DeKalb Strike Team Initiative: An Emergency Preparedness Model for Providing MOBILE COVID-19 Vaccinations to Vulnerable Communities in DeKalb County, GA

#IAEM22

## Timeline
- March 7, 2020: First confirmed case of COVID-19 in DeKalb County, GA
- March 21, 2022: DCBOH Incident Command System (ICS) activated
- March 25, 2020: First COVID-19 tests conducted for the public
- December 31, 2020: First vaccine dose administered at DCBOH
- March 9, 2021: First DSTI mobile vaccination to vulnerable communities

## Background
DeKalb County had over 132,000 confirmed COVID-19 cases and over 1,500 COVID-19-related deaths.

The mobile strike team (MST) is a proven evidence-based model that has allowed states and local communities to address a wide range of public health emergencies.

In March 2021, DeKalb County Board of Health (DCBOH) partnered with DeKalb County Fire Rescue Department (DCFR) to create the Dekalb Strike Team Initiative (DSTI).

## Objectives
- Reduce and prevent local COVID-19 transmission among high-risk populations in Dekalb County, Ga
- Identify and create strategies to correct challenges
- Improve COVID-19 vaccine access to vulnerable community members by vaccinating homebound residents, residents experiencing homelessness, and residents of personal care homes and senior living facilities

## Methods
- DSTI assembled strike teams, each comprised of a nurse, clerk, and paramedic personnel.
- Just-in-time training were provided for 31 fire and rescue personnel and 6 nurses who participated in the initiative at the DCFR headquarters.
- Efforts were focused on reducing local COVID-19 and improving COVID-19 vaccine access for vulnerable communities, including homebound residents, the homeless community, and residents of personal care homes and senior living facilities.
- Vaccine hesitancy and misinformation was addressed in collaboration with trusted clinicians

## Results
- Between March 9, 2021, and March 11, 2022, a total of 2,267 vaccines were administered to residents throughout DeKalb County.
- Overall, 70%, homebound, 20% personal care home residents and 8% residents in senior living facilities 2% homeless received at least one dose of the vaccine.
- Among the participants, 42% received follow-up second dose vaccinations

## Directions for Future Practices
- It is important to plan a comprehensive AAR prior to implementing responses to major events.
- Work with external partners to provide HSEEP training and exercises year around.
- Update census rosters at each site to accurately account for residents in the event of a public health emergency.

## Conclusion
- DSTI addressed the challenge of COVID-19 vaccine access for high-risk, vulnerable populations.
- The DSTI addressed challenges faced by high-risk, vulnerable community members in accessing COVID-19 vaccine.
- The DSTI’s success at vaccinating over 2,000 residents were a result of our engagement with the community, dedicated efforts to reaching those at highest risk, addressing vaccine hesitancy and misinformation by trusted clinicians, and the collaboration between DCBOH and DCFR staff.

## Key Outcomes
- Established quarterly review sessions for both internal and external partners
- Formed a committee to review policies and procedures to improve future disease outbreaks
- Provided reduced response time, minimizes stress on vulnerable residents and long-term care facilities

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