COVID-19 AND HIV UPDATES

SEPTEMBER 15, 2021

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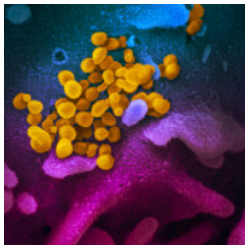

The SARS-CoV-2 virus (NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is usually updated on 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 RESOURCES STUDIES ARCHIVES

PDF SUMMARY

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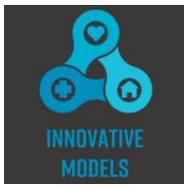


Please join us for our next **East Bay HIV Prevention Network Meeting on Friday, September 24th**, from 11 am – 12:30 pm. This meeting will focus on Youth Engagement. Click here for more information.

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. New vaccine requirements

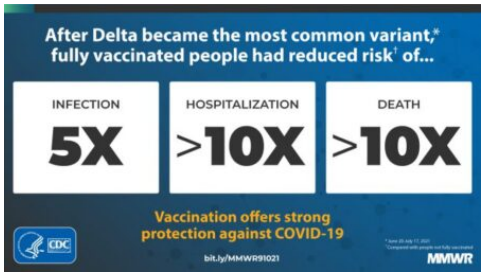
- **Indoor public venues:** Contra Costa County announced a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22. SF and Berkeley have had these requirements in place. Click here to get your CA digital vaccine record.
- **Schools:** Los Angeles School District 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.

2. Bay Area pandemic trends

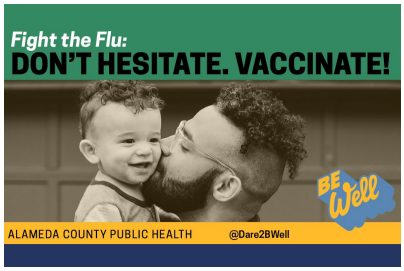
- **COVID case rates in the Bay Area have decreased since the beginning of September**, hospitalizations have slowed, and deaths have remained low thanks to high vaccination rates and masking. Vaccinating everyone eligible and universal mask wearing along with other prevention measures are crucial for a safer school year and winter season.
- **California state remains in the CDC "high" transmission category** with all other US states as of September 15. COVID hospitalizations continue to be at crisis levels in many southern state ICUs.
- **Nationwide, case rates are highest among 5- to 17-year-olds**, the age group that also had the highest rates here over the summer. While nationwide pediatric hospitalizations are still at record levels, the East Bay has had 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.

3. Vaccine efficacy against the delta variant:



- **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.
- 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 available now and recommended for people with immunocompromising conditions, including people with advanced or untreated HIV.
- The FDA is meeting to discuss Pfizer booster data on Friday, September 17. The WHO and other experts recommend distributing vaccine doses to people who are more vulnerable and unvaccinated worldwide before providing boosters to healthy people who are already vaccinated, citing evidence of preserved protection against severe disease.

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.

MORE COVID VACCINE UPDATES

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.

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.

New data published from US settings on August 27 and September 10 show preserved high levels of vaccine efficacy against hospitalizations from the delta variant and waning protection against delta infection over time after 1 or 2-dose vaccination or prior infection. Vaccine

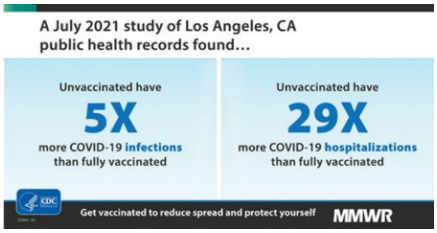
efficacy against hospitalization in a VA study was 80% for people ages 65 and over compared to 95% among people ages 18-64.

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 August 30 and **shared the latest data on vaccine safety and efficacy**. "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%," Dr. Sara Oliver said at the meeting. "All vaccines remain effective in preventing hospitalization and severe disease. But they may be less effective in preventing infection and mild illness recently."

The HEROES-RECOVER Cohort study of frontline workers at 8 US locations across 6 states which includes weekly surveillance testing found that vaccine efficacy overall fell from 91% pre-delta to 66% during the time when delta was dominant. This may represent a combination of reduced vaccine efficacy against the delta variant as well as waning antibody/musocal immunity over time. The IVY hospital network study of 21 hospitals across 18 US states found that vaccine efficacy against hospitalization was better maintained over time and during the delta surge, at 84%. Additional findings were presented at the August 18 White House COVID Briefing with excellent summary slides downloadable here.

A study from LA Dept of Public Health showed that the age-adjusted infection rates were 5x higher and hospitalization rates 29x higher for unvaccinated residents of Los Angeles County in late July 2021 compared to the rates among fully vaccinated residents. When infected, viral loads were similar among all groups.



A CDC study showed that across 13 U.S. jurisdictions, incidence rate ratios for hospitalization and death changed relatively little for vaccinated people with the delta outbreak, suggesting high vaccine effectiveness against severe COVID-19. Infection incidence ratios increased with the delta outbreak, suggesting reduced vaccine effectiveness for prevention of milder infections.

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.

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. Pfizer submitted booster dose data on August 16 showing significantly 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 2nd 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.

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.

Pfizer has submitted booster dose data to the FDA for authorization. Moderna is also in the process of submitting booster dose data, but given higher antibody responses to two doses, their case for boosters may not be as strong. The FDA is now reviewing the data and will determine whether boosters will be authorized by the White House's proposed September 20 start date. Other considerations include whether boosters should be reserved for those at higher risk for severe disease (such as people 65 and older as in the VA study) and if vaccine doses should be prioritized for global distribution given very low vaccine access in many developing countries.

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.

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 15, 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, including for the Pfizer vaccine for 12-17 year olds. Pfizer, Moderna and Johnson & Johnson vaccines are all available.

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, including people with advanced or untreated HIV.
- 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 urged 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:

- **Top 5 symptoms in unvaccinated people:**
- Headache
- Sore throat
- Runny nose
- Fever
- *Persistent cough*

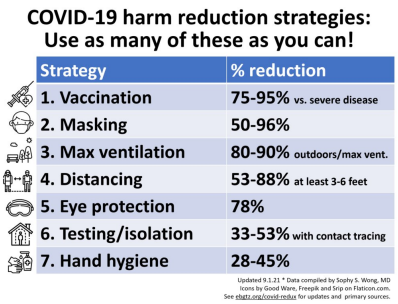
- **Top 5 symptoms in vaccinated people:** *"Feels like allergies or a bad cold."*
- Headache
- Runny nose
- *Sneezing*
- Sore throat
- Loss of smell/taste

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 9.1.21 * Data compiled by Sophy S. Wong, MD
Icons by Good Ware, Freepik and Srip on Flaticon.com.
See ebgtz.org/covid-redux for updates and primary sources.

Our **summary of COVID prevention**

research is constantly updated with new studies.

VACCINE REQUIREMENT UPDATES

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. Alameda County is also considering this policy.

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, which will be implemented by OSHA), 17 million health care workers in facilities receiving Medicaid and Medicare funds, and federal workers and contractors.

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.

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. 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.

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.

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.

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 last 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

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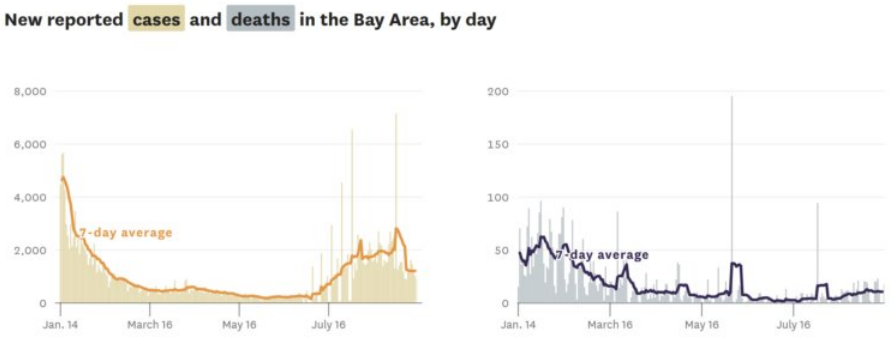
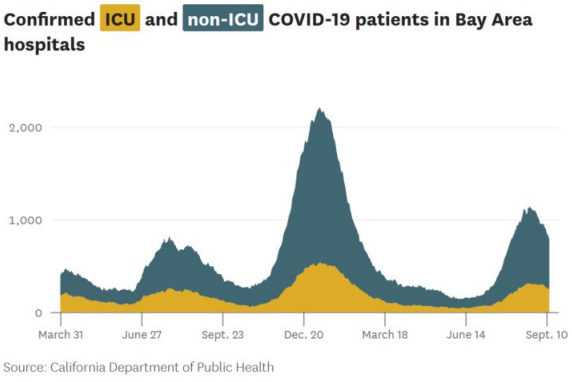


SF Chronicle, 9/15/21: COVID-19 daily cases and deaths in the Bay Area.

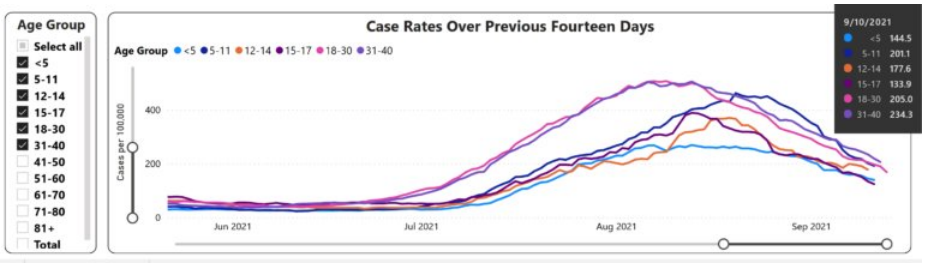


SF Chronicle, 9/15/21: COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.

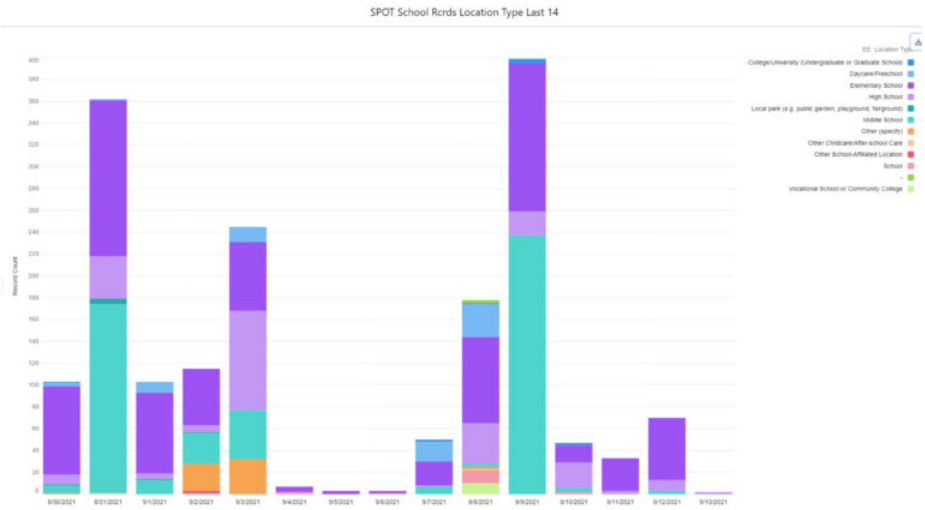
ACPHD has a new COVID case-rate-by-age dashboard (under "cases and deaths") which shows the total number of cases over the past 14-day period by age group over time. This dashboard useful in showing which age groups are most recently most impacted by COVID cases and include rates for the 14-day period 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

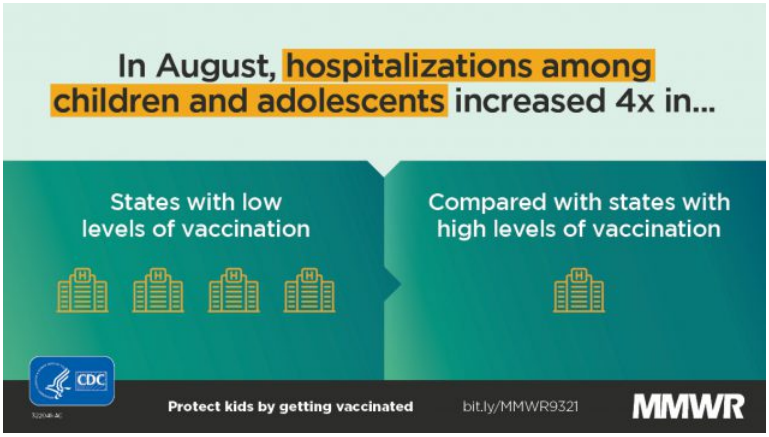
rates have fallen for all age groups, and children in Alameda County no longer have the highest case rates despite school reopening.



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 naming system for coronavirus variants using the Greek alphabet. Variants of concern or interest include:

- Alpha: formerly known as B117 (identified first in the UK)
- Beta: B1351 (South Africa)
- Gamma: P1 (Brazil)
- Delta: B1617 (India)
- Epsilon: B1427/9 (West Coast US)
- Lambda: C37 (Peru)
- Mu: B1621 (Colombia)

Delta variant:

Summary: The delta variant is *2-4 times* as infectious as the original strain, may cause more severe illness and death, and is the dominant variant in the US. 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 99.1% of the COVID cases sequenced in the US as of September 4, up from around 50% at the beginning of July. In California, the delta variant was 98.2% of variants sequenced as of August 21, up from 84% on July 21, 53% on June 21 and from 6% on May 21.

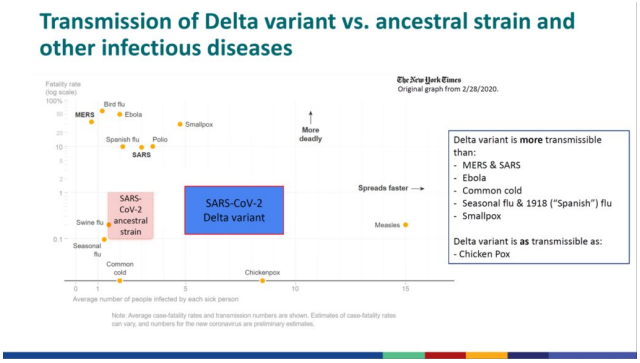
Delta variant data show that:

- 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. (MIcochova, 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)

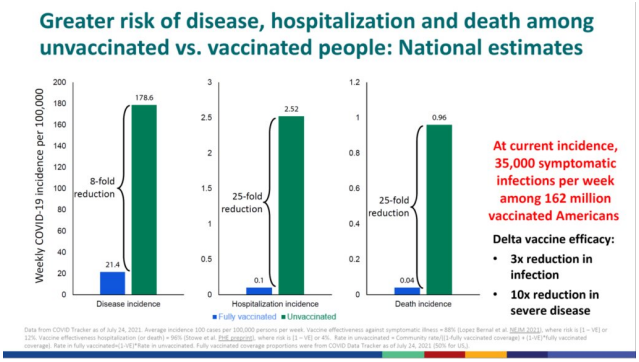
Data suggests that vaccinated people with delta infections can likely transmit the virus to others, though for shorter periods of time. It's still unclear how much and how well vaccinated people transmit in real-life settings. A pre-print study posted on July 31 from Singapore also found that vaccinated 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 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.



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



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

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.

Delta is highly infectious with high viral loads:

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 varian**t. 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.

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.

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.

Vaccines are still effective against serious disease from delta but less effective against mucosal and mild infection compared to previous strains:

A study from LA Dept of Public Health showed that the age-adjusted infection rates were 5x higher and hospitalization rates 29x higher for unvaccinated residents of Los Angeles County in late July 2021 compared to the rates among fully vaccinated residents. When infected, viral loads were similar among all groups.

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 2nd doses is crucial.

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

NEW HIV/STD STUDIES

Current lists of open HIV and hepatitis studies at UCSF are posted here.

The Global Fund Results Report shows that **the COVID-19 pandemic has had a devastating impact on the fight against HIV, TB and malaria worldwide** in 2020. HIV testing declined 22%, HIV prevention service utilization declined 12%, and PLWH with TB on ART and TB treatment dropped 16%. Since 2002 deaths caused by AIDS, TB and malaria decreased by 46% in countries where the Global Fund invests.

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.

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.**

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 wrist that "strategies are needed to prevent INSTI resistance in cases of CAB-LA PrEP failure."

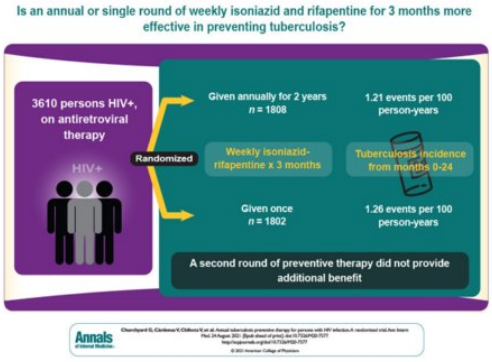
The **San Francisco 2017-2018 HIV Medical Monitoring Project (MMP) Report** was released in July. Interview and medical record data from 361 participants were collected between June 2017 and May 2019 and features new data on long-term survivors and resiliency.

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 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.



A randomized trial in South Africa, Ethiopia and Mozambique found that **for PLWH and latent TB treatment, "treatment completion was higher with rifapentine–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

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.

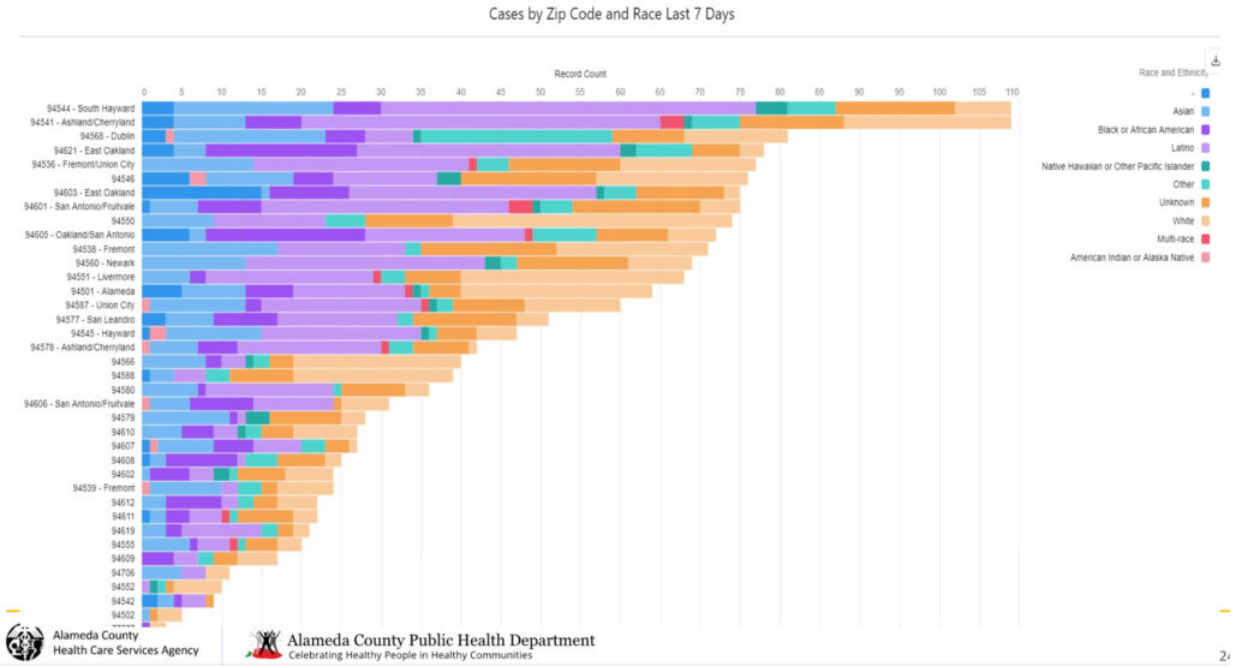
A study describes disparities in heart disease and cerebrovascular disease deaths in the US during the COVID-19 pandemic: Black, Asian, and Hispanic populations experienced a larger relative increase in deaths than the non-Hispanic White population.

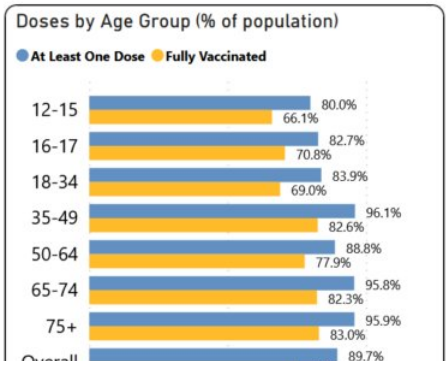
Disparities in vaccination rates persist for Black and Latinx communities, especially among younger people of color, who've already been disproportionately impacted by the pandemic. An analysis of CDC data published on June 16 shows that in every age category, Black people are dying from COVID at about the same rate as white people more than 10 years older. COVID death rates for Black and Latinx people ages 45-54 are at least 6 times higher than the death rate of white people. Another study of California deaths found that Latinx Californians ages 20-54 were 8.5 times more likely than white Californians in that age range to die of COVID.

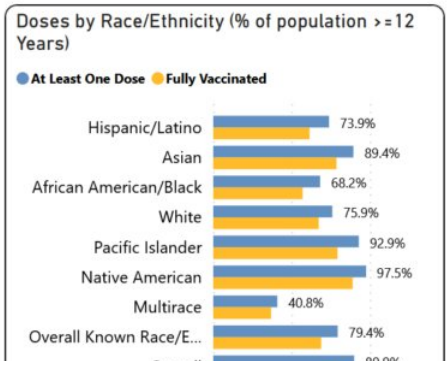
Dayna Bowen Matthew, author of *Just Medicine: A Cure for Racial Inequality in American Health Care*, says: "What we politely call a 'health disparity' is killing people of color daily. It is causing people of color to live sicker and die quicker, because of the color of their skin."

The Umoja COVID-19 testing and vaccination initiative was featured in New England Journal of Medicine. Many of local advocates and organizations in our network have been collaborating with Umoja across the Bay Area to address health inequities.

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.







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.

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

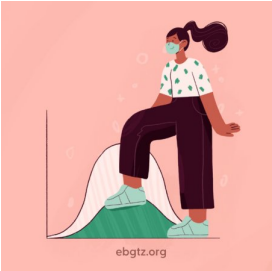
- COVID-19 Vaccine Equity: Best Practices for Community and Faith-based Organizations
- A Guide for Community Partners includes strategies, interventions, and ready-made messages and materials.
- Toolkit for Correctional and Detention Facilities

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.

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 suppplies.
- **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 even low levels of virus. Rapid antigen tests can also be done. A positive rapid antigen test accurately diagnoses COVID-19 infection but a negative rapid antigen result does not rule it out.
- **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 14th, 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) i**s 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 and they will direct the referral to the appropriate department within their clinics.

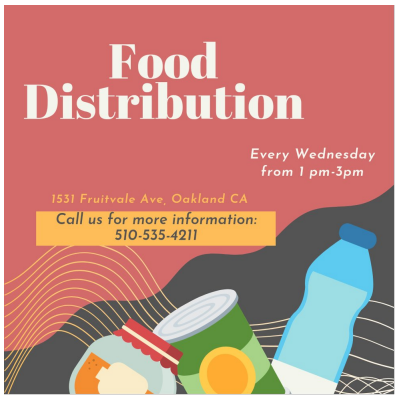
Resources for your clients

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.

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.



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