

The impact of the COVID-19 pandemic on a cohort of clients recently treated for Hepatitis C in Vancouver, BC

Shaughna Cooper¹, Katerina Dolguikh¹, Jessica Ly¹, Kiana Yazdani¹, Zoran Barazanci¹, Kirti Singh¹, Lindila Awendila¹, Rolando Barrios^{1,2}, Julio SG Montaner^{1,3}, & Kate Salters^{1,4}

1. BC Centre for Excellence in HIV/AIDS, Vancouver, BC; 2. Vancouver Coastal Health, Vancouver BC; 3. University of British Columbia, Vancouver, BC; 4. Simon Fraser University, Burnaby, BC



BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

Correspondence: scooper@bccfe.ca

Conflict of Interest Disclosure: I have no conflicts of interest.



Background

- The *Per-SVR* (preservation of sustained virologic response) study is an ongoing prospective clinical cohort study of adults in BC who achieved sustained virologic response (SVR) following direct acting antiviral (DAA) therapy.

Methods

- The *Per-SVR* survey (administered at 3- and 6-month intervals) was expanded in July 2020 to gauge the self-reported impact of COVID-19 on participants
- Participants were surveyed between July 2020 and December 2020 with a mixture of quantitative and qualitative questions around the impact of COVID-19 on navigating healthcare, personal relationships, access to harm reduction services, and mental health.

Sample Characteristics (n=129)

- Median age = 54 years (Q1,Q3= 46, 61)
- 83 (64.3%) identified as male, 45 (34.8%) as female, and 1 (0.7%) as non-binary
- 57 (44.1%) currently residing in the Downtown Eastside of Vancouver
- 14 (10.8%) reported experiencing homelessness in the previous 3 months and 48 (37.2%) lived in single room occupancy (SRO) residences
- 76 (58.9%) were single at the time of survey



Key Findings: Health Care & Harm Reduction

- 23.2% were tested for COVID-19
- Most stayed connected with health care providers through in-person visits (34.1%); by telephone (28.6%); or both (27.9%)
- 1 in 4 (24.8%) respondents felt that COVID-19 moderately/significantly impacted their ability to access health care.

Reported disruptions to healthcare access included:

- complications arising from virtual visits (e.g. telephone tag, gaps in telephone access or no access at all);
- decreased frequency of appointments;
- COVID-related anxiety around in-person visits;
- perceived lack of urgency for non-emergency/non-critical issues from providers.

Harm Reduction

- 41 (31.7%) of respondents reported injection drug use in the last 3 months
 - 57 (44.1%) reported the experience of accessing harm reduction supplies (e.g. syringes, water, ties, pipes) as easy/extremely easy during this period with 13 (10%) accessing supplies daily
 - 24 (18.6%) reported most regularly obtaining harm reduction supplies from their housing distribution program



Key Findings: Social Distancing, Mental Health & Isolation

Public health orders relating to social distancing impacted respondents' emotional wellbeing and personal relationships:

- 42 (32.5%) found it moderately to extremely difficult to practice social distancing
- Respondents experiencing housing insecurity found adherence to social distancing guidelines practically impossible because of densely packed social housing or shelter environments
- 59 (45.7%) reported the practice had some impact on their personal relationships
- Some respondents indicated that phone calls/virtual visits did not act as sufficient substitution to combat feelings of isolation resulting from loss of physical contact

-
- ❖ Social distancing had a negative impact on mental wellbeing
 - ❖ 8 (6.2%) reported new or worsening experiences of depression, psychosis, loneliness, fatigue, overeating, boredom, frustration, insomnia, and anxiousness (especially relating to socialization or being around others)
 - ❖ Several respondents who reported minimal or no difficulty adhering to social distancing guidelines described a pre-existing resignation to loneliness and isolation resulting from having little to no contact with partners, friends, or family prior to COVID-19



Conclusion

- The provision of care and public services for individuals affected by HCV and HIV has been considerably disrupted by the COVID-19 pandemic.
- Participants in our study indicate that COVID-19 exacerbated existing challenges related to poverty, homelessness, substance use disorder, and mental illness.
- Approximately 1 in 4 participants in our study reported disruption in health care because of COVID-19.
- Public health guidelines relating to social distancing during COVID-19 has contributed to new or worsening mental health symptoms, especially depression, anxiety, and experiences of loneliness or isolation.

*We would like to acknowledge all of the participants who contribute to the Per-SVR study.
We are grateful for funding from Merck and the BC Ministry of Health.*