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COVID-19 UPDATES

SEPTEMBER 5, 2023



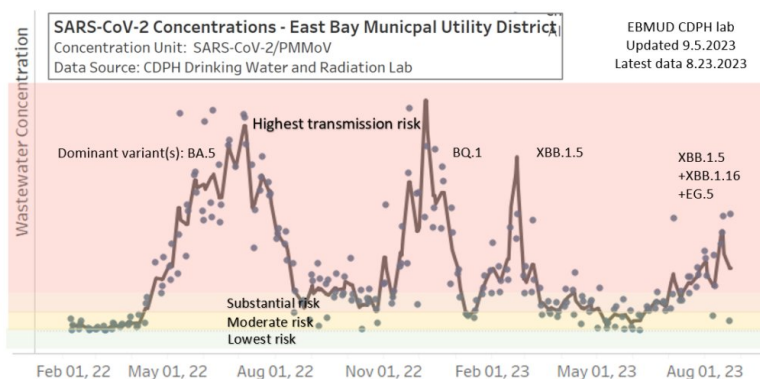
This page includes East Bay COVID viral levels, testing, vaccine, masking, prevention, treatment and other resources, updated monthly. [Please click here to share feedback.](#)

EAST BAY COVID UPDATES

September 2023

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.

Virus levels:



As of September 5, 2023:

- East Bay EBMUD wastewater data shows COVID viral concentrations at high transmission risk levels since late July. There is early indication our summer surge may have peaked, with a decrease in East Bay wastewater viral levels at the end of August. The top three variants sequenced in the Bay Area during the summer surge have been XBB1.5, EG.5 and XBB1.16. [Predictions](#) are for East Bay COVID levels to be stable into

COVID-19 Updates and Guide

Updates

- [East Bay COVID updates](#)
 - [Virus Levels](#)
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Variants

Vaccines

Testing

Treatment

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Archives

September.

- **COVID hospitalizations** in the East Bay increased in August and are predicted to be stable into September.
- **Protect yourself and our communities** by:
 - getting updated [flu](#) and [Covid vaccines](#),
 - wearing N95/KN95/KF94 [masks](#),
 - [ventilating](#) indoor spaces, and
 - using rapid [tests](#) before gathering, when you have symptoms and after exposures.
 - If you get Covid, talk to your provider about getting [treatment](#) or get a free virtual Covid visit [here](#) (**1(888) 897-1244**).

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

↳ **VARIANTS:**

- **The top three variants sequenced in the Bay Area during the summer surge have been XBB1.5, EG.5 and XBB1.16.**
- **The EG.5 ("Eris") variant is increasing in proportion.** As of September 5, 2023, [Bay Area variant data](#) shows that the new EG.5 variant is increasing in proportion (~25% of variants), while the XBB.1.5 and XBB.1.16 variants have been decreasing. Boosters, paxlovid, remdesivir and molnupiravir treatment are still effective against severe disease from the newer variants.
- **Early lab data on the highly mutated BA.2.86 ("Pirola") variant has found it to be less infectious than XBB and while it escapes immunity, it is less than initially feared.** This early data suggests that BA.2.86 may cause a wave but not likely a tsunami, as with the emergence of the original Omicron.
- Read more about [East Bay variants here](#).

↳ **VACCINES:**

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

APPOINTMENT SCHEDULED

Thank you for scheduling your appointment for a COVID-19 vaccine. We look forward to seeing you next week.

TUESDAY
COVID-19 Vaccine Appt.

Talk to your doctor about getting an updated COVID-19 vaccine if your last dose was before September 2022

* Among people receiving 2-4 doses of the original COVID-19 vaccine

bit.ly/mm7205e1

JANUARY 25, 2023

- Updated Covid vaccines targeting XBB are anticipated to be available in mid to late September.

- **Should I wait for the updated vaccine** coming out in late September, or get the bivalent booster available now?
 - For most people, it likely makes sense to wait for the updated XBB vaccine since it is a better match with the circulating variants.
 - If you are older and/or at high risk, haven't gotten vaccinated or infected in the past 6 months, and have potential exposures coming up in the next month, talk to your provider about getting the existing bivalent booster now versus waiting for the forthcoming XBB vaccine.
- **Vaccination guidelines have been updated:**
 - Everyone ages 6+ should get at least one updated vaccine dose (Pfizer or Moderna) to be considered up to date.
 - People ages 65+ may get a 2nd updated booster dose at least 4 months after the first one.
 - People who are moderately or severely immunocompromised may get additional updated doses at least 2 months after the previous one.
- **Get free vaccines** at [local pharmacies](#), your [medical provider](#), [MyTurn.ca.gov](#), [Vaccines.gov](#), or [county sites](#).

VACCINE EFFICACY DATA:

- **Infection and hospitalization data found that the bivalent booster protected 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:

- [California isolation and quarantine guidelines](#) were updated in August:
 - **If you test positive for Covid, isolate for at least 5 days and wear a mask for 10 days.**
 - [Click for the California COVID-19 Personalized Testing and Isolation Calculator.](#)
 - Talk to your provider about getting [treatment](#) or get a free virtual Covid visit [here \(1\(888\) 897-1244\)](#).
 - 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.
 - 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.
 - [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.**
- **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.
- **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.

↳ TEST-AND-TREAT:



over-the-counter at-home
COVID-19 tests a month.



- **If you have health insurance in California, you can still get 8 free COVID home tests until November 11, 2023.** 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.
 - 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.
 - For in-person tests, contact your primary care clinic or find a [testing site in California here](#).
- **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](#).

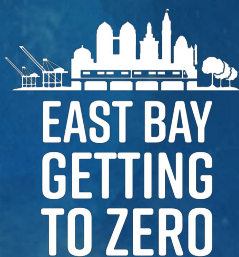
↳ LATEST COVID RESOURCES

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

NEXT SECTION:

Variants

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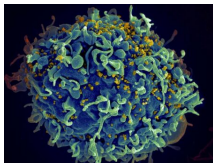
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HIV UPDATES

SEPTEMBER 5, 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](#)

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- [New HIV/STD resources](#)
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EAST BAY HIV UPDATES



The 2023 updates of the [HIV Essentials and Quick Clinical Guides](#) are now available for free download! This [collection of updated guides](#) now includes injectables and can also be downloaded as separate documents:

- [2-pager on HIV testing, rapid ART, PEP and PrEP](#)
- [2-pager on HIV health care maintenance](#)

- And more detailed 3-6 page guides and protocols on:
 - [HIV testing and disclosure](#)
 - [Rapid ART](#)
 - [PEP \(HIV post-exposure prophylaxis\)](#)
 - [PrEP \(HIV pre-exposure prophylaxis\)](#)
 - [HIV health care maintenance](#)

Join us for the in-person [linkage meeting on HIV Stigma and LGBT Communities](#) on September 21, 9-11 am at the California Endowment in Oakland.

NEW HIV/STD RESOURCES FOR 2023

updated September 2023



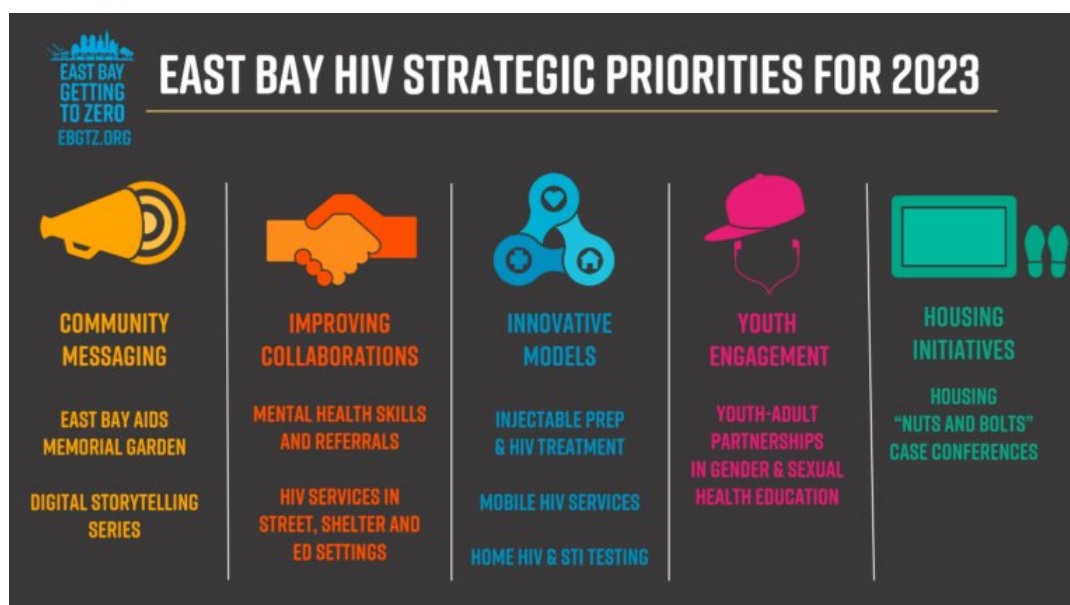
- Check out our [Injectables webpage](#)! You can find the latest East Bay resources and updates on injectable HIV medication and PrEP on this page.
- [Injectable Sunlenca \(lenacapavir, or LEN\)](#) is now available on Medi-Cal and ADAP. Sunlenca is a long-acting injectable HIV medication (capsid inhibitor) 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.
- [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.
- [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

DOXYPEP

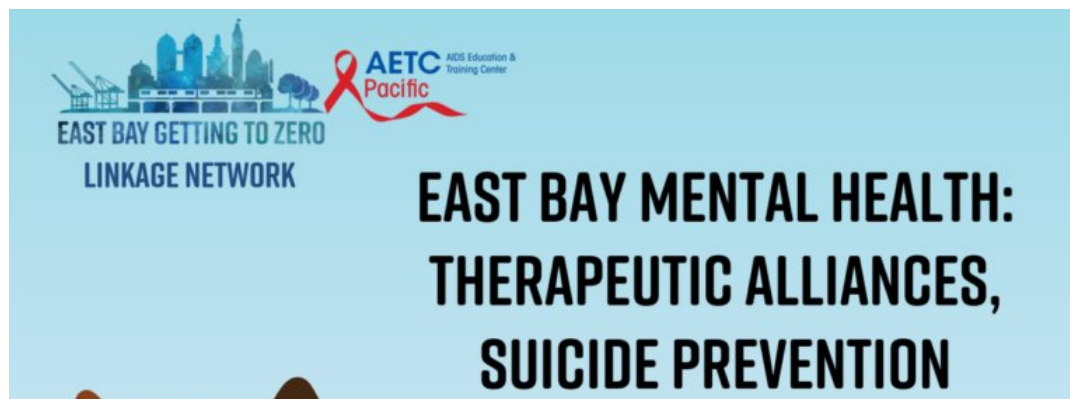
higher rates of HIV diagnosis, and infants born to Latinx parents still have HIV transmission rates higher than 1%.

- 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.
- There has been a [Penicillin G Benzathine shortage](#) (Bicillin L-A® or "BIC") since April 2023. **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.
- **A shigella outbreak has been reported at an LA conference August 21-24, 2023, with cases among Alameda County residents.** Alameda County issued a [health alert](#) on September 1 and providers are asked to monitor, test and report cases.
- **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 is forthcoming.



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.](#)





NEW HIV/STD STUDIES

updated September 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





GRUPO DE CHARLA (SPANISH LANGUAGE WORKING GROUP)

📅 September 13 from 9:30 am to 11:00 am



EB LINKAGE & RETENTION NETWORK MEETING: HIV STIGMA & LGBT COMMUNITIES

📁 [CA Ending the Epidemics](#), [Community Event](#), [Linkage and Retention](#), [Trainings](#)

📅 September 21 from 9:00 am to 11:30 am

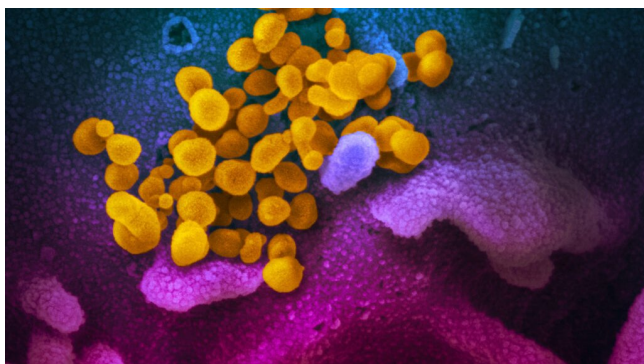
📍 California Endowment Oakland, 2000 Franklin St
Oakland, California 94612



EAST BAY YOUTH ENGAGEMENT WORKING GROUP MEETING

📅 September 21 from 1:00 pm to 2:00 pm

LATEST RESOURCES



OMICRON AND VARIANT FAQs

SEPTEMBER 5, 2023



HIV ESSENTIALS AND QUICK CLINICAL GUIDES COLLECTION


SEPTEMBER 5, 2023

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

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[Clinical Guides](#), [HIV testing](#), [HIV treatment](#), [Linkage](#), [PEP](#), [PrEP](#), [Prevention](#), [Rapid ART](#), [Retention](#)

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Clinical Essentials:

HIV testing, Rapid ART, PEP, PrEP

Updated May 2023

► **HIV testing**

■ **How should I test for HIV?**

Test everyone ages 13+!
CDC guidelines: test everyone ages 13-64 at least once. Retest after initial test based on risk assessment. Use ICD-10 code Z11.4.

• Order this lab for most people:
HIV 4th gen antigen-antibody test (lab-based)
For possible exposure in the past month, add HIV viral load (HIV RNA PCR or NAAT) to the Ag/Ab test.

• Offer as a normal part of labs:
"We test everyone's cholesterol, sugars, liver, kidneys, and screen for HIV and hepatitis." Or, "We need to check your cholesterol and sugars again, and since we haven't checked for HIV yet, let's do that. The HIV test is a normal part of health screening for everyone. Sound OK?"
("Be sure to mention you are ordering an HIV test so the patient is informed and has the chance to opt out.")

■ **How do I interpret 4th gen HIV test results?**

► **Rapid ART: immediate HIV treatment**
Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal; otherwise aim for within 5 working days. Use ICD-10 code B20 or Z21.

1. **New diagnosis with confirmed labs:** contact HIV linkage coordinator ASAP to schedule disclosure and same-day warm hand-off to HIV intake, readiness counseling, med visit.
2. **Obtain baseline labs as soon as possible:** if not done before first HIV visit, can be done the same day the ART Rx is written.
Baseline labs (higher priority): HIV 4th gen if only rapid test result; HIV viral load (RNA-NAAT); HIV genotypic; CD4 (lymphocyte panel); CBC, CMP; hep B sAg/Ab/Ab, UA, GGT/ALT (exposed sites), RPR.
Lower priority: hep A IAb, hep C Ab w/ reflex, non-fasting lipids, HgA1c, TB QFT/IGRA, total IgG.
3. **Perform a brief, targeted medical history and exam:** check for previous ART, PrEP, PEP use, sexual and drug exposures, comorbidities, meds, allergies, TB & opportunistic illness symptoms.
4. **Offer an ART prescription:** choose one of preferred regimens:
Biktarvy® (dolutegravir/rilpivirine/abacavir) 1 pill PO daily
For most people, including those with high pregnancy potential: **Tivicay® (dolutegravir 50mg) + Truvada® (TDF 300mg/emtricitabine)**

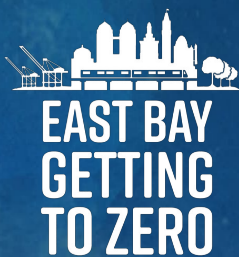
HIV ESSENTIALS: TESTING, RAPID ART, PEP AND PREP (IN 2 PAGES!)

SEPTEMBER 5, 2023

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