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COVID-19 UPDATES

MARCH 1, 2023



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

March 2023

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

California's COVID state of emergency [ended](#) on February 28, 2023.

The end of the state emergency is said to not have a significant impact on most individuals but may impact hospitals' ability to address staffing and space shortages as well as some local COVID-related paid medical leave policies.

The [end of the federal emergency](#) on May 11, 2023 will have a greater impact on all of us, including:

- The end of continuous Medi-Cal coverage; people will have to manually prove eligibility again.
- The end of requirements for insurance to cover COVID-related costs; a CA law ([CA Senate Bill 1473](#)) extends this requirement for 6 more months to November 11, 2023.
- The end of requirements for insurance to cover all telehealth services; coverage will vary by state.
- The loss of federal purchases of COVID vaccines and treatment for people without insurance.

Click to read more about: the [end of the California state emergency](#) and the [end of the federal emergency](#).

↳ VIRUS LEVELS:

COVID-19 Updates and Guide

Updates

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[Variants](#)

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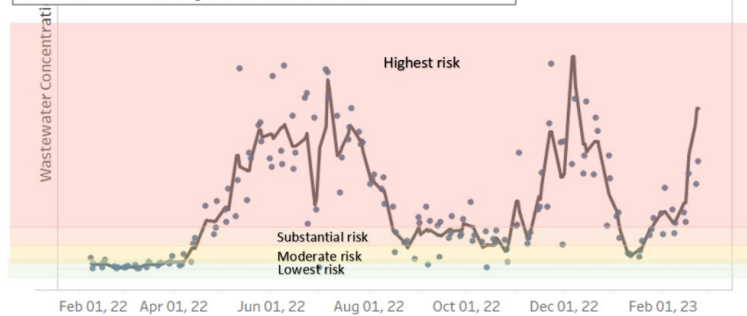
[Masking](#)

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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

EBMUD CDPH lab
 Updated 2.28.2023
 Latest data 2.23.2023



As of March 1, 2023:

- **EBMUD wastewater data shows COVID viral concentration rising since mid-January into high levels.** This likely reflects the increased transmission of the [XBB and XBB1.5 variants](#). The newer immune-evading XBB [variants](#) are now widely circulating in the Bay Area, with XBB1.5 increasing rapidly in proportion since January. [Predictions](#) are for East Bay COVID levels to increase through March.
- [COVID hospitalizations](#) have plateaued in Alameda County and are increasing in Contra Costa County.
- Immunity lasts 4-6 months, and bivalent boosters add significant additional protection against [hospitalization](#) and [symptomatic](#) and [severe infection](#), so [get your updated bivalent booster](#) if you haven't yet.

To reduce the risk of respiratory illnesses during a time of substantial or 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:**

- XBB and XBB1.5 variants are widely circulating in the Bay Area: The Unidos en Salud variant data from their SF Mission District community testing site as of February 22, 2023 shows that there's a growing proportion of the XBB and XBB1.5 variants. XBB1.5 (nicknamed "Kraken" after a mythical sea monster) has a mutation that virologists believe allows the virus to bind to the ACE2 receptor more tightly, making it more immune evasive and transmissible, with a greater risk for reinfection. Evusheld for prevention and bebtelovimab for treatment are no longer effective against these variants. Boosters, paxlovid, remdesivir and molnupiravir treatment are still effective against severe disease from XBB1.5 and the newer variants.
- **California variant data** also shows that the XBB1.5 variant has been

rapidly increasing in proportion since the beginning of January and was projected to be about 78% of the variant proportion by February 22, 2023.

- **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** by getting the [updated booster](#), wearing N95/KN95/KF94 [masks](#) and using rapid [tests](#) before gathering and when you have symptoms.

↳ VACCINES:



- **New data finds that the bivalent booster protects against symptomatic and severe disease from the newest variants, including XBB1.5.**
 - [Real-world data](#) published in January show that the bivalent booster provided 48% additional protection against symptomatic XBB/1.5 infection compared to no bivalent booster.
 - [CDC hospital data](#) through December shows that people who got the bivalent booster had a 13x lower risk of dying from COVID-19 compared to those who didn't get vaccinated and 2.4x lower risk of dying compared to vaccinated people who didn't get the bivalent booster.
- **Updated bivalent boosters against the omicron variants are now available for children 6 months and over** who've received their last dose or were last infected 2 or more months ago. The FDA [authorized](#) the updated bivalent boosters for children ages 6 months to 4 years on December 8, 2022 with these eligibility criteria:
 - Moderna booster for ages 6 months to 4 years: all children

that had the primary series (2 shots) is eligible for the bivalent booster.

- Pfizer boosters for ages 6 months to 4 years:
 - If your child completed primary series (3 shots), they are **not** eligible.
 - If your child did not complete the primary series (i.e., had 1 or 2 shots only), they **are** eligible for the bivalent booster.
- **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.

↳ PREVENTION:

- **Evusheld for COVID prevention is no longer authorized as of January 26, 2023 due to XBB and BQ resistance.** The Evusheld monoclonal antibodies are no longer effective against >90% of the circulating variants, so its authorization was revoked by the FDA.
- **Masks:** [ACPHD](#) and [CDPH have aligned masking guidance](#) with the [CDC community levels](#).
 - **Masks remain required in California in health care and long-term care settings.**
 - Masks 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](#).

↳ TEST-AND-TREAT:

- **Get your free COVID home tests while you can!** Insurance companies will no longer be required to fully cover COVID-related costs, including the 8 COVID home tests per insured person per month after the federal pandemic emergency ends on May 11, 2023. For California residents with health insurance, this coverage requirement is extended to November 11, 2023 thanks to [CA Senate Bill 1473](#).
 - For everyone: if you haven't yet requested the 4 free COVID home tests since December 19, you can still [click here](#) to request them or call 1-800-232-0233.
 - Contra Costa residents can get 4 additional free at-home COVID test kits per household by filling out [this online form](#) or by calling 833-829-2626.

- For people with Medi-Cal, Medicare or private insurance: [click here](#) for instructions on how to get free tests through your insurance.
- **Are expired COVID home tests still useful?** If you still get a clear “control” line, the test is likely to still be effective.
- **Free COVID clinical consults for CA clinicians:** California health care providers can now call (866) 268-4322 (COVID-CA) to receive free and confidential consultation on COVID-19 testing and treatment from the UCSF National Clinician Consultation Center.
- **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.

↳ 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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Variants

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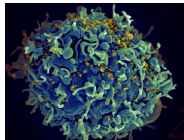
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HIV UPDATES

MARCH 1, 2023



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

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ARCHIVES

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EAST BAY HIV UPDATES



EAST BAY HIV STRATEGIC PRIORITIES FOR 2023

 <p>COMMUNITY MESSAGING</p> <p>EAST BAY AIDS MEMORIAL GARDEN</p> <p>DIGITAL STORYTELLING SERIES</p>	 <p>IMPROVING COLLABORATIONS</p> <p>MENTAL HEALTH SKILLS AND REFERRALS</p> <p>HIV SERVICES IN STREET, SHELTER AND ED SETTINGS</p>	 <p>INNOVATIVE MODELS</p> <p>INJECTABLE PREP & HIV TREATMENT</p> <p>MOBILE HIV SERVICES</p> <p>HOME HIV & STI TESTING</p>	 <p>YOUTH ENGAGEMENT</p> <p>YOUTH-ADULT PARTNERSHIPS IN GENDER & SEXUAL HEALTH EDUCATION</p>	 <p>HOUSING INITIATIVES</p> <p>HOUSING "NUTS AND BOLTS" CASE CONFERENCES</p>
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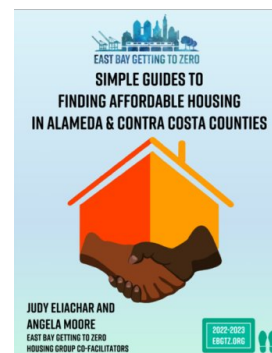
[The 2023 update of the East Bay HIV Strategic Plan in English](#) is now ready to read and use! The update includes latest HIV data and 2023

strategic activities. More details are posted on our [Strategic Plan](#) webpage. The updated plan in Spanish will be available in April 2023.



Please join us for the March 30th Mental health workshop on building a therapeutic alliance, triage and suicide prevention, which will take place on Zoom on Thursday, March 30, 10 am to 12 noon. [Click to register.](#)

Volume 2 of A Simple Guide to Finding Housing in Alameda County by Judy Eliachar is now available on our [housing resource page](#)! This guide, along with [Volume 1](#) and Angela Moore's [A Simple Guide to Finding Housing in Contra Costa County](#) provide step-by-step guidance and comprehensive resources for finding housing in the East Bay.



NEW HIV/STD RESOURCES AND STUDIES

New resources

- **Alameda County issued a doxy-PEP health alert** to providers in February describing how doxy-PEP is doxycycline 200 mg taken within 72 hours of sex (preferably within 24 hours of sex) to reduce the acquisition of syphilis, chlamydia and gonorrhea. MSM and transgender women interested in doxy-PEP and who have had a recent STI, or who are taking HIV PrEP, or who have had more than 1 oral or anal condomless sex partner in the last year, or who are PLWH, should be offered doxy-PEP. The SF Department of Public Health also has [SF doxyPEP recommendations](#) available.
- **Injectables update:** The 6-month long-acting injectable HIV medication **lenacapavir** (Sunlenca) received [FDA-approval](#) and is on Medical formulary as a pharmacy benefit starting March 1, 2023. The ADAP Medical Advisory Committee unanimously voted to add lenacapavir to the ADAP formulary on January 18. ADAP is negotiating their price and will hopefully have it available soon. Other long-acting injectables available now include cabotegravir-rilpivirine ([Cabenuva](#)) for HIV treatment and cabotegravir ([Apretude](#)) for HIV PrEP/prevention.
- **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

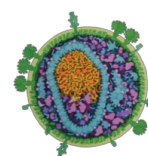
Current lists of open **Bay Area HIV, hepatitis and COVID studies** at UCSF are posted [here](#).

The CROI 2023 conference took place on February 19-22, one of the most important international scientific conferences covering HIV, STIs, mpox, hepatitis and COVID. You can read highlights from [Dr. Paul Sax's CROI 2023 Really Rapid Review](#) and on [NATAP's website](#).

Highlights from the new IAS-USA HIV guidelines
(published Dec 2022; [download PDF here](#))

1. Rapid ART

- The guidelines recommend Initiation



CROI
Conference on Retroviruses
and Opportunistic Infections

of ART the same day and within 7 days of HIV diagnosis, including acute HIV.

- Screen for TB and cryptococcal meningitis and if positive, start OI treatment first, then start ART within 2 weeks for TB and within 2-4 weeks for cryptococcal meningitis.

2. **Evidence-based strategies for engagement in care** include linkage navigation, transportation, appointment reminders, psychosocial support, data-to-care (identifying and outreaching to people not in care), mobile clinics, telehealth, street medicine, home visits, expanded clinic hours, pharmacy delivery, support from community health workers, and addressing stigma and discrimination.

3. **Initial ART regimens**

- Bictegravir (BIC)/TAF/FTC (BIK)
- or Dolutegravir (DTG) *plus* TDF/FTC or TAF/FTC (TXF/XTC)
- If HIV RNA <500k, no HBV and no sig resistance, can use DTG/3TC.
- If taking TXF/XTC PrEP at the time of HIV acquisition, check a genotype and use a BIK or DTG-based regimen. Even those with NNRTI resistance do well on these regimens.
- If taking CAB PrEP at the time of HIV acquisition, check an InSTI+RT genotype and start a DRV-based regimen + TXF/XTC.
- If pregnant: use DTG + TAF/FTC (best outcomes); alternate is DTG + TDF/FTC.

4. **Switching ART regimens during viral suppression**

- Simplifying to 2-drug regimens DTG/3TC or DTG/RPV can be done with ongoing viral suppression, no history of treatment failure, and no chronic hepatitis B.
- People who are virally suppressed (such as with a PI) with pre-existing M184V/I, K65R mutations and other nRTI resistance mutations can switch to BIK or DTG+TXF/XTC to simplify, enhance adherence, and/or reduce drug interactions and side effects.

5. **Switching to CAB/RPV long-acting injectable (LAI)**

- The IAS-USA guidelines only recommends using CAB/RPV LAI for people who are virally suppressed on oral ART.
- The panel recommends checking a proviral RT-pro genotype for people without genotypes prior to starting ART. Avoid using CAB/RPV LAI if there's RPV resistance. The IAS-USA panel does not (yet) recommend using CAB/RPV LAI for people who are not virally suppressed, citing the risk of NNRTI and InSTI resistance and subsequent lack of PO options with treatment failures.
- Risks of CAB/RPV failures appears to be higher when injections are given every 8 weeks rather than every 4 weeks.

6. **Switching ART regimens during virologic failure**

- NNRTI resistance with at least one active nRTI: use BIK or DTG+TXF/XTC.
- No active nRTIs: use DRVc/r + TXF/XTC or DTG + boosted PI. DTG+TXF/XTC is a riskier option; 4% have failure with DTG resistance.
- InSTI (RAL/EVG) resistance: use DTG BID + 1-2 fully active drugs from novel classes.
- High-level InSTI resistance and reduced PI susceptibility: used 2 fully active drugs from novel classes + recycled nRTIs for their partial activity.

7. **Managing viral "blips"** with intermittent or persistent low-level viremia (<200 copies/mL):

- Check ART adherence, tolerability, side effects and drug interactions.
- Check for use of mineral supplements and antacids among people taking InSTIs, as that interaction is a common cause for low-level viremia. Check a genotype if the VL > 200 on 2 consecutive measures.
- Don't change the ART regimen unless toxicity or intolerability is identified.

8. **Managing weight gain and metabolic complications from ART**

- InSTIs and TAF are associated with significant weight gain, especially in the first year and more likely among women, Black and Latinx people.
- Data so far suggests that switching ART doesn't seem to help and the benefits of these agents as effective HIV treatment outweigh the metabolic risks for most people.
- Counsel on potential weight gain and metabolic changes when using InSTIs or TAF.
- Check weight and BMI every 6 months and screen for diabetes every year.
- If there's >5% weight gain, support people to exercise and modify their diet.

9. **Aging:** assess for and address polypharmacy, comorbidities, cognitive function, mobility, fall risk and use integrated care models to support people aging with HIV.

10. **Same-day PrEP start** is recommended with a negative rapid HIV antibody test and labs are drawn within 7 days of PrEP initiation. Use PEP if there was a high-risk encounter within the past 72 hours.

11. **Long-acting injectable (LAI) CAB PrEP**

- Recommended for the prevention of sexual transmission of HIV across all populations.
- There is insufficient evidence thus far for people with risks from IDU alone.
- Renal insufficiency: no use restrictions (unlike TXF/FTC).
- Drug interactions: Contraindications include certain anticonvulsants and antimycobacterials.
- Dose adjustments are needed for use with rifabutin.
- Caution/adjust for gluteal implants/fillers and/or if there's bleeding risk.
- Labs: In addition to HIV Ag/Ab, STD and pregnancy tests, get an HIV RNA at initiation, 1 month later and every 2 months with injections. No need to wait for lab results to give follow-up injections. HIV RNA tests are recommended because CAB potentially masks or delays an HIV Ag/Ab positive result. Creatinine tests are not required.

12. PEP for HIV and STDs with 72 hours of high-risk exposure

- HIV PEP: BIK or DTG+TXF/XTC x 28 days; offer to start PrEP after.
- STD PEP to prevent gonorrhea, chlamydia or syphilis: consider doxycycline 200 mg x 1 for MSM and transgender women. Data for use in cisgender women are pending.

13. Substance use disorders (SUD): screen everyone for SUD; offer medication treatment for opioid and alcohol use and contingency (incentives) for stimulant use; support people with SUD with peer support staff, telehealth, extended hours, mobile care, pharmacy delivery services.

14. COVID and HIV:

- PLWH with CD4 <200 or are not virally suppressed are considered immunocompromised and should receive 3 vaccine doses in their primary series and COVID PrEP if an effective option becomes available (since Evusheld is no longer effective against current variants).
- They should also be treated with PAX if they become infected.
- All PLWH who recover from acute infection should be monitored for long COVID.

15. Mpox and HIV: PLWH with CD4 <200 or are not virally suppressed are at risk for more severe disease and should receive TPOXX treatment. People at risk for mpox should also receive the JYNNEOS vaccine.

Other recent HIV research highlights

- **Prevention of mother-to-child transmission with ART:** Early and sustained ART throughout pregnancy and an undetectable viral load at delivery are the best predictors of preventing mother-to-child HIV transmission and can also reduce preterm birth. There were no HIV transmissions among the 5,482 infants born with ART during pregnancy and VLS at birth. ([Sibiude et al.](#))
- **On-demand TDF PrEP was found to have a smaller impact on eGFR change compared to daily TDF PrEP**, but both regimens were found to favor renal safety. Older age was associated with greater eGFR reduction. ([Liegeon et al.](#)) On-demand PrEP may be a reasonable option for older people and those at risk for renal dysfunction.
- **A small case series found that 6 PLWH with end-stage renal disease and dialysis switched to BIK did well** with no reported adverse effects and all achieved eventually achieved viral load suppression despite underlying resistance in 4 of the 6 patients. ([Sidman 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

See above or [click here for highlights](#) from the updated IAS–USA HIV guidelines published in December 2022.

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.

Please [click here for more highlights from the AIDS 2022 conference](#).

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



PACIFIC CENTER'S COMMUNITY DIDACTIC TRAINING SERIES: INTRO TO KETAMINE ASSISTED THERAPY IN QTBIPOC COMMUNITIES

📅 March 9 from 1:00 pm to 3:00 pm

MPOX (MONKEYPOX) UPDATES

MARCH 1, 2023

Jump to:

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

EAST BAY MPOX UPDATES

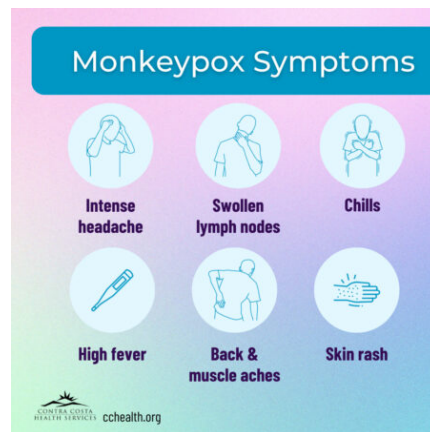
- Mpox cases have been at very low levels through February 2023** in [Alameda County](#), [Contra Costa County](#), [California](#) and [nationwide](#) after a peak in July/August 2022. There were no mpox cases reported in Contra Costa County during the month of February 2023.
- New mpox studies** were presented at the [CROI 2023](#) conference February 19-22 and can be freely read on [NATAP's website](#). Highlights include:
 - A [study](#) showing a 99% effectiveness rate of the mpox vaccine.
 - A [study](#) finding a 27% mpox mortality rate for PLWH with CD4 counts less than 100.
 - These studies continue to highlight the importance of mpox vaccination for PLWH and those at risk.
- The WHO recommends the new name "mpox"** for monkeypox disease to help address concerns around stigmatizing and racist language that emerged with the monkeypox outbreak.
- Vaccination offers strong protection against mpox:** [Data](#) from the UK found that a single dose of the MVA-BN (JYNNEOS) vaccine provided 78% protection against mpox 14 days after vaccination. A second dose is expected to offer greater and longer protection, and its ongoing efficacy is being studied. All people in the East Bay getting the mpox vaccine are strongly encouraged to receive both doses of the vaccine.
- People living with HIV (PLWH) are at higher risk for infection and severe disease**, especially PLWH of color and those with low CD4 counts or not on treatment. In addition, [presymptomatic mpox transmission has been found to be very common](#) (53%), so **increasing vaccine coverage and rapid access to diagnosis and TPOXX treatment continues to be crucial**.
- Free mpox vaccines** are still available in [Alameda County](#), [Contra Costa County](#) and throughout [California](#), including 2nd doses. Walk-ins are welcome at many locations.
 - Anyone who requests the mpox 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.
- TPOXX (tecovirimat) treatment for severe and/or high-risk mpox 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 mpox, most of the people hospitalized for severe mpox were Black/African American cismen 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 mpox vaccination, rapid diagnosis and [treatment with TPOXX](#) ASAP for all

people with severe mpox 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 mpox 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 mpox had HIV, and 41% had an STI in the preceding year.

HOW MPOX SPREADS AND HOW TO PREVENT IT

- The mpox virus [spreads mostly through close, intimate contact](#) with someone who has mpox.
- [A large study](#) in the UK found that 53% of mpox transmissions occurred before symptoms started.
- You can take steps to [prevent getting mpox](#), such as through [vaccination](#), and [lower your risk during sex](#).
- CDC recommends [vaccination](#) for people who have been exposed to mpox and people who are at higher risk of being exposed to mpox.
- If you've been exposed to someone with mpox, 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 mpox](#), talk to your healthcare provider, even if you don't think you had contact with someone who has mpox.
- Providers: be alert for patients who have [rashes consistent with mpox](#) and evaluate for mpox along with HIV and other STIs.



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

MPOX 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 mpox 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 mpox vaccinations will be held weekly on Tuesdays 11-4 pm. 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.

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.

Other potential vaccine options: please contact your healthcare provider or occupational health department if you are eligible for the mpox vaccine. [Click for more options throughout California](#). If you do not have a healthcare provider, please contact monkeypox@acgov.org.

WHO IS ELIGIBLE IN ALAMEDA COUNTY:

ACPHD recommends that **"Mpox vaccine 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."**

In Alameda County, although 40% of persons with mpox 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.

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 mpox after their first dose are not recommended to receive the second dose (unless they are immunocompromised), because mpox infection likely confers additional immune protection.

WHERE TO GET THE VACCINE IN CONTRA COSTA COUNTY:

In Contra Costa County, walk-in or schedule your mpox vaccine appointment at locations listed [here](#) or call 1-833-829-2626. [Click for more options throughout California.](#)

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

WHO IS ELIGIBLE IN CONTRA COSTA COUNTY

Contra Costa Health (CCH): "recommends vaccination for anyone who thinks they are at risk for an MPX infection (see risk factors below).

For the best protection, people should get two doses of Jynneos vaccine for MPX at least 28 days apart. There are [two methods for vaccine injection](#), intradermal (similar to a TB test) or subcutaneous (a regular shot like you'd get for chickenpox or measles). At county-run vaccination sites, you can choose which injection method you prefer.

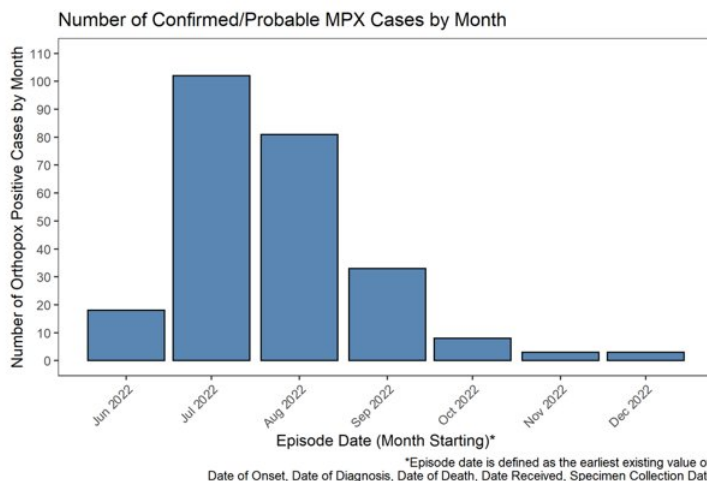
RISK FACTORS

- Sex with multiple partners
- Sex at a commercial sex venue (like a sex club or bathhouse) or at an event
- People who have had close contact with someone with suspected or confirmed MPX
- People taking or prescribed HIV Pre-Exposure Prophylaxis (PrEP)
- People with HIV
- People who have been diagnosed with syphilis or gonorrhea infection in the past 12 months
- People whose sexual partner identifies with any of the above scenarios"

ALAMEDA COUNTY MPOX UPDATES



MPX Case Epidemiological Curve



[Click here](#) for the latest Alameda County mpox and other health advisories.

CONTRA COSTA COUNTY MPOX UPDATES

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

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

MPOX TREATMENT UPDATES

Most mpox infections are mild and will heal without treatment.

TPOXX (tecovirimat) treatment is available and should be given without delay to people with severe mpox illness and/or at high-risk.

- 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 mpox 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 Mpox](#)

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

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 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

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.

Actualizado: junio 2022



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

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 ACHES**
- SWOLLEN LYMPH NODES**

Symptom onset ranges from 5-21 days

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

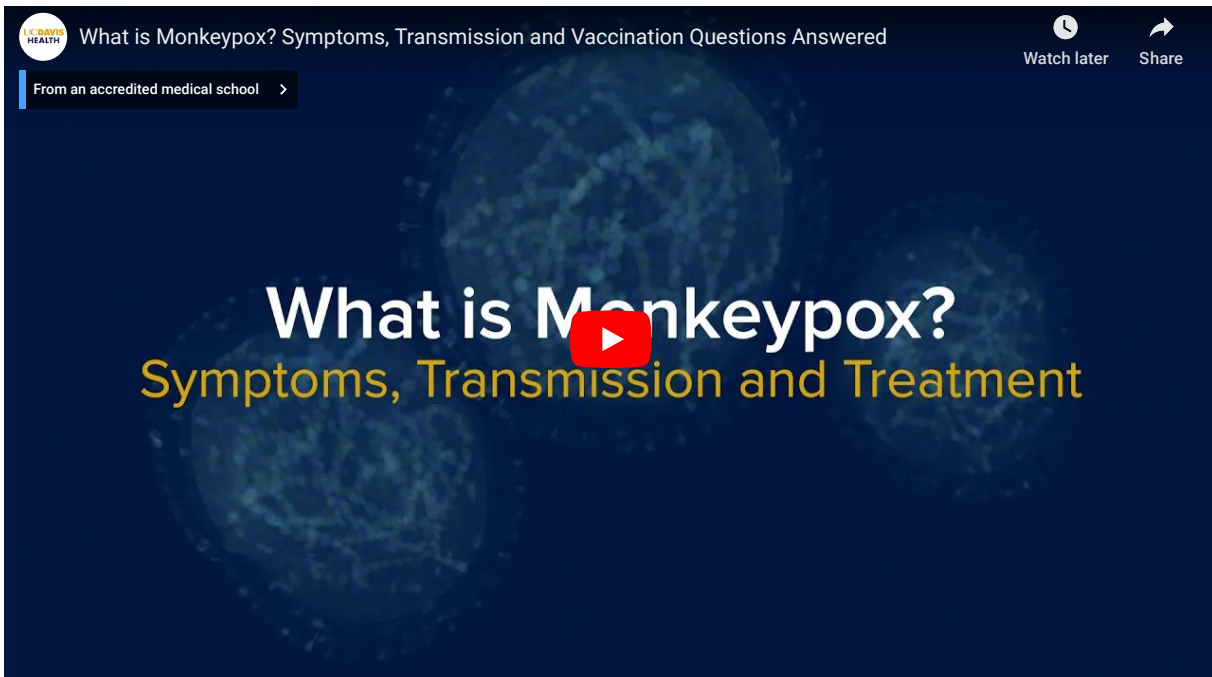


ANYONE CAN GET MONKEYPOX

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](#).

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