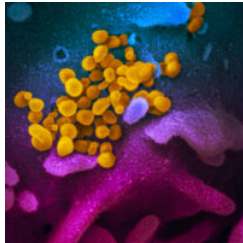


COVID-19 AND HIV UPDATES

JANUARY 28, 2022

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The SARS-CoV-2 virus (NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is updated on third Wednesdays and as needed by [Sophy S. Wong, MD](#) 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](#)

Help us with the 2022 update of the [East Bay HIV strategic plan](#)! [Click here to vote](#) on the strategic activities you're most excited about.

Quick HIV updates:

Injectable long-acting PrEP (cabotegravir) is now FDA-approved! Cabotegravir PrEP (brand name Apretude) is given as two initial injections administered one month apart, and then every two months thereafter. Health plans regulated by the California Department of Insurance are [required](#) to cover all PrEP drugs and related clinical services without cost sharing – including injectable PrEP. More information on insurance coverage can be [found here](#).

The Alameda County HIV Epidemiology and Surveillance Unit has released the new report "[HIV in Alameda County, 2018-2020](#)", and its [Executive Summary](#). The report and executive summary are available on the [ACPHD website here](#).



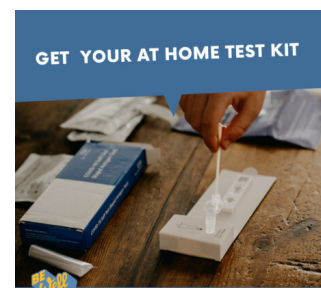
KEY EAST BAY COVID-19 UPDATES

FREE RAPID HOME TESTS

You can now request 4 free rapid antigen home COVID tests mailed to your address at [Covidtests.gov](#). The US postal service will fulfill orders and send the tests to your address in 7-12 days.

People with insurance can also get reimbursed for purchasing up to 8 rapid antigen tests per person per month. Purchases can be made online, at stores or pharmacies. Receipts are required to request reimbursement. More information about this new national policy can be found [here](#). Please go to your health insurance's website or contact them for details on how to request reimbursement.

[Click here](#) for more COVID testing resources in the East Bay.



FREE N95 MASKS ARE COMING TO PHARMACIES AND COMMUNITY HEALTH CENTERS

The White House has launched a [campaign](#) to provide 3 free N95 masks to each person in the US. Distribution of the masks to pharmacies and community health centers across the US started January 26. The N95 masks are coming from the Strategic National Stockpile, which has more than 750 million of them on hand. Please check your local pharmacy or health center for the masks in the coming weeks. Walgreens, for example, has started [a list of Walgreens pharmacies](#) where they are available.

OMICRON WINTER SURGE UPDATES

- **Cases are still high in the East Bay, but there are hopeful signs that Omicron transmission has slowed down, and we are likely past our peak case rates.** In mid-January, the Omicron variant led to daily case rates in the Bay Area *17x our previous high* in the winter of 2021. Omicron rapidly took over Delta as the dominant variant and jumped from roughly [8% to 99.9% of U.S. sequenced cases](#) in the month ending January 22. Hospitalizations in the Bay Area have surpassed the peak of the Delta surge but ICU and death rates are much lower than last winter thanks to high vaccination rates in the Bay. Wastewater (sewage) testing for the Omicron variant in the Bay Area [suggests](#) that infection rates started to decline after mid-January.
- **Masking, rapid testing, ventilating and distancing are all needed in addition to vaccinations and boosters to protect people and manage the record surge in cases.**
- The [BA.2 Omicron sub-variant](#) first detected in Denmark has been detected in the [Bay Area](#). It appears to be more transmissible than the BA.1 (first) Omicron variant but does not seem to cause more severe disease.
- **Top 5 reasons to still take precautions now. (Why take precautions if we're all going to be exposed?)**
 1. We will help prevent spread to people at higher risk for severe disease and reduce the rise of more variants.
 2. "Mild" infection can still feel like a bad flu.
 3. We don't know yet how much Omicron causes long COVID, and what that looks like.
 4. The surge is a particularly bad time to need acute medical care. The healthcare system is overwhelmed. Staff are tired and out sick. There is a shortage in the supply of medications to treat Omicron. More treatment supply will be coming in April and June.
 5. We have highly effective ways to prevent infection when we are exposed, especially with:
 - high quality masks that fit well: N95 > KF94, KN95 > double-masking with a surgical mask under a tight cloth mask,
 - rapid testing and staying home and isolating when positive,
 - meeting in ventilated areas: outdoors > indoors with doors/windows open and HEPA and HVAC air filters on high, and
 - avoiding crowds and large groups of people.
- **Is Omicron highly transmissible? Yes, Omicron is very contagious.**
 - Omicron has spread 2-3x more rapidly than Delta, as shown in data from the [UK](#) and [South Africa](#), with cases doubling every 2-3 days, leading to explosive outbreaks.
 - Omicron's high transmissibility likely due to a combination of immune evasion, shorter incubation time ([~2-3 days](#) instead of 4 days for Delta and 5 days for older variants), and rapid replication in the upper airways ([70x faster in one study](#)).
- **Does Omicron evade immunity? Yes, partially. Do vaccines still work? Yes! Vaccines, including two doses, still work well against severe illness. Boosters significantly increase protection.**
 - The Omicron variant has so many mutation in the spike protein that it is much better able to escape antibody immunity in the nose and mouth compared to earlier variants, including Delta. B-cell and T-cell immunity is still effective in protecting us from severe disease, but they don't activate until after the virus enters the body, so we are more likely to get upper airway infections with Omicron compared to earlier variants.
 - [Data from the US](#) shows that vaccine efficacy against hospitalization during the Omicron surge was 90% after an mRNA booster, 81% within 6 months of getting a second mRNA dose, and 57% 6+ months after a second mRNA dose. This compares to 94%, 90% and 81% respectively during the Delta surge, suggesting that the Omicron variant has mutations that confer significant immune evasion.
 - [Data from the UK](#) up to January 13, 2022 shows vaccine efficacy against hospitalizations with the Omicron variant for all brands they use (Pfizer, Moderna, Astra-Zeneca) to be 64% in the first 6 months after a second dose, 44% after 6 months of the second dose, and 92% in the first month after a booster, waning to 83% when it's been more than 2.5 months after a booster. (Compared to 95-99% booster efficacy against hospitalization with the Delta variant.)
 - South African epidemiologists have reported [more reinfections](#) with Omicron compared to earlier variants.
- **Do rapid tests detect Omicron infections? Yes!**
 - The [Unidos en Salud group](#) in the SF Mission found that rapid antigen tests still pick up 95% of people with viral loads that are most associated with infectiousness.
 - Most importantly, rapid tests will give you crucial results within 15-30 minutes of testing so you have a good idea of whether someone is currently infectious or not.
 - While PCR tests are more sensitive, by the time you get the result, the person's most infectious period may be over.
 - Omicron appears to results in symptoms sooner, about a day or two after exposure, so it's important to start isolating and test as soon as you feel symptoms.
 - Omicron also appears to replicate rapidly first in the throat before the nose, so some countries ([like the UK](#)) and some people have

been swabbing their throats before swabbing their noses for the rapid antigen tests (though it's off-label use since this has not been authorized by the FDA/CDC in the US yet). Only use the swabs that come in kits and are intended for rapid testing. Q-tips and other cotton swabs will interfere with test results.

- **Is Omicron less virulent (cause milder disease)? Yes, compared to the Delta variant, but how mild/severe Omicron infection is depends on an individual's immune status and underlying health conditions.**




- [Early data](#) shows that Omicron infections have a lower hospitalization and ICU rate compared to Delta infections.
- Among adults in the US ages 65+, those who were unvaccinated were *49 times* more likely to be [hospitalized](#) for COVID-19 compared to those who were boosted as of January 19, 2022.
- How severe an infection depends on a person's underlying level of immunity (how many vaccine doses, prior infection, time since vaccination or infection, etc.) and health status.
- Infection is milder if you have a certain level of immunity, especially from vaccination and boosters.
- People who are unvaccinated and/or only have immunity from infection from an earlier variant are at higher risk for severe illness from Omicron.
- Omicron appears to stay more in the upper airways and cause less pneumonia.
- The fact that Omicron infects so many more people has led to many hospitalizations on a population level, both from the number of people needing medical attention and from a loss of hospital staffing due to illness.

- **COVID treatment: If you have COVID and are [at risk](#) for serious illness, ask your medical provider if you can get treatment. Treatment is available, though currently in short supply and [prioritized](#) for people at highest risk for severe disease. Much more treatment availability is anticipated in April and after.**

- Looking for treatment? Please contact your health care provider. Here are some references:
 - [Alameda County treatment info and access.](#)
 - [Contra Costa County access to monoclonal antibodies.](#)
 - [National treatment locator.](#) Providers may connect with their local hospital for supply.
 - [For providers: the national COVID-19 treatment guidelines](#) to learn more about treatment and [prioritization](#) for non-hospitalized people with COVID-19.
- Paxlovid (oral antiviral), sotrovimab (monoclonal antibody infusion), remdesivir (antiviral infusion) are the [recommended](#) treatments for non-hospitalized people at high risk for severe COVID-19.
- Oral antivirals: In December, the [FDA authorized the use of Paxlovid](#), the first oral antiviral treatment for COVID-19, which has shown 89% efficacy in trials. It is authorized for the treatment of mild-to-moderate COVID-19 in people ages 12+ who are at high risk for severe COVID-19, and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Molnupiravir oral antiviral is less effective but available as an alternative.
- Monoclonal antibody infusions are also available for people at high risk for severe disease, though only sotrovimab remains effective against Omicron.
- [Remdesivir](#) infusions may also become increasingly available in outpatient settings.

- **The emergence and rapid spread of the Omicron variant reminds us of how crucial it is to get vaccines, boosters, testing, high-quality masks and good ventilation to [everyone around the globe](#). Everyone in the US ages 5+ is recommended to get vaccinated and everyone ages 12+ is recommended to get boosters.**



<p>symptoms are resolving <u>OR</u> after day 10 without a test if fever free and symptoms are resolving</p> 	<p>QUARANTINE ENDS:</p>  <p>After day 5 with negative test <u>AND</u> if symptom free <u>OR</u> after day 10 without a test if symptom free</p>	 <p>@Dare2BWell ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY</p>
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NEW MASK, TESTING, ISOLATION AND VACCINE REQUIREMENTS

- The City of **Oakland will require proof of vaccination** to enter restaurants, bars and clubs that serve food, as well as gyms, movie theaters and entertainment venues for everyone entering ages 12+ starting February 1. This will not be required for brief entries such as picking up takeout orders. This policy matches similar mandates in San Francisco, Berkeley and Contra Costa County.
- **Masks are required in all indoor public settings in California.** This requirement has been extended to February 15, 2022 to reduce the impact of the current winter surge. San Francisco will allow certain small stable groups who are all boosted ("up to date" on vaccinations) to take off masks in indoor settings starting February 1.
- **California has updated its isolation guidance** to allow people with COVID-19 infection to leave isolation when they:
 - No longer have any symptoms (including fever),
 - Test negative on Day 5 or later with a rapid antigen test,
 - and wear a well-fitting mask around others for a total of 10 days.
- **California has a COVID testing travel advisory** recommending that all travelers arriving in California test for COVID within 3-5 days after arrival, regardless of vaccination status.
- Travel requirements are evolving in response to the Omicron variant. Please check the [CDC travel webpage](#) for updates.
- Please [click here](#) to see a summary of requirements and changes previously announced.
- [Click here](#) to get your CA digital vaccine record.



PROTECT YOUR FAMILY FROM COVID-19.
Find a booster near you.

MyTurn.ca.gov | 833-422-4255



PROTEGE A TU FAMILIA DEL COVID-19.
Encuentra tu dosis de refuerzo.

MyTurn.ca.gov | 833-422-4255

VACCINE AND TREATMENT UPDATES

- **All people in the US ages 12+ are now all recommended to get boosters 5 months after the second Pfizer or Moderna dose, or 2 months after a J&J dose.** People eligible include those ages 12+ who got their second Pfizer or Moderna dose 5+ months ago, or got their J&J dose 2+ months ago. Boosters provide additional protection against waning immunity, particularly against the newer variants. People ages 18+ may choose which vaccine they receive as a booster dose using the "mix and match" approach. Everyone, especially those who got the J&J vaccine, is recommended to get either the Moderna or Pfizer vaccines as the booster for greater efficacy against the Omicron variant. Get a free booster at [local pharmacies](#), [medical providers](#), [MyTurn.ca.gov](#), or [county sites](#).
- **The Pfizer vaccine for kids ages 5-11 is recommended and available.** 49% of kids ages 5-11 are fully vaccinated in Alameda County and 45% in Contra Costa County as of January 28. Please check [MyTurn.ca.gov](#), [pharmacies](#), [pediatrician offices and community health centers](#) for appointments, as well as community and school pop-ups. Not all locations offer the lower-dose Pfizer pediatric vaccinations.
- **Boosters for people with immunocompromising conditions** 5-6 months after their Moderna and Pfizer third doses are now recommended.
- The CDC [recommends](#) getting an mRNA (Pfizer or Moderna) vaccine over a J&J vaccine due to the latest data showing fewer side effects and higher efficacy, especially against newer variants.
- **Vaccine efficacy data from the UK** up to January 13, 2022 shows vaccine efficacy against hospitalizations with the Omicron variant for all brands they use (Pfizer, Moderna, Astra-Zeneca) to be 64% in the first 6 months after a second dose, 44% after 6 months of the second dose, and 92% in the first month after a booster, waning to 83% when it's been more than 2.5 months after a booster. (Compared to 95-99% booster efficacy against hospitalization with the Delta variant.)

- **Vaccines remain highly effective against severe COVID-19 and death with Omicron. Our priorities remain vaccinating people not yet vaccinated while getting boosters out to more people.**
- Alameda and Contra Costa Counties have fully vaccinated 81% and 80% of all residents as of January 28, respectively. Let's get to 90% or higher!
- **COVID treatment guidelines** for non-hospitalized patients have been updated.
- **COVID treatments are in very short supply and are prioritized for people at highest risk for severe disease and death.**
 - Looking for treatment? Check this national treatment locator. Providers may connect with their local hospital for supply.
 - Paxlovid (oral antiviral), sotrovimab (monoclonal antibody infusion), remdesivir (antiviral infusion) are the recommended treatments for non-hospitalized people at high risk for severe COVID-19.
 - Oral antivirals: In December, the FDA authorized the use of Paxlovid, the first oral antiviral treatment for COVID-19, which has shown 89% efficacy in trials. It is authorized for the treatment of mild-to-moderate COVID-19 in people ages 12+ who are at high risk for severe COVID-19, and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Molnupiravir oral antiviral is less effective but available as an alternative when
 - Monoclonal antibody infusions are also available for people at high risk for severe disease, though only sotrovimab remains effective against Omicron.
 - Remdesivir infusions may also become increasingly available in outpatient settings.
 - Read more here about treatments for non-hospitalized people with COVID-19.

Vaccination Status, Age X Race/Ethnicity
Alameda County

		<div><div>African American</div><div>Hispanic</div><div>White</div><div>Native American</div><div>Pacific Islander</div><div>Multirace</div></div>										
		All Races	/Black	Asian	/Latino	White	American	Islander	Multirace	≥90%	≤80%	
Race/ethnicity unknown for 9.3%	% At Least One Dose	5-11	56.5%	27.1%	78.3%	28.9%	56.6%	81.3%	47.5%	26.9%		
		12-15	85.6%	53.4%	89.5%	78.5%	68.9%	99.5%	64.8%	42.1%		
		16-17	84.4%	51.5%	88.8%	79.2%	75.8%	79.8%	60.1%	44.4%		
		18-34	88.1%	70.5%	91.0%	73.9%	76.9%	111.7%	75.6%	53.6%		
		35-49	101.2%	75.4%	105.0%	89.1%	85.2%	117.9%	102.9%	79.1%		
		50-64	93.9%	83.7%	95.9%	109.9%	72.5%	95.9%	100.8%	93.2%		
		65-74	100.9%	94.0%	98.6%	88.6%	92.7%	104.9%	113.8%	132.1%		
		75+	100.8%	93.5%	94.2%	87.1%	95.5%	140.6%	128.8%	133.2%		
		12+	94.4%	77.3%	96.5%	84.9%	81.1%	108.4%	90.3%	70.6%		
	5+	91.0%	73.0%	95.0%	77.3%	79.7%	106.5%	86.1%	62.8%			

		<div><div>African American</div><div>Hispanic</div><div>White</div><div>Native American</div><div>Pacific Islander</div><div>Multirace</div></div>										
		All Races	/Black	Asian	/Latino	White	American	Islander	Multirace	≥80%	≤70%	
Race/ethnicity unknown for 8.6%	% Fully Vaxxed	5-11	45.4%	18.8%	64.8%	20.5%	49.6%	63.4%	34.9%	23.0%		
		12-15	79.6%	46.8%	85.3%	71.4%	65.8%	88.0%	59.2%	40.2%		
		16-17	78.4%	46.0%	84.6%	72.0%	72.4%	70.2%	55.2%	42.9%		
		18-34	80.2%	63.1%	84.2%	67.1%	70.9%	95.7%	67.8%	51.6%		
		35-49	94.9%	70.3%	99.6%	82.9%	81.0%	104.1%	96.5%	77.2%		
		50-64	88.5%	79.2%	90.6%	102.9%	69.4%	83.2%	94.7%	91.2%		
		65-74	95.0%	88.9%	92.3%	82.1%	89.2%	91.9%	105.4%	129.0%		
		75+	95.0%	88.5%	89.1%	80.4%	91.6%	126.6%	117.1%	129.8%		
		12+	88.0%	71.7%	90.8%	78.3%	77.0%	94.5%	83.3%	68.6%		
	5+	84.2%	67.1%	88.6%	70.4%	75.5%	92.4%	78.6%	60.5%			



Alameda County
Health Care Services Agency



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

CAIR data as of 01/17/2022

This table of vaccination status by age and race shows the disparities in Alameda County as of January 17, 2022, especially among Black/African American, Latinx and Pacific Islander youth.

Here's a quick guide for safer gatherings:

- Check that guests are vaccinated and (preferably) boosted if eligible.
- Ask guests to do a rapid COVID test right before you gather (ideally 15-30 minutes before) and make sure they are negative.
- Maximize ventilation by being outdoors and if indoors, keeping windows/doors open and running HEPA air filters.
- Wear high quality masks: N95 (best), KN95, KF94 (very good), double-masking with a surgical mask under a tight-fitting cloth mask (good) or at least a surgical mask with gaps tucked in (decent).
- Keep it small, such as 3 households or fewer.

It's not too late to get your flu vaccine! Flu season typically goes through March in California. You can give/get the flu vaccine at the same time as the COVID-19 vaccine. Here's the updated CDC guidance on that.



MASK AND VACCINE REQUIREMENTS

Quick summary:

- **Masks:** Masks are required in all indoor public settings in California from December 15, 2021 through February 15, 2022 to reduce the impact of a winter surge from both the Delta and Omicron variants.
- **Travel:** California has a [travel advisory](#) starting December 13 recommending that all travelers arriving in California test for COVID 3-5 days after arrival, regardless of vaccination status. This is in addition to following [CDC travel requirements](#).
- **Indoor public venues and vaccines:** Contra Costa and SF Counties and the Cities of Oakland and Berkeley have [implemented](#) vaccine requirements for indoor restaurants, gyms and entertainment venues.
- **Schools and vaccines:** California will [require](#) COVID-19 vaccinations for K-12 students following FDA-approval for their age group.
- **Employers and vaccines:** Please scroll down to see a summary of the requirements previously announced.
- [Click here](#) to get your **CA digital vaccine record**.

Mask requirements:

Masks are required in all indoor public settings in California from December 15, 2021 through February 15, 2022 to reduce the impact of a winter surge from both the Delta and Omicron variants. [Click here](#) to read more about effective masking.

[San Francisco](#) will allow certain small stable groups who are all boosted ("up to date" on vaccinations) to take off masks in indoor settings starting February 1.

Testing and travel requirements:

California has a [travel advisory](#) recommending that all travelers arriving in California test for COVID 3-5 days after arrival, regardless of vaccination status. This is in addition to following [CDC travel requirements](#).

Indoor public venues and vaccine requirements:

- Contra Costa and SF Counties and the Cities of Oakland and Berkeley have [implemented](#) vaccine requirements for indoor restaurants, gyms and entertainment venues.
- Los Angeles [approved](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues, which went into effect in November.
- Contra Costa County [implemented](#) a vaccine requirement for indoor restaurants, gyms and entertainment venues as of September 22.

Employers and vaccine requirements:

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.

President Biden's COVID-19 pandemic plan 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.

Health care facilities and workers and vaccine requirements:

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 and vaccine requirements:



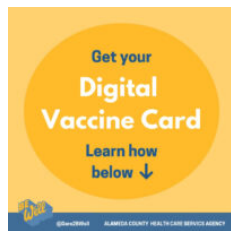
On October 1, Governor Newsom [announced](#) that **California will require COVID-19 vaccinations for K-12 students** following FDA-approval for their age group, adding COVID-19 to other vaccinations required for in-person school attendance.

On October 28, Oakland's Board of Education voted 4-3 to adopt a COVID-19 student vaccine policy which requires all students ages 12 and up to be fully vaccinated by January 1 to attend in-person school, similar to the policies in Los Angeles and Piedmont school districts.

However, exemptions for medical reasons, personal belief and partial vaccination are allowed in Oakland. Students not granted an exemption will be required to attend school online, transferring to Sojourner Truth Independent Study school. A similar policy including Oakland students ages 5-11 may also be considered in the future.

Hayward and Piedmont's school boards 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 need a replacement copy of your paper vaccine card and were vaccinated at an Alameda County supported site, you can visit any [currently open location](#) for assistance. If you were vaccinated elsewhere and need a paper vaccine card, contact that provider for a replacement.

Do you need to verify digital vaccine records at your workplace or venue? [Download the SMART Health Care Verifier](#) app to your Android phone or iPhone to scan the secure QR codes used in digital vaccine cards in California

and across the globe.

WHAT'S UP WITH COVID VACCINES?

Updated January 19, 2022

Everyone ages 5 and over can get a free COVID-19 vaccine, even if you don't have insurance or immigration papers. All people ages 12+ are [recommended to get boosters](#) for additional protection against the Omicron variant.

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

The best way to protect yourself and our community against serious illness from the highly contagious Delta and Omicron variants is to get vaccinated, boosted and wear a mask. Vaccines are expected to [remain highly effective](#) against severe disease and death. Boosters significantly increase protection against infection from the rapidly spreading Omicron variant.

Keep trying and checking for appointments if you don't get what you want! New appointments and pop-ups become available as vaccine supply and staffing increases.

More key vaccine updates:

- Vaccines are [recommended](#) for all people ages 5 and over, including people who are [pregnant](#), breastfeeding, wanting to get pregnant now or in the future.
- **Boosters for all people ages 12+:** Boosters provide additional protection against waning immunity and against Omicron infections. People eligible include those who received:
 - the second Pfizer or Moderna dose 5 or more months ago, or
 - the first J&J dose 2 or more months ago.
- People 18+ may choose which vaccine they receive as a booster dose using the "mix and match" approach. Everyone, especially those who got a single J&J dose, is recommended to get a Moderna or Pfizer booster. Data shows the highest immune response to the Moderna booster after a J&J dose. People ages 12-17 can only get the Pfizer booster.
- Third Pfizer or Moderna vaccine doses are *recommended* for people with [immunocompromising conditions](#) as part of their primary series, followed by a booster 5 months later.
- The CDC [recommends](#) getting an mRNA (Pfizer or Moderna) vaccine over a J&J vaccine, including as a booster, due to the



latest data showing fewer side effects and higher efficacy against Omicron and other newer variants.

- 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, and “up to date” if you’ve gotten a booster.
- 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

With Omicron’s extremely high infectiousness, multiple prevention strategies used together are necessary to reduce the impact of this winter’s surge. Vaccinations and boosting alone are not enough. Wearing high quality masks (N95, KN95, KF94 when possible... or double-mask with a surgical mask and tight cloth mask over it, or at least a surgical mask without gaps), increasing ventilation, testing, isolation and distancing will all be needed to reduce the number of hospitalizations and deaths.

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 [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.

[Top 5 Omicron variant symptoms](#) (UK Zoe study):

1. [runny nose](#)
2. [headache](#)
3. [fatigue \(mild or severe\)](#)
4. [sneezing](#)
5. [sore throat](#)

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

- | | |
|---|---|
| <ul style="list-style-type: none">• Top 5 symptoms in unvaccinated people:• Headache• Sore throat• Runny nose• Fever• <i>Persistent cough</i> | <ul style="list-style-type: none">• Top 5 symptoms in vaccinated people: “Feels like allergies or a bad cold.”• Headache• Runny nose• <i>Sneezing</i>• 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 9.2.21 * Data compiled by Sophia S. Wang, MD
Notes by Good Ware, Freepik and Scip on Flatiron.com
See [https://covid19.com](#) for updates and primary sources.

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

COVID TREATMENT UPDATES

[COVID treatment guidelines](#) for non-hospitalized patients have been updated.

COVID treatments are in very short supply and are prioritized for people at highest risk for severe disease and death.

- Looking for treatment? [Check this national treatment locator](#). Providers may connect with their local hospital for supply. See below for links for monoclonal antibody infusion referrals.
- Paxlovid (oral antiviral), sotrovimab (monoclonal antibody infusion), remdesivir (antiviral infusion) are the [recommended](#) treatments for non-hospitalized people at high risk for severe COVID-19.
- Oral antivirals: In December, the FDA authorized the use of Paxlovid, the first oral antiviral treatment for COVID-19, which has shown 89% efficacy in trials. It is authorized for the treatment of mild-to-moderate COVID-19 in people ages 12+ who are at high risk for severe COVID-19, and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Molnupiravir oral antiviral is less effective but available as an alternative when
- Monoclonal antibody infusions are also available for people at high risk for severe disease, though only sotrovimab remains effective against Omicron. See below for East Bay referral details.
- Remdesivir infusions may also become increasingly available in outpatient settings.
- [Read more here](#) about treatments for non-hospitalized people with COVID-19.



Free [monoclonal antibody treatment](#) is available for people at risk for severe disease.

Treatment can help reduce your symptoms and keep you out of the hospital. This treatment is available as supply allows to people at high risk regardless of health insurance or immigration status.

- [Click here to learn more for Alameda County residents](#), including flyers in multiple languages.
- [Click here for self-referrals or provider referrals for Alameda County residents](#).
- [Click here for Contra Costa County residents](#).

- Note that the earlier monoclonal treatments are not effective against the Omicron variant, so make sure you are using a monoclonal antibody that has retained some efficacy, such as sotrovimab.
- [Check this national treatment locator](#) for more options.

On December 22, the [FDA authorized the use of Paxlovid, the first oral antiviral treatment for COVID-19](#). Paxlovid consists of nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use. It is authorized for the treatment of mild-to-moderate COVID-19 in people ages 12+ who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. Pfizer's trials showed an 89% reduction in COVID-19 hospitalization or death compared to placebo when it was taken within 3 days of the onset of symptoms.

The UCSF ID team shared this good summary in their [December 14 digest](#) on **monoclonal antibody treatment efficacy against the Omicron variant**: "With respect to monoclonal antibody neutralization efficacy, recent [data](#) suggests that casirivimab/imdevimab (Regeneron), bamlanivimab/etesevimab, and AstraZeneca's long-acting monoclonal (Evusheld) may all fail to neutralize Omicron. Fortunately, [two studies](#)

have concluded that sotrovimab retains efficacy against Omicron.”

The new antiviral medications Paxlovid and Molnupiravir are expected to maintain efficacy against the Omicron variant because they have different targets than the monoclonal antibody treatments.

Both Pfizer and Merck have [announced](#) licensing deals with lower income countries to allow generic manufacturers to make inexpensive versions of their antiviral pills.

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 submitted its application for FDA authorization on October 11. The final data set include 1,433 people with milder infections randomized to molnupiravir or placebo showed a risk reduction of 30%. On November 30, the FDA's Antimicrobial Drugs Advisory Committee [voted 13 to 10](#) to recommend emergency authorization of molnupiravir.

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.

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](#).

[Click here to learn more on monoclonal antibody treatment for Alameda County residents](#), including flyers in multiple languages. [Click here for info for Contra Costa County residents](#).

NEW HIV/STD STUDIES

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

Injectable long-acting PrEP (cabotegravir) is [now FDA-approved](#)! Cabotegravir PrEP (brand name Apretude) is given as two initial injections administered one month apart, and then every two months thereafter. Health plans regulated by the California Department of Insurance are [required](#) to cover all PrEP drugs and related clinical services without cost sharing – including injectable PrEP. More information on insurance coverage can be [found here](#).

The Alameda County HIV Epidemiology and Surveillance Unit released the new report **“[HIV in Alameda County, 2018-2020](#)”**, and its [Executive Summary](#). The report and executive summary are available on the [ACPHD website here](#).

The CDC released its updated PrEP Clinical Practice Guideline on December 10, 2021. The update includes guidance for recommended initial and follow-up STD screening, revised HIV testing strategies, and recommended primary care practices for patients being prescribed oral or injectable PrEP. The Clinical Providers Supplement includes revised checklists, patient information sheets, and billing codes for both oral and injectable PrEP and includes guidance for counseling patients about adherent PrEP use.

Key revisions to the guideline include (from Demetre C. Daskalakis, MD, MPH, Director of the CDC Division of HIV Prevention):

- A new recommendation for providers to inform all sexually active adults and adolescents about PrEP. This is intended to increase awareness of PrEP more broadly.
- A recommendation that, in addition to taking a very brief history to identify persons with indications for PrEP, providers prescribe PrEP to anyone who requests it, even if they do not report specific HIV risk behaviors. This recommendation is intended to make PrEP available to people who may be apprehensive about sharing potentially stigmatized HIV risk behaviors with their provider.
- A recommendation for F/TAF (Descovy) as an FDA-approved PrEP option for sexually active men and transgender women at risk of getting HIV, based on recent data showing its effectiveness for these populations.
- A new section on prescribing bimonthly intramuscular injections of cabotegravir (CAB) for sexually active men and women who could benefit from PrEP, pending FDA data review and potential regulatory action.

The HRSA **[Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020](#)** was published December 2021. [Click here](#) for more HRSA HIV reports.

An international collaborative group has released the first [Global Cure Strategy](#), which summarizes the priorities and recommendations for the next 5 years. The collaborative group included community members, scientific and industry experts. Key goals include understanding and

measuring HIV reservoirs, identifying mechanisms of virus control, targeting the HIV provirus, developing ways to support immune control, cell and gene therapy, pediatric remission and cure, and the social, behavioral and ethical aspects of cure.

A [case report](#) has been published of a woman in Argentina who has undetectable HIV viral load after more than 8 years off ART, even with ultra-sensitive testing of multiple organs and reservoirs. It appears that **her immune system may have cleared the HIV-1 virus**, an extremely rare phenomenon.

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.



Another study shows worse COVID-19 outcomes for people living with HIV. People living with HIV in Spain with detectable HIV viral loads, chronic comorbidities, age over 75, and people of non-Spanish origin (e.g. migrants) had increased rates of severe outcomes from COVID-19. Earlier studies showed similar patterns and are summarized [here](#).

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

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

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

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

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

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

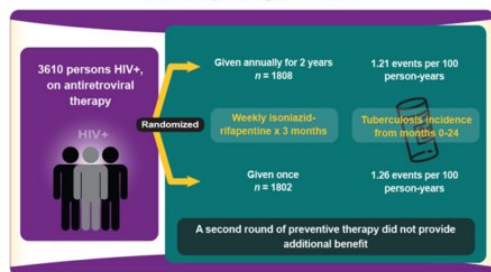
Findings in this latest national MMP report include:

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

A separate MMP report on PLWH in the US showed that 25% had experienced discrimination in health care settings. People ages 18-29, transgender people, LGBTQ+ people and those who were experiencing homelessness or incarceration were significantly more likely to experience discrimination, and were more likely to have missed visits, not take ART or miss ART doses.

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

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 at higher risk for severe illness from COVID-19 and are *highly recommended* to get the COVID-19 vaccine, should consider getting third doses and are *all recommended* to get boosters. The authorized vaccines are safe for people living with HIV regardless of CD4 count.

New data has found that PLWH are more likely to get post-vaccine infections, even at higher CD4 counts and undetectable viral loads, so consider third doses, boosters and mRNA vaccines for all PLWH.

A 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.

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).
- 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

What about booster doses for people living with HIV?

All people living with HIV ages 16+ are recommended to get a booster with a Pfizer or Moderna dose, including if they received a third mRNA dose.

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).

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.

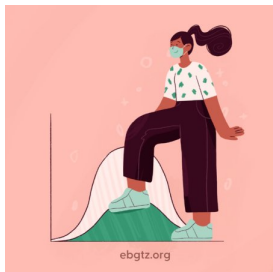
Resources for PLWH and COVID-19 vaccines: [UNAIDS infosheet on COVID-19 vaccines and HIV](#), [Clinical FAQs with Dr. Paul Sax at Harvard and The New England Journal of Medicine](#), [Clinical FAQs for people living with HIV from HIVMA \(PDF\)](#), [Guidance for talking with patients and FAQs for PLWH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

MORE VACCINE RESOURCES

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](#).

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](#)

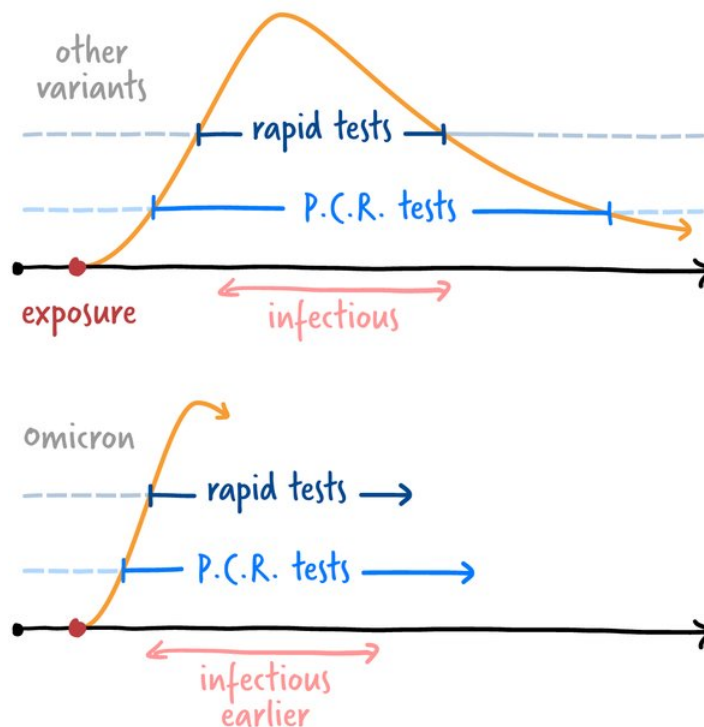
TOP COVID LINKS:

- **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, assume you are positive and isolate/wear good masks. Most people with Omicron infection get symptoms a day or two before viral loads are high enough for rapid tests pick up positive results.
- Do a rapid test to get timely results and check your level of infectiousness.
 - A rapid test positive result is highly accurate for diagnosis of COVID-19.
 - If the rapid test result is negative, isolate/quarantine and repeat the test in 1-2 days.
 - If you still have symptoms after two negative rapid tests, test a third time with a rapid test or get a PCR test.
 - If you can't get a rapid test or are negative and need to diagnose or rule out COVID-19, do a PCR test.
 - Both rapid and PCR tests will pick up Omicron, Delta and other variants, whether you are vaccinated or not.
- Timing matters: rapid tests give you timely information to act upon and are a useful screening tool. A rapid test will tell you if you are infectious (with a high viral load) within 15-30 minutes. Rapid antigen tests are useful for screening for infectiousness right before a gathering (ideally 15-30 minutes before) as well as 3-5 days after an exposure and for screening every 3-5 days.
- Rapid tests accurately pick up Omicron infections with high viral loads.
- A PCR test will pick up much lower levels of virus for diagnostic and rule-out purposes but can take 1-4 days to get a result. By the time you get the result, the person's most infectious period may be over.
- It's important to wear a high quality mask and distance while waiting for test results, especially if you have symptoms.



This graphic from [The New York Times](#) shows how Omicron infections result in symptoms and infectious periods earlier than prior variants. Omicron infection tend to lead to symptoms sooner, about ~2 days after exposure, a day or two before PCR and rapid test results turn positive. PCR tests can pick up positive results a day before rapid tests.

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.



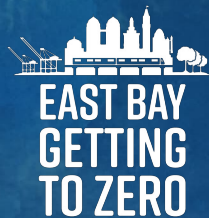
COVID-19 testing at the *Unidos en Salud* site in the Mission, SF.
(Creative Commons, Konstantin 'KVentz' Ventslavovich, 2020)



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

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

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