



Vaccination in Unsheltered Settings: Event Types and Considerations

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Introduction

The Centers for Disease Control and Prevention (CDC) reinforces the importance of offering vaccination in places most likely to reach people experiencing unsheltered homelessness through [mobile vaccination efforts](#) or vaccination events. Planning efforts should consider how to organize vaccinations to maximize immunization opportunities for this vulnerable group.

Communities should consider the following guiding principles when developing strategies for vaccinating people experiencing unsheltered homelessness.

- **Inclusivity:** Extend the reach and effectiveness of vaccine rollout strategies by ensuring planning efforts are representative of the communities being served and include Black, Indigenous, People of Color, and individuals with lived expertise. Vaccination events should be accessible and welcoming to all people experiencing homelessness, including those with mobility limitations, non-English-speaking individuals, individuals with pets, households with children, and undocumented households. Ensure staff understand historical and present-day discrimination and mistreatment by healthcare providers experienced by people with lived experience and communities of color. Lead with empathy by taking time to listen to people's concerns and answer their questions about vaccines.
- **Priority locations:** Identify and prioritize places where large numbers of unsheltered people regularly gather (e.g., encampments, meal sites, transit locations, libraries, day programs). Focusing on these high-density sites is important because people there are at increased risk of sickness and because these sites offer the opportunity to vaccinate larger numbers of people more quickly.
- **Local infrastructure:** Consider coordinating with outreach and healthcare programs serving the unsheltered population, meal programs, community mental health centers, faith-based groups, mobile and street medical programs, and street outreach teams. In addition to leveraging programs that reach people who are unsheltered, communities have utilized a range of healthcare partners to increase vaccine access such as public health departments, Health Care for the Homeless, other federally qualified health centers, public hospitals, or local pharmacies to create cross-agency teams of vaccine administrators and outreach workers.
- **Ease and access:** Create many opportunities for people who are unsheltered to get vaccinated. Ensure all vaccination procedures reduce barriers, minimize data collection, allow for vaccination without appointments, and offer recurring vaccination events at convenient locations. If possible, ensure locations can be accessed safely by foot. Unsheltered individuals may lack identification and other documents, and event operators should be prepared to work around these constraints and still vaccinate individuals.
- **Communication:** Ask trusted leaders and outreach staff at meal programs and encampments to help publicize vaccination events in advance and provide encouragement and [information](#) for people to be vaccinated. Post vaccination event information (such as vaccine types and eligible age ranges) on faith center and library bulletin boards, at convenience stores, or at other locations where individuals frequent. Information can spread quickly through word of mouth so ensure that [Vaccine Ambassadors](#) and other trusted communicators have accurate information about vaccines and vaccination events.
- **Offer incentives:** [Research](#) has shown that incentives can increase vaccine uptake, and Emergency Solutions Grants Coronavirus Aid, Relief, and Economic Security Act (ESG-CV) funds can be used to pay up to \$50/dose for people experiencing homelessness when other vaccine incentives are inaccessible or unavailable to people experiencing homelessness within the community. Pair incentives with frequent, easy access to vaccination events and ensure trusted individuals are available to answer vaccine-related questions.
- **Trauma-informed:** Vaccinations can heighten anxieties, so ensure staff are trained in [trauma-informed practices](#), de-escalation, and problem-solving. Staff should be available throughout the vaccination event and, if possible, have conversations ahead of time with people to provide information about the vaccine itself, possible side effects, post-vaccination expectations, and planning in case medical attention is needed after

the vaccination event. Additionally, consider offering items post-vaccination that would provide some comfort/address possible side effects: bottled water, individually wrapped snacks, packets of Acetaminophen, blankets, and/or hygiene supplies, etc.

- **Maximize time with clients:** During vaccinations, create space to answer other health-related questions or attend to health issues (e.g., first aid) and take the opportunity to connect to permanent housing and supportive services. Offer amenities such as portable showers and laundry facilities, which can provide individuals access to activities that are difficult for those living unsheltered. Consider having community health workers, case managers, or other clinical staff onsite to engage participants if they have other needs.
- **Follow-up:** Ensure health partners or outreach teams can check on vaccinated individuals the day after the vaccination event. Additionally, inform people about possible side effects and plan ahead for where people can stay if they begin to feel ill (e.g., medical respite programs, local hotels, beds reserved at local shelters, etc.). If individuals do not want a hotel room, work with public health partners to identify an urgent care center or other entity that can be available if medical attention is needed.
- **Safety:** Establish safety protocols before each event and rely on outreach teams to inform the process. Team Leads should have experience working with unsheltered populations and all staff should be familiar with and follow all safety protocols during events.

How to Use This Document

This document outlines detailed logistical planning considerations for three strategies:

- Vaccination events at high-density sites such as encampments.
- Vaccination events in rural communities and large geographic areas.
- Mobile vaccine distribution to individuals and small groups wherever people are located.

Please consult the table for planning considerations for these strategies. In addition, review existing vaccination event planning guidance documents, such as [Vaccination in Congregate Settings](#), that outline considerations for shelters and other service sites like meal programs. CoCs should review the considerations for each strategy and decide which will best support quickly and safely vaccinating unsheltered individuals in their communities

General Planning Considerations	Strategy 1: Encampment	Strategy 2: Rural	Strategy 3: Mobile Vaccination
Use your community’s by-name list, street outreach services, and outreach worker knowledge to map large encampments and neighborhoods with high numbers of scattered tents or vehicles where unsheltered people sleep.	✓	✓	✓
Identify regular gathering places such as libraries, food banks, faith centers, transit centers (e.g., bus depots or gas stations at the crossroads of local highways), county fairgrounds, and large parking lots and consider these as possible vaccination event locations. Offer transportation if needed.		✓	
To determine the number of doses needed, estimate the average number of individuals who attend meals or other service events or who live in an encampment(s). Outreach workers can also speak to individuals about whether they intend to be vaccinated and use the “yes” and “maybe” responses to estimate. Work with public health to have additional doses available on standby and have contingency plans in place if there are extra doses remaining.	✓	✓	✓
If there are no homeless service providers or health department staff who can assist, partner with a healthcare provider or community stakeholder who can connect with the resources needed to bring the vaccine to unsheltered people. This may involve partnering with a regional entity, a retail pharmacy, or the nearest larger community.		✓	

Operational/Logistical Considerations	Strategy 1: Encampment	Strategy 2: Rural	Strategy 3: Mobile Vaccination
<p>Sync vaccination event hours with times when individuals are most likely to come to the location, including at night. Outreach teams can offer this type of information and additional insight based on their knowledge of the community.</p> <p>If the parking lot where people safely stay at night is at a location where a pharmacy is located, consider partnering with the pharmacy to set up outside to serve these individuals at night when the store is typically closed.</p> <p>If individuals remain in their vehicles for the vaccination and observation periods, ensure medical staff can access individuals (i.e., doors are unlocked) in case medical attention is necessary.</p>	✓	✓	
<p>Outreach staff can ask individuals what time works best for them and accommodate their preferences to the greatest extent possible. Attempt to identify multiple individuals who can receive vaccines at the same time to maximize vaccine supplies.</p>			✓
<p>Work with public health or community health partners to create a COVID-19 safety protocol for all vaccination events. Ensure staff have ready access to safety-related supplies such as masks, shields, hand sanitizer, hand washing stations, surface disinfectants, and trash bins.</p>	✓	✓	
<p>Utilize a standardized event map that depicts areas for each step in the vaccination process and ensures sufficient space between stations.</p>	✓	✓	
<p>To minimize intrusion into personal space, consider setting up vaccination events at the outside perimeter of encampments with street access or other routes that can be used to bring additional vaccine supplies.</p>	✓		
<p>A highly mobile vaccination strategy requires less infrastructure. Vaccinations will occur quickly in multiple locations, so consider the minimum setup needed to vaccinate safely. The vaccination team may forego formal vaccine stations and could do everything where the person is located. Ensure staff have enough safety-related supplies, which can be kept in the vehicle and retrieved when needed. Staff should have backpacks that can store enough supplies for one to two vaccinations at a time.</p>			✓
<p>Depending upon the vaccine available and its storage and handling requirements, staff may be limited to a set number of hours for vaccination attempts (e.g., six hours once the vial is punctured). Consider the timeline and how many people can be vaccinated. Plan for how to use any leftover doses.</p>			✓

Staff Roles and Responsibilities	Strategy 1: Encampment	Strategy 2: Rural	Strategy 3: Mobile Vaccination
When looking for Vaccine Ambassadors , consider looking beyond staff and peers to faith leaders, postal workers, convenience store clerks, and others that are known entities in the community. While they may not be able to work as an ambassador full time, they can provide information and answer questions about the vaccine during their work and interactions with community members.		✓	✓
Delineate roles and responsibilities. For example, divide up the activities between the team focusing solely on administering vaccines, while outreach workers and other homeless services staff focus on engaging people, registering them in community databases and additional dose reminder systems, and providing support and education about vaccine safety and follow-up resources.	✓	✓	
A highly mobile team will likely be much smaller: a vaccinator, an outreach worker (to reduce anxieties and validate that the vaccinator is a trusted person), and one other support person.			✓

Data Collection	Strategy 1: Encampment	Strategy 2: Rural	Strategy 3: Mobile Vaccination
Many communities have chosen to collect information for the Homeless Management Information System (HMIS) during the observation period when individuals are waiting. If possible, ask for the HMIS information away from others or in a private location.	✓	✓	✓
Collect race and ethnicity data to be able to analyze and ensure equitable vaccine distribution .	✓	✓	✓
Vaccinations will likely occur in more remote locations, so teams should be equipped with wifi hotspots and paper data collection forms to continue data collection without internet or power.		✓	✓