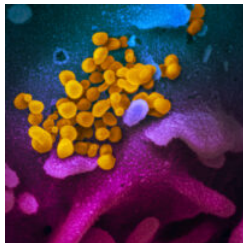


## COVID-19 AND HIV UPDATES

SEPTEMBER 22, 2021

SIGN UP FOR OUR NEWSLETTER HERE



The SARS-CoV-2 virus (NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is usually updated on first and third Wednesdays by [Sophy S. Wong, MD](#) and [Yamini Oseguera-Bhatnagar, MPH](#) with data and resources gathered from many collaborators. [Please click here to share feedback.](#)

VACCINES

TESTING

MASKS

GUIDANCE

SCHOOLS

STUDIES

ARCHIVES

PDF SUMMARY

### Jump to:

- [Key East Bay COVID-19 updates](#)
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Please join us for our next **East Bay HIV Prevention Network Meeting on Friday, September 24th**, from 11 am – 12:30 pm. This meeting will focus on Youth Engagement. [Click here](#) for more information.

You are also invited to our **October 28 workshop on housing** and linkages for people experiencing unstable housing or homelessness. During this virtual workshop, we will network, share cases and challenges, and determine strategies for strengthening linkages to HIV and housing services for people who are experiencing homelessness or are unstably housed. [Click here](#) to register and for

more info.



## KEY EAST BAY COVID-19 UPDATES

### 1. Vaccine boosters, efficacy and third doses:

- The FDA [authorized](#) booster doses of the Pfizer vaccine at least 6 months after the primary vaccine series for people ages 65 and over, people ages 18–64 at high risk for severe COVID-19, and people ages 18–64 at high risk from occupational exposures, such as health care workers, teachers, grocery, shelter and jail/prison workers. This announcement came on September 22, after reviewing [Pfizer booster data](#) and the [advisory committee's analysis](#). The CDC ACIP (vaccine advisory committee) is meeting on September 23 to discuss more detailed clinical recommendations for boosters.
- Pfizer [announced](#) on September 20 that their COVID-19 vaccine is safe and effective for kids ages 5–11.
- Vaccines remain highly effective against severe COVID-19 and death. Vaccines, masks and a holistic prevention approach are our best tools for getting the pandemic under control. Being fully vaccinated reduces the risk of infection by 3–5x and reduces the risk of hospitalization and death by 10–29x.

- While mucosal immunity (antibodies) wanes over time, our cellular immunity (B and T-cells) remains intact to respond to infection and protect us against severe disease against the delta variant.
- [New data](#) show that 120 days (~4 months) or more after full vaccination, the Moderna vaccine has 92% protection against hospitalization, compared to 77% for Pfizer and 68% for J&J.
- Alameda County has fully vaccinated 76% and Contra Costa has fully vaccinated 80% of residents ages 12+ ... let's get to 90% or higher! Alameda County has launched a new gift card vaccine incentive program for the highest priority communities.
- **Third mRNA vaccine doses** are also available now and recommended for people with immunocompromising conditions, including people with [advanced or untreated HIV](#).

## 2. New vaccine requirements

- **Indoor public venues:** Contra Costa County [announced](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22. SF and Berkeley have had these requirements in place. [Click here](#) to get your CA digital vaccine record.
- **Schools:** Los Angeles School District has [passed](#) a student vaccine requirement. Oakland, West Contra Costa County and other districts are considering similar requirements.
- **Employers:** President Biden's [new COVID-19 pandemic plan](#) includes requirements for two-thirds of US workers to get vaccinated. The [FDA granted full approval](#) of the Pfizer COVID-19 vaccine for people ages 16 and over, providing additional confidence in vaccine safety and triggering a wave of employer-based vaccine requirements.
- **Immigration applicants:** The U.S. Citizenship and Immigration Services [announced](#) that beginning October 1, new immigrants applying for legal permanent status in the US must be fully vaccinated against COVID-19. This adds the COVID-19 vaccine to the list of other required vaccines for applicants. The East Bay is anticipating hundreds of Afghan evacuees arriving by December, and more in the coming year. We hope that all network organizations work collaboratively to welcome and support the safety and health of refugees coming from Afghanistan and many other places in the world.



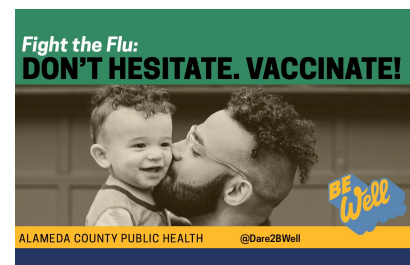
## 3. Bay Area pandemic trends

- **COVID case rates in the Bay Area have decreased since the beginning of September**, hospitalizations have slowed, and deaths have remained low thanks to high vaccination rates and masking. [Vaccinating](#) everyone eligible and universal [mask wearing](#) along with other prevention measures are crucial for a [safer school](#) year and winter season.
- **California is the only US state with cases low enough move from the CDC "high" to "substantial" transmission category** as of September 22. COVID hospitalizations are finally starting to decrease across the US after being at crisis levels in many southern state ICUs.
- **Nationwide, case rates are highest among people under 40.** While nationwide [pediatric hospitalizations](#) are still at record levels, they are finally decreasing, and the East Bay has maintained low pediatric hospitalization rates.
- **The pandemic was the top issue for many voters** in the CA recall election, with two-thirds voting to [keep](#) Governor Newsom in office.

**Get your flu vaccine this fall and help us avoid a twindemic!** With kids back in school and more in-person activities, it'll be crucial for each of us to help reduce a surge in respiratory diseases this winter by getting vaccinated against the flu virus.

## Home COVID PCR and rapid antigen test kits are still available for Alameda County organizations!

- Alameda County EMS still has [Picture home PCR kits](#) from Fulgent (retail \$119). Organizations would distribute to the people who need them. Users follow instructions (in multiple languages) and drop-off self-collected specimens at a FedEx box to send to a lab for results in 48-hours.
- Alameda County EMS also has [BinaxNOW](#) rapid home antigen tests available.
- Organizations request test kits via this [supply request link](#). Create and activate an organizational account first if you don't have one. Please contact [Kreig Harmon](#) at EMS with any questions.



**Monoclonal antibody treatment** is available without cost for people with acute COVID-19 and **risk factors for severe disease**, including immunocompromising conditions such as advanced or untreated HIV. In Alameda County, the treatment is available at [Total Infusion](#) in Eastmont Town Center in Oakland without cost to patients.

## VACCINE REQUIREMENT UPDATES

**Indoor public venues:**

**Contra Costa County** [announced](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22. San Francisco and Berkeley have had these requirements in place. Alameda County is also considering a similar policy.

#### Employers:

**President Biden** [announced a new COVID-19 pandemic plan](#) on September 9 which includes requirements for 2/3 of US workers to get vaccinated, including employers with 100+ employees (~80 million workers), 17 million health care workers and federal workers and contractors. At-home rapid COVID antigen tests will be discounted 35%, receive federal funds for increased manufacturing, and Medicaid will be required to cover these tests for free.

Dr. Tomás J. Aragón, California State Health Officer, [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.

Dr. Aragón [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.

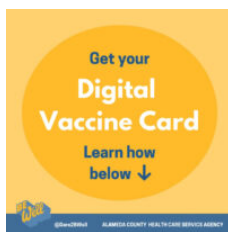
#### Health care facilities:

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.

On August 5, Dr. Aragón 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.

#### Schools:

**Los Angeles** Unified School District, the second largest in the US with 600,000 enrolled students, has [passed a requirement for students 12+ to get vaccinated](#) with 2 doses by December 19 or by October 31 to participate in extracurricular programs. **Oakland** Unified School District's school board will be voting on a student vaccine resolution on September 22.



**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.

## MORE DETAILS ON COVID VACCINES: EFFICACY, THIRD DOSES, BOOSTERS

#### Vaccine efficacy:

**Pfizer** [announced](#) on September 20 that their COVID-19 vaccine is safe and effective for kids ages 5-11. Using a 10 µg administered 21 days apart, a smaller dose than the 30 µg dose for people ages 12+, study participants experienced side effects comparable to those experienced by older people. The data will be submitted and reviewed by the FDA and CDC. Pfizer plans to share data from the trial with children ages 2-5 and 6 months to 2 years by the end of this year. Both Pfizer and Moderna have expanded their clinical trials to increase the odds of picking up rare adverse events.

Depending on what the FDA and CDC find in the data, if the data is sufficient, accurate and shows that benefits of the vaccine outweigh the risks, we may be [on track](#) for a recommendation in mid to late October. This is welcome news in the midst of an unprecedented surge in cases across the US among children, with about a quarter million kids diagnosed each week over the past few weeks.

A [pre-print study](#) from the manufacturer Janssen shows that the **J&J vaccine's efficacy** for 390,000 recipients in real-world settings **remained relatively stable over time** and during the delta outbreak. Vaccine efficacy was stable over time at 79% against infections and 81% against hospitalizations. During the June/July delta outbreak, vaccine efficacy was 78% against infections and 85% against hospitalizations.

**J&J booster data** in a press release from Janssen's vaccine trial participants (ENSEMBLE) showed that a second dose 2 months after the first dose increased vaccine efficacy from 74% to 100% against severe/critical COVID-19 and increased antibody levels by 4-fold, though the outcomes were only followed for 14 days post-second dose thus far. When the second dose was given 6 months after the first dose, antibody levels increased by 12-fold.

**New data published from US settings** show preserved high levels of vaccine efficacy against hospitalizations and death from the delta



variant and waning protection against milder delta *infection* over time after 1 or 2-dose vaccination or prior infection, particularly for older people. Vaccine efficacy against hospitalization in a [VA study](#) was 80% for people ages 65 and over compared to 95% among people ages 18-64. Protection against hospitalization has been [found](#) to be higher for the Moderna vaccine (93%) than the Pfizer-BioNTech vaccine (88%) and the Janssen/J&J vaccine (71%). After 120 days (~4 months) post-full vaccination, the Moderna vaccine has 92% protection against hospitalization, compared to 77% for Pfizer and 68% for J&J.

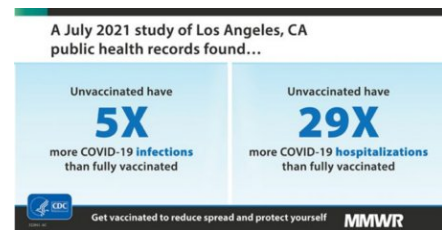
[Data in the UK](#) through 9/3/21 show waning vaccine efficacy for Astra-Zeneca and Pfizer vaccines, especially in people ages 65+ and after 20 weeks (~4-5 months). Efficacy waned the most against symptomatic infection (47% AZ and 70% Pfizer at 20+ weeks) but also waned against hospitalization (to 77% AZ and 93% Pfizer) and death (to 79% AZ and 90% Pfizer). Efficacy against hospitalization at 20+ weeks was lowest among people ages 65+ with high-risk conditions (71% vs. 91% for all ages 65+ vs. 93% for all people). The Moderna vaccine has only been recently used in the UK; data 9-14 weeks post-vax show high maintained efficacy against symptomatic disease (90%) and hospitalizations (100%).

**The [FDA granted full approval](#) of the Pfizer COVID-19 vaccine for people ages 16 and over on August 23.** This full approval, based on additional and longer-term safety and efficacy data, triggers a [wave of vaccine requirements](#) for schools and work places. Authorization continues for the use of the Pfizer COVID-19 vaccine in people ages 12-15, which has also been safe and effective. FDA review for full approval of the Moderna vaccine is in process. Johnson and Johnson also intends to submit for full FDA approval soon. Submission of data for vaccines for children under 12 is still pending.

The Advisory Committee on Immunization Practices (CDC ACIP) met on September 22 and [shared the latest data on vaccine safety and efficacy](#). At the [August 30 meeting](#), Dr. Sara Oliver said, "Since the introduction of the Delta variant, VE (vaccination efficacy) against infection ranges from 39 to 84%. VE against hospitalization, though, remains high from 75% to 95%. All vaccines remain effective in preventing hospitalization and severe disease. But they may be less effective in preventing infection and mild illness recently."

### **Third doses for people with immunocompromising conditions:**

Data from the [LA Dept of Public Health](#), [HEROES-RECOVER Cohort study](#) of frontline workers, [IVY hospital network study](#), and [incidence rates](#) in 13 US jurisdictions show that high vaccine efficacy against hospitalization was maintained over time and during the delta surge. At the same time, there were more mild-moderate post-vaccinate *infections* from delta compared to earlier variants. This may represent a combination of reduced vaccine efficacy against the delta variant as well as waning antibody/mucosal immunity over time. Additional findings were presented at the [August 18 White House COVID Briefing](#) with [excellent summary slides downloadable here](#).



[A large prospective study](#) of over a million UK COVID Symptom Study app users showed that compared to no vaccination, vaccination was associated with reduced odds of hospitalization, reduction in the number of symptoms during infection (and higher likelihood of being asymptomatic compared to no vaccination), and half the odds of [long COVID](#) (symptoms lasting 28 or more days).

With the delta and future variants, our goals are now to learn how to live with and reduce the destruction caused by the SARS-CoV-2 virus ("endemicity") by maximizing immunity, ideally through vaccines, in order to reduce the virus' ability to cause severe disease and death.

**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. The CDC presented [additional data](#) for these recommendations on August 30.

[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. [J&J announced](#) on August 25th that a 2nd dose (booster) of the J&J vaccine led to antibody levels 9x higher than a month after their first dose in two small studies.

People who received a J&J vaccine can consider discussing an off-label supplemental vaccine dose with their providers, which has been offered for some patients at [SF General](#) since early August.

#### Booster doses:

**The FDA [authorized](#) booster doses of the Pfizer vaccine at least 6 months after the primary vaccine series for people ages 65 and over, people ages 18-64 at high risk for severe COVID-19, and people ages 18-64 at high risk from occupational exposures, such as health care workers, teachers, grocery, shelter and jail/prison workers.** This announcement came on September 22, after reviewing [Pfizer booster data](#) and the [advisory committee's analysis](#).

The FDA announcement did not specifically state whether people who received the Moderna or J&J vaccines in the primary series can get the Pfizer booster dose. The [CDC ACIP](#) (vaccine advisory committee) is meeting on September 23 to discuss more detailed clinical recommendations for boosters.

The FDA advisory panel reviewed [data](#) from Pfizer showing higher immune response after the booster (10x increase in antibodies), 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 12 and over.

New studies from [UCSD](#) and [VA medical centers](#) also show waning immunity among health care workers and people ages 65 and over. [A study](#) of 167 people who received the Moderna or Pfizer-BNT mRNA vaccine showed that antibody levels were before and higher after the 2<sup>nd</sup> dose for people who received the Moderna vaccine compared to the Pfizer-BNT vaccine and was also higher for people under the age of 50 compared to people ages 50 or over, which correlates with the higher preserved protection against hospitalization [seen](#) in Moderna vaccinations.

[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.

An international group of health experts, including Drs. Phil Krause and Marion Gruber of the US FDA, published [a paper in The Lancet](#) citing the durability of 2-doses of vaccines against severe COVID-19. The group includes experts from the [WHO](#) and also emphasize the importance of making the limited vaccine doses available to unvaccinated people worldwide first before using them as boosters for the general population. They do acknowledge that people with compromised immune systems should get third doses when they can due to inadequate immune responses to 1 and 2-dose regimens.

#### Vaccine handling updates:

On August 22, the FDA updated the EUA for the **Pfizer-BioNTech vaccine to extend the shelf life from 6 months to 9 months** for products with an expiry date of August 2021 through February 2022 when stored between -90°C and -60°C (ultralow temperature freezer). The latest expiration dates can be accessed [here](#) (registration required).

## WHAT'S UP WITH COVID VACCINES?

*Updated September 22, 2021*

**Everyone ages 12 and over can get a free COVID-19 vaccine, even if you don't have insurance or immigration papers.**

**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.**

Appointments and walk-ups are available the same day at many sites for all three authorized vaccines (Pfizer, Moderna and Johnson & Johnson), including for the Pfizer vaccine for 12-17 year olds. Pfizer boosters are authorized for people ages 65 and over as well as people at high risk for severe disease and due to occupational exposures.

**Get a free vaccine today at [MyTurn.ca.gov](#), at [county sites](#) or with your [medical provider](#)!**

Some key vaccine updates:

- Vaccines [remain](#) highly effective against severe disease by the delta variant. Being fully vaccinated reduces the risk of infection by 3-5x and reduces the risk of hospitalization and death by 10-29x.
- The [FDA granted full approval](#) of the Pfizer COVID-19 vaccine for people ages 16+, and





vaccine requirements are increasing.

- Third Pfizer or Moderna vaccine doses are available for people with [immunocompromising conditions](#).
- The FDA [authorized](#) booster doses of the Pfizer vaccine for people ages 65 and over, people ages 18-64 at high risk for severe COVID-19, and people ages 18-64 at high risk from occupational exposures, such as health care workers, teachers, grocery, shelter and jail/prison workers.
- Vaccines are [recommended](#) for all people ages 12 and over, including people who are pregnant, pregnant, breastfeeding, trying to get pregnant now or in the future. There is no evidence that the vaccines impact fertility.
- Need proof of vaccination? Visit the [Digital COVID-19 Vaccine Record](#) site to request your digital vaccination card.



[CLICK FOR MORE DETAILS ON HOW TO GET VACCINES](#)

## COVID-19 PREVENTION AND TESTING UPDATES



**Universal indoor masking is required in the Bay Area:** Bay Area Health Officers [lurged](#) immediate vaccination and issued orders on August 2nd requiring the use of face coverings indoors to prevent the spread of COVID-19. [San Francisco](#) also includes strong recommendations to wear masks in crowded outdoor spaces and in indoor gatherings in private homes with people from multiple households.

**The largest randomized trial on the effectiveness of face masks in real-world settings**, including 340,000 adults living in 600 communities in Bangladesh, showed that wearing masks, particularly surgical masks, is effective in reducing the spread of COVID-19 in community settings. The researchers' 4-part "NORM" intervention (including no-cost/free masks, info about masks, role modeling and mask reminders) increased community mask-wearing by 3x and prevented 1 in 3 infections among people ages 60+ who are at highest risk for severe disease. Villages that used surgical-type masks had a greater reduction in

symptomatic infection. ([Abaluck](#))

"These results suggest that we could prevent unnecessary death and disease if we get people to wear high-performance masks, such as surgical masks, in schools, workplaces, shopping centers, places of worship and other indoor spaces," said study co-author Laura Kwong, an assistant professor of environmental health sciences at Berkeley's School of Public Health. "I would strongly recommend that people who spend time in indoor public spaces, including students, wear surgical masks or other high-performance masks such as N95s, KN95s or KF94s. Fit and comfort are especially important for children, so child-sized KF94s may be most appropriate for them."

**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. A journalist has shared his [experience](#) with post-vaccination infection and what he wished he'd known.

[Reports](#) from the UK and this [US study](#) show these **top 5 symptoms** with delta infection:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>Top 5 symptoms in unvaccinated people:</b></li><li>• Headache</li><li>• Sore throat</li><li>• Runny nose</li><li>• Fever</li><li>• Persistent cough</li></ul> | <ul style="list-style-type: none"><li>• <b>Top 5 symptoms in vaccinated people:</b> "Feels like allergies or a bad cold."</li><li>• Headache</li><li>• Runny nose</li><li>• Sneezing</li><li>• Sore throat</li><li>• Loss of smell/taste</li></ul> |
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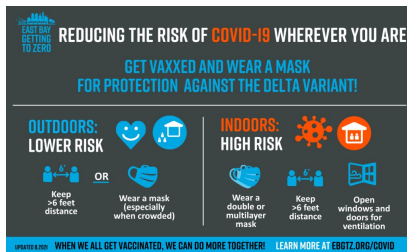


[HOW TO GET A COVID TEST](#)

## HARM REDUCTION RESOURCES

Our [COVID harm reduction infographics](#) include updated guidance! Find out more about [maximizing mask protection](#).

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



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

Strategy	% reduction
1. Vaccination	75-95% vs. severe disease
2. Masking	50-96%
3. Max ventilation	80-90% outdoors/max vent.
4. Distancing	53-88% at least 3-6 feet
5. Eye protection	78%
6. Testing/isolation	33-53% with contact tracing
7. Hand hygiene	28-45%

Updated 9.2.21 \* Data compiled by Sophia S. Wong, MD  
 from the Cochrane Review, Frenkel and Gips on Fatigue.com.  
 See <https://www.fda.gov/oc/updates-and-press-releases> for updates and primary sources.

Our [summary of COVID prevention research](#) is constantly updated with new studies.

## COVID TREATMENT UPDATES

On August 26, the [CDC issued a warning](#) around severe illness and toxic overdose from ivermectin, an anti-parasitic medication, including veterinary formulations not safe for human consumption, which is being mis-used for the prevention or treatment of COVID-19, for which there is insufficient evidence to support.

[Monoclonal antibody treatment](#) is available without cost for people with acute COVID-19 and [risk factors for severe disease](#), including immunocompromising conditions such as advanced or untreated HIV. This treatment is given as an infusion and must be given as early as possible in the course of illness and within 7 days of symptom onset to be most effective. Currently Casirivimab + Imdevimab is recommended for efficacy against the delta variant.

In Alameda County, the treatment is available at [Total Infusion](#) in Eastmont Town Center in Oakland. Patients typically receive treatment within 3 days of the referral, and the appointment lasts 3 hours (1 hour for the infusion itself, 1 hour for post-infusion observation). The medication is paid for by DHHS. Total Infusion bills administration fees to insurers and not collecting fees from patients. Uninsured people can also get the treatment without cost. Referrals can be made by providers using [this online form](#).



## PANDEMIC TRENDS AND EPIDEMIOLOGICAL DATA

COVID-19 daily cases in the Bay Area have decreased and hospitalizations have slowed down since the beginning of September. Deaths remain low thanks to people [getting vaccinated](#) and [wearing masks](#). Nationwide, cases and hospitalizations are finally slowing down after rapid increases from June through August, but hospitalizations and ICUs are at crisis levels in southern states and other areas with low vaccination rates. As of September 15, 76% of US adults have received at least one vaccine dose. [Worldwide](#), cases are [increasing](#) in North America, some countries in Africa, much of Europe, China, Mongolia, Southeast Asia and Australia.

**We are not safe until everyone is safe.** Advocates are calling for the US and the Biden Administration to increase vaccine production and access globally, as in [this August 25 global COVID vaccine advocacy letter](#) from [PrEP4All](#), a patient-led organization and in [a paper by international experts published in The Lancet](#) on September 13. COVID-19 presents a chance to build on the global health care infrastructure supported by PEPFAR, Global Fund and many other international collaborations to deploy life-saving testing, vaccines and treatment.

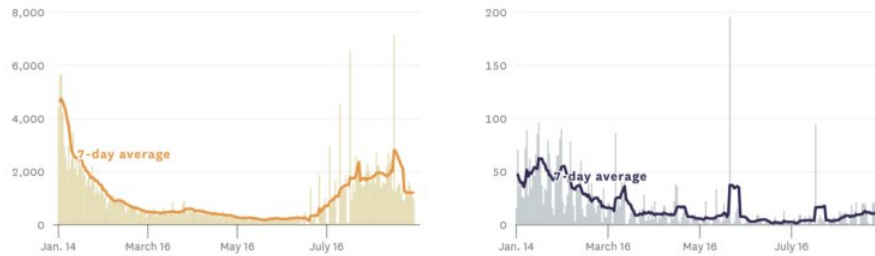
Estimated transmission rates in California have finally fallen to just below 1 after rapidly increasing from late May and staying above 1 till late August. The transmission rate is [0.86 across California](#) as of September 14. This is a hopeful sign that we are masking, vaccinating and being more careful so transmissions decrease.

As of September 15:

- **Alameda County:**
  - [0.83](#) transmission rate
  - [16 cases](#) per 100,000 people ([19/100k](#) among unvaxxed and [6/100k](#) among vaxxed on 9/7)
  - [90%](#) residents ages 12+ are partially vaccinated (have received at least one vaccine dose), [76%](#) are fully vaccinated
- **Contra Costa County:**
  - [0.79](#) transmission rate
  - [21 cases](#) per 100,000 people ([42/100k](#) unvaxxed and [2/100k](#) vaxxed on 9/13)

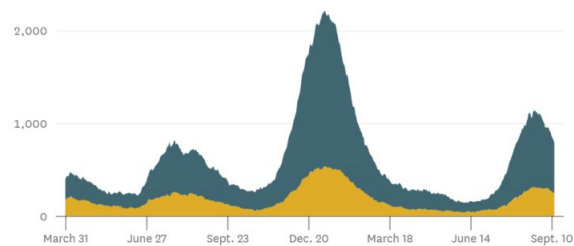
- 85% of residents ages 12+ partially vaccinated, 80% fully vaccinated
- **Solano County:**
  - 0.83 transmission rate
  - 25 cases per 100,000 people
  - 76% of residents 12+ partially vaccinated, 64% fully vaccinated

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



SF Chronicle, 9/15/21: COVID-19 daily cases and deaths in the Bay Area.

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

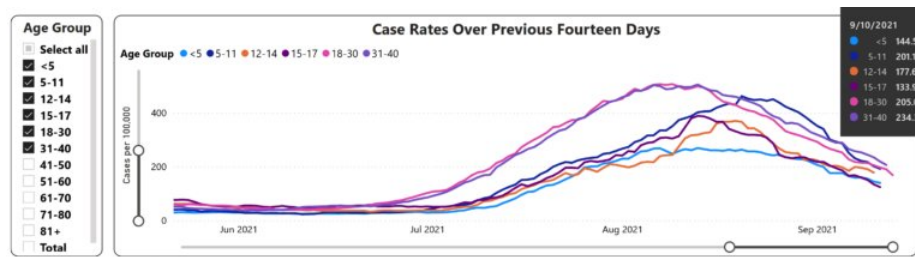


Source: California Department of Public Health

SF Chronicle, 9/15/21: COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.

ACPHD has a new **COVID case-rate-by-age dashboard** (under “cases and deaths”) which shows the total number of cases over the past 14-day period by age group over time. This dashboard useful in showing which age groups are most recently most impacted by COVID cases and include rates for the 14-day period during which they are most likely to be infectious and symptomatic.

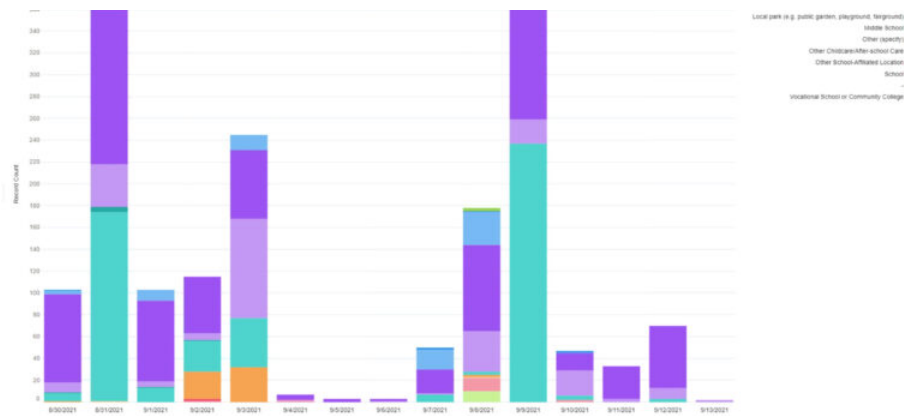
On graph below, data reported through September 10 shows that in July the case rates were highest among young adults ages 18-40. In August case rates rose substantially among children ages 5-11, who are back in school and not eligible for vaccination. In September case rates have fallen for all age groups, and children in Alameda County no longer have the highest case rates despite school reopening.



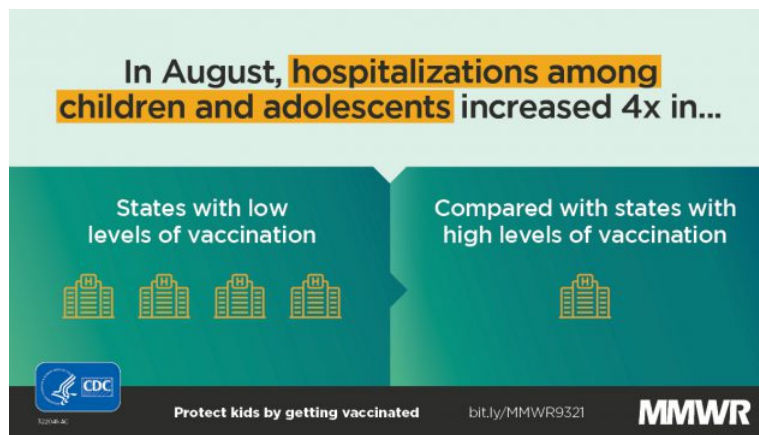
The bar graph below shows that most of the recent school or childcare setting outbreaks in Alameda County have been in elementary schools, shown in the dark purple bars.







**Nationwide**, case rates are highest among 5–17-year-olds. A CDC study shows that pediatric cases, ED visits and hospitalizations increased from June to August 2021 increased for people ages 0–17. The pediatric hospitalization rates were nearly 4 times higher in states in the lowest quartile of vaccination rates compared to the states in the highest quartile vaccination rates.



## VARIANTS

The WHO uses a namingsystem for coronavirus variants using the Greek alphabet. Variants of concern or interest include:

- Alpha: B.117 (identified first in the UK), ~50% more infectious than original strain, might cause more severe disease.
- Beta: B.1351 (South Africa), ~50% more infectious, vaccines/monoclonal antibodies less effective against it.
- Gamma: P.1 (Brazil), vaccines/monoclonal antibodies less effective against it.
- Delta: B.1617 (India), 200–400% more infectious, might cause more severe disease, see below for more.
- Lambda: C.37 (Peru), data suggest it's more infectious and vaccines/monoclonal antibodies less effective against it.
- Mu: B.1621 (Colombia), data suggest vaccines/monoclonal antibodies less effective against it.

**The Delta variant is >99% of infections in the US and has rapidly out-competed all other variants here and around the world. Vaccines remain highly effective against severe disease caused by the delta variant, though less effective against milder infections.**

**The delta variant is 2–4 times as infectious as the original strain and may cause more severe illness and death. People with delta infections have much higher viral loads 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 ~10–29x 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 other variants. With its high transmissibility, the delta variant is still outrunning all the other variants, even the ones that may be more vaccine/immune evasive such as beta, gamma or mu. The delta variant was 99.5% of the COVID cases sequenced in the US as of September 11, up from around 50% at the beginning of July. In California, the delta variant was 100% of variants sequenced as of September 21, up from 98.5% on August 21, 84% on July 21, 53% on June 21 and from 6% on May 21.

**Delta variant data 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 as well as data from the delta outbreak in Los Angeles County shows that viral loads of delta infections in vaccinated people were similar to viral loads among unvaccinated people, which suggests that transmission risk during early infection is similar from vaccinated people and unvaccinated people infected with the delta variant. ([Brown](#), [CDC](#), [Griffin](#))
- 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 10-29x 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](#), [Griffin](#))

**Data suggests that vaccinated people with delta infections can likely 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 slowing the spread and rise of worse variants, given current inadequate vaccine coverage.** We need to continue to outreach to people to increase vaccination rates and distribute more vaccines to developing countries 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.

---

## 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.

**A study of PrEP services at Kaiser Northern California** from 2012 to 2019 showed that among those linked to PrEP care, people less likely to receive PrEP prescriptions included young adults ages 18-25, people with substance use disorders, people living in lower income neighborhoods, women, and among African American and Latinx people.

**Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women:** [A study](#) of 4,566 people including 570 (12%) transgender women, participants were randomized to receive TDF-FTC vs. CAB LA for PrEP. The results showed that CAB-LA was superior to daily oral TDF-FTC in preventing HIV infection. The study authors write that "strategies are needed to prevent INSTI resistance in cases of CAB-LA PrEP failure."

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.

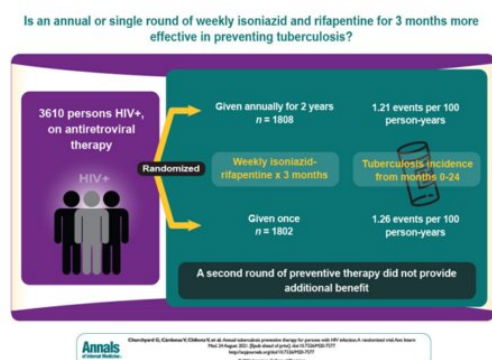
The CDC [published data](#) on August 5, 2021 from the 2019-2020 cycle of the **HIV National Medical Monitoring Project (MMP)**. The MMP is an annual, cross-sectional survey that reports nationally representative estimates of behavioral and clinical characteristics of adults with diagnosed HIV infection (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 separate MMP report on PLWH in the US showed that 25% had experienced discrimination in health care settings.** People ages 18-29, transgender people, LGBTQ+ people and those who were experiencing homelessness or incarceration were significantly more likely to experience discrimination, and were more likely to have missed visits, not take ART or miss ART doses.

The authors conclude, "Interventions that address the sociocultural and structural factors associated with discrimination in all health care settings are needed to improve health outcomes among PLWH and end the HIV epidemic in the United States."



A [randomized trial](#) in South Africa, Ethiopia and Mozambique found that **for PLWH and latent TB treatment, "treatment completion was higher with rifampentine-isoniazid for 3 months** compared with isoniazid for 6 months. In settings with high tuberculosis transmission, a second round of preventive therapy did not provide additional benefit to persons receiving antiretroviral therapy."

A [systematic review](#) of **Motherhood and decision-making among women living with HIV** in developed countries found that women living with HIV "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 women living with HIV."

## 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.

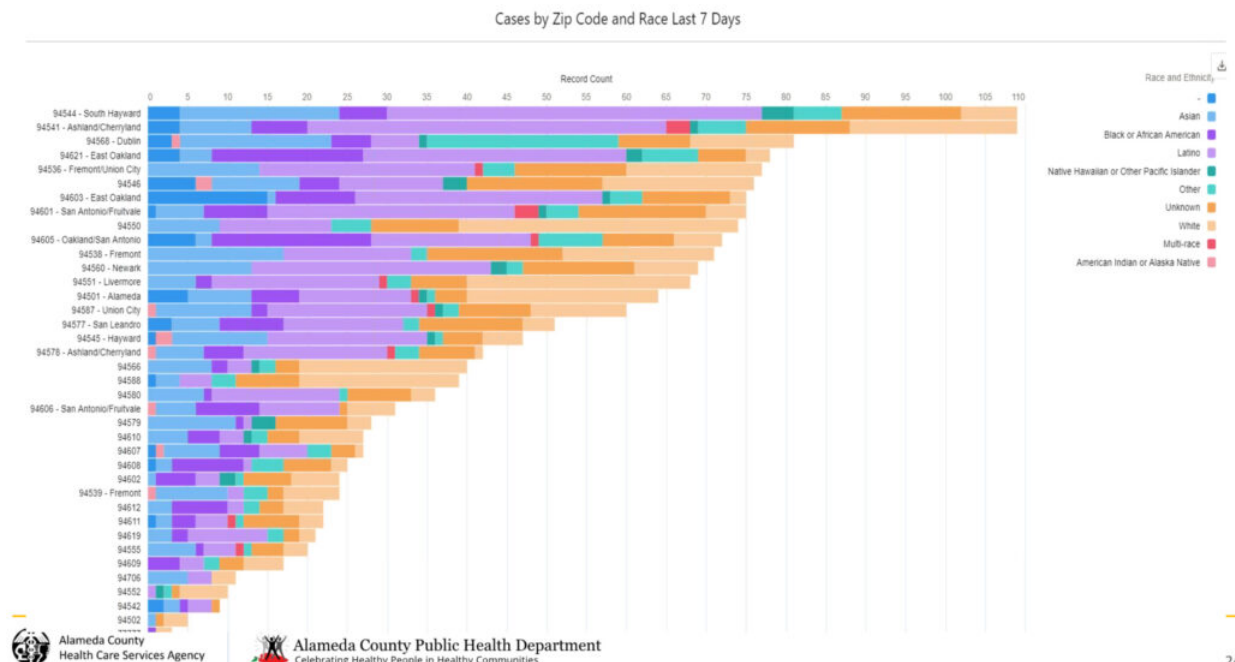
[Click here](#) to download recommendations for PLWH during the summer 2021 delta surge from Getting to Zero San Francisco.

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

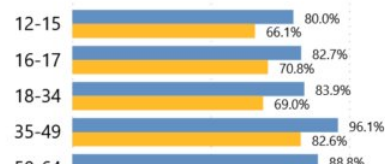
## COVID DISPARITIES STUDIES AND DATA

**New COVID-19 cases by zip code and race/ethnicity from Alameda County** for September 8-15, 2021 on the bar graph below shows that a majority of new cases were among Latinx, Asian and Black/African American residents (shown in light purple, light blue and dark purple bars) in South Hayward, Ashland/Cherryland, Dublin and East Oakland (shown in rows). The charts below that show vaccination rates by age and race/ethnicity, demonstrating ongoing need to engage young multiracial, African American and Latinx residents in vaccinations.



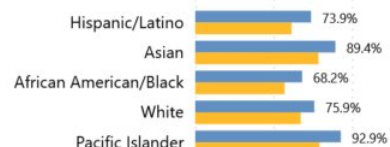
### Doses by Age Group (% of population)

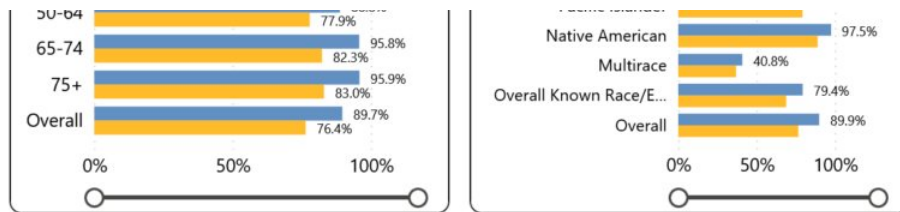
● At Least One Dose ● Fully Vaccinated



### Doses by Race/Ethnicity (% of population >= 12 Years)

● At Least One Dose ● Fully Vaccinated





**Alameda County vaccination rates by age and race/ethnicity** as of 9/15/21 show that Alameda County resident under age 35 are less likely to be vaccinated compared to older residents. Multiracial, 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



**Alameda County Public Health Department**  
Celebrating Healthy People in Healthy Communities

This table shows vaccination data from Alameda County, with the highest vaccination rates as of August 17, 2021 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.

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](#)

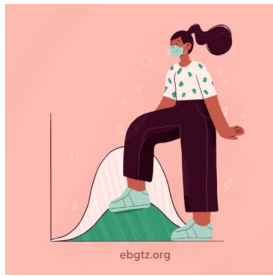
The SF Community Clinic Consortium developed [this HIV clinic reopening guidance document](#) which clinic teams might find helpful around specific considerations for PLWH.

**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.

**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** (updates to account for delta planned by October 2021)
- **Maximizing mask protection:** [CDC guidance](#), [EBGTZ mask videos](#), [guidance and resources](#)
- **COVID PPE, staffing or testing supplies:** [Alameda County EMS- request PPE testing kits and 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](#)

## COVID-19 TESTING

### WHICH TEST? (BRIEF OVERVIEW)

- **If you have symptoms, it's best to get a PCR test to diagnose or rule-out COVID-19**, including if you are vaccinated and/or if you have a negative rapid antigen test. A PCR test will pick up low levels of virus. Rapid antigen tests can also be done to pick up high levels of virus. A positive rapid antigen test accurately diagnoses COVID-19 infection but a negative rapid antigen result does not rule it out, so it's important to wear masks and take precautions while waiting for the PCR test result.
- **If you are screening for infectiousness, a rapid antigen test can quickly identify infectiousness with high viral loads**, regardless of vaccinations status, including in people who haven't developed symptoms yet or who don't develop symptoms. Rapid antigen tests are useful for screening for infectiousness 3-5 days after an exposure and for screening every 3-7 days.

### WHERE TO GET FREE COVID-19 TESTS IN THE EAST BAY

**COVID testing is supposed to be available without cost to you.** You don't need to have insurance or immigration papers. If you're worried about getting billed or don't have insurance or papers, we recommend getting tested at one of the county sites below. PCR tests using nose swab or using saliva (no swabs!) and rapid antigen tests are available.

- **SF Chronicle's map of Bay Area COVID testing sites** that don't require a doctor's referral.
- **Alameda County** free 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
- **Home rapid antigen home testing is also available:** [click to read more](#)
- 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.  
(Creative Commons, Konstantin 'KVentz' Ventslavovich, 2020)



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

[CLICK HERE FOR MORE DETAILS ABOUT HOME TESTING AND TESTING SCIENCE](#)

## COMMUNITY OPPORTUNITIES: JOBS, INTERNSHIPS, TRAININGS, EVENTS, RESOURCES

Updated September 16th, 2021

### Job Opportunities:



**Positive Women's Network – USA (PWN)** is hiring an experienced communications director. The communications director leads the efforts of Positive Women's Network – USA (PWN) to elevate the voices, experiences, and priorities of women and people of trans experience living with HIV online and in the media. Learn more about the position [here](#). In the meantime, PWN is also hiring an interim communications director who will manage the essential components of PWN's communications program. Learn more about this position [here](#).

There are various job openings at **Cal State East Bay (Hayward Campus)** for those who have experience in program planning and management in an educational environment:

- [Associate Director, SEAS Engagement – Administrator II](#)
- [Black Student Success Center Coordinator – Student Services Professional IV](#)
- [Asian American/Pacific Islander Student Success Center Coordinator – Student Services Professional IV](#)
- [Latinx Student Success Center Coordinator – Student Services Professional IV](#)



**La Clinica (TRUCHA)** is looking to fill two positions: [PrEP Navigator](#) and [HIV Linkage Coordinator](#)

The **Alameda Health System** is looking to fill the position of Emergency Department HIV screening program coordinator. This coordinator will implement and disseminate best practices for developing screening programs in EDs, in addition to providing linkage and referral services for HIV positive patients or patients at risk of contracting HIV. Learn more and apply [here](#).

**Internships, Scholarships, funding and more**



Through the **Innovative Community Engagement Strategies to Reduce HIV-related Stigma and Disparities Challenge**, the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) in partnership with the OASH Office of Infectious Disease and HIV/AIDS Policy (OIDP), is seeking innovative and effective approaches (e.g., models, strategies, best practices and/or tools) for community engagement and mobilization to reduce HIV stigma and improve pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) utilization among racial and ethnic minority individuals who are at increased risk for HIV infection or are people with HIV (PWH). Learn about this opportunity [here](#).



The **Federal Emergency Management Agency (FEMA)** is offering funding under FEMA Public Assistance program and includes community engagement and information dissemination to promote vaccination availability, scheduling, and accessibility, as well as reimbursement for activities to increase public confidence in and uptake of COVID-19 vaccines. Learn more about this opportunity [here](#).

**La Clinica (TRUCHA)** is looking for volunteers to help with food distribution on Wednesdays. If you are able to help, please reach out at 510-535-4211.



#### Events:

**September 29 and 30, 2021:** [Latino Coalition for a Healthy California \(LCHC\)](#) is hosting an annual statewide Latinx Health Policy (virtual) Summit. This year's theme is *Nuestro Futuro, Nuestro Poder: Advancing a Just COVID-19 Recovery Plan and Achieving Latinx Health Equity Through Systems Transformation*. Learn more about the event [here](#).

#### Youth opportunities:

[Dream Youth Clinic](#) has created a [community referral form](#) to refer young people to their services. They provide free youth-centered medical services, behavioral health services, health navigation, youth support groups, and patient services for young people ages 13-18 years old.

Please send your completed form to [dream@rootsclinic.org](mailto:dream@rootsclinic.org) and they will direct the referral to the appropriate department within their clinics.

#### Resources for your clients

[Oakland LGBTQ Center](#)'s warm line is open Monday through Friday from 9am-5pm for peer support. Reach them at 510-781-2919.

**La Clinica (TRUCHA)** is giving away food and supplies every Wednesday from 1-3pm. Please call 510-535-4211 for more details.

[HCH 510](#) and Asian Health Services are conducting T4T Testing every Thursday from 6-8 PM at the HCH office. This is an intentional space for HIV testing for trans, nonbinary, GNC, and gender expansive individuals, hosted by trans/nonbinary and GNC staff

members. Call or text 510-519-0456 for more info or to make an appointment.

**Need a ride? CAL-PEP** offers a complimentary, door-to-door shuttle service for people living with HIV in Alameda County. The service operates on Mon/Wed/Thurs 10-3 pm and is open to all PLWH for door-to-door service for any location in Alameda County. Call or text 510-830-9228 to enroll and schedule rides, preferably at least 24 hours in advance.

**EBGTZ Learning Corner (interesting & relevant resources to further your learning):**

**Move to End Violence** offers a 6-week virtual learning series on Racial Equity and Liberation Virtual Learning. This is a self-paced course and the series is delivered to your inbox weekly. Learn more and sign up [here](#).



Learn more at [hch510.org](http://hch510.org)

Join us **every Thursday** from **6-8 PM** for **FREE, rapid HIV testing** for and by the **trans, nonbinary, and gender non-conforming (TGNC) community.**

---

Drop-in or schedule an appointment ahead of time:  
**CALL or TEXT: 510-519-0456**

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**Location:**  
HCH510 Office, Asian Resource Center  
**310 8th St. Suite 103 Oakland, CA 946074**  
• 4 blocks away from Lake Merritt BART  
• AC Transit lines: 18, 19, 20, 51A, 62, 96, 851

**Accessibility:**

- double doors at ARC entrance
  - **text or call to be let in**
- ramp only walkway leading into ARC lobby
- private restroom available to TGNC clients



NEED A RIDE?  
**CAL-PEP**

OFFERS A COMPLIMENTARY SHUTTLE SERVICE FOR CLIENTS  
LIVING WITH HIV.

We offer free rides to Wellness Clinic.





ENROLL NOW!  
PLEASE CALL  
+1(510)830-9228



HOURS OF OPERATION:  
M / W / TH  
10 AM - 3 PM



sites, nutritional programs & various  
partner sites in Alameda County.

**Routes include:**

WORLD, EBAC, AHF, Lifelong, Highland,  
LGBTQ Center, Allen Temple, Kaiser, Tri  
City, EOCP, Salvation Army, Project Open  
Hand, & many more!



PLEASE CALL 24  
HOURS IN ADVANCE  
TO ENROLL AND  
SCHEDULE YOUR PICK  
UP!



## Food Distribution

Every Wednesday  
from 1 pm-3pm

1531 Fruitvale Ave, Oakland CA

Call us for more information:  
510-535-4211



## Distribución de comida

Todos los miércoles  
de 1pm-3pm

1531 Fruitvale Ave, Oakland CA

Llámenos para obtener más  
información: 510-535-4211




## LOOKING FOR SUPPORT?

The Oakland LGBTQ Center's warm  
line is here for you.







# **(510) 781-2919**

## **Monday-Friday 9 AM to 5 PM**

To chat with a peer counselor 24/7 online, feel  
free to visit

[https://www.calhopeconnect.org/populations/  
lgbtq-community/](https://www.calhopeconnect.org/populations/lgbtq-community/) or call CalHOPE's warm line at  
**(833) 317-4673**

**Monday- Friday 7 AM-11PM**

For additional resources, please visit  
[https://www.oaklandlgbtqcenter.org/com  
munity-resources](https://www.oaklandlgbtqcenter.org/community-resources) or call **(510) 882- 2286**



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