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## Office of the Health Officer

**Date:** March 4, 2021

**To:** Tom Rinehart, Chief Administration Officer, City of Portland  
Lucas Hillier, Program Manager, Homelessness and Urban Camping Impact  
Reduction Program

**From:** Jennifer Vines, MD, MPH  
Multnomah County Health Officer

**Re:** Public health considerations for City policies related to assessing and clearing  
encampments

### **Purpose:**

Multnomah County Health Department (MCHD) supports health and healthy living conditions for all of our residents. The following information includes public health considerations in relation to the City of Portland's approach to camp removal and cleanup.

We understand the Homelessness and Urban Camping Impact Reduction Program aspires to remove high impact homeless encampments while minimizing health risks to campers.

### **Background:**

Early in the COVID-19 pandemic, the federal Centers for Disease Control (CDC) advised against dispersing encampments, lest displacement of SARS-CoV-2 infected individuals introduce the virus to new groups and fuel spread in this vulnerable population. After almost a year's worth of experience addressing COVID-19 outbreaks, this memo serves as an interim update to MCHD's May 2020 recommendation to minimize the dispersal of individuals living outside.

Among those living outside, COVID-19 risk is highest among individuals sharing a poorly ventilated sleeping space like a tent or small temporary structure. Interactions

outdoors are generally considered to be low risk for COVID-19 transmission, especially when people are using masks and maintaining several feet of physical distance.

While there is risk of spreading virus to new groups when encampments are dispersed, there are few known outbreaks of COVID-19 traced to a group of people living outdoors.

Conversely, congregate settings of all kinds are known to be high risk for COVID spread. Minimizing the risk of introduction of the virus into a congregate shelter setting during camp cleanups is paramount.

Independent of camp removals, a number of interventions support the health of persons experiencing homelessness and the broader community with respect to urban outdoor living:

- Providing and maintaining bathrooms and handwashing stations
- Removing untreated human feces
- Removing uncapped used syringes

**COVID risk mitigation interventions:**

- Distributing masks, hand sanitizer, disease information
- As available, offering COVID19 testing options
- As available, providing COVID19 vaccine access options

**Additional COVID risk mitigation strategies to consider before and during a campsite cleanup:**

*Identify individuals with symptoms who are likely to go to a congregate shelter and arrange for testing.*

Options may include AMR or a safety net clinic

Caveat: may be difficult to distinguish new/unexplained symptoms from underlying poor health or other chronic conditions; may not identify individuals who are too early in their illness to show a positive rapid test; individuals may decline testing

*Offer vaccination in the field during early engagement*

By 10 days post-vaccine individuals are likely to be protected; they would also be considered no longer infectious if they in fact had COVID at the time of vaccination.

Caveats: Some vaccines require special handling. Options to implement this are unclear at this time.

*Have outreach workers on the lookout for a group of individuals sick with similar symptoms:*

Caveat: These would need to be defined, given the poor general health of this population.

Response would include:

- Leave affected individuals in place (those sick and those not sick who are close contacts or otherwise part of a relatively stable group)
- Collect information - symptoms, dates people started getting sick, whether anyone hospitalized
- Report to public health: 503-988-3406 option 1 for non-COVID-19 concerns; option 4 for COVID-19 concerns and/or email [diseasereport@multco.us](mailto:diseasereport@multco.us)

## **Other specific infectious disease health risks in persons experiencing homelessness**

### **Shigella**

Multnomah County has had Shigella outbreaks among unhoused individuals, including a strain that is resistant to many first-choice antibiotics. Shigella is a diarrheal illness that is spread by poor hand hygiene and sexual behaviors. Clean up of camps contaminated with human waste should include a disinfection procedure. Staff should be on the lookout for individuals or groups of people ill with unexplained diarrhea.

### **HIV**

Multnomah County has had an increase in HIV infections affecting unstably housed individuals. HIV is spread most efficiently through the sharing of needles and also spreads through sexual activity. HIV does not survive on dry surfaces. Freshly used needles are a risk. The Multnomah County STD Program can provide resources related to HIV prevention measures including frequent HIV screening.

### **Hepatitis A**

Any large unhoused population is at risk of a Hepatitis A outbreak like the one that happened in [San Diego 2016-2018](#) (Over 500 cases, 20 deaths, and over 200,000 vaccines given). Hepatitis A is a virus which is spread by direct contact with an infected person / stool or by contaminated water or food in association with poor hygiene. Clean up of camps which are contaminated with human waste should include a disinfection procedure. Work is ongoing to offer Hepatitis A vaccine to people experiencing homelessness.

We look forward to reviewing your protocols for communicable disease mitigation and working with you as the work progresses.

Sincerely,

Jennifer Vines, MD MPH  
Multnomah County Health Officer

CC: Stephanie Rawson, Regional Illegal Dumping Program Manager, Metro