



# Health Update:

## COVID-19 Prevention

May 7, 2023

### **COVID-19 Vaccine Update**

On February 28, 2024, [CDC recommended](#) that persons aged  $\geq 65$  years should receive a second dose of the 2023–24 COVID-19 vaccine if it has been at least 4 months since their first dose of the 2023–24 vaccine, or at least 2 months if moderately or severely immune compromised.

The rationale is based on data showing that those age  $\geq 65$  years have the highest COVID-19 associated hospitalization rates and that those age  $\geq 75$  years have the highest COVID-19 associated mortality rates, as well as on the expectation that in older adults, COVID-19 vaccine efficacy wanes more rapidly with time.

CDC guidance also emphasizes that everyone ages 6 months or older, especially those with weakened immune systems, should stay up to date with their COVID-19 vaccines, including receiving the 2023–24 vaccine. This [CDPH infographic](#) depicts the current COVID-19 immunization schedules for persons with and without moderate-severe immune compromise.

### **Pemivibart (Pemgarda) for COVID-19 Prevention**

On March 22, 2024, FDA granted emergency use authorization (EUA) for pemivibart, a monoclonal antibody infusion for COVID-19 pre-exposure prophylaxis in people age  $\geq 12$  years and  $\geq 40$  kg who are moderately or severely immune compromised and unlikely to mount an adequate immune response to COVID-19 vaccination alone. COVID-19 vaccine should still be administered, and pemivibart should be deferred at least 2 weeks after vaccination. Pemivibart may be repeated every 3 months if needed. See FDA's [Q&A](#) and [fact sheet](#).

### **Expiration of Health Officer Masking Order**

After April 30, 2024, the health officer order in San Francisco requiring masking of healthcare personnel [expired](#) following the end of the winter respiratory virus period and with effective COVID-19 vaccines and treatments such as Paxlovid widely available; clinicians should continue to recommend COVID-19 vaccination and treatment for their patients. Those who operate healthcare facilities may implement their own requirements regarding masking for patients and staff. For instance, they may choose to continue the requirements of the prior order or may require masks in certain settings or circumstances (such as during an outbreak). Additionally, because it is not always apparent that a patient may be at



higher risk, and to continue to encourage essential healthcare visits, SFDPH recommends that healthcare systems and facilities implement policies that staff will mask upon patient request if their policy does not already require staff masking.

### **Avian Influenza Monitoring**

CDC is closely monitoring spread of highly pathogenic avian influenza H5N1, including recent outbreaks in dairy cattle and a single instance to date of spread from cattle to a dairy worker in Texas reported on April 1, 2024. No additional actions are requested of clinicians at this time. The public is reminded to avoid touching all wild animals, including sick or dead birds, and to continue taking longstanding health protective measures such as only consuming milk or dairy products that have been pasteurized. SFDPH will continue to monitor for any significant changes or developments in the situation and will provide updates as needed. Follow CDC's updates on their [H5N1 Bird Flu page](#).

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