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**Vaccines Make Deaths and Hospitalizations Preventable Even as Coronavirus Delta Variant Raises New Concerns for Unvaccinated**

**VaccineVoices.Org Message Points on the Delta Variant and Vaccinations**

**Drafted by the AAMC for our member institutions**

**July 29, 2021**

**Latest on the Delta Variant:**

* **The Delta variant of the coronavirus is now the dominant variant in the United States. In late July, this variant accounted for 83% of new cases in the United States, up from 31% a month earlier.** 
  + The Delta variant is 60% more infectious than the Alpha variant — and that variant was itself 50% more infectious than the original coronavirus.
  + The Delta variant is highly transmissible and is spreading rapidly across the United States. New cases are creating new health concerns and posing a greater threat as the variant spreads among unvaccinated individuals.
  + Further spread may reverse the progress that we have made as a nation and is already leading to isolated surges in states and communities with lower vaccination rates.
* **We are especially seeing cases of COVID-19 rise in communities and states where vaccination rates remain low. Unvaccinated children, too, seem to be at increased risk for severe illness.**
* **Deaths and hospitalizations from COVID-19 are now, almost always, preventable. In fact, more than 99% of all hospitalizations and deaths in the last month have occurred among unvaccinated people, according to the CDC. This is different from the start of the pandemic when we did not have effective vaccines.** 
  + This proves how effective the vaccines have been at preventing severe infections and death. Deaths per day could be practically zero if everyone eligible chose to get vaccinated.
* **The three available COVID-19 vaccines are highly effective at preventing severe disease, hospitalizations, and deaths caused by the Delta and other known variants of the COVID-19 virus. The only way to beat the race against the variants is to win the race to full vaccination.** 
  + Fully vaccinated individuals are at less risk of symptomatic disease, hospitalizations, and deaths caused by the Delta and other variants.
  + It is important that everyone complete a full vaccination regimen and wait two weeks after their final dose before they consider unmasking and seeing family and friends.
* **Getting more people vaccinated also means we are protecting the more vulnerable among us from getting COVID-19, including:** 
  + Those with underlying conditions who don’t have a sufficient immune response to the vaccines, including older people or people on medicines that suppress their immune systems.
  + Those who are unable to get vaccinated due to underlying conditions.
  + Children under 12 who are not yet eligible for vaccination.
* **Many hospitals and health systems, including the Veterans Health Administration, have recently mandated vaccination among health care workers.** 
  + This will help protect patients, staff, and their families, many of whom are immunocompromised or who cannot get vaccinated for medical reasons.
* **But there are parts of the country where vaccination rates have stalled and COVID-19 rates are again growing or remain high.** 
  + Polls have shown that about 15% of U.S. residents have no intention of being vaccinated.
  + About 3 in 10 eligible U.S. residents still have not received a single dose of a COVID-19 vaccine, and the rate of infection among unvaccinated Americans rivals the spike that occurred during the peak pandemic months of December 2020 and January 2021.
  + For ongoing updates about vaccination attitudes and experiences in the United States, see the Kaiser Family Foundation dashboard. <https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard>.
* **While the Delta variant is spreading, we need to go back to basics: vaccinations, masking in indoor areas within certain communities with high infection rates, and social distancing.** 
  + If you’re in an area where there is substantial or high community transmission of COVID-19, you should wear a mask in public indoor settings even if you’re fully vaccinated.
  + Preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can be infectious and can spread the virus to others.

**General Message Points:**

* **We need more people to get vaccinated so we can get back to school buildings, back to safe work conditions, back to business, back to seeing friends and family the way we used to.** Vaccines are helping us to end the pandemic. They’ve already saved lives, given families the ability to see each other in person, and enabled businesses to reopen.
* **Younger adults have been getting vaccinated at a slower rate than older age groups — as of July 13, only about 34% of the population ages 12-17 and 49% of those ages 18-39 have received at least one dose.** 
  + As a result of these slower vaccination rates, younger adults and adolescents have made up a larger portion of new COVID-19 cases and hospitalizations in recent weeks.
  + Leaving this group unvaccinated could give the virus a chance to spread, mutate, and potentially develop into a strain resistant to existing vaccines.
* **COVID-19 vaccines are safe and effective. These vaccines were evaluated in tens of thousands of participants in clinical trials.** Trial participants included Black, Native American, White, Hispanic/Latino, and Asian American populations, so no one needs to worry the vaccines were not tested in people like them.These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.
* **Although most people with COVID-19 get better within weeks to months of illness, some do not and have long-term complications such as trouble breathing, tiredness/fatigue, chronic pain, heart issues, or recurring headaches.** The best way to prevent these long-term complications is to avoid contracting COVID-19 by getting vaccinated. Experts do not know why or how often some people experience post-COVID conditions. Scientists are actively investigating the causes of this so-called long-haul COVID.
* **You can find the nearest available COVID-19 vaccines at** [**Vaccines.gov**](https://www.vaccines.gov/)**.** More guidance for fully vaccinated and unvaccinated people can be found from the CDC at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>.

**Variant Questions:**

*Source:* [*https://www.cdc.gov/coronavirus/2019-ncov/variants/index.html*](https://www.cdc.gov/coronavirus/2019-ncov/variants/index.html)

**What are COVID-19 variants?**

* **Viruses constantly change or mutate, and these new variations of the virus are called variants. Like other viruses, new COVID-19 variants are expected to occur over time.**
* **Information about the characteristics of these variants is rapidly emerging.** Scientists are working to learn more about how easily they spread, whether they could cause more severe illness, and whether currently authorized vaccines will protect people against them.

**How do variants occur?**

* **Viruses constantly change through mutation, and large-scale replication of a virus increases opportunities for variants to occur.** Sometimes new variants emerge and disappear. Other times, new variants emerge and persist. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.

**Are scientists studying the variants?**

* **Scientists monitor changes in the coronavirus, including changes to the spikes on the surface of the virus.** These studies, including genetic analyses of the virus, are helping researchers understand how changes to the virus might affect how it spreads and what happens to people who are infected with it.

**How many variants of COVID-19 are there?**

* **Dozens of variants are currently circulating in the United States.** One of the most concerning ones is the dominant variant in the United States, the Delta variant, which was first identified in India. Other variants include the Alpha variant, first identified in the United Kingdom; the Beta variant, first detected in South Africa; and the Gamma variant, first identified in travelers from Brazil and Japan.

**Why is achieving higher vaccination rates a winning strategy against variants?**

* **Variants have the potential to arise with every new COVID-19 infection and can emerge even in asymptomatic people.**
* **The best way to prevent new and potentially deadlier variants from developing is to prevent COVID-19 infections through widespread vaccination.** The more people are vaccinated, the harder it will be for COVID-19 to spread and for new variants to form.

**Do precautions like masking and social distancing work against these variants?**

* **Yes, to an extent. Masks and social distancing provide some protection, but not the same as prevention through vaccination — the most effective method of prevention.** We should all keep wearing a mask indoors in areas with low vaccination rates, staying at least 6 feet apart, avoiding crowds, and washing our hands.

**Are there things we are still learning about some of these variants?**

* Scientists are working to learn more about these variants, and more studies are needed to understand each of them. Researchers are working to learn:
  + How widely these new variants have spread.
  + How the disease caused by these new variants differs from the disease caused by other variants that are currently circulating.
  + How these variants may affect existing therapies, vaccines, and tests.
* Public health officials want to understand whether each variant:
  + Spreads more easily than others from person-to-person.
  + Causes milder or more severe disease in people.
  + Is detected by currently available viral tests.
  + Responds to medicines currently being used to treat people for COVID-19.
  + Changes the effectiveness of COVID-19 vaccines.

**Vaccine Questions:**

*Source:* [*https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html*](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html)

**How do I compare COVID-19 vaccines?**

* **The vaccines currently available in the United States — all authorized for emergency use — are highly effective at preventing symptoms, hospitalizations and deaths.** These three are the Pfizer-BioNTech (two shots), the Moderna (two shots), and the Johnson and Johnson/Janssen (one shot) vaccines.
* **The Pfizer and Moderna vaccines both use genetic proteins called mRNA and they require two doses spaced several weeks apart.** Other vaccines that need two doses include longstanding ones for measles-mumps-rubella and for shingles. The first dose creates an immune response in your body, and the second reinforces it. Compare this to pushing something partway up a hill, then having someone jump in to help you push it the rest of the way. These vaccines prime your immune system by instructing the body to make antibodies that then fight COVID-19.
  + **The mRNA vaccines have been shown to be highly effective in preventing infections in real-world conditions.** In fact, the mRNA technology has been studied for two decades. In trials, nearly 4,000 health care personnel, first responders, and frontline and essential workers were tested weekly over 13 weeks. Those who were fully vaccinated — 2-weeks after their second dose — were 90% less likely to get infected, while those who had received only their first dose were 80% less likely.
  + The mRNA, or genetic proteins, do not stay in your body and will go away in a short period of time. Your body’s immune system will do the rest of the work. The mRNA does not change your DNA in any way.
* **The J&J vaccine primes your immune system in a different way.** Instead of mRNA, it uses a weakened cold virus as a delivery mechanism. With this vaccine, scientists found that one dose is sufficient to teach the body how to make antibodies to fight COVID-19.
* **Initial studies and current information continue to show that all three vaccines are highly effective. and are a critical tool in bringing the pandemic under control and preventing the development and spread of more serious variants.**

**But what about breakthrough cases we’ve been hearing about, when people get COVID-19 after being vaccinated?**

* **The CDC is working with state and local health departments to investigate COVID-19 vaccine breakthrough cases.** To date, no unusual patterns have been detected in the data the CDC has received.
* **It’s very important to wait until fully vaccinated (two weeks after the last dose) to meet with other vaccinated people and begin following other CDC guidelines for fully vaccinated people.** Continue to mask, keep six feet apart, avoid large groups, and follow other guidelines when out in public — before and after vaccination.
* **No vaccines are 100% effective at preventing illness.** The overall risk of hospitalization and death among fully vaccinated people is much lower than among people with similar risk factors who are not vaccinated. However, there will be a small percentage of people who are fully vaccinated who still get sick, are hospitalized, or die from COVID-19.

**Is one of the vaccines better than the others? Should I wait to get a particular vaccine?**

* **Experts advise that you should get any COVID-19 vaccine that is available. Do not wait for a specific brand.** All currently authorized and recommended COVID-19 vaccines are safe and effective, and the CDC does not recommend one vaccine over another.

**How were the vaccines tested? Was the approval process rushed?**

* **The vaccines were produced quickly, but no shortcuts were taken when it comes to testing or safety.** In fact, the mRNA technology used for the Pfizer and Moderna vaccines has been studied for two decades. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA) for each of the current vaccines — the same standards other vaccines are held to. While adjustments were made to increase speed in the vaccines’ production, safety was not one of them.
* **The vaccines approved in the United States were the result of trials conducted across a diverse group of Americans**. They included Black, Native American, White, Hispanic and Latino, and Asian American populations, so no one needs to worry the vaccines were not tested in people like them.

**What does emergency use authorization mean, under which the current vaccines were approved by the FDA?**

* Emergency use authorization is a way to make vaccines, medicines, and other medical supplies available quickly during a public health emergency, such as the current COVID-19 pandemic. However, the FDA did follow all customary steps required for safety. Once the vaccines have been used for a longer period of time, they will have full FDA approval.
* After the FDA approves a vaccine or authorizes a vaccine for emergency use, experts continue to assess the vaccine’s effectiveness — how a vaccine works in real-world conditions. The goal is to understand how a vaccine protects in daily life, outside of strict clinical trial settings. The CDC and the FDA are monitoring all three current vaccines approved for use in the U.S.

**Why do the Moderna and Pfizer vaccines require two doses while the J&J vaccine requires only one?**

* The Pfizer and Moderna vaccines require two doses spaced several weeks apart because the first dose creates an immune response in your body, and the second reinforces it. Other vaccines that need two doses include those for measles-mumps-rubella, HPV, and shingles.
* With the J&J vaccine, research demonstrates that one dose teaches your body how to make antibodies to fight COVID-19.

**Were people like me included in trials?**

* **COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials.** The vaccines met the FDA’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.
* **The vaccines approved in the United States were the result of trials conducted across a diverse group of Americans**. They included Black, Native American, White, Hispanic and Latino, and Asian American populations. The public can be reassured that the vaccines were tested in people like them.
* **Over 340 million doses of the COVID-19 vaccines have been given in the United States from December 14, 2020, through July 21, 2021.**
* **Tens of millions of people in the United States have received COVID-19 vaccines since they were authorized for emergency use by the FDA.** These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

**Were pregnant people included in trials and are the vaccines safe for them? Will the vaccines prevent people from becoming pregnant or cause infertility?**

* **Clinical trials to evaluate the safety and efficacy of COVID-19 vaccines in pregnant people are underway.** The vaccines’ safety is constantly being monitored, and so far, no specific safety concerns have been identified for pregnant people or their babies.
* **There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta.** Based on how these vaccines work in the body, experts believe they are unlikely to pose a specific risk for people who are pregnant.
* **In addition, there is no evidence that fertility problems are a side effect or complication of any vaccine, including COVID-19 vaccines.**

**Can I get COVID-19 from the vaccines?**

* **You cannot get COVID-19 from any of the vaccines.** None of the authorized and recommended COVID-19 vaccines or those currently in development in the United States contain the live virus that causes COVID-19.

**How long does protection from the vaccine last?**

* **We don’t know how long protection lasts for those who are vaccinated. What we do know is that COVID-19 has caused very serious illness and death for a lot of people.** If you get COVID-19, you also risk giving it to loved ones who may get very sick. Getting a COVID-19 vaccine is a safer choice.
* **Experts are working to learn more about both natural immunity and vaccine-induced immunity.**

**How much does it cost to get the vaccine?**

* **All three vaccines are free to U.S. residents.** The federal government is providing free vaccination to everyone. Even if you can’t pay the vaccine administration fee, you cannot be turned away.

**Will the vaccine alter my DNA?**

* **The vaccines will not alter your DNA.** The genetic proteins (mRNA) do not stay in your body and will go away in a short period of time. Your body’s immune system will do the rest of the work. The mRNA does not change your DNA in any way.

**What if I don’t have access to vaccines in my area? How can I find out where to get vaccinated?**

* The availability of vaccines continues to increase throughout the country. You can explore where to get vaccinated in your local community through Vaccines.gov or check with your state or local health department. Most vaccination sites should take walk-ins at this point, but some may still require appointments ahead of time.

**Should I be concerned about reports of inflammation of the heart in young people who have received mRNA COVID-19 vaccines?**

* Since April 2021, the CDC has identified 226 cases of inflammation of the heart — called myocarditis and pericarditis — happening after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna) in the United States, particularly in male adolescents and young adults aged 16 and older. These reports are very rare, given the millions of people who are now fully vaccinated with mRNA vaccines.
* Of those few individuals affected, most who received care responded well to medicine and rest, and quickly felt better. Patients can usually return to their normal daily activities after their symptoms improve, and they should speak with their doctor about return to exercise or sports.
* The CDC and other agencies are reviewing the data and cases to learn more.
* Cases of myocarditis and pericarditis have been reported:
  + Mostly in male adolescents and young adults aged 16 years or older.
  + More often after getting the second dose of one of these two COVID-19 vaccines than after the first dose.
  + Typically within several days after COVID-19 vaccination.
* The CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older, given the greater risk of COVID-19 illness and potential severe long-term complications.
* Getting vaccinated is the best way to help protect yourself and your family from COVID-19.

**Should I be concerned about reports of an increased risk of Guillain-Barré Syndrome in people who have received the Johnson & Johnson/Janssen COVID-19 vaccine?**

* People receiving the Johnson & Johnson/Janssen COVID-19 vaccine could be at increased risk for developing Guillain-Barré syndrome during the 42 days following vaccination.
* Only about 100 preliminary cases of Guillain-Barré have been detected in vaccine recipients after the administration of 12.8 million doses of the J&J vaccine in the United States.
  + The cases have largely been reported about two weeks after vaccination and mostly in men, many aged 50 and older.
  + Outside of the J&J vaccine context, Guillain-Barré syndrome usually occurs at a rate of about 60 to 120 cases each week, according to CDC data. Each year in the United States, around 3,000 to 6,000 people develop the illness.
  + Most people who develop the rare syndrome recover.
* Available data do not show a pattern suggesting a similar increased risk of Guillain-Barré with the other available COVID-19 vaccines.
* The CDC and other agencies are reviewing the data and cases to learn more.
* **This should not stop people from accepting the J&J vaccine if it is available to them.**
* **The benefits of the J&J vaccine outweigh its risks and — even more so — outweigh the risks of contracting COVID-19.**
* **Getting vaccinated is the best way to help protect yourself and your family from COVID-19 and its variants.**

**There is discussion about whether businesses or governmental entities can institute “vaccine passports” or mandate vaccines for certain groups to allow people to go to work or participate in other activities. Are there contexts where requiring employees or customers to be vaccinated would be beneficial?**

* As more infectious variants of the virus continue to spread in our communities, we should be focusing on how to get people in our communities vaccinated to the point where the virus isn’t spreading as quickly and businesses are able to safely reopen again for their customers and employees.
* Our attention should be on controlling the spread of the virus and its variants. The only way we can do that is by vaccinating as many people as we can as quickly as possible. We need to expand access to the vaccines, understand people’s concerns, and ensure they have all the information theyneed to get vaccinated as quickly as possible.
* All businesses set standards for their employees to protect the safety of their workforce and patrons — standards that vary depending on the type or size of the business. Every industry has its own set of safety regulations it must follow and, on top of that, each sector is making its own judgment calls on how to best protect staff and customers and keep business viable.
  + In some settings, a business may decide that one of those safety standards will be COVID-19 vaccination.
  + There is clear EEOC guidance on making sure that whatever safety standard a business sets is reasonable, not arbitrary. This guidance considers potential negative effects on certain types of employees, including to what extent and how they might accommodate those who may object for disability-related or religious reasons.
* It is understandable that individuals may have questions about the safety of the vaccines. Yet while adjustments were made to increase the vaccines’ production throughout the past year, no shortcuts were taken when it comes to safety.
  + The reason the COVID-19 vaccines were developed so quickly is because scientists have already been working on mRNA vaccine technology for over two decades.
  + The mRNA vaccines currently available have been shown to be highly effective in preventing COVID-19 infections in clinical trials and in real-world contexts.
    - The vaccines have completed rigorous trials with tens of thousands of individuals and have been authorized for emergency use. The vaccines are not experimental and cannot alter a person’s DNA.
    - In trials, nearly 4,000 health care personnel, first responders, and frontline and essential workers were tested weekly over 13 weeks. Those who were fully vaccinated (two weeks after their second dose) were 90% less likely to get infected than unvaccinated people, while those who had received only their first dose were 80% less likely.
  + Since the vaccines’ authorization, hundreds of millions of people have been vaccinated safely. Fully vaccinated individuals have been shown to have a significantly lower chance of COVID-19 infection than unvaccinated people.
  + The COVID-19 vaccines available today have been proven to be the safest and most effective way to prevent COVID-19 and the potential hospitalization, death, and long-term complications that are all too common with infection.

**Vaccines for Children Ages 12 to 15**

**How effective is the Pfizer vaccine in children 12-15 years old?**

* An analysis of cases of COVID-19 occurring among 12- to 15-year-old participants seven days after their second dose was conducted. In this analysis, the vaccine was 100% effective in preventing COVID-19 infection.

**What concerns are parents likely to have about vaccinating 12- to 15-year-olds?**

* We will likely hear the same concerns from parents of younger children that we have heard from parents of older teenagers and adults about themselves:Is the vaccine safe?
* The most commonly reported side effects in the adolescent clinical trial participants, which typically lasted 1-3 days, were pain at the injection site, tiredness, headache, chills, muscle pain, fever, and joint pain. The side effects in adolescents were consistent with those reported in clinical trial participants age 16 and older.
* Not everyone’s experience with side effects will be the same — some may not experience side effects at all. This doesn’t mean that the vaccines are not working.

**What would you say to parents worried about long-term effects?**

* These vaccines have been given to tens of millions of people and have not shown any evidence of long-term problems.
* Even though it is rare for children to get seriously ill from COVID-19, over 4 million children have tested positive for COVID-19 since the onset of the pandemic as of July 8, 2021. More than 16,500 children have been hospitalized from the virus since the pandemic began, and at least 322 have died, making it one of the leading causes of death among children during this time. See <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>.
* This is especially true for children with underlying health conditions such as weakened immune systems, obesity, asthma, developmental delays, diabetes, or other chronic conditions.
* Being vaccinated will likely give parents and teens alike peace of mind to return to more typical activities like in-person instruction and sports participation, which is great for mental health.
* Adolescents also contribute to transmission in households and communities, including older or vulnerable populations. Vaccinating is the best way to minimize this transmission.

**Mask Guidance Questions**

*Source:* [*https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html*](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html)

**What is the CDC’s guidance for fully vaccinated people and why did that change?**

* The CDC had said that fully vaccinated people did not have to wear masks most places anymore. However, that guidance changed on July 27, 2021, due to the rapid spread of the highly transmissible Delta variant in the United States.
* The current guidance from the CDC is:
  + To maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area [of substantial or high transmission](https://covid.cdc.gov/covid-data-tracker/#county-view).
  + Wearing a mask is most important if you have a weakened immune system or if, because of your age or an underlying medical condition, you are at [increased risk for severe disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html), or if someone in your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated. If this applies to you or your household, you might choose to wear a mask regardless of the level of transmission in your area.
  + You should continue to wear a mask where required by laws, rules, regulations, or local guidance.
  + According to the CDC, in general people are considered fully vaccinated two weeks after their second dose in a 2-dose vaccine series, such as the Pfizer or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J vaccine. See https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#footnote.
* If you don’t meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all [precautions](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) until you are fully vaccinated.
* Those who are not fully vaccinated remain at risk for mild or severe illness and death from COVID-19 and should still mask for their own protection and others around them.

**When do people still need to wear masks?**

* There are a handful of instances where people will still need to wear masks even if they’ve had their final vaccine dose two or more weeks ago. The new guidance does not apply to:
  + airplanes, buses, trains and other public transportation,
  + health-care settings,
  + businesses that require them,
  + or where state or local restrictions still require them.
* **The CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.** Children should return to full-time in-person learning in the fall with proper prevention strategies in place.
* **The CDC advice does not override mask orders issued by states, counties, or cities and these can vary in different parts of the country**. Consult your state and local government department of health websites for the latest mask guidance for your area.
* Officials also noted that some occupational settings may also still require masks, especially since some workers may remain unvaccinated.
* Those who have compromised immune systems should speak with their doctors before giving up their masks.
* In families with vaccinated adults and children who cannot be vaccinated yet, adults may still want to wear masks to role model for their children.

**Additional Resources:**

* CDC: Post-COVID Conditions: Information for Healthcare Providers

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html>

* CDC: The Long Haul: Forging a Path through the Lingering Effects of COVID-19

<https://www.cdc.gov/washington/testimony/2021/t20210428.htm>

* CDC: Post-COVID Conditions

<https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>

* CDC: When You’ve Been Fully Vaccinated

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

* Yale Medicine: Comparing the COVID-19 Vaccines: How Are They Different?   
  <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>
* Vox: Why you can’t compare COVID-19 vaccines  
  <https://www.youtube.com/watch?v=K3odScka55A&t=1s>