

Impact of the COVID-19 pandemic on HIV consultations in England : January 2019 – June 2021

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INTRODUCTION

- Public health measures during the COVID-19 pandemic including implementation of social and physical distancing measures have dramatically changed the delivery of health care, social mixing and sexual behaviour as well as access to HIV outpatient services.
- We compare consultation patterns among people accessing HIV care and assess annual retention in care.

METHODS

- We assessed consultations reported to the HIV and AIDS Reporting System (HARS) in England between January 2019 and June 2021 (data are provisional).
- Like-for-like clinics with complete data reported for both January to December in 2019 and 2020 and January to June 2021 were included (118 clinics, 72% of all English HIV clinics).
- Data were categorised into three time periods: Pre-COVID-19 (2019), COVID-19 lockdown (March - May 2020, November 2020, and January - March 2021) and COVID-19 non-lockdown (June - October 2020, and April - June 2021).
- Consultations were classified according to consultation medium (face-to-face, telephone and other). Other consisted of telemedicine, talk type for a person unable to speak and email.
- Patient care was categorised according to clinical complexity: new (newly diagnosed or newly on treatment), stable and complex.
- Patient records were linked using limited identifiers to assess annual retention in care (all English HIV clinics that submitted data for 2019 and 2020 were included for this linkage)

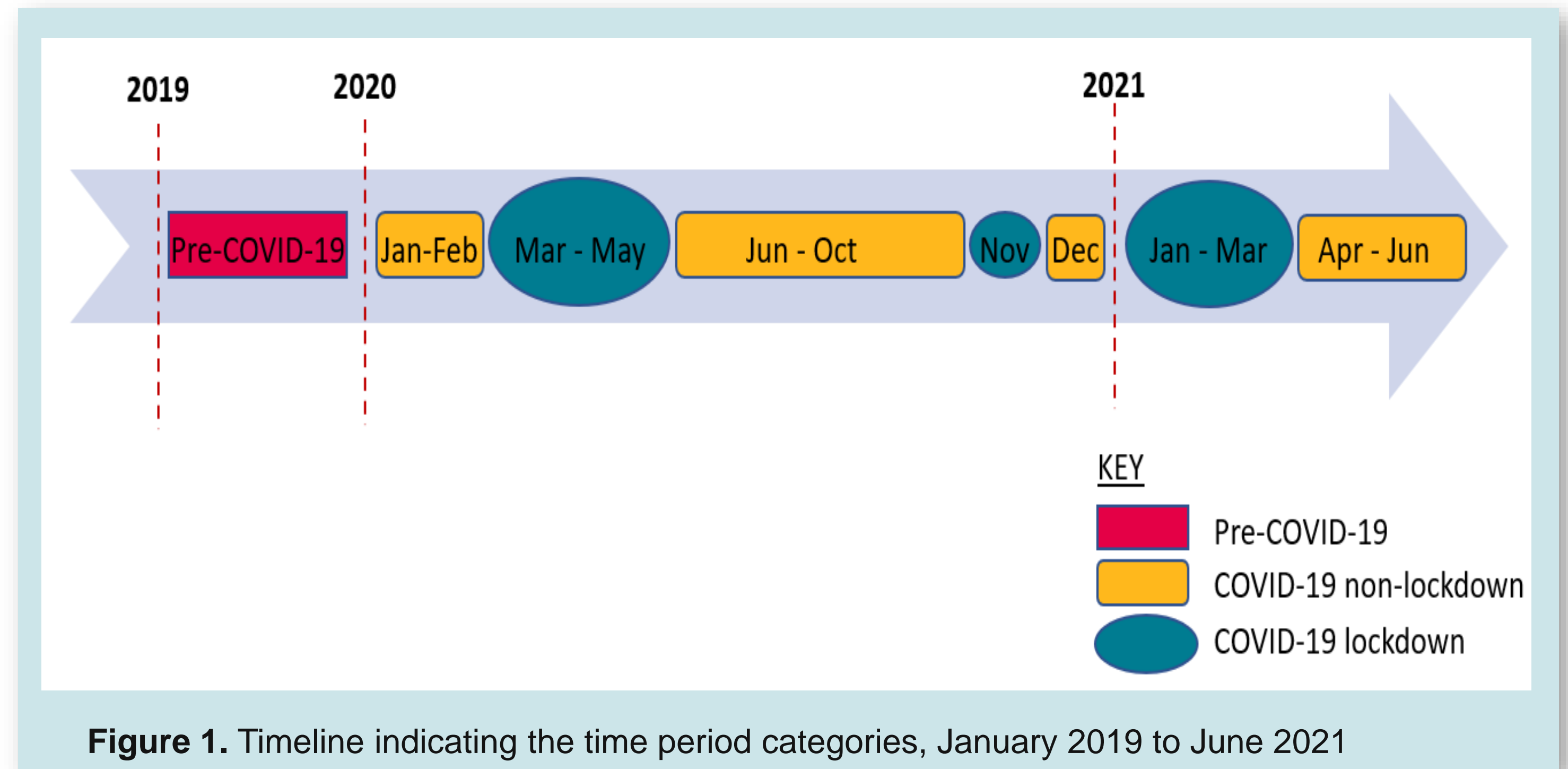


Figure 1. Timeline indicating the time period categories, January 2019 to June 2021

RESULTS

- Consultations in the pre-COVID-19 periods were 45% higher than the COVID-19 lock down periods and 10% higher than the COVID-19 non-lockdown periods.

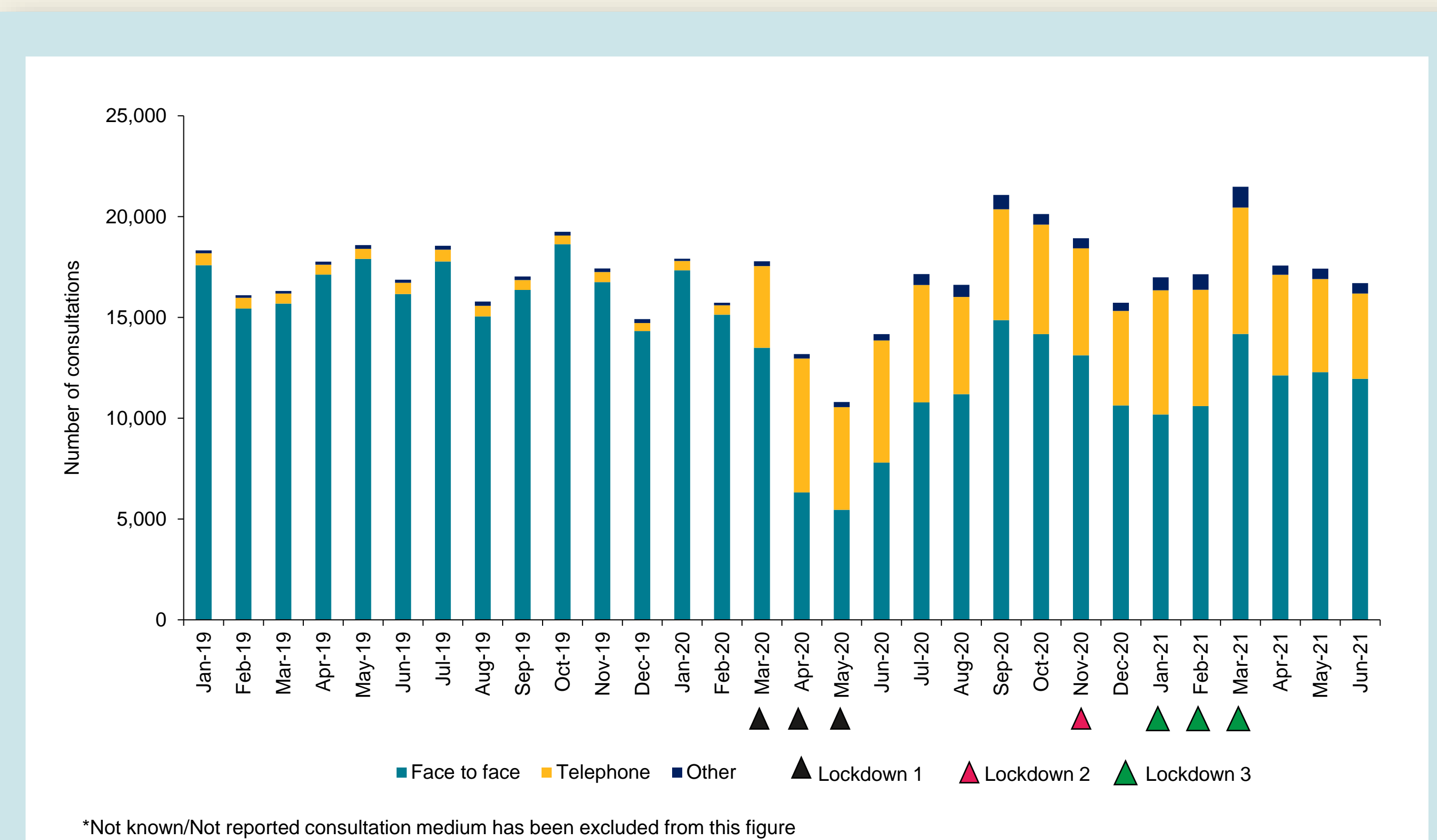


Figure 2. Number of HIV consultations by consultation medium*, England, January 2019 - June 2021

- The lowest number of consultations occurred during the first lockdown and this point also marked a rapid rise in telephone consultations, comprising around 25-35% of all consultations. While the number of consultations began to recover by September (23,400); the shift to telephone consultations was sustained over time (Figure 2).
- Older age groups were more likely to have consultations in the COVID-19 periods and more likely to have telephone/other consultations compared to younger counterparts (Figure 3). Telephone consultations remained low among those aged 15-24.
- Between 2019 and 2020, the proportion of consultations classified as complex increased by 13% while consultations classified as stable or new decreased by 5% and 20% respectively (Figure 4).
- Overall, 88,800 people seen for care in 2019 were also seen for care in 2020, lower than the expected 93,800; this means between 5,000 to 7,000 people seen for care in 2019 did not access care in 2020 (compared to 3,600 between 2018 and 2019)

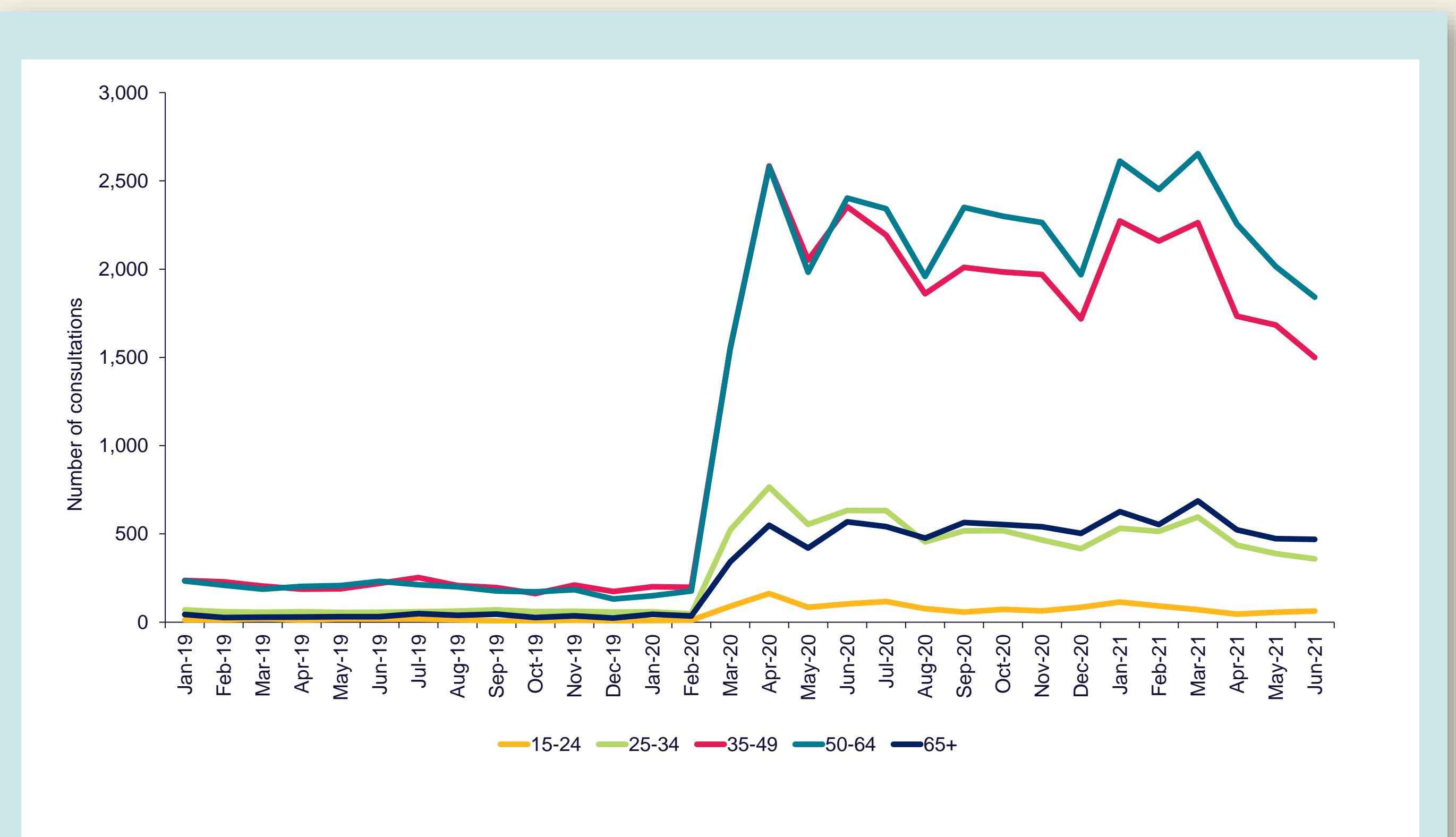


Figure 3. Number of telephone HIV consultations by age group, England, January 2019 - June 2021

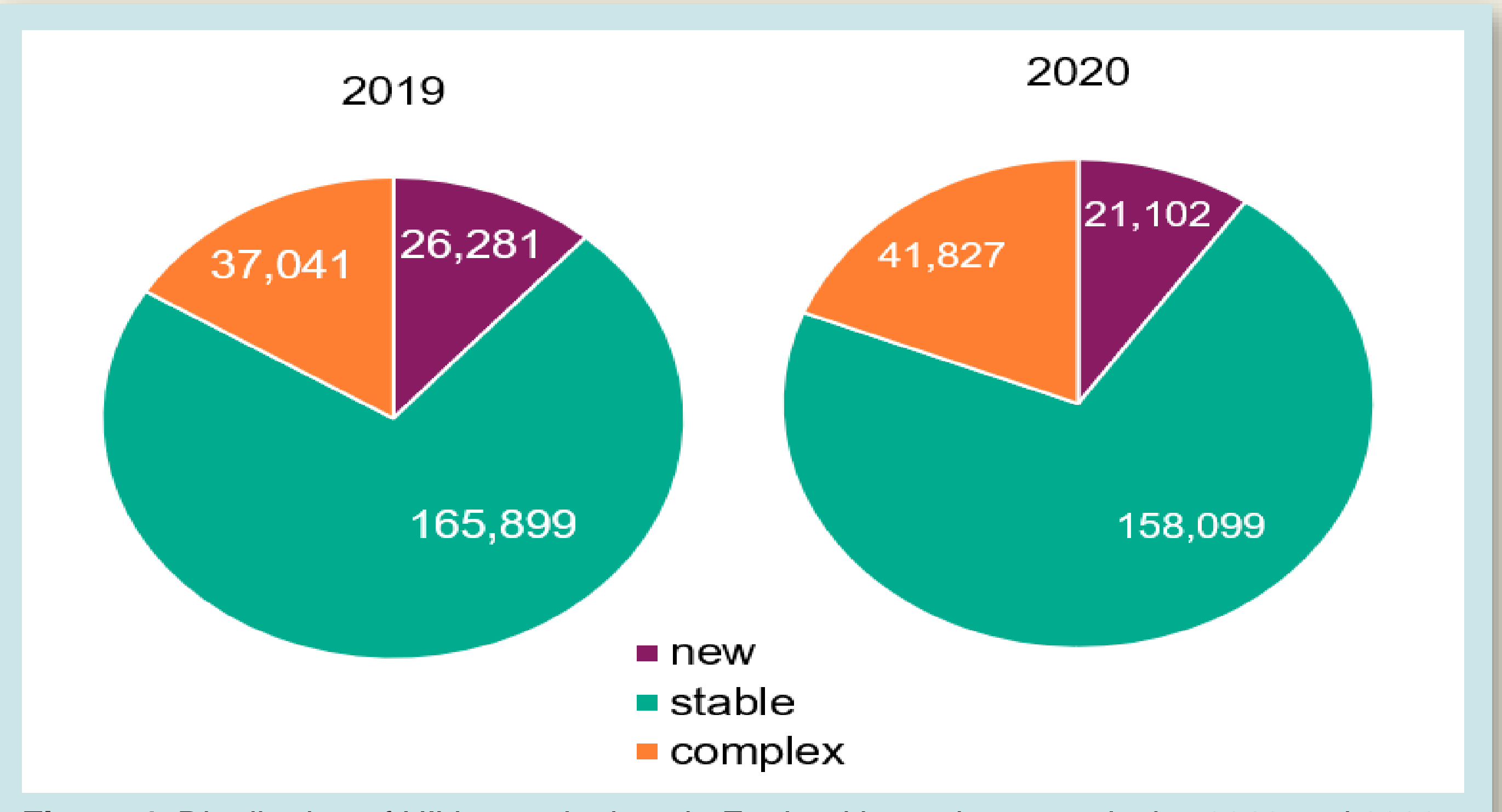


Figure 4. Distribution of HIV consultations in England by patient complexity, 2019 and 2020

LIMITATIONS

- Preliminary data based on sites able to submit complete data for both January to December in 2019 and 2020 and January to June 2021.
- There is variation in completeness and quality of consultation medium field.
- We are unable to collect patient's preference in consultation medium.

DISCUSSION & CONCLUSIONS

- HIV care delivery has changed since March 2020 with virtual consultations first observed in the first lock down sustained into 2021.
- While there were fewer consultations between March to June 2020, the number of consultations for subsequent months were broadly in line with 2019 levels.
- The number of people not accessing care may have doubled in 2020; services will need to find out more on who was not retained in care and ensure changes in service delivery are acceptable
- Future research will assess patient experience of service acceptability and accessibility together with the risk of less frequent monitoring of CD4 counts and viral loads.

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