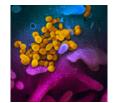


ABOUT SERVICES HIV COVID-19 MPX RESOURCES UPDATES EVENTS MEMORIAL GARDEN GET INVOLVED

Home / COVID-19 / COVID quide / COVID-19 updates and guide

#### **COVID-19 UPDATES AND GUIDE**

OCTOBER 12, 2022



This page includes a guide to East Bay COVID info and resources, which are updated monthly with practice-changing developments. Please click here to share feedback.

VACCINES TESTIN	MASKS	TREATMENT/PREP	VARIANTS	HIV UPDATES	ARCHIVES
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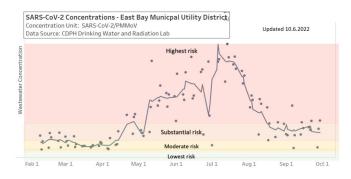
#### Jump to:

- East Bay COVID updates: virus levels | variants | vaccines | prevention | test-and-treat
- East Bay COVID how-to guide
- Pandemic trends and community levels
- Latest local requirements
- National COVID updates, deeper dives and archives
- COVID risk reduction graphics and latest resources

#### **EAST BAY COVID UPDATES**

October 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:		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.

<u>East Bay's EBMUD wastewater surveillance data</u> shows that viral levels have plateaued at substantial levels. As of October 6, Alameda and Contra Costa Counties are in the <u>substantial transmission risk</u> level.

#### How do we use wastewater viral levels to understand risk and guide our activities?

• The graph above shows how wastewater data correlates with <u>CDC transmission risk</u> levels.

- The chart above shows prevention actions to consider taking for each level of risk.
- When we are in the substantial risk level:
  - o Gather outdoors instead of indoors when possible.
  - When indoors, we strongly recommend wearing masks and/or testing to prevent transmissions.

#### Wastewater FAOs: 👜 Feces Facts!

- Why use wastewater data? Wastewater viral levels capture virus shed by a large population and can provide a more accurate picture of how much virus there is in the community and thus transmission risk. Case counts have become less accurate because fewer people are getting the PCR tests that reported as cases.
- Why not use CDC community levels or transmission levels to guide activities? Both CDC community and transmission levels use case counts, which substantially underestimates prevalence now that people are using rapid tests more often than PCR tests. The CDC community levels are designed to manage hospital burden rather than prevent infection and long Covid. Changes in CDC community levels tend to lag wastewater data by about 4 weeks, and CDC transmission levels lag wastewater by about 2 weeks. By the time the CDC community levels are high, viral transmissions would have been high for a month, and it's much harder to prevent transmissions at that late point. Basically:
  - If your goal is to prevent hospitals from getting overwhelmed and you're OK with a moderate to substantial risk of infection, then following the CDC community levels is sufficient.
  - o If your goal is to prevent infections and long Covid, then follow the wastewater and/or transmission risk levels.
- What are the dots and lines in the graph? The dots represent the viral concentration result for a specific date, and the line takes an average and connects it to create a trend line. When the dots for a given week are very far apart (for example, one dot in high risk and one dot in moderate risk), you could decide to follow the highest risk dot and be extra cautious ... or you could look at the overall trend line and follow the average risk level.
- What communities are included in the EBMUD wastewater data? You can see the map on the <u>CalSuWers</u> dashboard, among with data from other (smaller) East Bay sewer sites. The EBMUD sewershed includes northwestern Alameda County (Oakland flatlands down to Hayward) and the southwestern part of Contra Costa County. Unfortunately, there is no unified East Bay graph.

#### **VARIANTS:**

- The BA.5 Omicron subvariant still accounted for a vast majority of the variants sequenced in the East Bay as of mid-September (>90% of East Bay wastewater sequencing).
- Omicron BA.4.6 cases have started to <u>rise</u> nationwide while BA.5 cases are falling as of mid-September 2022. This pattern is especially pronounced in the Northeast US but is also seen in California and other western states. BA.4.6 doesn't appear to escape immunity over BA.5.
- Omicron BQ.1.1 and BA.2.75.2 are second-generation Omicron subvariants which are doubling every 1-2 weeks and currently mostly in parts of Africa, Asia, and increasingly in Europe. These variants may also appear in the East Bay sometime this fall. BA.2.75.2 has three mutations and BQ.1.1 has five additional spike protein mutations that may help them bind to human cells more tightly. There are signs that BQ.1.1 and BA.2.75.2 can escape prior immunity.

#### **VACCINES:**

- **Updated bivalent boosters for children ages 5-11** were <u>authorized</u> and <u>approved</u> on October 12, 2022 and should be available in the East Bay soon. The <u>Moderna</u> bivalent booster (25 mcg of mRNA) is authorized for ages 6-11. The <u>Pfizer</u> 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 <u>recommended</u> since September. Get a free updated booster at <u>local pharmacies</u>, your <u>medical provider</u>, <u>MyTurn.ca.gov</u>, <u>Vaccines.gov</u>, or <u>county sites</u>.
  - 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.</li>
    - 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 <u>tip</u> 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:**

- CDPH issued new masking guidance on September 20 to align with the CDC community levels.
  - Masks remain required in California health care settings and long-term care facilities.
  - o The new CDPH guidance also says, "Despite what level your community may be in, masks that offer the best fit and filtration (e.g., N95s, KN95s, KF94s), are highly recommended, and remain a critical component of our multi-layered approach for protection against COVID-19 infection."
  - The goal of the CDC community levels is to manage hospital burden.
  - 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.
- **COVID pre-exposure prophylaxis with Evusheld** for people in Alameda County with immunocompromising conditions (including PLWH with CD4<200) is available at Total Infusion with provider referral.

#### **TEST-AND-TREAT:**

- **COVID-19 test-and-treat**: more access points are available now! Community members at <u>risk</u> can get <u>treatment</u> 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 ASAP, as they may be able to get treatment. There's plenty of medication supply now. If you don't have a provider or can't reach them, here are other free testing and treatment options:
  - California Test-to-Treat locations, through Optum Serve.
  - California free virtual COVID-19 visits and treatment access: phone line 833-686-5051 and website through Sesame Care. Appointments are available 24/7.
  - In Alameda County, you can also call the COVID-19 Community Support Team: 510-268-2101, Monday-Friday, 8:30 a.m. 5 p.m for additional help.
  - Contra Costa County residents can call 1-877-661-6230 if you test positive to reach a nurse and get a free sameday telehealth consult and prescription if medically appropriate.
  - o It's best to call within 48 hours of the positive test results or symptom onset.

## EAST BAY COVID GUIDANCE: HOW TO PROTECT OUR COMMUNITIES AND GET TESTS, VACCINES, MASKS, TREATMENT

How do we protect ourselves and our communities in the absence of mask and vaccination requirements?

- 1. Get vaccinated and boosted. Click here for where to get free vaccines.
- 2. Wear high-quality masks (N95, KN95, KF94s) in indoor public spaces and transit. Click here to find free N95 masks at a pharmacy near you.
- 3. Have a supply of rapid home COVID tests ready to use. Click here for more details on how to get home tests free through health insurance.
- 4. Make a plan for treatment in case you get infected.
- 5. <u>Ventilate</u> and distance: Open windows/doors and stay in well-ventilated areas. Avoid the busiest times on public transport and other indoor spaces.
- 6. Have back-up plans for gatherings and travel if cases increase.
- 7. Check the amount of virus in your community using the early detection wastewater surveillance dashboards: USICA counties.



The MyCOVIDRisk.app COVID-19 risk calculator from Brown University can help you determine the risk of getting COVID-19 infection in different settings and gives you options to lower your risk.

#### More East Bay guidance and resources:

- Where to get free vaccines
- Best ways to use masks
- How to get free testing
- What to do if you test positive
- How to get treatment and PrEP (for providers)
- How to make schools and indoor settings safer
- Omicron and variants: updates and FAQs
- More East Bay COVID resources

#### **PANDEMIC TRENDS**

- Wastewater levels increase 4-6 days before cases increase; also look at increases in test positivity:
  - Wastewater surveillance (earlier detection): CA | US CDC | US Biobot (with variant info)
  - o CDC: Alameda County | Contra Costa County | CA | US
  - COVID ActNow: Alameda County | Contra Costa County | Bay Area | CA | US
  - Local dashboards: Alameda County | Contra Costa County | CA
- Transmission rates and forecasts
- Variants: CA|US|Global
- Vaccine efficacy: US CDC data | UK data

#### LATEST LOCAL REQUIREMENTS

- Alameda County: COVID updates | news releases | newsletters
- Contra Costa County: COVID updates I news releases
- California State: COVID updates | news releases | SMARTER COVID strategic plan

#### LATEST NATIONAL COVID UPDATES

- Covid.gov one-stop webpage for national COVID resources
- CDC | CDC MMWR studies
- NIH treatment guidelines | NIH research studies
- FDA | FDA news releases
- National COVID-19 plan | US COVID road map

#### Deeper dives into pandemic epidemiology, policies and science

- Epidemiology: Your Local Epidemiologist online newsletter with Dr. Katelyn Jetelina, epidemiologist, for her translation of public health science for a broader community.
- Policy and practices: In the Bubble podcast with Andy Slavitt, for discussions on pandemic policy and developments with national scientists and policy leaders.
- Medical science: <u>Dr. Eric Topol's</u> twitter feed with up-to-the-minute reports on new medical and scientific studies on COVID vaccines and treatments.

**Archives**: Our weekly updates from the first two years of the pandemic (March 2020 to March 2022) have switched to periodic, practice-changing updates to the pages linked above. You can find PDFs of our previous updates here.

#### **COVID RISK REDUCTION GRAPHICS**

Click to download: graphic in English graphic in Spanish PDF in English and Spanish



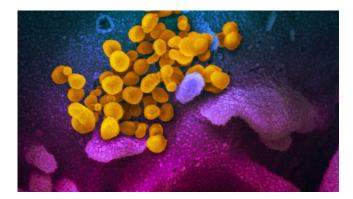
## COVID-19 harm reduction strategies: Use as many of these as you can!

	Strategy	% reduction	
	1. Vaccination	75-95% against hospitalization	
	2. Masking	50-96% Best: N95 > KN95, KF94 > double-masking	
À.	3. Max Ventilation	80-90% outdoors/max vent.	
	4. Antiviral treatment	30-88% For mild-moderate illness against hospitalization	
₽÷₽	5. Distancing	53-88% at least 3-6 feet	
	6. Eye protection	78% in addition to masking	
	7. Testing/isolation	33-53% Best: rapid testing + isolation + contact tracing	
230	8. Hand hygiene	28-45%	

Updated 2.22.2022 \* Data compiled by Sophy S. Wong, I loons by Good Ware, Freepik, ghost\_icon and Srip on Flaticon.co

#### **LATEST COVID RESOURCES**

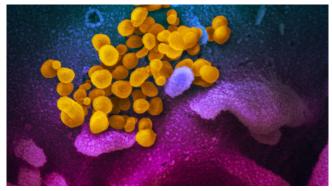
**VIEW ALL COVID RESOURCES** >



**OMICRON AND VARIANT FAQS** 

OCTOBER 18, 2022

COVID, Data, Epidemiology, Prevention



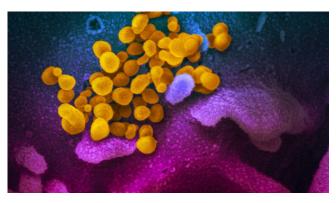
**COVID TREATMENT AND PREP** 

SEPTEMBER 29, 2022

Clinical Guides, COVID, Prevention

#### **READ MORE**

## READ MORE



#### **COVID TESTING**

SEPTEMBER 29, 2022

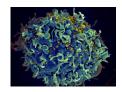


ABOUT SERVICES HIV COVID-19 MPX RESOURCES UPDATES EVENTS MEMORIAL GARDEN GET INVOLVED

Home / Updates / HIV updates

#### **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.

GET TESTED GET PROTECTED GET TREATMENT RAPID ART SAME-DAY PREP COVID-19 ARCHIVES

SIGN UP FOR OUR NEWSLETTER

#### Jump to:

- This month's East Bay HIV updates
- New HIV studies and guidelines (general)
- Prevention & testing
- STDs
- Treatment & cure
- Upcoming events | latest resources | community bulletin board (separate page)
- East Bay COVID guide (separate page)

#### **EAST BAY HIV UPDATES**

- 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 RESOURCES, STUDIES AND GUIDELINES GENERAL HIV UPDATES

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.



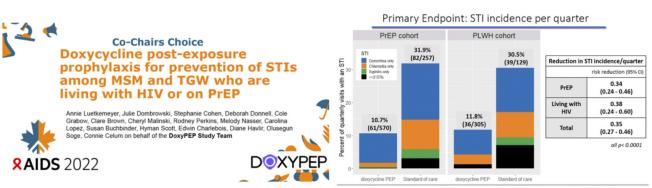
A CDC study found that in a cohort of MPX cases they were consulted on, most people hospitalized for **severe MPX** were Black/African American cismen living with HIV and had CD4<200. The people with severe MPX also experienced had delays in diagnosis and treatment. 12 of the 57 in this cohort died. 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 P0 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.



#### Cabotegravir long-acting injectable (CAB) PrEP:

- o 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. (<u>ADVANCE trial</u>; 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 <u>resubmitted</u> its LEN application for FDA approval in June 2022 and approval is anticipated by the end of 2022. The <u>EU approved LEN</u> 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.)

#### **HIV PREVENTION AND 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 wrist that "strategies are needed to prevent INSTI resistance in cases of CAB-LA PrEP failure."

#### **STD STUDIES AND GUIDELINES**

**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 <u>link</u> to access the full guidelines and visit their <u>provider resource page</u> for copies of a summary wall chart and pocket guide.

#### **HIV CARE, TREATMENT AND 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 <u>case report</u> 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.



#### **UMOJA HEALTH BI-WEEKLY COMMUNITY MEETING**



## YOUNG MOTHERS RISING – BI-WEEKLY GROUP BY DREAM YOUTH CINIC

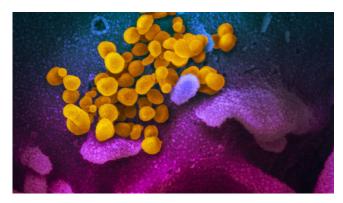
November 2 from 3:30 pm to 4:30 pm

#### **EAST BAY PREVENTION NETWORK MEETING**

Prep, Prevention, STIs, Testing

iii November 3 from 11:00 am to 12:30 pm

#### **LATEST RESOURCES**



#### **OMICRON AND VARIANT FAOS**

OCTOBER 18, 2022

COVID, Data, Epidemiology, Prevention



## EAST BAY HOUSING GUIDES & HOUSING 101 WORKSHOP

OCTOBER 13, 2022

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ABOUT SERVICES HIV COVID-19 MPX RESOURCES UPDATES EVENTS MEMORIAL GARDEN GET INVOLVED

Home / MPX / MPX (Monkeypox) Updates

#### MPX (MONKEYPOX) UPDATES

OCTOBER 5, 2022

#### Jump to:

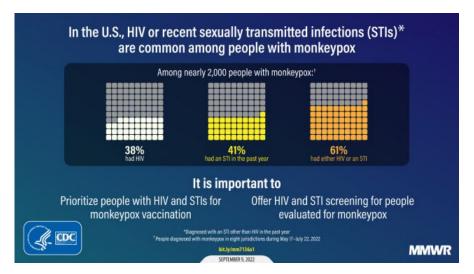
- East Bay MPX updates
- How MPX is spread and how to prevent it
- MPX vaccine: how to get it in Alameda County and Contra Costa County
- East Bay MPX epidemiology and links
- Treatment updates
- MPX resources: fact sheets, videos, references

#### **EAST BAY MPX UPDATES**

October 2022

- MPX cases fell from a peak in July/August in Alameda County, Contra Costa County, California and nationwide, but the most recent data suggests that cases may have started rising again at the end of September.
  - 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.
  - Since cautious behavior is difficult to keep up, increasing vaccine coverage is crucial.
- Alameda County and Contra Costa County expanded Jynneos MPX vaccine eligibility. Please see below for the new
  eligibility criteria.
- Second doses of the MPX vaccine (Jynneos) are available and recommended for people at risk. Walk-ins are welcome!
  - Click for where to get the vaccine in Alameda County and Contra Costa County.
  - While Latinx and Black residents in the East Bay have the highest rates of MPX, Black and Latinx residents have lower rates of vaccinations compared to white residents.
- 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 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.
  - 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 <u>spreads mostly through close</u>, <u>intimate</u> 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 <u>symptoms of monkeypox</u>, 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 rash illnesses consistent with monkeypox and evaluate for MPX along with HIV and other STIs.



#### **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 after exposure to monkeypox. It is most effective 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 2, 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 LGBTO 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 1<sup>st</sup> and 2<sup>nd</sup> doses of MPX Vaccine on specific vaccine clinic days.
- Located at 238 E 18<sup>th</sup> Street in Oakland, inside the Out of the Closet Thrift Store.
- For more info, contact Zack Pittman at Zackery.Pittman[at]ahf.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.

ACPHD recommends intradermal administration as the preferred route of administration of JYNNEOS vaccine. 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.

#### **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 <u>eligibility requirements</u>, call us to learn more and make an appointment:





#### 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:

- 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

#### Pop up vaccine clinics in Contra Costa County:

- Thurs, 20 OCT: Richmond Planned Parenthood (2970 Hilltop Rd, Ste 307): 9AM 1PM
- Fri, 21 OCT: Concord Planned Parenthood (2185 Pacheco St): 9AM 1PM
- Sat, 22 OCT: Los Medanos College (Pittsburg Campus) (2700 E Leland Rd, Student Union Ctr, Rm 106) HOURS TO BE ANNOUNCED

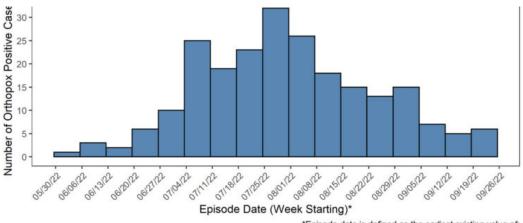
#### WHO IS ELIGIBLE IN CONTRA COSTA COUNTY

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 FAQs Vaccine Guidance & Resources Data & Surveillance Heath Care Providers MPX Case Epidemiological Curve Number of Confirmed/Probable MPX Cases by Week



\*Episode date is defined as the earliest existing value of. Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date

There may be a reporting delay for most recent 2-3 weeks

Monkeypox (MPX) virus transmission continues in the Bay Area. Although anyone can get MPX, most local cases reported to date are among gay and bisexual men and other men who have sex with men.

Persons with MPX in the current outbreak may not present with prodromal symptoms (e.g., fever, headache, lymphadenopathy, fatigue), but nearly all have a characteristic rash which typically begins as maculopapular lesions that then progress to form vesicles, pustules, and scabs.

As of September 2, 2022, there is adequate supply of the vaccine to give second doses.

#### **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 weakened immune systems (such as HIV not virally suppressed), skin conditions (such as eczema), children under 8 years of age, and people who are pregnant or breastfeeding.
- <u>Severe disease</u> 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.

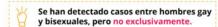
Acuda a un médico de inmediato si le sale un sarpullido o si ha estado en contacto con alguien a quien se le ha diagnosticado la viruela del mono. Quédese en casa si se siente enfermo.



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



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





La viruela del mono es una infección viral transmitida a través del contacto personal cercano, nue incluyen

#### ¿CUÁLES SON LOS SÍNTOMAS?









## WHAT GAY & BISEXUAL MEN MONKEYPOX NEED TO KNOW ABOUT



#### WHAT IS MONKEYPOX?

Monkeypox is a viral infection transmitted through close personal contact, including kissing,

#### WHAT ARE THE SYMPTOMS?



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









FIEBRE Y DOLORES DE CABEZA

DOLORES MUSCULARES GANGLIOS LINFÁTICOS INFLAMADOS

sex, and other skin-to-skin contact.

FEVER & HEADACHES MUSCLE ACHES

**SWOLLEN** LYMPH NODES

Symptom onset ranges from 5-21 days





#### 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, guédese en casa, use una máscara y cúbrase para proteger a los demás.

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.

Gay Sexuality & Social Policy Initiative @ UCLA Luskin



#### WHAT YOU CAN DO





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



#### **CUALQUIER PERSONA PUEDE CONTRAER** LA VIRUELA DEL MONO





#### 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 gaysexresearch.com

















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.

← BACK TO UPDATES

