

# Preventing COVID-19 in Chicago's Sheltered Homeless Population

Data Current as of: June 16, 2020

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Individuals experiencing homelessness cannot simply close their doors to COVID-19. The coronavirus spreads rapidly among close contacts, so people living in congregate settings like homeless shelters are at particularly high risk. The City of Chicago is working together with medical providers, shelter operators, academic centers and advocacy organizations to prevent transmission of COVID-19 among Chicago's homeless population, using data to guide our response. This brief describes the most recent findings from the City's widespread testing efforts in homeless shelters.

## Summary of Key Findings

- **Since March 1, 2020, 2,576** persons experiencing homelessness (in encampments or shelters) or shelter staff have been tested for COVID-19. Some people were tested through their provider or local healthcare centers, but most people were through a widespread testing initiative – a partnership between the Chicago Department of Public Health and UI Health and Rush University Medical Center.
- Widespread testing beginning early April. Since then, the testing team have visited **34** shelters or encampments across Chicago. As of June 16, 2020, **582** homeless persons or shelter staff have tested positive for COVID-19.
- Overall, the percent of homeless persons or shelter staff who test positive for COVID-19 is **22%**, but percent positivity has declined over time with 21% of specimens testing positive in April, 6% in May and less than 2% in June.
- Several rounds of testing were performed at some sites with large outbreaks. We tend to see **lower positivity rates in shelters in repeat rounds of testing**, indicating that efforts to stop transmission within a shelter were effective.

## Shelter-Based Testing Strategy

The Chicago Department of Public Health (CDPH) actively tracks cases of COVID-19 among shelter and encampment residents and shelter staff members in two ways: (1) we match reports of new cases of COVID-19 to known shelter addresses, and (2) we reach out to shelter managers and partners that work with individuals experiencing homelessness for reports. When we hear of a case of COVID-19 in a resident or staff member, we conduct an investigation to identify close contacts in the shelter. Then CDPH, in partnership with UI Health and Rush University Medical Center, offers shelter-based testing for COVID-19 to all those at risk, even if they have no symptoms. **Unlike clinics or hospitals, which focus on people with symptoms, we prioritize congregate shelters for widespread testing.**

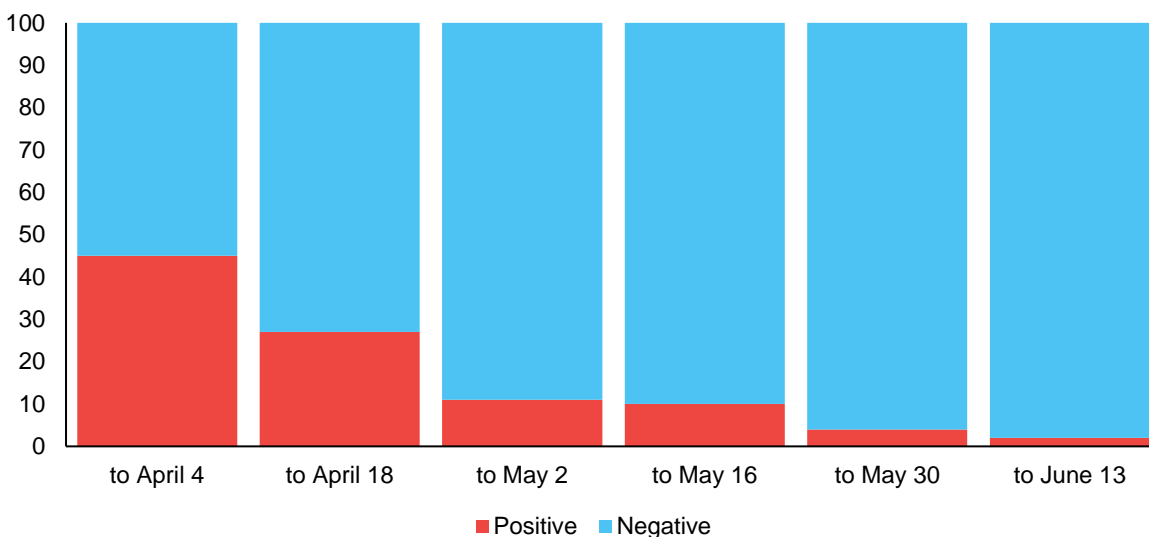
## Testing Results: By the Numbers

- Number of Shelter Programs Receiving Widespread Testing for COVID-19: **30**
- Number of Encampments Receiving Widespread Testing for COVID-19: **4**
- Shelter Residents/Staff Tested for COVID-19: **2,576**
- Shelter Residents/Staff Tested Positive for COVID-19: **582**
- Overall percent positivity rate = **22%**
- Number of Known COVID-19-related Deaths in Shelter Residents<sup>1</sup>: **2**
- Number of Known COVID-19-related Deaths in Shelter Staff<sup>2</sup>: **2**

## Monitoring Rates of COVID-19 in Shelters

Our data show that, on average, the percent of people who test positive for COVID-19 (the “percent positivity rate”) within shelter programs is decreasing over time. That means we are likely seeing a lower rate of spread within shelters and preventing large outbreaks of COVID-19. **For the past seven weeks, Chicago’s percent positivity rate in shelters with at least one reported case has been below 15%.**

Percent positivity across Chicago shelters by two-week period, 2020



## Taking Action to Interrupt Transmission

When test results come back for a shelter, we work directly with residents and staff to make sure that anyone who tests positive for COVID-19 has a place where they can isolate safely – either in their home, on site at the shelter, or in a City-provided isolation facility. We also help the shelter team apply public health guidance for infection control, including social distancing, use of personal protective equipment including face coverings, and routine cleaning.

<sup>1</sup> We identify deaths in people experiencing homelessness through two main methods: (1) matching the names and addresses of anyone reported to us by the Cook County Medical Examiner to database of people known to be experiencing homelessness or addresses known to match to homeless shelters, and (2) through direct outreach to every individual or their proxy (e.g. shelter manager) who tested positive for COVID-19, two weeks after their diagnosis.

<sup>2</sup> Staff members who live off-site have exposures outside the shelter. These cases may not always reflect transmission at shelters.

If our testing shows a high percent positivity rate (generally defined as around 5%, but this is decided on a case-by-case basis), we often return to the shelter for a second round of testing, and often find a much lower percent positivity rate.

## **Understanding Risk Factors: Shared Sleeping Spaces**

We also use our testing data to identify risk factors for COVID-19. Our findings show that the risk of COVID-19 increases as more people share one sleeping space. These findings support the City of Chicago's policies to open decompression shelters, which reduce the number of people in shelters and dormitories, and the efforts to offer individual rooms for people at high risk of serious illness related to COVID-19, including those over the age of 60 and with underlying medical conditions.

## **Citywide Strategies to Prevent COVID-19 in Homeless Populations**

Testing is one important element of our citywide strategy to protect people experiencing homelessness during our COVID-19 response. To learn more about many other ways in which CDPH, the Chicago Department of Family & Support Services (DFSS) and our partners are taking action, please review our strategy brief: [Preventing COVID-19 in Chicago's Homeless Population](#).