

Drivers of COVID-19 vaccine uptake among homeless and precariously housed people in France: a cross-sectional population-based study (the PREVAC study)

Charline Vincent, Epicentre, France

Context

People experiencing recurrent homelessness (PEH) or precariously housed have been overexposed to SARS-CoV2 with high morbidity and attack rates. While most guidelines prioritize the vaccination of PEH, implementation is usually challenging. Objectives of our survey were to estimate COVID-19 vaccination coverage and its drivers in PEH.

Methods

We carried out a cross-sectional stratified survey using a two-stage cluster sampling design. Between November 15 and December 22, 2021, 227 sites were surveyed in the Ile-de-France region (IDF) and Marseille and divided into 3 strata. We interviewed 3,691 participants in their preferred language.

Results

Three-quarters of surveyed individuals (76.2% ; 95%CI 74.3-78.1) received at least one dose of COVID-19 vaccine in 2021. It was highest (85.6%; 95%CI 83.0-88.2) among housed individuals, followed by those accommodated (75.4%; 95%CI 73.0-77.8) and lowest in the streets (42.0%; 95%CI 34.3-49.7). Vaccine uptake was thus lower in all strata compared to French population at the end of 2021 (91% in France). Public vaccination centers were the place of preference in all strata. Reasons for vaccination were mostly related to protection (personal, of vulnerable people, overall) while roughly a quarter of participants felt compelled to be vaccinated (to get the vaccine certificate, travel, or work). Reasons for non-vaccination were more refusals than physical/practical obstacles, with around 10% of participants without any intention to get vaccinated.

Multivariate analysis highlighted the following vaccine uptake drivers: age, administrative status, source of meals, food distribution attendance, source of COVID-19 information, onsite vaccination activity and medical coverage were associated with higher vaccine uptake. Negative opinions on COVID-19 vaccines, fear of the vaccine, living with his/her family, and having no need for vaccine certificate were associated with lower vaccine uptake.

Conclusion

Access to COVID-19 vaccine is low for an overexposed population. Reinforcing comprehensive and inclusive social care for these people, relying on trustworthy third parties with personal ties to them, and extended use of “outreach” strategies appear to be key levers for improving vaccine coverage.

People experiencing recurrent homelessness are less vaccinated than the general population. It seems essential to strengthen their social support and to rely on trusted third parties and outreach activities.

