

# INTERRUPTED PROGRESS: DECLINE IN VIRAL HEPATITIS TESTING AND CARE DURING COVID-19

MacLachlan JH<sup>1</sup>, Romero N<sup>1</sup>, McCulloch K<sup>1</sup>, Stewart S<sup>2</sup>, Cowie BC<sup>1</sup>

<sup>1</sup>WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, <sup>2</sup>ASHM.

**Background:** The COVID-19 pandemic and necessary lockdown responses have had substantial impacts on healthcare utilisation in Australia, with repercussions for chronic disease management and population health. We assessed changes in testing and treatment provision for viral hepatitis using publicly available data, in the context of significant pre-existing gaps in diagnosis and care for hepatitis B and C.

**Methods:** Medicare data regarding the number of hepatitis screening (serology) tests, hepatitis B (viral load) and C (RNA) monitoring tests, and hepatitis B and C antiviral treatments dispensed, were analysed for January 2018–September 2020. The number of services/scripts provided during April–September 2020 was compared to the same period during 2018 and 2019, to assess changes during COVID-19 compared to prior trends.

**Results:** The number of hepatitis screening and monitoring tests declined substantially during April–September 2020. Hepatitis screening tests declined by 21.5% compared to the 4.5% increase the previous year, representing 127,000 fewer people screened. Hepatitis B monitoring tests declined by 6.1% compared to an increase of 4.1% the previous year, representing 2,200 fewer people tested. In the context of substantial access to HCV cures from 2016 onwards, HCV monitoring tests were declining during 2018–19, but the magnitude was considerably greater during 2020, from an 11.6% to a 26.8% decrease. These declines were most pronounced in Victoria, which experienced the greatest impact of COVID-19. HBV and HCV treatment numbers saw more minimal declines compared to pre-existing trends, likely due to prescribing through telehealth.

**Conclusion:** The decline in screening and monitoring for viral hepatitis during 2020 is likely to have flow-on impacts in future years, potentially leading to reduced treatment initiation and potentially late-stage presentations for liver disease and cancer. This decline must be reversed to ensure people at risk of or living with viral hepatitis are actively engaged and re-engaged in care.

**Disclosure of Interest Statement:** This analysis was performed under the auspices of the National Viral Hepatitis Mapping Project, which is supported by the Australian Government Department of Health, and conducted in partnership with the Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM).