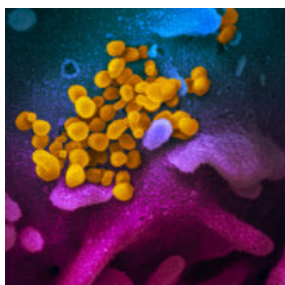


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## COVID-19 AND HIV UPDATES

AUGUST 18, 2021

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The SARS-CoV-2 virus  
(NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is usually updated on third Wednesdays with data and resources gathered from many collaborators. [Please click here to share feedback.](#)

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## EAST BAY COVID-19 UPDATES

### **Top 3 updates:**

1. **[Third mRNA vaccine doses](#)** are available and recommended for people with immunocompromising conditions, including people with [advanced or untreated HIV](#). [Boosters](#) are coming in September.
2. **The highly contagious [delta variant](#) is widespread** in the Bay Area. Cases increased 10-fold then leveled off; hospitalizations continue to rise. Unvaccinated people are still *much more* likely to be hospitalized and die



from the delta variant. While the delta variant can cause infections (mostly mild) in vaccinated and previously infected people, **vaccines remain highly effective against severe COVID-19 and death.**



3. **Getting vaccinated and wearing a mask** are necessary to get the delta surge under control.

On August 12, the [FDA authorized](#) a third mRNA vaccine dose for people “who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.” About 3% of the US population falls into this category. [Studies](#) of people with solid organ transplants show a significant lack of immune response in this population with two doses, and a [randomized trial](#) showed benefit with a third mRNA vaccine dose.

[CDPH](#) and the [CDC recommend the third dose](#) at least 28 days after their second dose for the following people ([references in this PDF](#)):

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- [Advanced or untreated HIV infection \(click for more guidance\)](#)
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Verification of immunocompromised status is not required, so people can self-attest and get their third dose anywhere mRNA vaccines are available. However, Alameda County recommends that residents discuss getting third doses with their providers first. Clinicians have leeway to assess immune status and help people think through getting a third dose.

**What about people who got the J&J vaccine?** There is no official clinical or public health guidance on this yet. People who received a J&J vaccine may also discuss getting a supplemental mRNA shot with their providers. [SF General](#) has been offering these supplemental shots since early August.

The US Health and Human Services Department (HHS) has [announced a plan to offer booster shots beginning September 20 for other people 8+ months out from their second dose](#), which will start with people who received second doses in January 2021. Pfizer submitted [booster dose data](#) on August 16 showing significantly higher immune response after the booster, including against the beta and delta variants. [Vaccine data from Israel through August 12](#) shows waning protection from severe disease in older populations who were vaccinated 6+ months ago. Israel has approved a third dose for everyone ages 50 and over.

**Universal indoor masking is required in the Bay Area:** On August 2nd, Bay Area Health Officers urged immediate vaccination and issued orders requiring the use of face coverings indoors to prevent the spread of COVID-19, given the sharp increase in cases from the delta variant. [Click here for the Alameda County press release](#). [Click here for the San Francisco press release](#), which includes strong recommendations to also wear masks in crowded outdoor spaces and in indoor gatherings in private homes with people from multiple households.

**The delta variant is [widespread](#) in the Bay Area. COVID-19 cases in the Bay Area have leveled off in the past two weeks after rapidly increasing [10-fold](#) since California’s reopening on June 15.**

**Hospitalization and ICU rates continue to increase.** Bay Area coronavirus cases and hospitalizations have surpassed last summer’s peak when people were unvaccinated but stricter precautions (masking, distancing, capacity limits) were still in place. Deaths remain lower than previous surges, thanks to people getting vaccinated. The delta variant was [99%](#) of the COVID cases sequenced in the US by August 14.



In the old California color-tier system, this would have put us in the purple “widespread” tier. This rapid rise in cases is likely due to reopening more activities, reductions in mask use, people not yet fully vaccinated, and the highly contagious delta variant.

**Get vaccinated now!** Vaccination our best protection against severe illness. Vaccines remain highly effective against serious disease and death from the delta variant. Surgeon General Murthy [said](#), “One fact that has been proven time and time again during this past year is that vaccines save lives. That’s why 99.5% of COVID-19 deaths are among the unvaccinated. It’s also why nearly every death from COVID-19 is a preventable tragedy.” We must continue supporting everyone eligible to get vaccinated as soon as possible.

“We must act now to protect ourselves, our loved ones and our community. If you are eligible to get a COVID-19 vaccine and have not yet done so, please do not wait any longer,” [said](#) Dr. Chris Farnitano, health officer for Contra Costa County and EBGTZ steering committee member. “During July the number of hospitalized COVID-19 patients in our county increased 400%. Four out of five of the COVID patients we see are not vaccinated, even though only one out of five Contra Costa adults are not vaccinated.”

### Vaccine mandates for workers in health care, schools and congregate settings

On August 5, Dr. Tomás Aragón, California state health officer, issued a [public health order requiring vaccinations for all health care workers in California](#) without allowance for people to choose to wear PPE instead of getting vaccinated. Recent outbreaks in health care settings have come from unvaccinated workers.

Starting August 11, hospitals, skilled nursing facilities, and intermediate care facilities [are required](#) to verify that visitors are fully vaccinated or have tested negative for COVID-19 in the prior 72 hours before indoor visits.

Dr. Aragón also [released a public health order mandating vaccinations](#) on July 26 for all state employees and all workers in homeless shelters, retirement homes, jails and prisons. Workers in these settings are required to show proof of vaccination or agree to mask and wear PPE and test at least weekly.

Dr. Tomás J. Aragón [issued a health order](#) on August 11 requiring all CA school workers to get fully vaccinated and provide proof of vaccination or undergo at least weekly COVID-19 testing. On August 10, Oakland Unified School District [announced](#) a vaccination requirement for all school district staff, contractors and volunteers, with vaccination or weekly testing required by September 7.

Full FDA approval for the Pfizer and Moderna vaccines is [expected](#) in September.



**Need proof of vaccination?** Visit the [Digital COVID-19 Vaccine Record](#) site to request your digital vaccination card and download the Alameda County [Frequently Asked Questions](#) for more information. If you were vaccinated at an Alameda County supported site, you can visit any [currently open location](#) for assistance. If you were vaccinated elsewhere, contact that provider for a replacement.

### **Get tested if you are exposed to COVID-19 or have symptoms!**

[Here](#) is California’s guidance on isolation for positive test results and quarantine for people who are exposed. [Reports](#) from the UK

and this US [study](#) show these top 5 symptoms in delta infection:

#### • **Top 5 symptoms in unvaccinated people:**

- Headache
- Sore throat
- Runny nose
- Fever
- *Persistent cough*

#### • **Top 5 symptoms in vaccinated people:**

*“Feels like allergies or a bad cold.”*

- Headache
- Runny nose
- *Sneezing*
- Sore throat
- Loss of smell/taste



## Vaccines and the delta variant

Delta variant [data](#) recently obtained by the CDC and reported in [The Washington Post](#) on July 29 show that the delta variant is more highly contagious, may cause more severe disease, and suggests that vaccinated people who get infected may spread it as easily as unvaccinated people. Vaccines remain highly effective at preventing severe disease (10x reduction), but less effective at preventing mild or asymptomatic infection with the delta variant (3-5x reduction).

Substantial [evidence](#) shows that the delta variant is about twice as infectious as the original variant, which makes the reopening extra risky for unvaccinated people. A [study](#) of viral loads in delta infections found viral loads to be 1,000x higher than the original variant. [This study](#) from the CDC also demonstrates that the delta variant infects kids and unvaccinated people at higher rates in recreational settings, especially indoors, such as in this gymnastics facility where 20% at the gym were infected and 53% of household contacts became infected.

A [CDC study](#) on a July 2021 outbreak in Massachusetts found that viral loads of delta infection in vaccinated people were similar to viral loads among unvaccinated people, and [other studies](#) showed that the viral loads in infected vaccinated people reduce more quickly (PCR cycle times >30 in 9 days rather than 18 days). Taken altogether, these studies suggest that vaccinated people are less likely to be infected with the delta variant (3-5x reduction), and when they are infected, they have much milder illness and are infectious for fewer days.

Universal masking and distancing are crucial for reducing spread given current inadequate vaccine coverage. We need to continue to outreach to people to increase vaccination rates to reduce serious illness and death. We will also likely need to learn to live with the virus over the long run and aim to reduce serious illness and death through vaccinations.

[Read more about the new variant data and studies here.](#)

Check out this [COVID risk calculator](#) for a detailed risk assessment for your situation.

## [COVID and HIV: click for new studies and updates](#)

### COVID and Youth

New [evidence](#) from the CDC demonstrates that compared to previous strains, the delta variant infects kids and unvaccinated people at higher rates in recreational settings, especially indoors, such as in this gymnastics facility where 20% at the gym were infected and 53% of household contacts became infected.

While most new infections are mild cases among young, unvaccinated people, there is still a risk of long-term health impacts that we don't understand yet. A new [study](#) from Norway shows that more than half (52%) of young people ages 16-30 had long COVID symptoms.

[A large-scale Canadian public health study](#) of 6,280 pediatric cases found that children ages 0 to 3 years had about 40% greater odds of transmitting COVID-19 to household contacts compared with children aged 14 to 17 years, based on pre-delta data collected between June 1 to Dec. 31, 2020.

### The delta surge and school reopenings:

California is [requiring](#) "All adults and students in K-12 school settings must wear masks indoors." The American Academy of Pediatrics released [updated guidance](#) for schools on July 17 also recommending masks for all people ages 2 and over in school and childcare settings.

Multiple [studies](#) from 2020 have shown that schools can safely reopen with fewer transmissions than in the surrounding community when mitigation strategies with masking, distancing, cohorts, capacity limits and ventilation in place. However, current school guidance is based on studies done before the delta variant was





prominent. Stricter implementation of these strategies is even more crucial during

times of high community case rates and a surge in more infectious variants, like now. In [a study from 2020 before Delta was widespread](#), British researchers found that for every five additional cases per 100,000 people in a community at large, the risk of a school outbreak increased 72%.

A study of a million students in North Carolina March-June 2021 (pre-delta) [showed](#) that proper universal masking is the most effective mitigation strategy for prevention COVID transmissions in schools when COVID-19 is circulating and students are ineligible for vaccination or uptake is inadequate. Fewer than 1% of the 40,000 in-school contacts of over 7,000 students and staff with diagnosed COVID-19 became infected while universal mask mandates were in place during a time when statewide case rates were around 15 cases/100k (5-23/100k range).

Other studies of schools in [Utah](#), [Missouri](#) and [Wisconsin](#) showed that mask mandates were associated with lower transmissions in schools, and a study of a high school in [Israel](#) that didn't use masks led to a large outbreak. Overall, these studies suggest a pre-delta 13% secondary attack rate in schools without masking and <1% secondary attack rate in schools with universal mask mandates.

**Wear a mask indoors and in crowded outdoor settings, regardless of vaccination status.** [Click here](#) for additional state-wide guidance on COVID precautions, including for schools, workplaces, travel and events.

Click to download our COVID harm reduction infographics: [graphic in English](#) | [graphic in Spanish](#) | [PDF in English](#) | [PDF in Spanish](#).



The Unity Council and La Clínica de la Raza partnered to launch the **[“Por mi, por ti, por Fruitvale / For me, for you, for Fruitvale” outreach campaign that includes a social media tool kit](#)** with public service announcements and graphics catered to empower Fruitvale district communities to understand the risks of Covid-19 and dispel myths that deter residents from getting vaccinated.

**As a reminder, everyone ages 12 and over in the US is eligible for a free COVID-19 vaccine, regardless of insurance and immigration status.** Vaccine supply in the East Bay is plentiful for the three authorized vaccines: Pfizer, Moderna and Johnson & Johnson. Appointments and walk-ups are available the same day at [MyTurn.ca.gov](#), including the Pfizer vaccine for 12-17-year-olds.

**[Click here for more on how to get a vaccine.](#)**

**Alameda County** now has numerous **community-based vaccination pop-up sites**, which are listed on the [county vaccine webpage](#). Additional pop-up sites in July are pictured [here](#) (scroll down).

Alameda County is also launching a **door-to-door vaccine outreach program** called DOOR (Direct Outreach to Our Residents), in which vaccinated neighbors will go door-



to-door to talk with unvaccinated neighbors in each of the 23 census tracts that have 900 or more unvaccinated residents, with <60% Latinx residents vaccinated or <50% African American residents vaccinated. The program has a goal of 90,000 face-to-face outreach attempts.



## PANDEMIC TRENDS AND DATA

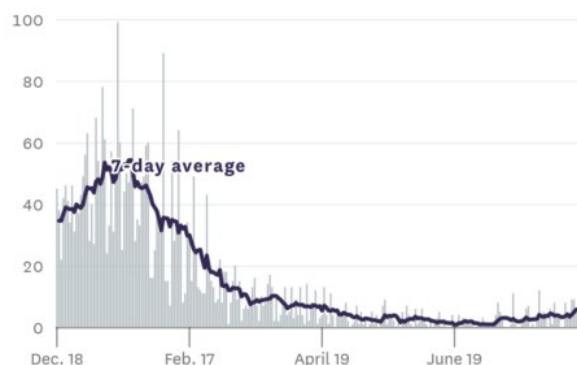
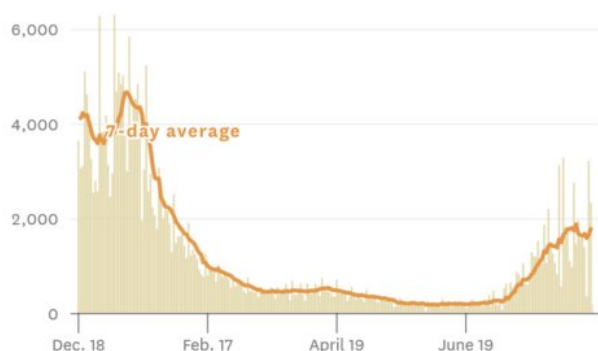
**COVID-19 daily cases and hospitalizations in the Bay Area have rapidly increased since the June 15 reopening. We hope that this summer surge will level off soon if more people get vaccinated and wear masks.** Nationwide, cases continued to increase since June, especially in areas with low vaccination rates. As of August 18, 72% of US adults have received at least one vaccine dose. Worldwide, cases have increased in North America, West and East Africa, much of Europe, the Philippines, Japan and Australia.

Estimated transmission rates in California have increased since May and have been above 1 since the June 15 reopening, leading to exponential increases in cases. The transmission rate is 1.04 across California as of August 17. Transmission rates in the East Bay are now dipping below 1, a hopeful sign that we are masking, vaccinating and being more careful so transmissions will decrease.

As of August 18:

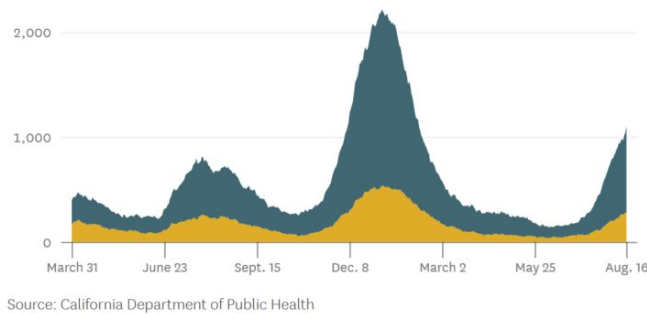
- **Alameda County:**
  - 0.9 transmission rate
  - 22 cases per 100,000 people (28/100k unvaxxed and 10/100k vaxxed on 8/9)
  - 87% residents ages 12+ have received at least once vaccine dose (partially vaccinated), 73% are fully vaccinated
- **Contra Costa County:**
  - 1.0 transmission rate
  - 29 cases per 100,000 people (57/100k unvaxxed and 8/100k vaxxed on 8/12)
  - 83% of residents ages 12+ partially vaccinated, 76% fully vaccinated
- **Solano County:**
  - 0.9 transmission rate
  - 25 cases per 100,000 people
  - 72% of residents 12+ partially vaccinated, 60% fully vaccinated

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

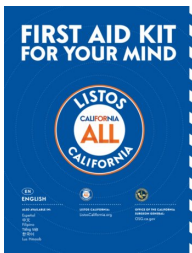


[SF Chronicle, 8/18/21](#): COVID-19 daily cases and deaths in the Bay Area.

Confirmed **ICU** and **non-ICU** COVID-19 patients in Bay Area hospitals



[SF Chronicle, 8/18/21](#): COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.



Natural disasters and public health emergencies like the COVID-19 pandemic can negatively impact mental health. To help Californians recover from a very stressful time and better understand what we each can do to strengthen ourselves, our loved ones and our communities, [Listos California](#) has created a [First Aid Kit for Your Mind](#) with five simple steps for protecting your mental well-being and helping others do the same, along with resources for when you need more support. Guides in Spanish and Chinese also available [here](#).

## VACCINE EFFICACY/SAFETY, VACCINES IN CHILDREN AND PREGNANCY, LONG COVID STUDIES

**Real-world data shows that COVID vaccines are [safe and highly effective](#) in reducing the risk of severe illness and death from COVID-19, including the delta variant.**

**Pfizer and Moderna 6-month COVID-19 vaccine efficacy data**, submitted for FDA's full approval: Pfizer released a [preprint](#) study on July 28 that 2-doses of their vaccine was 91% effective overall but waned over time: from 96% in the 2 months after the 2<sup>nd</sup> dose to 84% after 6 months. Moderna [reported](#) on August 5 that 6-month vaccine efficacy data showed 93% efficacy through 6 months after the second dose, showing very little change from the 94% efficacy in its original clinical trial. Most of this data was collected before the delta variant became widespread.

[Please click here](#) for studies on vaccine efficacy against the delta variant.

### Durability of immunity:

[A CDC study of vaccine efficacy among US nursing home residents](#) during the delta surge shows **waning efficacy over time**. Nursing home residents are often elderly and frail and have a less robust response to vaccines. From March to May 2021, vaccine efficacy was 75%, then dropped to 53% in June to July during the delta surge.

[A second CDC study on vaccine efficacy in New York](#) showed that overall age-adjusted vaccine efficacy declined from 92% to 80% from May to July 2021. **Vaccine efficacy in New York against hospitalization remained stable at 92-95% from May to July 2021.**

[Vaccine data from Israel through August 12](#) continues to show **waning immunity over time**, and now shows waning protection from severe disease with the delta variant in older populations who were vaccinated 6+ months ago. Vaccine efficacy against severe disease ranges from 55% for people 65+ vaccinated in January 2021 vs. 81% for those vaccinated in March 2021. [Data from July](#) showed only 39% efficacy against any delta infection, 41% against symptomatic infection, 88% against hospitalization and 91% against severe COVID-19. Israel has approved a 3<sup>rd</sup> dose for everyone 50+. ([Israel's Ministry of Health](#) Vaccine Efficacy reports – mostly in Hebrew)

[A preprint study](#) on vaccination efficacy in Israel found that protection from COVID-19 infection during the June and July delta surge dropped in proportion to the length of time since vaccinations. People vaccinated in January had a 2.3x greater

risk for a breakthrough infection than those vaccinated in April. Potential confounders include the fact that the very oldest people, who are more susceptible to infection, were vaccinated first.

Two studies, [one in Nature](#) and [one pre-print](#), show that both natural infection and vaccinations induce long-lived **T-cell and B-cell responses**, which help the body continue to identify the virus and produce antibodies whenever needed. The findings suggest that immunity to COVID-19 likely lasts at least a year, possibly much longer. The B and T-cell responses were stronger among those who were infected *and* vaccinated. These findings strengthen the recommendation that all people with past infection also get vaccinated.

**A CDC study on COVID-19 reinfections** in Kentucky from May–June 2021 showed that people with previous SARS-CoV-2 infection 2020 were 2.3x more likely to get reinfected if they were unvaccinated compared to those who were fully vaccinated. This study demonstrates the importance of COVID-19 vaccinations in people with prior infection.

**Vaccines for children:** [Moderna](#) and [Pfizer](#) have reported data showing that their **COVID-19 vaccine shows 100% efficacy in adolescents ages 12–15**. With 2,260 adolescents participating in their trial, 18 people in the placebo group developed COVID-19 while none in the vaccinated group did. [Blood antibody test data](#) also show high titers of antibody responses in those who were vaccinated. On May 10th the [FDA authorized use of the Pfizer vaccine for 12–15 year olds](#) and on May 12th, the US Advisory Committee on Immunization Practices (ACIP) [voted to recommend the Pfizer vaccine for 12–15 year olds](#).

[Moderna announced](#) on May 25 that their vaccine is 100% effective for 12–17 year olds in a clinical trial that enrolled 3,732 people ages 12 to 17, two-thirds of whom received two vaccine doses. There were no cases of symptomatic Covid-19 in fully vaccinated adolescents, the company reported. Moderna plans to submit data to the FDA for authorization in early June.

The [CDC has posted a statement on rare cases of myocarditis and pericarditis](#) following mRNA vaccines, mostly mild cases among young cismen ages 30 and younger that occur a few days after the 2<sup>nd</sup> dose. Myocarditis and pericarditis can also be clinical features of COVID-19 infection, and the risk remains higher for COVID-19 infection cardiac complications among unvaccinated people.

Trials for children ages 6 months to 11 years old have also begun for both [Pfizer](#) and [Moderna](#) vaccines. Based on data from an earlier study that assessed safety, Pfizer will give two doses of 10 micrograms each (a third of the dose given to adolescents and adults) to children ages 5–11 years, and two doses of 3 micrograms each to children ages 6 months to 5 years.

[A study](#) suggests that MIS-C was a rare complication of SARS-CoV-2 infection but disproportionately impacts young people of color. “In this cohort study of 248 persons with MIS-C, MIS-C incidence was 5.1 persons per 1000 000 person-months and 316 persons per 1000 000 SARS-CoV-2 infections in persons younger than 21 years. Incidence was higher among Black, Hispanic or Latino, and Asian or Pacific Islander persons compared with White persons and in younger persons compared with older persons.”

[A new article](#) shares data from Brazil and Israel suggesting that mass adult vaccination protects children. Outbreaks in a small proportion of UK’s schools still show that children are still a reservoir of circulating virus.

### **COVID-19 vaccinations in pregnant and lactating people are safe, effective and recommended:**

The CDC [officially](#) recommended COVID-19 vaccines on August 11 for “people who are pregnant, pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.”

[Findings from a study of pregnant participants](#) in the v-safe post-vaccine surveillance system revealed no clear safety issues from either the Pfizer/BioNTech or Moderna vaccines. 35,691 v-safe participants identified as pregnant, and 3958 participants enrolled in the v-safe pregnancy registry. Calculated proportions of pregnancy and neonatal outcomes appeared similar to incidences published in other peer reviewed literature. These findings add to [data from an ongoing cohort study](#) of pregnant and lactating people which found robust antibody titers in all groups, along with antibodies in



umbilical cord blood and breast milk samples.

A large [study](#) led by UCSF found that people who get COVID-19 infection while pregnant face a 60% higher risk of very preterm birth (<32 weeks of gestation) and a 40% higher risk of pre-term birth (<37 weeks gestation). For those who also had hypertension, diabetes and/or obesity as well as COVID-19, the risk of preterm birth rose 160%. COVID-19 infection among pregnant people in California between July 2020 and January 2021 was highest among American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Latinx birthing people.

Given the higher risks for severe disease, death and pre-term birth for pregnant people who get COVID-19 infection, it is crucial we support pregnant people and those planning pregnancy to get vaccinated.

#### **Vaccine and variant misinformation studies:**

Researchers have [identified](#) the top delta variant misinformation messages seen online, which include manipulating data on breakthrough cases (post-vaccine COVID infections) to suggest that the vaccines are ineffective, when in fact US data shows they provide 3x protection against any infection and 10x protection against severe disease.

#### **Long COVID or post-acute COVID conditions (PASC):**

The CDC [released guidance](#) on the clinical management of post-acute COVID conditions (PASC, or long COVID).

The prevalence on long COVID cited in various studies ranges from 10-53%. A [study](#) on long COVID using large population data from the UK found that 13.7% of people diagnosed with COVID had symptoms after at least 12 weeks. Another large population [study](#) from Michigan that was more detailed showed higher prevalence, ranging from 25% among people with mild symptoms to 68% for people ages 45 and over.

[A large study](#) of 73,000 people on post-COVID conditions from the VA shows that the risk for multisystem complications after acute COVID were substantial, even among people with mild-moderate symptoms, including 60% increase in the risk of death.

While most new infections are mild cases among young, unvaccinated people, there is still a risk of long-term health impacts that we don't understand yet. A [study](#) from Norway shows that more than half (52%) of young people ages 16-30 had long COVID symptoms.

## **VARIANTS**

**The WHO uses a [naming system](#) for coronavirus variants using the Greek alphabet.** [Variants of concern or interest](#) include:

- Alpha: formerly known as B.1.1.7 ("UK")
- Beta: B.1.351 ("South African")
- Gamma: P.1 ("Brazilian")
- Delta: B.1.617 ("Indian")
- Epsilon: B.1.427/9 ("West Coast")

#### **Delta variant:**

**Summary: The delta variant is twice as infectious as the original strain, may cause more severe illness and death, and is the dominant variant in the US. People with have much higher viral loads with delta infections compared to infections with previous strains. Being vaccinated reduces the risk of infection by 3-5x, reduces the risk of serious illness and death from delta infection by ~10x and reduces the time of viral shedding by ~2x. Universal vaccination combined with masking and distancing is necessary to reduce spread.**

The delta variant has very rapidly become the [dominant strain in the US](#), quickly



overtaking the alpha variant. The delta variant was 99% of the COVID cases sequenced in the US as of August 14, up from around 50% at the beginning of July. In California, the delta variant was 84% of variants sequenced as of July 21, up from 53% on June 21 and from 6% on May 21.

### Delta variant data presented by the CDC on July 29 show that:

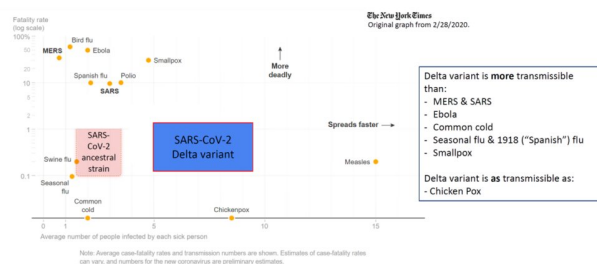
- The delta variant is far more transmissible than the original strain, the common cold, the seasonal and 1918 flu, Ebola and smallpox. A person infected with the original strain would on average infect 2-3 other people, but a person infected with the delta variant will on average infect 5-8 other people. ([CDC](#))
- Delta infections have higher viral loads and longer duration of shedding. ([Mlcochova](#), [Ong](#))
- CDC data from a large July 2021 outbreak in a highly vaccinated county in Massachusetts shows that viral loads of delta infections in vaccinated people were similar to viral loads among unvaccinated people, which suggests that transmission risk is similar from vaccinated people and unvaccinated people infected with the delta variant. ([Brown](#), [CDC](#))
- Delta infections have been found in Canada, Singapore and Scotland to have higher odds of hospitalizations, ICU admission and death, especially for unvaccinated people. ([Fisman](#), [Ong](#), [Sheikh](#))
- Vaccines still provide 10x reduction in hospitalization and death from delta infection (93-100% efficacy with 2-doses of the Pfizer vaccine) and 3-5x reduction in mild or asymptomatic delta infection (64-79% against any delta infection with 2-doses of Pfizer). ([Nasreen](#), [Israel's Ministry of Health](#), [Lopez Bernal](#), [Stowe](#), [Public Health England](#))

**Data shows that vaccinated people with delta infections can transmit the virus to others, though for shorter periods of time. It's still unclear how much and how well vaccinated people transmit in real-life settings.** A pre-print [study](#) posted on July 31 from Singapore also found that vaccinated people who get delta infection have similar initial viral loads as unvaccinated people, but importantly also showed that viral loads decreased much more rapidly (PCR cycle times >30 in 9 days in vaccinated people rather than 18 days in unvaccinated people). This study also found that being vaccinated reduced the odds of requiring supplemental oxygen by 93%. ([Chia](#))

In summary, this data shows that the delta variant is more highly contagious, may cause more severe disease, and suggests that vaccinated people who get infected can transmit the virus, though likely for shorter periods of time. Vaccines remain highly effective at preventing severe disease, but a bit less effective at preventing mild or asymptomatic infection with the delta variant.

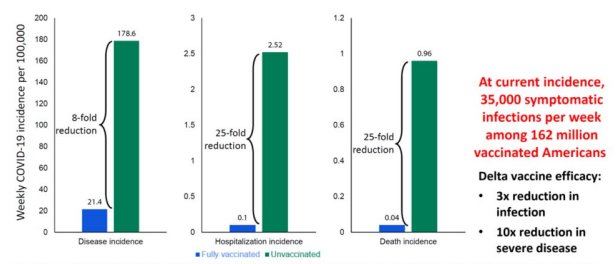
**Universal masking and distancing are crucial for reducing spread given current inadequate vaccine coverage.** We need to continue to outreach to people to increase vaccination rates to reduce serious illness and death. We will also likely need to learn to live with the virus over the long run and aim to reduce serious illness and death through vaccinations.

### Transmission of Delta variant vs. ancestral strain and other infectious diseases



Slide presented at a CDC meeting on July 29, 2021. ([CDC](#))

### Greater risk of disease, hospitalization and death among unvaccinated vs. vaccinated people: National estimates



Slide presented at a CDC meeting on July 29, 2021 with updated delta variant vaccine efficacy data added. ([CDC](#))

**More details on delta variant transmission and vaccine efficacy studies:**

[Data](#) from the UK on the delta variant suggests that this variant is [64% more transmissible than the alpha variant](#) and about **twice as infectious as the original variant**. Updated weekly variant risk assessments from the UK are [posted here](#) and technical briefings [here](#).

**Delta infections viral loads were found to be 1,000x higher** than the original variant in this [well-done study](#) from China. This demonstrates why the delta variant is so highly transmissible: the delta variant replicates much faster, and when a person infected with delta talks, sneezes or coughs, they release *1,000 times more virus* than the original strain.

[Vaccine data from Israel through August 12](#) continues to show **waning immunity over time**, and now shows waning protection from severe disease in older populations who were vaccinated 6+ months ago. Vaccine efficacy against severe disease ranges from 55% VE for people 65+ vaxxed in Jan 2021 vs. 81% VE for those vaxxed in March 2021. [Data from July](#) showed only 39% efficacy against any delta infection, 41% against sx infection, 88% against hospitalization and 91% against severe COVID-19. Israel has approved a booster dose for everyone 50+. ([Israel's Ministry of Health](#) Vaccine Efficacy reports – mostly in Hebrew)

[Public Health England](#) has also reported that **vaccines are still highly effective against hospitalization** and against symptomatic disease from the delta variant, though less so compared to previous strains, especially after a single dose. Protection after the first dose was seen to be only 31% for delta compared to 49% for alpha. Supporting people to mask up between doses and to get their 2<sup>nd</sup> doses is crucial.

[Data](#) from the UK in June show that the Pfizer-BioNTech vaccine was 88% effective against symptomatic disease with the delta variant, a drop from 94% against the alpha variant. Vaccine efficacy against hospitalization was high with 2 doses of the Pfizer mRNA vaccine: 96% effective against hospitalization with the delta variant compared to 95% effective against hospitalization with alpha variant.

Full vaccination with the Astra-Zeneca vaccine provided 67% protection against delta variant, versus 74% protection against the alpha variant. Vaccine efficacy against hospitalization was also better maintained for the Astra-Zeneca vaccine: 92% for the delta vs. 86% for the alpha after 2 doses.

UCSF posted a good summary of delta studies and FAQs [here](#) on August 4.

[Data from the UK](#) also suggest that the risk of long COVID is substantially reduced by 2 doses of the vaccine compared to one dose. Outreach to people who've only gotten one dose of a two-dose vaccine remains important so they can get this protection.

There is mixed data on the efficacy of the Johnson & Johnson (J&J) single-dose vaccine against the delta variant. However, the data we have so far are from serological lab studies rather than real-world studies. A preprint serological study from NYU shows lower antibody response with the J&J compared to the Moderna and Pfizer mRNA vaccines. Another serologic [study](#) in *Nature* showed reductions in vaccine-induced antibody response to the delta variant compared to the alpha variant. Earlier preprint serological [studies](#) from J&J reported that the vaccine generated long-lasting immune response against the delta variant. The CDC and FDA is expected to provide guidance on boosters or additional doses for those who received one dose of the J&J (for example, a dose of an mRNA vaccine). Stay tuned.

Remember that viruses mutate when they replicate, and we can slow the rise of COVID-19 variants through masking, distancing and vaccinations.

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## NEW HIV/STD STUDIES

Current lists of open HIV and hepatitis studies at UCSF are posted [here](#).

**A resurgence in STD cases:** New [CDC data](#) show that during March–April 2020, reported STD cases dramatically decreased compared to the same time in 2019. However, a resurgence in gonorrhea and syphilis cases later in the year suggest overall STDs may have increased during 2020.

The CDC just released their updated **2021 Sexually Transmitted Infections Treatment Guidelines**. Click on this [link](#) to access

the full guidelines and visit their [provider resource page](#) for copies of a summary wall chart and pocket guide.

An [international study](#) looking at **global adoption of WHO PrEP recommendations** found that we had about 626,000 people on PrEP across 77 countries by the end of 2019. While we missed the UN's goal to get at least 3 million people on PrEP by 2020, even with pandemic disruptions in PrEP uptake, we still have a chance to have 2-3 million PrEP users by 2023.

Expanded PrEP Implementation in Communities–New South Wales (EPIC-NSW) group in Australia [reported](#) trends in HIV incidence and adherence over 3 years in 9,596 people at high risk for HIV (98% of participants were gay and bisexual men) who were prescribed PrEP. They found that **in a setting of affordable PrEP and health services, a very low HIV incidence of 1 to 2 per 1000 person-years can be maintained in gay and bisexual men who were previously at high risk.**

The **San Francisco 2017-2018 HIV Medical Monitoring Project (MMP) Report** was released in July. Interview and medical record data from 361 participants were collected between June 2017 and May 2019 and features new data on long-term survivors and resiliency.

The CDC [published data](#) on August 5, 2021 from the 2019-2020 cycle of the **HIV National Medical Monitoring Project (MMP)**. The MMP is an annual, cross-sectional survey that reports nationally representative estimates of behavioral and clinical characteristics of adults with diagnosed HIV infection (PLWH) in the United States.

**Findings in this latest national MMP report** include:

- 79% of PLWH surveyed were retained in care
- 61% were virally suppressed
- 16% had symptoms of depression
- 21% had recent symptoms of anxiety
- 9% experienced homelessness
- The median HIV-related stigma score was 30.7 (0= lowest stigma and 100= highest stigma)

A [systematic review](#) of **Motherhood and decision-making among women living with HIV** in developed countries found that women living with HIV (WLH) “encounter reproductive decision-making with knowledge deficits and limited social support... Evidence-based clinical practice guidelines need to be tailored for the family planning and sexual health needs of WLH.”

A [randomized trial](#) with 464 patients in Sub-Saharan Africa who were failing first-line NNRTI-based therapy showed that **dolutegravir was highly effective and non-inferior to darunavir and that TDF+3TC was non-inferior to ZDV+3TC as second-line therapy**, even in patients with extensive NRTI resistance and for whom NRTIs were predicted to have no activity.

**People needing medical care for any condition are encouraged to seek care** as our clinics and hospitals remain open with strict safety protocols to take care of all people.



## WHAT'S UP WITH COVID VACCINES?

Updated August 18, 2021

**Everyone ages 12 and over is eligible for a free COVID-19 vaccine,**



regardless of insurance and immigration status.

The best way to protect yourself and our community against serious illness from the highly contagious delta variant is to get vaccinated and wear a mask.



Vaccines are plentiful and widely available in the East Bay. Appointments and walk-ups are available the same day at many sites, including for the Pfizer vaccine for 12-17 year olds. Pfizer, Moderna and Johnson & Johnson vaccines are all available.

Third mRNA vaccine doses ("boosters" with Pfizer or Moderna vaccines) are available for people with severely immunocompromising conditions, including people with advanced or untreated HIV.

Get a vaccine today at [MyTurn.ca.gov](https://myturn.ca.gov) or with your medical provider!

## HOW DO WE GET A COVID VACCINE?

### 1. Check for an available appointment or walk-up site hours:

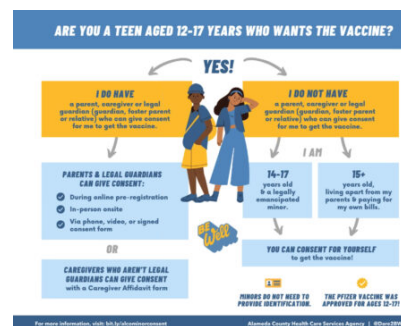
- Go to [MyTurn.ca.gov](https://myturn.ca.gov) or call 833-422-4255 to make appointments at public sites and pharmacies across California.
- Or go to your medical provider's website or call them. (click for: [Kaiser](#), [Sutter](#), [Stanford](#), [Children's Oakland](#), [community health centers](#))
- Additional options: see phone numbers below.
  - Check [county vaccine sites](#), [community pop-ups](#), [Oakland school sites](#), [vaccines at shelters](#).
  - Check [VaccinateCA](#) (search map) or the [Vaccines.gov](#) national vaccine finder.
  - Text your Zip code to 438829 to get numbers and links for vaccines

### 2. When you go to your vaccine appointment, bring:

- A photo ID (does not have to be government-issued)
- Appointment confirmation, if not walking up (printed or on phone)
- A mask.

For people under 18, there are several ways to provide consent (click on the infographic for more details):

- Online registration: parent/guardian checks consent box
- Drop-in/walk-up:
  - Parent/guardian comes and gives consent in-person
  - Parent/guardian gives consent on phone or video
  - Youth brings in paper form signed by parent/guardian. [Click here](#) to download the parent/guardian consent form for Alameda County.



## VACCINE PHONE LINES:

- [Alameda County](#): 510-208-4VAX or 510-208-4829 (English, Español, 中文)
- [Contra Costa County](#): 833-829-2626
- [Solano County](#): 707-784-8988
- [California state's MyTurn vaccine line](#): 833-422-4255

## MORE VACCINE INFO – JUMP TO:

- [Transportation resources and vaccines for home-bound people](#)
- [Links to medical providers, community pop-ups, county sites](#)



- [Proof of vaccination](#)
  - [J&J vaccine updates and additional information on vaccines](#)
  - [Vaccines for people living with HIV](#)
  - [What you can do when you're fully vaccinated](#)
  - [Resources in multiple languages and Frequently Asked Questions](#)
  - [Community spotlights: East Bay vaccine testimonials](#)
- 

## IF YOU NEED HELP WITH TRANSPORTATION OR ARE HOME-BOUND:

- **East Oakland Collective** is offering free ride shares for Oakland residents.
  - Go to [MyTurn.ca.gov](#) and click on "yes" under "I need help with transportation" when you register.
  - [Click here for an overview of paratransit options in Alameda County.](#)
  - [East Bay Paratransit](#) is now offering transportation to and from vaccination sites and a briefer, streamlined eligibility process to apply for services. [Click here](#) or call 510-287-5000 for more information.
  - **Home-bound people in Alameda County:** to sign up for in-home vaccination, please complete the vaccine registration form [on this webpage](#). If you are not able to use the internet form, please call 510-208-4829.
  - **Home-bound people in Contra Costa County:** [request a home vaccination](#) from the mobile team.
- 

## VACCINES THROUGH MEDICAL PROVIDERS:

- [Kaiser members](#)
  - [Sutter members](#)
  - [Stanford Health members](#)
  - [UCSF Benioff Children's Hospital Oakland](#): for all community members ages 12-24
    - Open to everyone ages 12-24, even if they are not members
    - 744 52nd St., Oakland, CA 94609
    - Call (415) 514-1196, Monday to Saturday, 7 a.m. to 7 p.m., and Sunday from 8 a.m. to 5 p.m.
    - All callers should choose option 2 and stay on the line to speak with an operator, who will schedule an appointment
    - No proof of eligibility will be required.
  - Many **community health centers** are providing vaccine appointments for all community members:
    - [Alameda Health Systems](#)
    - [Asian Health Services](#)
    - [Axis Community Health](#)
    - [Bay Area Community Health](#)
    - [La Clínica](#)
    - [LifeLong Medical Care](#)
    - [Native American Health](#)
    - [Roots Community Health Center](#)
    - [Tiburcio Vasquez Health Center](#)
    - [West Oakland Health](#)
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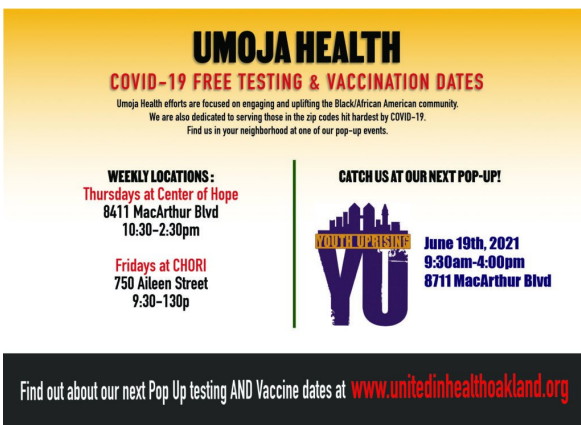
## VACCINES THROUGH PHARMACIES:

- [CVS pharmacies](#)
  - [Rite Aid pharmacies](#)
  - [Walgreens pharmacies](#)
  - [Lucky and Save Mart pharmacies](#)
- 

## VACCINES THROUGH COMMUNITY POP-UPS:

- [Oakland school site pop-ups](#) and other sites for 12+

- **Umoja Vaccine: United in Health Oakland:** see flyer
  - Hotline: call 1-888-763-0007 and leave a phone number.
- **Unity Council in the Fruitvale, East Oakland**
- **Saturday (8/14) @10:00 am-1:00 pm: LifeLong pop-up in the Oak Center apartments**
- **Oakland LGBTQ Center**
  - **September 11, 12-7 pm, Lake Merritt bandstand**, near Fairyland in Oakland
  - 510-882-2286
  - FREE Pfizer and Moderna vaccinations.



## VACCINES THROUGH COUNTY VACCINATION SITES:

- **Alameda County** COVID-19 vaccine access
  - Get an appointment: [bit.ly/AICoSignUp](https://bit.ly/AICoSignUp)
  - Getting a Vaccine in Alameda County flyer (5/20/2021): [English](#) | [Spanish](#) | [Arabic](#) | [Chinese \(Simplified\)](#) | [Vietnamese](#)
  - [Vaccinations for people experiencing homelessness](#)
  - [Vaccinations for youth](#)
  - Kaiser, Sutter, and Stanford get their own supply, so check with them separately.
- **Contra Costa County** COVID-19 vaccine access
  - [Walk-in sites \(no appointment required\)](#)
  - [Click here to make an appointment](#) or call 1-833-829-2626.
  - To bring equity-related concerns to Contra Costa County's attention, [click here](#).
- **Solano County** vaccine access
  - Please [click here](#) and scroll down for vaccine sites.


**Vaccines are now readily available with plentiful supply with choices for the Pfizer, Moderna and J&J vaccines.**

## NEED PROOF OF VACCINATION?

- Visit the [CA Digital COVID-19 Vaccine Record](#) site to request your digital vaccination card. You'll need the phone number or email address that you used to get your vaccine.
- Download the Alameda County [Frequently Asked Questions](#) for more information.
- If you were vaccinated at an Alameda County supported site, you can visit any [currently open location](#) for assistance.
- If you were vaccinated elsewhere, contact that provider for a replacement.

## WHAT VACCINES ARE CURRENTLY AVAILABLE?

**We have three authorized vaccines available: the Pfizer and Moderna two-dose vaccines and the Johnson & Johnson's (J&J) one-dose vaccine.** All three authorized vaccines are highly protective against severe disease, hospitalization and death.



# COVID-19 VACCINES ARE EFFECTIVE

**NEW MMWR REPORTS FIND THAT COVID-19 VACCINES PROVIDE PROTECTION AGAINST:**

- REINFECTION FOR THOSE WHO ALREADY HAD COVID-19
- INFECTION, HOSPITALIZATIONS, AND DEATHS IN AREAS WITH THE DELTA VARIANT
- COVID-19 HOSPITALIZATION AMONG THOSE AGE 65+

CS326002 08/06/2021

- **See how the authorized vaccines work:** download PDF infographics from the CDC –
  - How the Pfizer and Moderna mRNA vaccines work: in [English](#) and [Spanish](#).
  - How the J&J viral vector vaccines work: in [English](#) and [Spanish](#).

### **Johnson & Johnson vaccines, rare blood clots and Guillain-Barré syndrome (GBS):**

**The CDC has recommended to continue vaccinations with the Johnson & Johnson (J&J) vaccine for people ages 18+ because the benefits far outweigh the risks of rare blood clots and Guillain-Barré syndrome (GBS).** Meeting slides and data updates discussed at the April 23rd CDC Advisory Committee on Immunization Practices (ACIP) meeting [can be downloaded here](#).

On July 13, the [FDA announced an update](#) to the Johnson & Johnson (J&J) COVID-19 vaccine fact sheet to include a warning about rare cases of Guillain-Barré syndrome (GBS), about 1 in 125,000 so far.

Read [CDC updated questions and answers on the J&J vaccine here](#) and the [detailed CDC process, analysis and recommendations on the J&J vaccine here](#).

[Click here for J&J updates from California state](#) and fact sheets in multiple languages.

[CLICK HERE FOR MORE INFO ON THE J&J VACCINE AND CLINICAL GUIDANCE](#)

**Vaccines for ages 12-17:** Currently only the [Pfizer](#) vaccine is approved for use in people ages 12-17. The Moderna and Johnson & Johnson vaccines are approved in people ages 18 and over. Moderna [announced](#) on May 25 that their vaccine is 100% effective for 12-17 year olds in a clinical trial that enrolled 3,732 people ages 12 to 17. Moderna has submitted data to the FDA for approval. Pfizer plans to submit data and an authorization request for children ages 2-4 and 5-11 in September.

## PEOPLE LIVING WITH HIV AND COVID-19 VACCINES

**All people living with HIV (PLWH) are recommended to get the COVID-19 vaccine.** The authorized vaccines are safe for people living with HIV regardless of CD4 count.

A new WHO [study](#) of over 15,000 global cases of COVID-19 in people living with HIV (PLWH) presented at IAS in July 2021 found that **unvaccinated PLWH were 13% more likely to be hospitalized and 30% more likely to die** after being hospitalized, independent of age, gender, comorbidities. Among PLWH, having diabetes, high blood pressure, being male or over 75 years old was each associated with an increased risk of death. CD4, viral load and ART status was not available in this cohort. Most people in this cohort were from the African region, and of those, most were from South Africa.

A US [study](#) of 8,270 PLWH with COVID-19 found that **unvaccinated PLWH in the US who went to the ED with COVID symptoms had an increased risk of hospitalization requiring ventilation by 43% and increased risk of death by 20%**, independent of sociodemographic factors and comorbidities. Outcomes were 4-7x worse for people with CD4 <350 and with higher viral loads.

Earlier [data](#) also showed that people living with HIV and CD4 counts less than 200 have greater risk for hospitalizations and death from COVID-19.

[UK data](#) shows that getting 2 doses of **COVID-19 vaccines are highly effective for people with health conditions, including HIV**. Protection after one dose in a 2-dose regimen was not as protective compared to people without health conditions. The July 2021 [outbreak](#) in Provincetown, Massachusetts included 30 PLWH who were fully vaccinated, all virally suppressed, none were hospitalized. Two small lab-based [studies](#) showed that antibody, T- and B-cell responses were similar between PLWH and people without HIV, but most study participants had CD4>500 and suppressed viral loads.

These studies underscore the importance of prioritizing PLWH for outreach and to complete all vaccination doses.

**The CDC recommends a third mRNA vaccine dose for people with "Advanced or untreated HIV infection,"** which was [authorized by the FDA](#) on August 12, 2021.

Based on our [best available data](#), we know that people living with HIV with CD4 <350 and higher viral loads are at higher risk for hospitalization and death, so we may want to prioritize outreach and third doses for this group, though please keep outreaching to people living HIV and others not yet vaccinated!

Here are considerations for whom to prioritize outreach for third doses:

- **"Untreated HIV"**
  - Highest priority: Any person living with HIV not on ART. (Please offer ART again too!)

- People with viral loads >1,000. Detectable viral loads >50 who were also associated with higher hospitalization rates even when CD4 was >500 (VL of 50-1,000 had 1.8x increased odds and VL >1,000 had 3.5x increased odds).
- **“Advanced HIV”**
  - Highest priority: CD4 counts of <350 were associated with 7.6x increased odds of death, 5.4x increased odds of requiring ventilation and 4.4x increased odds of hospitalization.
  - Highest priority: People living with HIV *and* other immunocompromising conditions, especially people with transplants, getting cancer treatment or on high dose steroids or other immunosuppressive drugs.
  - CD4 of 350-500 had 2.9x increased odds of hospitalization compared to CD4 >500.
  - Consider people with a history of AIDS (CD4<200 or opportunistic illness) and long-term survivors (especially those over 75, have diabetes, hypertension or other cardiovascular disease).

**What about people who got the J&J vaccine?** People who received a J&J vaccine may also discuss getting a supplemental mRNA shot with their providers. [SF General](#) has been offering these supplemental shots since early August.

**Should we check for immunity after vaccination?** [The FDA](#) does not currently recommend checking for SARS-Cov2 antibodies after COVID-19 vaccination since current antibody tests have not been evaluated to assess level of protection from vaccination. If antibodies are checked anyway, be sure the proper type is ordered:

- The [anti-spike IgG antibody](#) checks for circulating antibodies generated by vaccination \*or\* past infection.
- The [anti-nucleocapsid IgG antibody](#) checks for past infection only.

[Click here](#) to download recommendations for PLWH during the summer 2021 delta surge from Getting to Zero San Francisco.

Resources for PLWH and COVID-19 vaccines: [UNAIDS infosheet on COVID-19 vaccines and HIV](#), [Clinical FAQs with Dr. Paul Sax at Harvard](#) and [The New England Journal of Medicine](#), [Clinical FAQs for people living with HIV from HIVMA \(PDF\)](#), [Guidance for talking with patients and FAQs for PLWH from Alameda Health Systems \(PDF\)](#).

## MORE VACCINE RESOURCES

## DISPARITIES DATA AND STUDIES

**US life expectancy had a steep drop in 2020, fueled by COVID-19, with significant disproportionate impact on Black/African American and Latinx Americans.** The CDC’s National Center for Health Statistics released a [study](#) on July 20 showing that Latinx people experienced the greatest drop in life expectancy at 3 years, and Black/African Americans saw a decrease of 2.9 years. White Americans experienced the smallest decline at 1.2 years. The study author, Dr. Elizabeth Arias, reported that these trends in excess deaths from COVID have continued into 2021.

In addition to excess deaths from COVID, there were also excess deaths from cardiovascular disease (see below), diabetes, chronic liver disease, homicides and drug overdoses. [More than 93,000 people died from drug overdoses in 2020](#), the highest number reported in a single year.

A study published in the [British Medical Journal](#) compared US life expectancy data to data from 16 other high-income countries and found that the US decrease in life expectancy from 2018 to 2020 was 8.5 times greater than the average decrease in peer countries, with declines greatest for people of color.

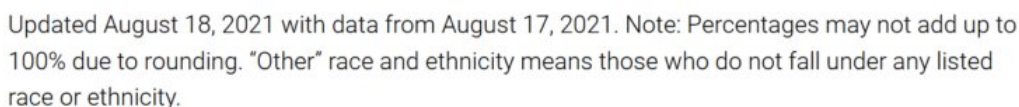
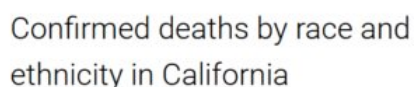
**A [study](#) describes disparities in heart disease and cerebrovascular disease deaths in the US** during the COVID-19 pandemic: Black, Asian, and Hispanic populations experienced a larger relative increase in deaths than the non-Hispanic White population.

**[Disparities](#)** in vaccination rates persist for Black and Latinx communities, especially among younger people of color,



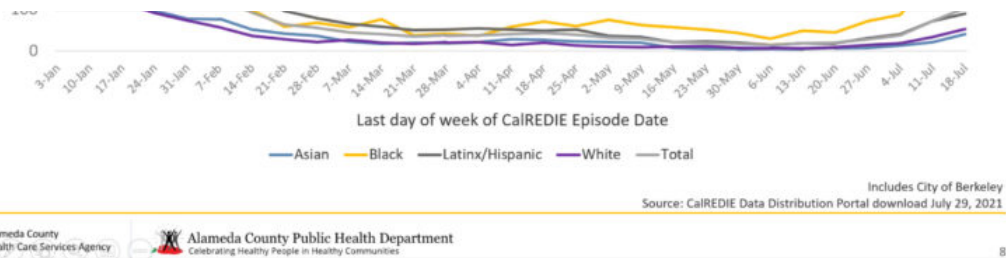
[Dayna Bowen Matthew](#), author of [Just Medicine: A Cure for Racial Inequality in American Health Care](#), says: "What we politely call a 'health disparity' is killing people of color daily. It is causing people of color to live sicker and die quicker, because of the color of their skin."

Confirmed cases by race and ethnicity in California

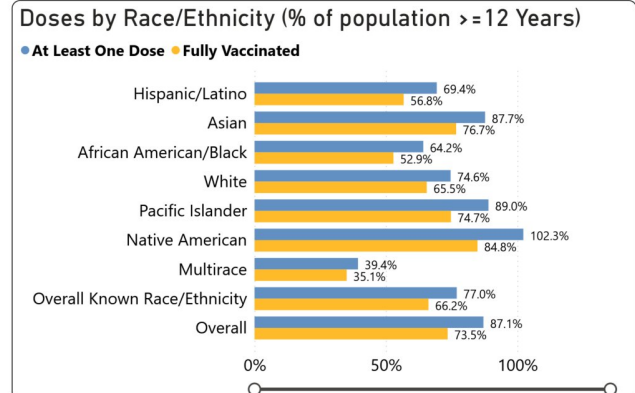
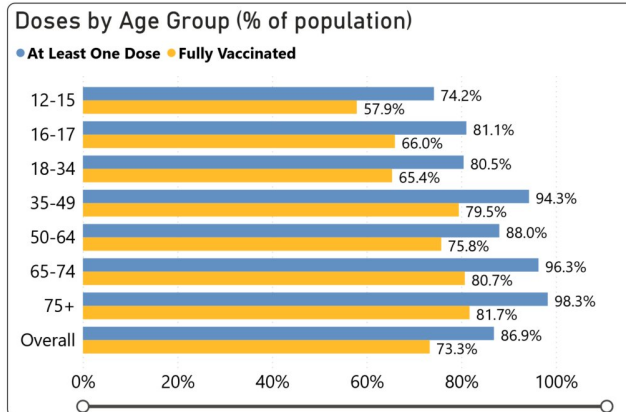


### Alameda County COVID-19 weekly case rate





This spring Alameda County case rates among African American residents became higher than case rates among Latinx residents, mirroring lower vaccination rates among African American residents.



**Alameda County vaccination rates by age and race/ethnicity** as of 8/18/21 show that Alameda County resident under age 35 are less likely to be vaccinated compared to older residents.

Black/African American and Latinx residents are less likely to have been vaccinated compared to White, API or Native American residents.

## What are Vaccination Rates by Race/Ethnicity & Age?

### Vaccination Rates by Race/Ethnicity & Age Group

(% of 12+ Population with at least one dose):  
Cumulative (thru 8.17.21)

Vaccination Rate by Race & Age (% 12+ Pop with at least one dose)							
Age Group	Total	Native American	Pacific Islander	Asian	White	Latino	Black
12-15	74%	92%	54%	83%	66%	59%	36%
16-34	80%	100%	67%	83%	71%	60%	52%
35-49	94%	100%	100%	97%	79%	77%	62%
50-64	88%	96%	100%	87%	68%	93%	74%
65-74	96%	100%	100%	91%	89%	70%	87%
75+	98%	100%	100%	89%	92%	64%	86%
12+	87%	100%	89%	88%	75%	69%	64%

≤80% of pop with at least one dose  
≥90% of pop with at least one dose

Note: Rates by race/ethnicity only reflect vaccinated residents with known RE.  
Does not reflect residents with unknown RE who got at least 1 dose (13%) or were fully vaccinated (11%).

Source: County Vaccination dashboard, 8.17.21

This table shows vaccination data from Alameda County, with the highest vaccination rates among Native American residents of all ages and Pacific Islanders over the age of 34. The lowest vaccination rates are among Black, Latinx, Pacific Islander and White residents under age 35 and Latinx residents ages 65 and over.

The latest KFF [COVID vaccine survey focused on parents](#) with data from August reports that “nearly half of parents of children ages 12-17, the age group currently eligible to receive a COVID-19 vaccine, say their child has already been vaccinated (41%) or they will get the vaccine right away (6%). Nearly four in ten Republican parents (37%) and half of parents who are unvaccinated themselves say they will “definitely not” get their 12-17 year-old vaccinated... Four in ten parents of children under 12 saying that once a vaccine is authorized for their child’s age group they will “wait a while to see how it is working” before getting their child vaccinated. About half of parents, regardless of their child’s age, say they are very or somewhat worried about their child getting seriously sick from coronavirus.”

“Hispanic and Black parents are more likely than White parents to cite concerns that reflect access barriers to vaccination, including not being able to get the vaccine from a trusted place, believing they may have to pay an out-of-pocket cost, or difficulty traveling to a vaccination site. A larger share of Hispanic parents than White parents also reports being concerned about needing to take time off work to get their child vaccinated.”

New vaccine equity guidance shared by the CDC HIV prevention division: [Click to download](#)

- [COVID-19 Vaccine Equity: Best Practices for Community and Faith-based Organizations](#)
- [A Guide for Community Partners](#) includes strategies, interventions, and ready-made messages and materials.
- [Toolkit for Correctional and Detention Facilities](#)

## HARM REDUCTION TIPS AND RESOURCES

[CLICK HERE FOR DETAILS ON WHAT FULLY VACCINATED PEOPLE CAN DO](#)

[CLICK HERE FOR INFO ON DOUBLE-MASKING](#)

Our [COVID harm reduction infographics](#) include updated guidance!

Click to download: [graphic in English](#) | [graphic in Spanish](#) | [PDF in English](#) | [PDF in Spanish](#).



Check out this [COVID risk calculator](#) to figure out the risk level for your specific situation.

The SF Community Clinic Consortium developed [this HIV clinic reopening guidance document](#) which clinic teams might find helpful around specific considerations for PLWH.

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

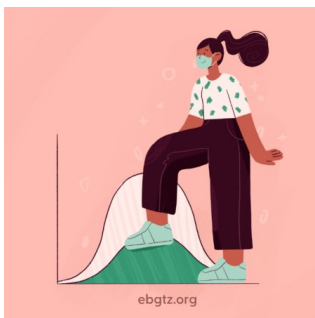
Strategy	% reduction
1. Vaccination	>90% vs. severe disease

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

**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.



2. Masking	60-95%
3. Staying outdoors and maximizing ventilation	~90%
4. Distancing	53-88%
5. Eye protection	78%
6. Hand hygiene	28-45%
7. Testing/isolation	33%

Updated 8.17.21 \* Data compiled by Sophie S. Wong, MD  
Icons by Good Ware, Freepik and Srip on Flaticon.com  
Please see [EBGTZ.org/COVID](#) for updates and  
[EBGTZ.com/resources](#) for primary sources.

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

**A note about this webpage:** COVID and HIV

practice-changing updates will be posted on this page, with comprehensive updates posted monthly, usually on third Wednesdays. New studies will be continuously added to our summary of [COVID-19 harm reduction strategies](#). The emailed [HIV+COVID-19 update newsletters](#) are sent monthly on third Wednesdays.

**Official Alameda County COVID-19 updates are accessible on the [county website](#).** 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](#)

## TOP LINKS:

- **COVID Vaccines:** [Alameda County](#), [Contra Costa County](#), [Solano County](#), [California State](#), [CA vaccine progress tracker](#)
- **COVID Vaccine Myths and Facts and FAQs** in English, Español, 中文, and Arabic and **Questions & Answers**
- **COVID vaccine safety updates** (CDC)
- **COVID testing:** locations in the [Bay Area](#); [Alameda County](#), [Contra Costa County](#), [Solano County](#); [CDC guidance on home testing](#).
- **Phone numbers/Centro de llamadas:** Contra Costa County- [\(844\) 729-8410](#), Solano County- 707-784-8988, Alameda County vaccine line in English, Spanish, Mandarin for those who cannot navigate the internet: 510-208-4VAX or 510-208-4829
- **COVID supports** (food, housing, stipends, etc.): [Alameda County resources and ARCH isolation stipends](#), [Contra Costa County](#), [Solano County](#)
- **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 \(SF Chronicle\)](#), [US \(CDC\)](#), [US by race \(CDC\)](#), [National/Global \(JHU\)](#). **Variants:** [in the US \(CDC\)](#) and [in California](#).
- **COVID risk calculator**
- **Maximizing mask protection:** [CDC guidance](#), [EBGTZ mask videos](#), [guidance and resources](#)
- **COVID PPE, staffing or testing supplies:** [Alameda County EMS- request PPE](#), [request staffing](#) or [request testing supplies](#).
- **HIV:** [FAQs for people living with HIV \(PLWH\)](#) and [Preguntas Frecuentes in Spanish](#), [Guidance for PLWH \(CDC\)](#), [Guidance for HIV providers \(HIVMA\)](#), [Vaccines for PLWH \(HIVMA\)](#), [UNAIDS infosheet on COVID-19 vaccines and HIV](#)
- **HIV services during COVID-19:** [Click here for Contra Costa HIV services](#), [Alameda County HIV services](#), [SF Community Clinic HIV clinic reopening guidance](#)
- **Key Communities:** [Harm Reduction Coalition](#), [Immigrants Rising](#), [Protecting Immigrant Families: Public Charge](#), [Healthcare for the Homeless](#), [COVID info in Asian languages](#)



## LOOKING FOR COVID-19 TESTING?

- **Rapid COVID-19 antigen home tests:**

- The antigen tests provide rapid results in 15-30 minutes for when people are at their most infectious stage. They are effective at picking up high viral loads and are less sensitive than the PCR tests but provide timely results and are cheaper and easier to use.
- The [Abbott BinaxNow](#), [Ellume](#) and [Quidel QuickVue](#) COVID-19 antigen home tests were the first ones authorized; more are listed on the [FDA website](#).
- For example pricing, the BinaxNow antigen home self-test retail price \$23.99 for 2 tests and is sold at pharmacies and online retailers. The 15-minute test is done with a nasal swab, with results showing on a card, like a home pregnancy test.
- The CDC [has guidance](#) on self-testing and what people should do with test results.

- **[SF Chronicle's map of Bay Area testing sites](#)** that don't require a doctor's referral.

- **[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 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.



COVID-19 testing at the *Unidos en Salud* site in the Mission, SF. (photo used with Creative Commons license, Konstantin 'KVentz' Ventslavovich, 2020)



Community pop-up testing and vaccination at Serenity House in Oakland, July 2021.

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# GETTING TO ZERO

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