Alameda County
COVID-19
Community Advisory Group

COVAX@acgov.org

Meeting 26
August 9, 2022
La siguiente presentación tiene servicio de interpretación al español.

Para iniciar esta función:
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2. Seleccione español como idioma

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- 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
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.

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

Currently, most monkeypox infections are occurring among:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Ages</strong></td>
<td>31-40 years</td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td>Cisgender men and transgender people</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>Gay men, bisexual men, and other MSM*</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td>47% Hispanic/Latinx</td>
</tr>
</tbody>
</table>

* 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
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

**Alameda County Health Care Services Agency**  
**Public Health Department**

**DRAFT for 2022 Strategic Refresh**

## Goals

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<thead>
<tr>
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<tbody>
<tr>
<td>✓ Vaccinate Alameda County residents and work with the health system to maintain optimal vaccination of residents.</td>
<td>✓ Expand partnership with health system to maintain access to testing for all.</td>
<td>✓ Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, zip code, and age.</td>
<td>✓ 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.</td>
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<td>✓ Provide guidance and technical support to individuals, organizations, businesses and congregate settings on how to minimize risk, exposure and transmission.</td>
<td>✓ Investigate cases and outbreaks as needed.</td>
<td>✓ Target COVID-19-related services to communities shouldering disproportionate disease burden.</td>
<td>✓ Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services.</td>
</tr>
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<td>✓ Support adoption of policies and procedures that prevent infection and serious illness.</td>
<td>✓ Isolate people who test positive for COVID and follow current guidelines for quarantine of contacts.</td>
<td>✓ Identify and address root causes to disparities in COVID-19 and other health conditions.</td>
<td>✓ Expand program evaluation and community research capacities.</td>
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<td>✓ Communicate effectively through multiple means to inform and educate providers and residents and with an increased focus on serving populations disproportionately impacted by COVID</td>
<td>✓ Ensure equitable and ethical access to medication and therapies.</td>
<td>✓ Support and advocate for funding to community-based organizations led by and serving people shouldering disproportionate disease burden.</td>
<td>✓ Continue to use data to drive decisions.</td>
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<td>✓ Protect populations disproportionately impacted by COVID</td>
<td>✓ Link Alameda residents who test positive for COVID to housing resources, and provide housing to those with no other options.</td>
<td>✓ Ensure that all services are accessible, of high quality, culturally competent and linguistically appropriate.</td>
<td>✓ Meaningfully engage communities most impacted by COVID-19.</td>
</tr>
<tr>
<td>✓ Support community-informed and community-led health promotion efforts</td>
<td>✓ Continue to use data to drive decisions.</td>
<td>✓ Support and advocate for funding to community-based organizations led by and serving people shouldering disproportionate disease burden.</td>
<td>✓ Support and institutionalize the department’s disaster service worker corp.</td>
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<tr>
<td>✓ Align prevention, health promotion, and education initiatives</td>
<td>✓ Ensure that language access and culturally relatable services across the agency.</td>
<td>✓ Ensure that all services are accessible, of high quality, culturally competent and linguistically appropriate.</td>
<td>✓ Expand quality improvement and assurance initiatives within the public health department.</td>
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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

- Umjoa 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.

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).

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"

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.
- People are sick of COVID and testing is not a priority.
- They call the church. Check our FB page. Review our group chats.
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.
- Locate testing "deserts" and do outreach in these locations.
- Having mobile testing and having providers go out into the community.
- FQHCs go to testing deserts.
- Hours/Times: 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.

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.
- Funding the increased efforts.

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

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**
- Hours - not a lot of evening or weekend activities, they would like to see more of that.
- Technology - digital access
- Transportation

**Language**
- Locations - need to spread out the vaccine clinics, currently concentrated in certain locations
- Consider further expanding in home eligibility coupled with promotion of availability

**Additional services needed on-site**
- Offer vaccines, boosters with other vaccines, eg, shingles
- Education needed day of to help people make the decision

**Communications - confusing/constant change**
- The confusion of constant policy and mandate changes
- Unified messaging among all Partners - when we say things are going back to normal, people take off masks, etc.
- Conflicting information, misinformation issues.

**Culturally Appropriate**
- Relationship - it’s an emotional decision, is it a priority? Develop relationship with those we are wanting to serve, AC has done a good job meeting people where they are.
- The different moral and values cultures have, that can lead and intervene

**System-wide challenges**
- Different requirements / structure between county-run partner pods / pharmacies (eg, requiring ID, Appointments, etc.)
- Accessibility - limited insurance or no insurance, ROOTS more stable, Fruitvale area but nothing in between (testing)
- County Resources - able to work in a sustainable way in the community with street level promoters, navigators
- Current and historical racist practices on the part of public agencies - no normal, confusion over messaging
1. **PREVENTION – VACCINES**

**GOALS**

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

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

- Engage trusted leaders from community
- Diverse, multilingual, multicultural staff
- Have additional services at PODs or hold in conjunction with events
- Community Navigators/Trusted community leaders providing regular feedback, targeted outreach, directing to services
- Merge COVID with other diseases
- additional investment in the partners: training AND employing the community to do the work

- **Location/Hours/Registration**
  - A stationary vaccination 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
  - Pairing vaccination with ongoing social activities
  - Health educators
  - Low-bar documentation/self-attestation
  - Evening & Weekend Hours
  - Same Day/Drop-In Appointment
  - Back-to-school clinics
  - Prioritize highly impacted ZIP Codes
1. PREVENTION – VACCINES

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

- Combine COVID with other diseases - education, clinics, etc.
- Holistic Health is important
- Great approach - helps further normalize
- Include the flu vaccine
- Combine with other health screenings!
- Have an inflatable colon - something fun people can engage with.

Assure safety measures

- It's a great idea but it can cause confusion to the community member who doesn't know about each vaccine or the difference
- Pair COVID with fun stuff - not just focused on health
- Be sure to message about safety of having multiple vaccines at once.
- Too much can cause problems - need to be careful
- Once Novavax becomes available it will be important to ensure our communities have access to it
- Insurance coverage? Can lead to problems with some people and discomfort getting their shots.
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**

- **Messaging is not simple enough.**
- **Community unaware of the difference between oral medications (the two types) versus the infusion therapies.** Also there are multiple infusion therapies and I don't think people are well aware of the differences.
- **People are more aware of vaccines, but do not seem aware of treatment options, or where.**
- **Margins aware, not generally aware of the limitations related to the timing of initiating oral treatments.**
- **People who take multiple medications for chronic conditions are often unsure about the safety of treatments/drug interactions.**
- **Not very aware or don't know if they will be treated if positive.**
- **Our team hears from people with disabilities (ID and other) who often share that when they reach out to their doctor/nurse/health care provider when they get COVID, they are many times not told about treatment.**
- **Hard to get information or only for "high risk" is confusing and limited to who can access to treatment.**

**Access barriers from: Pharmacies; providers; insurance**
- **Uninsured - not having a doctor to advise them on how to get treated.**
- **Pharmacies are not accessible to marginalized communities - this will not be an option for many.**
- **Some are told Paxlovid not available; need better info. about availability, use, side effects, rebound.**
- **Many barriers! Doctors not prescribing, pharmacies declining to fill prescriptions, etc.**
- **People who are too sick or have mobility issues need to have someone else pick up the treatment for them, but this is problematic or not allowed.**
- **Barriers to access include some pharmacies prohibiting verbal prescriptions only allowing prescriptions through "medical portals." This limits street docs like me from prescribing COVID won’t accept phone.**
- **Barriers: health care providers not talking about treatment unless people ask directly.**
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

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

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)

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

On the ground mobilization

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

Agree with Kim!
3. Community Support
Access, Awareness, Treatment

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

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

- In-person outreach and education
- Continuity of messages across CBOs, providers, PHD
- Need continuity of messaging and combined effort.

- Go to targeted outreach
- Reach out to: elders, less mobile, homebound re: access to services
- Confusion is widespread across all demographics - education, age, culture, and literacy levels aside.
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?
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
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/](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
COVID Treatment Information

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.

Know Your Treatment Options for COVID-19

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<thead>
<tr>
<th>Efavirenz</th>
<th>Paxlovid</th>
<th>Molnupiravir</th>
<th>Bcbdlovirub</th>
<th>Remdesivir</th>
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<tbody>
<tr>
<td>Ages 12+</td>
<td>Ages 12+</td>
<td>Ages 18+</td>
<td>Ages 12+</td>
<td>Adults and children over 3.5 kg (78 lbs)</td>
</tr>
<tr>
<td>Persons without COVID-19 infection OR recent exposure; AND who:</td>
<td>Persons with COVID-19 who are at high risk of serious illness</td>
<td>Persons with COVID-19 and at high risk of severe illness</td>
<td>Persons with COVID-19 who are hospitalized and are at high risk of serious illness</td>
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<tr>
<td>Are immunocompromised.</td>
<td>Have received treatment that lowers the immune system, OR</td>
<td>Can’t get vaccinated due to severe allergic reaction.</td>
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</tr>
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<td>Have received treatment that lowers the immune system, OR</td>
<td>Can’t get vaccinated due to severe allergic reaction.</td>
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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**
- **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](https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19)

Source: [https://covid-19.acgov.org/treatment](https://covid-19.acgov.org/treatment)

*Adapted from materials provided by the County of Santa Cruz*

*Updated: April 2022*