Assessing the impact of COVID-19 on testing for HIV, viral hepatitis and STIs in the WHO European Region

Viral Hepatitis Prevention Board Technical Meeting
25 March 2021

Annemarie Stengaard, on behalf of the EuroTEST Initiative
Rigshospitalet, University of Copenhagen
CHIP, Department of Infectious Diseases
Copenhagen, Denmark
EuroTEST Initiative (formerly HIV in Europe)
Consortium composition

Representation/support from:

- AFEW
- AIDS Action Europe
- COBATEST Network
- EACS European AIDS Clinical Society
- EASL The Home of Hepatology
- ECDC European Centre for Disease Prevention and Control
- WHO Europe
- EATG European AIDS Treatment Group
- IUSTI International Union Against Sexually Transmitted Infections Europe
- World Hepatitis Alliance

+ independent experts
COVID-19 impact assessment – objectives

Main objective: To assess the impact of COVID-19 on HIV, viral hepatitis and STI testing in the WHO European Region.

Specific objectives:

1. To assess the quantitative and structural impact among different actors of the testing response:
   1. Laboratories
   2. Secondary care clinics
   3. Primary health care units
   4. Community testing sites
   5. National public health level

2. Collect information about reasons for the observed impact

3. Identify and describe measures put in place to mitigate impact and areas where guidance or support are needed.
**COVID-19 impact assessment – process**

**Additional initial objective:** Document and disseminate good practices in service provision for HIV, viral hepatitis and STIs in the context of the COVID-19 pandemic.

- Case stories collected as part of the WHO/Europe call for good practices (virtual library)

**Survey period:** 14 October to 13 November 2020

Survey available in *English and Russian*


Percentage changes in testing volume, by infection
March-May 2020 compared to March-May 2019 (n=96)
Percentage changes in testing volume, by infection
June-August 2020 compared to March-May 2019 (n=96)
Percentage changes in testing volume, by infection
March-May and June-August 2020 compared to March-May 2019 (n=96)

March-May 2020

June-August 2020
Percentage changes in testing volume (all infections) by sector
March-May 2020 compared to March-May 2019 (n=96)
Percentage changes in testing volume (all infections) by sector
June-August 2020 compared to March-May 2019 (n=96)
Percentage change in testing volume (all infections) by sector
March-May and June-August 2020 compared to March-May 2019 (n=96)

March-May 2020

June-August 2020
Reported reasons for observed declines in testing volume, by sector (n=98)

- Fewer appointments scheduled
- Site(s) closed during lockdown
- Reduced staff in site
- No 'drop-in' service
- Fewer referrals to your site
- Staff re-allocated to COVID-19
- Moved to tele/remote consultations
- Triaging of patients
- Stock-out of test kits etc.
- Changes in financing system
- Laboratories overburdened

[Bar chart showing reasons and their percentages for different sectors]

- Community sites (n=52)
- Secondary care clinics (n=36)
- National level (n=10)
<table>
<thead>
<tr>
<th>Reasons for observed declines in testing volume</th>
<th>Community level sites (n=52)</th>
<th>Secondary level care sites (n=36)</th>
<th>National level (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site(s) closed during lockdown</td>
<td>36 69%</td>
<td>21 58%</td>
<td>6 60%</td>
</tr>
<tr>
<td>Staff re-allocated to COVID-19</td>
<td>8 15%</td>
<td>15 42%</td>
<td>5 50%</td>
</tr>
<tr>
<td>Reduced staff in site</td>
<td>31 60%</td>
<td>11 31%</td>
<td>-</td>
</tr>
<tr>
<td>Fewer appointments scheduled/reduced attendance</td>
<td>36 69%</td>
<td>28 78%</td>
<td>8 80%</td>
</tr>
<tr>
<td>Fewer samples sent to the lab/ fewer referrals to blood draw/testing</td>
<td>10 19%</td>
<td>24 67%</td>
<td>-</td>
</tr>
<tr>
<td>No ‘drop-in’ service (only testing by appointment)</td>
<td>26 50%</td>
<td>15 42%</td>
<td>-</td>
</tr>
<tr>
<td>Fewer referrals to your site</td>
<td>13 25%</td>
<td>18 50%</td>
<td>-</td>
</tr>
<tr>
<td>Changes in financing system</td>
<td>10 19%</td>
<td>4 11%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Stock-out of test kits, tubes, reagents or consumables</td>
<td>3 6%</td>
<td>5 14%</td>
<td>1 10%</td>
</tr>
<tr>
<td>Triaging of patientsb</td>
<td>16 31%</td>
<td>12 33%</td>
<td>2 20%</td>
</tr>
<tr>
<td>Moved to telemedicine/remote consultations</td>
<td>20 38%</td>
<td>14 39%</td>
<td>-</td>
</tr>
<tr>
<td>Laboratories overburdened</td>
<td>-</td>
<td>-</td>
<td>4 40%</td>
</tr>
</tbody>
</table>
Reported new measures implemented to restore testing provision, by sector (n=98)  
(Preliminary results)

<table>
<thead>
<tr>
<th>New measures implemented to restore testing provision</th>
<th>Community level sites (n=52)</th>
<th>Secondary level care sites (n=36)</th>
<th>National level (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Remote counselling appointments</td>
<td>35</td>
<td>67%</td>
<td>25</td>
</tr>
<tr>
<td>Home-based sampling</td>
<td>8</td>
<td>16%</td>
<td>6</td>
</tr>
<tr>
<td>HIV self-testing (on-site or by referral)</td>
<td>23</td>
<td>44%</td>
<td>4</td>
</tr>
<tr>
<td>Triaging of patients</td>
<td>16</td>
<td>31%</td>
<td>13</td>
</tr>
<tr>
<td>No ‘drop-in’ service</td>
<td>25</td>
<td>48%</td>
<td>13</td>
</tr>
<tr>
<td>Referral to other testing sites</td>
<td>19</td>
<td>37%</td>
<td>6</td>
</tr>
<tr>
<td>Staff reinforcement</td>
<td>5</td>
<td>10%</td>
<td>8</td>
</tr>
<tr>
<td>Funding reallocations</td>
<td>13</td>
<td>25%</td>
<td>1</td>
</tr>
<tr>
<td>Equipment acquisition</td>
<td>5</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>Expanded outreach testing</td>
<td>11</td>
<td>21%</td>
<td>4</td>
</tr>
<tr>
<td>Testing campaigns</td>
<td>19</td>
<td>37%</td>
<td>4</td>
</tr>
<tr>
<td>Revised diagnosis algorithm</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community based testing</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lay provider testing</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Community level sites (n=52)</td>
<td>Secondary level care sites (n=36)</td>
<td>National level (n=10)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>N (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Additional human resources</td>
<td>23 (44%)</td>
<td>16 (44%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Increased financial support</td>
<td>35 (67%)</td>
<td>13 (36%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Regulatory changes</td>
<td>16 (31%)</td>
<td>2 (6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Programmatic guidance</td>
<td>4 (8%)</td>
<td>1 (3%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>Technical guidance</td>
<td>6 (12%)</td>
<td>3 (8%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Technical support on specific issue</td>
<td>5 (10%)</td>
<td>4 (11%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Procurement/supply chain related support</td>
<td>6 (12%)</td>
<td>4 (11%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (8%)</td>
<td>2 (6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>None</td>
<td>7 (13%)</td>
<td>5 (14%)</td>
<td>4 (40%)</td>
</tr>
</tbody>
</table>
Linkage to care (HIV/viral hepatitis/STI)

Percentage of community testing sites experiencing problems in ensuring linkage to care (March-August 2020) (n=71)

- Yes: 34%
- No: 66%

Main reported challenges in ensuring linkage to care for people testing/screening positive in a community testing site (March-Aug 2020)

- Delays in scheduling consultations: 16 sites
- Difficulties in contacting the specialist care units: 14 sites
- No referrals possible, except in emergencies: 12 sites
- Specialist care units temporarily closed: 11 sites
- No elective investigations, except emergencies: 7 sites
- People were reluctant to be linked: 3 sites
- Other: 3 sites
Continuum of care
Changes in selected continuum of care measures (all infections), by category of change

March-May 2020 compared to March-May 2019 (n=43)

June-Aug 2020 compared to March-May 2019 (n=44)
Clinic no-show

Percentage of secondary care clinics reporting that patients with an appointment did not show up or were not reachable, by category of percentage no-show (n=34)

- March 2019 (baseline)
- March-May 2020
- June-August 2020
Measures implemented post-COVID to HIV/HBV/HCV/STI clinical care and follow-up practice

Measures implemented to mitigate impact on linkage and retention in care (March-Aug 2020) (n=43)

- Telemedicine (phone/online/e-prescriptions) - 33
- Reduced frequency of follow-up visits - 28
- Reduced frequency of clinical monitoring tests - 21
- Multi-month prescriptions - 17
- Home delivery (of any medicine) - 11
- Reduced number of monitoring tests per sample - 9
- Additional locations for pill pickup - 2
- Possibility of home-based sampling - 1
- Other - 1

Number of sites
HepHIV2021 Conference (Lisbon/virtual)

7th biennial conference on optimal testing and earlier care hosted by the EuroTEST Initiative

5-7 May 2021 – Lisbon, Portugal & virtually: organised under the auspice of the Portuguese EU presidency

Convenes European clinicians, community groups, policy makers, health care providers, researchers and public health experts.

Free access via online conference portal
- On-demand access to pre-recorded talks
- E-posters and virtual exhibition rooms

More information via the conference website
(https://www.eurotest.org/Conferences/HepHIV-2021-Lisbon-Virtual-Conference)

Email: hephiv.rigshospitalet@regionh.dk
THANK YOU

For any questions, please contact eurotest.rigshospitalet@regionh.dk

No conflict of interest