

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

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Background: This document summarises the findings of a second audit to determine the extent of COVID-19 vaccination among a cohort of the street-present population in Perth and Fremantle. This audit was done on **1 March 2022**, and is based on the same cohort of people sleeping rough who were included in the first audit completed **21 January 2022** (i.e. 5 weeks ago).

Methods: Homeless Healthcare (HHC) extracted a list of all individuals seen by its Street Health outreach teams between 20 Jan 2021 and 20 Jan 2022 (590 people). This list included name, DOB and Medicare number (where known). In both 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 (3 individuals), those who are now deceased (14 people) and those who could not be found on the Australian Immunisation register with available information (n=48), immunisation records for a total of **524 individuals was included in the 1 March audit**. The percentage with no, one, two and three covid vaccination doses in this cohort were then compared to the WA State vaccination rates reported by the WA Premier on 1 March.¹

Key findings:

- **One in five (21%) rough sleepers in this audit have had no doses of covid vaccination as at 1 March 2022.**
- While the rate of vaccination among this population has increased since the previous audit (21 January 2022), vaccination rates remain much lower than in the general WA population (Figure 1); **around four in five (79%) have had a first dose, around two in three (63%) their second dose, and only one in five (22%) a booster.**

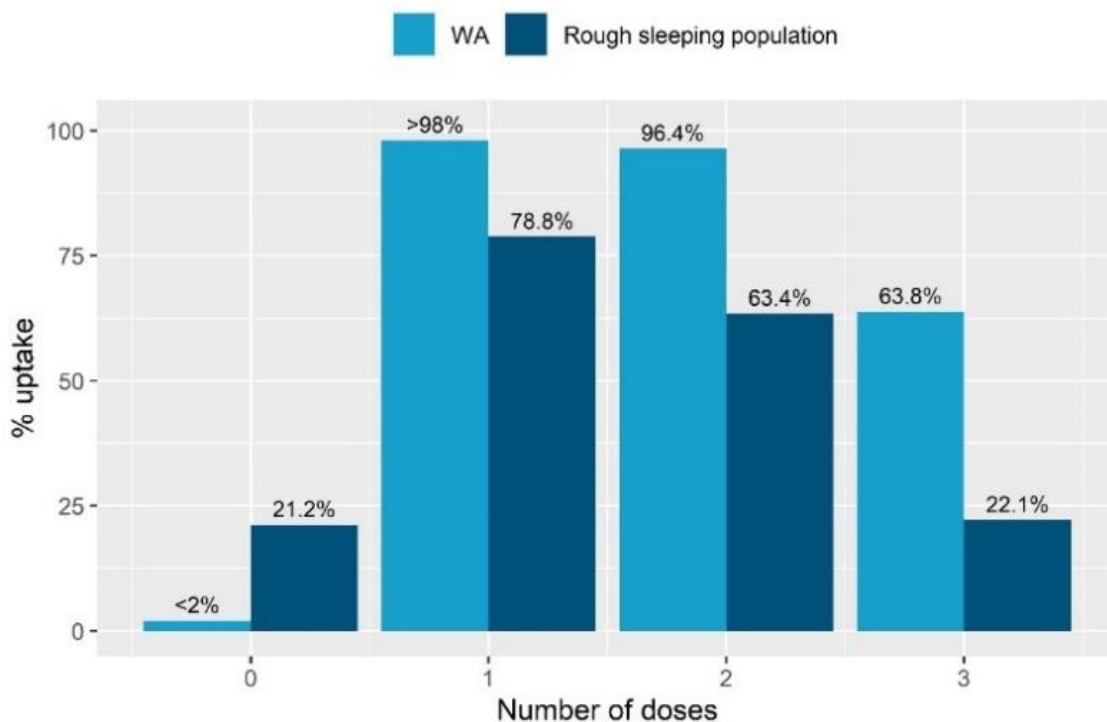


Figure 1. Vaccine uptake, stratified by percentage for each dose and compared to WA population, both as at 1 March 2022.

¹ WA government covid vaccination dashboard 1 March 2022.

- Of the full cohort of 524 individuals, 65% (341 individuals) will still not be eligible to receive their booster/3rd dose by March 3 (the WA opening date for borders). A further 13% (67 individuals) had had their 2nd dose and were eligible to receive, but had not yet received, their booster as at the date of audit (1 March).
- Vaccination rates remain lower for Aboriginal rough sleepers compared to non-Aboriginal rough sleepers for all doses (Figure 2). This is of particular concern as Aboriginal people are over-represented among people sleeping rough seen by Homeless Healthcare’s street health outreach (41%).

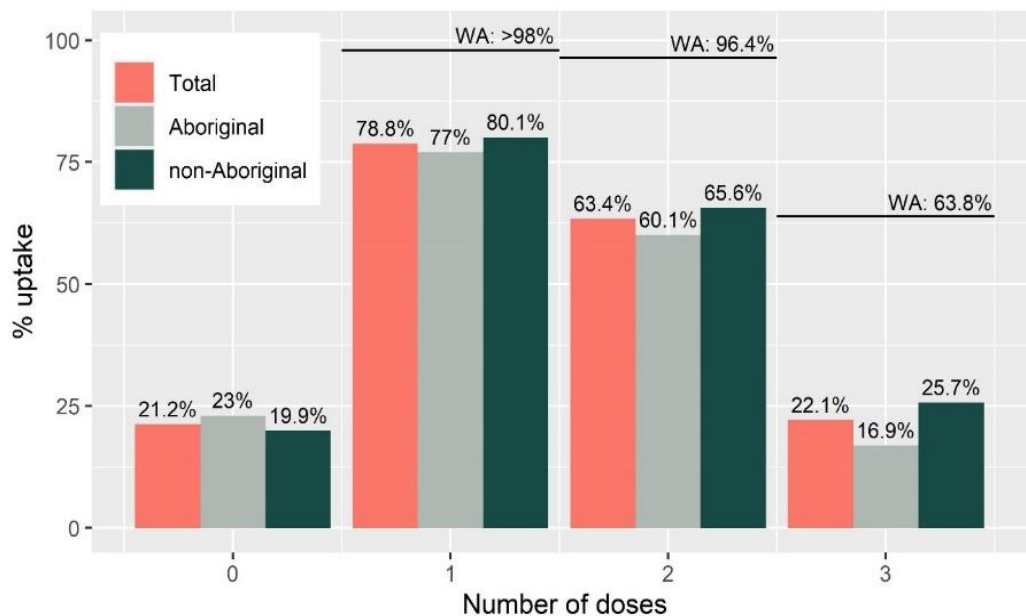


Figure 2. Vaccine uptake among rough sleeping cohort, stratified by percentage for each dose and Aboriginality.

Summary/implications

- Rough sleepers are at greater risk of COVID-19 severity and mortality due to the higher prevalence of underlying health conditions^{2,3} and their inability to self-isolate or stay home. Two thirds (67%) of HHC patients have at least one chronic health condition,⁴ including high rates of conditions that are risk factors for COVID-severity (such as diabetes, heart disease, chronic respiratory illness and liver disease).
- While there has been an upswing in vaccinations since the first audit, the proportion with first, second dose and/or third doses all remain significantly lower than the general WA population. And 1 in 5 have not been vaccinated at all.
- The covid vaccination rates remain of significant concern, particularly given the mounting evidence for the need for the third booster vaccine dose for better protection against the omicron variant and its impacts on health. As many did not have first or second doses until December/Jan/Feb, are not eligible for a booster in March when the omicron surge is predicted to peak in WA.
- Homeless Healthcare has to date had to rely primarily on philanthropic funding to undertake street outreach vaccinations, and is very pleased to have this week received WA Health support to expand its street outreach vaccination. As shown in findings from the UWA Coronavax study (in which Lisa Wood is involved), this outreach by homeless health services known to and trusted by people living on the streets is vital, and it can a lot of time to locate people, build rapport, listen to their concerns about vaccination (or its potential side effects), before they feel ready to consent to vaccination.
- *This is a population who cannot isolate or ‘stay home’, and are particularly vulnerable as the spread of covid in WA escalates. WA is urged to follow the lead of other Australian states, and other countries in rapidly getting people off the street to reduce their exposure to COVID-19 and the likelihood of it being transmitted to others.*

² Wood, L.J., Davies, A.P. and Khan, Z. (2020), COVID-19 precautions: easier said than done when patients are homeless. Med. J. Aust., 212: 384-384.e1. <https://doi.org/10.5694/mja2.50571>

³ Cumming, C., Wood, L. and Davies, A. (2021), People experiencing homelessness urgently need to be recognised as a high risk group for COVID-19. Health Promot J Austral, 32: 359-360. <https://doi.org/10.1002/hpia.355>

⁴ 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>