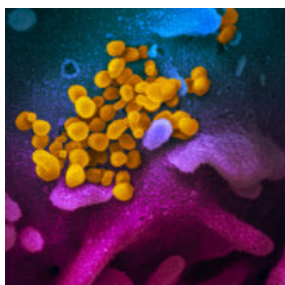


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COVID-19 AND HIV UPDATES

OCTOBER 6, 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 content from many collaborators. [Please click here to share feedback.](#)

VACCINES

TESTING

MASKS

GUIDANCE

SCHOOLS

STUDIES

ARCHIVES

PDF SUMMARY

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- [Key East Bay COVID-19 updates](#)
- More on: [vaccines](#) | [requirements](#) | [prevention and testing](#) | [treatment](#)
- [Pandemic trends and local epi data](#)
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Should we continue writing these COVID+HIV updates? [Please click here to let us know](#) with a quick 2-question poll.

QUICK 2-QUESTION POLL 😊



Join us for a skill-building workshop: Supporting people using substances 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 [HEPPAC](#) will be leading this interactive workshop. [Please register here.](#)

If you missed it, here are the [ED and substance use linkages workshop recording and materials](#) from

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

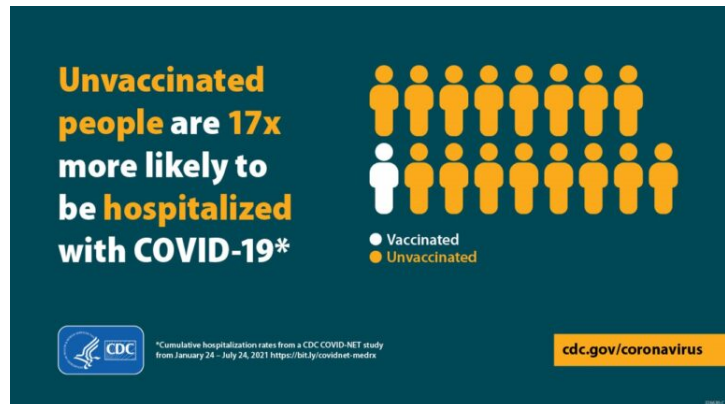
During this virtual workshop, we will network, share cases and challenges, and determine strategies for strengthening linkages to HIV and housing services for people who are experiencing homelessness or are unstably housed. [Click here](#) to register and for more info.



KEY EAST BAY COVID-19 UPDATES

1. Vaccine efficacy, boosters and third 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.
- 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 when a pregnant person gets COVID-19.
- 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.
 - Check your [local pharmacies](#) or [medical provider](#) for booster doses.
 - Alameda County public vaccine sites are *not* offering booster doses yet.
 - The FDA will meet on October 14-15 to discuss J&J and Moderna boosters.
- Third Pfizer and Moderna vaccine doses** are also available now and recommended for people with [immunocompromising conditions](#), including people with [advanced or untreated HIV](#).
- Pfizer announced that their COVID-19 vaccine is safe and effective for kids ages 5-11** and submitted their full data set to the FDA on September 28. The FDA will meet on October 26 to discuss this data and potentially vote on authorization.
- [Alameda County](#) has fully vaccinated 79% and [Contra Costa](#) has fully vaccinated 82% of residents ages 12+ ... let's get to 90% or higher!



2. New mask and vaccine requirements:

- Masks:** The Bay Area Health Officers are finalizing criteria for [lifting indoor mask mandates](#) based on local case, hospitalization and vaccination rates, and are expected to release details by October 8.
- 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. 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 but has not voted yet. Los Angeles and Culver City school districts [passed](#) student vaccine requirements earlier in September.
- Indoor public venues:** Contra Costa County [implemented](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues starting September 22. SF and Berkeley have similar requirements. Los Angeles just [approved](#)

a similar vaccination requirement, which will go into effect in early November if signed by Mayor Garcetti. Alameda County currently is not discussing this requirement. [Click here](#) to get your CA digital vaccine record.

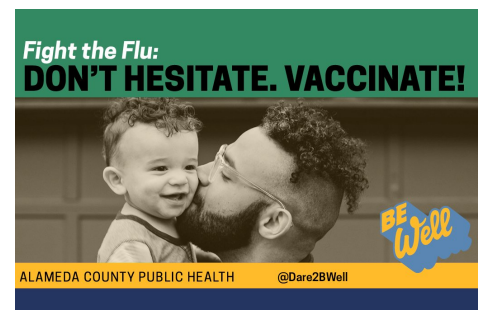
- **Employers:** Adult and senior care facilities workers and workers who provide in-home care must be fully vaccinated by November 30 as part of a California [public health order](#) issued on September 28, in a requirement similar to that for other health care workers.

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 two US states with cases low enough [stay](#) in the “substantial” transmission category** as of October 6. However, some regions in California, such as Central Valley counties with low vaccination rates, are still [overwhelmed](#) with hospitalizations.
- **Nationwide, case rates are [highest](#) among people under 18**. COVID hospitalizations are finally decreasing across the US, though some hospitals remain at crisis levels in areas with low vaccination rates. There are still nearly 2,000 deaths from COVID each day. While [pediatric hospitalizations](#) are still at record levels, they are finally decreasing. The East Bay has maintained low pediatric hospitalization rates.
- **A holistic prevention approach with [vaccines](#), [masks](#), [testing](#) and other strategies are 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! 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. 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. Here are materials from the conference:

- [Dr. Sophy's key takeaways and summary notes/slides](#) (will be completed 10/8)
- [PDF handouts of slides](#)

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

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

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

MASK AND VACCINE REQUIREMENT UPDATES

Masks:

Your masks protects everyone,

The Bay Area Health Officers are finalizing new criteria for lifting indoor mask mandates based on local case, hospitalization and vaccination rates, and are expected to release details by October 8.

Until then, universal indoor masking is still required in the Bay Area by Bay Area Health Officers [order](#) on August 2, 2021. [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.

Indoor public venues:

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.

Los Angeles just [approved](#) a similar vaccination requirement on October 6, which will go into effect in early November if signed by Mayor Garcetti.

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.

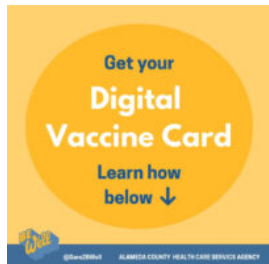
The Oakland Board of Education passed a vaccine requirement for students 12 and older on September 22.

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 but has not voted yet. Los Angeles and Culver City school districts passed a student vaccine requirement earlier in September.

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:

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 in late October. This is welcome news in the midst of an unprecedented surge in cases across the US among children, with about a quarter million kids diagnosed and ~2,000 hospitalized each week over the past few weeks.



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

New data published from US settings show preserved high levels of vaccine efficacy against hospitalizations and death from the delta variant and waning protection against milder delta *infection* over time after 1 or 2-dose vaccination or prior infection, particularly for older people. Vaccine efficacy against hospitalization in a [VA study](#) was 80% for people ages 65 and over compared to 95% among people ages 18-64. Protection against hospitalization has been [found](#) to be higher for the Moderna vaccine (93%) than the Pfizer-BioNTech vaccine (88%) and the Janssen/J&J vaccine (71%). After 120 days (~4

months) post-full vaccination, the Moderna vaccine has 92% protection against hospitalization, compared to 77% for Pfizer and 68% for J&J.

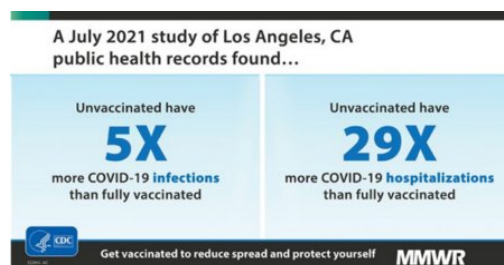
[Data in the UK](#) through 9/3/21 show waning vaccine efficacy for Astra-Zeneca and Pfizer vaccines, especially in people ages 65+ and after 20 weeks (~4-5 months). Efficacy waned the most against symptomatic infection (47% AZ and 70% Pfizer at 20+ weeks) but also waned against hospitalization (to 77%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

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

The Advisory Committee on Immunization Practices (CDC ACIP) met on September 22 and 23 and [shared the latest data on vaccine safety and efficacy](#). At the [August 30 meeting](#), Dr. Sara Oliver said, "Since the introduction of the Delta variant, VE (vaccination efficacy) against infection ranges from 39 to 84%. VE against hospitalization, though, remains high from 75% to 95%. All vaccines remain effective in preventing hospitalization and severe disease. But they may be less effective in preventing infection and mild illness recently."

Third doses for people with immunocompromising conditions:

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



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

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

On August 12, the [FDA authorized](#) a third mRNA vaccine dose for people "who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise." About 3% of the US population falls into this category. [Studies](#) of people with solid organ transplants show a significant lack of immune response in this population with two doses, and a [randomized trial](#) showed benefit with a third mRNA vaccine dose. The CDC presented [additional data](#) for these recommendations on August 30.

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

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system

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

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

What about people who got the J&J vaccine? There is no official clinical or public health guidance on this yet. [J&J announced](#) on August 25th that a 2nd dose (booster) of the J&J vaccine led to antibody levels 9x higher than a month after their first dose in two small studies. People who received a J&J vaccine can consider discussing an off-label supplemental vaccine dose with their providers, which has been offered for some patients at [SF General](#) since early August.

Booster doses:

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 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.

The [CDC ACIP](#) (vaccine advisory committee) [voted](#) on September 23 to recommend boosters for 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. The CDC ACIP was split (9-6) and voted against the FDA authorization of boosters for people whose occupations put them at high risk. CDC Director Dr. Rochelle Walensky later decided to align final CDC recommendations with the FDA authorization, which included workers at high risk.

These announcements came on September 22 and 24, after reviewing [Pfizer booster data](#) and the [FDA advisory committee's analysis](#).

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.

The FDA announcement and CDC vote did not specifically state whether people who received the Moderna or J&J vaccines in the primary series can get the Pfizer booster dose ("mix and match"), but the FDA authorization implies that only people who received the Pfizer vaccine in the primary series would be eligible for the Pfizer booster dose. The FDA and CDC report that they are now reviewing booster data for Moderna and J&J vaccines.

[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.

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.

[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](#).

Why get boosted?

In short: boosting offers additional protection against infection and makes good vaccine protection into excellent vaccine protection.

[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, which correlates with the higher preserved protection against hospitalization [seen](#) in Moderna vaccinations.

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

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

Vaccine handling updates:

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

WHAT'S UP WITH COVID VACCINES?

Updated October 6, 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](https://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 one dose of the J&J vaccine? Most people still have good protection against severe COVID-19. The FDA vaccine advisory board is reviewing the J&J booster data and will meet on October 14-15 to decide on it.
- 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

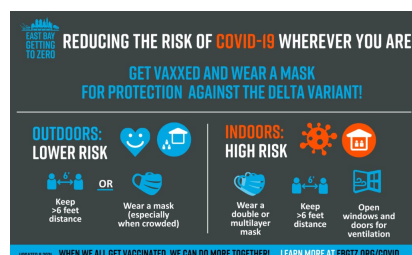


HOW TO GET A COVID TEST

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 9.1.21 * Data compiled by Sophy S. Wong, MD

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 only two US states with cases low enough [stay](#) in the “substantial” transmission category (lower than the “high” category) as of October 6. However, some regions in California, such as Central Valley counties with low vaccination rates, are still overwhelmed with hospitalizations. This [KQED Forum podcast](#) features interviews with two nurses and two doctors on the frontlines of acute COVID care and describes how challenging how things have been during the delta outbreak. At 29 minutes into the podcast, an ER nurse from San Leandro Hospital describes what it's like taking care of young people getting hospitalized and regretting not getting vaccinated.

[Nationwide](#), cases and hospitalizations are finally slowing down, though some hospitals remain at crisis levels in areas with

low vaccination rates. As of October 6, 76% of US adults have received at least one vaccine dose. [Worldwide](#), cases are [increasing](#) in some countries in Africa, much of Eastern Europe, Russia and Australia.

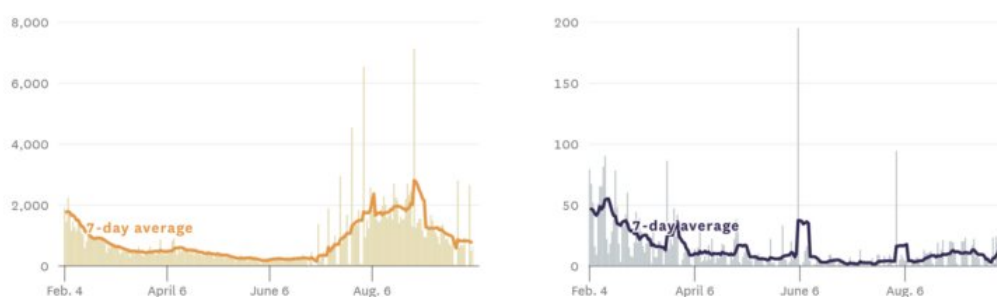
We are not safe until everyone is safe. Advocates are calling for the US and the Biden Administration to increase vaccine production and access globally, as in [this August 25 global COVID vaccine advocacy letter](#) from [PrEP4All](#). COVID-19 presents a chance to build on the global health care infrastructure 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 4. This is a hopeful sign that we are masking, vaccinating and being more careful so transmissions continue to decrease.

As of October 6:

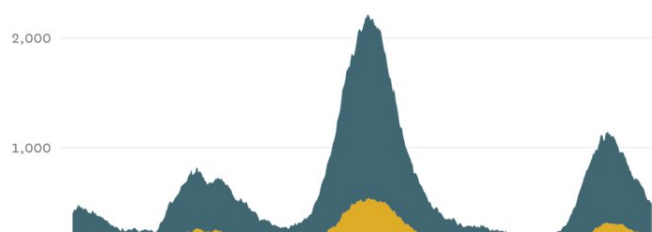
- **[Alameda County](#):**
 - [0.94](#) transmission rate
 - [10 cases](#) per 100,000 people on 10/6 ([13/100k](#) among unvaxxed and 5/100k among vaxxed on 9/28)
 - [92%](#) residents ages 12+ are partially vaccinated (have received at least one vaccine dose), [79%](#) are fully vaccinated
- **[Contra Costa County](#):**
 - [0.8](#) transmission rate
 - [13 cases](#) per 100,000 people ([23/100k](#) unvaxxed and 6/100k vaxxed on 9/28)
 - [87%](#) of residents ages 12+ partially vaccinated, [82%](#) fully vaccinated
- **[Solano County](#):**
 - [0.86](#) transmission rate
 - [17 cases](#) per 100,000 people
 - [78%](#) of residents 12+ partially vaccinated, [67%](#) fully vaccinated

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



[SF Chronicle, 10/6/21](#): COVID-19 daily cases and deaths in the Bay Area.

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





Source: California Department of Public Health

[SF Chronicle, 10/6/21](#): COVID-19 daily ICU and non-ICU hospitalizations in the Bay Area.

The bar graph below shows that most of the recent cases in Alameda County as of September 29 have been among children ages 11 and under, who are not yet eligible for vaccines.



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: 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: B1617 (India), 200–400% more infectious, might cause more severe disease, see below for more.
- Lambda: C37 (Peru), [data](#) suggest it's more infectious and vaccines/monoclonal antibodies less effective against it.
- Mu: B1621 (Colombia), [data](#) suggest vaccines/monoclonal antibodies less effective against it.

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

The delta variant is 2–4 times as infectious as the original strain and may cause more severe illness and death. People with delta infections have much higher viral loads compared to infections with previous strains. Being vaccinated reduces the risk of infection by ~3–5x, reduces the risk of serious illness and death from delta infection by ~10–29x and reduces the time of viral shedding by ~2x. Universal vaccination combined with masking and distancing is necessary to reduce spread.



The delta variant has very rapidly become the [dominant strain in the US](#), quickly overtaking other variants. With its high transmissibility, the delta variant is still outrunning all the other variants, even the ones that may be more vaccine/immune evasive such as beta, gamma or mu. The delta variant was [99.5%](#) of the COVID cases sequenced in the US as of September 11, up from around 50% at the beginning of July. In California, the delta variant was [100%](#) of variants sequenced as of September 21, up from 98.5% on August 21, 84% on July 21, 53% on June 21 and from 6% on May 21.

Delta variant [data](#) show that:

- The delta variant is far more transmissible than the original strain, the common cold, the seasonal and 1918 flu, Ebola and smallpox. A person infected with the original strain would on average infect 2–3 other people, but a person infected with the delta variant will on average infect 5–8 other people. ([CDC](#))
- Delta infections have higher viral loads and longer duration of shedding. ([Mlcochova](#), [Ong](#))
- CDC data from a large July 2021 outbreak in a highly vaccinated county in Massachusetts as well as data from the delta outbreak in Los Angeles County shows that viral loads of delta infections in vaccinated people were similar to viral loads among unvaccinated people, which suggests that transmission risk during early infection is similar from vaccinated people and unvaccinated people infected with the delta variant. ([Brown](#), [CDC](#), [Griffin](#))
- Delta infections have been found in Canada, Singapore and Scotland to have higher odds of hospitalizations, ICU admission and death, especially for unvaccinated people. ([Fisman](#), [Ong](#), [Sheikh](#))
- Vaccines still provide 10–29x reduction in hospitalization and death from delta infection (93–100% efficacy with 2-doses of the Pfizer vaccine) and 3–5x reduction in mild or asymptomatic delta infection (64–79% against any delta infection with 2-doses of Pfizer). ([Nasreen](#), [Israel's Ministry of Health](#), [Lopez Bernal](#), [Stowe](#), [Public Health England](#), [Griffin](#))

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

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

Universal masking and distancing are crucial for slowing the spread and rise of worse variants, given current inadequate vaccine coverage. We need to continue to outreach to people to increase vaccination rates and distribute

more vaccines to developing countries to reduce serious illness and death. We will also likely need to learn to live with the virus over the long run and aim to reduce serious illness and death through vaccinations.

NEW HIV/STD STUDIES

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

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

The CDC just released their updated **2021 Sexually Transmitted Infections Treatment Guidelines**. Click on this [link](#) to access the full guidelines and visit their [provider resource page](#) for copies of a summary wall chart and pocket guide.

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

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

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

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

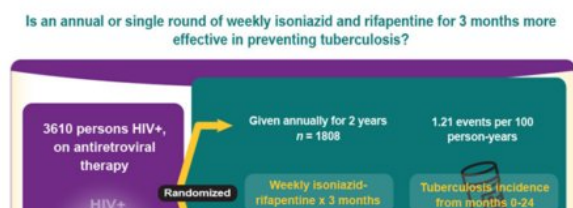
Findings in this latest national MMP report include:

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

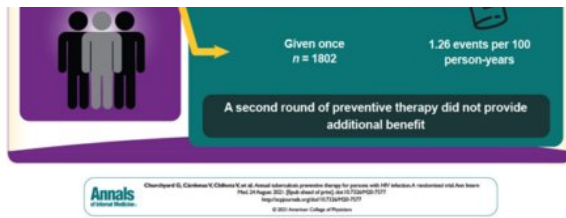
A separate MMP report on PLWH in the US showed that **25% had experienced discrimination in health care settings**.

People ages 18–29, transgender people, LGBTQ+ people and those who were experiencing homelessness or incarceration were significantly more likely to experience discrimination, and were more likely to have missed visits, not take ART or miss ART doses.

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



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



antiretroviral therapy.”

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

planning and sexual health needs of women living with HIV.”

PEOPLE LIVING WITH HIV AND COVID-19 VACCINES

All people living with HIV (PLWH) are recommended to get the COVID-19 vaccine, 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.

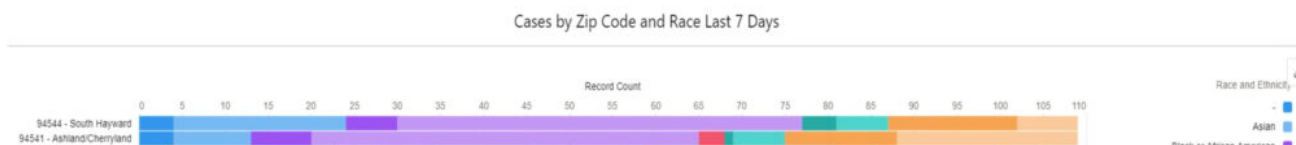
[Click here](#) to download recommendations for PLWH during the summer 2021 delta surge from Getting to Zero San Francisco.

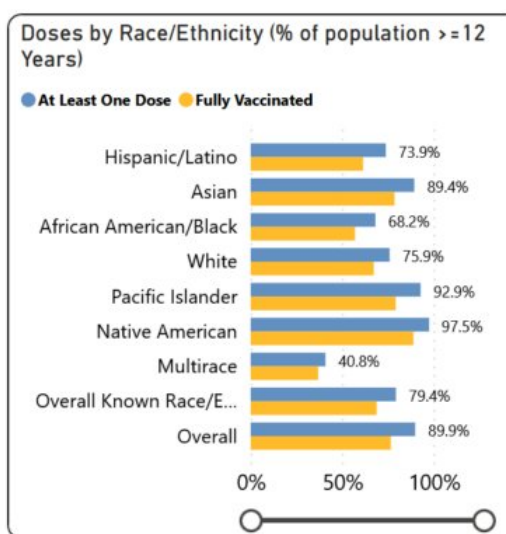
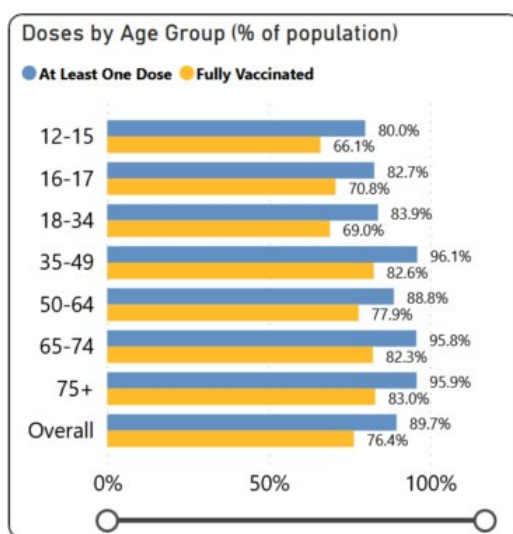
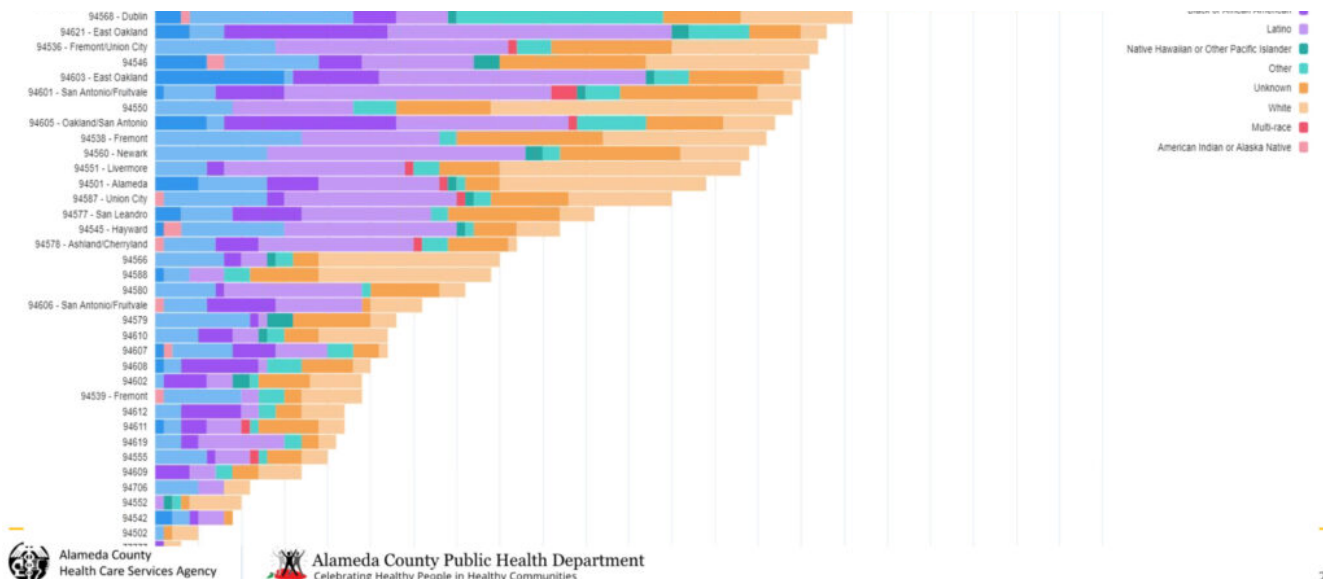
Resources for PLWH and COVID-19 vaccines: [UNAIDS infosheet on COVID-19 vaccines and HIV](#), [Clinical FAQs with Dr. Paul Sax at Harvard](#) and [The New England Journal of Medicine](#), [Clinical FAQs for people living with HIV from HIVMA \(PDF\)](#), [Guidance for talking with patients and FAQs for 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 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%	95%

12+	87%	100%	89%	88%	75%	69%	64%
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≤80%	of pop with at least one dose
≥90%	of pop with at least one dose

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

Source: County Vaccination dashboard, 8.17.21



This table shows vaccination data from Alameda County, with the highest vaccination rates 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-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](#)

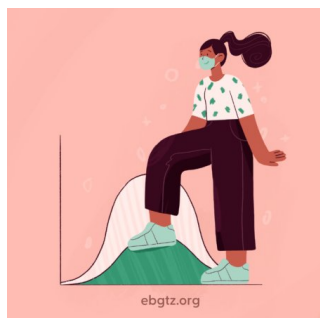
- [COVID-19 Vaccine Equity: Best Practices for Community and Faith-based Organizations](#)
- [A Guide for Community Partners](#) includes strategies, interventions, and ready-made messages and materials.
- [Toolkit for Correctional and Detention Facilities](#)

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.

TOP LINKS:

- **COVID Vaccines:** [Alameda County](#), [Contra Costa County](#), [Solano County](#), [California State](#), [CA vaccine progress tracker](#)
- **COVID Vaccine Myths and Facts and FAQs** in English, Español, 中文, and Arabic and [Questions & Answers](#)
- **COVID vaccine safety updates** (CDC)
- **COVID testing:** locations in the [Bay Area](#); [Alameda County](#), [Contra Costa County](#), [Solano County](#); [CDC guidance on home testing](#).
- **Phone numbers/Centro de llamadas:** Contra Costa County- [\(844\) 729-8410](#), Solano County- 707-784-8988, Alameda County vaccine line in English, Spanish, Mandarin for those who cannot navigate the internet: 510-208-4VAX or 510-208-4829
- **COVID supports** (food, housing, stipends, etc.): [Alameda County resources and ARCH isolation stipends](#), [Contra Costa County](#), [Solano County](#)
- **Public Health Department updates:** [Alameda County](#), [Contra Costa County](#), [Solano County](#), [California State](#)
- **COVID data:** [Alameda County](#), [Contra Costa County](#), [Solano County](#), [California State](#), [California \(SF Chronicle\)](#), [US \(CDC\)](#), [US by race \(CDC\)](#), [National/Global \(JHU\)](#). **Variants:** [in the US \(CDC\)](#) and [in California](#).
- **COVID risk calculator** (updates to account for delta planned by October 2021)
- **Maximizing mask protection:** [CDC guidance](#), [EBGTZ mask videos](#), [guidance and resources](#)
- **COVID PPE, staffing or testing supplies:** [Alameda County EMS- request PPE testing kits and supplies](#).
- **HIV:** [FAQs for people living with HIV \(PLWH\)](#) and [Preguntas Frecuentes in Spanish](#), [Guidance for PLWH \(CDC\)](#), [Guidance for HIV providers \(HIVMA\)](#), [Vaccines for PLWH \(HIVMA\)](#), [UNAIDS infosheet on COVID-19 vaccines and HIV](#)
- **HIV services during COVID-19:** [Click here for Contra Costa HIV services](#), [Alameda County HIV services](#), [SF Community Clinic HIV clinic reopening guidance](#)
- **Key Communities:** [Harm Reduction Coalition](#), [Immigrants Rising](#), [Protecting Immigrant Families: Public Charge](#), [Healthcare for the Homeless](#), [COVID info in Asian languages](#)

COVID-19 TESTING

WHICH TEST? (BRIEF OVERVIEW)

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

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

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

- [SF Chronicle's map of Bay Area COVID testing sites](#) that don't require a doctor's referral.
- **Alameda County** free COVID testing sites: This [webpage](#) includes community-based sites offering free testing for anyone with symptoms, including people without health insurance.
- **Contra Costa County** free drive-through or walk-in COVID testing
- **Solano County** free testing sites

- **Home rapid antigen home testing is also available:** [click to read more](#)
- Please check the listing for updates and call the testing site before you leave to make sure they are open for testing, you are eligible, and register if needed.
- If you don't have a provider and have COVID symptoms: In Alameda County, call Alameda Health System 510-437-8500 for a phone screen and guidance. In Contra Costa County, call 844-729-8410. In Solano County, the county COVID warmline is 707-784-8988.
- If you're having difficulty breathing and unstable, please go to your nearest emergency room.



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



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

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

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

Updated 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.




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 <ul style="list-style-type: none">• 4 blocks away from Lake Merritt BART• AC Transit lines: 18, 19, 20, 51A, 62, 96, 851	Accessibility: <ul style="list-style-type: none">• double doors at ARC entrance<ul style="list-style-type: none">◦ text or call to be let in• ramp only walkway leading into ARC lobby• private restroom available to TGNC clients
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NEED A RIDE? CAL-PEP

OFFERS A COMPLIMENTARY SHUTTLE SERVICE FOR CLIENTS
LIVING WITH HIV.

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



HOURS OF OPERATION:

M / W / TH
10 AM - 3 PM



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!



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



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