

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

## COVID-19 UPDATES

DECEMBER 15, 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.](#)

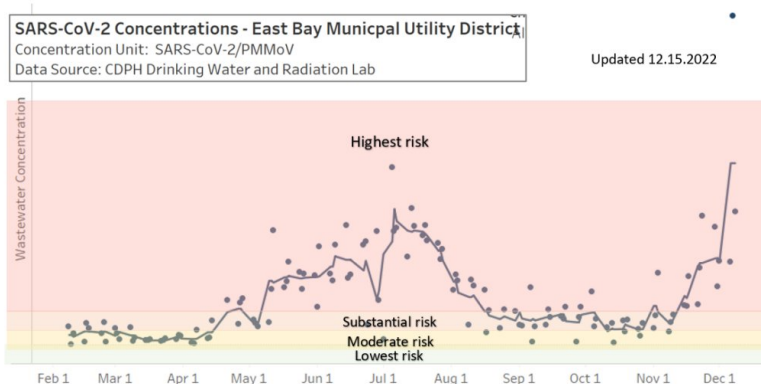
### ↳ EAST BAY COVID UPDATES

December 2022

We wish you a happy and healthy holiday season! We are taking a winter break till mid-January 2023. In the meanwhile, you can find the latest COVID data here:

- Latest wastewater viral levels: [East Bay](#) | [CA](#) | [US](#)
- Latest variants: [Bay Area](#) | [US by region](#) | [US wastewater](#) | [Global](#)

### ↳ VIRUS LEVELS:



**COVID, RSV and Influenza trends as of December 15:**

- [EBMUD wastewater data](#) shows a rapid rise into very high COVID viral levels, higher than the summer peak and at 81% of the previous winter peak, as of December 9. [COVID hospitalizations](#) in

### COVID-19 Updates and Guide

#### Updates

- [East Bay COVID updates](#)
  - [Virus Levels](#)
  - [Variants](#)
  - [Vaccines](#)
  - [Prevention](#)
  - [Test-and-Treat](#)
- [Latest COVID resources](#)

#### [Variants](#)

#### [Vaccines](#)

#### [Testing](#)

#### [Treatment / PrEP](#)

#### [Ventilation](#)

#### [Masking](#)

#### [Resources](#)

#### [Archives](#)

Alameda and Contra Costa Counties more than doubled from November to December. The new immune-evading BQ.1/BQ.1.1/XBB [variants](#) are now widely circulating in the Bay Area. [California predictions](#) are that levels will continue to rise through December and early January. Immunity only lasts 4-6 months, and bivalent boosters add significant protection against [hospitalization](#) and [symptomatic](#) and [severe infection](#), so [get your updated bivalent booster](#) if you haven't yet.

- **RSV has remained at very high levels** into December, way above last year's highest levels. This represents a very early RSV season, and indoor holiday gatherings may keep RSV levels high.
- **Influenza has risen to very high levels**, with influenza-like illnesses at their highest rate in the past 6 years, 2 months earlier than our usual peak in late January. There was a rapid rise in [Alameda and Contra Costa County](#) influenza hospitalizations into December. Influenza levels in the Bay Area are expected to rise further through December and January. This year's flu vaccine is a good match for circulating flu strains, so [get your flu shot](#) if you haven't gotten it this year.

**There are still free [COVID vaccines](#), [tests](#) and [treatment](#) in the East Bay, available to everyone regardless of immigration and insurance status.**

**REDUCING THE RISK OF COVID, RSV AND FLU** ❤️

**GET YOUR BIVALENT BOOSTER AND FLU SHOT!**  
**WEAR A MASK FOR ADDED PROTECTION.**

**DURING WINTER AND WHEN VIRUS LEVELS ARE HIGH...** 🦠  
(ORANGE OR RED TRANSMISSION LEVELS OR >40% PEAK WASTEWATER LEVELS)

 <b>WEAR A MASK</b> N95, KN95, KF94 or double-mask, especially indoors.	 <b>VENTILATE</b> Gather outdoors. If indoors: open windows & doors, use fans & air filters.	 <b>AVOID CROWDS</b>	 <b>RAPID TEST</b> before gathering; stay home if positive or sick and tell your provider.
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UPDATED 12/2022      LEARN MORE AT [EBGTZ.ORG/COVID](https://ebgtz.org/covid)

To reduce the risk of COVID, RSV and flu during a time of high transmission risk, we recommend to:

- Stay home when sick.
- Gather outdoors instead of indoors when possible.
- When indoors, open windows/doors and maximize ventilation, wear masks and test before gathering to prevent transmissions.

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

## ↳ **VARIANTS:**

- **New variants are widely circulating in the Bay Area:** The [Unidos en Salud](#) variant data from their SF Mission District community testing site shows that there's a growing proportion of the

BQ.1/BQ.1.1 and XBB variants with immune-evading properties. [Western US regional variant data](#) also shows that new variants have overtaken BA.5 and are now over 80% of circulating strains.

- This means a greater risk for reinfections.
- Boosters, paxlovid, remdesivir and molnupiravir treatment are still effective against the newer variants.
- [Bebtelovimab](#) treatment is no longer recommended due to BQ.1/BQ.1.1 resistance.
- **Boosters increase protection against new variants:** [Recent data](#) show us how immunity against Omicron wanes after 4-6 months and boosters are crucial to protect us against these 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.
- **Stay healthy during this winter** by getting the [updated booster](#), the flu shot, wearing N95/KN95/KF94 [masks](#) and using rapid [tests](#) before gathering and when you have symptoms.

## ↳ VACCINES:

**Most U.S. adults have not yet received an updated (bivalent) COVID-19 booster**

An **updated booster** may reduce your risk of severe COVID-19 by 50% or more\*

**For the best protection, get an updated booster**

\*Vaccine effectiveness varied based on previous vaccination status of the control group and outcome studied  
bit.ly/MMWR\_COVIDVaccination  
DECEMBER 16, 2022

**CDC** **MMWR**

- **Real-world data from US studies published in December show that the bivalent booster provided:**
  - **73% additional protection** against **COVID hospitalization** compared with past monovalent mRNA vaccination only for people ages 65 and over. (IVY network of US hospitals)
  - **31-50% additional protection** against **COVID emergency department/urgent care visits** for people who previously received 2, 3, or 4 monovalent doses. 31% if the last dose was 2-4 months ago and 50% if the last dose was 12+ months ago. (VISION network of US hospitals)
  - **28-61% additional protection** against **symptomatic infection**, depending on age, how many doses received and how long ago the last dose was.
- **Get a free updated bivalent 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.

## ↳ PREVENTION:

- **Masks:** [ACPHD](#) and [CDPH have aligned masking guidance](#) with the [CDC community levels](#).
  - **Masks remain required in California in certain settings:** 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.
  - 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](#).
- **Evusheld PrEP is still recommended:** While BQ.1.1 and some of the newer [variants](#) are resistant to Evusheld, it may [still offer some protection](#) against some of the circulating variants, and is currently the only option for people who don't have adequate immune protection from vaccines or have contraindications to vaccines.

## ↳ TEST-AND-TREAT:

- **Are expired COVID home tests still useful?** If you still get a clear "control" line, the test is likely to still be effective.
- **Contra Costa residents can now get free at-home COVID test kits** from Contra Costa Health (CCH) through a new mail-order program. People can order up to 4 free at-home test kits per household by filling out [this online form](#) or by calling 833-829-2626. There are two tests in each kit. CCH will mail the kits directly to people's homes within approximately 5-7 business days. You must be a Contra Costa County resident to be eligible.
- **COVID test-and-treat:** Paxlovid is still free and widely available! 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.
- **Paxlovid, remdesivir and molnupiravir remain effective** against the newer variants.
- **Paxlovid** was also found to reduce the risk of long COVID by 26% in a large [VA study](#).
- The monoclonal antibody COVID treatment **bebtelovimab is not effective against BQ.1/BQ.1.1**, and the FDA has [withdrawn](#) its

authorization.

- **Viral rebound** is common for both treated and untreated people with COVID-19. There is no evidence of resistance to Paxlovid. Treatment still helps reduce viral load and severity. Just make sure to re-isolate.

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## ↳ LATEST COVID RESOURCES

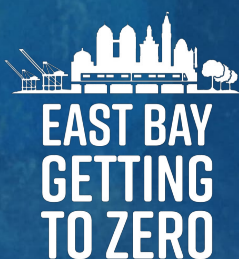
[Click here for more East Bay COVID guidance and resources](#) on how to protect ourselves and our communities.

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NEXT SECTION:

## Variants

← BACK TO UPDATES



ABOUT  
SERVICES  
HIV  
COVID-19  
MPX

RESOURCES  
UPDATES  
EVENTS  
MEMORIAL GARDEN  
DONATE

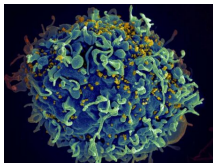


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[Home](#) / [Updates](#) / [HIV updates](#)

## HIV UPDATES

DECEMBER 6, 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:

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

## EAST BAY HIV UPDATES

December 2022

- Our annual [World AIDS Day Commemoration](#) was on **December 2** and it was amazing to share that time with so many of you. ❤️ Please [click here](#) to watch the recording and find out more.
- **There is still time to share feedback on our East Bay HIV strategic activities for 2023!** [Share your feedback in this online form.](#) Learn more about our [strategic plan here.](#)



## EAST BAY HIV STRATEGIC PRIORITIES FOR 2023



<b>COMMUNITY MESSAGING</b>  <b>EAST BAY AIDS MEMORIAL GARDEN</b>  <b>DIGITAL STORYTELLING SERIES</b>	<b>IMPROVING COLLABORATIONS</b>  <b>MENTAL HEALTH SKILLS AND REFERRALS</b>  <b>HIV SERVICES IN STREET, SHELTER AND ED SETTINGS</b>	<b>INNOVATIVE MODELS</b>  <b>INJECTABLE PREP &amp; HIV TREATMENT</b>  <b>MOBILE HIV SERVICES</b>  <b>HOME HIV &amp; STI TESTING</b>	<b>YOUTH ENGAGEMENT</b>  <b>YOUTH-ADULT PARTNERSHIPS IN GENDER &amp; SEXUAL HEALTH EDUCATION</b>	<b>HOUSING INITIATIVES</b>  <b>HOUSING "NUTS AND BOLTS" CASE CONFERENCES</b>
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## NEW HIV/STD RESOURCES AND STUDIES

### New resources

**DoxyPEP interim recommendations:** While we await CDC guidelines, the SF Department of Public Health released their [doxyPEP recommendations](#) on the use of oral doxycycline 200 mg as post-exposure prophylaxis (PEP) within 72 hours of condomless sex for MSM and transwomen to reduce syphilis, gonorrhea and chlamydia infections.

**Pacific AETC has released the [Expand Your HIV Toolkit: Cabotegravir and Rilpivirine \(CAB/RPV\) Essentials and Clinical Guide](#)**, including checklists, protocols and resources for patient evaluation, screening, and shared decision making when considering prescribing long-acting CAB/RPV (Cabenuva). You can also register to watch on-demand videos of the [PAETC 4-part CA statewide trainings on injectables](#).

### New studies

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).



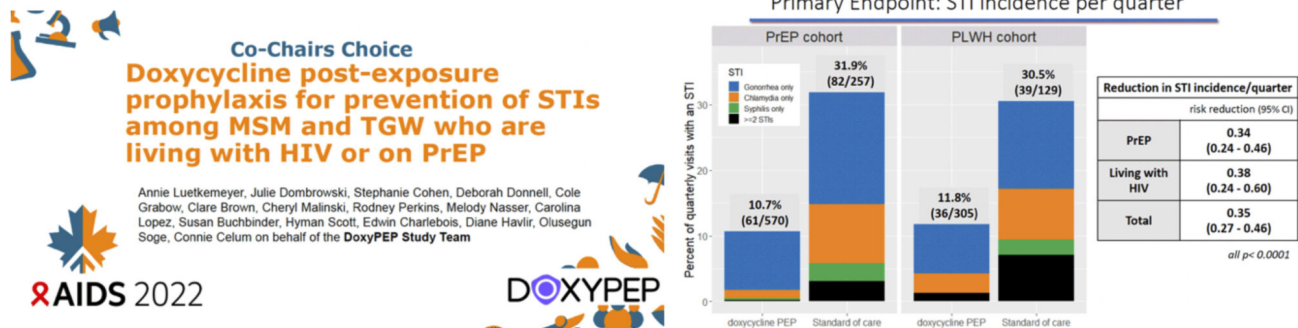
### Practice-changing highlights from AIDS 2022:

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.



#### 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.](#))

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## 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.”

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## 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.

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## 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.

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## UPCOMING EVENTS



**NEW TIME AND DAY!**  
Join us on Zoom Wednesdays; 3:30-4:30pm  
\$25 e-gift card will be provided to all participants!

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

📅 December 28 from 3:30 pm to 4:30 pm



**NEW TIME AND DAY!**  
Join us on Zoom Wednesdays; 3:30-4:30pm  
\$25 e-gift card will be provided to all participants!

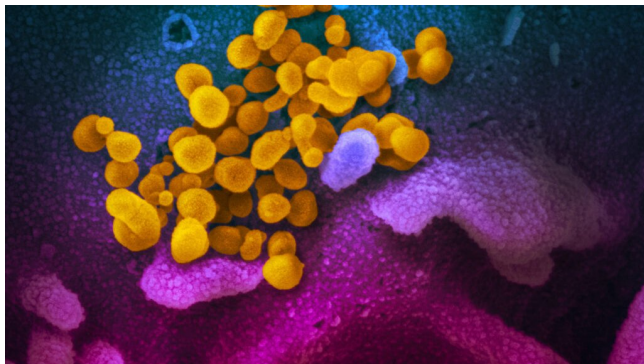
### YOUNG MOTHERS RISING – BI-WEEKLY GROUP BY DREAM YOUTH CLINIC

📅 January 11, 2023 from 3:30 pm to 4:30 pm

## PACIFIC CENTER'S COMMUNITY DIDACTIC TRAINING SERIES: WORKING WITH CLIENTS WITH CHRONIC PAIN

📅 January 12, 2023 from 1:00 pm to 3:00 pm

## LATEST RESOURCES

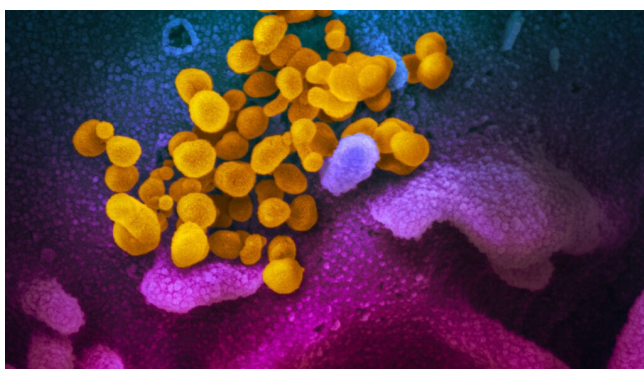


### OMICRON AND VARIANT FAQs

DECEMBER 15, 2022

📁 [COVID](#), [Data](#), [Epidemiology](#), [Prevention](#)

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### COVID TESTING

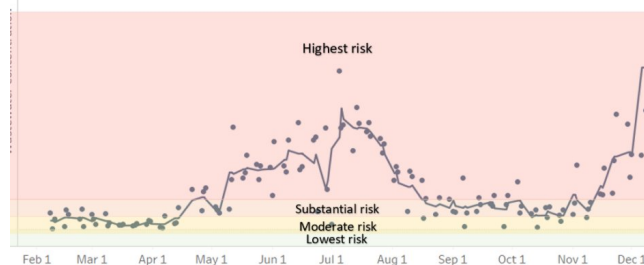
DECEMBER 6, 2022

📁 [COVID](#)

READ MORE

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

Updated 12.15.2022



### USING WASTEWATER VIRAL LEVELS: FECES FACTS!



DECEMBER 15, 2022

📁 [Clinical Guides](#), [COVID](#), [Data](#), [Epidemiology](#)

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## MPX (MONKEYPOX) UPDATES

DECEMBER 9, 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](#)

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## EAST BAY MPX UPDATES

December 2022

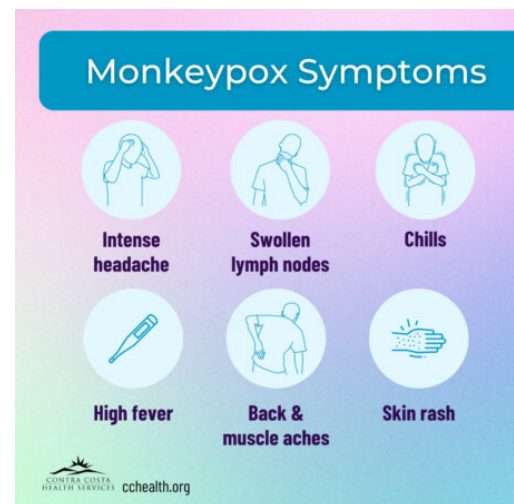
- **MPX cases have continued to decline** from a peak in July/August in [Alameda County](#), [Contra Costa County](#), [California](#) and [nationwide](#). Increasing vaccine coverage and rapid access to diagnosis and treatment continues to be crucial.
- **Free MPX vaccines** are still available in [Alameda County](#) and [Contra Costa County](#), including 2<sup>nd</sup> doses. Walk-ins are welcome!
  - **Anyone who requests the MPX vaccine should receive it.** On December 9, ACPHD sent a health alert stating: “providers should offer JYNNEOS vaccine to ANY person who may be at risk or believes they may be at risk, and ANY person who requests vaccination should receive it. Providers should not require that a person share a reason for wanting vaccination.”
  - **More effort is needed to provide vaccine to:** all people living with HIV, MSM, transgender people, people w/multiple sex partners and lab/health care workers with exposures, especially people who are Black/African American and/or Latinx.
- **Asymptomatic transmission of MPX:** [A large UK MPX study](#) of 2,746 people with MPX found that a large proportion of MPX infection transmissions occurred as many as 4 days before symptoms started. The researchers concluded that an isolation period of 16-23 days after exposure would be required to detect 95% of people with potential infection. This study underscores the difficulty of identifying infections before they spread and the importance of maximizing [vaccine coverage](#).
- **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 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 all people with severe MPX symptoms and all people living with HIV 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.

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## HOW MPX SPREADS AND HOW TO PREVENT IT

- The MPX virus [spreads mostly through close, intimate contact](#) with someone who has MPX.
- You can take steps to [prevent getting MPX](#) and [lower your risk during sex](#).
- CDC recommends [vaccination](#) for people who have been exposed to MPX and people who are at higher risk of being exposed to MPX.
- If you've been exposed to someone with MPX, get the vaccine, talk to your healthcare provider and try to avoid close, intimate contact for [16-23 days](#).
- If you have any [symptoms of MPX](#), talk to your healthcare provider, even if you don't think you had contact with someone who has MPX.
- 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 \(goes to CDC website\).](#)

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## 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 pm except for



December 27. Please call 510-781-2639 for more info.

- 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.

**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](mailto: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.

## 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**





- 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

## 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.

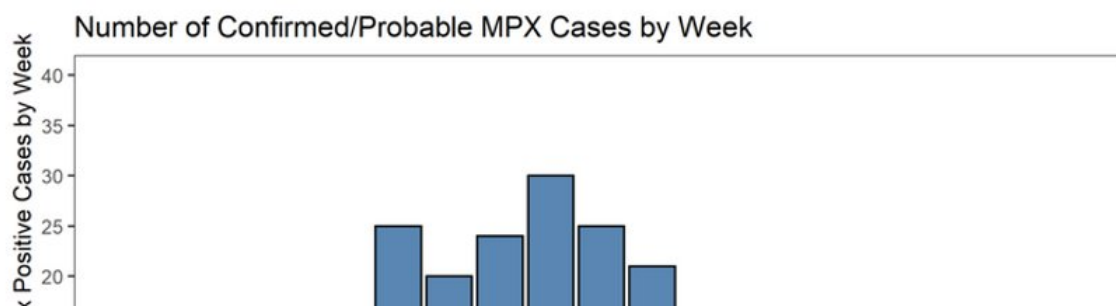
CCH recommends that anyone who has had a potential exposure to MPX or meets one or more of the criteria above get vaccinated.

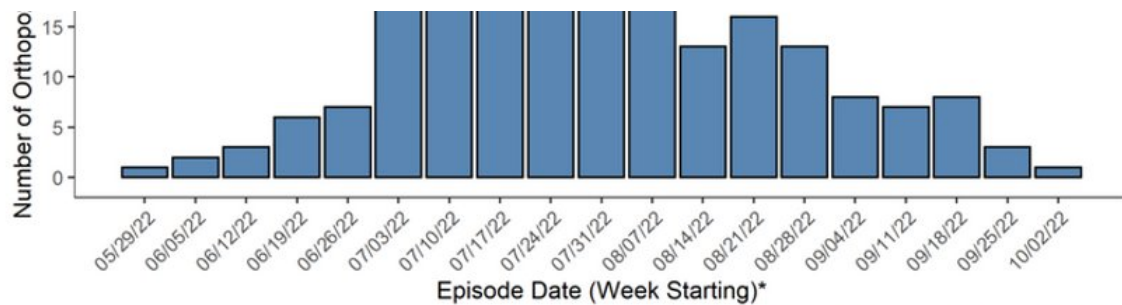
## ALAMEDA COUNTY MPX UPDATES



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

### MPX Case Epidemiological Curve





\*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

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

Monkeypox (MPX) virus transmission continues in the Bay Area. 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.
- If you have MPX and want treatment but don't have a medical provider and/or want to participate in a research study, please consider enrolling in the [STOMP study at UCSF](#) (call 415-535-9495).
- Clinicians: please see the [CDC TPOXX treatment guide](#) and [TPOXX investigational new drug \(IND\) protocol here](#).
- 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](https://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?

#### ¿CUÁLES SON LOS SÍNTOMAS?

CIPALES



ERUPCIONES, ABULTAMIENTOS O AMPOLLAS

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



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

WHAT IS

#### WHAT ARE THE SYMPTOMS?

IM



RASH RIMPS OR RISTERS



**VIROELA 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.

**SÍNTOMAS PRINCIPALES**

Pueden aparecer en cualquier parte del cuerpo, incluyendo los genitales. Esto puede parecer similar a sífilis, herpes u otras erupciones cutáneas comunes.

**OTROS SÍNTOMAS**

- FIEBRE Y DOLOR DE CABEZA**
- DOLOR MUSCULAR**
- GANGLIOS LINFÁTICOS INFLAMADOS**

El inicio de los síntomas oscila entre 5-21 días

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

**KEY SYMPTOMS**

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 ACHES**
- 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.

Obtenga las últimas actualizaciones y archivos descargables de  
Gay Sexuality & Social Policy Initiative @ UCLA Luskin  
gaysexresearch.com



**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  
gaysexresearch.com



UCLA HEALTH What is Monkeypox? Symptoms, Transmission and Vaccination Questions Ans... Watch later Share

COVID-19 vaccine • Learn about vaccine progress from the WHO >

# What is Monkeypox?

## Symptoms, Transmission and Treatment





### ¿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](#)



ABOUT  
SERVICES  
HIV  
COVID-19

RESOURCES  
UPDATES  
EVENTS  
MEMORIAL GARDEN

