



COVID-19

COVID-19 Vaccination for People Experiencing Homelessness: Frequently Asked Questions

Updated Jan. 25, 2022

The following are frequently asked questions about COVID-19 vaccination among people experiencing homelessness. For general information about COVID-19 vaccines, please see the [CDC COVID-19 Vaccine Information](#) page. For information on COVID-19 vaccination implementation for people experiencing homelessness, see the [CDC Interim Guidance for Health Departments](#).

Information about COVID-19 vaccines is rapidly evolving. Please check back regularly for updated information.

Summary of Recent Changes

Updates as of January 25, 2022



- Removed question about vaccine preference to align with ACIP recommendations

[View Previous Updates](#)

Are youth experiencing homelessness required to have caregiver consent to receive a COVID-19 vaccine?



Currently, some COVID-19 vaccines are authorized for youth younger than 18 years. There is no federal legal requirement for caregiver consent for COVID-19 vaccination or any other vaccination. However, COVID-19 vaccine must be administered according to applicable state and territorial vaccination laws, including those related to consent. Follow your [state and local regulations](#) governing these policies.

What is the best way to reach people experiencing homelessness to offer COVID-19 vaccination?



People who are experiencing homelessness may have difficulty accessing medical services in traditional settings, such as a clinic or pharmacy. Therefore, state and local vaccine distribution plans should [include strategies](#) to bring vaccines to people experiencing homelessness, including homeless service sites like shelters, day programs, or food service locations. The COVID-19 vaccination program implementation plans should also include strategies to offer vaccination in areas frequented by people experiencing unsheltered homelessness. These areas could include encampments or other known locations where people experiencing unsheltered homelessness spend time.

What are the best communication strategies to reach people experiencing homelessness?

Creating a communication plan to reach people experiencing homelessness will be critical to successfully distributing the vaccine in this population. Use multiple communication strategies such as:

- flyers at encampments, in shelters, and on public transportation;
- announcements at healthcare and other service programs; or
- messages via email, text messaging, social media, television, and radio.

Advertise in advance of vaccination events for people experiencing homelessness. Connect with trusted communicators, such as people with lived experience of homelessness, who can provide vaccination education and information to people experiencing homelessness. Engage these people in planning and implementation of vaccination events. For resources on creating a communication plan, see [COVID-19 vaccination communication toolkits](#) for different audiences.

Should homeless service staff or outreach teams get a COVID-19 vaccine?

CDC recommends everyone, including homeless service staff members, get vaccinated as soon as they can. Homeless services are critical and have continued during the pandemic. Homeless service staff and outreach teams have frequent close contact with coworkers and clients, which puts them at risk of getting and spreading the virus that causes COVID-19.

Should vaccination appointments be required to plan a vaccination event for people experiencing homelessness?

Scheduling vaccination appointments in advance can be helpful to improve vaccination clinic efficiency, plan for the appropriate number of vaccine doses, and reduce crowding at a vaccination provider site. However, it might not be possible to obtain a list of client names in advance of a vaccination event at a homeless service site (e.g., during a meal service event). Allowing walk-in vaccination visits at a variety of times and days can help reduce barriers to vaccination. Coordinators should plan for how to provide vaccine to individuals at these events who do not have appointments.

How should COVID-19 vaccination status of people experiencing homelessness be recorded?

Recording whether people experiencing homelessness received a COVID-19 vaccine will be important for two reasons. First, it will be necessary for the person vaccinated to keep a record of their vaccination status and when they need to follow up for a second dose. Second, it will be important for vaccination programs to record housing status to estimate coverage among people experiencing homelessness. All COVID-19 vaccination providers are required to report vaccine administration data to the jurisdiction's immunization information system (IIS) or other identified program. The address field can be used to provide information about homelessness status. Vaccine providers are also required to provide vaccine recipients with a vaccination record card. It might also be possible to include COVID-19 vaccination status in [Homeless Management Information Systems](#). Finally, vaccination coverage data from vaccination campaign events at homeless service sites can be entered into the [CDC and National Health Care for the Homeless dashboard](#) for inclusion in an aggregated dashboard.

What data and documentation are needed for COVID-19 vaccination?

Vaccination providers participating in the COVID-19 Vaccination Program are required to report specific [vaccine administration information](#) in a timely manner. Required information on vaccine recipients includes vaccine recipient name, date of birth, sex, and address. The address field can be used to provide information about homelessness status. Race and ethnicity are also reportable data elements. These data help to identify inequity in vaccine administration for racial and ethnic minority populations.

It is important to recognize that some people experiencing homelessness might have difficulty providing certain documentation and may have concerns about data privacy. Ensure that providing documentation is not a barrier to vaccinating people experiencing homelessness. Use open and transparent communication to explain what data are collected, how the data are used, who they are shared with, and how they are protected.

Since some of the COVID-19 vaccines require two doses, how can we ensure that people experiencing homelessness receive all recommended doses? ^

Some people experiencing homelessness might have difficulty returning at the recommended interval to get their second dose of 2-dose COVID-19 vaccine series. Vaccines that require a single dose are one option for people experiencing homelessness. However, with strong partnerships and close coordination, COVID-19 vaccines that require two doses can be a feasible option. If only a 2-dose vaccine is available, vaccine providers should start the 2-dose series, even if there is uncertainty about how the patient will receive their second dose. While one dose of a 2-dose vaccine series may provide some protection, patients should be aware that two doses are needed to get the most protection.

Public health workers, healthcare workers, and homeless service staff should work together and consider the following strategies to support follow-up:

- Record up-to-date contact information, including back-up contact information or an alternate contact (with permission).
- Ensure the recipient receives a vaccination card that has the name of the vaccine received, the date of administration, and, if it is a 2-dose vaccine, it may have the date of the follow-up visit.
- Ensure vaccine documentation (product, dose, location, date) is available to vaccine providers across sites and geographic areas by reporting vaccine administration information to the [immunization information system](#).
- Provide multiple, easy-to-access opportunities to get a COVID-19 vaccine.
- Integrate reminders into routine interactions.
- Conduct outreach to connect with individuals who might otherwise be lost to follow-up.

For second-dose reminders, consider innovative strategies such as prepaid phone cards, scheduled text message reminders, waterproof wallets to hold vaccination cards, or second-dose incentives (such as meals, hygiene kits, or gift cards).

What if someone loses their vaccination record card? Can they still receive a subsequent dose if they need one? ^

Using multiple record-keeping systems (e.g., vaccination record cards, immunization information systems, electronic medical records, [Homeless Management Information Systems](#) ) will help to ensure that vaccinations are recorded accurately and that people who receive vaccines that require multiple doses will receive the correct vaccine at the correct time. If a person arrives for a subsequent dose of COVID-19 vaccine and does not have their vaccination record card, review the immunization information system and other record-keeping systems for documentation. COVID-19 vaccines are not meant to be interchangeable. Every effort should be made to determine which vaccine product was received as the first dose in order to ensure successful completion of the vaccination series.

In exceptional situations in which the vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. For more information about the interchangeability of vaccine products, see [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#).

Can homeless service staff administer the COVID-19 vaccine? ^

Organizations or healthcare providers who have agreed to participate in the COVID-19 Vaccination Program and signed

the COVID-19 Vaccination Healthcare Provider Agreement will receive COVID-19 vaccines for their constituencies. Therefore, it may be possible for medical personnel at homeless service sites to administer COVID-19 vaccine through this program. Non-medical staff, such as community health workers and shelter staff, may be helpful in providing support services during vaccination events. Homeless service administrators should coordinate closely with their [local](#) and [state health departments](#) to provide vaccination for their clients and staff.

Should COVID-19 vaccine be required for entry into a homeless service site?

Vaccination is an important tool to control the COVID-19 pandemic. However, because homeless services are critical to survival and well-being, service providers should take all steps possible to ensure that providing vaccination does not create a barrier to entry into homeless service sites. Building relationships and providing consistent, transparent information will be important to ensuring that clients feel comfortable receiving the COVID-19 vaccine.

How can we provide COVID-19 vaccine for people who have low levels of trust in the medical system?

People experiencing homelessness may have a history of traumatic or negative experiences with medical services. To improve vaccine confidence, work with staff members and community navigators who have trusted relationships with the clients you serve. Hosting information sessions before vaccination events can be helpful to address vaccination questions from clients and staff. Additionally, make sure vaccination providers hold multiple vaccination events to allow clients time to consider receiving the vaccine. Provide clear, consistent, and transparent vaccine information, including vaccination protocols, to staff, community organizers, and people experiencing homelessness. Provide opportunities for staff and people experiencing homelessness to share their vaccination experiences with each other to allow for a trusted exchange of information within their social support network.

Our community is also experiencing an outbreak of hepatitis A among people experiencing homelessness. Can we vaccinate for hepatitis A and COVID-19 at the same time?

Refer to the [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for the latest information on coadministration of COVID-19 vaccines with other vaccines.

Should a homeless shelter continue to use COVID-19 protection strategies (e.g., masks, distancing) after vaccine has been administered to staff and clients?

Homeless service providers should continue encouraging all precautions, including wearing a well-fitting mask that covers your mouth and nose when around others, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, and washing your hands often. Continue to follow the [prevention recommendations](#) for homeless service providers, including the provision of overflow sites to allow for decompression, and recommendations related to [unsheltered homelessness](#). Additionally, reducing crowded living conditions can decrease the risk of other [respiratory](#) and [skin](#) conditions. To help with long-term decompression strategies, public health jurisdictions and homeless service providers should work with local partners to continue connecting people experiencing homelessness to permanent housing.

Previous Updates

Updates from Previous Content

As of May 21, 2021

- Added question and answer about COVID-19 vaccination for youth experiencing homelessness
- Clarified that when using a 2-dose vaccine, vaccination providers should start the 2-dose series (even if there is uncertainty about how the patient will return for the second dose)
- Clarified that offering walk-in vaccination visits can help reduce vaccination barriers
- Removed question on when a COVID-19 vaccine will be available for people experiencing homelessness

As of March 22, 2021

- Updated information about the types of COVID-19 vaccines recommended for people experiencing homelessness
- Updated information on ensuring follow-up for vaccines that require two doses

As of February 17, 2021

- Updated information about when COVID-19 vaccine will be available for people experiencing homelessness
- Updated information about the continued use of COVID-19 protection measures
- Additional questions about communication strategies, vaccination appointments, data and documentation, and hepatitis A vaccine coadministration

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