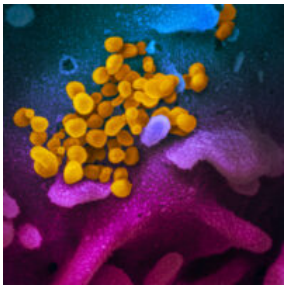
COVID-19 AND HIV UPDATES

FEBRUARY 28, 2022



The SARS-CoV-2 virus (NIAID)

Below are East Bay COVID-19 and HIV community updates. This page is updated by Sophy S. Wong, MD with content from many collaborators. Please click here to share feedback.

VACCINES TESTING MASKS TREATMENT OMICRON FAQS GUIDANCE STUDIES ARCHIVES PDF

Jump to:

Dear Readers,

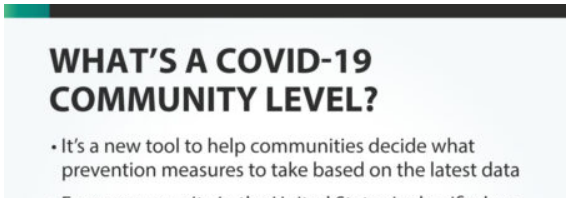
In March 2022, this webpage will switch to a stable set of pages that get updated when practice-changing updates come out (rather than weekly). I am grateful for this opportunity to reach over 63,000 readers since the start of the pandemic. I hope that we've earned your trust and provided info and resources to help you be safe and well.

Thank you for reading and learning with us over the past 2 years!

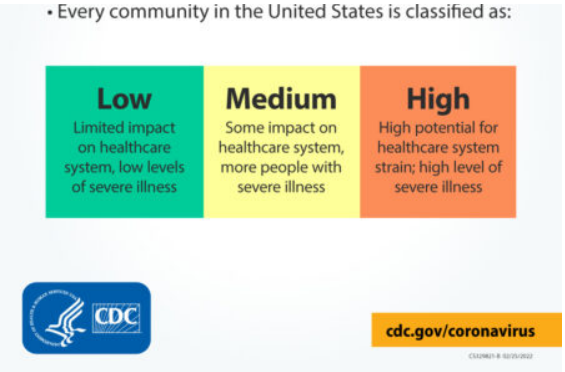
Sophy

KEY EAST BAY COVID-19 UPDATES

1. The CDC has launched a **new COVID-19 Community Level tracking tool** to help people determine the COVID-19 risk levels. For example, wearing masks is strongly recommended for everyone when the level is high (orange), and for people at risk also when the level medium (yellow).

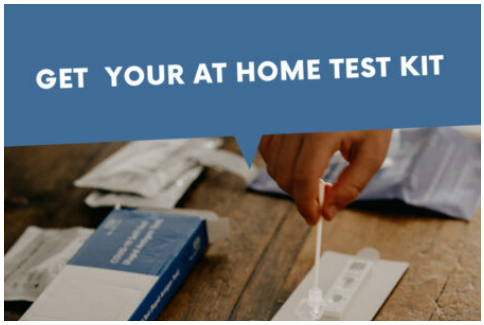


2. **The indoor mask requirement for vaccinated people was lifted on February 16 statewide and in the Bay Area (except in Santa Clara County). The California statewide school mask requirement will change to a mask recommendation on March 11.**
    - **You can still choose to wear a mask to protect yourself and others.** Wearing a mask is still strongly recommended in poorly ventilated indoor spaces and when there are high or medium levels of COVID-19 around.
    - Masks will still be required indoors for all unvaccinated people ages 2+ and for everyone regardless of vaccination status on public transportation, K-12 schools until March 11, childcare and health care settings, homeless shelters, long-term care facilities and correctional facilities.
    - As a recent study shows, masking, vaccination, indoor ventilation (air filters, open windows/doors), and testing are all still effective against highly transmissible variants such as Omicron, even at huge indoor events.



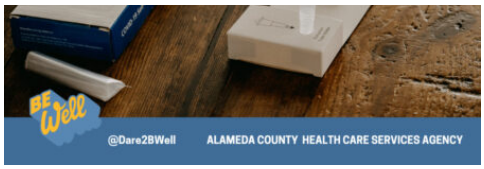
3. **Free N95 masks at pharmacies and community health centers:** The White House is providing 3 free N95 masks to each person in the US.
    - Here's a list of Walgreens pharmacies where they are available, including East Bay locations.
    - Here is updated guidance for reusing N95, KN95 and KF94 masks.
4. **Free rapid home tests:**
    - **You can request 4 free rapid antigen home COVID tests mailed to your address at Covidtests.gov**. The US postal service fulfills orders and sends 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. Save your receipts. Please go to your health insurance's website or contact them for details on how to request reimbursement.
    - Click here for more info on Medicare COVID test coverage.
    - Click here for info on how to get COVID testing in the East Bay.
    - Here's how to check if a testing site is legit.
5. **What to do if you test positive for COVID: check out our new treatment options**.
6. **Vaccine updates (highlights):**
    - **Vaccines for ages 5+ and boosters for ages 12+ remain effective against severe disease and are now easier to get the same day and as walk-ins in the East Bay.**
    - **People with immunocompromising conditions**: The CDC updated its COVID vaccine guidance, shortening the interval between the 3rd mRNA dose and booster dose to **3 months** instead of 5 months. This includes people with untreated HIV or CD4 <200. Immunocompromised people who received a J&J initial dose are recommended to get an mRNA dose 4 weeks after, then an mRNA booster dose 2 months later.
    - **Children ages 6 months to 4 years**: Pfizer decided wait to submit more data from its 3-dose trial. The FDA has postponed the meeting originally scheduled for February 15 and will meet after Pfizer submits its new data.
    - **Vaccination during pregnancy protects the infant after birth**: A CDC study found that infants whose mothers received two doses of an mRNA coronavirus vaccine during pregnancy are 61% less likely to be admitted to the hospital for Covid-19 in the first six months of life.

OMICRON WINTER SURGE UPDATES



- **Cases in the Bay Area have declined significantly since mid-January. Hospitalization and ICU rates have fallen since early February.** At its peak in mid-January, the Omicron winter surge led to case rates in the Bay Area *17x our previous high* in the winter of 2021.
- **The Omicron variant** is 100% of U.S. sequenced cases as of February

12, with 96% the BA.1 sub-variant and 4% the BA.2 sub-variant. Hospitalizations in the Bay Area peaked in late January at a rate similar to last winter, but ICU and death rates are a bit lower than last winter thanks to high vaccination rates in the Bay. Wastewater (sewage) surveillance testing for the Omicron variant in the Bay Area suggests that infection rates have declined since mid-January.



- The **BA.2 Omicron sub-variant** first detected in Denmark has been detected in the Bay Area. Early data from Denmark found BA.2 to be more transmissible than the BA.1 (first) Omicron variant, with a household secondary attack rate of 39% compared to 29% for BA.1. The study authors conclude that this is likely due to greater immune evading properties. As of mid-February, we do not have evidence that BA.2 causes more severe disease. Some epidemiologists think that BA.2 might make the Omicron surge last a bit longer but will not change the overall course significantly.

Why take precautions if Omicron is "mild," cases are declining and mask mandates are lifted? Here are Sophy's top 5 reasons it's still worthwhile.

1. We protect ourselves, prevent spread to people at higher risk for severe disease and reduce the rise of more variants. Restrictions are going away, but the virus and global pandemic are not.
2. "Mild" infection is a misleading term. The media uses the term "mild" infection to describe people who haven't been hospitalized. "Mild" infection ranges widely and can feel horrible, leaving people bedridden for days and disrupting normal activities for weeks.
3. We don't know yet how much Omicron causes long COVID, and what that looks like. There are still no good treatments for long COVID.
4. It's still hard to get treatment. More treatment supply will be coming spring-summer of 2022.
5. We have highly effective ways to prevent infection when we are exposed, especially with:
    - high quality masks that fit well: N95 (best protection), KF94, KN95 (next best), double-masking with a surgical mask under a tight cloth mask (good protection),
    - rapid testing and staying home and isolating when positive,
    - meeting in ventilated areas: outdoors (best), or indoors with doors/windows open and HEPA and HVAC air filters on high, and
    - avoiding crowds and large groups of people.

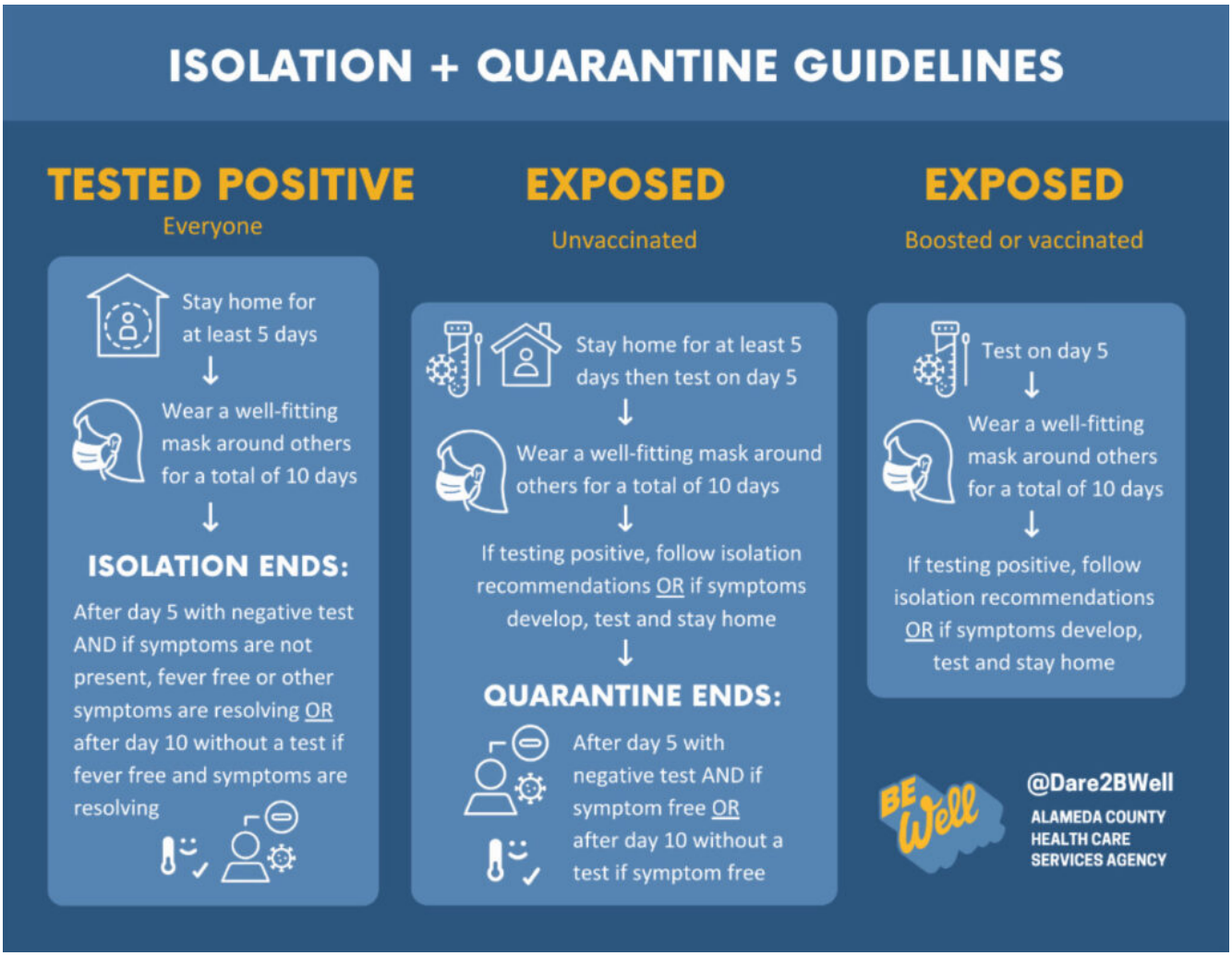
CLICK HERE FOR OMICRON FAQS

NEW MASK, TESTING, ISOLATION AND VACCINE REQUIREMENTS

- **The indoor mask requirement for vaccinated people was lifted on Wednesday, February 16 statewide and in the Bay Area, though not in Santa Clara County.** Santa Clara County will follow criteria similar to those was set in October 2021.
- **The California statewide school mask requirement will change to a mask recommendation on March 11.**
- Masks will still be required indoors for all unvaccinated people ages 2+ and for everyone regardless of vaccination status on public transportation, K-12 schools until March 11, childcare and health care settings, homeless shelters, long-term care facilities and correctional facilities. California state will re-evaluate its school mask requirement on February 28.
- **You can still choose to wear a mask to protect yourself and others**, especially in poorly ventilated indoor spaces and while cases are still high.
- The City of **Oakland requires 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+ as of 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.

- **California updated its isolation guidance** to allow people with COVID-19 infection who are not immunocompromised to leave isolation when they:
  - No longer have any symptoms (including fever),
  - Test negative on Day 5 or later with a *rapid antigen test* (not a PCR 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. 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**.



Note: If your symptoms are resolved on Day 5 or after and you test to get out of isolation, use a rapid antigen test, not a PCR or other molecular test. A person who has a moderate to severely immunocompromising condition (such as untreated HIV and/or CD4 <200) will need to isolate for 20 days, and if symptoms are resolved/resolving, have 2 negative rapid tests to leave isolation. Please see more details here.

VACCINE AND TREATMENT UPDATES

- **Boosters add significant protection against the Omicron variant**: data from LA County during the Omicron surge shows that unvaccinated people were 23 times more likely to be hospitalized compared to people with boosters and 5 times more likely to be hospitalized compared to people with 2 doses.
- **The CDC updated its COVID vaccine guidance for people with moderate to severe immunocompromise, shortening**

the interval between 3rd mRNA dose and booster dose to 3 months instead of 5 months. This includes people with untreated HIV or CD4 <200. Please see a good summary of the guidance on Table 3.

- **Vaccines for children ages 6 months to 4 years**: Pfizer decided to withdraw and resubmit its application after it has more data in the next 1-2 months from its 3-dose trial. The FDA has postponed the meeting originally scheduled for February 15 accordingly. Some data from Pfizer is available here and more will be posted on this FDA webpage when the meeting is rescheduled. So far, Pfizer has told us that the 2-dose vaccine at one-tenth the adult dose showed strong immune response in children ages 6 months to 2 years, and less robust response those ages 3-4. Pfizer continues to track clinical outcomes as well as test a 3-dose regimen for children ages 3-4. The pediatric regimen may ultimately include 3 doses, similar to the booster regimen for adults.
- **All people in the US ages 12+ are *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 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 February 10, 2022 shows vaccine efficacy against death from Omicron infection to be 85-99% after a booster, compared to 40-70% after second vaccine doses. Vaccine efficacy against hospitalizations with the Omicron variant for all brands they use (Pfizer, Moderna, Astra-Zeneca) was 55-85% in the first 6 months after a second dose, 30-35% after 6 months of the second dose. For boosters, vaccine efficacy was 80-95% in the 3 months after a booster, then 75-85% when it's been more than 3 months. This is compared to 95-99% booster efficacy against hospitalization with the Delta variant, highlighting Omicron's immune evasiveness.
- **Vaccination during pregnancy protects the infant after birth**: A CDC study found that infants whose mothers received two doses of an mRNA coronavirus vaccine during pregnancy are 61% less likely to be admitted to the hospital for Covid-19 in the first six months of life.
- **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 82% and 81% of all residents and boosted 60% and 50% of residents ages 12+ as of February 16, respectively. Let's get to 90% or higher!

TREATMENT UPDATES

- **Check out our new COVID treatment webpage.**
- **National COVID treatment guidelines** for non-hospitalized patients were updated on February 1.
- **If you have COVID and are at risk for serious illness, ask your medical provider if/where you can get treatment. Treatment is available, though currently in short supply and prioritized for people at highest risk for severe disease.**

- As of mid-February in Alameda County, Molnupiravir and Sotrovimab have greater availability than Paxlovid. 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, including direct access to monoclonal antibody treatment with sotrovimab at Total Infusion.
  - Contra Costa County access to monoclonal antibodies.
  - National treatment locator. New pharmacies are being actively added. Providers may also 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.
- **Nursing homes** looking for monoclonal antibody treatment: mobile infusions are available through the Total Infusion MIST program! Call them at 510-878-9528.
- 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 at hospitals and Total Infusion. Sotrovimab is available and remains effective against Omicron.
- **The new monoclonal antibody bebtelovimab** was FDA authorized on February 11 and should be available for use by late February. In clinical trials bebtelovimab reduced symptoms and viral loads from Omicron infections. It is administered as a quick IV infusion (30 seconds) and must be given within 7 days of symptom onset.
- **Remdesivir infusions** for both adults and children is also becoming increasingly available in outpatient settings. It is not fully FDA-approved for people ages 12+ and authorized for anyone 3.5 kg and over.
- **Is there PrEP for COVID? Yes!** Evusheld for COVID prevention is a combination of monoclonal antibodies given by injection to people with moderate to severe immunosuppression or cannot get vaccinated due to prior adverse reactions. Please ask your provider to find out more.

Vaccination Status, Age X Race/Ethnicity
Alameda County

		All Races	African American /Black	Asian	Hispanic /Latino	White	Native American	Pacific Islander	Multirace		
% At Least One Dose	5-11	56.5%	27.1%	78.3%	28.9%	56.6%	81.3%	47.5%	26.9%	≥90%	≤80%
	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%		
Race/ethnicity unknown for 9.3%	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%		

		All Races	African American /Black	Asian	Hispanic /Latino	White	Native American	Pacific Islander	Multirace		
% Fully Vaxxed	5-11	45.4%	18.8%	64.8%	20.5%	49.6%	63.4%	34.9%	23.0%	≥80%	≤70%
	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%		
Race/ethnicity unknown for 8.6%	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

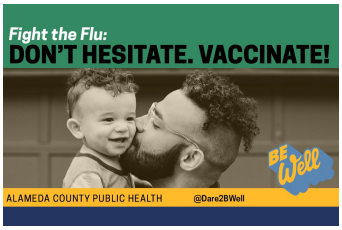
CAIR data as of 01/17/2022

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**: The indoor mask requirement for vaccinated people was lifted on Wednesday, February 16 statewide and in the Bay Area, though not in Santa Clara County. Masks will still be required indoors for all unvaccinated people ages 2+ and for everyone regardless of vaccination status on public transportation, K-12 schools until March 11, childcare and health care settings, homeless shelters, long-term care facilities and correctional facilities.
- **Travel:** 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 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:

The indoor mask requirement for vaccinated people was lifted on Wednesday, February 16 statewide and the East Bay. The original statewide indoor mask requirement was in place for 2 months, from December 15 to February 15, 2022 to reduce the impact of the current winter surge. Only Santa Clara County will continue to follow the Bay Area criteria set in October 2021.

The California statewide school mask requirement will change to a mask recommendation on March 11.

Masks will still be required indoors for all unvaccinated people ages 2+ and for everyone regardless of vaccination status on public transportation, K-12 schools until March 11, childcare and health care settings, homeless shelters, long-term care facilities and correctional facilities. California state will re-evaluate its school mask requirement on February 28.

You can still choose to wear a mask in settings where it's not required to protect yourself and others.

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.

As of February 2022, many of the school districts listed below have extended their deadlines to the start of the 2022-23 school year.

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 February 25, 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 significant 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 community against serious illness from highly contagious variants is to get vaccinated, boosted and wear a mask. Vaccines remain highly effective against severe disease and death. Boosters significantly increase protection against infection and hospitalization from the Omicron variant.

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. During the Omicron surge, people with boosters were *41 times* less likely to die compared to people who were unvaccinated. People eligible for boosters 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.

- People with immunocompromising conditions: Third Pfizer or Moderna mRNA vaccine doses are *recommended* for as part of their primary series, followed by a booster 3 months later, for a total of 4 doses. Immunocompromised people who received a J&J initial dose are recommended to get an mRNA dose 4 weeks after, then an mRNA booster dose 2 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 considered "up to date" on vaccines if you've gotten all the vaccine doses you're eligible for (e.g. boosted for ages 12+) and fully vaccinated 2 or more weeks after two doses of Pfizer or Moderna vaccines or one dose of the J&J vaccine. Increasing numbers of venues and workplaces are requiring people to be "up to date" on vaccines.
- Both the Moderna and Pfizer-BioNTech COVID-19 vaccines have earned full FDA approval.
- Children ages 6 months to 4 years: Pfizer decided wait to submit more data from its 3-dose trial. The FDA has postponed the meeting originally scheduled for February 15 and will meet after Pfizer submits its new data.
- Need proof of vaccination? Visit the Digital COVID-19 Vaccine Record site to request your digital vaccination card.

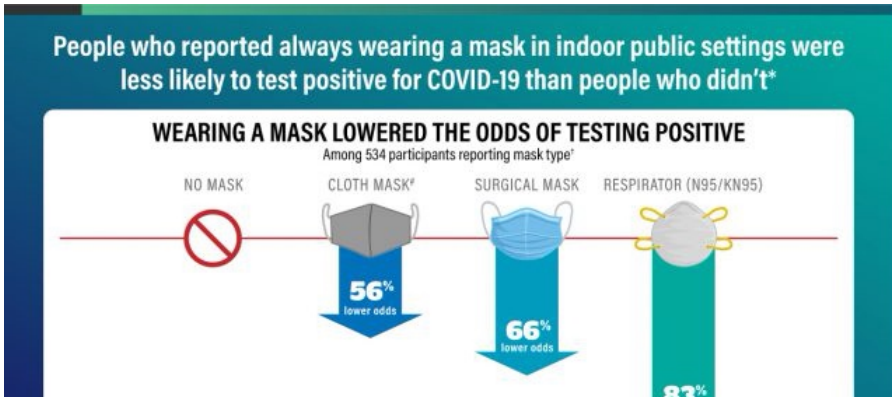
CLICK FOR MORE DETAILS ON HOW TO GET VACCINES

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.

A CDC study of Omicron and Delta transmissions from an anime conference in New York City in November 2021 with 53,000 attendees found that mask requirements, vaccination requirements, indoor ventilation (air filters, open windows/doors), and testing are all still effective against highly transmissible variants such as Omicron, even at this huge indoor event. Among the 4,560 attendees with test result data, 119 (2.6%) event-associated cases were identified.

A separate CDC study found a cluster of 16 Omicron cases in a single cohort at the anime conference that also had unmasked visits to restaurants, bars, clubs, and karaoke venues with a 70% secondary attack rate. All people in this cohort were fully vaccinated and 48% had received boosters. None were hospitalized or died.



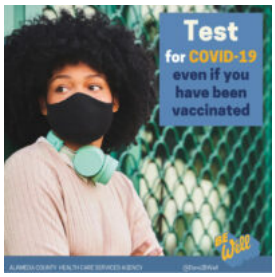
A case control **study of real-world mask wearing** among randomly-selected California residents found that people who consistently wore N95 or KN95 respirator masks in indoor public settings were the least likely to test positive for COVID-19, followed by people wearing surgical masks, followed by people wearing cloth masks, as compared to people who did not wear masks.

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:

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

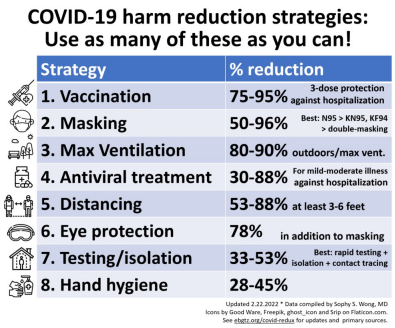
- **Top 5 symptoms in vaccinated people:** "*Feels like allergies or a bad cold.*"
- Headache
- Runny nose
- *Sneezing*
- Sore throat
- Loss of smell/taste

HOW TO GET A COVID TEST

HARM REDUCTION RESOURCES

Our COVID harm reduction infographics are available in English and Spanish. Find out more about maximizing mask protection.

Click to download: graphic in English | graphic in Spanish | PDF in English | PDF in Spanish.



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

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. Processes for getting it covered are still getting worked out.

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.

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

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

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

Findings in this latest national MMP report include:

- 79% of PLWH surveyed were retained in care
- 61% were virally suppressed
- 16% had symptoms of depression
- 21% had recent symptoms of anxiety

- 9% experienced homelessness
- The median HIV-related stigma score was 30.7 (0= lowest stigma and 100= highest stigma)

A 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."

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.

The CDC updated its COVID vaccine guidance in February 2022 for people with moderate to severe immunocompromise, including PLWH with CD4<200, shortening the interval between 3rd mRNA dose to booster dose to 3 months instead of 5 months. The main changes include:

- Immunocompromised persons who have completed a primary series of an mRNA vaccine (Pfizer or Moderna) are recommended to receive an mRNA booster dose 3 months (instead of 5 months) after the last primary dose, for a total of 4 doses.
- Immunocompromised persons who have received a single J&J COVID-19 vaccine should receive one additional dose of an mRNA COVID-19 vaccine and one booster dose (preferably mRNA) for a total of 3 vaccine doses.
- For people who previously received passive COVID-19 antibody products, the CDC no longer recommends a waiting period prior to COVID-19 vaccination.

COVID-19 vaccination schedule for people with moderate or severe immunocompromise

Including Advanced or untreated HIV infection: people with HIV and CD4 cell counts <200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV.

Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5–11 years	3	NA	3 weeks	≥4 weeks	N/A
Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months
Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months
Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	N/A

CDC COVID vaccine guidance, Table 3 (updated February 2022)

Studies on PLWH and COVID infection and vaccination outcomes

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.

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

Please follow and share our Instagram, Facebook and Twitter accounts.

Official Alameda County COVID-19 updates are accessible on the county website. Click here to sign up to receive the Alameda County COVID-19 newsletter.

CLICK HERE FOR ALAMEDA COUNTY NEWSLETTERS

TOP COVID LINKS:

- **COVID Vaccines:** East Bay guidance, Alameda County, Contra Costa County, Solano County, CA vaccine tracker
- **COVID Vaccine Myths and Facts** (CDC) in multiple languages
- **COVID vaccine safety updates** (CDC)
- **COVID testing:** East Bay testing guidance; Alameda County, Contra Costa County, Solano County
- **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, US (CDC), US by race (CDC), National/Global (JHU).
- **Variants:** in California, in the US (CDC) and worldwide (Our World in Data).
- **Maximizing mask protection:** EBGTZ mask videos, guidance and resources, CDC guidance
- **COVID PPE, staffing or testing supplies:** Alameda County EMS– request PPE testing kits and suppplies.
- **HIV:** FAQs for people living with HIV (PLWH) and Preguntas Frecuentes in Spanish, Guidance for PLWH (CDC), Guidance for HIV providers (HIVMA), Vaccines for PLWH (HIVMA), UNAIDS infosheet on COVID-19 vaccines and HIV
- **HIV services during COVID-19**: Alameda County and Contra Costa HIV services
- **Key Communities:** Harm Reduction Coalition, Immigrants Rising, Protecting Immigrant Families: Public Charge, Healthcare for the Homeless, COVID info in Asian languages

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