IMPACT OF COVID-19 RESTRICTIONS ON HEPATITIS C TESTING AT PRIMARY CARE AND COMMUNITY HEALTH SERVICES IN VICTORIA, AUSTRALIA

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Background: Restrictions implemented in response to COVID-19 may impact Australia's progress towards eliminating hepatitis C through reduced testing and attendance at clinical services. We explored trends in consultations and HCV testing before and after implementation of the first lockdown restrictions in Victoria (April 2020) at services specialising in the care of people who inject drugs.

Methods: Data were extracted from 11 clinics participating in the ACCESS sentinel surveillance project. Interrupted time-series analyses of three outcomes between January 2019-December 2020 were performed; weekly number of (1) clinical consultations (in-person/telehealth), (2) HCV-antibody tests, and (3) HCV-RNA tests. For each outcome we estimated the pre-restrictions slope (β1, average weekly change from 1/1/2019-31/3/2020), the immediate change when restrictions were introduced (β2, difference in pre- and post-restrictions level at 1/4/2020), the post-restriction-implementation slope (β3, average weekly change from 1/4/2020-31/12/2020), and the weekly mean during each period.

Results: In 2019-2020, 105,561 individuals attended 607,183 consultations. Weekly consultations were stable pre-restrictions (β1=2.6; p=0.670), dropped by 12.6% on 1/4/2020 (β2=-818; p=0.03), and continued to decline post-restrictions implementation (β3=-39; p=0.004). With a total of 8,176 tests, antibody testing was stable pre-restrictions (β1=-0.2; p=0.139) at an average of 92/week, dropped by 33.5% on 1/4/2020 (β2=-28.7; p<0.001), and remained stable (β3=-0.01; p=0.929) at an average of 57/week post-restrictions. With a total of 2,298 tests, RNA testing was declining pre-restrictions (β1=-0.3; p=0.007), with a non-significant change at 1/4/2020 (β2=-8; p=0.074), and remained stable (β3=-0.02; p=0.870) at an average of 13/week post-restrictions.

Conclusion: Antibody testing significantly dropped following COVID-19-related restrictions, remaining low thereafter, with the drop in antibody testing greater than drop in attendance. Restrictions had a less impact on RNA testing, which was declining prior to COVID-19. Surveillance data will play a crucial role in monitoring the impact of COVID-19 on reaching HCV elimination targets and for guiding strategies to promote a return to service engagement.

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