the vaccine in any given location.

12. WHICH VACCINE IS THE UN ADMINISTERING AS PART OF THE UN SYSTEM-WIDE COVID-19 PROGRAMME?

The UN has acquired doses of Covishield, the version of AstraZeneca/Oxford COVID-19 vaccine manufactured by the Serum Institute of India, approved under emergency use listing procedures (EUL) by WHO.

See COVISHIELD Fact Sheet here:

https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf

13. ARE COVID-19 VACCINES SAFE?

The World Health Organization (WHO) and its partners are committed to accelerating the development of COVID-19 vaccines while ensuring that all vaccines are as safe as possible. All clinical trials are rigorously evaluating vaccines for safety.

- [More WHO information on the COVID-19 vaccines.](#)
- [More information from the UN Medical Directors regarding COVID-19 vaccines.](#)

14. IS THE OXFORD-ASTRAZENECA/COVISHIELD VACCINE SAFE?

Rare adverse events following immunizations should be assessed against the risk of deaths from COVID-19 disease and the potential of the vaccines to prevent infections and reduce deaths due to diseases.

On 7 April 2021 WHO Global Advisory Committee on Vaccine Safety (GACVS) reviewed reports of rare cases of blood clots with low platelets following vaccination with the AstraZeneca COVID-19 vaccine (including Covishield). They reported “that whilst concerning,



the events under assessment are very rare, with low numbers reported among the almost 200 million individuals who have received the AstraZeneca COVID-19 vaccine around the world.”

See full GAVCVS statement here: <https://www.who.int/news/item/07-04-2021-interim-statement-of-the-covid-19-subcommittee-of-the-who-global-advisory-committee-on-vaccine-safety>

Those who develop severe symptoms after receiving the vaccine should seek medical attention immediately. By recognizing the signs of blood clots and treating them early, healthcare professionals can help those affected in their recovery and avoid complications.

As part of making an informed decision on whether to receive a vaccine, or the Oxford-AstraZeneca vaccine, in particular, individuals should read the vaccine Oxford-AstraZeneca Fact Sheet, found at https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf and consult their medical practitioner.

The above information is dynamic and subject to change. As more information becomes available, this FAQ will be updated.

15. WILL I BE OFFERED A CHOICE OF VACCINE?

At this time, in most countries, people will not be able to choose the kind or the brand of vaccine they want. This, however, could change as other vaccines are authorized for use and vaccine supplies increase.

16. WHAT IF I DO NOT WANT TO RECEIVE THE SPECIFIC TYPE OF VACCINE OFFERED TO ME?

It will be up to the individual to decide if they want to be vaccinated or not and whether they want to accept the type of vaccination being offered by the national/ host country or the UN. It is also important to remember that UN personnel are also expected to comply with all requirements mandated by the host country and national authorities.

17. WHAT IF I WANT TO BE VACCINATED IN MY HOME COUNTRY?

That is a personal choice and up to the individual to decide. The UN will not be responsible for the cost of transportation to the home country. Eligible staff members (and their eligible family members) may however take advantage of home leave, family visit or reverse education grant travel to their home country and be vaccinated when the vaccine becomes available there.

18. WHAT CAN I DO NOW TO HELP PROTECT MYSELF FROM GETTING COVID-19 AS I WAIT FOR MY VACCINATION, OR SINCE A VACCINE IS NOT YET AVAILABLE IN MY COUNTRY?

You should continue covering your mouth and nose with a mask, washing your hands regularly and staying at least 6 feet (or depending on local health authorities’



recommendations) away from others and avoid crowded areas with poor ventilation. These steps will help reduce your chance of being exposed to the virus or spreading it to others.

19. HOW DO THE VACCINES WORK?

Vaccines are all designed to teach the body's immune system to safely recognize and block the virus that causes COVID-19.

Several different types of vaccines for COVID-19 have been developed, or are in development, including:

- **inactivated or weakened virus vaccines**, which use a form of the virus that has been inactivated or weakened so it doesn't cause disease, but still generates an immune response
- **protein-based vaccines**, which use harmless fragments of proteins or protein shells that mimic the COVID-19 virus to safely generate an immune response
- **viral vector vaccines**, which use a virus that has been genetically engineered so that it can't cause disease but produces coronavirus proteins to safely generate an immune response
- **RNA and DNA vaccines**, a cutting-edge approach that uses genetically engineered RNA or DNA to generate a protein that itself safely prompts an immune response

For more information about all COVID-19 vaccines in development, see this [WHO publication](#) (source: WHO).

20. CAN I GET SICK WITH COVID-19 FROM THE VACCINE?

No, the Oxford-AstraZeneca vaccine COVID-19 vaccine does not contain the SARS-CoV-2 virus and cannot give you COVID-19 infection.

However, as with all other vaccines, you may have some side effects, which are normal signs that your body is building immune protection.

Common side effects observed with the Oxford-AstraZeneca vaccine COVID-19 vaccine may include:

- On the arm where you receive the vaccine: pain and swelling
- Throughout the rest of your body: fever, chills, tiredness, headache, other flu-like symptoms such as sore throat or runny nose

These side effects may affect your ability to perform daily activities, but they should typically go away within a few days. You are encouraged to read the following information on Oxford-AstraZeneca vaccine found at https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf.



21. IS IT SAFE TO GET A COVID-19 VACCINE IF I HAVE AN UNDERLYING MEDICAL CONDITION?

COVID-19 vaccination is especially important for people with underlying health problems (e.g. heart disease, lung disease, diabetes, hypertension, cancers, poor immunity and obesity). Such individuals are more likely to develop a severe form of COVID-19.

You should always consult with your health care provider if you have specific questions about the COVID-19 vaccine and your health. On very rare occasions, allergic reactions can occur. If you have had allergic reactions to any vaccines, drugs, medical products, foods etc. in the past, you should discuss the vaccination with your healthcare provider.

You are encouraged to read the following information on [vaccine safety and common side effects](#).

22. I AM DUE FOR MY ROUTINE PREVENTATIVE TESTS, SHOULD I WAIT UNTIL I GET MY COVID 19 VACCINE? WHAT ABOUT MAMMOGRAM?

It is very important for one's health to maintain the preventative care appointments. Most can safely be done before and after vaccination.

With regard to mammogram, ask your doctor how long you should wait after vaccination to get your mammogram. People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram.

Some experts recommend getting your mammogram before being vaccinated or waiting four to six weeks after getting your vaccine.

23. HOW MANY DOSES OF VACCINES HAVE TO BE TAKEN AND AT WHAT TIME INTERVAL?

This depends on the type of vaccine you are given. With most COVID-19 vaccines, you will need two doses in order for them to work, with a few weeks in between. You should get the second shot even if you have side effects after the first dose, unless a vaccination provider or your doctor tells you not to get a second dose.

Different types of vaccines have different vaccination schedules, and other vaccines that are in the process of approval and/or development may require just a single dose.

24. CAN I RETURN TO LIFE AS NORMAL AFTER I'VE BEEN VACCINATED?

For the time being, even after receiving the vaccine, you should continue to stay vigilant (wear a mask, wash your hands and maintain physical distancing) until the vast majority of the population is immune.



We are still awaiting scientific confirmation that a vaccinated person, when exposed to the virus, might continue to spread it to others when asymptomatic.

Please note that vaccines continue to protect the person who receives the vaccine.

25. IF I HAVE ALREADY HAD COVID-19 AND RECOVERED, DO I STILL NEED TO GET A COVID-19 VACCINE?

Yes. The COVID-19 vaccination should be offered to you regardless of whether you have already had the COVID-19 infection previously. The protection from a vaccination appears to provide more effective protection.

However, those who are currently infected with COVID-19 should postpone vaccination until after their illness has run its course and after they have met their health authorities' criteria to discontinue isolation.

Additionally, current evidence suggests that re-infection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired.

26. AFTER I AM VACCINATED, HOW LONG WILL VACCINE IMMUNITY LAST?

Researchers do not yet know yet how long immunity lasts after vaccination. That is why continuation of public health preventive practices, e.g. wearing a mask, washing your hands regularly and physical distancing, will still be important for some time to come.

27. WHY SHOULD A VACCINE BE NEEDED IF WE HAVE OTHER PUBLIC HEALTH MEASURES LIKE PHYSICAL DISTANCING AND WEARING MASKS, TO PREVENT COVID-19 FROM SPREADING?

Stopping a pandemic requires using all tools available, including:

- Acquiring immunity against COVID-19, naturally (by contracting the illness) or through vaccination.
- Avoiding contracting and spreading COVID-19 by respecting preventive measures like covering your mouth and nose with a mask and staying at least 6 feet (or depending on local health authorities' recommendations) away from others.
- Wearing of masks when you are in crowded settings, where you cannot be at least 6 feet from others and in rooms with poor or unknown ventilation.

Together, being vaccinated against COVID-19 along with following WHO's and other public health recommendations will offer the best protection from COVID-19 for yourself and those around you.



28. IF I GET A COVID-19 VACCINE, WILL IT CAUSE A FALSE POSITIVE FOR COVID-19 DIAGNOSTIC TESTING (I.E. PCR OR ANTIGEN TESTS)?

Receiving the COVID-19 vaccine will **not cause** a positive PCR or antigen laboratory test result since these specific tests check for active disease and not whether an individual is immune or not.

However, it should be noted that the antibody test (or “serology test”) may be positive in someone who has been vaccinated, since that is a specific test that measures COVID-19 immunity in an individual.

ABOUT UN SYSTEM-WIDE VACCINATION PROGRAMME COORDINATION

29. HOW IS THE COVID-19 VACCINATION PROGRAMME FOR UN PERSONNEL COORDINATED?

The UN System-wide COVID-19 Vaccination Programme is coordinated by a recently established Vaccine Deployment Working Group, led by the Department of Operational Support at the UN Headquarters in New York. This Working Group incorporates representatives from several UN system entities, leveraging expertise from across the UN System. A Field Communications Working Group coordinates all communication related to the vaccine deployment effort.

30. WHAT IS THE GLOBAL VACCINE DEPLOYMENT SUPPORT TEAM (“GVDST”)?

Set up by the Vaccine Deployment Working Group, the GVDST provides hands-on support to the UN country teams and field missions as they carry out the vaccination effort on the ground, from the development of local vaccination plans to the execution phase. GVDST is comprised of representative from the UN Medical Directors (UNMD) network, the Field Communications Working Group as well as DOS IT and logistics teams and are dedicated to assisting in addressing gaps and obstacles identified in specific country vaccination plans. Further information and guidance can be accessed [here](#).

31. WHAT IS THE ROLE OF LOCAL VACCINE DEPLOYMENT COORDINATORS (LVDC)?

Local Vaccine Deployment Coordinators are responsible for the roll-out of the vaccine program to eligible recipients within their respective UN country teams and field missions, with guidance and support provided by the Global Vaccine Deployment Support Team at all stages of the program. Local Vaccine Deployment Coordinators work in collaboration with stakeholders in country to ensure that population data is accurate, eligible individuals register for vaccination, doses are received, handled and transported safely in country, vaccine administration arrangements are in place, etc. Further information and guidance can be accessed [here](#).

See latest list of LVDCs per duty station [here](#).

32. WHAT IS THE ROLE OF UN COUNTRY TEAMS AND UN FIELD MISSIONS?



Local Vaccine Deployment (LVD) plans are developed at country level with guidance from the Global Vaccine Deployment Support Team. Generally, Local Vaccine Deployment Coordinators, nominated by senior leadership, will assemble a Local Vaccine Deployment team in charge of developing country specific COVID-19 vaccine deployment plans. The LVD plans are developed in coordination with other UN country team partners. UN system organizations' human resources, legal offices, communications experts as well as medical, logistics, maintenance and security personnel should all be consulted and participate in the formulation of the plan and its subsequent implementation. Such plans should consider a number of criteria, including the size of the population eligible for the vaccine under the UN System-wide COVID-19 Vaccination Programme, the number of duty stations in country as well as the access to local health care services.

In countries with integrated missions, the local vaccine deployment coordinators lead teams of focal points from the different stakeholders (UNCT, Missions, AFPs) to put together a vaccination program that addresses the requirements of both the civilian and uniformed personnel.

The Global Vaccine Deployment Support Team has provided a range of resources for UN Country Teams and Field Missions to assist them in this process. These resources include guidelines, SOPs and checklists that should be used to assess the operational readiness of UNCT and UN Missions to receive and administer the COVID-19 vaccine to UN Personnel. All resources can be accessed [here](#).

33. IF A COUNTRY TEAM/ FIELD MISSION IS NOT INCLUDED IN THE COVID-19 VACCINATION PROGRAMME FOR UN PERSONNEL, DOES IT REQUIRE A FORMAL LOCAL VACCINE DEPLOYMENT TEAM?

The Local Vaccine Deployment Coordinator should be identified but the formation of an entire team is not necessary unless and until a plan needs to be developed. The Local Vaccine Deployment Coordinator should keep track of vaccinations conducted through national programmes and ensure that issues are flagged, and concerns addressed.

34. WHERE CAN COUNTRY TEAMS OBTAIN GUIDANCE AND SUPPORT FOR THEIR COUNTRY LEVEL COMMUNICATIONS EFFORTS?

The Field Communications Working Group, covering MEDEVAC, First Line of Defense (FLOD) and Vaccines, meets weekly and ensures that all guidance and information relevant to the UN System-Wide COVID-19 Vaccination Effort is clearly and consistently communicated to all personnel and related audiences across the system. It also works to ensure that all such communications are a cohesive part of the overarching UN COVID-19 Communications Strategy. The working group maintains a repository of content that Country Teams and UN Field Missions can access for their specific comms needs. For further information, please contact: covidvaccines@un.org



35. HOW ARE SHIPMENTS OF VACCINES BEING CENTRALLY COORDINATED?

The Global Vaccine Deployment Support team is planning to ship the first doses of vaccines available to those duty stations that are ready to receive vaccines, following the priority list defined by the UN Medical Directors (UNMD) country priority tool. The first shipments will include first doses for as many high-risk individuals as possible across priority countries. While going down the list of priority countries, certain UN duty stations may be placed on “hold” for a number of reasons, such as the confirmed access to vaccine through the national program, the effort to synchronize with the COVAX deployment, the lack of authorization from the host nation to import vaccine and other reasons.

36. Can I get the COVID-19 vaccination if I am pregnant or breastfeeding? Pregnancy and breast feeding are not contraindications to the COVID-19 vaccination. Ultimately the choice to vaccinate depends on risk benefit.
37. Is the UN able to procure me a specific vaccination upon request? No. The vaccination process is described in other questions. The UN is not able to help procure a specific vaccine eg.mRNA vaccine in a country that is only administering AstraZeneca vaccine.
38. Are the current vaccines still effective against COVID-19 variants? While this is an evolving area at this time WHO recommends vaccination even in areas with circulating variants, as such vaccines remain effective against severe disease and deaths. Depending on the variants and vaccine type vaccine efficacy might be reduced however further study is required.

ADDITIONAL RESOURCES:

[The UN Intranet-iSeek: COVID-19 Response page](#)

[UN COVID-19 Response page](#)

[World Health Organization](#)

[COVAX Explained](#)

[Centers for Disease Control and Prevention \(USA\)](#)

[UNICEF COVAX Information Centre](#)

[WHO SAGE Roadmap For Prioritizing Uses Of COVID-19 Vaccines](#)

REFERENCES:

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-\(covid-19\)-vaccines](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-(covid-19)-vaccines)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

https://www.un.org/sites/un2.un.org/files/coronavirus_unmdstatementcovidvaccine.pdf

CONTACT FOR STAFF

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