DENVER JOINT TASK FORCE RECOMMENDATIONS FOR COVID-19 VACCINATION IN PEOPLE EXPERIENCING HOMELESSNESS

About the Task Force

The Denver Joint Task Force came together in spring of 2020 due to COVID-19 emergency response that needed to be coordinated and led by Denver's experts and lead organizations on public health, clinical services, shelter and services related to People Experiencing Homelessness (PEH).[1-3] The Denver Joint Task Force includes representatives from Denver Department of Public Health and Environment, the Denver Department of Housing Stability, Denver Public Health at Denver Health and Hospital Authority, Colorado Coalition for the Homeless and other Homeless Leadership Council providers. This group has unique experience and expertise for guiding the efficient administration and maximum uptake of vaccine for PEH and shelter and service provider staff.

Current Situation

The 2019 Point-In-Time Study reported that 9,619 Coloradans were experiencing homelessness.[4] According to data from the Colorado Coalition for the Homeless (CCH), between 26% and 51% of all persons experiencing homelessness (PEH) are at high risk for severe COVID-19. Approximately 15% have a high-risk condition other than obesity, 26% are considered obese based on high Body Mass Index (≥ 30), and more than 10% are older than 65 years of age. At 30-50%, **3,000-5,000 unhoused Coloradans are projected to be at high risk of severe COVID-19** due to age or medical conditions. In fact, a growing number of people residing in shelters meet criteria for long-term care in skilled nursing facilities and/or assisted living but are unable to access these resources for a variety of reasons.

We applaud the state for prioritizing equity considerations in COVID-19 vaccine distribution. It is important to note that with a terrible history of structural racism in federal housing policy and lending, the racial disparities in housing instability are profound. The racial disparities in homelessness are particularly stark. PEH are disproportionately Black, Indigenous and People of Color (BIPOC) compared to the general population, with **approximately 57% of PEH in Denver identifying as non-white or white Hispanic/Latinx.**[4]

A total of 905 PEH have now contracted COVID-19 in Denver County, and 256 individuals have been hospitalized.[5] Over the course of the pandemic, the **hospitalization rate for cases who are PEH is 28% which is 3x higher compared to the general public, which has a hospitalization rate of 9%**. This puts additional strain on hospital resources. Hospitalized PEH face substantial obstacles to safe discharge, particularly in this pandemic. Many who are discharged to the streets risk rapid worsening of their condition, re-hospitalization, or death. Although, Denver has created Activated Respite facilities for the isolation of PEH with confirmed and suspected COVID-19 infection as a way to decompress hospitals and EDs, **a large outbreak in a shelter could overwhelm our current Activated Respite capacity and leave hospitals without discharge options for PEH.**

Despite preventative measures and outbreak mitigation, recent data from surveillance testing events raise alarm. On December 29, 2020, the 48th St Shelter testing event had a **32% positivity rate for guests**. Since that time, four additional testing events occurred at the location, with an overall positivity rate of 12%. Additionally, there was an outbreak at Smith Road Women's Shelter, with a 14% positivity at a testing event on January 27, 2021. Shelter staff are also vulnerable to acquiring COVID-19, and we

applaud the State's recent announcement about the prioritization of shelter staff for vaccination. According to the Denver Homeless Leadership Council **more than 25% of staff in some shelters have contracted COVID-19 over the course of the pandemic.**

Addressing transmission among PEH is in the **best interest of Public Health** and is a critical step in reducing overall community spread. PEH often cross county lines for shelter, services, and work and frequently utilize public transportation. This makes contact tracing particularly difficult.

Homelessness is not static, and people aged 65+ arrive to the system every day. When creating our COVID-19 response in early April 2020, Metro Denver Homeless Initiative reported that 510 people aged 65+ had recently accessed shelter and services in the City of Denver alone. **In our current vaccination efforts, only 110 people aged 70+ have been located and vaccinated to date,** with the vast majority located being in the Protective Action hotel rooms for people 65+ and with high-risk pre-existing medical conditions.

There is an **urgent need to vaccinate PEH and service provider staff to induce herd immunity to protect people at risk and prevent large outbreaks in congregate settings**. Prioritization of PEH will also benefit our Denver Metro region population by decreasing the rate of community transmission.

Vaccine Prioritization Principles

The Denver Joint Task Force recommends a **location-based strategy for vaccinating guests and staff to nimbly meet needs with efficiency**. In collaboration with the Denver Joint Task Force, local public health officials determine how best to disburse resources using an equity lens to look at outbreaks, vaccine administration, and how to make the biggest difference in saving lives and protecting public health.

Based on current modeling, the DJTF has developed a location-based prioritization strategy for the City and County of Denver:

1. The **largest congregate overnight shelters** totaling approximately 1,372 guests and 412 staff for a **total of 1,784 people**
2. Other large points of entry for high-risk individuals, services, places where there is mixing of guests from different shelter locations and unsheltered persons, and senior-focused shelter totaling approximately 1088 guests and 163 staff for a **total of 1,251 people**
3. COVID-19 Protective Action Shelter designed for people 65+ and other medical conditions that put someone at high risk totaling approximately 710 guests and 266 staff for a **total of 976 people**
4. All remaining congregate overnight and day shelter settings, shelter alternates, and transitional shelter facilities totaling approximately 934 guests and 361 staff members plus unsheltered persons experiencing homelessness not accessing service locations, outreach, and other small service providers estimated at 700 people for a **total of 1,995 people.**

This total represents 6,151 guests and staff of shelters, unsheltered persons, and service providers in the City of Denver.

Additional Logistical Considerations

- Vaccines are approved under an Emergency Use Authorization; thus vaccination cannot be mandatory for entry into shelters or other agencies. **Mandatory vaccination is not recommended by the CDC.**[6]
- The best way to protect those at risk is to **vaccinate the entire sheltering and services system for PEH to the extent possible.** It takes significant logistics and staffing resources to locate and administer vaccinations to a small subpopulation across several facilities. Administration in a manner comparable to Long Term Care facilities, using a location-based strategy, is **most effective and efficient**. Vaccinating staff at the same time as clients is a strategy which has been effective with COVID testing and hepatitis A vaccination. Seeing trusted community members getting vaccinated helps to combat vaccine hesitancy.
- Given the need for rapid, high volume vaccination, the DPH-DDPHE vaccine outreach teams and/or the CDPHE vaccine teams will most likely be best equipped to provide on-site vaccination services. CCH will provide support for vaccination clinics and with their Federally Qualified Health Center experience vaccinating to date. This will require additional staffing/support from on-site shelter staff and CBOs. Our experience working collaboratively to establish large scale, surveillance testing in PEH will facilitate this work.
- Data platforms to track vaccination and key information, reporting to State/public health databases, communication with health systems should be in place. Vaccine receipt must be recorded in the Colorado Immunization Information System (CIIS). Consideration of HMIS or real-time use of CIIS to track vaccine receipt may be considered to ensure that unnecessary duplicate vaccines are not administered. A plan for reporting adverse reactions among PEH should be in place.[7,8]
- A **Safety plan** including location (ideally outdoors), appropriate PPE, training, social distancing, and post-vaccine observation should be developed by the DJTF (informed by testing team experience).[9]

Vaccine Uptake and Messaging

Dr. Ed Farrell of CCH **estimates that 65-70% of PEH will accept vaccination. PEH in Denver have already shown a willingness to accept vaccines**, and many have been asking/clamoring to receive it. CCH's flu vaccination rates for PEH are higher than the general population's flu vaccination rates. Approximately 48% of the general population received a flu shot during the 2019-2020 season, and at CCH, 60% of PEH have received a flu shot so far during the 2020 fall flu season. The Denver Joint Task Force has engaged members of the community in conversations around barriers to vaccination. We believe the following strategies may improve vaccine uptake among PEH:

- Making it **convenient** for PEH to get vaccinated by bringing vaccination opportunities directly to the locations where PEH are sheltering and/or being served.
- Concurrent vaccination of **both PEH and staff** in congregate settings during testing events is important for decreasing transmission in facilities, enhancing trust, and increasing vaccine uptake among PEH, as staff are often trusted partners
- Utilizing appropriately trained and compensated **peer support professionals**, community opinion leaders and/or community health workers as "vaccine ambassadors" in the response is recommended to build trust and enhance uptake. Fair compensation for peers performing these activities is vital.
- Concerns about COVID-19 vaccines should be heard and addressed and individual autonomy and decisions to opt-out of vaccination should be respected.

- Information about the efficacy and safety of COVID-19 vaccines will be shared through avenues most useful to PEH.[10] Information about these avenues will be gathered through direct client feedback to members of the Denver Joint Task Force.

References:

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