

COVID-19 Pandemic

HCV Testing and Treatment



How have hepatitis C virus (HCV) testing and treatment changed during the COVID-19 pandemic?



Background

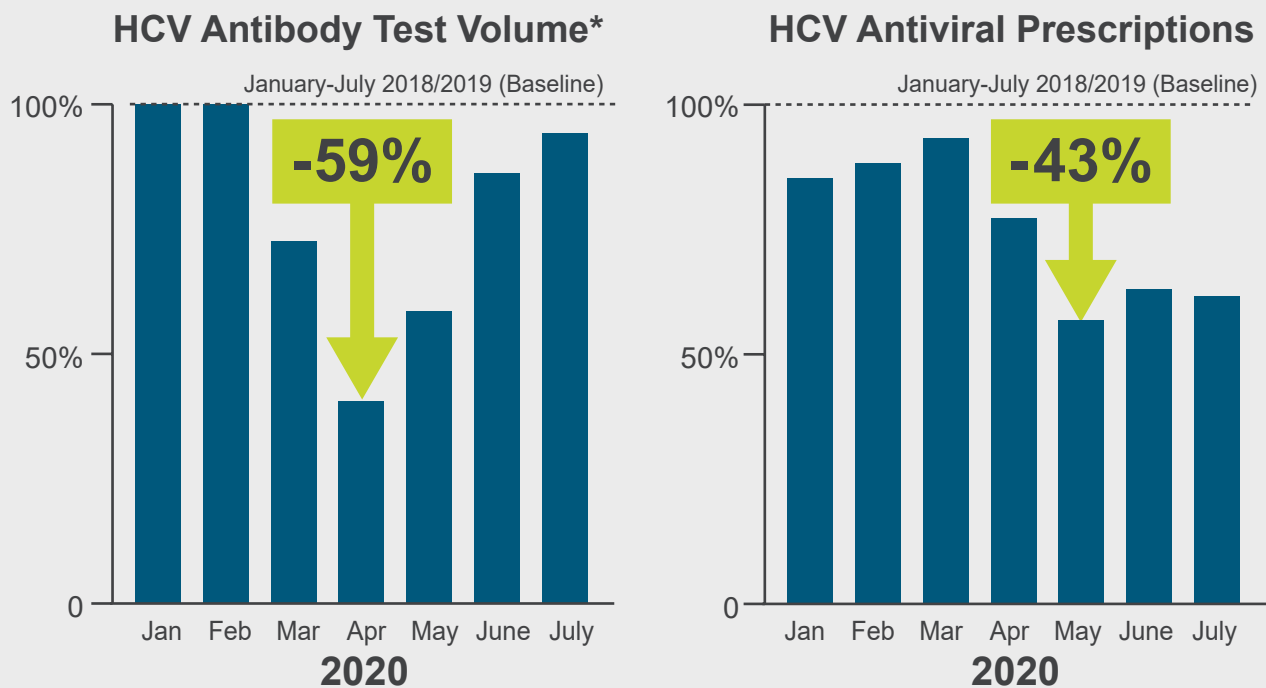
The CDC and US Preventive Services Task Force broadly recommend HCV screening for adults ≥ 18 years of age. However, routine healthcare services were disrupted during the COVID-19 pandemic. Delayed HCV detection and treatment may lead to increased morbidity and mortality.



Methods and Results

Clinical laboratory and prescription data were used to assess changes in HCV antibody testing (>12 million), RNA testing (>300,000), and treatment during the early part of the pandemic in the United States.

HCV Testing & Treatment During the COVID-19 Pandemic



*HCV antibody positivity rates decreased by 57% in April 2020; positivity rates from confirmatory testing (RNA) decreased by 62%.



HCV testing and treatment decreased during the pandemic. Public health efforts are needed to restore testing and care for hepatitis C.

COVID-19 Pandemic HCV Testing and Treatment

Article Title: Decreases in Hepatitis C Testing and Treatment During the COVID-19 Pandemic

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Background

- About 1% of the US adult population (2.4 million) lives with hepatitis C virus (HCV) infection, a growing public health concern that is a leading cause of liver-related illness and death.^{1,2} Screening for HCV infection is important to identify the disease early and prevent severe morbidity and mortality.
- As a mitigation strategy during the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) issued guidance to delay nonessential medical procedures and to limit in-person routine clinical visits.³
- The impact of such guidance on HCV prevention and treatment efforts is unknown but could inform allocation of resources within health systems.
- **Objective:** In this study, investigators examined how HCV screening, diagnosis, and treatment changed during the early part of the COVID-19 pandemic.

Methods

- This retrospective study analyzed deidentified HCV testing data from Quest Diagnostics for January 2018 through July 2020.
- Monthly numbers of HCV antibody tests (screening), HCV antibody positive results, and HCV RNA positive results (confirmatory diagnosis) were determined for January through July for the years 2018-2020.
- The volume of prescriptions for HCV direct-acting antiretrovirals (DAAs) was determined using data from the IQVIA National Prescription Audit® Extended Insights database.
- The numbers for each month in 2020 (January through July) were compared to the average of the corresponding month for 2018 and 2019.

Results

- Over 12 million HCV antibody test results and 326,603 RNA diagnostic test results were included in the analysis.
- HCV testing volume and number of positives reached low points in April 2020 and rebounded to differing extents by July 2020.
 - HCV antibody testing volume: 41% of 2018/2019 levels in April; 94% in July
 - HCV antibody positives: 43% of 2018/2019 levels in April; 74% in July
 - HCV RNA positives: 38% of 2018/2019 levels in April; 61% in July
- HCV DAA prescriptions dispensed declined to 57% of 2018/2019 levels in May of 2020, recovering only slightly by July (62%).

Conclusions

- These data indicate missed opportunities for HCV screening and treatment during the early part of the COVID-19 pandemic. Resulting delays in treatment may have serious consequences for individuals with hepatitis C, as well as those at risk of infection.
- Healthcare providers should engage with their patients who delayed or skipped medical diagnoses and treatments of non-COVID-19 diseases including hepatitis C.

References

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