



## How Programs Addressing Homelessness Can Prepare for the Coronavirus

People experiencing homelessness may be particularly vulnerable to COVID-19. Past experience and research shows that people experiencing homelessness have other transmissible diseases, including [tuberculosis](#) and [hepatitis A](#), at higher rates than nonhomeless populations.

The circumstances in which some people experiencing homelessness live in—large group quarters in shelters or sleeping outside, potentially in encampments with little access to personal hygiene facilities—could make transmission more likely.

Many people experiencing chronic homelessness [fall into the high-risk categories](#) identified by the Centers for Disease Control and Prevention (CDC): older people with chronic disabilities, including diabetes, heart disease, asthma, or other chronic health conditions, that would make them vulnerable to infection.

The homeless adult population has also been getting older over time. About [one-third of single adults who entered shelter in 2017](#) were older than 50.

How communities and programs can prepare

Most importantly, communities should create strong lines of communication and collaboration between the local public health department and the homeless assistance system. Homeless service agencies need to be prioritized for access to sufficient protective gear and cleaning supplies.

These supplies protect both people experiencing homelessness and shelter staff. Shielding staff from the virus is essential, as shelters cannot operate or screen people entering their programs without staff. This communication and collaboration also enables quicker identification and isolation of people who may have contracted COVID-19.

Because there is no vaccine for COVID-19, the primary activity for program staff is identification of those who may be sick and isolating them as best as possible to slow the spread of the virus. Isolation will be difficult in a lot of shelter settings, so communities should consider ways they could temporarily expand shelter capacity to allow for isolation or form a plan with their public health agency for isolation strategies once people are identified.

For people living outside, communities should consider increasing outreach efforts—particularly to places where people are living in groups—to provide basic necessities, such as water and personal hygiene materials, and to screen for symptoms and identify those who are sick as quickly as possible to remove them from encampment settings and get them treatment.

If vaccination becomes possible, the emphasis should be on increasing vaccination rates, similar to efforts for other communicable diseases, like hepatitis A.

What resources are available?

- US Department of Housing and Urban Development (HUD) [webinar](#) on infectious disease preparedness
- HUD [toolkit \(PDF\)](#) on reducing infectious disease transmission
- HUD [toolkit \(PDF\)](#) on managing the spread of infectious disease in shelters
- HUD [guide \(PDF\)](#) on managing the spread of infectious disease in encampments
- CDC [guidance](#) for preparing facilities for COVID-19

New Yorkers, many of them homeless or formally homeless, attend a service and dinner at Judson Memorial Church on National Homeless Persons' Memorial Day on December 21, 2019 in New York City. Photo by Spencer Platt/Getty Images.