

# COVID-19 Vaccination: HUD Message

Vaccine planning and distribution presents unique challenges and considerations for Continuums of Care (CoC) leads, Emergency Solutions Grants (ESG) Program recipients, and homeless service providers. As communities prepare to undertake these activities, HUD will provide information on critical issues. This document will be updated regularly as new information is released.

**Updated: January 28, 2021**

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### 1. Ensure priority vaccine access for essential staff and people residing in congregate shelters

Since supplies of COVID-19 vaccine are limited, states are required to establish a phased vaccination approach. [According to the CDC](#), increased rates of transmission have been observed in congregate living settings. HUD concurs with [CDC guidance](#) that:

1. Homeless service staff and outreach teams are considered essential workers and should be prioritized for Phase 1.
2. Homeless shelters meet the definition of congregate settings and should be prioritized for the vaccine, consistent with other congregate settings determined by CDC to be high risk. Consider vaccinating persons who reside in shelter at the same time as the frontline staff, because of their shared increased risk of disease.
3. Systemic racism and trauma experienced by racial and ethnic minority groups has led to diminished trust in healthcare systems. To improve vaccine confidence, communities must provide easily understandable and consistent vaccine information to staff and PEH.



## 2. Vaccination status should be excluded from housing prioritization decisions

Under HUD and CDC guidance, communities have made adjustments to Coordinated Entry (CE) processes to identify and prioritize housing for persons most at risk of severe illness from COVID-19. As the COVID vaccine begins to roll out, HUD expects those adjustments to remain in effect in accordance with CDC guidance. To support the public health emergency response, vaccination status should be excluded from housing prioritization policies and procedures. CoCs should continue to look out for and address any racial disparities in housing outcomes that result from CE systems.



## 3. Communities can use ESG and ESG-CV for vaccine distribution activities

Emergency Solutions Grants (ESG) annual or ESG-CV funds can be used for a wide range of activities that support vaccine planning and distribution. Recipients may advance ESG or ESG-CV funds to quickly inject much-needed resources into communities and help sub-recipients with vaccine rollout. Eligible vaccine-related costs under the street outreach and or emergency shelter components include but are not limited to:

	Emergency Shelter	Street Outreach
Renting spaces for vaccine events	Outpatient Health Services	Emergency Health Services
Hiring vaccine ambassadors to engage/educate peers about the vaccine	Case Management	Engagement Case Management
Transporting people to/from vaccine events	Transportation	Transportation
Mobile outreach vans and staff to support vaccine distribution	Not Applicable	Emergency Health Services
Staff training on vaccine and rollout strategies	Training	Training
PPE and supplies at vaccine events	Operations	Emergency Health Services

If your shelter or outreach project needs additional supplies or staffing that will impact your approved budget, please check with your ESG recipient (i.e., state, city, or county) on how to initiate a budget modification.



#### 4. Work with public health to plan for prioritization of vaccine within shelter facilities

The Biden Administration has recently released the [National Strategy for the COVID-19 Response and Pandemic Preparedness](#). The National Strategy identifies homeless shelters as an example of a congregate setting, which could facilitate the spread of infection, also emphasizing that, "Because many people who are homeless are older adults or have underlying medical conditions, they may also be at increased risk for severe illness."


The strategy affirms that the U.S. will "work to ensure that vaccine is distributed quickly, effectively and equitably, with a focus on making sure that high-risk and hard-to-reach communities are not left behind." Supplies of vaccine are currently limited, and state/localities are adopting a phased roll-out plan. In CDC guidance, staff are considered essential workers and should be vaccinated in Phase 1. People experiencing homelessness can be vaccinated at the same time as staff. If there is enough vaccine to inoculate all shelter participants, communities are encouraged to do so because of the increased risk of residing in a congregate setting. However, given the scarcity of supplies, this may not be possible, and shelters should plan for a limited number of doses.

CoCs and shelter providers should prepare now with public health partners for how the vaccine will be equitably allocated within their facilities, starting with developing a plan for how the doses will be prioritized.

Providers should:

1. Coordinate with public health to understand what priority phase(s) and populations they intend to inoculate for the vaccine event.
  - Ask public health partners how many doses will be available for your shelter. If there are not enough doses for all residents and staff, seek their guidance on how to prioritize people within the shelter.
  - CDC guidance suggests that if there are extra doses, go to the next priority phase of people experiencing homelessness (PEH).
2. Look at your congregate shelter data to determine how many people fall into the priority populations.
  - Develop a list of shelter staff and guests
  - Begin engaging these individuals prior to the vaccination event to ensure they are informed about vaccine efficacy and safety, and to determine who is willing to be inoculated.
3. Develop strategies to identify and respond to racial disparities in who is offered and receives the vaccine.
  - Look out for any bias in the way people are identified or offered the vaccine.
  - Leverage a network of diverse staff and people with lived experience of homelessness who can effectively engage and educate shelter guests about the vaccine.
4. Determine how to track information about vaccination among the prioritized population.
  - Providers could be provided doses of the vaccine unexpectedly, and prior to having tracking systems set up. Determine how the shelter can record when someone has received the two-dose regimen, and who has declined.

- [If there are extra doses of vaccine available that are unused, the CDC recommends moving to the next priority phase.](#)



## **5. Work with public health to plan for transitioning between priority phases if there are extra doses available for your shelter**

CoCs and shelter providers should work with public health partners to plan for expeditious and efficient COVID-19 vaccine allocation within congregate shelter facilities. HUD concurs with [CDC guidance](#) that it is not necessary to vaccinate all individuals in one phase before initiating the next phase; phases may overlap. If there are extra doses of vaccine available to your shelter after offering vaccination to people in the priority phase, the CDC recommends moving to the next priority phase.