

## Peer Review Report

# Review Report on Unequal access to testing and vaccination services for the homeless and undocumented population during COVID-19 pandemic

Original Article, Int J Public Health

Reviewer: Dagmar Starke

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### EVALUATION

#### **Q 1** Please summarize the main findings of the study.

Access to healthcare has become worse since the beginning of the SARS-CoV-2 pandemic especially for homeless and undocumented population as there was a lack of nationwide organised efforts for containment. Thus, access to testing and vaccination offers depends on a social security number which is available only to Italian citizens. In absence of a reasonable surveillance and prevention strategy the risk of outbreaks among vulnerable groups such as the targeted groups become more prevalent but not necessarily recognized at an early stage. The aim of the study was two-fold: an epidemiological snapshot based on a survey and a model to facilitate access to health care.

Between March 2020 and October 2021 a screening for COVID-19 was carried out at three different stages, namely the Apostolic Charity outpatient clinic (managed by Medicina Solidale Onlus – Social Medicine NGO), the CARITAS outpatient facility, and at the reception centre of the not-for-profit organisation. Access to the service was on a walk-in-basis in the outpatient setting whereas the latter provided an online booking that could be used by social workers on behalf of the target groups. The screening included an antigen test as well as a PCR test. In case of positive test results patients were admitted to COVID-19 hotel and followed up for 14 days or a negative test.

From June 2021 onwards vaccination has been offered to the target population via the not-for-profit-organisation.

Comparing both tests 0.7% with negative ADT and positive PCR (n = 16) AND 0.9% with positive ADT and positive PCR (n = 20) were detected. The concordance was 96.5%. With respect to the vaccination programme nearly 1400 homeless and undocumented people received a full vaccination (one dose Janssen, two doses Biontech). Round 600 persons agreed to participate in an antispike test, about half of them were found positive at time of the vaccination which is considerably higher the in health care workers or elder people (4-5%).

Following the authors the pandemic has worsened that situation of the target groups and transformed the pandemic into a syndemic. Due to the Italian health care system access to health care as well as free testing opportunities and vaccination programmes were limited to the Italian population. The fragmentation of the system caused even more difficulties for deprived groups, especially homeless and undocumented people, as for instance isolation is only feasible if housing is available. Expensive solutions were implemented with using private hotels as COVID-19 isolation places for the target groups. Access to shelter was only provided for those tested negative but access to free testing was granted only to those with Italian social security number. A vicious cycle which aggravated both, the health status and the social situation of the homeless and undocumented persons. The provision of vaccination was prepared in agreement with the regional health authority of Rome but the authors argue that the state should take the responsibility to guarantee access to vaccination equally to the whole population.

#### **Q 2** Please highlight the limitations and strengths.

Strengths of the study: clearly defined target groups, involvement of non-profit organisations and NGO, imbedded within a theoretical framework of social deprivation

Limitations: especially the vaccination regime could have been described in more detail, maybe with another table or alternatively numbers added to figure 2.

**Q 3** Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Statistical methods: adequate

Sample size: adequate

Replicability is given but limited due to a research question that depends on the pandemic. As well the context should be comparable with respect to access to health care and depends on the health system at all.

#### PLEASE COMMENT

**Q 4** Is the title appropriate, concise, attractive?

Yes

**Q 5** Are the keywords appropriate?

health system strengthening is a little to promising

**Q 6** Is the English language of sufficient quality?

Language is sufficient, minor corrections of typing errors would be adequate.

**Q 7** Is the quality of the figures and tables satisfactory?

Yes.

**Q 8** Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Given the circumstance that studies and interventions on homeless and undocumented people are not that frequent especially in the context of the pandemic the paper covers an appropriate number of relevant papers.

#### QUALITY ASSESSMENT

**Q 9** Originality



**Q 10** Rigor



**Q 11** Significance to the field



**Q 12** Interest to a general audience



**Q 13** Quality of the writing



**Q 14** Overall scientific quality of the study



#### REVISION LEVEL

**Q 15** Please make a recommendation based on your comments:

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Minor revisions.