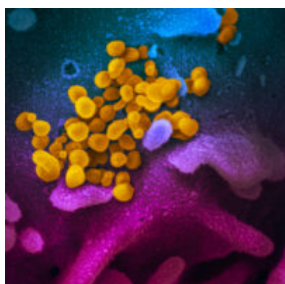


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## COVID-19 AND HIV UPDATES

DECEMBER 30, 2020



The SARS-CoV-2 virus  
(NIAID)

Below are this week's East Bay COVID-19 and HIV updates. This page is usually updated on Wednesday evenings with data and resources gathered from many collaborators in Alameda County, Contra Costa County, Solano County, CA state.

[MASKS](#)[GUIDANCE](#)[RESOURCES & LINKS](#)[ARCHIVES](#)[PDF SUMMARY](#)

Click on these links for masks and face coverings, guidance on prevention, testing and wellness, resources and links, archived weekly updates and the weekly PDF summary. East Bay HIV service organizations are providing services by phone, video with some in-person visits available.

### Jump to:

- [Key updates](#)
- [Vaccine updates](#)
- [Shelter-in-place and ICU status](#)
- [Case, hospitalization and transmission trends](#)
- [New HIV and COVID-19 studies](#)
- [Harm reduction resources](#)
- [Other updates and opportunities](#)



## EAST BAY COVID-19 UPDATES

California's COVID-19 surge is now **the worst in the nation**, with over *12 times the new case rates this week* compared to in October. While there are signs of stabilization, what happens in January will depend a lot on how we do over the

holidays.

**To help us all stay healthy and well through the winter, let's find creative ways to bring in the new year while avoiding in-person gatherings during this surge, hopefully the last big one of the pandemic.**

We recognize that the urge to get together is strong over the holidays. We also recognize that we have power to make smarter choices around social gatherings. The better we do now around avoiding in-person gatherings, the sooner we can get back together in 2021.

The timing of New Year's Eve after Christmas could not be worse for viral transmission dynamics. People exposed and infected at Christmas gatherings will be in their infectious period on New Year's Eve. [Small household gatherings](#) have been drivers of transmission in California, and [larger indoor gatherings, even with mask requirements](#), have been super-spreader events.

Please remember that due to incubation periods and spread before a person has symptoms, a negative COVID-19 test is not enough to safely gather.

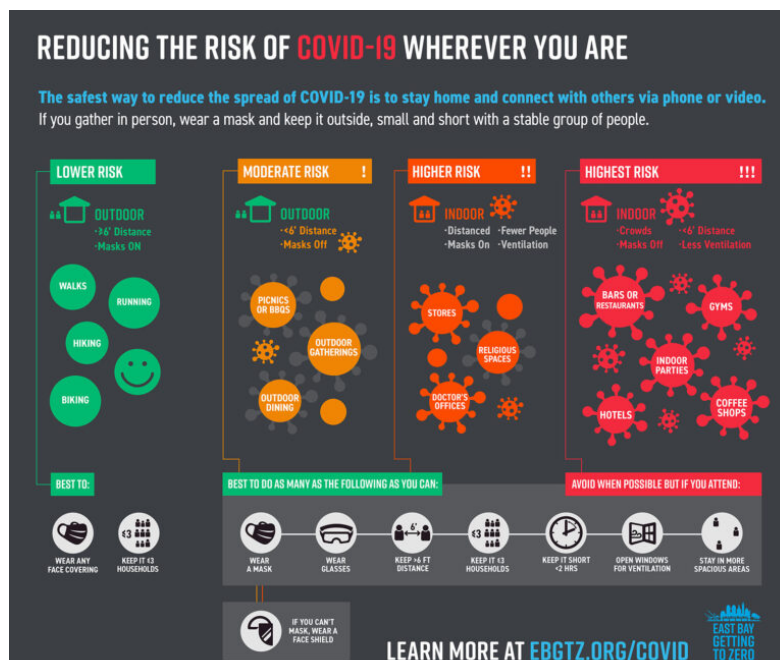
With fewer people testing over the holidays, and the delay in onset of symptoms and testing results, we won't see the true impact of these gatherings until mid-January, then hospitalizations will follow at the end of January and into February.

California ICU capacity is down to 0% and Bay Area ICU capacity slid further down to 7.5%, its lowest capacity since the start of the pandemic response. Southern California and Central Valley ICU capacity have been at 0%. LA County is predicting a ten-fold increase in hospitalizations from October to New Year's Eve. [The LA Times published a photo essay](#) of what an ICU at 0% capacity looks like.

Dr. Mark Ghaly, CA Secretary of Health and Human Services, estimates that about 12% of people who test positive for COVID-19 in California will need hospitalization, and 12% of those hospitalized will require ICU care. Dr. Ghaly announced on December 29 that Shelter-in-place orders for Southern California and the Central Valley have been extended in light of these trends.

**Some Bay Area COVID-19 testing sites are remaining open through the holidays with walk-up slots.**

**Now is the most important time to [wear masks](#), [stay home or outdoors](#), [avoid gatherings](#) and get vaccinated as soon as we're eligible and able to!**



**Our new COVID-19 prevention and harm reduction infographics in English and Spanish are out!** Please download them [here in English](#) and [here in Spanish](#) and share with your clients, coworkers, friends and family! To download printable PDF versions, [click here for the PDF in English](#) and [click here for the PDF in Spanish](#).

## VACCINE ROLL-OUT UPDATES

**California has vaccinated over 260,000** as of December 30th and anticipates another 1.76 million doses of the **Pfizer and Moderna mRNA vaccines** by January 1st. Bay Area counties are still focused on vaccinations for health care workers and nursing home residents at high risk in Phase 1a.

References: *Bay Area public health guidance on gatherings; summary of evidence and scientific studies*

Britain approved the **AstraZeneca vaccine** (using a non-infectious adenovirus vector) on December 30, which is more affordable, more



Aprende más abriendo algunas de las siguientes ligas: [about masks](#) (información acerca de cubre bocas), [COVID guidance](#) (guía del COVID), y [the science behind prevention strategies](#) (la ciencia detrás de las estrategias de prevención).



California Gov. Gavin Newsom looks on, far right, as CDC nurse Helen Cordova receives the Pfizer BioNTech COVID-19 vaccine at Kaiser Permanente Los Angeles Medical Center in Los Angeles, Monday, Dec. 14, 2020. (AP Photo/Jae C. Hong, Pool)

easily made and stored. The **Johnson and Johnson vaccine** (using an adenovirus 26 vector) efficacy results are expected in January. The **Novavax protein-based vaccine** has shown promising preliminary results and started Phase 3 trials in the US on December 28. Results from the Novavax British trial are expected in early 2021.

The **Pfizer vaccine** received Emergency Use Authorization (EUA) approval on December 11. Pfizer shipped 2.9 million doses to receiving facilities the week of December 14, including hospitals, research centers and pharmacies with ultracold freezers. The federal government has

contracted with Pfizer for 100 million additional doses to be delivered by July 2021.

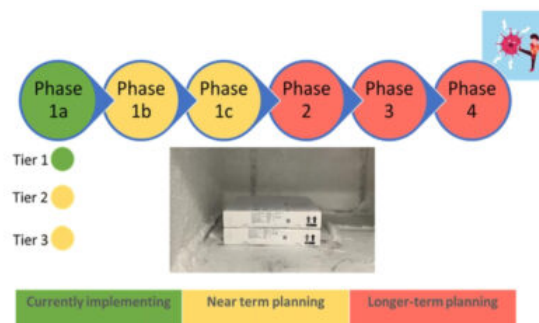
The **Moderna vaccine** received EUA approval on December 17. The first doses arrived in Alameda County on December 24.

Contra Costa County administered its first vaccines on December 15 to health care workers at highest risk of exposure in Phase 1a of the vaccine prioritization framework.

Alameda County has received 34,000 doses as of December 30 and administered its first Phase 1a vaccines on December 18. Reports from hospital and first responder groups thus far show few side effects and high acceptance rates. Hospitals report that they are on track to complete Phase 1a Tier 1 acute hospital worker and first responder vaccinations soon. Vaccinations at nursing homes began the last week of December. Tier 2 vaccinations for community and home health workers will begin soon.

## Alameda County Current Status: Phase 1a, Tier 1 and early Tier 2

- We are receiving weekly shipments of both vaccines now.
- Total of 34,400 doses have arrived since rollout began.
- All acute hospitals in county received vaccine and are actively vaccinating staff
- This week:
  - Finishing Tier 1: 911 first responders (paramedics, EMTs, Fire), dialysis staff, blood banks,
  - Work beginning in SNFs and other LTCF



- Beginning Tier 2 with street outreach staff and COVID testing staff

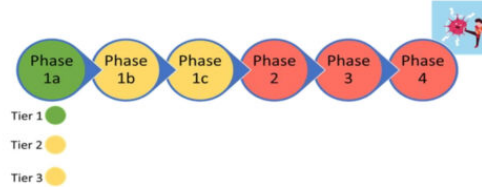
## Alameda County Planning for: Phase 1a, Tiers 2 & 3

Priorities set by the State, but we can do some sub-prioritization to meet local needs

Example: 23k In-Home Supportive Services workers (Race, age, zip code/Healthy Places Index, population served)

### Tier 2:

- Intermediate Care Facility staff & residents
- Home Health Care/In-Home Supportive Services
- Community Health Workers/Promotoras
- Public Health Field Staff
  - Testing site staff
- Primary Care Clinics
  - Federally Qualified Health Centers
  - Rural Health Centers
  - Correctional Facility Clinics
  - Urgent Care Clinics



### Tier 3:

- Specialty Clinics
- Laboratory Workers
- Dental/Oral Health Clinics
- Pharmacy Staff (non-Hospital)

Bay Area counties are following CA state guidelines on vaccine prioritization, which starts with:

**Phase 1a:** Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings, including people in non-clinical roles such as environmental services, patient transport, interpretation and others. Nursing home residents are included in this phase.

Alameda County has further prioritized Phase 1a into these tiers:

- **Tier 1(now!):** People working in acute care, nursing homes and emergency services at highest risk as well as nursing home residents.
- **Tier 2** (expected to start in January): People working in primary care and urgent care clinics, community health workers/promotoras, intermediate care staff and residents, home health workers and public health field staff.
- **Tier 3:** People working in specialty clinics, lab workers, dental and oral health clinics, and non-hospital pharmacy staff.



MARTINEZ, CA - DECEMBER 15: Licensed Vocational Nurse Henri K. receives a Covid-19 vaccine from Infection Prevention and Control Program Manager Holly Longenecker, RN, at the Contra Costa Regional Medical Center in Martinez, Calif., on Tuesday, Dec. 15, 2020. Frontline healthcare workers who work in roles with high risk of exposure to infectious disease received their initial doses of the new COVID-19 vaccine recently approved for emergency use by the U.S. Food and Drug Administration. (Lane Tysler/Bay Area News Group)

**Phase 1b:** Essential workers as prioritized by the State Guidelines Group; current priorities include front-line K-12 teachers, emergency service workers not in Phase 1a and food/agriculture workers; people over the age of 75.

**Phase 1c:** People with underlying conditions that put them at significantly higher risk, such as people with organ transplants on immunosuppressive therapies, COPD, chronic kidney disease, heart conditions, obesity, pregnancy, sickle cell disease, smoking, diabetes, and people over the age of 50 living in congregate settings.

**Phase 2:** People living with HIV and other conditions that put them at moderate risk (and who are not eligible in Phase 1), other essential workers, other people in shelters or group homes, people who are incarcerated, and older adults not in Phase 1.

**Phase 3:** young adults, children, other workers.



**Phase 4:** everyone else.

## PEOPLE LIVING WITH HIV AND COVID-19 VACCINES

Currently all people living with HIV (PLWH) who don't have severe allergic reactions to components of the vaccines are recommended to get the COVID-19 vaccine once eligible. For PLWH not otherwise eligible in Phase 1, all PLWH will be eligible in Phase 2. We don't know yet when there will be enough vaccines for Phase 2 but it will hopefully be in the spring; we may have an estimated timeline next week. So far in studies, there is not enough data among PLWH yet to know if there are differences in population-level outcomes. There is currently no recommendation to check antibody levels for people living with HIV after completing vaccination. We don't know yet if commercially available SARS-CoV2 antibody tests such as at Quest and LabCorp check for the antibody generated by the vaccines, but providers and patients may consider checking for antibody response while we await more data.

**The California COVID-19 vaccine strategy prioritizes safety and equity**, with a [scientific safety review work group](#), a [guidelines work group](#) and a [Community Vaccine Advisory Committee](#) co-chaired by CA Surgeon General Dr. Nadine Burke Harris focused on addressing barriers to equitable vaccine implementation and decision-making.

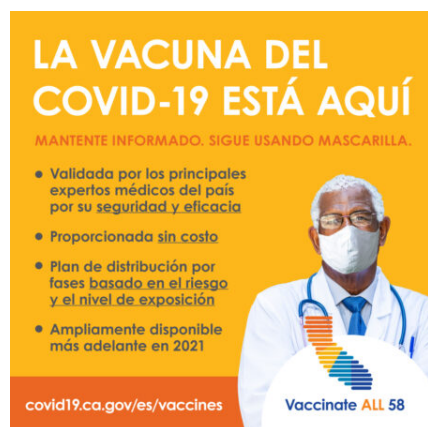
"African-Americans have suffered quite the repercussions of COVID-19," said Dr. Sylvia Owusu-Ansah, 42, an emergency physician at the UPMC Children's Hospital of Pittsburgh, who is Black and was among the first people to be vaccinated, as reported in the [New York Times](#). "I wanted to share with my community that it is OK, that this vaccine is the thing to do to keep us safe, to keep us healthy and to keep us alive."



Dr. Sylvia Owusu-Ansah received the Pfizer vaccine on Monday. Kristian Thacker for The New York Times

### Vaccine questions and feedback:

- In Alameda County, email [covax@acgov.org](mailto:covax@acgov.org)
- To provide feedback on the CA state vaccine prioritization plan ([click here for community advisory committee meeting notes](#)), email [COVID19vaccineoutreach@cdph.ca.gov](mailto:COVID19vaccineoutreach@cdph.ca.gov)



**Help educate our community and get ready for vaccines!** Here are some resources:

- [COVID vaccine info for recipients and caregivers](#)
- [CDC v-safe app info for vaccine recipients to report side effects and get reminders for their second dose](#)
- [COVID vaccine info for health care providers giving the vaccine](#)
- [CA COVID vaccine media toolkit in multiple languages](#)
- [CA and county vaccine education materials and media](#)
- [COVIDReadi registration for potential vaccination sites](#)
- For providers: reporting an adverse vaccine event to VAERS (the national Vaccine Adverse Event Reporting System)
- The latest vaccine recommendations from the CDC ACIP (Advisory Committee on

Immunization Practices)

Here are **COVID-19 vaccine references** we use to get the latest updates:

- [UCSF vaccine overview](#): what we currently know and don't know.
- [SF Chronicle](#) and [New York Times Coronavirus Vaccine Trackers](#)
- [WHO COVID-19 vaccine database](#): updated technical data & study links.
- [KFF COVID-19 Vaccine Monitor](#): public attitudes and experience.

- Alameda County COVID-19 vaccine roll-out plan and updates.

## BAY AREA SHELTER-IN-PLACE ORDER AND ICU STATUS

On December 4, the Bay Area Health Officers, including Alameda, Contra Costa, Marin, San Francisco, and Santa Clara Counties and the City of Berkeley [jointly announced](#) that they are implementing the [State's Regional Stay Home Order](#) early.

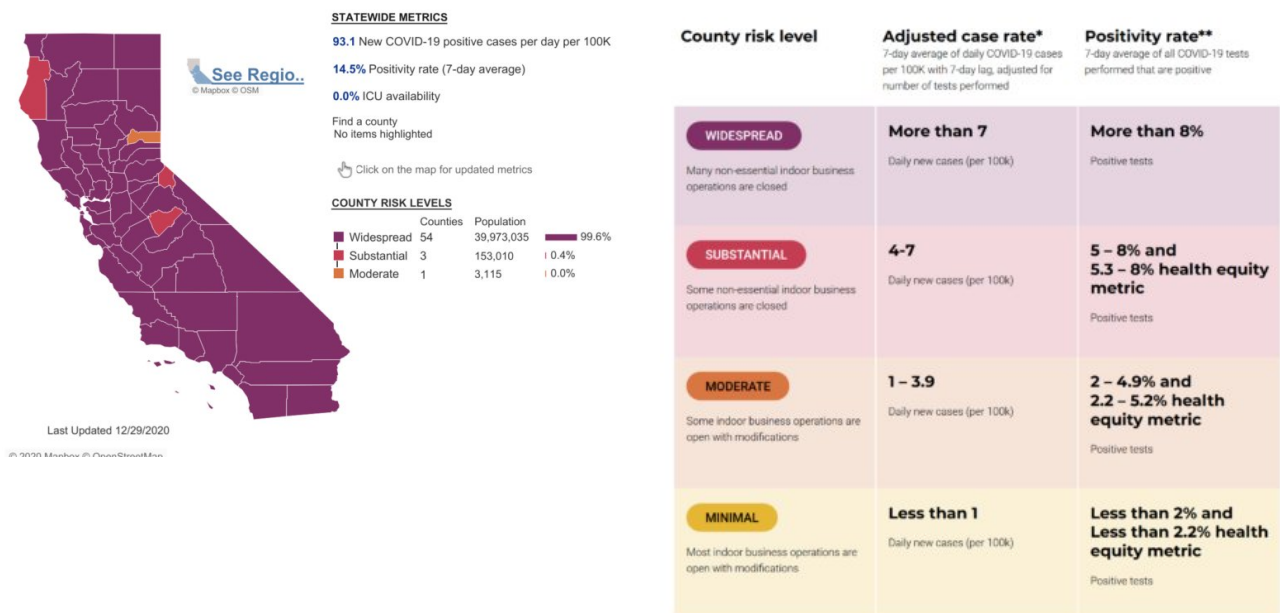
- The main message is to **stay home as much as you can**.
- [Click here](#) to download details on the closures and restrictions.
- [Click here](#) for FAQs on the restrictions.
- [Click here](#) for clarifications on the order's impact on schools in Alameda County.

On December 29, the Bay Area region had **7.5% ICU capacity** (down from 11.4% last week) and must continue to follow the [State's Stay Home Order](#). Alameda, Contra Costa County and Solano Counties remain in the highest purple tier (for "widespread" risk) in the statewide [Blueprint to Safer Reopening](#). Alameda, Contra Costa and Solano Counties have all rolled back reopenings as per [state requirements](#).

**Hospital capacity data** released by the Department of Health and Human Services provides capacity reporting from hospitals in 2,200 counties in the U.S. and identifies areas where hospitals are reaching capacity. The data is downloadable as a CSV spreadsheet with a 2-day lag.

- [The New York Times](#) has an **ICU capacity dashboard** using this data showing the ICU status at specific hospitals searchable by zip code.

## CASE, HOSPITALIZATION AND TRANSMISSION TRENDS



**Current estimated transmission rates ( $R_e$ )** are 1.08 in Alameda County, 1.07 in Contra Costa and 1.16 in Solano County, compared to 0.99 statewide. However, reduced testing during the holidays may miss cases that have not been diagnosed and thus be less accurate. Alameda County's testing rates fell about 31% during Christmas week. Our goal is to support community measures around masking, staying outdoors, avoiding gatherings and vaccinating to get transmission rates back down to less than 1.

**The LEMMA hospitalization prediction for Alameda County** through December 28 is that if Alameda County's transmission rate stays the same, which is sadly unlikely with holiday gatherings, our peak ICU cases will be around 223 (median projection) during the first week of March 2021, which would be just within our current ICU capacity. [The LEMMA model estimates the  \$R\_t\$](#)  for Alameda County at 1.11, down from 1.54 around Thanksgiving week, but higher than 1, which means there is still increasing spread.

## ALAMEDA COUNTY AS OF DECEMBER 30:

- Purple “widespread” tier week 7.
- 42.1 new cases of COVID-19 per day per 100,000 residents (up from 42.1 last week for the unadjusted new case rate).
- 7.3% test positivity rate countywide (up from 7.2% last week).
- 10.8% test positivity in the lowest quartile [Healthy Places Index \(HPI\)](#) census tract (down from 11.2%).
- 50,196 cumulative cases and 625 deaths.
- 449 hospitalized patients (up from 388 last week; 449 is the new high on 12/29), including 123 ICU patients (up from 118; highest was 124 on 12/23).
- 141 out of 440 ICU beds (33%) were available as of 12/29 (down from 145 beds last week).
- 1.08 transmission rate on the Cal-CAT model (down from 1.21; doesn’t reflect holiday transmissions yet).

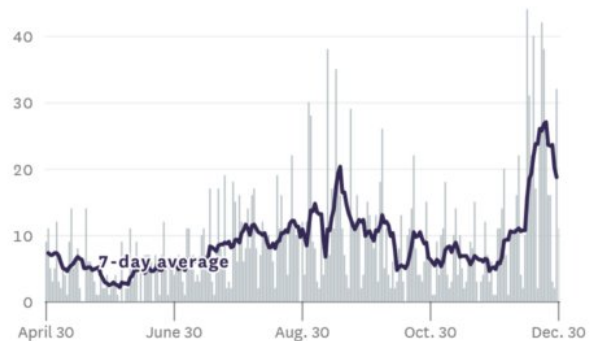
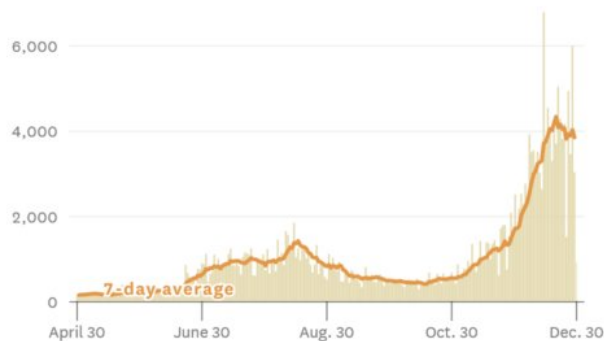
## CONTRA COSTA COUNTY AS OF DECEMBER 30:

- Purple “widespread” tier week 7.
- 43.5 new cases of COVID-19 per day per 100,000 residents (down from 44.6).
- 8.2% positivity rate (down from 8.7%).
- 12.5% test positivity in the lowest quartile HPI tract (down from 13.5%).
- 1.07 transmission rate (down from 1.29; doesn’t reflect holiday transmissions yet).

## SOLANO COUNTY AS OF DECEMBER 30:

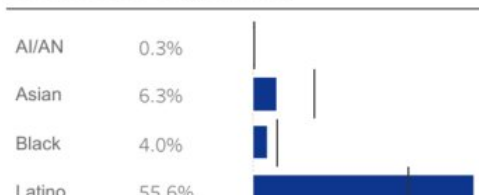
- Purple “widespread” tier week 7.
- 55.8 new cases of COVID-19 per day per 100,000 residents (up from 43.5).
- 11.5% positivity rate (up from 8.2%).
- 12.8% test positivity in the lowest quartile HPI tract (up from 12.5%).
- 1.16 transmission rate (down from 1.28; doesn’t reflect holiday transmissions yet).

### New reported cases and deaths in the Bay Area, by day

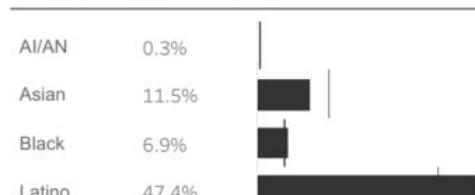


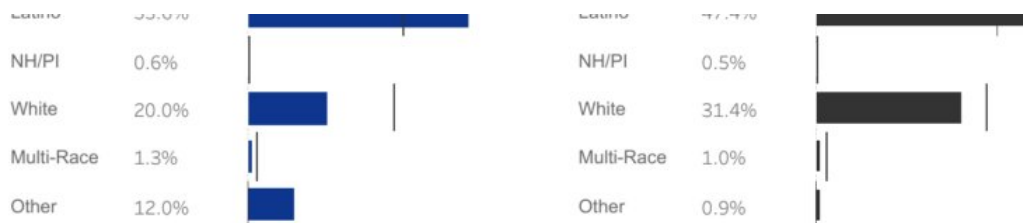
SF Chronicle, 12/30/20: COVID-19 daily cases and deaths in the Bay Area.

### Positive cases by ethnicity



### Total deaths by ethnicity





CDPH CA State COVID-19 dashboard 12/30/20: Latinx and Black/African American Californians continue to be disproportionately impacted by COVID-19.

## NEW CA NOTIFY SMARTPHONE SYSTEM



**Download or turn on the new CA Notify app to get COVID-19 exposure alerts and to protect those around you!** The new app goes live across California on December 10. After you activate CA Notify and keep Bluetooth on, you will receive alerts if you were in close contact with someone who tests positive for COVID-19. Your privacy is protected as your identity is not known and your location is not tracked.



**The NIH AstraZeneca COVID Vaccine Clinical trial is currently enrolling in Oakland!**

- The Phase III study is looking at safety and efficiency of AstraZeneca investigational vaccine for prevention of COVID-19 in adults. In this study, participants will be randomly assigned (by chance) to receive 2 injections of either the investigational vaccine or placebo (4 weeks apart). Participants are reimbursed up to \$100 dollars per visit.
- If interested, please contact Study Coordinator: Ankita Bhalla @ [bhallaA@sutterhealth.org](mailto:bhallaA@sutterhealth.org) or call/text: (510) 295-7090 or (510) 292-3714.

## OTHER NEW HIV AND COVID-19 REPORTS AND STUDIES

**An SF study examining whether HIV is associated with a higher incidence of COVID-19** showed that while people living with HIV (PLWH) tested in SF were more likely to be diagnosed with COVID-19 (4.5% positivity rate among PLWH compared to 3.5% among people without HIV), the rate of severe illness was not increased among PLWH. Only 54.6% of the PLWH with COVID-19 were housed. The authors conclude that "homelessness and higher rates of congregate living situations among PLWH likely accounted for this disparity. Special efforts to house patients with marginal housing during the COVID-19 pandemic are needed."

## Pulse Oximetry Bias

### *Pulse Oximeter Devices Have Higher Error Rate in Black Patients*

A study showed that the devices, which measure oxygen levels in the blood, were three times more likely to give misleading readings among African-American patients.



### **Racial bias in pulse oximetry measurement may place Black patients at increased risk for undetected low oxygen levels:**

A study done at the University of Michigan Hospital and data from ICUs at 178 hospitals comparing pulse ox measurements to arterial blood gas measurements showed that in two large cohorts, Black patients had nearly 3 times the frequency of occult hypoxemia of <88% by arterial blood gas (undetected low oxygen levels) as White patients with pulse ox readings of 92-96%. These findings suggest that reliance on pulse ox may place Black patients at increased risk for low oxygen levels. Clinicians are urged to use additional clinical and patient-reported data to guide the use of supplemental oxygen and other treatment





NYTimes, December 22, 2020

decisions.

**A new variant strain of SARS-CoV-2 or “B.1.1.7 variant”** that contains a series of mutations has been described in the United Kingdom (UK) and is potentially more rapidly transmissible but there is no evidence thus far that it causes more severe illness

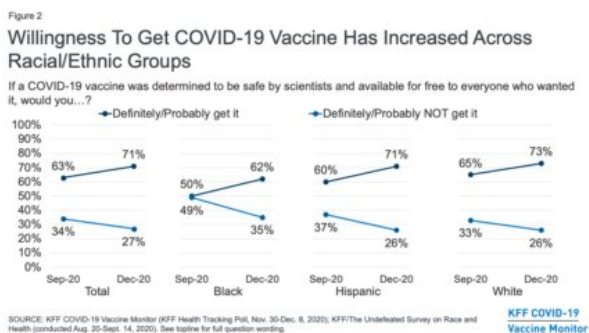
or is more deadly. The first US case with this variant was in Colorado on December 29 in a National Guardsman working in a nursing home with no travel history. Governor Gavin Newsom announced the first California case in Southern California on December 30.

**South Africa has also found a new variant (“501.V2”)** which preliminary analysis suggests also spreads faster and is associated with a higher load of virus found in swabs.

Viral mutations like these are a natural and expected occurrence, especially in viruses that transmit and replicate rapidly like SARS-CoV-2. Mutations that allow for faster spreading like in these variants get selected and tend to dominate. Our prevention strategies around masking, distancing and avoiding gatherings are more important than ever.

Scientists also look for mutations that impact disease severity, vaccine and treatment efficacy. The Pfizer and Moderna vaccines and other vaccine candidates are polyclonal (produce antibodies that target several parts of the spike protein) and are expected to be active against the new SARS-CoV-2 variants emerging thus far. Pfizer and Moderna have announced that they are studying vaccine efficacy against these variants.

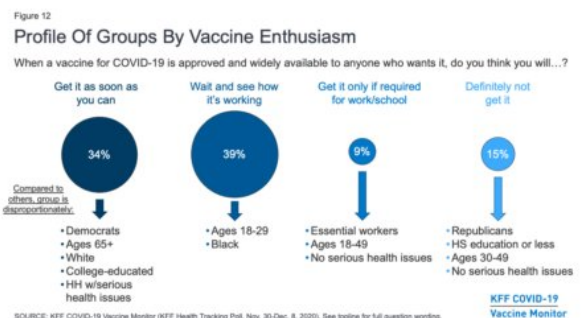
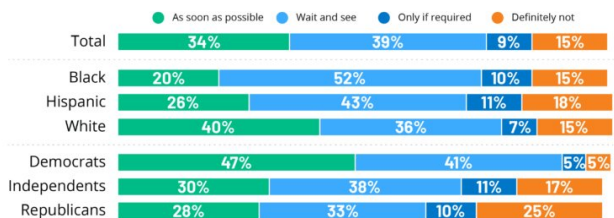
**A new KFF COVID-19 vaccine survey** finds that more people surveyed are saying they would definitely or probably get a vaccine for COVID-19 if it was determined to be safe by scientists and available for free to everyone who wanted it. This share now stands at 71%, up from 63% in a September survey. The survey finds an increase in the share who say they would get vaccinated across racial and ethnic groups, and among both Democrats and Republicans.



About a quarter (27%) of the public remains vaccine hesitant, saying they probably or definitely would not get a COVID-19 vaccine even if it were available for free and deemed safe by scientists. Vaccine hesitancy is highest among Republicans (42%), those ages 30-49 (36%), rural residents (35%) and Black adults (35%). 52% of Black adults surveyed reported that they wanted to wait and see how the vaccines are working for other people before getting it themselves, so as more safety and efficacy data emerge for diverse vaccine recipients, there may be more willingness to get vaccines. Importantly, 85% of people still report having trust in their own health care providers. Mask acceptance is also up at 73% (21 points higher than in May).

### Republicans and Black Americans More Likely to Be Hesitant About Getting COVID-19 Vaccine

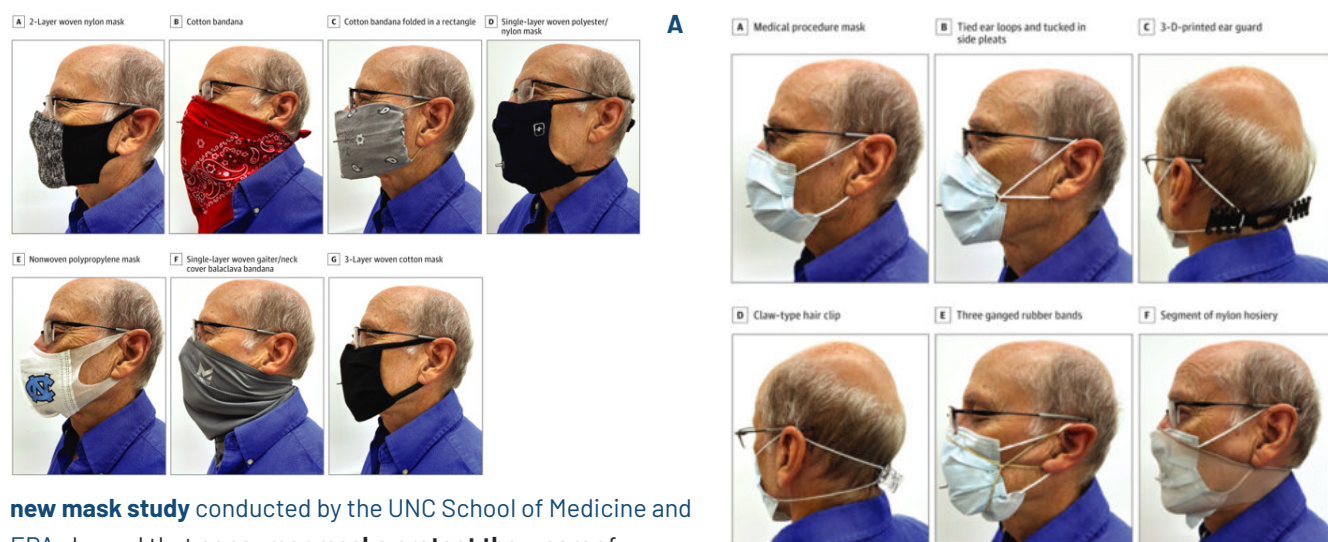
Percent of the public who fall in each group by COVID-19 vaccine enthusiasm:



**Young adults ages 25–44 have died at historically high rates this year:** From March through the end of July, there were almost 12,000 more deaths than were expected based on historical norms. Based on prior trends, around 154,000 in this demographic had been projected to die in 2020. We surpassed that total in mid-November. Even if death rates suddenly returned to normal in December (which they have not) we would anticipate well over 170,000 deaths among U.S. adults in this demographic by the end of 2020.

**Small indoor gatherings are driving transmission in Marin County:** Health officer Dr. Matt Willis reported that the main driver of transmission in Marin County is not large parties but more “around the edges of that,” such as playdates and relocating small outdoor visits of mixed households indoors.

**Applying harm reduction principles from HIV and the overdose epidemics to COVID-19:** Drs. Monica Gandhi and Joshua Barocas published an [opinion article](#) “Harm reduction principles can help us restore trust in public health messaging on COVID-19” in the British Medical Journal (BMJ). They write, “Public health and scientific messengers must evolve non-judgmental, holistic, and [patient focused styles of messaging](#) around risk reduction and disease prevention. Returning to our discipline’s basic principles and centering our approach around [reducing harm](#) may help restore trust in public health.”



**new mask study** conducted by the UNC School of Medicine and EPA showed that **consumer masks protect the wearer** from airborne particles that might carry SARS-CoV-2, especially snug and multilayered masks. A snug 2-layer woven nylon mask had 79% fitted filtration efficiency (FFE). An unmodified medical/hospital mask with ear loops only had 38.5% FFE, but with loops tied and corners tucked had 60% FFE. [Click here for a video demonstrating how to tie the ear loops on disposable medical-procedure-type masks to increase protection.](#)

**The “HIV in Alameda County, 2017–2019” report and its Executive Summary** was written and released by the Alameda County HIV Epidemiology and Surveillance Unit on December 15. This report presents the most recent county-level data on the HIV epidemic and summarizes findings on new HIV diagnoses, people living with HIV, the continuum of HIV care, HIV among key populations, and social determinants of health and HIV in Alameda County from 2017–2019. Many thanks to the HIV epi and surveillance team for this important report!

**A new CDC MMWR Vital Signs report** found that **HIV-related deaths have fallen by 48%** in the U.S. from 2010 to 2017, but disparities in HIV-related deaths persist for certain populations. The authors write, “Rates of HIV-related deaths during 2017 were highest by race/ethnicity among persons of multiple races (7.0) and Black/African American persons (5.6), followed by White persons (3.9) and Hispanic/Latino persons (3.9). The HIV-related death rate was highest in the South (6.0) and lowest in the Northeast (3.2).”

**On December 4th the CDC COVID-19 Response Team issued its first comprehensive guidance on public health strategies** to address high levels of SARS-CoV-2 transmission and deaths, including recommendations for



universal mask wearing.

**A new study on COVID-19 disparities** including 9,722 patients in the New York University Langone Health system found that Black and Latinx patients were more likely than White people to test positive for COVID-19.

Asian and multiracial patients who tested positive were more likely to be hospitalized than White, Latinx or Black patients. Among people hospitalized with COVID-19 infection, Black patients were less likely than White patients to have severe illness and to die or be discharged to hospice. Dr. Gbenga Ogedegbe, the lead author said, "We hear this all the time — 'Blacks are more susceptible.' It is all about the exposure. It is all about where people live. It has nothing to do with genes."

These and other recent studies suggest that Black and Latinx people in the US have higher rates of COVID-19 because they are more often exposed to COVID-19 because of social and environmental factors, not because of innate or genetic vulnerability.

**A new worldwide analysis shows that men with COVID-19 are hospitalized and die at higher rates than women.** The meta-analysis of 3,111,714 reported global cases shows that while there is no difference in the proportion of men and women with confirmed COVID-19, men have almost three times the odds of requiring intensive care (OR = 2.84) and have higher odds of death (OR = 1.39) compared to women.

**The CDC provides options for shortened quarantine duration for asymptomatic people from 14 days to 7-10 days:** Based on updated analyses and modelling data, the CDC recently provided additional options to reduce the duration of quarantine in asymptomatic people: 7 days with PCR testing (performed on days 5-7)—or 10 days without testing. These durations should be effective for preventing most transmission (96% and 99% respectively).

**The Naughty N'awlins swingers convention became a superspreader event** with 41 out of 250 attendees later testing positive despite [requiring testing and mask wearing](#) but only *when not eating and drinking*, so there were plenty of opportunities for people to take off their masks.

**A case report from a restaurant** in South Korea showed that a person exposed for 5 minutes and sitting 6.5 meters (21 feet) away while ceiling air conditioners blew air around.

**In an informal survey of 700 epidemiologists**, half said they would keep up with personal behaviors like social distancing until at least 70% of the population was vaccinated.

## HARM REDUCTION RESOURCES

Our **summary of COVID prevention research** is constantly updated with new studies.

**Free COVID testing sites:** [Click here for Alameda County, Contra Costa County and Solano County testing sites.](#)

**To slow the COVID-19 surge, we all need to stay home as much as we can and when we go out:**

- [Wear masks](#) and glasses,
- Stay outdoors whenever possible,
- Avoid crowds and maintain at least six feet distance from others,
- Sanitize or wash hands frequently, and
- Stay home when sick.



### COVID-19 harm reduction strategies: Use as many of these as you can!

Strategy	% reduction
1. Vaccination	95% <small>mRNA EUA vaccines</small>
2. Masking	60-95%
3. Staying outdoors	~95% <small>in one case series</small>
4. Distancing	53-88%
5. Eye protection	78%
6. Hand hygiene	28-45%
7. Testing/isolation	33%

Updated 12.23.20 \* Data compiled by Sophy S. Wong, MD  
Icons by Good Ware, Freepik and Srip on Flaticon.com  
Please see [EBGTZ.org/resources](#) for the complete list of sources for this table.

## OTHER UPDATES AND OPPORTUNITIES:

## Funding Opportunities:

- **The California Youth Opioid Response** (YOR California) issued a Request for Applications to improve and expand access to a continuum of youth-specific opioid use and/or stimulant use disorder (OUD/StUD) intervention, Medication-Assisted Treatment and other treatment, and recovery services for youth ages 12-24 and their families. The RFA is available at the [YOR California website](#). Applications are due on January 15, 2021.

## Web events:

- **PAETC COVID-19 Vaccine Update: Efficacy, Safety, and Availability for People with HIV (and their providers)**, on January 14 at 12 noon, presented by Christian Ramers, MD, MPH, AAHIVS, Director of Graduate Medical Education, Family Health Centers of San Diego. To register, please [CLICK HERE](#).
- Please join NASTAD for a [webinar](#) focused on **overdose prevention** and response in Syringe Services Programs (SSPs) during the COVID-19 pandemic. Register [here](#) for this webinar.

## Resources for reference:

- **Kaiser Family Foundation conducted a national survey titled 'How COVID Changed HIV Care and Prevention: A Survey of Ryan White Providers.'** It was found that Ryan White providers, who receive federal funds to provide HIV treatment services, experienced significant disruptions and changes amid the COVID-19 pandemic. Read the issue brief [here](#).
- CDPH Office of AIDS has shared their **December OAVoice newsletter**. Please access it [here](#).

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**HIV services during COVID-19:** [Click here](#) for Contra Costa HIV services and [see our online directory](#) for Alameda County HIV services.

If your organization is in Alameda County and needs COVID-related supplies or staffing, please go to the [Emergency Medical Services website](#) to request PPE and testing supplies and [request staffing](#).

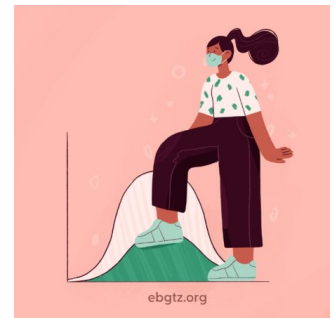
Please follow and share our [Instagram](#), [Facebook](#) and [Twitter](#) accounts.

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**A note about this webpage:** COVID data updates will be posted to this page on Wednesdays in the late afternoon during non-holiday weeks. New studies will be continuously added to our summary of [COVID-19 harm reduction strategies](#). The emailed [HIV+COVID-19 update newsletters](#) are now on a bi-weekly schedule of 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays.

**Official Alameda County COVID-19 weekly updates are accessible on the [county website](#) and will not longer be posted on this page.** You can sign up to receive the Alameda County weekly COVID-19 newsletter by emailing [Jamie.Yee@acgov.org](mailto:Jamie.Yee@acgov.org).

[CLICK HERE FOR ALAMEDA COUNTY WEEKLY NEWSLETTERS](#)



## OPPORTUNITIES TO HELP:

- **California Health Corps** – Use this link to register for the California Health Corps which is a State program for trained medical and healthcare workers to sign up and provide availability to assist in the COVID-19 response.
- **Medical Surge Volunteer Sign Up** – Use this link to register as a volunteer with the County of Alameda to assist with the COVID-19 response. Medically and non-medically trained volunteers will be needed. [Click here for more information](#).

## TOP LINKS:



- **HIV:** FAQs for people living with HIV (PLWH) and Preguntas Frecuentes in Spanish, Guidance for PLWH (CDC), Guidance for HIV providers
- **HIV services during COVID-19:** Click here for Contra Costa HIV services and see our online directory for Alameda County HIV services.
- **Key Communities:** Harm Reduction Coalition, Immigrants Rising, Protecting Immigrant Families: Public Charge, Healthcare for the Homeless
- **COVID Vaccines:** California State updates, Alameda County updates
- **COVID Testing, Food, Shelters:** Alameda County COVID testing and services, what to do if you test positive or have contact with someone with COVID, and isolation housing, Contra Costa County COVID testing
- **COVID PPE, staffing or testing supplies:** Alameda County EMS- request PPE, request staffing or request testing supplies.
- **Public Health Department Updates:** Alameda County, Contra Costa County, Solano County, California State
- **COVID Data:** Alameda County, Contra Costa County, Solano County, California State, California (SF Chronicle), National/Global (JHU), By Race
- **DIY Face Coverings and Masks:** CDC (easy no-sew), Kaiser (sewn), Maker Mask (sewn, science-based), Olson Mask (sewn)

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## ALAMEDA COUNTY GUIDANCE:

**Click here for all current approved businesses and activities.**

Download links for **Alameda County community or business** guidance on: Face coverings, social bubbles, childcare and camps for all children, graduations, vehicular gatherings, construction, curbside retail pickups, manufacturing and warehousing, personal services, youth extracurricular and general outdoor recreation activities.

Download links for **Alameda County clinical guidance** on: COVID-19 testing, antigen testing, isolation orders in 7 languages for all people getting tested, reporting COVID-19 cases, Project Roomkey isolation housing, home health agencies, remdesivir allocations, routine vaccines, reporting pediatric Multisystem Inflammatory Syndrome, resumption of non-urgent medical services, and testing in Skilled Nursing Facilities.

**If your organization is in Alameda County and needs COVID-related supplies or staffing**, please go to the [Emergency Medical Services](#) website to request testing supplies, antigen test kits and/or PPE, and request staffing.

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## LOOKING FOR COVID-19 TESTING?

- **Alameda County COVID testing sites:** This webpage includes community-based sites offering free testing for anyone with symptoms, including people without health insurance.
- **Contra Costa County free drive-through or walk-in COVID testing**
- **Solano County free testing sites**
- Please check the listing for updates and call the testing site before you leave your home/shelter/camp/car to make sure they are open for testing, you are eligible, and register if needed.
- If you don't have a provider and have COVID symptoms: In Alameda County, call Alameda Health System 510-437-8500 for a phone screen and guidance. In Contra Costa County, call 844-729-8410. In Solano County, the county COVID warmline is 707-784-8988.
- If you're having difficulty breathing and unstable, please go to your nearest emergency room.

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