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Go to the People: Comparing Out of Clinic COVID-19 Vaccination Efforts in 3 Cities in the U.S.





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Introduction

People experiencing homelessness (PEH) are at increased risk for severe COVID-19 outcomes, given frequent comorbidities and challenges in accessing healthcare in traditional settings (e.g., clinics, hospitals).

Risk for those experiencing unsheltered homelessness is different than for those in indoor congregate settings, in regards to physical distancing, access to hygiene and sanitation facilities, and connection to services.

The U.S. Centers for Disease Control and Prevention recommend that COVID-19 vaccine distribution plans include areas frequented by PEH to improve vaccination coverage, reduce risk of transmission and severe outcomes.¹

Objectives

- 1. Quantify COVID-19 vaccinations administered in out-of-clinic events serving PEH
- 2. Describe best practices and lessons learned for application in future vaccination efforts serving unsheltered PEH

Methods

- 1. Compile data on all COVID-19 vaccinations administered during out-of-clinic events for PEH through May 2021, in cooperation with lead coordinating organizations and street medicine teams
- 2. Quantify number and brand of doses (Moderna, Janssen) administered by city
- 3. Interview clinical teams across regions for qualitative insights
- 4. Summarize strategies employed during mobile outreach
- 5. Identify themes related to barriers and facilitators of out-of-clinic COVID-19 vaccinations among PEH

All data excluded in-clinic and shelter-based vaccinations where possible

Mobile COVID-19 Vaccinations Administered Among PEH

City	Total Doses (through May 2021)	Moderna Dose 1	Moderna Dose 2	Janssen
Boston	834	378 (45%)	220 (26%)	236 (28%)
Chicago	606	296 (49%)	176 (29%)	134 (22%)
Honolulu	123	52 (42%)	43 (35%)	28 (23%)

Deployment Strategies

Locations for vaccine administration:

- Public transit stops
- Churches
- City encampments
- Parks
- Sidewalks
- Outreach vans
- Residences



Vaccine outreach to an encampment outside Boston, MA



A van from the Night Ministry parked in Chicago, IL²



Use of TempArmour Vaccine Carrier outside Copley Station in Boston, MA



Transportation of vaccines to administer outside a hotel in Chicago, IL²



Vaccine administration during street outreach in Honolulu, HI

Approaches that helped achieve success:

- Portable vaccine cooler
- Mobile health vans and vehicles
- Mobile access to state vaccine monitoring systems
- Visiting sites during times that were most likely to be busy
- Waterproof wallets for vaccination cards and street teams' contact info
- Phone chains, passing by encampments after other outreach to help reduce wasted doses

Themes

Barriers to Vaccination among PEH

- Perceptions of immunity to and/or decreased risk of contracting COVID-19 (i.e., through living unsheltered or previous infection)
- Concerns about safety, side effects, and efficacy of newly-developed vaccines
- Food and Drug Administration pause on Janssen vaccine in April 2021
- Difficulty locating patients for a second (Moderna) dose: frequent relocation, lack of phone access, incarceration, hospitalization, substance abuse
- Fluctuating availability of vaccine supply, especially during early rollout

Facilitators to Vaccination among PEH

- Trust and rapport between patients and caregivers, familiar providers
- Education and question-and-answer about vaccine safety and side effects
- Seeing or hearing of friends, family also going through vaccination experience

Limitations

- Indeterminate housing status of vaccine recipients prevents estimating impact of mobile events on vaccination rates among PEH
- Doses do not reflect other mobile community efforts not focused specifically on PEH that likely served some patients experiencing homelesness
- Strategies may not be universally applicable to efforts serving PEH given inherent differences in service capacities, other resources, patient populations and perceptions across geographies
- Events are summarized through May 2021, and therefore do not reflect subsequent administration of boosters and later vaccine recommendations for PEH

Conclusions

Experiences in all three cities emphasize the value of vaccination efforts outside of traditional medical settings.

Mobile vaccination improves access among PEH by removing typical barriers including transportation and navigation of brick-and-mortar clinics.

Such strategies and learnings should be continually utilized in broader prevention and control of vaccine-preventable diseases among PEH.

References

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