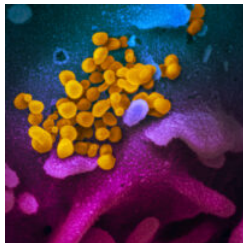


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COVID-19 AND HIV UPDATES

OCTOBER 20, 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 content from many collaborators. Please [click here](#) to share feedback.

VACCINES

TESTING

MASKS

GUIDANCE

SCHOOLS

STUDIES

ARCHIVES

PDF SUMMARY

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- [New HIV/STD studies](#)
- [HIV and COVID; vaccines for people living with HIV](#)
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- [Community bulletin board: jobs, funding, trainings and resources](#)

Should we continue writing these COVID+HIV updates? [Please click here to let us know](#) with a quick 2-question poll. We will close the poll on October 29.

QUICK 2-QUESTION POLL 😊



ENTENDIENDO EL VIH: ¿PUEDO VIVIR SALUDABLE?

FACEBOOK LIVESTREAM VIERNES, 10/22 | 6-7PM (PDT)

INVITADOS ESPECIALES



Guillermo Chacon,
Presidente, Latino Commission on AIDS



Arianna Salinas,
St. James Infirmary



Dr. Alison Sombredere



Jesus Guillén

ACTUACIÓN MUSICAL POR:



Magda Vasquez,
Marathi Regional de Los Altos

REGISTRAR AQUÍ:
<https://bit.ly/LATINXVIHSIDA>



On **Friday 10/22 from 6-7pm** please join East Bay Getting to Zero and partners to commemorate **Latinx HIV Awareness Day** with a live Zoom panel in Spanish with special guests and art. Learn more and register [here](#).

Please also join us online **Thursday, October 28 at 11 am for a workshop on housing + HIV linkages**. 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.

In case you missed the **substance use workshop** on October 19, you can download the [handouts here](#).



Alameda County [released guidance](#) on **celebrating**



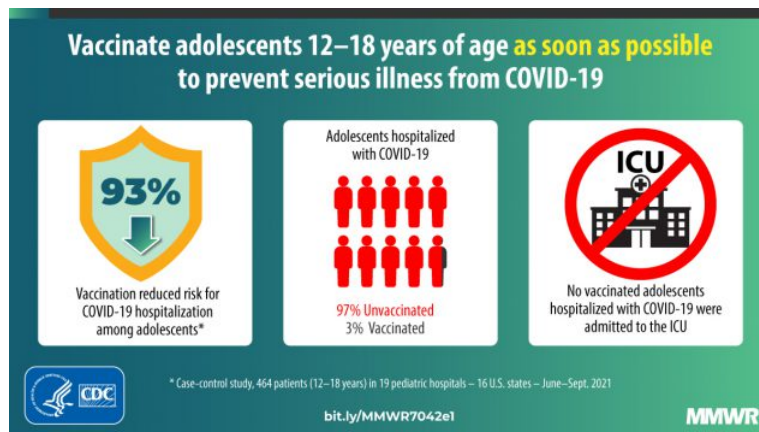
Día de los Muertos and Halloween more safely, including getting fully vaccinated, wearing a mask, gathering outdoors and in small groups, and staying home when sick.



KEY EAST BAY COVID-19 UPDATES

1. Vaccine efficacy, boosters and third doses:

- **J&J and Moderna boosters and guidance on mixing vaccine brands will likely be approved later this week** by the FDA director and CDC. The FDA Vaccine Advisory Panel [met](#) on October 14-15 and voted unanimously to recommend:
 - A booster dose for *all people* who received a single dose of the [Johnson and Johnson \(J&J\) vaccine](#) who are at least 2 months out from their first dose, and
 - A booster dose of the [Moderna vaccine](#) for people 65+ and 18+ [at risk](#) who are at least 6 months out from their second dose.
 - The advisory group also discussed [mixing and matching](#) vaccine brands with [data from the US](#) and [UK](#) and is expected to provide guidance around this soon.
 - These recommendations still need to be approved by the FDA acting director and reviewed by the CDC ACIP (who are meeting October 21-22) and the CDC director before they are available to the public.
 - The FDA will meet on October 26 to discuss the Pfizer vaccine for children ages 5-11.
- **Third doses of the Pfizer and Moderna vaccines and Pfizer boosters** are available now for people who received two Pfizer vaccine doses 6 or more months ago who are ages 65 and over, and ages 18-64 with [underlying conditions](#), and with [high-risk](#) exposures. Check your [local pharmacies](#) or [medical provider](#) for booster doses.
- **Vaccines remain highly effective against severe COVID-19 and death from the delta variant. Our priorities remain vaccinating people not yet vaccinated.** Being fully vaccinated (2 doses of Pfizer/Moderna or 1 dose of J&J) reduces the risk of infection from the delta variant by 5x and reduces the risk of hospitalization and death by 10-29x. Boosters provide additional protection for people at higher risk for severe disease.
- [Alameda](#) and [Contra Costa](#) Counties have fully vaccinated 83% of residents ages 12+. Vaccination rates are lowest among adolescents and young adults despite [evidence](#) of safety and high efficacy. Let's get to 90% or higher!



2. New mask and vaccine requirements:

- **Masks:** On October 7, the Bay Area Health Officers [released criteria for lifting indoor mask mandates](#) based on local [case](#), hospitalization and vaccination rates. No county qualifies as of October 20, 2021. SF and Marin counties lifted some mask requirements starting October 15 in [some settings](#) where everyone is known to be fully vaccinated. Contra Costa County plans to do the same starting November 1.
- **Indoor public venues:** Los Angeles [approved](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues, which will go into effect in November. Contra Costa and SF Counties and the City of Berkeley [implemented](#) similar requirements. Alameda County currently is not discussing this requirement. [Click here](#) to get your CA digital vaccine record.
- **Schools and employers:** no new updates since our last newsletter. Please [click here](#) to see a summary of requirements previously announced.

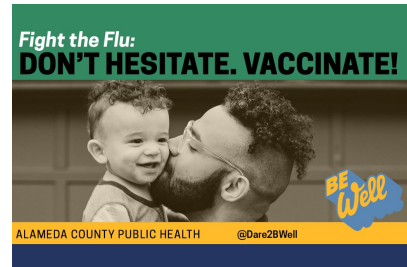
3. Bay Area pandemic trends

- **COVID case rates in the Bay Area have [decreased](#) since early September**, hospitalizations have slowed, and deaths have remained low thanks to high vaccination rates and masking.
- **California** is one of a handful US states with cases low enough [stay](#) in the "[substantial](#)" transmission category as of October 20. However, 34% of hospitals [report](#) staff shortages.
- **It's all delta:** The delta variant is now nearly 100% of all variants [sequenced](#) in California.

- A holistic prevention approach with [vaccines](#), [masks](#), [testing](#) and other strategies is crucial for a [safer school](#) year, winter season, to get ahead of new variants and get out of this pandemic.

Get your flu vaccine this fall and help us avoid a twindemic! Health care workers in Alameda County are [required](#) to get their annual flu vaccination. Flu vaccine requirements for health care workers are also strongly [recommended](#) in Contra Costa County.

You can give/get the flu vaccine at the same time as the COVID-19 vaccine. Here's the [updated CDC guidance](#) on that.



The **2021 virtual Ryan White HIV Clinical Conference** was held October 3-6, 2021. [Please click here](#) see our resource page for key takeaways and links to slides from the conference.

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.

MASK AND VACCINE REQUIREMENT UPDATES

Masks:

On October 7, the Bay Area Health Officers [released criteria for lifting indoor mask mandates](#) based on local case, hospitalization and vaccination rates.

The counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, and the City of Berkeley will lift the indoor masking requirement in public spaces (except for K-12 schools, health care facilities, public transit and senior care facilities) when all the following occur:

- The jurisdiction reaches the moderate (yellow) [COVID-19 transmission tier](#), as defined by the Centers for Disease Control and Prevention (CDC), and remains there for at least three weeks; AND
- COVID-19 hospitalizations in the jurisdiction are low and stable, in the judgment of the health officer; AND
- 80% of the jurisdiction's total population is fully vaccinated with two doses of Pfizer or Moderna or one dose of Johnson & Johnson (booster doses not considered) OR Eight weeks have passed since a COVID-19 vaccine has been authorized for emergency use by federal and state authorities for 5- to 11-year-olds.



As of October 20, no Bay Area county fully qualifies under these criteria. SF and Marin Counties lifted some mask requirements October 15 in [some settings](#) where everyone is known to be fully vaccinated, and Contra Costa County plans to do the same starting November 1. Otherwise, universal indoor masking is still required in the Bay Area by Bay Area Health Officers [order](#) on August 2, 2021. Health officers say even if mandates are lifted, it won't prevent individual businesses from imposing their own restrictions.

Indoor public venues:

Los Angeles [approved](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues, which will go into effect in November.

Contra Costa County [implemented](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22.

SF and Berkeley have similar requirements in place. Alameda County currently is not discussing this requirement.

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 and workers:

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.

Adult and senior care facilities workers and workers who provide in-home care must be fully vaccinated by November 30 as part of a California public health order issued on September 28.

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.

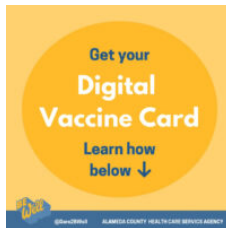
Schools:

On October 1, Governor Newsom announced that **California will require COVID-19 vaccinations for K-12 students** following FDA-approval for their age group, adding COVID-19 to other vaccinations required for in-person school attendance.

The Oakland Board of Education passed a vaccine requirement for students 12 and older on September 22. Superintendent Kyla Johnson-Tramell is now expected to develop the detailed vaccine requirement policy and present it to the board by October.

Hayward and Piedmont's school boards also passed vaccine requirements on September 22. Berkeley and West Contra Costa County's boards have proposed similar requirements.

Los Angeles and Culver City school districts passed a student vaccine requirement earlier in September. 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.



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

The CDC issued an urgent health advisory for pregnant people to get vaccinated against COVID-19, given the 2x risk of ICU hospitalizations and 70% increase in death, as well as increased pre-term birth, ICU hospitalization and death in newborns.

A study from Kaiser Southern California found that the risk of post-vaccine myocarditis was not elevated after the first dose and was 5.8 cases per million among men (average age of 25 years) after the second dose of the Pfizer or Moderna vaccine. The risk of myocarditis from COVID-19 infection is still much higher, at about 110 cases per million. In the study, all 15 cases of post-vaccine myocarditis resolved on their own, and none required ICU care.

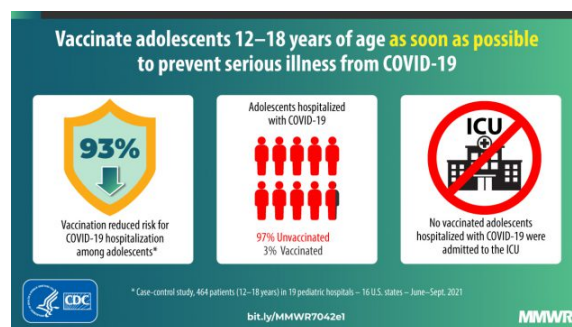
Vaccine efficacy:

The CDC has a new COVID-19 vaccine effectiveness tracker, which appears to be updated monthly.

A real-world CDC study on vaccine efficacy among teens showed that the Pfizer-BioNTech COVID-19 vaccine was 93% effective against hospitalization for 12-18-year-olds during the June-September 2021 delta surge. 97% of the teens hospitalized with COVID-19 were unvaccinated.

Pfizer announced that their COVID-19 vaccine is safe and effective for kids

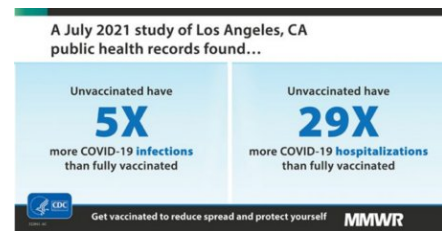
ages 5-11 and submitted the full data set to the FDA for review on September 28. Using a 10 µg administered 21 days apart, a smaller dose than the 30 µg dose for people ages 12+, study participants experienced side effects comparable to those experienced by older people. The data will be reviewed by the FDA and CDC. Pfizer plans to share data from the trial with children ages 2-5 by November 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 FDA authorization for children ages 5-11 by the beginning of November. This is welcome news in the midst of an unprecedented surge in cases across the US among children.

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.

Third doses for people with immunocompromising conditions:

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.

Booster doses:

The FDA Vaccine Advisory Panel [met](#) October 14-15 and voted unanimously to recommend **a booster dose for all people who received a single dose of the [Johnson and Johnson \(J&J\) vaccine](#)** two or more months ago. They also unanimously voted to recommend a **booster dose of the [Moderna vaccine](#)** for the same groups of people eligible for the Pfizer booster: all ages 65+ and 18+ with high risk conditions or workplaces who received their second dose 6 or more months ago. The Moderna booster dose is half the dose (50 micrograms) of the initial two-dose series.

The J&J and Moderna booster recommendations still need to be approved by the FDA acting director, recommended by the CDC ACIP (who are meeting October 21-22) and the CDC director before they are available to the public.

CDC Director Dr. Rochelle Walensky released Pfizer booster recommendations on September 24, recommending them for people who received their second Pfizer dose 6 or more months ago. Eligible groups include people ages 65 and older, residents of long-term care facilities, and people ages 18 and older with underlying health conditions that put them at higher risk of severe disease (endorsing the [ACIP advisory committee votes](#)), and included the [FDA's recommendation](#) for people ages 18-64 at high risk from occupational exposures, such as health care workers, teachers, grocery, shelter and jail/prison workers.

This aligns the CDC guidance with the FDA authorization. The Western States Scientific Safety Review Workgroup announced their [concurrence](#) with the CDC recommendations on September 24. The release of CDC recommendations and Western State concurrence allow vaccine providers to start offering boosters to these eligible groups.

CDC recommendations for Pfizer boosters:

- people 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 50–64 years with [underlying medical conditions](#) **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 18–49 years with [underlying medical conditions](#) **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- people aged 18–64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

You are still considered fully vaccinated 2 or more weeks after two doses of Pfizer or Moderna vaccines or one dose of the J&J vaccine. These regimens still provide high levels of protection against severe disease for most people. People who are immunocompromised should get third doses of the Pfizer or Moderna vaccine. Boosters provide additional protection against mild-moderate infections from the delta variant, going from very good to excellent protection.

Evidence for mixing and matching: A [pre-print NIH study](#) suggests that J&J recipients might benefit more from an mRNA booster, and in particular a Moderna booster. The study found that J&J recipients who got a J&J booster increased neutralizing antibody levels 4x, J&J recipients who got a Pfizer booster has a 36x increase and J&J recipients who got a Moderna booster had a 76x rise in antibody levels.

Marin County Public Health [set a goal](#) for at least half of all residents over age 65 to receive their booster by the end of November. Currently, only 25% of residents in that age group have received a booster dose. Among those hospitalized with COVID-19 since June, nearly 80% were ages 65 or older. Public Health Officer Dr. Matt Willis stated, "The tragic death of Colin Powell highlights the vulnerability of vaccinated people with weakened immune systems. An additional booster shot can help keep you healthy."

California state released a COVID-19 action plan on September 23 describing the state's strategy for increasing vaccination rates overall, rolling out booster doses, and vaccines for children under age 12.

Why get boosted?

Immunity from natural infection and vaccination wanes over time, especially for older people and those at higher risk. Boosters increase immunity to highly protective levels. Boosting offers additional protection against infection and makes good vaccine protection into excellent vaccine protection.

Studies showing waning immunity:

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

Studies from [UCSD](#) and [VA medical centers](#) 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, which correlates with the higher preserved protection against hospitalization [seen](#) in Moderna vaccinations.

A [pre-print study](#) from the UK found that the Pfizer-BNT vaccine's efficacy in preventing forward transmission was 68% for the alpha variant and 50% for the delta variant after 2 doses. Efficacy against transmission of the delta variant waned over time, and at 3 months after the second dose decreased from 50% to ~22% for the Pfizer-BNT vaccine and from 24% to 0% compared to unvaccinated people for the Astra-Zeneca vaccine.

[Vaccine data from Israel](#) showed 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.

Studies showing booster efficacy:

[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.

Data from Israel on boosters for people ages 60+ show an 11x decrease in the infection rate and 19.5x decrease in the hospitalization rate 12–25 days after a Pfizer booster dose, as compared to an age-matched group that did not get boosted and had 2 doses. The data does not describe outcomes after 25 days.

[Data from Israel](#) presented at the FDA COVID vaccine meeting on September 17 showed that after giving boosters to nearly 3 million people, there was a >10x reduction in COVID-19 infections and serious disease. As boosters rolled out, new infection rates fell.

Pfizer booster side effects are described as similar to 2nd doses as reported by [the CDC](#), the [Pfizer booster trial](#), [Maccabi Health Services in Israel](#), [Clalit Health Services in Israel](#).

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 October 20, 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. Vaccines [remain highly effective](#) against severe disease by the delta variant. Being fully vaccinated reduces the risk of infection by 5x and reduces the risk of hospitalization and death by 10-29x.

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. Please see below or click for more information on third doses for people with [immunocompromising conditions](#) and [boosters](#).

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

Some key vaccine updates:

- Vaccines are [recommended](#) for all people ages 12 and over, including people who are [pregnant](#), breastfeeding, wanting to get pregnant now or in the future.
- The [FDA granted full approval](#) of the Pfizer COVID-19 vaccine for people ages 16+, triggering vaccine requirements across the US.
- You are considered fully vaccinated 2 or more weeks after two doses of Pfizer or Moderna vaccines or one dose of the J&J vaccine.
- Third Pfizer or Moderna vaccine doses are available for people with [immunocompromising conditions](#) who received two doses of either the Pfizer or Moderna vaccines.
- [Pfizer boosters](#) for additional protection are available for people who received two Pfizer vaccine doses 6 or more months ago who are ages 65 and over, and ages 18-64 with [underlying conditions](#), living in long-term care facilities, and with high-risk work exposures, such as frontline health care workers, first responders and teachers. Alameda County public vaccine sites are *not* offering booster doses, so please check [local pharmacies](#) or [medical provider](#) for boosters.
- What if you got the J&J or Moderna vaccine? Most people still have good protection against severe COVID-19. The FDA vaccine advisory board [recommends](#) a second dose of the J&J vaccine for all people at least 2 or more months after the first dose, and a [Moderna booster](#) 6+ months after the second dose for people at risk. This still needs approval by the FDA director, CDC advisory panel and CDC director before it is publicly available. They may become available October 23.
- 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

New studies on **masking in schools during the delta outbreak** show that mask mandates in Arizona schools [reduced outbreaks by 3.5 times](#) and nationwide [reduced pediatric cases](#) by about half.

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.

"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."

A prison delta variant outbreak in two housing units of a Texas prison showed very high transmission rates among unvaccinated people (93% secondary attack rate) and vaccinated people (70% secondary attack rate). 3 of the 4 hospitalized were unvaccinated, and one unvaccinated person died. This study demonstrates how even with high vaccination rates, masking, testing and isolation/quarantine remain critical in congregate and crowded settings.

A **study** of over 7,000 people in overnight youth camps during the delta outbreak showed that **multicomponent strategies** of high vaccination coverage (>93% among eligible people ages 12+), frequent screening and testing, masking, cohorts and other measures resulted in zero in-camp transmissions.

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 9.3.21 * Data compiled by Sophie S. Wong, MD from by Good Ware, Freepik and Scrib on Faticon.com. See [dpgp.org/medrxiv](#) for updates and primary sources.

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

COVID TREATMENT UPDATES

On October 1, Merck [announced](#) promising results from a randomized study of a **new antiviral medication** to treat mild-moderate COVID-19 in people at risk for severe outcomes. **Molnupiravir** reduced COVID hospitalizations or death by 50% in a trial involving 775 volunteers. Merck will submit data to the FDA for review shortly after this announcement.

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](#).

Pills to treat COVID: Currently [three oral COVID-19 antiviral medications](#) are in late-stage clinical trials, which are intended to prevent or reduce the severity of disease. These oral medications include an antiviral from Merck & Co. and Ridgeback Biotherapeutics called molnupiravir, a candidate from Pfizer, known as PF-07321332, and AT-527, an antiviral produced by Roche and Atea Pharmaceuticals. COVID vaccinations remain the best way to prevent severe disease, and these oral medications are intended to be another tool in our toolbox to reduce the mortality and morbidity from COVID-19.



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](#).

California is one of a handful of US states with cases low enough [stay](#) in the “substantial” transmission category (lower than the “high” category) as of October 20. However, some regions in California, such as Central Valley counties with low vaccination rates, are still overwhelmed with hospitalizations and 34% of hospitals [report](#) staff shortages.

[Nationwide](#), cases and hospitalizations are finally slowing down, though some hospitals remain at crisis levels in areas with low vaccination rates. As of October 20, 77% of US adults have received at least one vaccine dose. [Worldwide](#), cases are [increasing](#) in some countries in Africa and South America, much of Eastern Europe, Russia 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](#). 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.

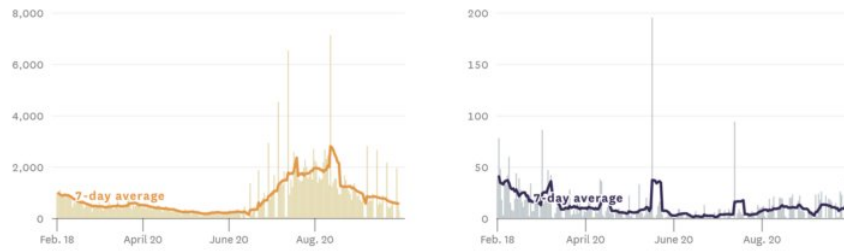
Estimated transmission rates in California have been below 1 since late August, so cases are decreasing. The transmission rate is [0.84 across California](#) as of October 18. This is a hopeful sign that we are masking, vaccinating and being more careful so transmissions continue to decrease.

As of October 20:

- **[Alameda County](#):**
 - [0.81](#) transmission rate
 - [7 cases](#) per 100,000 people on 10/20 ([11/100k](#) among unvaxxed and 4/100k among vaxxed on 10/12)
 - [89%](#) residents ages 12+ are partially vaccinated (have received at least one vaccine dose), [83%](#) are fully vaccinated
- **[Contra Costa County](#):**
 - [0.83](#) transmission rate
 - [10 cases](#) per 100,000 people ([17/100k](#) unvaxxed and 4/100k vaxxed on 10/14)
 - [88%](#) of residents ages 12+ partially vaccinated, [83%](#) fully vaccinated
- **[Solano County](#):**
 - [0.75](#) transmission rate

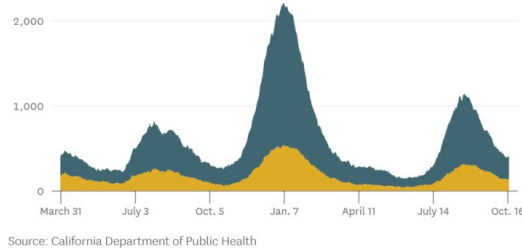
- [9 cases](#) per 100,000 people
- [79%](#) of residents 12+ partially vaccinated, [68%](#) fully vaccinated

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



[SF Chronicle, 10/20/21](#): COVID-19 daily cases and deaths in the Bay Area.

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



[SF Chronicle, 10/20/21](#): COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.

VARIANTS

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

- Alpha: B.1.1.7 (identified first in the UK), ~50% more infectious than original strain, might cause more severe disease.
- Beta: B.1.351 (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.1.617 (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.1.621 (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 very rapidly became the [dominant strain in the US](#) in the summer of 2021, 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 [99.7%](#) of the COVID cases sequenced in the US as of October 16, up from around 50% at the beginning of July. In California, the delta variant was [99.8%](#) of variants sequenced as of October 21, up from 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](#).

The **2021 virtual Ryan White HIV Clinical Conference** was held October 3-6, 2021. [Please click here](#) see our resource page for key takeaways and links to slides from the conference.



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:

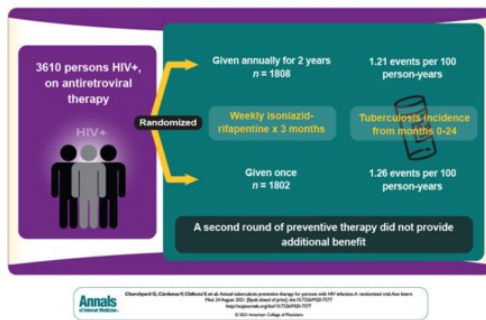
- 79% of PLWH surveyed were retained in care
- 61% were virally suppressed

- 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."

Is an annual or single round of weekly isoniazid and rifapentine for 3 months more effective in preventing tuberculosis?



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, and people with advanced or untreated HIV are recommended to get third doses of mRNA vaccines. 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. Another study (under review) of the ~13,000 PLWH in the **CNICS cohort** showed that COVID-19 severity was worse with CD4 <350 and history of CD4 <200.

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.

The COVID pandemic **has also disrupted care**, attention and funding for HIV and share common disparities among communities of color, requiring underlying structural change.

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. This is because people with advanced immunocompromise from HIV don't respond as well to the first 2 doses as other people.

- Published guidance: the **CDC**, **CDPH** and **HIVMA (for PLWH)**.
- It's best to stay with the same mRNA vaccine (Pfizer or Moderna) for the third dose simply because we have more data on that, but if the same one is not readily available, it's OK to give a third dose with the other mRNA vaccine.
- The CDC has **clarified** that "advanced HIV" means:
 - CD4 cell counts less than 200/mm³

- A history of an AIDS-defining illness without immune reconstitution
- Clinical manifestations of symptomatic HIV infection
- People who got the J&J vaccine have not gotten authorization for additional doses yet, but hopefully will on Oct 15.

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 or boosters for this group, though please keep outreaching to people living HIV and others not yet vaccinated!

What the data shows us when we determine whom to prioritize outreach for third doses and boosters:

- **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).
- **People on treatment with greater risk for severe COVID-19**
 - Highest priority: CD4 counts of <200
 - People with CD4 <350 were associated with 7.6x increased odds of death, 5.4x increased odds of requiring ventilation and 4.4x increased odds of hospitalization.
 - CD4 of 350-500 had 2.9x increased odds of hospitalization compared to CD4 >500.
 - 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.
 - 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.

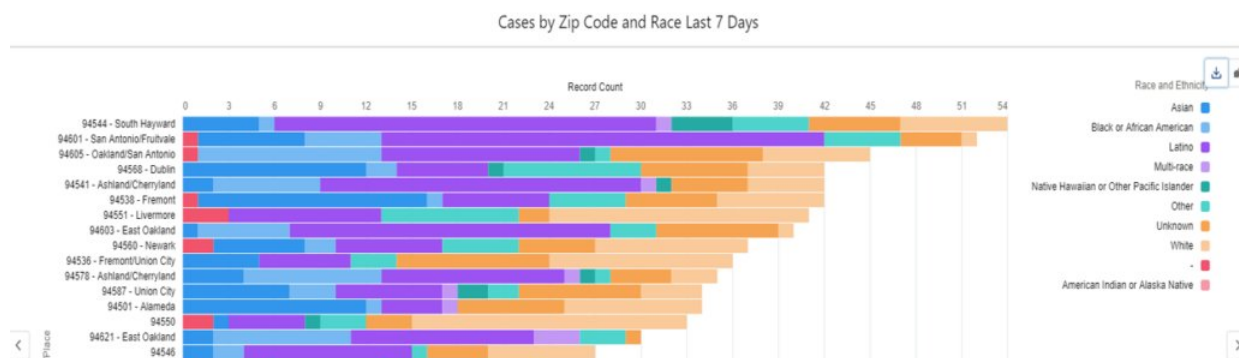
[Click here](#) to download recommendations for PLWH during the summer 2021 delta surge from Getting to Zero San Francisco.

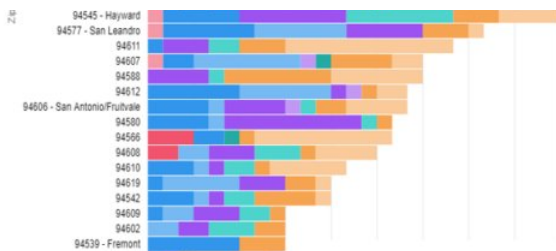
Resources for PLWH and COVID-19 vaccines: [UNAIDS infosheet on COVID-19 vaccines and HIV](#), [Clinical FAQs with Dr. Paul Sax at Harvard and The New England Journal of Medicine](#), [Clinical FAQs for people living with HIV from HIVMA \(PDF\)](#), [Guidance for talking with patients and FAQs for PLWH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

MORE VACCINE RESOURCES

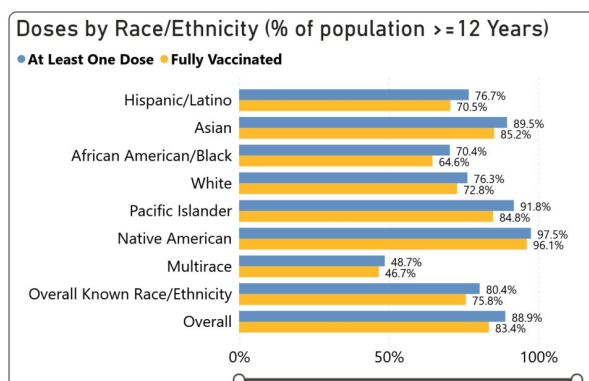
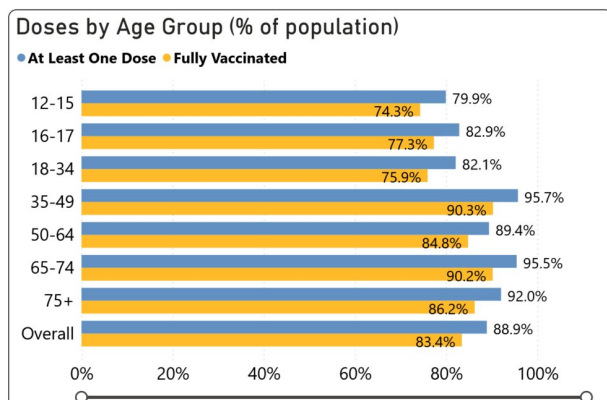
COVID DISPARITIES STUDIES AND DATA

New COVID-19 cases by zip code and race/ethnicity from Alameda County for October 6-13, 2021 on the bar graph below shows that a majority of new cases were among Latinx residents (shown in dark purple bars) in the South Hayward, Fruitvale and San Antonio neighborhoods (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.

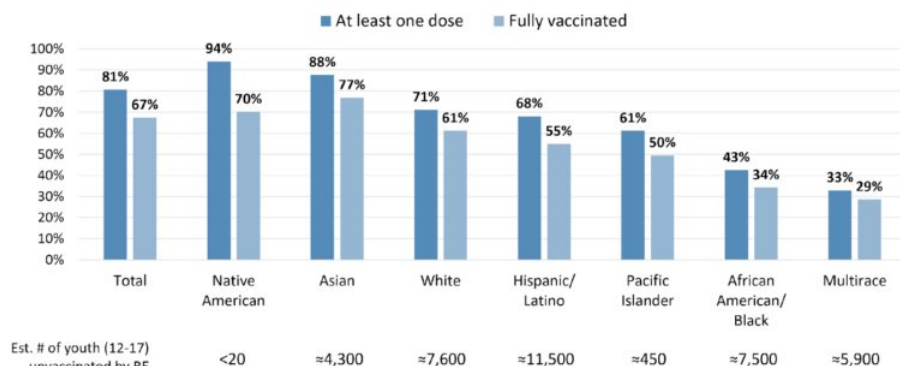




Alameda County vaccination rates by age and race/ethnicity as of 10/20/21 show that Alameda County resident under age 35 are less likely to be vaccinated compared to older residents. Multiracial, Black/African American and Latinx residents are less likely to have been vaccinated compared to White, API or Native American residents.



Youth (12-17) Vaccination Rates: Overall & by Race/Ethnicity



NOTE: Youth vaccination rates are estimates based on data in CAIR and 12-17 pop estimates. Race/ethnicity is unknown for 13% of youth (12-17) who received at least one dose in CAIR. Thus, vaccination rates by RE may be an under-estimate and unvaccinated estimates by RE may be an over-estimate.

Source: ACPHD, with data from CAIR & AC population estimates, 9.13.21

This graph shows vaccination rates among youth ages 12-17 from Alameda County, with the highest vaccination rates as of September 13, 2021 among Native American and Asian adolescents and the lowest vaccination rates among multiracial, Black, Pacific Islander and Latinx adolescents.

The latest **KFF COVID-19 Vaccine Monitor** survey found that most people in the US who got their first doses over the summer were motivated by the delta variant surge in cases, hospitalizations and deaths... followed by full FDA approval of the Pfizer vaccine and vaccine mandates. The largest increases were among younger Latinx adults, and now similar vaccination rates are seen across racial and ethnic groups (71% of White adults, 70% of Black adults, and 73% of Latinx adults). Disparities in vaccine uptake are mostly by partisanship, education level, age, and health insurance status. Among people who are unvaccinated, boosters are seen as a sign that the vaccines are not working, so we will need to explain the nuances of boosters and reassure people that the primary series still is highly effective against serious disease.

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](#)

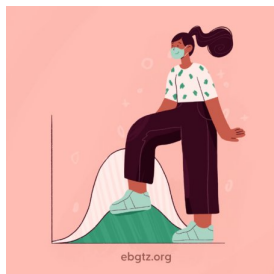
- [A Guide for Community Partners](#) includes strategies, interventions, and ready-made messages and materials.
- [Toolkit for Correctional and Detention Facilities](#)

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**
- **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 October 6th, 2021

Job Opportunities:

ACPHD is recruiting to hire a temporary Public Health Investigator to support the work of Office of HIV Prevention's HIV partner service efforts. This is a temporary position, with the possibility of extension. Please complete [this application](#) and return to Steve Gibson at Steven.Gibson@acgov.org

Bridge HIV has openings for a [Clinical Lab Coordinator](#) and a [Clinical Research Coordinator](#)

Contra Costa County is looking for a Aging and Adult Services Senior Staff Assistant who will conduct studies of aging and adult services programs, monitor service delivery of programs, perform administrative duties related to service programs for adults and the elderly, and provide technical assistance to departmental staff, contractors and community groups. Learn more about the position [here](#).

The **City of Berkeley** has an opening for a Senior Health Services Program Specialist. Learn more about the opportunity [here](#).

Health Outreach Partners is recruiting an Administrative Coordinator to serve as an administrative resource to the Program Staff, which includes the Program Director, Sr. Project Manager and Project Managers. More on the position [here](#).

The **UCSF Center to Advance Trauma Informed Health Care** has an opening for a Senior Clinical Research Coordinator, Senior CRC will support several health services research projects, including the Whole Family Wellness Study, which will use stakeholder-

engaged methods to develop, implement, and pilot test a pediatric primary care-based intervention to identify and meet the health and social needs of families served by California Medicaid. Learn more [here](#).

East Bay Permanent Real Estate Cooperative is seeking to hire a **Community Organizer** to co-create, implement, and coordinate an anti-displacement outreach, education, and organizing project focused in East Oakland. Learn more about the position [here](#).

San Francisco Community Clinic Consortium (SFCCC) seeks a diplomatic, energetic and progressive executive to serve as its next President and Chief Executive Officer (CEO). For more information click [here](#).

The **Native American Health Center** has the following openings: Evaluator, Research Assistant, Program Manager, Program Coordinator II. Learn more about the opportunities [here](#).

Partnerships for Trauma Recovery is currently hiring for a Director of Client Care, Supervising Psychotherapist and a Supervising Clinical Psychologist. The full position descriptions can be [viewed here](#).

Events:

Pacific AETC – Bay Area, North & Central Coast is excited to announce an upcoming training on *Supporting people using substances*: a skill-building workshop to be held on Tuesday, October 19, 2021 from 2-4 pm via Zoom. Katie O'Bryant and Ale Del Pinal at [Punks with Lunch](#) in collaboration with Michaela Jones at HIV Education and Prevention Project of Alameda County (HEPPAC) will be leading this interactive workshop. [Please register here](#).

Join **Alameda Care Connect** for *Foundations of Harm Reduction* on October 14, 2021 from 10-12. This is a two hour long online training on Harm Reduction with a focus on People Who Use Drugs (PWUD), and people who engage in sex work. This session lays the foundation of Harm Reduction philosophy, principles, and practices in the context of the United States. Participants will learn tools and strategies to understand different levels of harm and how that applies to working with drug users and sex workers and how to apply these strategies to their practice and organizations. [Click here to register](#)

Youth opportunities:

Exploring careers? Checkout the **Bright Futures – Pathways to Success Webinar** on Wednesdays (October 6–November 10) from 4:30pm–5:30pm. Each Zoom webinar will invite North Bay professionals to discuss their career paths and current professions. After they present, there will be a Q&A and an educational/training pathway segment. [Check out the speaker schedule](#) and register [here](#) for the whole series.

CA Youth Rising is offering seed grants to CA residents 13–30 years old. Learn more about the opportunity [here](#).

Resources for your clients

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.

Cal-PEP is offering free rides to wellness clinic sites, nutritional programs and more. To enroll, call 510-830-9228.

Dr. Natalie Wilson at the University of California, San Francisco is conducting a Community Health Van Survey to learn more about the health needs and behaviors, as well as preferences for health services to be offered on their new Community Health Van. The survey will take about 30 minutes to complete. Learn more about it [here](#).

UCSF is conducting focus groups on the COVID-19 vaccine's availability as well as views and thoughts of parents and young people. Learn more by calling 415-857-2599.

California renters can still apply for **rental assistance**. Tenants living in, or landlords owning property in Contra Costa County or the city of Oakland, submit your application here: [Housing Is Key](#). Tenants who live in, or landlords who own property in Alameda County (excluding the city of Oakland), submit your application through Alameda County's renter-landlord relief program, [Alameda County Housing Secure](#). You can apply online using the [Alameda County Housing Secure](#) website or complete a paper application that is available in multiple languages. The paper application is downloadable from Alameda County Housing Secure.



FREE testing



Learn more at 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

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.

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



We offer free rides to Wellness Clinic
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!

HOURS OF OPERATION:

M / W / TH
10 AM - 3 PM



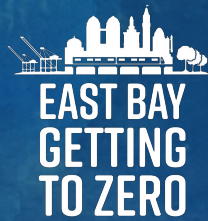
hand, & many more!



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



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