

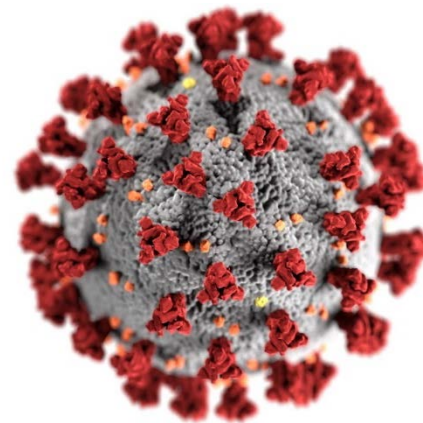
# COVID-19 Vaccination for People Experiencing Homelessness

Presentation developed by:

CDC COVID-19 Response Vaccine Task Force

CDC COVID-19 Response Homelessness Unit

January 19, 2021



Vaccinate with **Confidence**

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Outline

1. COVID-19 vaccine basics
2. COVID-19 vaccine safety
3. Prioritization of people experiencing homelessness for COVID-19 vaccination
4. Special considerations for vaccination among people experiencing homelessness



# Objectives

- Learn vaccine basics that you can share with your colleagues and people you serve.
- Identify vaccination strategies that can be used to reach people experiencing homelessness.
- Recognize how to help overcome barriers to COVID-19 vaccine confidence and receipt of the second dose.



# COVID-19 Vaccine Basics



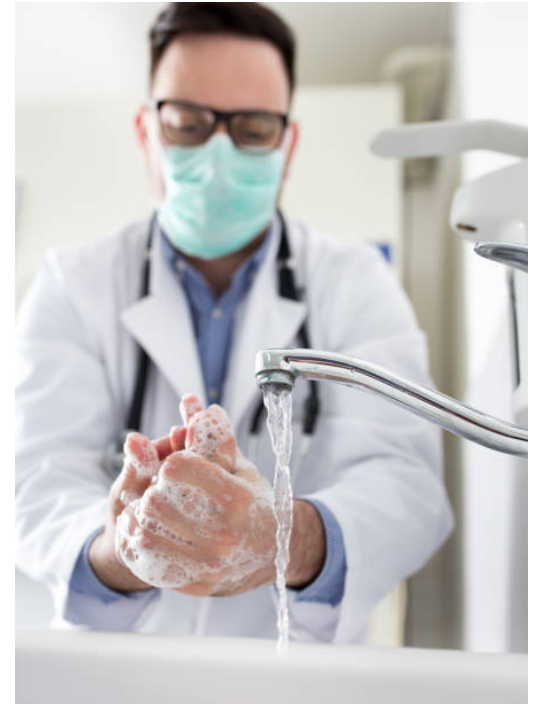
# What we know about COVID-19

- Infection with SARS-CoV-2, the virus that causes COVID-19, can result in a range of illnesses, from mild symptoms to severe illness and death.
- We don't know how SARS-CoV-2 will affect each person.
- Some people are more likely than others to become severely ill, such as older adults (65+ years) or people with certain medical conditions.



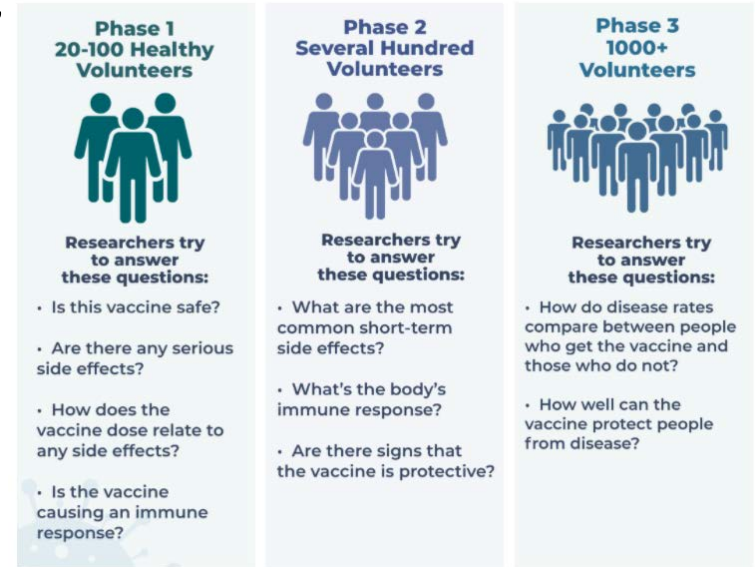
# How to prevent COVID-19

- **Wear a mask** that covers your mouth and nose.
- **Avoid close contact** with others. Stay at least 6 feet (about 2 arms' length) from other people.
- **Avoid crowds.** The more people you are in contact with, the more likely you are to be exposed to COVID-19.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.
- **Clean and disinfect** frequently touched surfaces daily.
- **Wash hands** often with soap and water.
- **Use an alcohol-based hand sanitizer** with at least 60% alcohol if soap and water are not available.



# Adding new measures for prevention: COVID-19 vaccines

- FDA's Emergency Use Authorization (EUA) is a process that helps facilitate the availability and use of medicines and vaccines during public health emergencies, such as the current COVID-19 pandemic.
- Two vaccines have received an EUA (1/19/21):
  - Pfizer-BioNTech (BNT162b2)
  - Moderna (mRNA-1273)
- COVID-19 vaccines are being held to the **same safety standards** as all vaccines.



# COVID-19 vaccine trials by the numbers as of November 30, 2020

## Pfizer/BioNTech

- **43,931** enrolled
- **150** clinical sites
  - **39** U.S. states
- **Racial/ethnic distribution**
  - **13%** - Hispanic
  - **10%** - African American/Black
  - **6%** - Asian
  - **1%** - Native American
- **45%** ages 56-85 years

## Moderna

- **30,000** enrolled
- **89** clinical sites
  - **32** U.S. states
- **Racial/ethnic distribution**
  - **20%** - Hispanic
  - **10%** - African American/Black
  - **4%** - Asian
  - **3%** - All others
- **64%** ages 45 and older
  - **39%** ages 45-64 years
  - **25%** ages 65+ years



Sources: [Pfizer COVID-19 Vaccine](#),  
[Moderna Cove Study](#)

For more information, visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov)



# These COVID-19 vaccines are messenger ribonucleic acid (mRNA) vaccines

- mRNA vaccines teach our cells how to make a harmless piece of the ‘spike protein’ of the virus that causes COVID-19.
- The immune system recognizes the ‘spike protein’ and triggers an immune response that is protective against the virus that causes COVID-19.
- mRNA vaccines do not use the live virus that causes COVID-19. They **CANNOT** give someone COVID-19.
- mRNA vaccines **DO NOT** affect or interact with our DNA in any way.



Source: [Understanding and Explaining mRNA COVID-19 Vaccines | CDC](#)

# COVID-19 vaccines are provided at no cost

- COVID-19 vaccine doses are purchased by the government and provided at no cost.
- Vaccination providers can charge an administration fee for giving the shot.
  - Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.
- Providers must vaccinate patients even if they cannot be reimbursed.



Source: [COVID-19 Vaccination Playbook](#)

# Vaccination is one measure to help stop the pandemic

- The combination of getting vaccinated and following CDC recommendations to protect yourself and others offers the best protection from COVID-19.
  - Cover your nose and mouth with a mask.
  - Avoid close contact; maintain social distancing.
  - Avoid crowds.
  - Clean and disinfect.
  - Wash your hands.





## The facts:

# COVID-19 mRNA vaccines will not give you COVID-19

- **None** of the COVID-19 vaccines in use or under development use the live virus that causes COVID-19.
- Side effects, such as fever, after vaccination are expected. These side effects are signs that the body is building immunity.
- It takes a few weeks for the body to build immunity after vaccination. A person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection.



## The facts:

# COVID-19 mRNA vaccines will not cause you to test positive on COVID-19 viral tests

- Vaccines currently authorized for use or in development won't cause you to test positive on viral tests, which are used to see if you have a **current infection**.
- There is a possibility you may test positive on some antibody tests, which show **previous infection**.



# COVID-19 Vaccine Safety



# About these COVID-19 mRNA vaccines

- These mRNA vaccines are expected to cause side effects after vaccination, especially after the 2nd dose.
- Side effects may include:
  - Fever
  - Headache
  - Muscle aches
- No significant safety concerns were identified in the clinical trials.
- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination.



# Ensuring safety while fast-tracking COVID-19 vaccines

- Investigators used existing networks to conduct COVID-19 vaccine trials.
- Manufacturing began while clinical trials are still underway. Normally, manufacturing doesn't begin until after completion of the trials.
- FDA and CDC are prioritizing review and authorization of COVID-19 vaccines.
- mRNA vaccines were developed quickly because they are faster to produce than most traditional vaccines.



\*For more information, visit the COVID-19 Prevention Network: [www.coronaviruspreventionnetwork.org/about-covpn](https://www.coronaviruspreventionnetwork.org/about-covpn)



# Safety of COVID-19 vaccines is a top priority

- COVID-19 vaccines are being held to the **same safety standards** as all vaccines.



## Before authorization

- **FDA** carefully reviews all safety data from clinical trials.
- **ACIP** reviews all safety data before recommending use.



## After vaccine authorization

- **FDA** and **CDC** closely monitor vaccine safety and side effects.



# Active safety monitoring for COVID-19 vaccines

- **V-safe** is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety
  - Uses text messaging and web surveys to check-in with vaccine recipients after vaccination
  - Participants can report any side effects or health problems after COVID-19 vaccination
  - Includes active telephone follow-up by CDC for reports of significant health impact
    - If appropriate, a report will be entered into the Vaccine Adverse Event Reporting System (VAERS)



# What to expect before, during, and after COVID-19 vaccination

## • Before

- Learn about COVID-19 vaccines.
- See if COVID-19 vaccination is recommended for you.

## • During

- Read the fact sheet that tells you about the specific COVID-19 vaccine you receive.
- Receive a vaccination record card.

## • After

- Expect some side effects.
- Enroll in v-safe.
- Continue using all the measures to protect yourself.
- Make a plan to receive the 2<sup>nd</sup> dose (for vaccines requiring two doses)



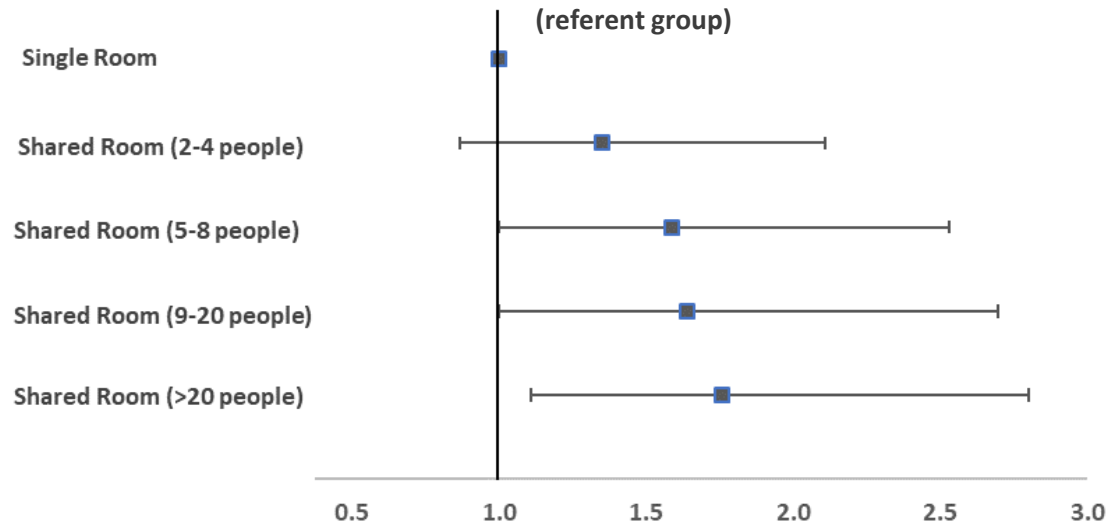
# Prioritization of People Experiencing Homelessness for COVID-19 Vaccination



# COVID-19 cases among people experiencing homelessness

Outbreaks of COVID-19 have been identified in homeless shelters across the United States.

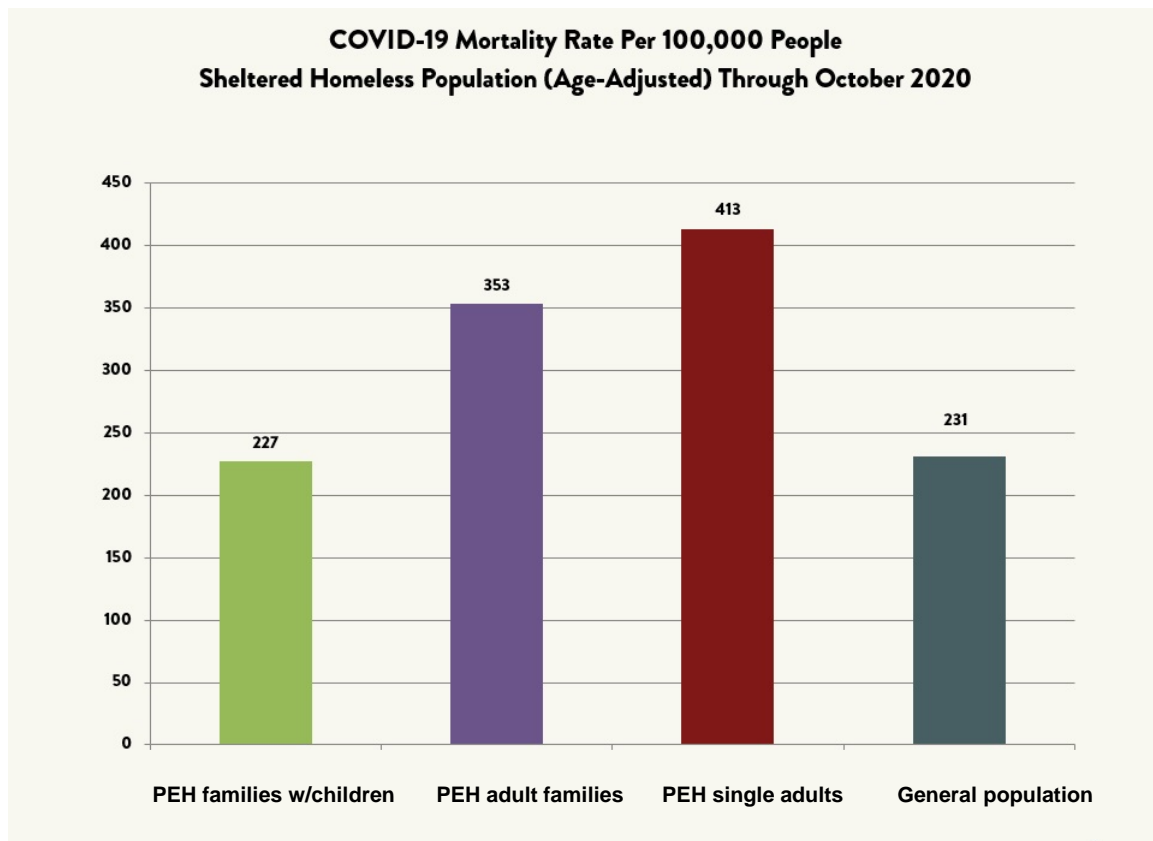
Prevalence Ratio of SARS-CoV-2 infection among residents of a homeless shelter—Chicago March-May 2020



Source: Ghinai I. Open Forum Infect Dis. 2020. doi: 10.1093/ofid/ofaa477.



# COVID-19 mortality among people experiencing homelessness

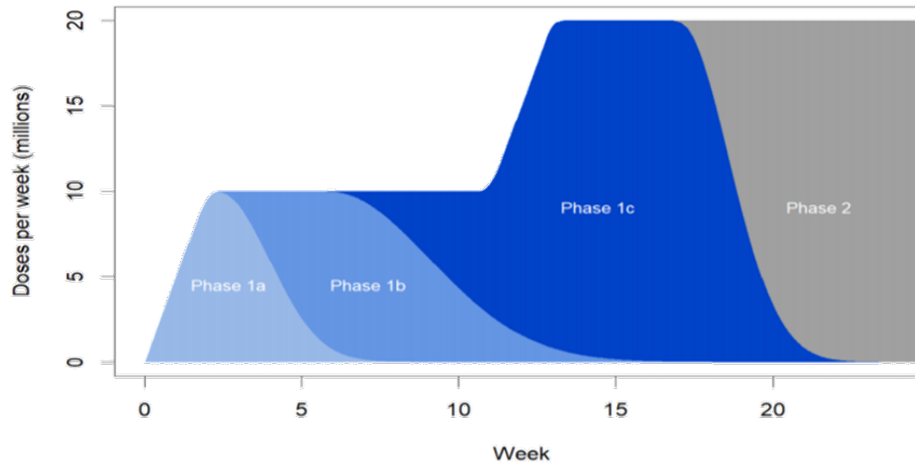


Source: [Age-Adjusted Mortality Rate for Sheltered Homeless New Yorkers](#)

# Phased approach to COVID-19 vaccine administration

States have adopted different plans with phases of who will be prioritized to receive the vaccine first.

Some states have included people experiencing homelessness in Phase 1.



Source: [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) | CDC



# CDC considerations for congregate settings

- Staff and residents share an increased risk of disease.
- Jurisdictions may choose to vaccinate persons who reside at congregate living facilities (e.g., homeless shelters) at the same time as the frontline staff.



Source: [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) | CDC



# Specific Considerations for COVID-19 Vaccination Among People Experiencing Homelessness



# Vaccine implementation considerations



**Estimating the number of people experiencing homelessness**

How many vaccines are needed?



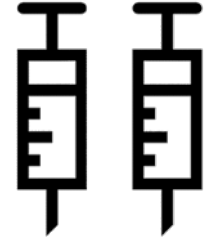
**Distribution Strategy**

How will we reach people?



**Vaccine Confidence**

How do we build trust in vaccination?



**Second Dose Follow-Up**

How will we reach people for their 2<sup>nd</sup> dose?

# Estimate the population size for people experiencing homelessness

- Health Departments may need estimates of the number of people served by your organization.
- Further information needed might include:
  - Sheltered vs unsheltered people
  - Older vs younger adults



# Point-in-time counts

- The U.S. Department of Housing and Urban Development provides point-in-time (PIT) counts of people experiencing homelessness by Continuums of Care.
  - 1-night estimates of both sheltered and unsheltered homeless populations.
  - 2019 PIT counts are currently available.
- Mapping the distribution of the population can help identify where vaccine distribution points are needed.



Source: [Point in Time Estimates of Homelessness](#)

# Vaccine distribution strategies (1 of 2)

Multiple vaccine distribution strategies are needed to reach everyone



**Homeless  
service sites**



**Frequently  
visited areas**



**Mobile units**



**Healthcare  
facilities**



**Pharmacies**

Bring vaccination to people experiencing homelessness

Bring people experiencing homelessness to vaccination



Image Source: <https://thenounproject.com/>

# Vaccine distribution strategies (2 of 2)

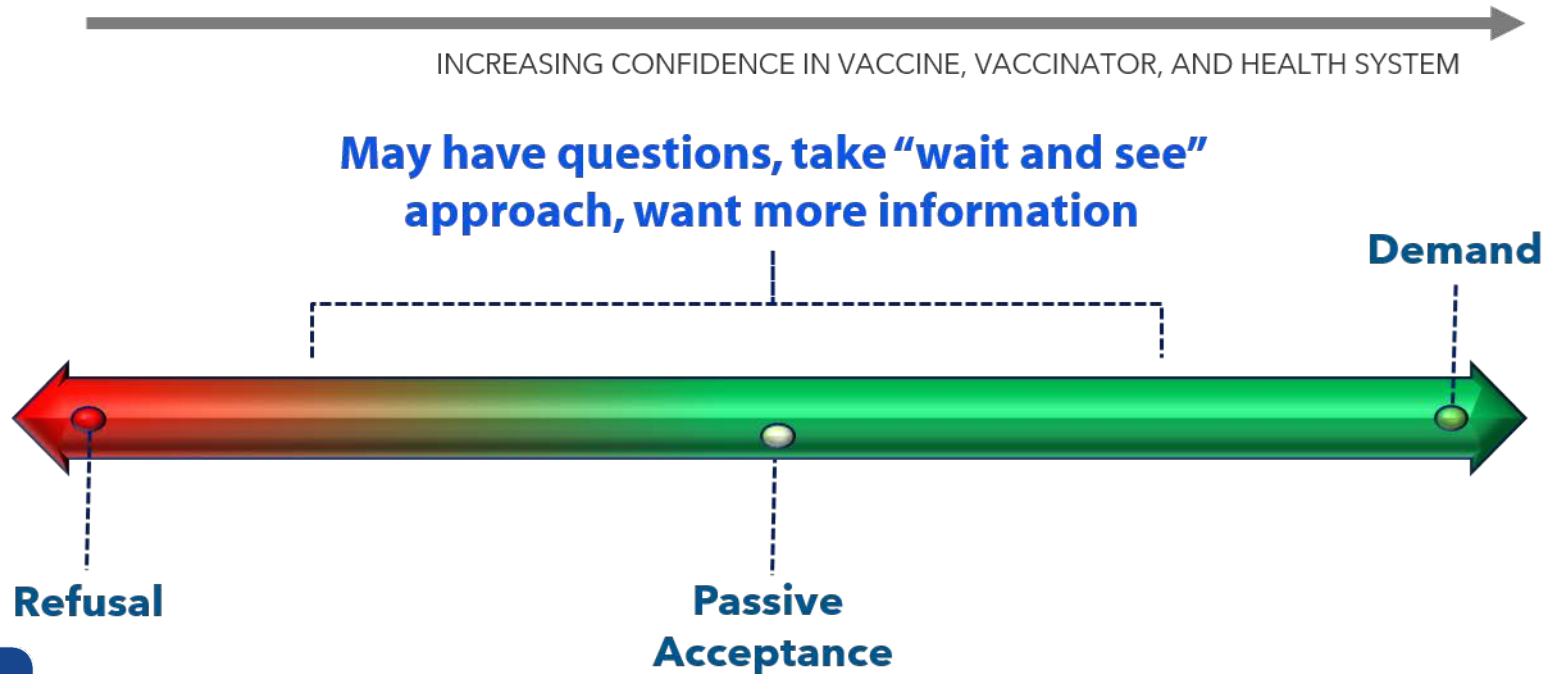
Homeless service providers can support state and local health departments:

- Host on-site vaccination clinics
- Identify venues frequented by people experiencing homelessness
- Guide the development of tailored approaches to reach people you serve



# Vaccine confidence (1 of 2)

Willingness to accept a vaccine falls on a continuum



# Vaccine confidence (2 of 2)

- Factors such as cautiousness, misinformation, and distrust of healthcare system may contribute to COVID-19 vaccine apprehension or hesitancy.
- Actions homeless service providers can take to improve vaccine confidence:
  - Choose to get vaccinated yourself.
  - Start conversations early.
  - Engage in effective conversations.
  - Be prepared to answer common questions
  - Address misinformation by sharing key facts.
  - Identify vaccine ambassadors: trusted people who can answer questions about COVID-19 vaccination and encourage their peers and network to get vaccinated.





# Know the elements of effective vaccine conversations

- Start from a place of empathy and understanding.
- Give your strong recommendation.
- Address misinformation by sharing key facts.
- Connect people with trusted healthcare providers to answer questions

“...I believe in this vaccine so strongly that I plan to get it as soon as I am able to.”  
“I strongly recommend you get a COVID-19 vaccine once it is widely available...”  
“...This shot is especially important for you because of your other conditions.”



# Second dose follow-up

- Actions homeless service providers can take to improve second dose follow-up:
  - Request updated contact information and alternate ways to reach people.
  - Support safe storage of vaccination cards.
    - Everyone will receive vaccination cards with the date, type, and location of vaccination.
  - Integrate second dose appointment reminders into routine interactions.
  - Conduct targeted outreach to connect with individuals who could be lost to follow-up.

Source: [COVID-19 Vaccination for People Experiencing Homelessness](#)



# Continued COVID-19 precautions remain important

Before, during, and after vaccine roll out, continue taking all precautions possible to prevent the transmission of the virus that causes COVID-19 including:

- Wearing masks
- Social distancing of at least 6 feet
- Avoid crowds. The more people you are in contact with, the more likely you are to be exposed to COVID-19.
- Washing hands with soap and water for at least 20 seconds or using hand sanitizer with greater than 60% alcohol content if soap and water are not available
- Facility layout, ventilation and procedure considerations

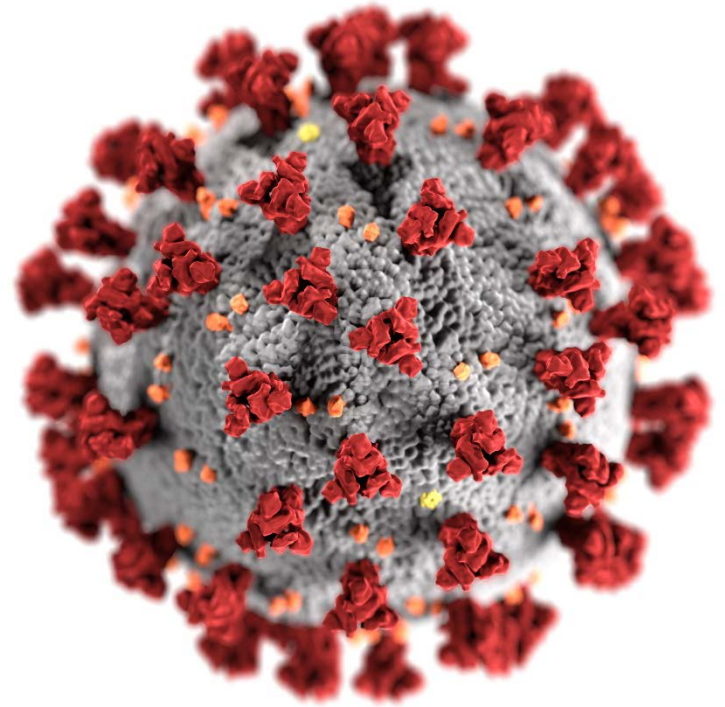


Source: [Guidance for Homeless Service Providers](#)

# Resources on the CDC website

- COVID-19 Vaccination General Information:  
<https://www.cdc.gov/vaccines/covid-19/index.html>
- Resources for COVID-19 and Homelessness:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
- COVID-19 Vaccination among People Experiencing Homelessness FAQs:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>
- Guidance for health departments conducting vaccine distribution among people experiencing homelessness: **Coming soon**





For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





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# Vaccination Planning for People Experiencing Homelessness in Minnesota

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**mn** MINNESOTA



# Health inequity statement

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- The Minnesota Department of Health acknowledges that structural inequities result in poor health outcomes across generations. These social, political, and environmental inequities have been exacerbated by the SARS-CoV-2 pandemic.
- To ensure equitable vaccine access, we commit to continuing to name systemic racism in health care, the ways in which individuals and families experiencing homelessness have been made to be vulnerable to COVID by the systems we work in every day, and the valid distrust in public health by many who live and work in homeless service settings and encampments.

# 5 Key pieces of the Minnesota response

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- Governor's COVID-19 At-Risk Populations Work Group leading planning work



- Weekly engagement with Minnesota's homeless service providers and people impacted by homelessness



- Building on existing relationships through our testing work that are the foundation of our vaccine plan



- Senior Advisor on Health, Homelessness and Housing Position

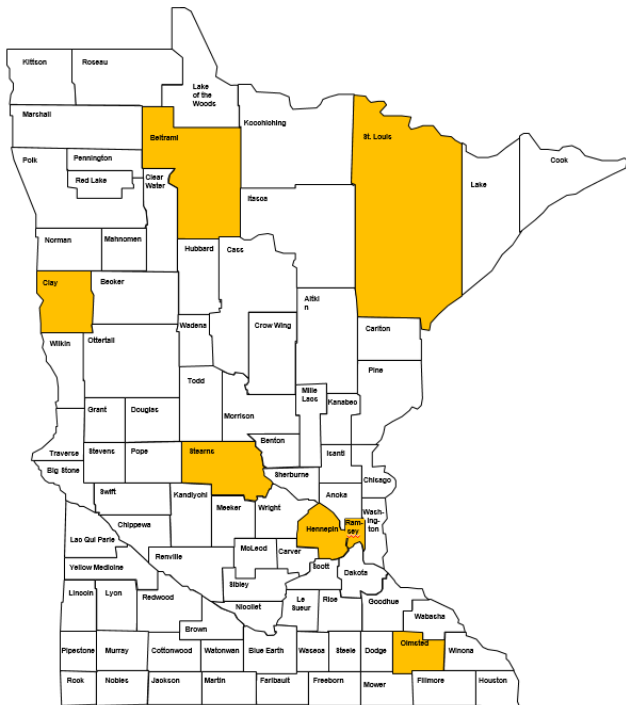


- Strong Partnerships



# Scope of vaccination activities

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## 11 Tribal Nations

- Urban Indian population

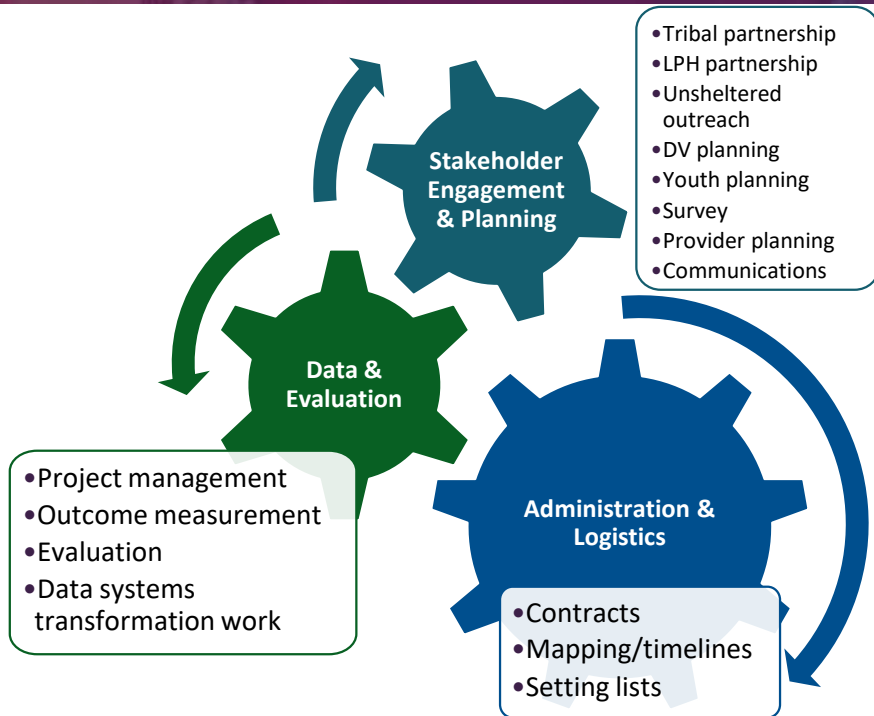
## 87 Counties

- Shelters
- Living settings included in our vaccine planning

# Goal, roles & project management

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|   |  |
|---|--|
| <b>MDH</b>  | <b>Primary Role: Determine overall strategy and education</b><br>"What needs to happen, when, and where" |
| <ul style="list-style-type: none"><li>• Determine qualifying agencies, populations (list of places and locations)</li><li>• Determine population priorities, sub-priorities for distribution (with flexibility; maximize doses and be practical)</li><li>• Determine out-of-scope populations: doubled up and scattered-site housing programs</li><li>• Schedule initial planning meetings with local public health departments</li><li>• Receive and distribute vaccine to local public health</li><li>• Send list of settings needing PODs to point person in HC public health</li><li>• Develop easy-to-digest educational handouts/campaign</li></ul> |  |
| <b>HC Public Health ICS</b>   | <b>Primary Role: Planning and Logistics</b>  |
| <ul style="list-style-type: none"><li>• Receive eligible list for PODs in sheltered, unsheltered, B&amp;L, PSH</li><li>• Schedule and lead POD planning meeting with Hennepin Healthcare, Agency, and HCH if applicable</li><li>• Determine schedule for distribution in sub-categories (with goal of maximizing doses, reducing waste)</li><li>• Plan logistics for POD (template for logistical planning?)</li><li>• Date, time, safety, materials, location, etc.</li><li>• Assist with additional sites (if needed) (GUMs, future (if any), etc.)</li></ul>   |  |





# Settings within the scope of this plan

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## In Scope

- Isolation Hotels
- Unsheltered Homeless, Outreach Teams, Drop-in Centers
- Shelters (includes DV and youth)
- COVID hotel programs/sites
- Site-based permanent supportive housing, transitional housing, board & lodge settings, and DOC-licensed halfway houses

## Out of Scope

- Doubled up
- Scattered-site PSH
- Unlicensed sober homes
- Residential treatment facilities

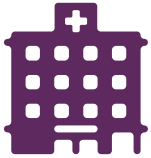
# Identifying vaccine providers

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**Public Health**  
Prevent. Promote. Protect.

Local Public Health



Local Healthcare Systems



Contracted providers

# Statewide provider contract

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- Very strong working relationship with local healthcare system for testing
- Flu & Wellness Nurses statewide service area
- Could cover statewide need if necessary
- Will be working with the same manager who we've partnered with on testing coordination
- This partnership is more than a contract- they are thought partners and problems solvers



## Initial Planning Meetings

- Local public health departments with 20+ settings in their jurisdiction
- Outreach teams in areas with large unsheltered populations



## Email Survey

- Preference for covering settings



## Ongoing Engagement with Providers

- Statewide calls, 1-on-1 meetings



# Tracking access & coverage

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Person-  
Level



Tracking  
Uptake



Population-  
Level



# Thank you!

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## Contact us at:

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[Jennifer.Zipprich@state.mn.us](mailto:Jennifer.Zipprich@state.mn.us)

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- MDH Homeless Response Team & Congregate Settings Branch
- Minnesota Homeless State Action Team
- At-Risk Populations Work Group
- Local Public Health Partners Statewide
- Hennepin Healthcare, Health Care for the Homeless, and the Health, Homelessness, and Criminal Justice Research Lab
- Minnesota Community Care and Native American Community Clinic
- Minnesota's Homeless Service Providers & People Impacted by Homelessness



# PEH are hospitalized at a much higher rate than all Minnesotans

## COVID-Related Hospitalizations through January 21, 2021

