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## COVID-19 UPDATES

MAY 31, 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

May-June 2023

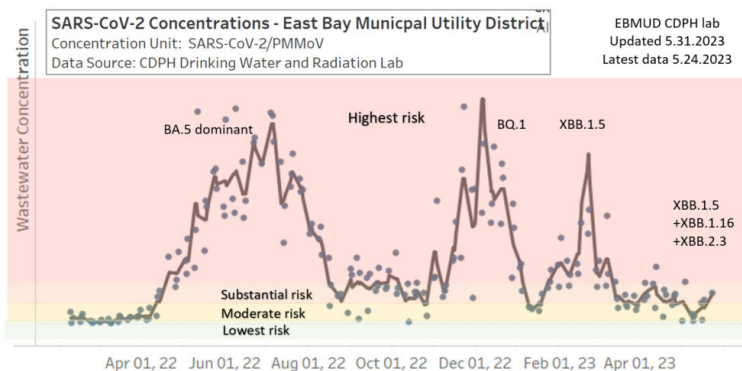
*These East Bay Covid updates will be on summer break from June to September 2023, then will be updated as needed with practice-changing updates rather than monthly. Thanks for visiting and reading!*

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

**Check the latest COVID wastewater levels:** [Bay Area & CA](#) | [US](#) | [wastewater guide & FAQs](#)

**Find the latest variants:** [Bay Area & CA](#) (click on variants, region) | [US](#) | [US wastewater](#) | [Global](#)

### ↵ VIRUS LEVELS:



### COVID-19 Updates and Guide

#### Updates

- [East Bay COVID updates](#)
  - [Virus Levels](#)
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**As of May 31, 2023:**

- [EBMUD wastewater data](#) shows **COVID viral concentrations have been hovering at moderate to substantial transmission risk levels.** [Predictions](#) are for East Bay COVID levels to increase slightly into June, which related to increasing XBB.1.16 and XBB.2.3 variant proportions.
- [COVID hospitalizations](#) leveled off in the East Bay and are predicted to stay flat into June.
- 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, we recommend to:

- Stay home and do a home test when sick.
- Gather outdoors instead of indoors when possible.
- When indoors in public and for gatherings: wear high-quality masks, open windows/doors and use air filters to maximize ventilation and/or test before gathering to prevent transmissions.

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

## ↳ **VARIANTS:**

- **The XBB.1.16 and XBB.2.3 variants are increasing in proportion.** As of May 31, 2023, [Bay Area variant data](#) shows that the new XBB.1.16 and XBB.2.3 variants are increasing in proportion (~12-14% each), while the XBB.1.5 variant (~59%) is decreasing after dominating from January to April. Boosters, paxlovid, remdesivir and molnupiravir treatment are still effective against severe disease from XBB1.5 and the newer variants. Read more about [East Bay variants here](#).
- **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 65 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:**



**An updated COVID-19 vaccine *helped prevent* illness from Omicron XBB-related variants\***



- **Second bivalent boosters are authorized for people ages 65+ four months after their first bivalent dose, and for people ages 5+ who are immunocompromised two months after their most recent bivalent dose.**
- **Vaccination guidelines have been updated:**
  - Everyone ages 6+ should get at least 1 bivalent vaccine dose (Pfizer or Moderna) to be considered up to date.
  - People ages 65+ may get a 2nd bivalent booster dose at least 4 months after the first one.
  - People who are moderately or severely immunocompromised may get additional bivalent booster doses at least 2 months after the previous one.
- **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: If you are not immunocompromised, 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.

## BIVALENT VACCINE EFFICACY DATA:

- **Infection and hospitalization data finds that the bivalent booster protects against symptomatic and severe disease from the newest variants, including XBB.1.5.**
  - 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 March 2023 shows that people who got the bivalent booster had a 6x lower risk of dying from COVID-19 compared to those who didn't get vaccinated and 1.4x lower risk of dying compared to vaccinated people who didn't get the bivalent booster.
- **Immunity wanes over time, so boosters provide important protection.** Updated COVID vaccine efficacy data from the April 2023 CDC ACIP meeting found:
  - Significant waning of vaccine efficacy by 4 months against

hospitalization was seen in all age groups: 68% to 27% efficacy from 2 to 4 months in ages 18-64 (compared to unvaccinated) and 64% to 53% to 39% efficacy from 2 to 4 to 6 months after vaccination for people ages 65+. ([Link-Gelles, slide 13](#))

- While people who got the bivalent vaccine had lower rates of hospitalization, those who got the monovalent vaccine were further out from the last dose (median of almost a year), which likely also reflects waning over time. ([Link-Gelles, slide 13](#) and [CDC vaccine efficacy dashboard](#))
- Immunocompromised people ages 18+ had lower overall vaccine efficacy: 30% to 43% to 31% efficacy at 2 to 4 to 6 months after vaccination. ([Link-Gelles, slide 14](#)).
- Waning was also seen in protection against ventilation or death from 76% to 54% from 6 months to 12 months after vaccination. ([Link-Gelles, slide 20](#))
- On April 10, DHHS and the White House [announced](#) the launch of **"Project NextGen," investing \$5 billion in next generation Covid vaccinations and treatments**, including nasal and pan-coronavirus vaccines.

## ↳ PREVENTION:

- **Ventilation:** The CDC released [new indoor building ventilation standards](#) in May 2023. They recommend aiming for at least 5 air exchanges per hour and using MERV-13 or better filters to reduce transmission of respiratory infections.
- **[California isolation and quarantine guidelines](#) were updated on March 13:**
  - **If you test positive for Covid, isolate for at least 5 days and wear a mask for 10 days.**
    - You may leave isolation after 5 days if symptoms are gone or improving and have had no fevers for 24 hours without the use of fever-reducing medications.
    - Wear a mask around others for 10 full days after start of symptoms. If you had no symptoms, wear a mask for 10 full days after your positive test. You may remove your mask sooner than Day 10 if you have two negative tests in a row, at least one day apart.
    - [Click here](#) to download the Alameda County isolation PDF. [Click here](#) to read more isolation details from Alameda County.
  - **If you were exposed and have no symptoms, test immediately and 3-5 days after your last exposure. Wear a mask for 10 days, even at home around others.**
- **Masks:** [As of April 3 in California](#), masks are *recommended but not required in indoor high-risk settings, including health care, long-term care, correctional facilities; homeless, emergency and warming and cooling centers*. Individual facilities may still choose to make masks required.

- Masks will remain [recommended](#) in public indoor and transit settings when community levels are high (or medium for vulnerable people).
- Masks are also recommended 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 levels above](#) or the [CDC transmission levels](#).

## ↳ TEST-AND-TREAT:



- **If you have health insurance in California, you can still get 8 free COVID home tests after the federal public health emergency ends on May 11.** Insurance companies will still be required to cover 8 COVID home tests per insured person per month indefinitely. California insurance companies are also required to cover COVID-related costs through *any* licensed provider without copays, cost-sharing or prior authorizations until November 11, 2023 (a 6 month extension from the federal end thanks to [CA Senate Bill 1473](#)). After November 11, 2023, California insurance companies will still be required to cover *in-network* COVID-related costs. [Click for more info](#) about the end of the public health emergency for California residents.
  - For everyone: if you haven't yet requested the 4 free COVID home tests from the federal government 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.
- **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.

- **[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.
- **What are current COVID treatment options?**
  - **Paxlovid, remdesivir and molnupiravir remain effective** against the newer variants.
  - **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.
  - Paxlovid expiration dates have been extended to 24 months by the FDA. [Check updated expiration dates here.](#)
- **How can we prevent long COVID?** Aside from wearing masks and preventing infection, the latest data suggests that you can reduce the risk of long COVID if you get infected with:
  - **Vaccination** with at least 2 doses was associated with a 43% reduction of long COVID in a large [systematic review](#) of 41 studies.
  - **Paxlovid** treatment was found to reduce the risk of long COVID by 26% in a large [VA study](#).
  - **Metformin** (a safe and inexpensive medication usually used for diabetes) taken for 2 weeks during acute COVID infection was found to reduce healthcare utilization for severe COVID and the development of long COVID symptoms by 42% in a [randomized control trial](#).
  - **Ensitrelvir** (a protease inhibitor like Paxlovid) taken once a day for 5 days was compared to placebo in a [randomized control trial](#) in people at lower risk (mostly ages 12-69, vaccinated, no medical risk factors for severe disease), and was found to reduce long Covid symptoms by 26-45%, shorten symptoms by a day and reduce time to first negative test. This study was also presented at CROI 2023. Ensitrelvir is already approved for COVID treatment in Japan.
  - **A "healthy lifestyle"** (BMI 18-25, never smoking, exercise, moderate alcohol intake, high quality diet, sleeping 7-9 hours per day) was found in the [Nurses' Health Study II cohort](#) (all women, 97% white) to be associated with a lower risk of long COVID. Participants with 5-6 healthy lifestyle factors had 49% lower risk of long COVID.

## ↳ THE END OF COVID EMERGENCIES:

**Free Covid vaccines, testing and treatment will still be covered by insurance and available at pharmacies and community partners for uninsured people after the federal public health emergency ends on May 11 under [CA law](#), the national [PREP Act](#) and new [Bridge Access Program](#).**

- In April 2023, the Department of Health and Human Services

(DHHS) [announced](#) that some of the PREP Act protections for Covid vaccines and treatment distributed by the US through pharmacies and community partners will continue, including pharmacist-administered free vaccines and treatments and the [national Covid test-to-treat program](#). The [CA Covid test-to-treat program](#) through Sesame care is also still available.

- DHHS also [announced](#) that they will partner with pharmacies to provide Covid vaccines and treatments such as Paxlovid free-of-charge to people without insurance coverage in the Bridge Access Program to be launched this fall.
- People with insurance coverage in California will be protected from out-of-pocket charges for Covid testing, vaccines and treatment from *any licensed provider* until November 11, 2023. After that, California insurance companies will still be required to cover these costs *in-network* without out-of-pocket charges. [Click for more info](#) about the end of the public health emergency for California residents.

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

The end of the state emergency has led to the end of extra pandemic-era CalFresh benefits and the closure of some COVID testing and treatment sites. It may also impact hospitals' ability to address staffing and space shortages as well as some COVID-related paid medical leave policies. [Click for more info](#) about the end of the public health emergency for California residents.

**The [end of the federal emergency on May 11, 2023](#)** will result in:

- The end of continuous Medi-Cal coverage. Medi-Cal recipients will have to manually renew and prove eligibility again.
- The end of *national* 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, so insurance coverage of home test kits and COVID-related health care costs in California will extend till then.
- The end of requirements for insurance to cover all telehealth services; coverage will vary by state.

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

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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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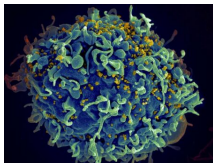
**NEXT SECTION:**



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## HIV UPDATES

MAY 31, 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

COVID-19

ARCHIVES

SIGN UP FOR OUR NEWSLETTER

### Jump to:

- [East Bay HIV updates](#)
- [New HIV/STD resources](#)
- [New HIV/STD studies](#)

## EAST BAY HIV UPDATES

These East Bay HIV updates will be on summer break from June to September 2023, then will be updated as needed with practice-changing updates rather than monthly. Thanks for visiting and reading!





- **Check out our new [Injectables webpage](#)!** You can find the latest East Bay resources and updates on injectable HIV medication and PrEP on this page.
- **[Injectable Sunlenca \(lenacapavir, or LEN\)](#) is now available on Medi-Cal and ADAP.** Sunlenca is a long-acting injectable HIV medication (capsid inhibitor) taken every 6 months for people who have drug-resistance has been a Medi-Cal pharmacy benefit since March 1 and on the CA ADAP formulary starting April 25, 2023. Prior authorization is required for ADAP coverage due to its high cost.
- **The Medi-Cal re-enrollment requirement is back** due to the end of pandemic emergency exemptions. Medi-Cal members should update their information to ensure they receive their Medi-Cal re-enrollment packet. To confirm mailing information is current in Alameda County, please contact [Alameda County Social Services Agency](#) online or at (888) 999-4772 to report changes including name, address, phone number, or e-mail address. Reenrollment information started mailing in April. Alameda County Medi-Cal members should receive their packet during the month of their initial enrollment.
- **[DoxyPEP for sexy peeps! Our new East Bay doxy-PEP resource guide](#)** has been posted and will be kept updated as new data, guidance and resources become available.
- **[The East Bay Rapid ART quick guide](#)** has been updated with the latest guidelines and practices. Many thanks to Drs. Doug White and Sunny Lai and the Highland ED and HIV teams for collaborating with us on this guide! GTZ-SF has also recently updated the [GTZ-SF Rapid ART guide](#).
- **Do you have new staff who want HIV training?** Check out our [Quick start guide for new HIV staff](#) with free trainings and East Bay HIV resources recommended for case managers, clinicians, nurses, pharmacists and HIV all care team members.

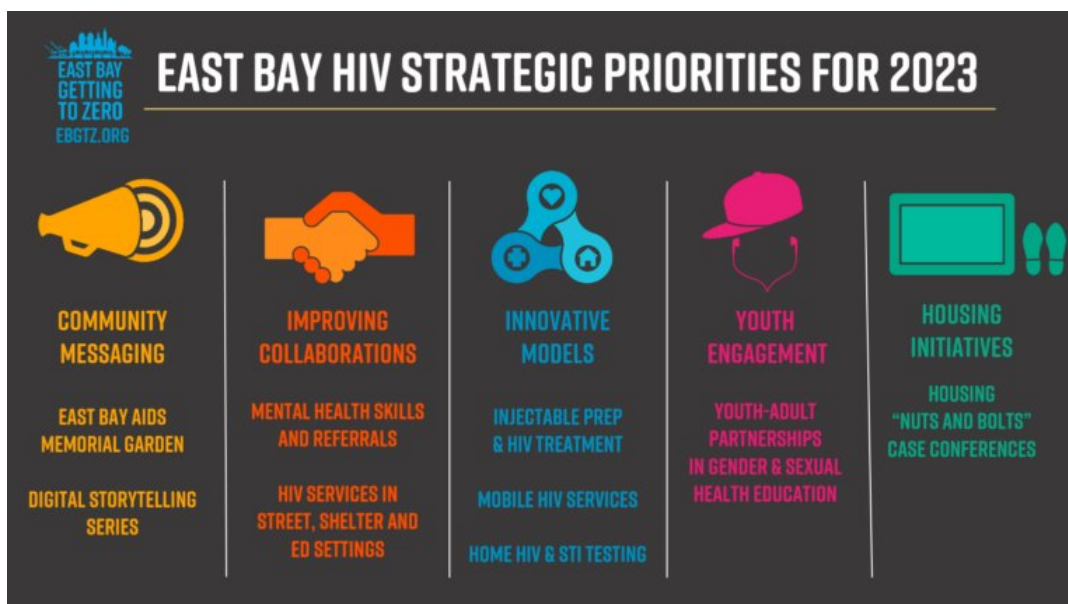


## NEW HIV/STD RESOURCES

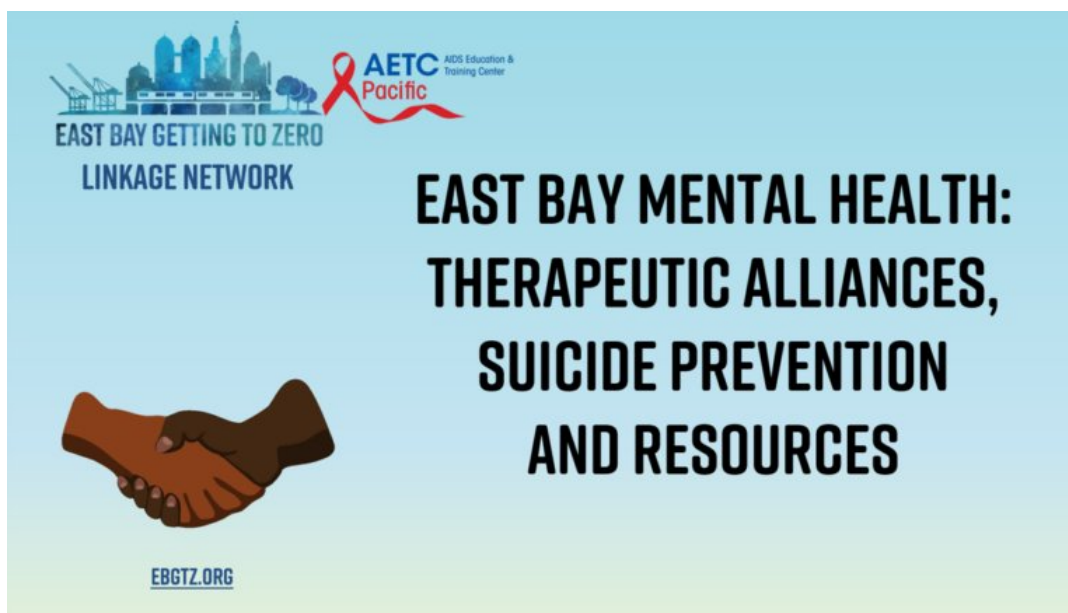
updated May 2023

- **[Updated national pediatric HIV guidelines](#)** released in April include a shorter course of post-partum AZT prophylaxis (2 weeks instead of 4-6 weeks) for infants born to people living with HIV, and recommendations for shared decision-making around breast/chest-feeding with sustained undetectable viral loads.
- **[Updated perinatal HIV data](#)** ([here](#) and [here](#); data from 2010-2019) found that the U.S. is approaching the goals set in 2012 for a perinatal HIV transmission rate below 1%, though disparities still persist. Infants born to Black parents have higher rates of HIV diagnosis, and infants born to Latinx parents still have HIV transmission rates higher than 1%.
- Alameda County released a **[health advisory on xylazine](#)** ("tranq"), a veterinary sedative detected in combination with fentanyl and other substances in a rising number of overdose deaths, particularly in the northeastern United States. Click for: [more info on xylazine from CDPH](#), [xylazine info and wound care handouts](#) (PDF) in English and Spanish.
- On April 16, 2023, a **[Penicillin G Benzathine shortage](#)** (Bicillin L-A® or "BIC") was announced. **ACPHD recommends that Benzathine penicillin G (Bicillin L-A®) is prioritized for treatment of pregnant people infected with or exposed to syphilis** and to use alternative treatments for other populations when available. ACPHD also recommends to stick with 2.4 million units of Bicillin L-A® for primary, secondary, and early latent syphilis, since additional doses do not increase efficacy, including among PLWH. The manufacturer anticipates the issue will be resolved in the next two months.
- **Increase in extensively drug-resistant (XDR) shigellosis:** Alameda County issued a [health alert](#) in March on this enteric bacterial infection, which is transmitted fecal-orally person-to-person, including through sex, as well as through contaminated water and food. A huge increase in recent years have disproportionately impacting MSM, PLWH, international travelers and people experiencing homelessness. Test people with more than 3 days of diarrhea and cramping with a stool [culture](#) and [susceptibility](#) testing.

[The 2023 update of the East Bay HIV Strategic Plan in English](#) is 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 May 2023.



Did you miss our **mental health workshop** on March 30? [Click here for our guide to East Bay mental health resources and watch the recording.](#)



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## NEW HIV/STD STUDIES

updated May 2023

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

**Recent COVID-19 is associated with increase in false positive HIV Ag/Ab tests:** an [observational study](#) found that a positive SARS-CoV-2 PCR result within 2 weeks of HIV combo testing significantly increased the likelihood of a false-positive HIV Ag/Ab test (OR 4.22). The false-positive association was strongest for a positive HIV antigen result, which suggests that there may be cross-reactivity between HIV and SARS-CoV-2 proteins. This strengthens the importance of

getting an HIV RNA test to confirm positive HIV Ag/Ab results.

**HIV telemedicine visits had better outcomes than in-person visits** in a 2022 comparison [study](#) at an HIV primary care clinic in Arizona. Patients in the study were given the option for telemedicine or in-person visits. Better performance was seen for those receiving telemedicine visits for visit show rate, medical outcomes (viral load suppression, diagnosis rates), cost-effectiveness, time management, and patient and employee acceptance of the clinics.

**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 selected highlights below, our [complete highlights here](#), more summaries on [Dr. Paul Sax's CROI 2023 Really Rapid Review](#) and on [NATAP's website](#).



- **Doxy-PEP:** doxycycline post-exposure prevention for STIs was found again to be [effective](#) for MSM and transwomen but [not](#) in a group of ciswomen in Kenya. No marked doxycycline [resistance](#) has been found yet.
- **CAB/RPV (Cabenuva) injectable ART:** [Thigh injections](#) have drug levels equivalent to gluteal injections. CAB/RPV is highly effective even for people with [viremia](#) and adherence challenges and is non-inferior to BIK, but baseline [viremia](#) and NNRTI or INSTI [resistance](#) are associated with CAB/RPV failures so watch those starting with viremia closely and avoid using it alone with baseline resistance.
- **CAB-LA (Apretude) injectable PrEP:** there may be some [forgiveness](#) with late injections. Failures are rare and can be [hard to detect](#), so get an HIV RNA and Ag/Ab at each injection and quarterly after stopping. Treat people with breakthrough infections with protease-inhibitor-based regimens, such as Symtuza.

Please [click here to read our highlights](#) from the updated [IAS-USA HIV guidelines](#).



## UPCOMING EVENTS



### SOCIAL DETERMINANTS AND HIV RELATED HEALTH EQUITY

📅 June 13 from 9:00 am to 4:30 pm



### GRUPO DE CHARLA (SPANISH LANGUAGE WORKING GROUP)

📅 June 14 from 9:30 am to 11:00 am



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## INJECTABLE HIV MEDICATIONS AND PREP

MAY 31, 2023

[Clinical Guides](#), [Data](#), [HIV treatment](#), [PrEP](#), [Prevention](#)



## INJECTABLE RESOURCES

- **Clinical guides, protocols and EHR tools**

- [EBGTZ Injectable PrEP Quick Guide](#)
- [Pacific AETC Injectables Toolkit](#), including clinical protocols, checklists and patient education
- [SFDPH Injectable PrEP Pocket Card PDF](#); also [on this webpage](#)
- [Ward 86 Long-acting Injectable Antiretroviral Protocol](#)
- [LifeLong Long-acting Injectable ARV Protocol](#)
- [Epic SmartPhrases for Cabenuva and Apretude from LifeLong](#)

- **Training videos**

- [Apretude clinical training video from Viiv: click to watch here](#) or [watch on the Viiv website](#)
- [Cabenuva implementation video from AETC](#): medication storage (at 11:02 mins), administration (at 12:59 mins)
- [Ventrogluteal injection site training video](#)
- [Thigh injection \(vastus lateralis\) site training video](#)

- **Infographics for community members**

- [Injectable ART and PrEP graphics from NLAAD](#), some are [posted below in English and Spanish](#)
- [Options for PrEP Chart \(includes pill & injectable options\) – Denver PTC](#) (also posted below in English and Spanish)

## LATEST HIV INJECTABLE UPDATES

- We currently have 3 long-acting injectable HIV medications (Cabenuva and Sunlenca) and 1 long-acting injectable HIV PrEP medication (Apretude) that are FDA-approved and available.
- **Clinical/prescribing updates:**
  - **[Sunlenca \(lenacapavir, or LEN\)](#)** is a long-acting injectable HIV medication in a new class called capsid inhibitors taken every 6 months in combination with other active HIV medications for people who have drug-resistance.
  - **[Cabenuva \(cabotegravir/rilpivirine, or CAB/RPV\)](#)** is a combination of 2 long-acting injectable HIV medications taken every 1 to 2 months. Cabenuva no longer requires an oral lead-in prior to injection. [Study data](#) shows long-term virologic suppression and safety to ~3 years.
    - **Check carefully for resistance:** Remember to check genotype and ART history carefully, including evaluating baseline transmitted resistance. Since CAB/RPV is a 2-drug regimen, we want to avoid using it alone in people with RPV or CAB resistance. Check for the key CAB/RPV resistance mutations listed at the bottom of page 2 of the [W86 protocol](#). You can also analyze the impact of [resistance mutations on the Stanford database](#).
    - **For people starting injections with viremia:**
      - Check viral load every 1-2 months after you start CAB/RPV.
      - We recommend staying with q4-week dosing for 3-6 months and wait for sustained viral load suppression before switching to q8-week dosing.
      - CAB/RPV is effective even for people with [viremia](#) and adherence challenges and is non-inferior to bicitgravir regimens (Biktarvy), but baseline [viremia](#) and NNRTI or INSTI [resistance](#) are associated with CAB/RPV failures so watch those starting with viremia closely and avoid using it alone with any baseline resistance.
    - **For people with chronic hepatitis B:** CAB/RPV is not active against hep B. If CAB/RPV is still the best HIV ART option for them, add oral hep B treatment.
    - **Consider injection site options:** [New data](#) presented at CROI 2023 found that CAB/RPV thigh injections have drug levels equivalent to ventrogluteal and dorsogluteal injections.
    - **For people with BMI>30 on CAB/RPV:**
      - [Data presented at CROI 2023](#) found lower cabotegravir and rilpivirine concentrations were associated with people with high BMI and people who did not use an oral lead-in.
      - The [ATLAS 2M study](#) also found lower drug concentrations with q8-week dosing compared to Q4-week dosing, though still above the necessary concentration.
      - Here are strategies to consider for people with BMI>30, based on discussion with SF and East Bay HIV clinicians and pharmacists and the updated [Ward 86 LAI Protocol](#):
        - Use an oral ART regimen overlapping with the first CAB/RPV injection for the first 2 weeks.
        - Use a 2-inch needle or longer to inject the medication into muscle.
        - Consider using injection sites where you can best reach muscle, e.g. thigh vs. ventrogluteal vs. dorsogluteal injection sites.
        - Stay on a q4-week dosing schedule for at least 3-6 months with consistent viral load suppression before switching to q8-week dosing.
        - Be even more cautious in people with BMIs>40 since we do not have data yet for people with BMIs>40 and already know that drug levels are lower for people with BMIs 30-40. Consider not using CAB/RPV if you have good alternatives, or consider using 900/600 mg RPV/CAB dosing q4-weeks, pending further data.
  - **East Bay access and coverage updates**
    - Sunlenca (lenacapavir) has been a Medi-Cal pharmacy benefit since March 1, 2023, and on the ADAP formulary

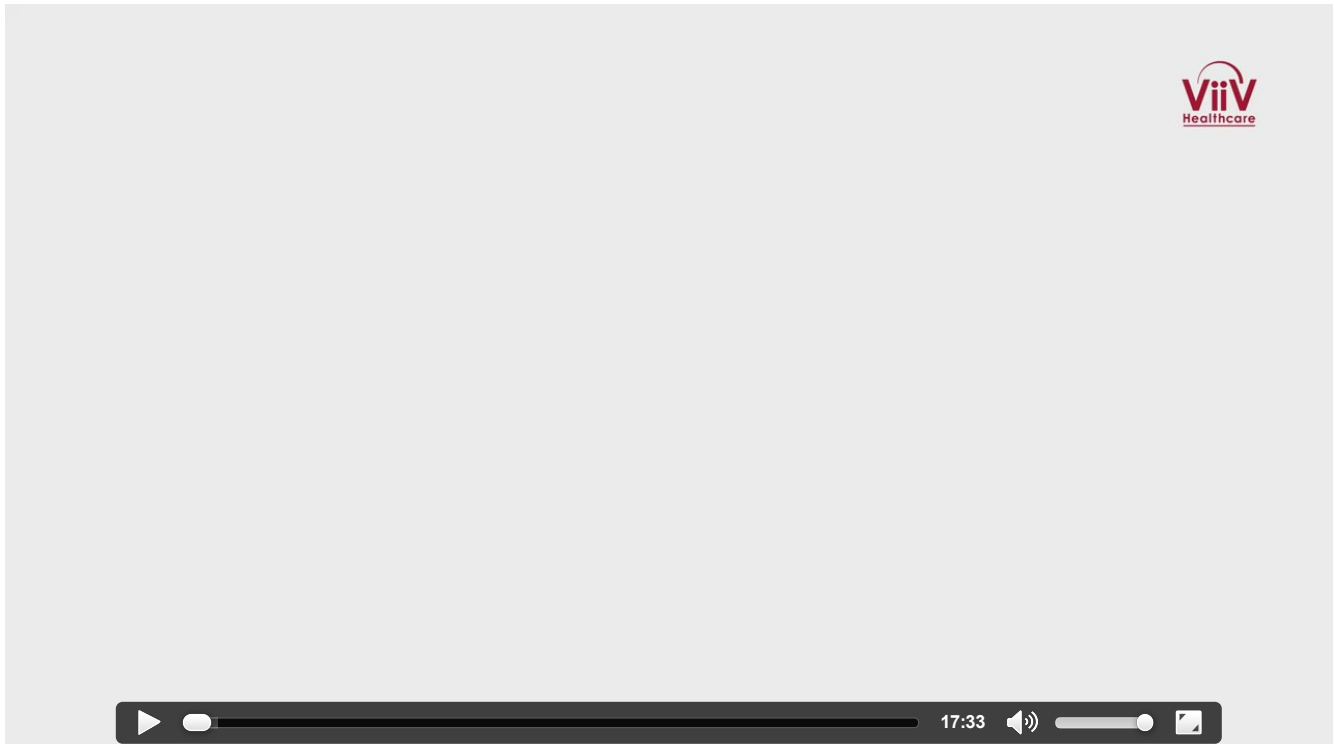


starting April 25, 2023. Prior authorization is required for ADAP coverage due to its high cost. Sunlenca is available through CVS Specialty Pharmacy.

- Apretude and Cabenuva is covered by Medi-Cal without a prior authorization, and Cabenuva is covered by ADAP without prior authorization. Walgreens Community, AHF, CVS Specialty and Walgreens Alliance pharmacies have Cabenuva ART and Apretude PrEP available.

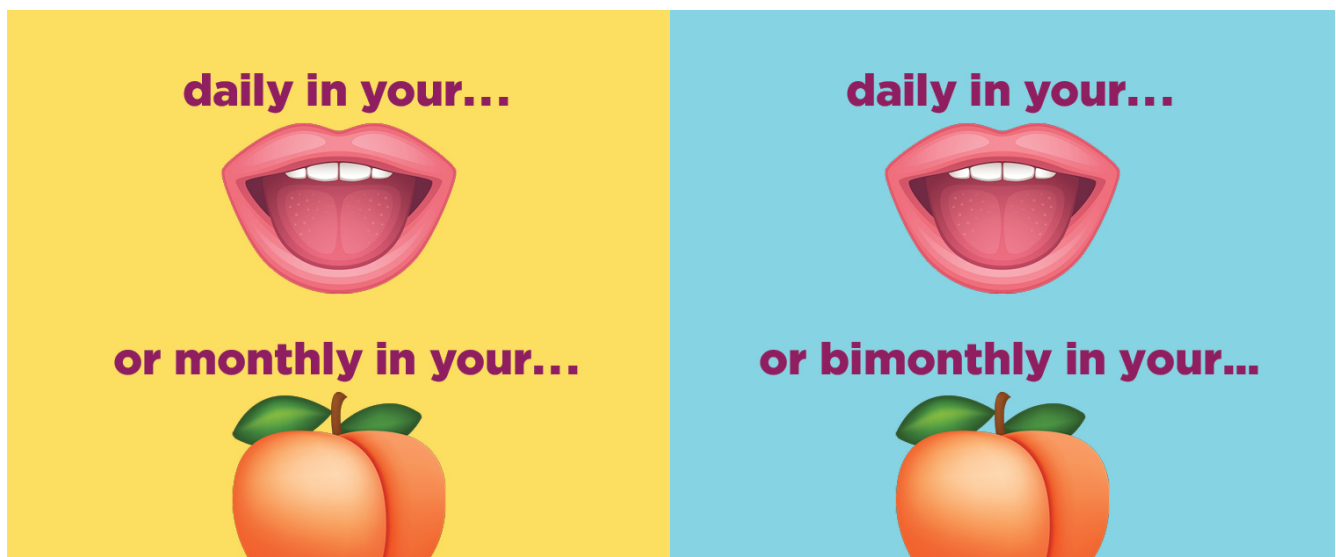
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## APRETUDE TRAINING VIDEO FROM ViiV (MANUFACTURER)



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## INJECTABLE GRAPHICS FROM NLAAD FOR COMMUNITY MEMBERS (HIV ART IN YELLOW AND PREP IN BLUE)



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## MPOX UPDATES

MAY 31, 2023

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- [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](#)

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## EAST BAY MPOX UPDATES

**Starting June 2023, these East Bay mpox updates will be updated as needed with practice-changing updates rather than monthly. Thanks for visiting and reading!**

**Free mpox vaccines are available in [Alameda County](#), [Contra Costa County](#) and throughout [California](#), with additional vaccine events added for Pride and summer events.**


- **Mpox cases in the East Bay were at zero or very low levels April through mid-May 2023** in [Alameda County](#), [Contra Costa County](#), [California](#). As of May 25, 2023, there were no mpox cases reported in Contra Costa County in April and none in Alameda County since March 2023.
- **New mpox clusters were seen elsewhere in the US March-May 2023**, so please encourage people at risk to complete 2 doses of the vaccine. Dr. Eileen Dunne, ACPHD STD/HIV Controller, [presented mpox updates](#) on May 18 describing a cluster of cases seen in the Chicago area March-May 2023, including cases among people who received the mpox vaccine. None were hospitalized. Providers should have high suspicion for mpox among people presenting with symptoms even if they've gotten 2 doses of the vaccine.
- **Alameda County released an mpox health alert on May 23, 2023:** "Healthcare providers should suspect and test for mpox in patients with a new rash, even if a person has received mpox vaccination. Prompt testing and isolation until results of testing return can limit spread of the infection. Any suspect, probable, or confirmed mpox case should be reported within 24 hrs to ACPHD by email at [AcuteCD@acgov.org](mailto:AcuteCD@acgov.org)."
- **Two doses of the mpox vaccine still offers the best protection. Anyone who requests the mpox vaccine should receive it, including women and especially people of color. Free mpox vaccines are still available in [Alameda County](#), [Contra Costa County](#) and throughout [California](#).** Walk-ins are welcome at some locations.
- **Don't forget other STIs:**
  - Get screened right away for mpox along with HIV and other STIs if you have symptoms, especially when a rash or other symptoms are not getting better, and even if you've received the mpox vaccine.



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

#### More Mpox studies/data:

- **For Clinical Teams:** The National STD Curriculum (University of Washington) now includes a detailed [Mpox Clinical Guide](#) that includes clinical presentations, photos of lesions, and guidelines for infection control, obtaining a sample for testing, providing treatment, and vaccination.
- **Check out the new [Mpox Wastewater Monitoring Dashboard](#)** from the national Biobot network. Data from April 2023 shows that 0% of the Western region wastewater sites (including California) had positive mpox detection.
- **[Mpox in people living with HIV \(PLWH\) with advanced immunosuppression can be life-threatening.](#)** [A global mpox study](#) found that mpox can be a [disfiguring](#) and life-threatening opportunistic infection, with a mortality rate of 27% among PLWH with CD4 <100. This data presented at CROI 2023 shows how important it is to test and treat HIV early, vaccinate people against mpox, and treat mpox early in PLWH with immunosuppression. This study confirms earlier studies that found 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 **ensuring vaccine coverage and rapid access to diagnosis and TPOXX treatment continues to be crucial.**
- **Mpox vaccine efficacy has been found to be 36-75% for one dose and 66-86% for two doses.** Please see table below for updated US vaccine efficacy data. A [study](#) presented at CROI 2023 found that a 2-dose mpox vaccination campaign reduced mpox incidence by 99%. [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 offers greater and longer protection. All people in the East Bay getting the mpox vaccine are strongly encouraged to receive both doses of the vaccine.
- **[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 cis men living with HIV and had CD4<200. They experienced had delays in diagnosis and treatment. 12 of the 57 in this group died. This study underscores the importance of 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).

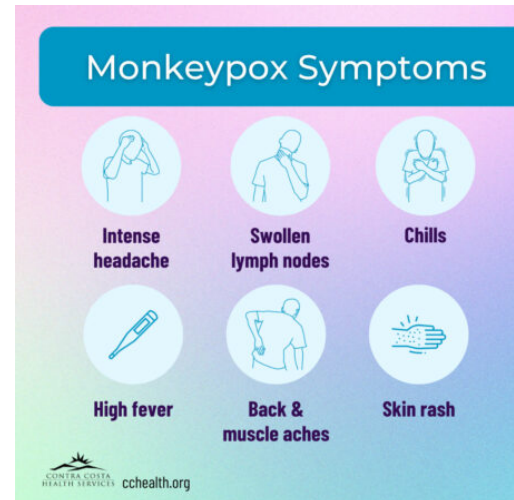
<div> <h2>JYNNEOS Vaccine: Efficacy</h2> <div>  </div> </div>				
Vaccine performance				
<ul style="list-style-type: none"> <li>▪ Vaccine effectiveness (VE) ranged</li> <li>▪ No differences observed between intradermal or subcutaneous routes</li> </ul>				
Study population	Cases; Controls	Vaccination status	VE for 2 doses (95% CI)	VE for 1 dose (95% CI)
Epic national dataset case-control study	2,193 cases; 8,319 controls	Full: 3%, Partial: 11%, Unvaccinated: 86%	66% (47-88%)	36% (22-47%)
Multi-jurisdictional case-control study	309 cases; 608 controls	Full: 23% Partial: 32% Unvaccinated: 45%	86% (74-92%)	75% (61-84%)
New York state case-control study	252 cases; 255 controls	Full: 0.8% Partial: 8%	76% (48-88%)	68% (35-86%)

Case-control study	233 controls	Unvaccinated: 91%	(18-00/0)	(23-00/0)
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Sources: Deputy 2023, *N Engl J Med*. Dalton 2023, *MMWR*. Rosenberg 2023, *MMWR*. 37

## 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:** 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](mailto: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.” This includes women and especially people of color, who have faced the biggest gaps in vaccination rates.

In Alameda County during the summer of 2022, although 40% of persons with mpox were Latinx and 25% are Black/African American, only 19% of vaccine recipients were 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”

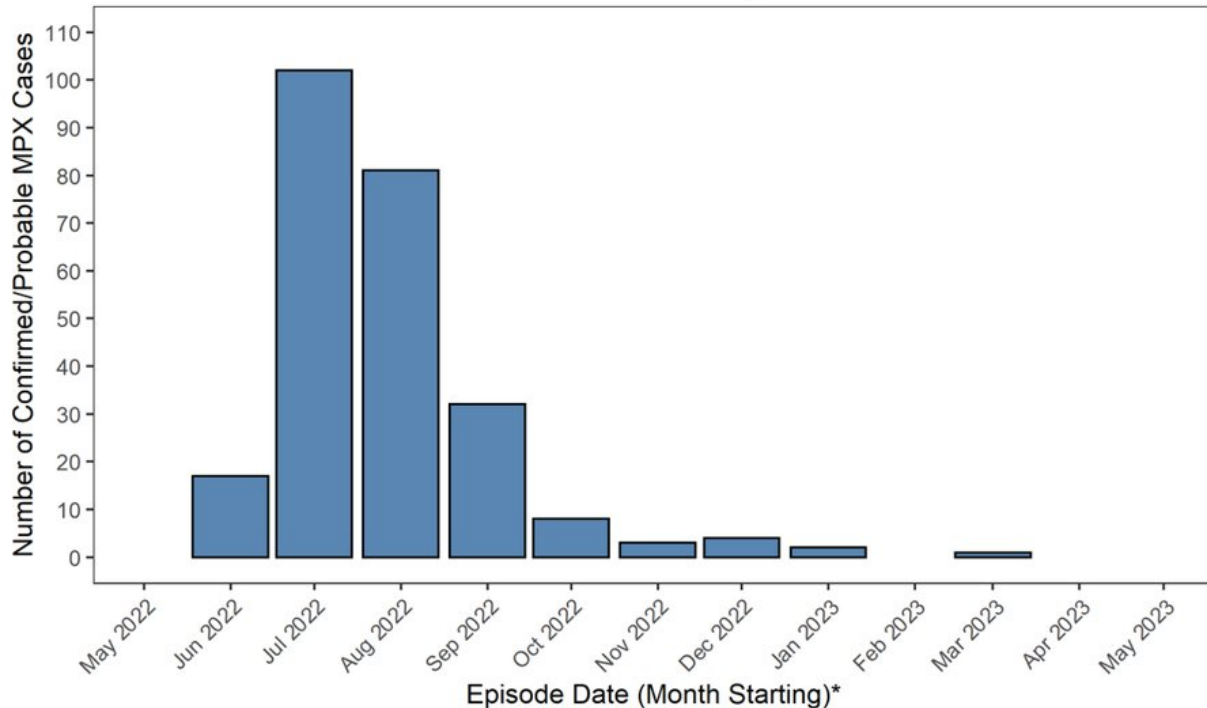
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## **[ALAMEDA COUNTY MPOX UPDATES](#)**





## Number of Confirmed/Probable MPX Cases by Month



\*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

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

## CONTRA COSTA COUNTY MPOX UPDATES

Visit the [Contra Costa Health Services Mpox dashboard](#) for the latest updates on local mpox cases. 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](#)

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## 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](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

# WHAT GAY & BISEXUAL MEN NEED TO KNOW ABOUT MONKEYPOX

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

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

## ¿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 MUSCULARES**



**GANGLIOS LINFÁTICOS INFLAMADOS**

El inicio de los síntomas oscila entre 5-21 días

## WHAT IS MONKEYPOX?

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

## WHAT ARE THE SYMPTOMS?

KEY SYMPTOM



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

OTHER SYMPTOMS



**FEVER & HEADACHES**



**MUSCLE ACES**



**SWOLLEN LYMPH NODES**

Symptom onset ranges from 5-21 days

## LO QUE PUEDE HACER



### MANTÉNGASE INFORMADO

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



### CONTACTE

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



### TOMÉ UNA PAUSA

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

Actualizada: junio 2022

**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](http://gaysexresearch.com)



## 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

**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](http://gaysexresearch.com)



What is Monkeypox? Symptoms, Transmission and Vaccination Questions Ans...

Watch later

Share

# What is Monkeypox? Symptoms, Transmission and Treatment



## WHAT IS MONKEYPOX?



## ¿QUÉ ES LA VIRUELA DEL MONO?

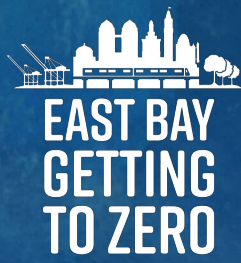
- CDC: Monkeypox: [Get the facts!](#)
- CDC: [Monkeypox Facts for People Who are Sexually Active](#)
- CDC: [Social Gatherings, Safer Sex and Monkeypox](#)
- CA Department of Public Health: [Monkey Pox Q&A](#)
- InterPride: [Monkeypox & Pride: Know Before You Go! \(webinar\)](#)
- CDPH: [Monkeypox: An 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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