

Third snapshot audit of COVID-19 vaccination status among street-present people experiencing homelessness in Perth – as at 1 June 2022

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Background: This document summarises the findings of a third audit to determine the extent of COVID-19 vaccination among a cohort of the street-present population in Perth and Fremantle. The audit was undertaken on **1 June 2022**, and is based on the same cohort of people sleeping rough who were included in the two previous audits, undertaken on 21 January and 1 March 2022, respectively.

Methods: Homeless Healthcare (HHC) extracted a list of all individuals seen by its Street Health outreach teams between 20 January 2021 and 20 January 2022 (590 people). Fields extracted included name, date of birth (DOB) and Medicare number (where known). In all three audits, COVID vaccination status and dose dates were determined by searching for each individual within the Australian Immunisation Register (AIR). After excluding: individuals under 5 years old (n=3), those who are now deceased (n=20) and those who could not be found on the AIR with available information (n=49), immunisation records for a total of **518 individuals were included**. The percentage of individuals with zero, one, two and three vaccination doses were then compared to corresponding percentages reported by the WA Premier for all of WA on 1 June 2022.¹

Key findings:

- **One in six (16.8%) rough sleepers in this audit had no doses of COVID vaccination as at 1 June 2022** (Fig. 1).
- Since Audit 2 (1 March 2022), **the proportion of individuals who had received no doses of COVID vaccination decreased slightly** (from 21.2% to 16.8%; Fig. 2), while the proportions of individuals with first and second doses increased from 78.8% to 83.3% and from 63.4% to 76.8%, respectively. **The proportion of individuals who had received a third (i.e. ‘booster’) dose increased from 22.1% to 41.1%; however, the latter proportion remains well below the corresponding proportion for the overall WA population (81.8%).**
- While the rate of vaccination among this population has increased since Audits 1 and 2, vaccination rates still remain much lower than in the overall WA population (Fig. 1).

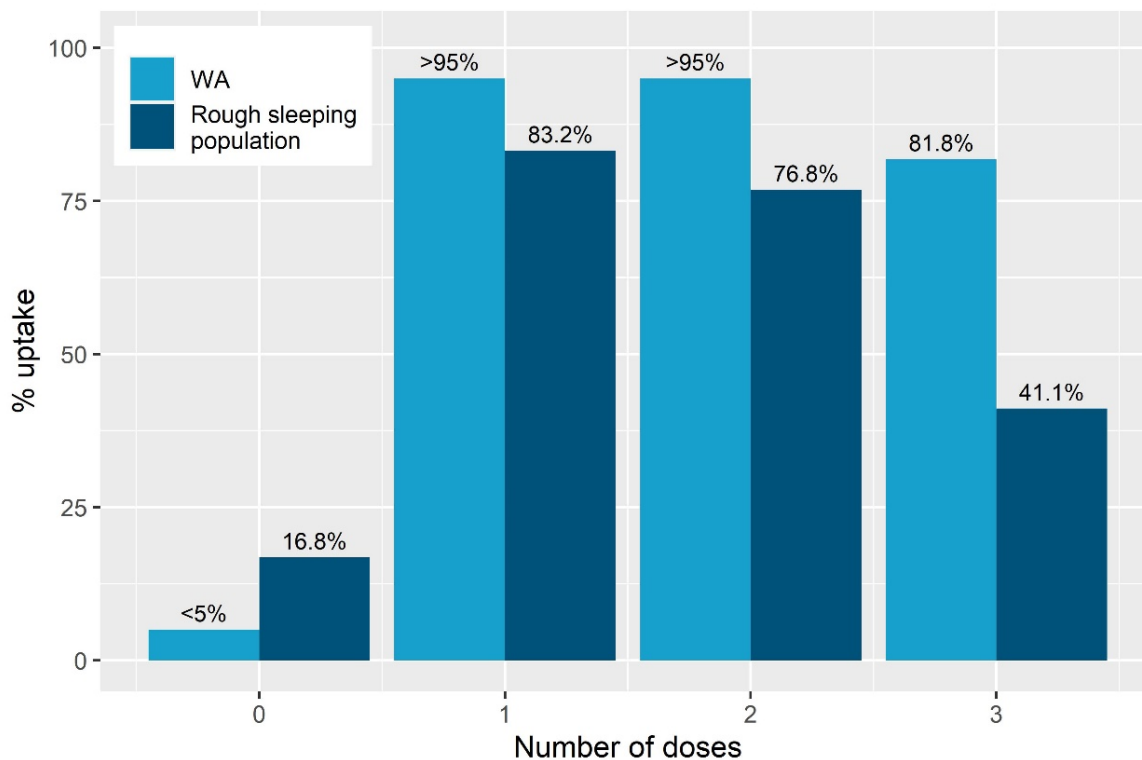


Figure 1. Vaccine uptake, stratified by percentage for each dose and compared to WA population, as at 1 June 2022.

¹ WA government COVID vaccination dashboard – 1 June 2022.

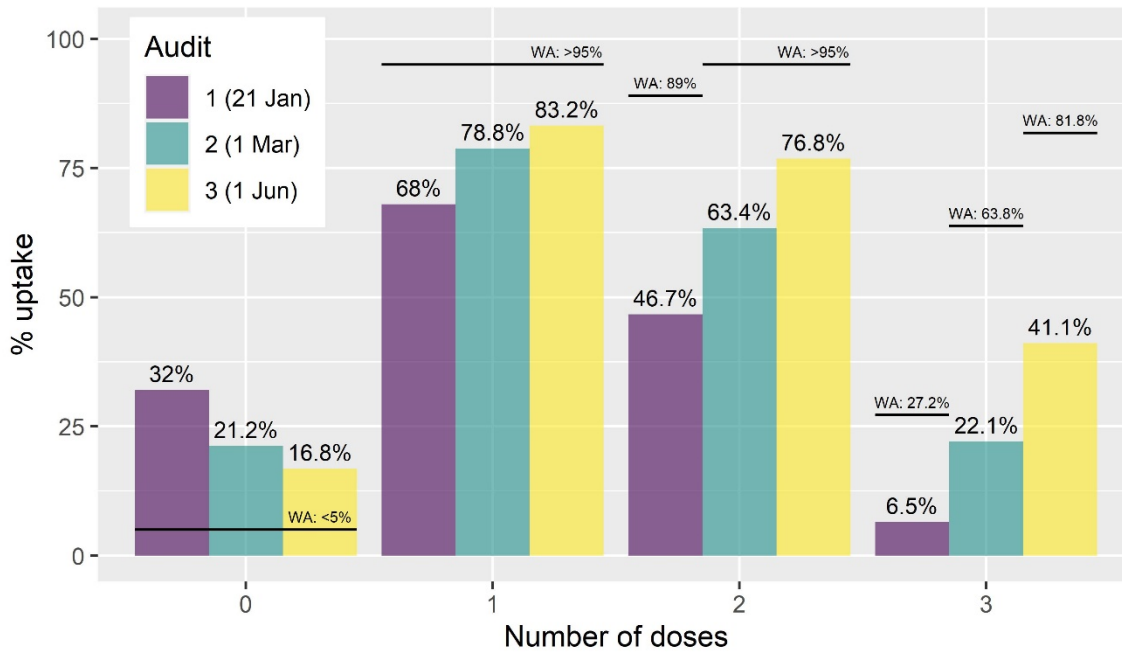


Figure 2. Vaccine uptake among the rough sleeping cohort over time between the first and most recent audits (21 Jan, 1 Jun).

- As at 1 June 2022:
 - 35% of the full cohort of 518 individuals (n=181) were not yet eligible to receive their third/booster dose, which is known to be important for the Omicron variant;
 - A further 24% of the cohort (n=124, or about one in four) were eligible for a third/booster dose, but had not yet received one; and
 - Third dose vaccination rates remained lower for Aboriginal rough sleepers than for their non-Aboriginal counterparts (Fig. 3).

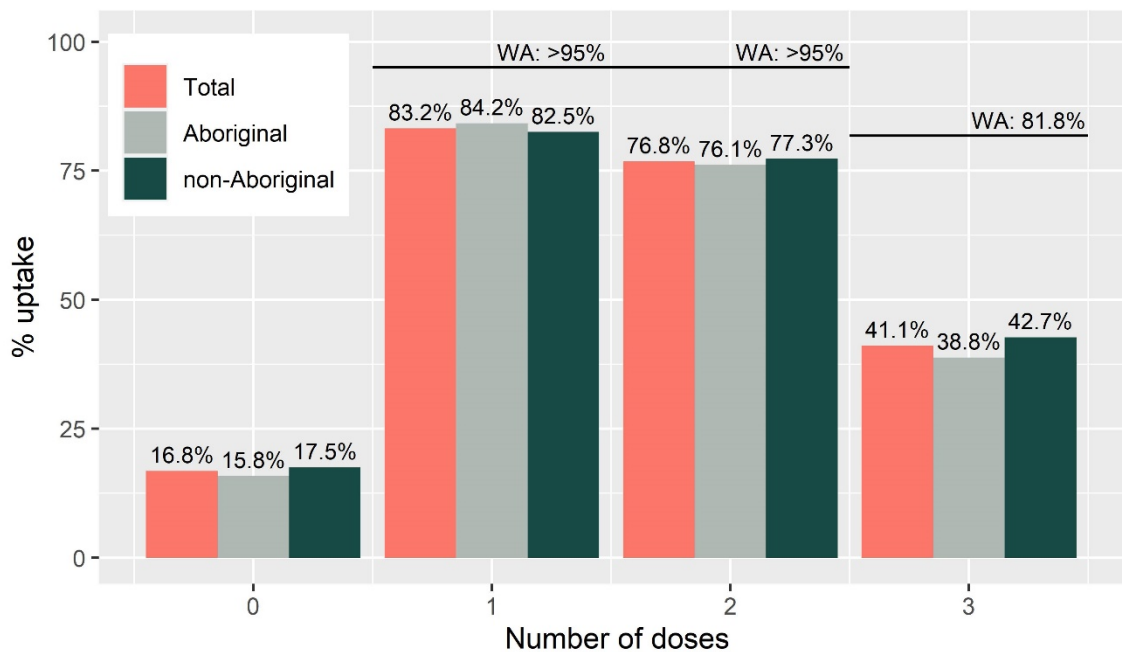


Figure 3. Vaccine uptake amongst the rough sleeping cohort as at 1 June 2022, stratified by dose and Aboriginality.

Summary/implications

1. There has been a small reduction in the proportion of individuals who are not vaccinated at all (21.2% to 16.8%). However, almost one in five individuals remain unvaccinated.
2. Just over three quarters (76.8%) of rough sleeping individuals had had two doses of vaccination as at 1 June 2022. Encouragingly, the proportion of individuals who have received a third/booster dose has

doubled since Audit 2. However, this proportion remains about half the level of the booster update for WA overall, and three months elapsed between Audit 2 and Audit 3.

3. It is evident that targeted strategies to amplify the vaccination involvement of Aboriginal organisations (e.g., Noongar Outreach, Indigo Junction), and expanded outreach and opportunistic vaccination via HHC, has contributed to a closing of the gap seen in previous audits between the vaccination rates of Aboriginal and non-Aboriginal people who are rough sleeping in Perth.
4. The overall delay in first and second dose access and uptake for this cohort is reflected in the fact that 35% are not yet eligible to receive a booster. Further, 24% of the cohort *are* eligible for a booster (three months or more has passed since their second dose) but have not yet received it. This is concerning, given evidence for the need for the third/booster vaccine dose to reduce the severity of the Omicron variant. *Continued resourcing for homeless health outreach vaccination and Aboriginal-led efforts to raise vaccination rates is needed to increase the proportion who are 'boosted'.*
5. This third audit has only looked at the uptake of first, second and third/booster doses. However, it is recommended that any subsequent audits also examine the uptake of fourth doses, since:
 - Eligibility for such doses is high amongst the rough sleeping and homeless populations, among whom comorbidity is common. For example, two thirds (67%) of HHC patients have at least one chronic health condition, including high rates of conditions that are risk factors for increased COVID severity (such as diabetes, heart disease, chronic respiratory illness and liver disease).² There are also street-present people in this cohort who are known to be immunocompromised.
 - The fourth dose is currently being recommended for Aboriginal people aged 50 years or older, and 28% (n=58) of Aboriginal people in this rough sleeper cohort are at least 50 years of age.
6. *Ensuring access to third and fourth doses of COVID vaccination for people sleeping rough needs to remain a high priority over the next few months in WA, as there still remains a substantial gap in booster uptake rates between this and the overall WA population, and many will need follow-up for a fourth dose.*
7. Whilst the WA government now has a hotel accommodation option for rough sleepers with COVID for the 7-day isolation period, HHC remains deeply concerned about the challenges such individuals face when they then return to the streets, given it is now winter and how common fatigue and other well-being effects are, particularly in the 7-21 day period post-COVID infection.
8. *This group is highly vulnerable to influenza and other winter-respiratory illness, due to the circumstances of sleeping outdoors in winter, congregating in confined spaces and, notably, because of the high incidence of risk factors for poor respiratory health. For example, prior work undertaken by this team for the Department of Health pre-COVID-19³ found that 3.4% of a cohort of people experiencing homelessness in Perth (n=196) had an emergency department (ED) presentation or inpatient admission for a diagnosed winter respiratory condition, a measure that used by WA Health to examine the seasonal impact of winter on the hospital system. It is recommended that future audits include examination of flu vaccination uptake in this group, and that the funding for targeted strategies to increase influenza vaccination rates among rough sleepers in Perth be continued.*

2 Vallesi, S., Tuson, M., Davies, A. and Wood, L. (2021), Multimorbidity among People Experiencing Homelessness—Insights from Primary Care Data. *Int. J. Environ. Res. Public Health*, 18, 6498. <https://doi.org/10.3390/ijerph18126498>

3 Wood L, Cumming C. Phase 2 Homeless Discharge Strategy in support of the WA Health Winter Demand Reduction Strategy 2019. School of Population and Global Health, University of Western Australia. 2020.