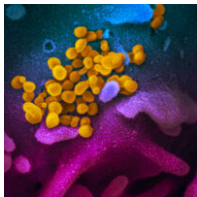


[Home](#) / [COVID-19](#) / [COVID update](#) / [COVID-19 updates](#)

COVID-19 UPDATES

NOVEMBER 1, 2022



This page includes East Bay COVID viral levels, testing, vaccine, masking, prevention, treatment and other resources, updated monthly. [Please click here to share feedback.](#)

VACCINES

TESTING

MASKS

TREATMENT/PREP

VARIANTS

HIV UPDATES

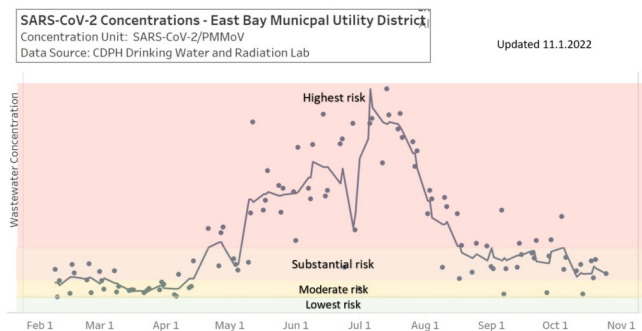
ARCHIVES

Jump to: [East Bay virus levels](#) | [variants](#) | [vaccines](#) | [prevention](#) | [test-and-treat](#)

EAST BAY COVID UPDATES

November 2022

VIRUS LEVELS:



When the wastewater site for the community shows SARS-CoV-2 concentrations are:		
% of peak*	Risk of transmission is:	Consider taking these actions:
<10%	Lowest risk	• Travel and in-person events.
10-20%	Moderate risk	• When gathering indoors, wearing masks and/or testing to protect people at risk.
21-40%	Substantial risk	• Gathering outdoors. • When gathering indoors, making masks and/or testing strongly recommended.
>40%	Highest risk	• Gathering outdoors. • When gathering indoors, making masks and/or testing required. • Delaying travel and large in-person events.

*The peak for East Bay wastewater sites was during the January 2022 Omicron winter surge.

[East Bay's EBMUD wastewater surveillance data](#) shows that viral levels are increasing at the end of October at substantial levels. As of November 1, Alameda and Contra Costa Counties are in the [substantial transmission risk](#) level. To reduce the risk of COVID during a time of substantial transmission risks, we recommend:

- Gather outdoors instead of indoors when possible.
- When indoors, we strongly recommend wearing masks and/or testing to prevent transmissions.

[Click here to read our Wastewater FAQs and 🦌 Feces Facts.](#)

VARIANTS:

- **New Omicron subvariants:** [CDC Variant Proportions](#) in the Western states as of November 1 show that the [immune-evading](#) second and third-generation Omicron subvariants (BQ.1, BQ.1.1, BF.7) are increasing in proportion relative to the BA.5 variant that dominated the East Bay throughout the summer. These newer variants can [evade](#) prior immunity

and are [estimated](#) to spread twice as fast as BA.5.

- **Boosters increase protection against new variants:** [Recent data](#) show us how boosters are crucial to protect us from waning immunity and new variants. [Vaccine boosters](#) are [effective](#) in reducing the risk of long Covid, severe disease and death, especially for people over 50 and those at higher risk.
- **Prepare for a winter wave** by getting the [updated booster](#) and having N95/KN95/KF94 [masks](#) and rapid [tests](#) ready.

VACCINES:

- **Updated bivalent boosters for children ages 5-11** were [authorized](#) and [approved](#) on October 12, 2022 and should be available in the East Bay soon. The [Moderna](#) bivalent booster (25 mcg of mRNA) is authorized for ages 6-11. The [Pfizer](#) bivalent booster (10 mcg of mRNA) is authorized for ages 5-11. Pharmacies and clinics are slowly adding updated booster appointments for children under 12, so check back if you don't see what you want.
- **Updated bivalent boosters for people ages 12+** with protection against the Omicron BA.5 variant currently in circulation have available and [recommended](#) since September. Get a free updated booster at [local pharmacies](#), your [medical provider](#), [MyTurn.ca.gov](#), [Vaccines.gov](#), or [county sites](#).
 - **When should I get the booster?** If it's been...
 - <2-3 months since infection/vaccination: Wait and plan to get the booster 3-6 months out.
 - 3-6 months since infection/vaccination: Get the booster soon. If you have an event or trip, get it 2-4 weeks before to optimize protection.
 - 6+ months since infection/vaccination: Get the booster ASAP.
- **Children under 5:** The primary series with the Moderna or Pfizer vaccines are strongly recommended. See this [tip sheet on COVID-19 for young children](#) for details.
- **Get a free vaccine today** at [local pharmacies](#), your [medical provider](#), [MyTurn.ca.gov](#), [Vaccines.gov](#), or [county sites](#).

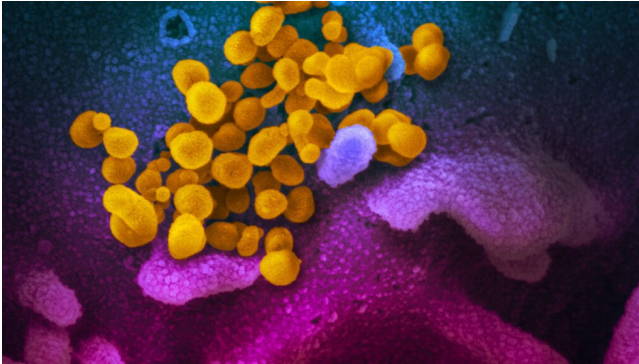
PREVENTION:

- **Masks:** [ACPHD](#) and [CDPH have aligned masking guidance](#) with the [CDC community levels](#).
 - **Masks remain required in California:** in health care settings, long-term care facilities, correctional facilities, shelters and indoor transit hubs. They are also required when exposed to or infected with COVID-19.
 - ACPHD also states, "Anyone, 2 years of age and older, may want to continue masking, regardless of vaccination status and even when the County COVID-19 Community Level is Low, in indoor public settings and businesses."
 - If your goal is to prevent infection and long Covid for yourself and/or people you live with, we recommend following the [wastewater framework above](#) or the [CDC transmission levels](#).
- **Check circulating variants before prescribing Evusheld and bebtelovimab:** The NIH issued a [statement](#) on October 19 on the new variants' resistance to these monoclonal antibodies.

TEST-AND-TREAT:

- **COVID-19 test-and-treat:** more access points are available now! Community members at [risk](#) can get [treatment](#) at the same location and on the same day that you test positive and regardless of insurance or immigration status. Please encourage anyone who tests positive to contact their provider or a [free test-and-treat center](#) ASAP, as they may be able to get treatment. There's plenty of medication supply now.
- **Viral rebound** is common for both treated and untreated people with COVID-19. Treatment still helps reduce viral load and severity. Just make sure to re-isolate.
 - In one pre-omicron [study](#), the rebound rate was 12% among untreated people.
 - Anecdotal reports from East Bay clinics estimate that 10-20% people during the Omicron era have rebound. Rebound seems to be a bit more common among people treated with Paxlovid.
 - A BA.2 and BA.5 rebound [study](#) found no resistance mutations and a robust immunologic response. Most people do not have severe disease or high viral loads during the rebound.
 - Please counsel clients to recognize rebound and isolate again to prevent transmission.

[Click here for more East Bay COVID guidance and resources](#) on how to protect ourselves and our communities.

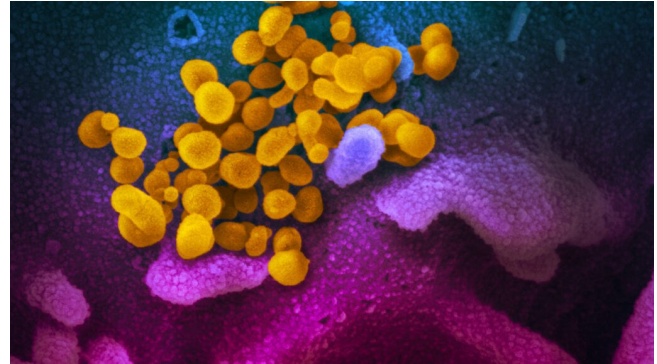


OMICRON AND VARIANT FAQS

NOVEMBER 1, 2022

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COVID TREATMENT AND PREP

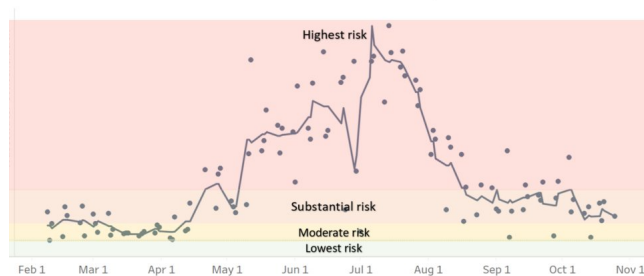
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SARS-CoV-2 Concentrations - East Bay Municipal Utility District
Concentration Unit: SARS-CoV-2/PMMoV
Data Source: CDPH Drinking Water and Radiation Lab

Updated 11.1.2022



USING WASTEWATER VIRAL LEVELS: FECES FACTS!



NOVEMBER 1, 2022

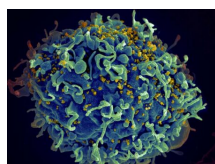
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HIV UPDATES

NOVEMBER 1, 2022



This page includes the latest East Bay HIV updates, which include practice-changing studies and developments. [Please click here to share feedback.](#)

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GET PROTECTED

GET TREATMENT

RAPID
ART

SAME-DAY PREP

COVID-19

ARCHIVES

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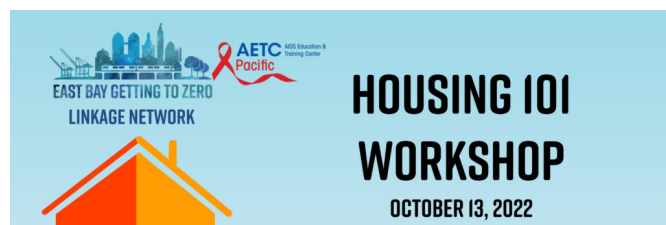
Jump to:

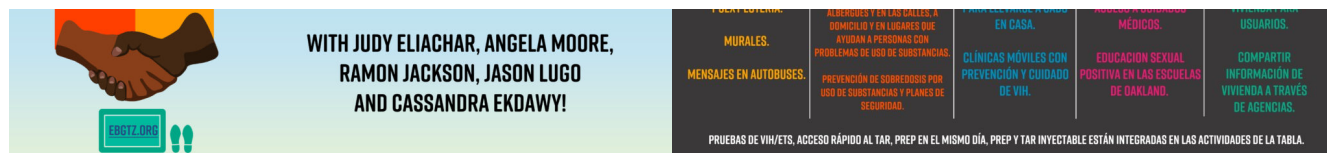
- [East Bay HIV updates](#)
- [New HIV/STD studies and resources](#)
- [Prevention & testing](#)
- [STDs](#)
- [Treatment & cure](#)

EAST BAY HIV UPDATES

November 2022

- **Ebola outbreak alert:** The California Department of Public Health issued a health alert regarding the outbreak of Ebola Sudan virus in Uganda. As of October 27, there were 129 cases and 50 deaths in Uganda, including Kampala. Please ask clients about their travel history, and for those with travel in Uganda October and after, make sure they are in contact with the county public health department. In Alameda County, contact 510-267-3250 and download the [ACPHD Ebola alert here](#).
- **Help us decide on our East Bay HIV strategic activities for 2023!** [Cast your votes in this online poll](#) or at one of our upcoming [meetings](#). Learn more about our [strategic plan here](#).
- **Check out [our new East Bay Housing Guides](#)**, slides and recording from the October 13 workshop.
- Our next **[Prevention network meeting](#) is on November 3**, 11 am – 12:30 pm on Zoom.
- Join us for our annual **[World AIDS Day Commemoration](#) on December 2**, 12-1:30 pm!





NEW HIV/STD STUDIES AND RESOURCES

Current lists of open **Bay Area HIV, hepatitis and COVID studies** at UCSF are posted [here](#).

The **Fast-Track Cities 2022** conference took place October 11-13 in Sevilla, Spain. The abstract book summarizing results from studies evaluating programs to improve engagement in care can be downloaded [here](#).



A CDC [study](#) found that in a cohort of MPX cases they were consulted on, most people hospitalized for **severe MPX** were Black/African American cis men living with HIV and had CD4<200. The people with severe MPX also experienced had delays in diagnosis and treatment. 12 of the 57 in this cohort died. This study underscores the importance of MPX vaccination, rapid diagnosis, testing for HIV/STDs in people with MPX, and [rapid treatment with TPOXX](#) for people with severe MPX symptoms and PLWH with CD4<200.

[AIDS 2022](#), the International AIDS Conference, took place July 29 – August 2, 2022 in Montreal, Canada and virtually. Below are three clinical practice-changing highlights and other key studies that inform current clinical practice. For more studies and details, check out [NATAP's AIDS 2022](#) conference summaries and/or download the [AIDS 2022 abstract book](#) (PDF).



Practice-changing highlights from AIDS 2022:

1. **DoxyPEP to prevent bacterial STIs:** doxycycline 200 mg PO x1 within 72 hours of sex was found to reduce bacterial STIs by ~65% among MSM and transwomen living with HIV or on PrEP who've had at least one STI in the past 12 months and engage in condomless sex. Risk reduction for STI incidence per quarter was 0.35 overall and by STI and PrEP/PLWH respectively was 0.45/0.43 for gonorrhea, 0.12/0.26 for chlamydia and 0.13/0.23 for syphilis. See slides below. ([doxyPEP study](#); Annie Luetkemeyer et al!)
2. **BIC/FTC/TAF (Biktarvy) for HBV/HIV coinfection:** The ALLIANCE study (mostly in Asia and in MSM) found that people with HBV/HIV coinfection treated with BIC/FTC/TAF over DTG+F/TDF had higher rates of HBV viral load suppression, ALT normalization and HBeAg seroconversion. ([ALLIANCE HBV/HIV study](#); Avihingsanon et al.)
3. **CAB/RPV (Cabenuva) for people with viremia and adherence challenges:** 15 PLWH on CAB/RPV in Ward 86's pilot group were not virally suppressed, some had advanced HIV and one had raltegravir resistance, and all achieved viral load suppression or at least 2-log drop. ([CID](#); Kat Christopoulos et al!) Also: CAB/RPV injections in the lateral thigh had similar concentrations to gluteal injections. (Margot et al; [abs. EPB240](#)) For East Bay prescribers: Please [click here](#) for the updated Cabenuva prescribing info making the oral lead-in optional, which may help you get insurance coverage. CAB is available at specialty pharmacies, such as Community Walgreens, AHF, EBAC and AHS/Highland pharmacies.

Co-Chairs Choice
Doxycycline post-exposure prophylaxis for prevention of STIs among MSM and TGW who are living with HIV or on PrEP

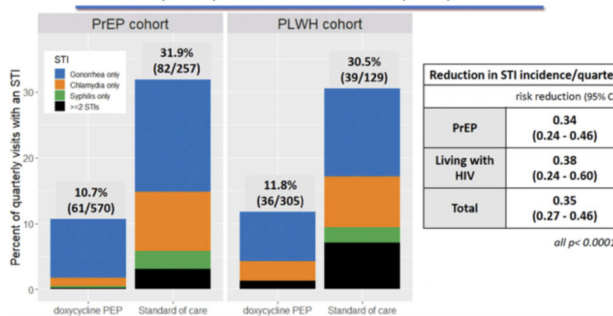
Annie Luetkemeyer, Julie Dombrowski, Stephanie Cohen, Deborah Donnell, Cole Grabow, Clare Brown, Cheryl Malinski, Rodney Perkins, Melody Nasser, Carolina Lopez, Susan Buchbinder, Hyman Scott, Edwin Charlebois, Diane Havir, Olusegun Soge, Connie Celum on behalf of the DoxyPEP Study Team



AIDS 2022

DOXYPEP

Primary Endpoint: STI incidence per quarter



AIDS 2022 studies that inform current clinical HIV practices:

- **Cabotegravir long-acting injectable (CAB) PrEP:**
 - For transwomen taking hormones, CAB PrEP efficacy was comparable, and hormones don't appear to impact CAB concentrations. During the median 1.4 years follow-up, transwomen taking CAB had lower incidence of HIV infection compared to those taking TDF/F. ([HPTN 083](#); Grinsztejn et al.).
 - Pregnancy outcomes were comparable between people taking CAB vs. TDF/FTC PrEP ([HPTN 084](#); Delany-Moretlwe et al.).
- **ART and weight gain:** More studies found that TDF suppresses weight while TAF and DTG-containing regimens lead to weight gain.
 - Weight gain among treatment-naïve PLWH in South Africa was most pronounced for TAF/F+DTG (9 kg) > TDF/F+DTG (6 kg) > TDF/F+EFV (3 kg) and in people who identified as females > males. ([ADVANCE trial](#); Venter et al.)
- **Dolutegravir (DTG) safety and efficacy studies** affirmed first-line recommendation for all PLWH, including pregnant PLWH.
 - The Pediatric HIV/AIDS Cohort study in the US and Europe found that DTG-based ART had higher rates of viral suppression at delivery (97%) compared to regimens containing elvitegravir-cobicistat (90%), raltegravir (89%), and atazanavir-ritonavir (84%). BIC+F/TAF was not studied. ([NEJM](#); Patel et al.)
 - Studies from Brazil and the NAMSAL network in Cameroon found that DTG is superior to efavirenz (EFV), especially in advanced HIV, likely related to higher rates of discontinuation of EFV due to lower tolerability. ([Brites](#) et al. and [NAMSAL](#); Mpoudi-Etame et al.)
 - The Tsepamo study in Botswana shared updated data showing that the rate of neural tube defects among babies born to people taking DTG during pregnancy was no longer higher than the rate of the general population. ([Zash](#) et al.)
- **Bictegravir (BIC) 5-year follow-up** shows high resistance barrier and efficacy: a US study found that pretty much everyone who takes their BIC-containing ART will stay suppressed over time, and those who didn't did *not* develop resistance. This adds to data that show a very high resistance barrier for BIC and DTG-containing regimens. (Sax et al; [abs. EPB150](#))
- **Lenacapavir (LEN) long-acting injectable** updates:
 - Lenacapavir (LEN) is a long-acting injectable taken twice yearly (q6 months) studied for both HIV treatment and prevention and in a new class of HIV drugs called capsid inhibitors.
 - Gilead [resubmitted](#) its LEN application for FDA approval in June 2022 and approval is anticipated by the end of 2022. The [EU approved LEN](#) on August 22.
 - LEN in 72 highly treatment-experienced PLWH taking an optimized oral background regimen found that it was well-tolerated and led to high rates of viral suppression (86%) and CD4 increase. Risk factors for the 8 of 72 people who had LEN resistance poor adherence or no active background ART. ([Margot](#) et al. and VanderVeen, [abs. EPB239](#))
 - A simplified LEN regimen in which oral LEN (2 x 300mg) is given on the same day as the LEN sub-cutaneous injection (927 mg), followed by oral LEN on Day 2, found that LEN concentrations were comparable with the Phase 2/3 regimen (oral LEN on Days 1,2, 8; then injection on Day 15). ([Jogiraju](#) et al.)

PREVENTION & TESTING

The FDA has finally [authorized a condom for anal sex](#), in addition to vaginal sex. While many of us have long advised people to use condoms for anal sex, the FDA finally has enough data to allow the [ONE Condom](#) to add anal sex to the product label, based on a [study](#) showing the failure rate, defined as slippage or breakage, to be less than 1% during anal sex.

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 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.

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.”

STDs

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.

TREATMENT & CURE

Please also [see above](#) for the [most recent highlights from the AIDS 2022](#).

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.

UPCOMING EVENTS



YOUNG MOTHERS RISING – BI-WEEKLY GROUP BY DREAM YOUTH CLINIC

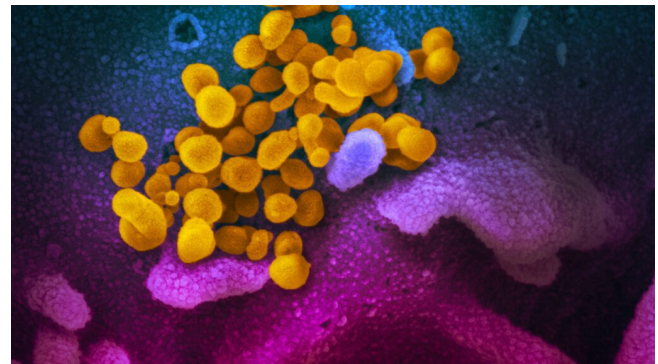
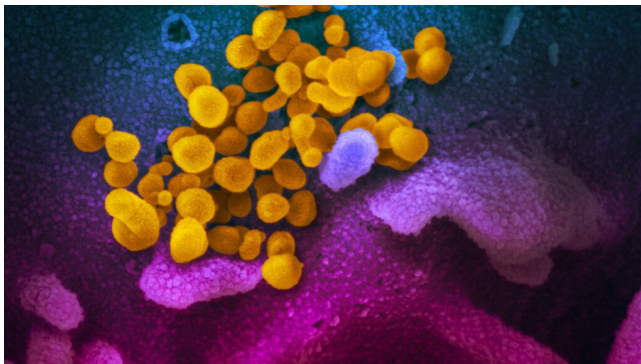
📅 November 2 from 3:30 pm to 4:30 pm



ENDING THE HIV EPIDEMIC: QUARTERLY STAKEHOLDER WEBINAR

📅 November 15 from 11:00 am to 12:15 pm

LATEST RESOURCES



OMICRON AND VARIANT FAQS

NOVEMBER 1, 2022

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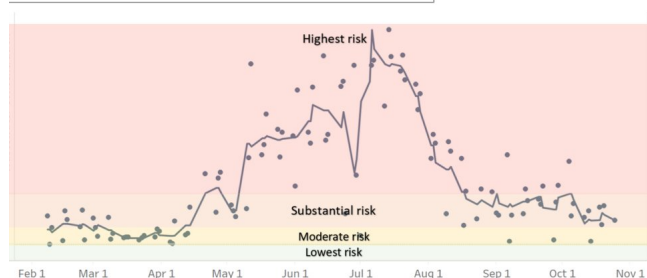
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SARS-CoV-2 Concentrations - East Bay Municipal Utility District
Concentration Unit: SARS-CoV-2/PMMoV
Data Source: CDPH Drinking Water and Radiation Lab

Updated 11.1.2022



USING WASTEWATER VIRAL LEVELS: FECES FACTS!



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MPX (MONKEYPOX) UPDATES

NOVEMBER 1, 2022

Jump to:

- [East Bay MPX updates](#)
- [How MPX is spread and how to prevent it](#)
- [MPX vaccine: how to get it](#) in [Alameda County](#) and [Contra Costa County](#)
- [East Bay MPX epidemiology and links](#)
- [Treatment updates](#)
- [MPX resources: fact sheets, videos, references](#)

EAST BAY MPX UPDATES

November 2022

- **MPX cases continued to fall in October from a peak in July/August** in [Alameda County](#), [Contra Costa County](#), [California](#) and [nationwide](#). The drop from the summer peak is thought to be due to a combination of increasing MPX vaccinations, people being more cautious (such as limiting close contacts), and people having immunity from recent MPX infection. Increasing vaccine coverage and rapid access to diagnosis and treatment continues to be crucial.
- **Alameda County and Contra Costa County expanded Jynneos MPX vaccine eligibility in October** to include all PLWH, MSM, transgender people, people w/multiple sex partners and lab/health care workers with exposures, including 2nd doses. Click for where to get the vaccine in [Alameda County](#) and [Contra Costa County](#). Walk-ins are welcome!
- **TPOXX (tecovirimat) treatment for severe and/or high-risk MPX illness is available.**
 - People at high risk include those with weakened immune systems (such as HIV not virally suppressed and/or CD4 <200) and skin conditions (such as eczema).
 - [Severe disease](#) includes a large number of lesions, involvement of body parts which might result in scarring or strictures, and serious systemic illness such as sepsis, encephalitis and bleeding.
 - A CDC [study](#) found that in a group of people with MPX, most of the people hospitalized for severe MPX were Black/African American cis men living with HIV and had CD4<200. They experienced had delays in diagnosis and treatment. 12 of the 57 in this group died. This study underscores the importance of MPX vaccination, rapid diagnosis and [treatment with TPOXX](#) ASAP for people with severe MPX symptoms and PLWH with CD4<200.
 - In Alameda County, TPOXX may be available at your clinic's pharmacy, the EBAC pharmacy and through the Summit Emergency Department.
 - In Contra Costa County, TPOXX is available through the county for people with Medi-Cal and no insurance (call 887-661-6230) or through the BASS ID group for people with Medicare and private insurance (call 925-947-2334).
- **Don't forget other STIs:**
 - Get screened right away for MPX along with other STIs and illnesses if you have symptoms, especially when a

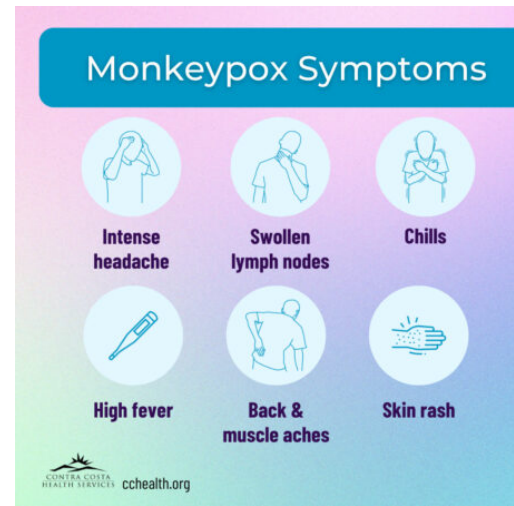
rash or other symptoms are not getting better.

- A recent [study](#) found that 38% of people with MPX had HIV, and 41% had an STI in the preceding year.

HOW MPX SPREADS AND HOW TO PREVENT IT

- The monkeypox virus [spreads mostly through close, intimate contact](#) with someone who has monkeypox.
- You can take steps to [prevent getting monkeypox](#) and [lower your risk during sex](#).
- CDC recommends [vaccination](#) for people who have been exposed to monkeypox and people who are at higher risk of being exposed to monkeypox.
- If you have any [symptoms of monkeypox](#), talk to your healthcare provider, even if you don't think you had contact with someone who has monkeypox.
- Providers: be alert for patients who have [rashes consistent with monkeypox](#) and evaluate for MPX along with HIV and other STIs.

[Click here for photos of MPX skin rashes \(goes to CDC website\).](#)



MPX VACCINE UPDATES

The [Jynneos vaccine](#) is a live attenuated virus that is considered safe and effective at preventing the onset of disease and severity of illness due to the MPX virus. It is most effective as prevention and within 4 days of exposure but can be given 4-14 days after exposure to help decrease disease severity. Full vaccination requires 2 doses at least 28 days apart and a person is not considered fully vaccinated until 2 weeks after their second dose. Although a 28-day interval is optimal, there is no need to restart or add doses to the vaccine series if the second dose is given after 28 days. As of September 2022, there is adequate supply of the vaccine in the East Bay to give second doses.

WHERE TO GET THE VACCINE IN ALAMEDA COUNTY:

Oakland LGBTQ Center: Men who have sex with men (MSM), gay men, bisexual men, pansexual men, transgender and GNC individuals, and sex workers are encouraged to get vaccinated: Please [click](#) for more information and [click here for vax registration](#).

- Schedule: Walk-ins and appointments for Monkeypox vaccinations will be held weekly on Tuesdays 11-4 and Sundays 10-2 and at special mass vax events.
- Location: Directly across from the Oakland LGBTQ Center and the T-Mobile store, at the corner of Lakeshore and Lakeside, beneath the 580 overpass at 533 Lake Park Ave.

Steamworks: Steamworks in Berkeley is offering Monkeypox vaccine pop-up clinics for those who are eligible. Please check their [Instagram account here](#).

Kaiser: Kaiser members who are Alameda County residents who get their care at the Oakland Medical Center can call 510-225-8233. Kaiser members who get their care at Kaiser Fremont and San Leandro can call 510-454-2780.

AHF Oakland Wellness Center:

- AHF Oakland Wellness offers 1st and 2nd doses of MPX Vaccine on specific vaccine clinic days.
- Located at 238 E 18th Street in Oakland, inside the Out of the Closet Thrift Store.
- For more info, contact Zack Pittman at [Zackery.Pittman\[at\]jahf.org](mailto:Zackery.Pittman@jahf.org)

Asian Health Services: AHS is offering monkeypox vaccine on:

- Mondays from 10 – 12PM: Clinton Park, 655 International Blvd., Oakland, CA 94606
- Fridays from 10 – 12PM: Madison Park, 810 Jackson St., Oakland, CA 94607

Other potential vaccine options: please contact your healthcare provider or occupational health department if you are eligible for the monkeypox vaccine. If you do not have a healthcare provider, please contact monkeypox@acgov.org

WHO IS ELIGIBLE IN ALAMEDA COUNTY:

ACPHD has expanded JYNNEOS vaccine access to include populations who may benefit from pre-exposure prophylaxis (PrEP) as well as post-exposure prophylaxis (PEP). In Alameda County, although 40% of persons with MPX are Latinx and 25% are Black/African American, only 19% of vaccine recipients are Latinx and 12% Black/African American. It is crucial that we ensure outreach and access for communities of color.

ACPHD recommends intradermal administration as the preferred route of administration of JYNNEOS vaccine. This allows more vaccine doses to be given per vial. Vaccination sites run by Alameda County staff and contractors will allow all minors 12 to 17 years of age to receive the JYNNEOS vaccine without parent/guardian consent.

Individuals who meet any one of the following criteria are eligible for the JYNNEOS vaccine in Alameda County:

- Gay and bisexual men and their sex partners
- Transgender people and their sex partners
- Sex workers and their sex partners
- People with multiple sex partners
- People living with HIV
- People who had sex at any sex venue
- Healthcare workers who are likely to collect laboratory specimens from persons with MPX (e.g., persons working in sexual health clinics or clinical settings that serve at risk populations)
- Laboratory workers who perform MPX testing

Second Doses of JYNNEOS

- Second doses of JYNNEOS vaccine should be administered to anyone who received a first dose at least 28 days prior. Although a 28-day interval is optimal, there is no need to restart or add doses to the vaccine series if the second dose is given after 28 days.
- Persons with moderate to severe immunosuppression should receive their second dose no later than 35 days after their first dose.
- Persons 18 and older who received their first dose subcutaneously may receive a second dose intradermally.
- Persons diagnosed with MPX after their first dose are not recommended to receive the second dose (unless they are immunocompromised), because MPX infection likely confers additional immune protection.

WHERE TO GET THE VACCINE IN CONTRA COSTA COUNTY:

In Contra Costa County, walk-in or schedule your MPX vaccine appointment at locations listed [here](#) or call 1-833-829-2626.

Second doses of MPX vaccine are available to individuals if it has at least been 28 days since someone got the first dose.

Ongoing vaccine clinics via Contra Costa Health Services:

Monkeypox Vaccine

Mondays:

10 - 12PM
Clinton Park
655 International Blvd.
Oakland, CA 94606

Fridays:

10 - 12PM
Madison Park
810 Jackson St.
Oakland, CA 94607

Must meet **eligibility requirements**,
call us to learn more and make an
appointment:

510-735-3222



- Concord Monument at 1034 Oak Grove Rd, Concord
 - Every Tuesday: 12-3:30PM & 4:30-7PM
- Richmond Auditorium at 403 Civic Ctr Plaza, Richmond
 - Every Wednesday – Saturday: 8-12PM & 12:30-3PM

WHO IS ELIGIBLE IN CONTRA COSTA COUNTY

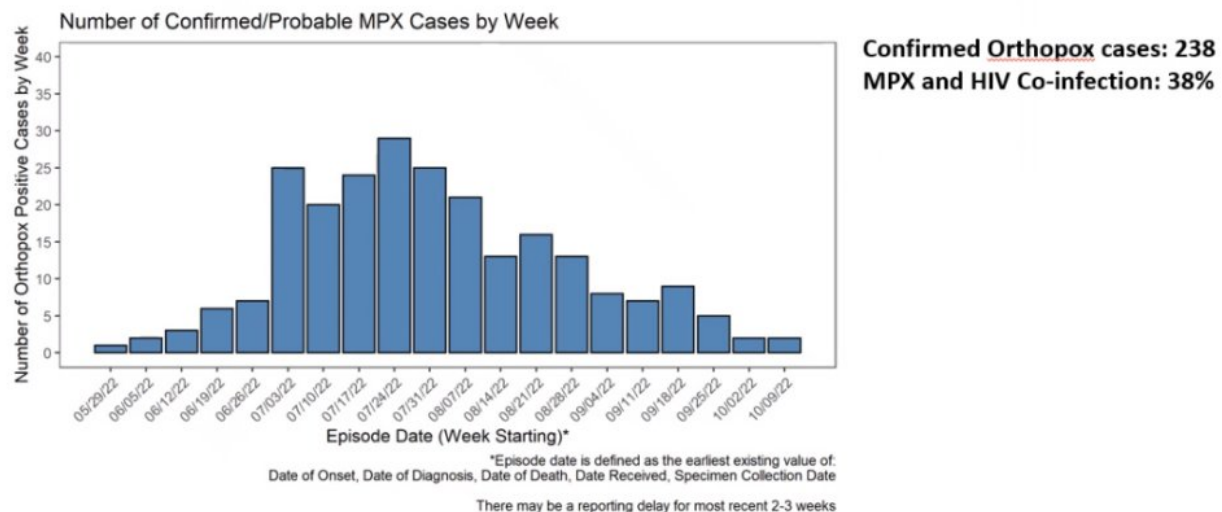
Contra Costa Health (CCH) prioritizes vaccine for community members who have potential exposures to someone with MPX virus or are at high risk of exposure to MPX virus, including:

- Any man or trans person who has sex with men or trans people.
- People who engage in sex work.
- Persons who had close contact with someone with suspected or confirmed monkeypox.
- Sexually active persons living with HIV or AIDS.
- People taking or prescribed HIV Pre-Exposure Prophylaxis (PrEP).
- People who have been diagnosed with syphilis or gonorrhea infection in the past 12 months.
- People who have had any of the following in the past 6 months: Sex at a commercial sex venue (like a sex club or bathhouse)
- Sex at an event, venue, or in an area where monkeypox transmission is occurring
- People whose sexual partner identifies with any of the above scenarios.
- Anyone who anticipates experiencing any of the above scenarios.

CCH recommends that anyone who has had a potential exposure to MPX or meets one or more of the criteria above get vaccinated.

ALAMEDA COUNTY MPX UPDATES

Alameda County MPX Cases as of 10/24/2022



From the [October 14, 2022 ACPHD MPX Health Advisory](#):

Monkeypox (MPX) virus transmission continues in the Bay Area. As of October 11, 2022, there have been 233 reported MPX cases among Alameda County residents and 5,136 reported cases in California. Although anyone can acquire MPX, most local cases reported to date are among gay and bisexual men and other men who have sex with men. Additional

background information regarding MPX can be found in the resources listed at the bottom of this advisory. Although MPX cases in Alameda County are decreasing, healthcare providers should continue to be vigilant for new cases and reach eligible persons for vaccine. Even after the current outbreak ends, future clusters of cases should be anticipated.

CONTRA COSTA COUNTY MPX UPDATES

Contra Costa Health Services, along with the California Department of Public Health (CDPH) and other agencies, are monitoring a growing outbreak of monkeypox cases in the United States and California. Visit the CDPH [monkeypox tracking page](#) for the latest information about confirmed or suspected cases of monkeypox in the county.

MPX data dashboards: [Alameda County](#) | [Contra Costa County](#) | [California](#) | [United States](#)

MPX TREATMENT UPDATES

Most MPX infections are mild and will heal without treatment.

TPOXX (tecovirimat) treatment for severe and/or high-risk MPX illness is available.

- People at high risk include those with HIV not virally suppressed and/or CD4<200, other immunocompromising conditions, skin conditions (such as eczema), children under 8 years of age, and people who are pregnant or breastfeeding.
 - [Severe disease](#) includes a large number of lesions, involvement of anatomic areas (such as eyes or genitals) which might result in serious sequelae that includes scarring or strictures, and serious systemic illness such as sepsis, encephalitis and bleeding.
 - In Alameda County, TPOXX may be available at your clinic's pharmacy, the EBAC pharmacy and through the Summit Emergency Department.
 - In Contra Costa County, TPOXX is available through the county for people with Medi-Cal and no insurance (call 887-661-6230) or through the BASS ID group for people with Medicare and private insurance (call 925-947-2334).
-

RESOURCES FOR COMMUNITY MEMBERS AND ORGANIZATIONS:

[Alameda County Public Health Department: Information on Monkeypox](#)

Alameda County Public Health Department: [Clinical Guidance on Monkeypox](#)

What is Monkeypox?

¿Qué es la viruela del mono?

Monkeypox is a virus that appears as a distinctive rash, and spreads through close contact skin to skin, sex, kissing, and breathing at close range.

La viruela del mono es un virus que se manifiesta como un característico sarpullido y se contagia a través del contacto estrecho de piel a piel, las relaciones sexuales, los besos y la respiración a corta distancia.

How to protect yourself: Cómo puede protegerse:



Cover exposed skin in crowds

Cúbrase la piel expuesta en espacios concurridos



Don't share bedding or clothing
No comparta sábanas ni ropa de vestir



Ask close physical contacts about recent rashes or sores
Pregunte a las personas con las que mantiene un contacto físico estrecho si han tenido sarpullidos o llagas recientemente



Stay aware when traveling to outbreak countries
Esté al tanto si viaja a países donde hay brotes

See a provider right away if you have a rash, or if you have been in contact with someone who has monkeypox. Stay home if you feel sick.

Acuda a un médico de inmediato si le sale un sarpullido o si ha estado en contacto con alguien a quien se le ha diagnosticado la viruela del mono. Quédese en casa si se siente enfermo.



Para obtener más información, visite: sf.gov/monkeypox



**City & County of San Francisco
Department of Public Health**

LO QUE LOS HOMBRES GAY Y BISEXUALES NECESITAN SABER SOBRE LA VIRUELA DEL MONO

Se han detectado casos entre hombres gay y bisexuales, pero **no exclusivamente**.

¿QUÉ ES LA VIRUELA DEL MONO?

La viruela del mono es una infección viral transmitida a través del contacto personal cercano, que incluyen besos, sexo y otro contacto de piel a piel.

¿CUÁLES SON LOS SÍNTOMAS?

SÍNTOMAS PRINCIPALES



ERUPCIONES, ABULTAMIENTOS O AMPOLLAS
Pueden aparecer en cualquier parte del cuerpo, incluyendo los genitales. Esto puede parecer similar a sifilis, herpes u otras erupciones cutáneas comunes.

OTROS SÍNTOMAS



FIEBRE Y DOLORS DE CABEZA



DOLORS MUSCULARES



GANGLIOS LINFÁTICOS INFLAMADOS

El inicio de los síntomas oscila entre 5-21 días

WHAT GAY & BISEXUAL MEN NEED TO KNOW ABOUT MONKEYPOX

Cases have been detected among gay and bisexual men but **not exclusively**

WHAT IS MONKEYPOX?

Monkeypox is a viral infection transmitted through close personal contact, including kissing, sex, and other skin-to-skin contact.

WHAT ARE THE SYMPTOMS?

KEY SYMPTOM



RASH, BUMPS, OR BLISTERS
These may appear anywhere on the body, including the genitals. This may look similar to syphilis, herpes, or other common skin rashes.

OTHER SYMPTOMS



FEVER & HEADACHES



MUSCLE ACES



SWOLLEN LYMPH NODES

Symptom onset ranges from 5-21 days

LO QUE PUEDE HACER



MANTÉNGASE INFORMADO

Mantenga la calma. Esta es una situación que cambia rápidamente. Visite el sitio web de los CDC o CDPH para obtener orientación actualizada.



CONTACTE

Si tiene síntomas, llame (no visite) a su proveedor de atención médica y pregunte acerca de las pruebas.



TOMÉ UNA PAUSA

Si tiene síntomas, quédese en casa, use una máscara y cúbrase para proteger a los demás.

Actualizada: junio 2022

WHAT YOU CAN DO



STAY INFORMED

Remain calm. This is a rapidly changing situation. Visit CDC or CDPH websites for up-to-date guidance.



CONTACT

If you have symptoms, call (do not visit) your health care provider, and ask about testing.



TAKE A BREAK

If you have symptoms, stay at home, wear a mask, and cover sores to protect others.

Updated: June 2022

ALTO AL ESTIGMA

CUALQUIER PERSONA PUEDE CONTRAER LA VIRUELA DEL MONO

Al culpar a una sola comunidad puede dañar los esfuerzos de salud pública y causar que los proveedores de atención médica no detecten la viruela del mono en otra gente.



STOP STIGMA

ANYONE CAN GET MONKEYPOX

Blaming any one community may harm public health efforts and cause providers to miss monkeypox in other people.

Get the latest updates & downloadable files from
Gay Sexuality & Social Policy Initiative @ UCLA Luskin





LOS ANGELES LGBT CENTER



WHAT IS MONKEYPOX?




¿QUÉ ES LA VIRUELA DEL MONO?

- CDC: [Monkeypox: Get the facts!](#)
- CDC: [Monkeypox Facts for People Who are Sexually Active](#)
- CDC: [Social Gatherings, Safer Sex and Monkeypox](#)
- CA Department of Public Health: [Monkey Pox Q&A](#)
- InterPride: [Monkeypox & Pride: Know Before You Go! \(webinar\)](#)
- CDPH: [Monkeypox: An Update for Community-Based Organizations Serving Lesbian, Gay, Bisexual, Transgender and Queer \(LGBTQ+\) Californians](#) (Webinar). Passcode: **zZ#!8d. Slides can be found [here](#).

COMMUNICATIONS RESOURCES AND TOOLKITS:

- [Event Organizer Letter Template](#) (CDC)
- [Summer 2022 Health Tips for Gay and Bi Men: Palm Card with QR Code linking to information on monkeypox, meningococcal disease, HIV, STIs, and COVID](#) (CDC)
- [Grindr and Meta \(Facebook/Instagram\) Ads](#) (CDPH)
- [Monkeypox Communications Toolkit](#) (CDPH)
- *Monkeypox: An Update for Community-Based Organizations Serving Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Californians*, hosted by the California Department of Public Health (CDPH) on June 16, 2022. If you were unable to attend, the [recording is available here](#) Passcode: **zZ#!8d. Slides from the webinar are [here](#).

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