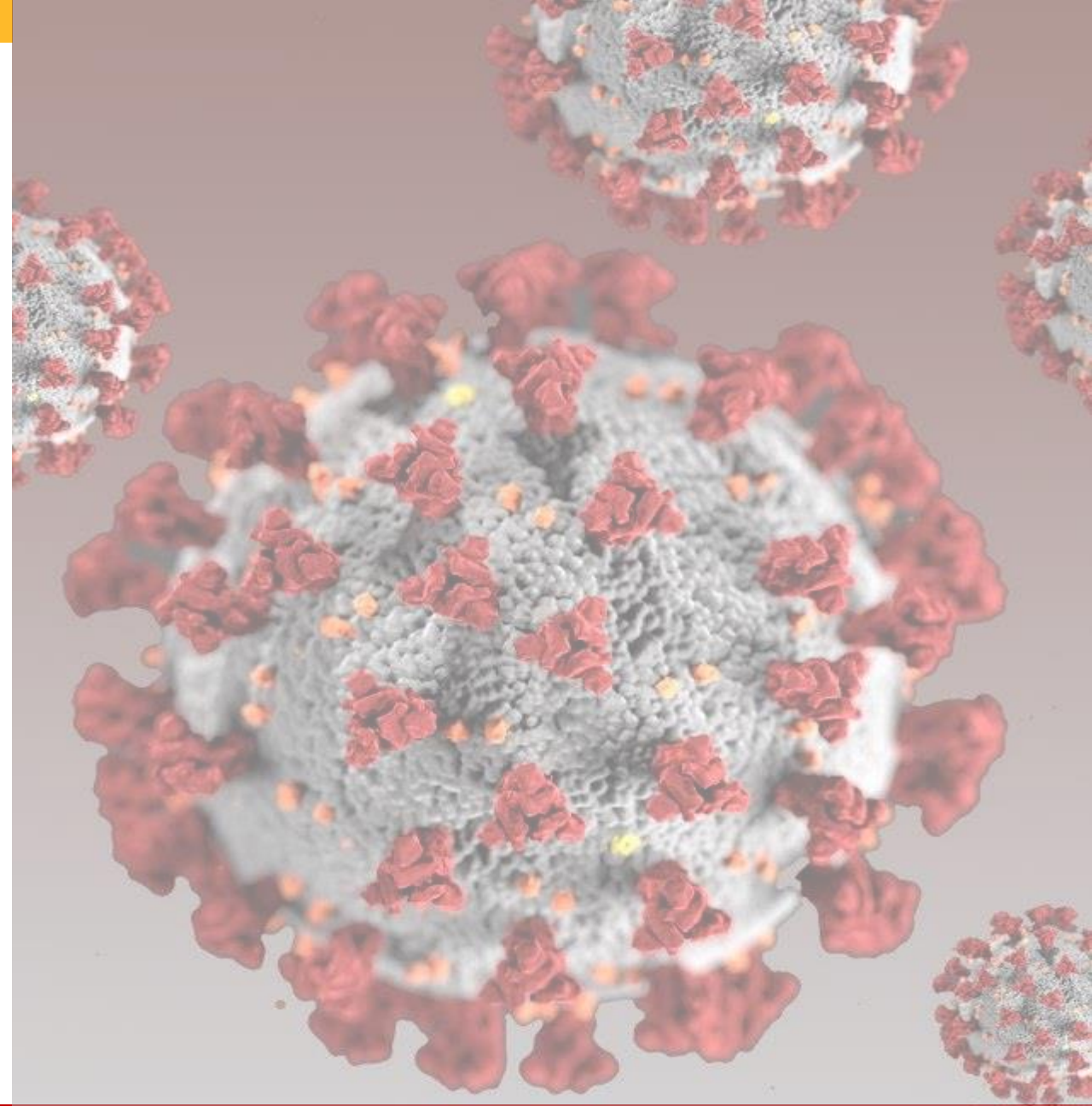


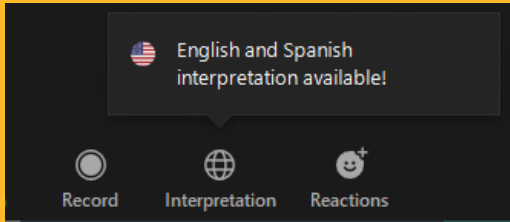
Alameda County COVID-19 Community Advisory Group

COVAX@acgov.org

Meeting 26
August 9, 2022



INTERPRETATION



La siguiente presentación tiene servicio de interpretación al español.

Para iniciar esta función:

1. Haga clic en el icono de Interpretación
2. Seleccione español como idioma

Opcional: Para escuchar solo el audio en español, haga clic sobre “Mute Original Audio”

Live interpretation services are available in Spanish.

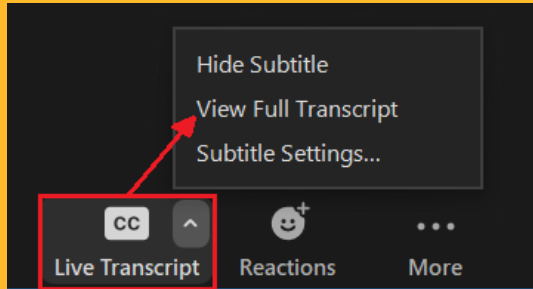


Android & PC

● ● ● iPhone & Mac



INTERPRETATION



Using Closed Captioning

- Click Closed Caption in the controls at the top or bottom of your screen
- After selecting “Closed Caption,” you will see the captioning at the bottom of your screen
- If you need to adjust the caption size
- Click on the arrow next to “stop/start video” and choose “Video Settings”
- Click on “Accessibility”
- Move the slider to adjust the caption size

Como Usar los Subtítulos

- Haga click sobre Closed Caption en los controles arriba en su pantalla
- Después de seleccionar “Closed Caption”, vera los subtítulos al pie de su pantalla
- Si necesita ajustar el tamaño de los subtítulos
- Haga click sobre la flecha cerca de “stop/start video” y elija “Video Settings”
 - Haga click en “Accessibility”
 - Mueva el deslizador para ajustar el tamaño de los subtítulos

AGENDA

1. Welcome
2. Partner Updates and Lessons & Advice from the Field
3. County Updates
4. Strategic Refresh
5. Close Out

Everyone:

Please mute your microphone
when not speaking.

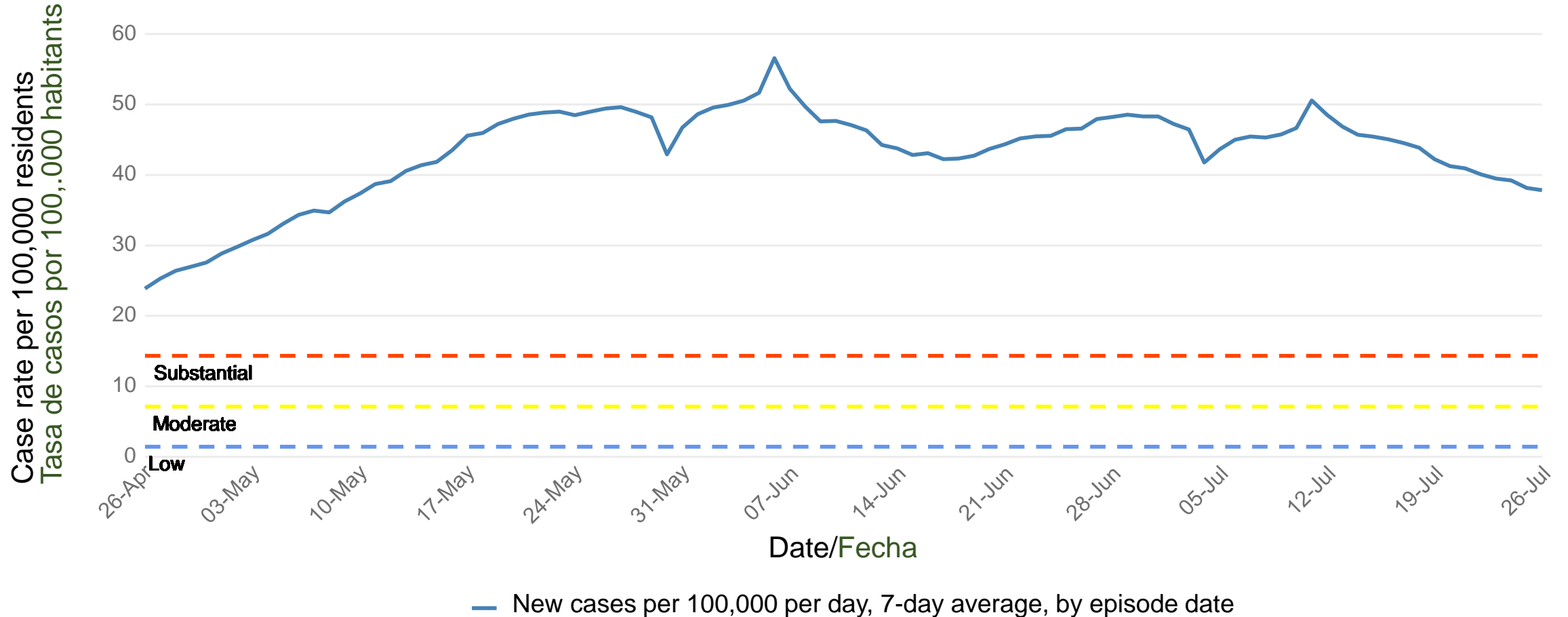
Please ask your questions
in the chat.

2. Partner Updates & Lessons & Advice from the Field

3. County COVID-19 Updates

Alameda County COVID-19 Daily Case Rate

Tasa diaria de casos de COVID-19 del Condado de Alameda



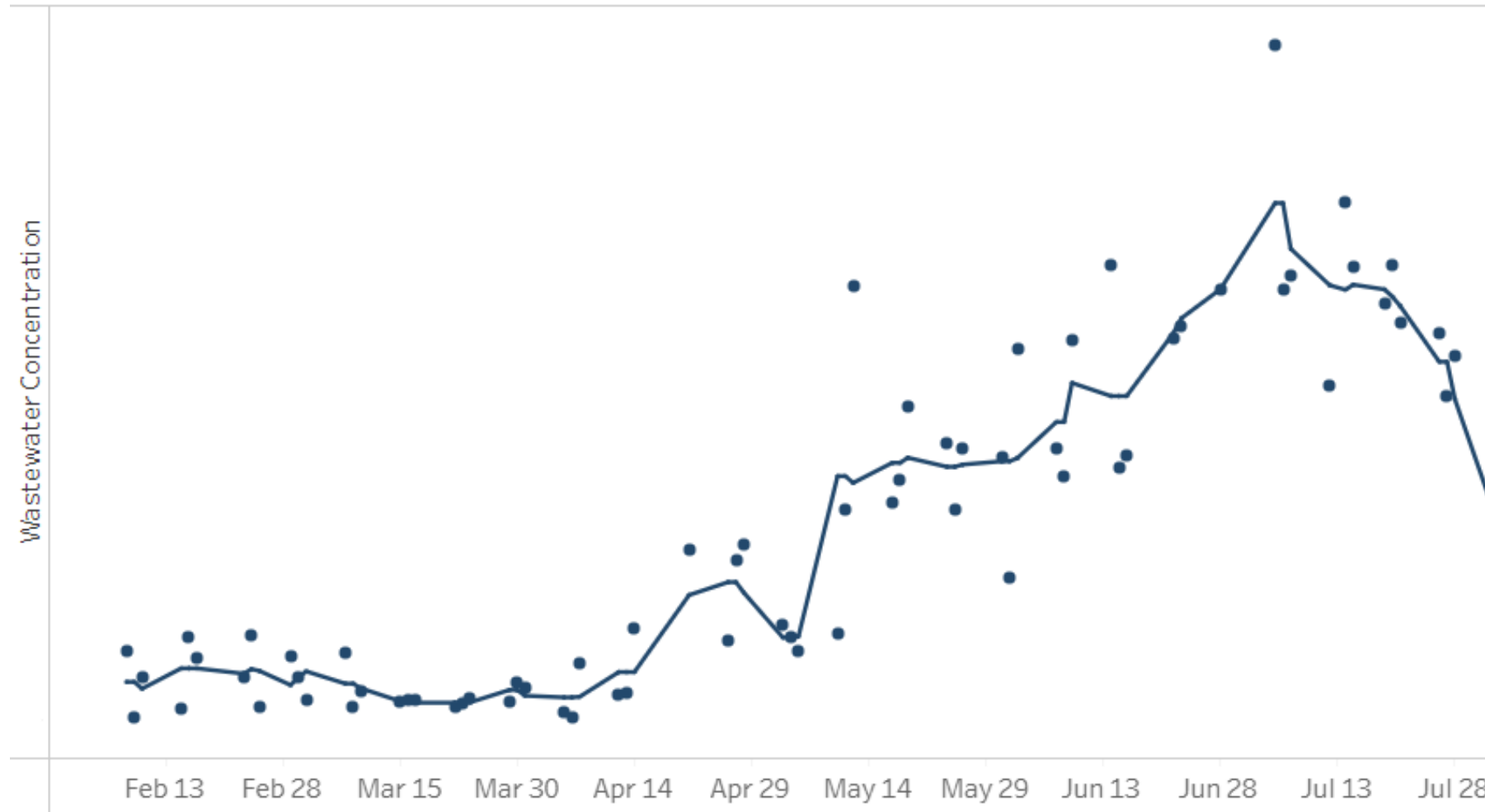
Transmission thresholds are adapted from the Centers for Disease Control and Prevention weekly thresholds, available at: <https://covid.cdc.gov/covid-data-tracker/#county-view>

Includes/incluye City of Berkeley
Source/ fuente: CalREDIE Data Distribution Portal download August 4, 2022

Wastewater Monitoring to 8/2 – East Bay Municipal Utilities District

Concentration Unit: SARS-CoV-2/PMMoV

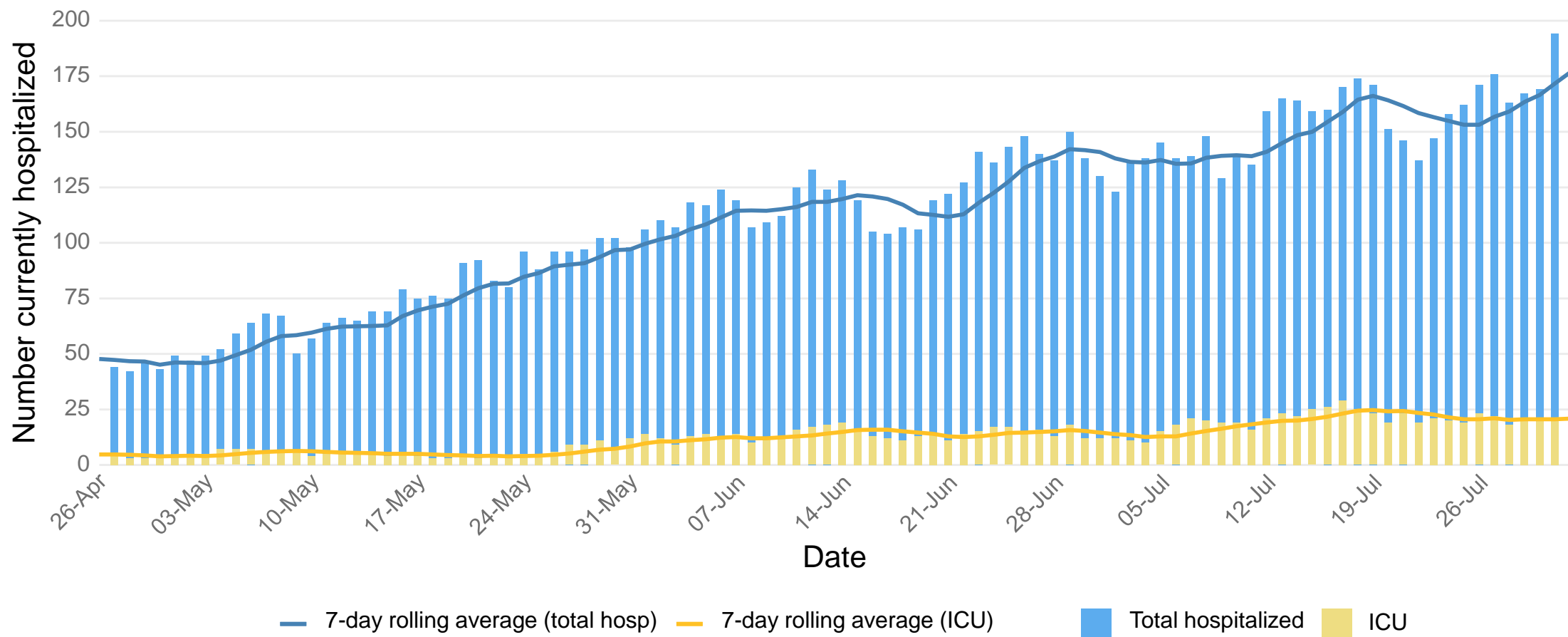
Data Source: CDPH Drinking Water and Radiation Lab



[Cal-SuWers Network Dashboard](#) accessed 8/9/22



Patients with COVID-19 Currently Hospitalized in Alameda County



Source: California Department of Public Health

2022 Monkeypox Outbreak

Alameda County Community Advisory Group

For questions, please contact us at Monkeypox@acgov.org

What is Monkeypox (MPX)?

Monkeypox is a rare disease caused by infection with the monkeypox virus.

Monkeypox Symptoms

May start with Flu-like symptoms, such as:

- fever and/or chills
- headache, muscle ache, or backache
- swollen lymph nodes
- fatigue

Then skin rash that may be:

- located anywhere on the body; **commonly on or near the genitals, in the mouth, and anus**
- red, bumpy, and umbilicated (dome w/sunken center), blisters or pustules, scabs
- painful or itchy



Note: Monkeypox is not a new virus; there was a U.S. outbreak of 47 cases in 2003



How is Monkeypox spread?

Any person—of any gender or sexual orientation—who has ***close or intimate*** contact with an infected person can get monkeypox.

Monkeypox is primarily transmitted in the following ways:

- Direct contact with the skin rash, scabs, or body fluids of an infected person.
- Intimate contact, including kissing, hugging, sex with a person with infection.
- Sharing unwashed bedding, towels, and clothing with an infected person.
- Prolonged close interactions such as those that may occur in a household or living situation.

Monkeypox Outbreak Status in Alameda County

As of 8/8/22, there are **106 cases** of Monkeypox in Alameda County

Currently, most monkeypox infections are occurring among:

Ages

31-40 years

Gender Identity

Cisgender men and transgender people

Sexual Orientation

Gay men, bisexual men, and other MSM*

Race/Ethnicity

47% Hispanic/Latinx

* **Other MSM:** men who have sex with men who do not identify as gay or bisexual

Note: This data is self-reported by persons who tested positive for MPX.

Public Health Department Priorities

- **Collaborate with community and health care partners on public health response**
- **Identify Monkeypox cases and close contacts of cases**
 - Testing
 - Contact tracing (timely identification of close contacts for vaccination)
- **Prevention**
 - Provide guidance and support for Isolation for those that are suspect or confirmed to have infection
 - Vaccination of close contacts of suspect/confirmed cases
 - Accessible guidance on testing, isolation, vaccination
- **Support treatment settings and treatment referrals--** especially for most severe cases
- **Vaccine allocation and vaccine administration to county residents at risk**
 - Guidance for vaccination, allocation to healthcare settings, community clinics and vaccine PODs
- **Infection Control guidance for health care facilities, workplaces, and other settings**

What can County Residents do?

- Anyone with a history of flu-like symptoms and rash (or rash alone) like monkeypox should consult a primary care provider and get tested.*
- Persons who have a new rash like monkeypox should isolate (remain alone at home) and contact a primary care provider.*
- Persons with close contact with someone suspected/confirmed to have MPX should get vaccinated within 14 days (preferably within 4 days).
- Healthcare settings and community vaccine PODs have vaccine available for those at risk for MPX.

***Need to get tested and no primary care provider? Monkeypox@acgov.org**

<https://acphd.org/communicable-disease/monkeypox/>

What is different about MPX compared with COVID?

- MPX is primarily an illness related to ***close contact*** with someone with the virus.
- Most persons with infection have had a characteristic rash.
- Most persons with infection have had close and intimate contact with someone with a rash, or someone likely to have illness.
- Some persons with infection report they have shared linens/towels or been within a household with someone with a rash.
- Very rarely respiratory transmission and primarily in settings in which there was also close contact.
- There is no evidence to date of asymptomatic transmission of monkeypox.

COVID Lessons for Monkeypox Response

- Working closely with community partners is critical
- Utilizing expertise in public health response
- Community vaccination PODs
- Guidance that serves communities needs
- Accessible and appropriate languages
- Prioritizing communities with disproportionate impact

Monkeypox Response: Communities and Partners

- Gay men and other men who have sex with men
- Hispanic/Latinx and Black and Brown communities
- Challenged communities e.g HPI Quartile 1 and 2
- Congregate settings such as shelters, LTCF, HCF, others
- Healthcare Facilities and Providers

4. Strategic Refresh

1-YEAR COVID-19 STRATEGY

Strategic refresh process



Three Phases of COVID-19 Strategy Refresh

Step 1: May 2022 Review of high-level activities of the plan and get feedback from community

Step 2: June 2022 discuss masking order; identify priorities for next strategic plan using a racial equity, community-focused lens.

Step 3: July-August Share community feedback with COVID Division, ACPHD and HCSA leadership to shape the strategic refresh.

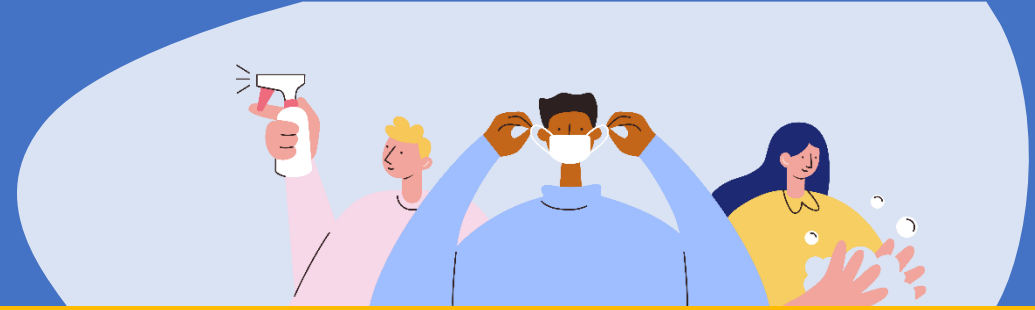
Parts of the COVID-19 Strategy

1. Goals= Alameda County population level health outcomes for the COVID-19 response focused on:
 - Prevention
 - Disease containment
 - Health disparities
 - Public health infrastructure
2. Strategies= actions to accomplish the goals
3. Implementation Plan= largely unseen and internal to operations team

Objective of next CAG meeting: Ensuring the next version of the Alameda County COVID-19 Strategy has community input

1-YEAR COVID-19 STRATEGY

DRAFT for 2022 Strategic Refresh



GOALS

Prevent COVID-19 infection, transmission, and serious illness.

Test, isolate, and support care of people with COVID-19.

Redress COVID-19-related racial/ethnic health disparities.

Strengthen, align, and evaluate public health infrastructure.

STRATEGIES

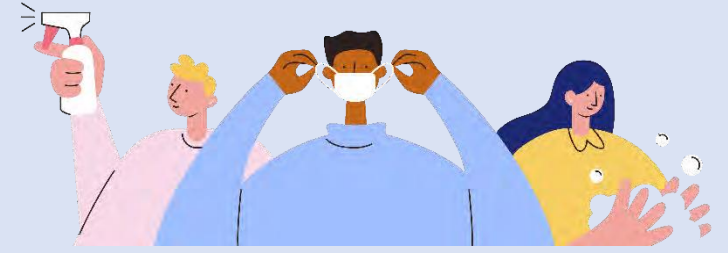
- ✓ Vaccinate Alameda County residents and work with the health system to maintain optimal vaccination of residents.
- ✓ Provide guidance and technical support to individuals, organizations, businesses and congregate settings on how to minimize risk, exposure and transmission.
- ✓ Support adoption of policies and procedures that prevent infection and serious illness.
- ✓ Communicate effectively through multiple means to inform and educate *providers and residents and with an increased focus on serving populations disproportionately impacted by COVID*
- ✓ Protect populations *disproportionately impacted by COVID*
- ✓ Support community-informed and community-led health promotion efforts
- ✓ Align prevention, health promotion, and education

- ✓ Expand partnership with health system to maintain access to testing for all.
- ✓ Investigate cases and outbreaks as needed.
- ✓ Isolate people who test positive for COVID and follow current guidelines for quarantine of contacts.
- ✓ Ensure equitable and ethical access to medication and therapies.
- ✓ Link Alameda residents who test positive for COVID to housing resources, and provide housing to those with no other options.

- ✓ Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, zip code, and age.
- ✓ Target COVID-19-related services to communities shouldering disproportionate disease burden.
- ✓ Identify and address root causes to disparities in COVID-19 and other health conditions.
- ✓ Support and advocate for funding to community-based organizations led by and serving people shouldering disproportionate disease burden.
- ✓ Ensure that all services are accessible, of high quality, culturally competent and linguistically appropriate.

- ✓ Building on the lessons learned from COVID, strengthen the capacity of people, technologies and systems to address current and future issues that impact the public's health.
- ✓ Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services.
- ✓ Expand program evaluation and community research capacities.
- ✓ Continue to use data to drive decisions.
- ✓ Meaningfully engage communities most impacted by COVID-19
- ✓ Support and advocate for funding to maintain community-based emergency response partnerships.
- ✓ Support and institutionalize the department's disaster service worker corp.
- ✓ Expand quality improvement and assurance initiatives within the public health department.
- ✓ Ensure language access and culturally relatable services across the agency.

GOAL 2. Testing & Treatment Strategies



1. What are you hearing from your communities about access to test sites? What are barriers to getting tested?

Home Testing Access

Umoja survey: ~75-80% of people have "easy access" to home tests.

Rapid test at home so no need to test at a site.

Community ownership on testing at home (vs. going to a site).

Challenges w Home Testing

Home testing has become disruptive to the testing process because there aren't reports to PHD. Ppl may be walking around spreading COVID.

Folks don't know how to use a home rapid test.

Ppl not knowing how to use the home tests correctly.

Language/literacy barriers to using instructions on test kits.

They call the church. Check our FB page. Review our group chats.

People are sick of COVID and testing is not a priority.

Barriers getting to a test site

Barriers: transportation, children's needs, elder's needs.

Enrollment into testing with technology barriers.

Technology barriers (e.g. using phone to scan QR code).

Barriers experienced at a test site

Test sites that take insurance may not be as friendly to community members.

Folks feel unwelcomed at some test sites.

Issues of trust - in the process, in the tests

Lack of trust in the process overall because of the testing differential.

some anecdotal info-- some people are not trusting antigen testing because it seems to be less accurate for current variants in the first 2-3 days

COncern about testing positive which might mean they have to take time off of work

"I don't have COVID"

GOAL 2. Testing & Treatment Strategies



2. What locations should county-led testing services consider to increase COVID-19 testing?

Place sites in communities most impacted and where there are few/no other testing resources

Continue to focus on certain geographies and zip codes.

Having mobile testing and having providers go out into the community

Hours/Times

Locate testing "deserts" and do outreach in these locations.

Small tents with some personnel on every corner doing rapid tests (not just PHD's responsibility). Can address real time testing support.

Community Coalitions: align the strategies with their place-based resources and locations.

FQHCs go to testing deserts.

Funding the increased efforts

3. How can Community-Based Organization (CBO) partners support community testing access?

Co-location of services

How to deal with exposure issues with co-located testing and vax.

Totally inclusive of all public health concerns, including COVID.

Confusing Messages

Grassroots organizations leading standardized CBO messaging on masking, testing, vaccinations...

Community response to messaging that gets taken up by health departments to shift messaging.

Difficult for people to understand WHERE to get tested, particularly w/o health insurance (or if they don't trust it): EXPAND messaging of test site availability.

Messaging must include more than just COVID: e.g. diabetes, cancer, cholesterol, etc.

The weekly key messages are helpful. Including videos and photos to share would help CBOs add to their communications.

2. Testing & Treatment Strategies



Themes from CAG:

1. Home tests difficult to use;
language barriers (instructions)

2. Electronic barriers
finding/enrolling in test
sites

Strategies:

- Community support team (ACPHD)/call line available for assistance. Language line to support.
- Locate Test Sites in areas disproportionately impacted (including mobile and pop-up sites); new user friendly map on website (launches this week)
- Distribute Self/At Home Test Kits and PPE (masks and other supplies) to Community providers and partners to distribute to public. Info card is included with all kits in multiple languages.

Strategies to be developed:

- - How to reach people that cannot use home tests effectively? Case by case + Include in DOOR/Navigators/Coalitions education and outreach?

2. Testing & Treatment Strategies



Themes from CAG:

3. Co-locate testing with other services

4. Confusing messages about testing and especially about treatments.

5. Lack of trust (of tests, process)

Strategies:

- Co-locate testing with other events/services, such as neighborhood events, fairs (continuing strategy). Available on request in priority neighborhoods.
- No insurance requirements from ACPHD-led sites.
- Meet regularly with CBO partners.
- Instructional videos developed and posted on web
- Build and expand CDPH “Test to Treat” strategy to assure equitable distribution of therapeutics in priority populations
- Ongoing: Operation Comfort & RoomKey – housing for residents that need to isolate/quarantine with COVID

GOAL 1. PREVENTION – VACCINES

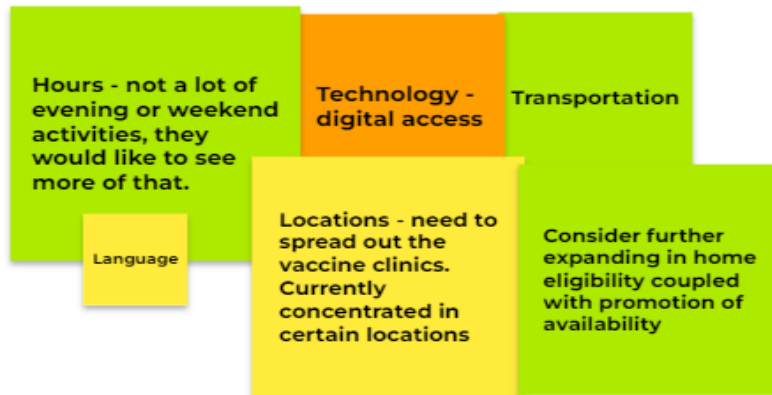
GOALS

Prevent COVID-19 infection, transmission, and serious illness.

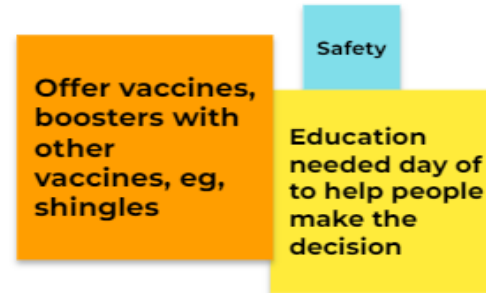


1. What system-wide barriers need to be overcome to make access to vaccines equitable in communities disproportionately impacted by COVID-19?

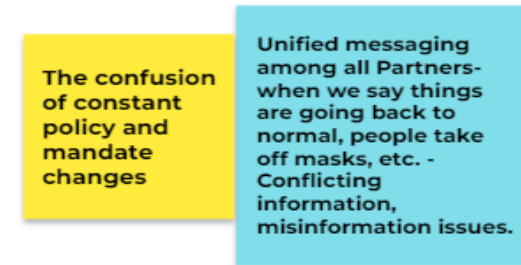
Physical Access



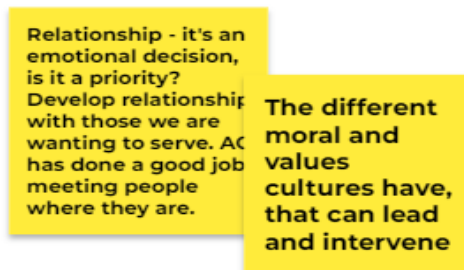
Additional services needed on-site



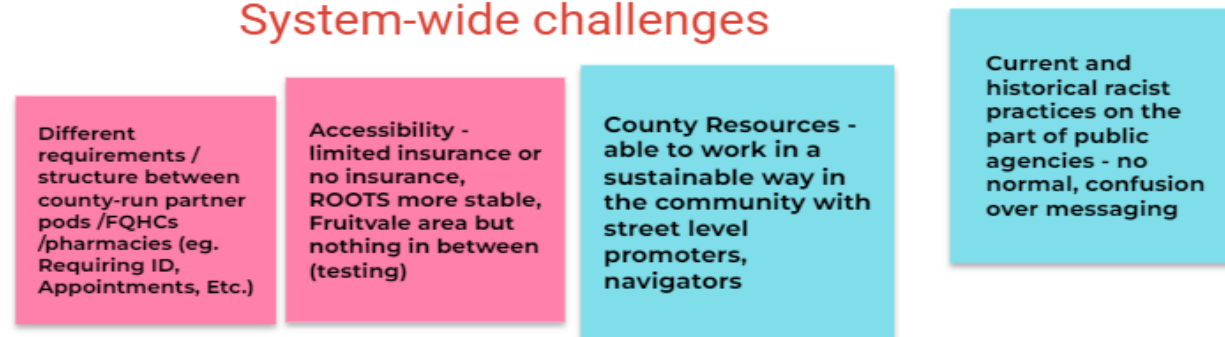
Communications - confusing/constant change



Culturally Appropriate



System-wide challenges



1. PREVENTION – VACCINES

GOALS

Prevent COVID-19 infection, transmission, and serious illness.



2. What approaches to COVID vaccination efforts should be continued?

Diverse, multilingual, multicultural staff

Engage trusted leaders from community

Multi-cultural, diverse staff. Multi-lingual signage and materials

Hearing and seeing trusted representatives of the community message clearly via social and other media.

Have additional services at PODs or hold in conjunction with events

Health educators

Pairing vaccination with ongoing social activities

Merge Covid with other diseases

Community Navigators/Trusted community leaders providing regular feedback, targeted outreach, directing to services

additional investment in the partners; training AND employing the community to do the work

Location/Hours/Registration

A stationary vac site that does not require ID or health insurance, that is open all days of the week

Home visits for people who are home-bound

Phone registration support

Prioritize highly impacted ZIP Codes

Low-bar documentation/self-attestation

Evening & Weekend Hours

Same Day/Drop-In Appointments

back-to-school clinics

message a value (that is almost the opposite of the "normal" / dominant value of individualism / "my rights") of protecting the community

1. PREVENTION – VACCINES

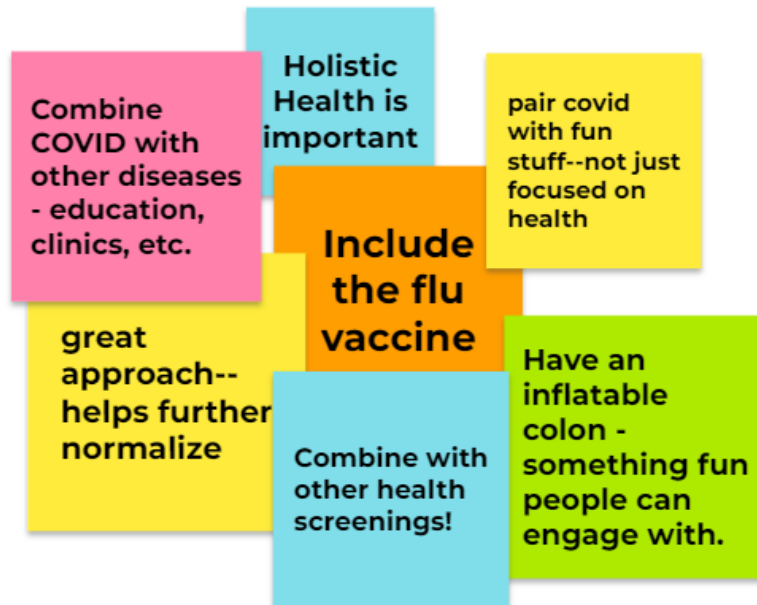
GOALS

Prevent COVID-19 infection, transmission, and serious illness.



3. What are potential impacts of co-location of COVID-19 vaccinations with other vaccines to help increase uptake for COVID vaccines? (or other recommendations on vaccines?)

Co-location of services



Assure safety measures



1. Prevention - Vaccines



Themes from July CAG:

1. Increase physical access by increasing after-hour clinics, weekends, and expand in-home vaccination
2. Co-locate vaccination clinics with other services or events

Strategies moving forward:

- Co-locate vaccine PODs with other events/services, such as offering flu or shingles vaccines
- Include other activities at POD/clinic sites (fun)
- Increase mobile and pop-up PODS, reduce low-attendance stationary PODs, maintain at least one weekend POD

1. Prevention - Vaccines



Themes from July CAG:

3. Engage trusted leaders from communities

4. Electronic barriers for areas/people with low digital access

Strategies moving forward:

- Community Resilience Partners – outreach; education; vaccine support
- DOOR campaign (Direct Outreach to Our Residents)
- Community Navigators roundtable
- Community Support team – link people to resources; assist with appointments; guidance and support for isolation/quarantine.
- Staff onsite support follow-up registration (bi-lingual staff onsite)

1. Prevention - Vaccines



Themes from July CAG:

5. Confusion over messaging – constant change, need unified messages

6. Current and historical racist practices; lack of trust

ADDITIONAL CHALLENGES:

- Confusion over messaging
- System challenges – different requirements (insurance) from different agencies.

Strategies moving forward:

- Communications Team: social media, radio, news, print *[NOTE: cannot do television due to cost]*
- Health and racial equity training for all staff and volunteers
- Continue to locate clinics in neighborhoods disproportionately impacted by COVID (low vaccine, high transmission)
- Continue to rely on data and community feedback to address inequitable outcomes
- Engage staff that reflect the culture of communities being served

TO BE DEVELOPED - Role of CAG

3. Community Support – Access, Awareness, Treatment

GOALS

Test, isolate, and support care of people with COVID-19.

Redress COVID-19-related racial/ethnic health disparities.



1. How aware is your community of COVID treatment options?

Lack of Awareness/Confusion about treatment and options



Access barriers from: Pharmacies; providers; insurance



3. Community Support

Access, Awareness, Treatment

GOALS

Test, isolate, and support care of people with COVID-19.

Redress COVID-19-related racial/ethnic health disparities.



2. How do communities learn about COVID vaccinations, testing and treatments?

TV; Social media;
family/friends; PHD

CBO-led messaging

Messaging overall is garbled now. Simplification needed.

For Street Level, in-person outreach (street, phone-banking), and very straight forward or visual messaging most important. Utilizing language resources

We host a weekly (now every other weekly) meeting (Umoja)

Based on our convenience survey of attitudes post mask mandates, people are getting information from 1. Television/News; 2. Social media; 3. family friends; 4. PHD

Utilize mail flyers that go out in different languages with groups that provide those mail flyers

In-person communications are most effective

People rely on people and places where they already have an established relationship and trust.

trusted sources telling them during typical interactions with them (not at health fairs or health specific events)

In person conversations - not just handing out flyers or a hotline #

agree with face to face communication; education as most effective for low tech

More on the ground efforts with education and providing the treatment that includes joint efforts with providers and outreach workers

On the ground mobilization

Agree with Kim!

3. Community Support Access, Awareness, Treatment

GOALS

Test, isolate, and support care of people with COVID-19.

Redress COVID-19-related racial/ethnic health disparities.



3. What outreach and educational strategies are most effective for those with no internet/low tech literacy?

Are there neighborhoods/communities that have not yet been reached?

In-person outreach and education

Direct Outreach to Our Residents (DOOR)

Community Navigators

In person outreach

Community Resilience Coalitions

Continuity of messages across CBOs, providers, PHD

Primary care providers and pediatricians are essential for all medical services - they must be up-to-speed and unified in their messaging.

Need continuity of messaging and and combined effort.

Confusion is widespread across all demographics - education, age, culture, and literacy levels aside.

Reach out to: elders, less mobile, homebound re: access to services

Elders, less mobile, and homebound residents have few options for access.

Between Fruitvale and Deep East Oakland

Radio public service announcements.

3. Community Support

Access, Awareness, Treatment



Themes from July CAG:

- Lack of community awareness about treatments

Strategies:

- Treatment Education and Outreach (TEO) – calls to positive cases (>50+ in priority zip codes) – pilot
- Test to Treat expansion
- DOOR campaign; Community Resilience Partners; Community Navigators – doing personal outreach, education, support for appointments (testing and vaccines)
- Community Support Team – linking people to resources (adding MPX)

3. Community Support Access, Awareness, Treatment



Themes from July CAG:

- Language capacity for treatment options
- Some groups (people with disabilities) not told about treatment options by providers
- Pharmacies not accessible to marginalized communities; not accepting phone orders
- Messaging not consistent – from providers; pharmacies

Strategies :

In Progress

- Inquiries/Comm. Support team has multiple languages
- Telemedicine call line – in development
- Work with provider groups to increase awareness on treatment availability and options; Health Advisory on Evusheld (for immunocompromised)
- Reinforce CDPH message for pharmacies to take call-in orders

To be developed:

Community-led messaging strategy – simplify, consistent, culturally relevant

Structure for on-going feedback and collaboration with HCSA?

CAG – Additional Input



THANK YOU!

COVID-19 Vaccine

covid-19.acgov.org/vaccines

(510) 208-4829

COVID-19 Testing

covid-19.acgov.org/testing

@Dare2BWell



WAYS TO STAY INFORMED



Community Advisory Group (CAG)

2nd Tues. of the month, 5:30-7:00 PM; next on 9/13

covid-19.acgov.org/community-advisory-group



Public Health Commission

2nd Thurs. of the month, 6:00-8:00 PM; next on 9/15

acphc.wordpress.com



Health Care Services Agency (HCSA)

COVID-19 Updates

Includes presentations & newsletters

covid-19.acgov.org/response



Extra Slides

COVID-19 Treatment

- Medication is available for people with COVID at high risk* of severe illness
 - Paxlovid, Remdesivir, Molnupravir, Bebtelivomab
- Low-barrier treatment options in Alameda County:
 - CDPH Optum Serve mobile test sites (Paxlovid)
 - COVID Division treatment call center in planning
 - COVID Division working with local testing providers to offer treatment (LFCS, WOHC, La Clinica, ROOTS)
- **Test-to-treat** resources also linked at <https://covid.gov/>
 - **Test to Treat Locator**
 - **Find a testing site**
- Contact your medical provider first if possible
- COVID Division Call Center in progress to connect COVID positive individuals to treatment options **510.268.2101** ncov@acgov.org



* **Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC**

Treatment and Prevention of COVID-19 for Eligible High-Risk Persons



Did you just test positive for COVID-19?

Treatment is available for persons who are at *high risk for severe disease*. The blue box below lists some of the reasons a person may be at high risk. Talk with a healthcare provider to find out if you are eligible for treatment.

NOTE: Age and weight requirements may be different for each treatment.

- Recently tested positive for COVID-19 and are experiencing mild to moderate COVID-19 symptoms, AND
- Are in one or more of the following **HIGH-RISK CATEGORIES** for progression to hospitalization or death:
 - Obesity or overweight
 - Older age (65 years and older)
 - Pregnancy, diabetes, chronic kidney disease, weakened immune system, mental health conditions, heart disease, high blood pressure and certain lung diseases, such as COPD and moderate/severe asthma
 - Other medical conditions/factors, including race/ethnicity, that may place patients at higher risk
 - Black/African American, Hispanic/Latino/a/Latinx, other persons of color should speak to their medical provider
 - See the CDC website for a full list: [People with Certain Medical Conditions | CDC](https://www.cdc.gov/coronavirus/2019-ncov/treatment/index.html)

Do you have a weakened immune system?

If you do *not* have COVID-19 and have *not* been exposed to COVID-19, you may be eligible to get Evusheld to help prevent infection. You may also be eligible if you cannot be vaccinated. Talk with a healthcare provider to find out if you are eligible for Evusheld.

Where can I go for treatment?

- Test-to-Treat sites: See [COVID-19 Test to Treat Locator English \(arcgis.com\)](https://covid-19.test-to-treat.locator.arcgis.com/)
- Your healthcare provider/system, community clinics, retail pharmacies.
- For treatments that require an IV or an injection, some patients may be referred by a healthcare provider to an infusion center.
- You can also complete a self-referral form for monoclonal antibody therapy, which is one type of treatment, at the links below:
 - **Total Infusion:** <https://totalinfusion.com/make-a-referral/>
 - **UCSF:** [UCSF External Self or Provider Referral for COVID-19 Monoclonal Antibody Outpatient Treatment \(PDF\)](#)
 - **Stanford Medical Center, Palo Alto:** Contact DL-SHC-Pharmacy-COVID@stanfordhealthcare.org or call (650) 391-8503. [COVID-19 Monoclonal Antibody Therapies - Patients | Stanford Health Care](#)



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Colleen Chawla – Agency Director
Kimi Watkins-Tarnt – Director
Nicholas Moss, MD – Health Officer

Contact
Public Health Department:
(510) 267-8000 Main Line
COVID-19 Information:
(510) 268-2101
www.acphd.org

*Adapted from materials provided by the County of San Diego

COVID Treatment Information

Know Your Treatment and Prevention Options for COVID-19

There are more treatment options available now for COVID-19. While most people do not need treatment, treatments can prevent hospitalization and death for persons who are high risk. **Talk to your healthcare provider** if you are at risk of serious illness and interested in preventive therapy OR if you are at high risk and test positive for COVID-19.

Treatments are not a substitute for vaccination. Vaccination remains the safest, most effective way to protect you from COVID-19. Treatments must be started early, so don't delay testing. Here is information on the available COVID-19 treatments.

	Evusheld	Paxlovid	Molnupiravir	Bebtelovimab	Remdesivir
Who is eligible?	<ul style="list-style-type: none"> • Ages 12+ • Persons without COVID-19 infection OR recent exposure; AND who: <ul style="list-style-type: none"> • Are immunocompromised, • Have received treatment that lowers the immune system, OR • Can't get vaccinated due to severe allergic reaction. 	<ul style="list-style-type: none"> • Ages 12+ • Persons with COVID-19 who are at high risk of serious illness 	<ul style="list-style-type: none"> • Ages 18+ • Persons with COVID-19 who are at high risk of serious illness 	<ul style="list-style-type: none"> • Ages 12+ • Persons with COVID-19 who are at high risk of serious illness 	<ul style="list-style-type: none"> • Adults and children over 3.5 kg (8lbs.) • Persons with COVID-19 who are not hospitalized but are at high risk of serious illness
When must it be started?	Before infection to help prevent COVID-19	Within 5 days from start of symptoms	Within 5 days from start of symptoms	Within 7 days from start of symptoms	Within 7 days from start of symptoms
How is it given?	Injection	Pills taken orally for 5 days	Pills taken orally for 5 days	One-time Intravenous Infusion (IV)	Once daily Intravenous Infusion (IV) for 3 days
Where can it be given?	Healthcare Facility/ Infusion Center	Home	Home	Healthcare Facility/ Infusion Center	Healthcare Facility/ Infusion Center

For more information, visit: <https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19>



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*Adapted from materials provided by the County of Santa Cruz

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Source: <https://covid-19.acgov.org/treatment>