

Promoting Health and Preventing Infectious Disease in Homeless Encampments

GUIDANCE FROM THE MINNESOTA DEPARTMENT OF HEALTH

Promoting Health and Preventing Infectious Disease in Homeless Encampments

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Introduction

This resource is meant to assist local public health departments, homeless service providers, mutual aid groups, and encampment residents and visitors in the prevention and control of infectious disease within homeless encampments and other unsheltered settings. We define homeless encampments as temporary, outdoor locations where two or more people experiencing homelessness live. In October 2023, Wilder Research identified nearly 1,000 people who were sleeping outside or in other places “not suitable for human habitation” across the state. ¹ They did not ask how many of those people were staying in encampments. The City of Minneapolis estimates that the city had 26 active encampments with 248 people living in them on Dec. 15, 2024. ²

This is the first guidance document the Minnesota Department of Health (MDH) has issued specifically for homeless encampments. Each section looks at infectious diseases that share a common mode of transmission (foodborne, bloodborne, sexually transmitted, and respiratory). Each section includes guidance on prevention and symptom monitoring, testing, and reporting within encampments. The purpose of this guidance is to assist those working and living in encampments to reduce infectious disease risks. A growing body of evidence shows that health outcomes – including lower rates of infectious disease – improve for people who have access to stable housing. ³ MDH endorses that “housing is health”, and that stable housing is fundamental in promoting positive health outcomes and well-being. ⁴

In each section, we aim to provide infectious disease guidance given the challenges of limited resources within encampments. The guidance aims to balance public health best practices with what is feasible in outdoor settings in Minnesota that may lack regular electricity, running water, and other amenities. Encampments vary greatly in size, setup, and resources, and what is feasible for one location may not be feasible in another. Access to health and hygiene services like water, bathrooms, and waste removal are important public health measures for preventing the spread of infectious disease and should be prioritized wherever possible.

Many localities in Minnesota have regulations against public camping, and local or state officials may take enforcement to close them because of public health or public safety concerns. To promote ongoing public health efforts, enforcement actions should consider the intention of minimizing the disruptions to people’s property (including medications); support networks; and connections to services.

This guidance was developed by subject matter experts within MDH and with input from people with lived experience of working and living in homeless encampments. If you have any questions about this guidance, please email health.homelessness@state.mn.us.

Foodborne illnesses

Most foodborne illnesses are spread through fecal-oral transmission, meaning a person ingests particles from an infected person’s feces (stool). This can occur through direct contact with an infected person’s stool or contaminated food, liquids, or other objects, including hands.

Some examples of diseases that spread through fecal-oral transmission include:

- Norovirus (commonly, but misleadingly, called “stomach flu”)
- *Salmonella*
- *Shigella*
- *Giardia*
- Hepatitis A

Prevention

Handling waste

To prevent illness from diseases transmitted through the fecal-oral route, all human waste must be properly discarded. Access to a clean and readily available toilet is essential to preventing human waste from entering areas used for preparing food, eating, and sleeping. **Public bathrooms** can be an option if an encampment is in very close proximity to bathrooms with 24-hour public access. **Portable toilets** are generally the simplest way to keep human waste from entering living areas within homeless encampments. Portable toilets require regularly scheduled servicing to provide for a safe and clean experience.ⁱ Encampments with pets should consider having **supplies on-hand for cleaning up pet waste**. Animal waste should be disposed of immediately.

Handwashing

Handwashing with soap and water is essential to preventing the spread of infectious diseases. Hand sanitizer can be used in addition to good handwashing but should not serve as a replacement. Hand sanitizer is not effective against norovirus.

Like portable toilets, **portable handwashing stations** can prevent the spread of infectious diseases in encampments. Handwashing stations should ideally be positioned near portable toilets and wherever food is typically prepared in the encampment. MDH recommends that handwashing stations be regularly stocked with soap, water, and paper towels to reduce the risk of disease transmission.

Food preparation and hygiene

Foodborne illnesses are often spread through the preparation and serving of meals. Since encampments often rely on donated food, MDH recommends that individuals and organizations providing food within encampments comply with all applicable food safety regulations, as detailed in [Minnesota Food Code, Minnesota Rules Chapter 4626](https://www.health.state.mn.us/communities/environment/food/rules/foodcode/index.html) (<https://www.health.state.mn.us/communities/environment/food/rules/foodcode/index.html>). In addition, **encampment residents may consider developing a plan specific to their needs** for accepting donated food, discarding spoiled or expired food, and keeping food within acceptable temperatures during storage and preparation.

ⁱ The number of portable toilets recommended will vary based on the number of people frequenting the location. While MDH is not aware of specific public health recommendations on this issue, vendors who have serviced encampments recommend a ratio of no less than one toilet per 20 persons.

Appendix A provides a sample checklist for encampment food preparation and hygiene. These recommendations are best practices to reduce the risk of foodborne illnesses but may not be obtainable in all situations.

Immunization

The Centers for Disease Control and Prevention (CDC) recommends that people experiencing homelessness receive the **hepatitis A vaccine**.⁵ Refer to Appendix B for recommendations to support vaccinations within encampments.

Symptoms, testing, and reporting

MDH should be notified if two or more people within an encampment are experiencing symptoms, such as nausea, diarrhea, or vomiting.

Encampment residents or leaders can notify the MDH Foodborne Diseases Unit by calling 651-201-5655 (or toll free at 1-877-366-3455) or by emailing health.foodill@state.mn.us.

Depending on the location of the encampment, MDH or the local public health department will lead outbreak investigation and response. Public health officials will collect information to assess the likely source of the outbreak and the number of people affected. Officials may also distribute stool sample collection kits and provide illness logs to help determine how the outbreak started and when it ends. In addition to documentation, public health staff will also help implement outbreak control measures, such as handwashing and enhanced cleaning and sanitizing of bathrooms and food preparation and eating areas.

Bloodborne infections

Some infectious diseases are transmitted through bacteria or viruses in the blood of an infected person. Needle sharing is the most common risk factor for bloodborne transmission of infectious disease within a homeless encampment. The primary infectious diseases acquired through needle sharing are HIV and the hepatitis C virus (HCV), and these will be the focus of this section of the guidance.

Prevention

Resources that reduce the likelihood of sharing needles or other injection equipment help prevent the spread of bloodborne infections. **Syringe Services Programs (SSPs)**, also called needle exchanges or community-based harm reduction programs, provide people who inject drugs with sterile injection drug equipment (needles, cottons, sterile water, etc.) and help dispose of used syringes.⁶ Many harm reduction organizations also offer safer smoking or snorting supplies to encourage people who use drugs to use alternate ingestion routes to reduce the risk of infectious disease.

SSPs have been shown to reduce transmission of HIV and HCV.⁷ MDH supports SSPs across the state and maintains a [Syringe Services Programs Network Calendar](https://www.health.state.mn.us/people/syringe/calendar.html) (<https://www.health.state.mn.us/people/syringe/calendar.html>) of where they are located and what services they provide. More information can be found at [Syringe Services Programs \(SSP\)](https://www.health.state.mn.us/people/syringe/ssp.html) (<https://www.health.state.mn.us/people/syringe/ssp.html>).

Pre-exposure prophylaxis (PrEP) medication is also available and can reduce the risk of acquiring HIV by up to 99%. PrEP is generally taken as a daily oral medication but is also available as a longer-acting injection. MDH's [Pre-Exposure Prophylaxis \(PrEP\) \(https://www.health.state.mn.us/diseases/hiv/prevention/prep/index.html\)](https://www.health.state.mn.us/diseases/hiv/prevention/prep/index.html) website has more information about finding PrEP prescribers and resources for low or no-cost PrEP medication.

Medication for Opioid Use Disorder (MOUD) helps people with opioid use disorder reduce cravings and manage withdrawal symptoms. This can lead to a reduction or cessation of injection drug use, reducing the risk of bloodborne disease transmission. Studies, including the [Medications for Treatment of Opioid Use Disorder among Persons Living with HIV \(https://pmc.ncbi.nlm.nih.gov/articles/PMC6420833/\)](https://pmc.ncbi.nlm.nih.gov/articles/PMC6420833/), have found that MOUDs can reduce new HIV infections by more than 50%.⁸

Treatment is also a form of prevention. Successful use of HIV and HCV treatment will ensure that a person cannot transmit the viruses to others. For example, within six months of starting antiretroviral treatment, people with HIV can achieve an “undetectable” viral load, meaning it is too low to measure. Once a person reaches undetectable status, they cannot pass HIV to partners through sex (Undetectable=Untransmittable or U=U).⁹ People living with HIV can get connected to treatment by emailing AIDSLine@aliveness.org or calling 612-822-7946 or calling MDH Care Link Services at 651-201-5414.

For HCV, there are medications that can cure disease in a matter of weeks. These medications are taken orally and have minimal side effects. By curing individuals who are infected, we can reduce the level of disease circulating in the community.⁹ Hennepin Healthcare maintains a list of [Community Clinics Offering Low Barrier Access to Hepatitis C Treatment \(https://drive.google.com/file/d/1ofj-OPMLGcwnxrPpHg5CfKOAQhRln114/view\)](https://drive.google.com/file/d/1ofj-OPMLGcwnxrPpHg5CfKOAQhRln114/view) and a map of [Rural Health Clinics with Viral Hepatitis Services \(https://www.google.com/maps/d/viewer?mid=1HqIBVWO_fbXWqtYeEN96-qZiegH145w&ll=46.36349493067472%2C-94.2195923&z=6\)](https://www.google.com/maps/d/viewer?mid=1HqIBVWO_fbXWqtYeEN96-qZiegH145w&ll=46.36349493067472%2C-94.2195923&z=6).

Symptoms, testing, and reporting

HIV

There are several symptoms of HIV. Not everyone will have the same symptoms, and some people may not recall having any symptoms prior to being diagnosed. Early symptoms, occurring in the first **two to four weeks after infection with HIV**, can include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and mouth ulcers. Without proper treatment, HIV can progress to AIDS.

Everyone aged 13-64 should be tested for HIV at least once, and people who are sexually active or share syringes or other injection equipment should be tested at least yearly and more frequently as needed. In addition, HIV testing should be done during each pregnancy because treatment is available that substantially reduces the risk of perinatal transmission.

Rapid HIV testing provides results within 20 minutes and is the recommended testing method within an encampment. All MDH grant-funded community-based organizations use an approach called “Rapid-Rapid testing.” In this method, two reactive tests from different manufacturers are considered confirmation for a positive HIV test result.¹⁰

New HIV infections must be reported to the Minnesota Department of Health within one working day.

To report an HIV infection, call the MDH STI, HIV, and TB Program at 651-201-5414 or 1-877-676-5414. More information about reporting can be found at [Reporting Human Immunodeficiency Virus \(HIV\), Including Acquired Immunodeficiency Syndrome \(AIDS\)](https://www.health.state.mn.us/diseases/hiv/hcp/report.html) (<https://www.health.state.mn.us/diseases/hiv/hcp/report.html>).

Hepatitis C virus (HCV)

Symptoms of hepatitis C virus (HCV) include abdominal pain, nausea, vomiting, diarrhea, fever, fatigue, loss of appetite, jaundice (yellow skin or eyes), dark urine (tea or cola colored), and clay-colored stool. However, many people with hepatitis C have no symptoms.

Everyone aged 18 and older should be tested for HCV at least once in their lifetime. Testing should also be done during each pregnancy. People in high-risk groups, such as those who share needles, syringes, or other drug use equipment, and people living with HIV should be tested routinely.

Rapid antibody tests are the most common method for testing for HCV within an encampment. This test consists of a finger stick and takes about 20 minutes to provide results. Like HIV, people who receive a reactive (i.e., positive) rapid test result should pursue additional testing to confirm their infection. Rapid antibody tests will be positive in anyone with a current or past infection. Individuals who have cleared their infections, either through treatment or spontaneous resolution, will continue to test positive on this test. People with a known history of HCV should bypass antibody testing and receive HCV RNA testing to assess current infection status.

Reactive antibody tests and all RNA tests must be reported to MDH within one working day.

To report HCV, call the MDH Hepatitis Unit at 651-201-5414 or 1-877-676-5414. More information about reporting can be found at [Reporting Hepatitis](https://health.state.mn.us/diseases/hepatitis/hcp/report.html) (<https://health.state.mn.us/diseases/hepatitis/hcp/report.html>).

Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) can occur from any kind of sexual activity involving the mouth, anus, vagina, or penis. Some of the most common forms of STIs include:

- Chlamydia
- Gonorrhea (clap)
- Trichomoniasis
- Syphilis
- HIV
- Hepatitis B virus (HBV)
- Mpox

Prevention

Outreach workers and volunteers can help make sure that encampment residents and visitors have access to condoms. Another critical component for prevention is having organizations that can offer STI testing and non-stigmatizing education about talking to partners about safe sex.

Medication (PrEP and PEP)

Medications are also available to prevent the spread of STIs.

PrEP medication is up to 99% effective at preventing sexual transmission of HIV. MDH's [Pre-Exposure Prophylaxis \(PrEP\)](https://www.health.state.mn.us/diseases/hiv/prevention/prep/index.html) (<https://www.health.state.mn.us/diseases/hiv/prevention/prep/index.html>) website has more information about finding PrEP prescribers and resources for low or no-cost PrEP medication.

Doxycycline has also shown efficacy at preventing bacterial STIs, like syphilis, when used as a post-exposure prophylaxis (PEP) medication. CDC's [Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024](https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm?s_cid=rr7302a1_w) (https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm?s_cid=rr7302a1_w) recommends 200mg of doxycycline to be taken as soon as possible after condomless oral, anal, or other insertive/receptive sex. Doxycycline should be taken within 24 hours (ideally) but not greater than 72 hours after condomless sex. Doxycycline can be taken daily, depending on sexual activity, but no more than 200mg every 24 hours.¹¹ MDH recommends that providers consider doxyPEP for all people at increased risk for bacterial STIs who are not pregnant.¹² Refer to [Interim Recommendations for the Use of Doxycycline for Post-Exposure Prophylaxis \(doxy PEP\) for the Prevention of Certain Bacterial Sexually Transmitted Infections \(STIs\)](https://www.health.state.mn.us/diseases/stds/hcp/doxy pep.pdf) (<https://www.health.state.mn.us/diseases/stds/hcp/doxy pep.pdf>) for current MDH guidance.

Vaccination

CDC also recommends that people experiencing homelessness should be vaccinated against hepatitis A, hepatitis B, and mpox.¹³ Appendix B provides practical recommendations for administering vaccinations within homeless encampments.

Safe sex

STIs, as well as some diseases that spread through fecal-oral transmission (like *Shigella* and hepatitis A), can spread through sexual contact. **To reduce risk of transmission:**

- Refrain from sexual activity until one to two weeks have passed since experiencing diarrhea
- Use condoms and other barriers during oral and oral-anal sex play to prevent oral-fecal transmission
- Wash genitals and toys before and after sex play

Symptoms, testing, and reporting

STI symptoms vary, but some common symptoms include abnormal vaginal or urethral discharge; pain while peeing or having sex; bumps or sores around the mouth, genitals, or anus; blisters (for syphilis); and itching around the genitals or anus. However, people can also have an STI and transmit it to others without experiencing any symptoms.

There are different methods available for testing different STIs. MDH can provide testing supplies and other support for rapid testing of HIV or syphilis in encampment settings. There are also commercially available home test kits for chlamydia, gonorrhea, and trichomoniasis (CGT).

All newly confirmed or presumed cases of HIV/AIDS, confirmed cases of syphilis, chlamydia, and gonorrhea, and all positive hepatitis B testing must be reported to MDH.

To report STIs, call the MDH STI, HIV, TB Program at 651-201-5414 or 1-877-676-5414. More information about reporting can be found at [Frequently Asked Questions About STD and HIV Reporting \(https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html\)](https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html).

Sexual violence, sexual exploitation, and sex trafficking

Encampment communities may include people who have experienced sexual violence, exploitation, or trafficking. Victims/survivors of sexual abuse, sexual assault, and other forms of sexual or domestic violence, as well as sexual exploitation or sex trafficking, may need or request access to medical care (specifically a medical forensic exam) and advocacy. Many victims/survivors prioritize medical care and advocacy before deciding whether they want to report to law enforcement. It is important to respect victim/survivor decisions and provide resources for future use.

[Minnesota Coalition Against Sexual Assault: Find Help \(https://mncasa.org/find-help/\)](https://mncasa.org/find-help/) provides a list of resources online; most are available 24/7 and offer confidential support (with exceptions for mandated reporting).

In addition, [Minnesota Day One®: The Call to Safety \(dayoneservices.org\)](https://dayoneservices.org) operates a 24/7 hotline and provides connections to services and shelter for victims and survivors of sexual violence, domestic violence, and sex trafficking and exploitation.

MDH [Human Trafficking and Exploitation Prevention and Response \(https://www.health.state.mn.us/communities/humantrafficking/index.html\)](https://www.health.state.mn.us/communities/humantrafficking/index.html) has a map of resources for the Safe Harbor network, which responds to the sexual exploitation and sex trafficking of youth through age 24 (in addition to labor trafficking and labor exploitation services for people of all ages).

Respiratory illnesses

Encampments are not high-risk settings for spreading respiratory disease, however transmission can occur, particularly when people are interacting in enclosed tent settings. Respiratory illnesses spread when mucus and saliva are released when an infected person coughs, sneezes, blows their nose, talks, or laughs. The most common form of transmission is from inhaling the respiratory droplets through close contact with an infected person, although some diseases can be transmitted from longer distances through the air. Respiratory diseases can also be transmitted by people touching secretions on other people's hands and surfaces or sharing straws, cups, or utensils.

Examples of illnesses that spread through respiratory droplets include:

- Influenza (Flu)
- COVID-19
- Respiratory Syncytial Virus (RSV)
- Tuberculosis (TB)

Prevention

Encourage good hygiene and healthy behaviors

The spread of respiratory illnesses can be limited through behaviors like covering your mouth when coughing or sneezing, regular handwashing, and regularly **cleaning and disinfecting** frequently touched surfaces as able (refer to [Cleaners, Sanitizers, and Disinfectant Products: Selection considerations for state agencies](https://www.health.state.mn.us/communities/environment/risk/guidance/cleaners.html) (<https://www.health.state.mn.us/communities/environment/risk/guidance/cleaners.html>) for MDH guidance regarding disinfectants). People presumed to have a respiratory illness are recommended to seek more private spaces (e.g., their own tents) where they can stay away from others to prevent spread while infectious.

Personal protective equipment (PPE)

Homeless outreach staff or volunteers are recommended to have **masks** available for encampment residents and visitors who want to use them. People with a cough may choose to wear a surgical mask and are encouraged to cover their nose and mouth when coughing/sneezing. This is especially important within enclosed spaces. People assisting someone with respiratory symptoms could consider wearing a higher level of respiratory protection, such as an N95 mask. Trash cans will allow for the disposal of used PPE and other waste and help curbing the spread of infectious disease.

Immunization

Vaccinations are available and recommended to protect against most respiratory diseases, including COVID-19, influenza, and RSV. Refer to Appendix B for recommendations for vaccination efforts within encampments.

Symptoms, testing, and reporting

Respiratory viruses (Influenza, COVID-19, RSV)

Symptoms

Symptoms of respiratory viruses depend on the virus, but most commonly include cough, fever, chills, sore throat, congestion, runny nose, sneezing, headache, and fatigue.

Testing

People at high risk of severe illness from respiratory viruses are recommended to get tested early, even if symptoms are mild, because treatment for COVID-19 and influenza must be started early to be most effective. Testing options include over-the-counter tests for COVID-19 and flu or testing through a pharmacy or health care provider. Patient assistance programs may be available to cover or support cost of treatment.

Reporting

Unusual cases, clusters, hospitalizations, or deaths from respiratory viruses should be reported to MDH.

Use the [COVID-19 Outbreak and Death Reporting Form for Shelters and Correctional Facilities \(https://redcap.health.state.mn.us/redcap/surveys/?s=WDCFYJD3YD34X83J\)](https://redcap.health.state.mn.us/redcap/surveys/?s=WDCFYJD3YD34X83J) to report an outbreak or death within an encampment.

Refer to [Infectious Disease Reporting \(https://www.health.state.mn.us/diseases/reportable/index.html\)](https://www.health.state.mn.us/diseases/reportable/index.html) for the full list of reportable diseases. You can also contact the Infectious Disease Epidemiology, Prevention and Control Division at 651-201-5414.

Tuberculosis (TB)

LTBI vs active TB and symptoms

Tuberculosis (TB) is caused by a bacteria called *Mycobacterium tuberculosis*.

TB can have a long latent phase where the bacteria is present in the body but does not cause symptoms. Symptoms of active TB include a cough that lasts for three or more weeks, hemoptysis (coughing up blood), fever, chills, night sweats, loss of appetite, unintentional weight loss, fatigue, chest pain, and shortness of breath. When the bacteria are in the lungs, a person with active TB can spread TB bacteria to others.

Transmission

TB bacteria is spread through the air when a person with active TB in their lungs coughs, sneezes, speaks, or sings. TB bacteria is more likely to spread within enclosed areas, such as a vehicle or tent. The spread of TB bacteria is most likely to occur among people who have close or frequent exposure with a person with active TB. Unlike some other respiratory illnesses, active TB is only airborne-transmitted and cannot spread by shaking hands, touching infected surfaces, or sharing eating utensils or linens.

Testing, respiratory isolation, and treatment of active TB

People with symptoms of active TB should undergo a medical evaluation as soon as possible. While waiting to be assessed, a person with symptoms should live and sleep separately from others to prevent the spread of illness. In most cases, this medical evaluation and respiratory isolation will occur in a hospital.

A medical evaluation for active TB consists of:

- Symptom assessment
- Obtaining medical and exposure history
- Physical examination
- TB test (tuberculin skin test or TB blood test)
- Chest x-ray

Laboratory testing, such as the collection of sputum (phlegm), may also be part of the medical evaluation. The person should not return to a congregate setting, including an encampment, until medically cleared.

Reporting of active TB

People presumed to have or confirmed to have active TB must be reported to MDH within one working day of identification.

To report a case of active TB, call the MDH TB Program at 651-201-5414 or 1-877-676-5414. More information about reporting can be found at [TB Disease Case Definitions \(https://www.health.state.mn.us/diseases/tb/hcp/reporting.html\)](https://www.health.state.mn.us/diseases/tb/hcp/reporting.html).

Additional resources

National Health Care for the Homeless Council (2022). [Impact of Encampment Sweeps on People Experiencing Homelessness \(PDF\) \(https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf\)](https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf)

Seattle and King County Public Health (2018). [Sanctioned Homeless Encampments Initial Planning and Management Checklists \(PDF\) \(https://www.rtfhsd.org/wp-content/uploads/sanctioned-homeless-encampments-checklists.pdf\)](https://www.rtfhsd.org/wp-content/uploads/sanctioned-homeless-encampments-checklists.pdf)

Seattle and King County (2019). [Sanitation & Hygiene Guide for Homeless Service Providers \(https://blog.homelessinfo.org/wp-content/uploads/Sanitation-Hygiene-Guide-final-edited.pdf\)](https://blog.homelessinfo.org/wp-content/uploads/Sanitation-Hygiene-Guide-final-edited.pdf)

Bachmann, L.H. et al. (2024). "CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. *Morbidity and Mortality Weekly Report* June 6, 2024. 72(2);1-8

HUD Exchange (2020). [Infectious Disease Toolkit for Continuums of Care \(CoCs\) \(https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/\)](https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/)

Appendix A. Food preparation and hygiene checklist

- Educate and provide signage that advises that no person with recent diarrhea or vomiting should be permitted in the food preparation or cooking areas or allowed to prepare food for others.
- Ensure there are handwashing and dishwashing facilities in the kitchen area. Refer to [University of Minnesota Extension: How to build a handwashing station](https://extension.umn.edu/growing-safe-food/handwashing-station#:~:text=How%20to%20build%C2%A0a%20handwashing%20station) (<https://extension.umn.edu/growing-safe-food/handwashing-station#:~:text=How%20to%20build%C2%A0a%20handwashing%20station>).
- Promote a food donation management process to ensure food is acquired from safe sources, stored safely, and discarded when no longer safe.
- Obtain food from trusted sources who have a person trained in food safety managing their donation program.
- Ideally, only shelf stable foods should be stored for longer than a single mealtime.
- If keeping food that is not shelf stable longer than a single mealtime, then a refrigerator or cooler that can keep food cold (under 41°F) is recommended.
- If food is being cooked or reheated, ensure the facilities can cook food thoroughly (to boiling or to 165°F).
- Fire safety should also be a priority when setting up cooking facilities.
- Consider how to provide soap, sanitizer, potable water, and other supplies to allow for cleaning and sanitizing of food surfaces in the kitchen area, and gloves or utensils to reduce bare-hand contact with foods that will not get cooked after handling.
- Assess how to provide a regularly serviced graywater tank or sink connected to the sewer system for disposal of wastewater from handwashing and dishwashing, and methods and materials to store food and dishes to protect them from contamination, rodents, and other pests.
- Weather may disrupt the ability to have handwashing facilities that function.
 - Consider limiting food handling in the encampment during extreme cold when hand washing may not be possible.

Appendix B: Vaccinations in encampments

Effective vaccines are available for many of the diseases discussed in this guidance. Immunization efforts for people experiencing homelessness are most likely to be successful when vaccinators:

- Work with trusted messengers within the community to share information about upcoming immunization events and address vaccine concerns.
- Deliver vaccinations at a convenient location, either within an encampment or in a nearby location where people feel comfortable.
- Use accelerated vaccination schedules when possible.
- When clinically safe, vaccinate at the first appointment regardless of whether a person's vaccination history or serological status is known.
- Assure that vaccinators receive training about working with people experiencing homelessness.
- Widely promote vaccination clinics to neighborhood partners, places of worship, and professionals who regularly work with people experiencing homelessness.
- Ensure that there will be no out-of-pocket costs for people receiving vaccinations.
- Consider reminder strategies and additional services that could be offered during vaccine events, such as foot soaks, wound care, health screenings, or infectious disease testing, to encourage participation and return.
- Have the same vaccinators consistently show up on specific days and times to build trust and awareness.

People staying in encampments should also be supported in establishing and maintaining connection with a primary care setting where they can get a thorough assessment for all the various adult immunizations they might need.

References

- ¹ Wilder Research (2024). 2023 Minnesota Homeless Study: Statewide Interview Data. Retrieved from: https://www.wilder.org/sites/default/files/minnesota-homeless-study/2023/interviews/StatewideMN_Adult2023_Tables18-38.pdf
- ² Minneapolis: City of Lakes (2024). Supporting Unsheltered Individuals: Map of Active Encampments. Retrieved from: https://tableau.minneapolismn.gov/views/SupportingUnshelteredIndividuals/Encampments?%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Adisplay_count=n&%3AshowAppBanner=fals
- ³ Krieger, James, and Donna L. Higgins. "Housing and health: time again for public health action." *American journal of public health* 92.5 (2002): 758-768.
- ⁴ Fullilove, Mindy Thompson. "Housing is health care." *American journal of preventive medicine* 39.6 (2010): 607-608.
- ⁵ Centers for Disease Control (CDC). Hepatitis A Vaccine. Retrieved from: <https://www.cdc.gov/hepatitis-a/vaccination/index.html>
- ⁶ Minnesota Department of Health (2023). Reducing Harms Associated with Substance Use Through Syringe Services Programs. Retrieved from: <https://www.health.state.mn.us/people/syringe/sspinfo.pdf>
- ⁷ Zelenev, Alexei, et al. "Modeling combination hepatitis C virus treatment and prevention strategies in a network of people who inject drugs in the United States." *Clinical Infectious Diseases* 72.5 (2021): 755-763.
- ⁸ Fanucchi, L, Springer, S. and Korthuis, P. (2019). "Medications for treatment of opioid use disorder among persons living with HIV". *Current HIV/AIDS reports* 16(1).
- ⁹ National Institute of Allergy and Infectious Disease (NIAID). HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention. <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>
- ¹⁰ Tennessee Department of Health (2024). Double Rapid HIV Testing Guidelines. https://www.tn.gov/content/dam/tn/health/program-areas/std/TDH-Double-Rapid-HIV-Testing-Guidelines_July-2024.pdf
- ¹¹ Bachmann, L.H. et al. (2024). "CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. *Morbidity and Mortality Weekly Report* June 6, 2024. 72(2);1-8
- ¹² Minnesota Department of Health (2024). Interim Recommendations for the use of Doxycycline for Post-Exposure Prophylaxis (doxyPEP) for the Prevention of Certain Bacterial Sexually Transmitted Infections (STIs). <https://www.health.state.mn.us/diseases/stds/hcp/doxy pep.pdf>
- ¹³ Centers for Disease Control (CDC). Viral Hepatitis Among People Experiencing Homelessness. <https://www.cdc.gov/hepatitis/hcp/populations-settings/peh.html>