

Impacts of COVID-19 on BBVSTI testing, care and treatment: Medicare data analysis

Data to September 2020
(extracted November 2020)

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Summary findings

- During the period affected by COVID-19 and resultant lockdowns, there were substantial declines in **hepatitis screening, chlamydia/gonorrhoea screening and hepatitis B monitoring**, despite previous increasing trends, and there was an acceleration in the decline in **hepatitis C monitoring**.
- Impacts varied considerably by state and territory, with **Victoria generally the most substantially affected**
- Based on these trends, so far in 2020 approximately **127,000 fewer people have been screened for hepatitis**; an estimated **60,000 fewer people have been screened for chlamydia/gonorrhoea**; **2,200 fewer people have received a hepatitis B monitoring test**; and **2,300 fewer have received a hepatitis C monitoring/workup test**
- Treatment uptake was only minimally impacted for all conditions, potentially due to the enactment of effective telehealth strategies which allow remote prescribing (not possible for testing). However lower rates of diagnosis and management will likely have flow on impacts in future months.
- If these declines are not reversed, considerable impacts will likely be seen on **progress toward National Strategy Targets for hepatitis B and STIs** in particular, as substantial increases are need in diagnosis and subsequent clinical care
- Further declines in hepatitis C monitoring **could lead to more rapid decreases in hepatitis C treatment uptake**, which need to remain stable in order to reach **National Strategy Targets**

Measure	Previous trend	Trend during COVID-19
Hepatitis screening	Increase (+4.5%)	Decrease (-21.5%)
Hepatitis B monitoring	Increase (+4.1%)	Decrease (-6.1%)
Hepatitis B treatment	Increase (+8.1%)	Stable (+3.7%)
Hepatitis C monitoring/workup	Decrease (-11.6%)	Decrease (-26.8%)
Hepatitis C treatment	Decrease (-20.4%)	Decrease (-24.4%)
Chlamydia/gonorrhoea screening	Increase (+6.1%)	Decrease (-16.5%)
HIV treatment	Stable (+2.5%)	Stable (-2.5%)
HIV PrEP	Stable (0%)	Stable (0%)

Previous trend = Percentage change in test or script numbers between April-September 2018 and April-September 2019; COVID-19 trend = Percentage change in test or script numbers between April-September 2019 and April-September 2020.

Summary of methods and data sources

MBS/PBS items used

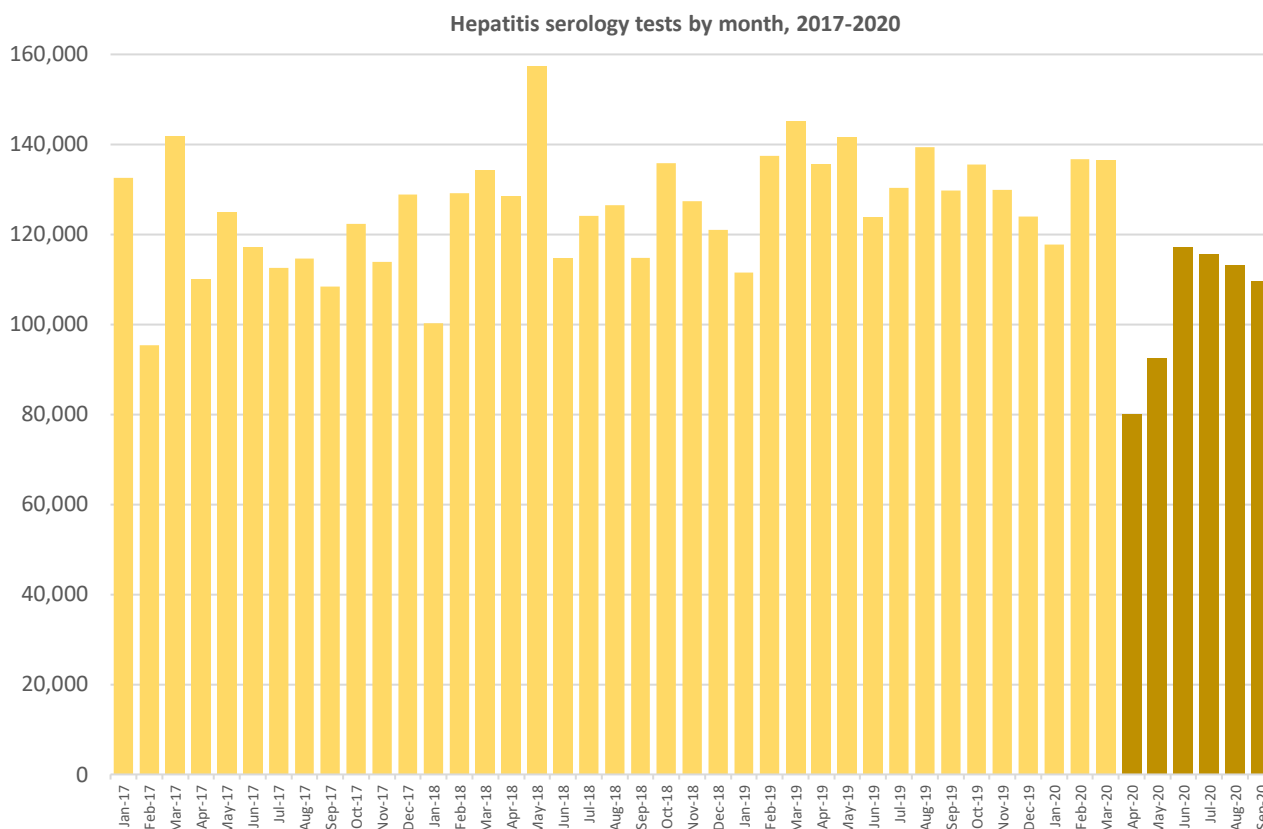
Measure	Description of item/s	Item numbers
Hepatitis B & hepatitis C screening	Hepatitis serology items (unspecified, but mostly B and C)	69475, 69478, 69481
Hepatitis B monitoring	Hepatitis B viral load test (while not on treatment)	69482
Hepatitis C monitoring / workup	Hepatitis C viral load / detection test (while not on treatment)	69488, 69489, 69499, 69500
Hepatitis B treatment	PBS items for hepatitis B treatment	10279B, 10290N, 10310P, 10315X, 10317B, 10353X, 11142K, 11155D
Hepatitis C treatment	PBS items for hepatitis C treatment	10624E, 10628J, 10642D, 10665H, 10668L, 10978T, 11021C, 11037X, 11144M, 11145N, 11147Q, 11332K, 11344C, 11345D, 11353M, 11354N, 11658N, 11665Y
Chlamydia & gonorrhoea screening	Chlamydia detection item Chlamydia detection & unspecified microbial – used for gonorrhoea	69316, 69317, 69319
HIV PrEP	PBS items (specific for HIV PrEP)	11276L, 11296M, 11306C
HIV treatment	PBS items (specific for HIV treatment)	10345L, 11649D, 11114Y, 10283F, 11113X, 11104K, 08896F, 10303G, 10286J, 10273Q, 10903W, 11099E, 10297Y, 10357D, 10367P, 10347N, 10329P, 10301E, 11540J, 11248B

Notes on data

- Medicare numbers extracted from Department of Human Services publicly available data (17/Nov/20)
- Extraction included data from January 2017 to September 2020 (data for PrEP scripts begins in 2018)
- Raw data represents scripts (for treatment) or tests (for testing and monitoring), not individuals
- Rates provided for state and territory analyses, using ABS estimated resident population data for December 2019. Rates are per 1,000 population for hepatitis screening and chlamydia / gonorrhoea screening, and per 10,000 population for hepatitis B and C testing and treatment
- Date reflects date of processing by Medicare Australia, and may be subject to delay
- Data in charts are highlighted from April 2020 onwards, reflecting the period affected by COVID-19 and restrictions
- Notifications data extracted from Department of Health publicly available data (17/Nov/20) regarding unspecified (chronic) hepatitis B and C, and chlamydial and gonococcal infection
- Data regarding HIV screening and STI treatment are not available for analysis due to lack of specificity in MBS/PBS items for these services

Hepatitis screening (serology testing)

National findings



- Hepatitis serology testing **declined by 21.5%** during April-Sep 2020 compared to April-Sep 2019. This represents **180,000 fewer hepatitis serology tests** performed, an estimated **132,000 individuals**. Although test numbers increased after the initial decline, it has not been sufficient to offset the decrease.
- This decline was in contrast to the increasing trend seen between 2018 and 2019, of 4.5%.
- In both males and females, the decline was largest among those **aged 15-35 years**.

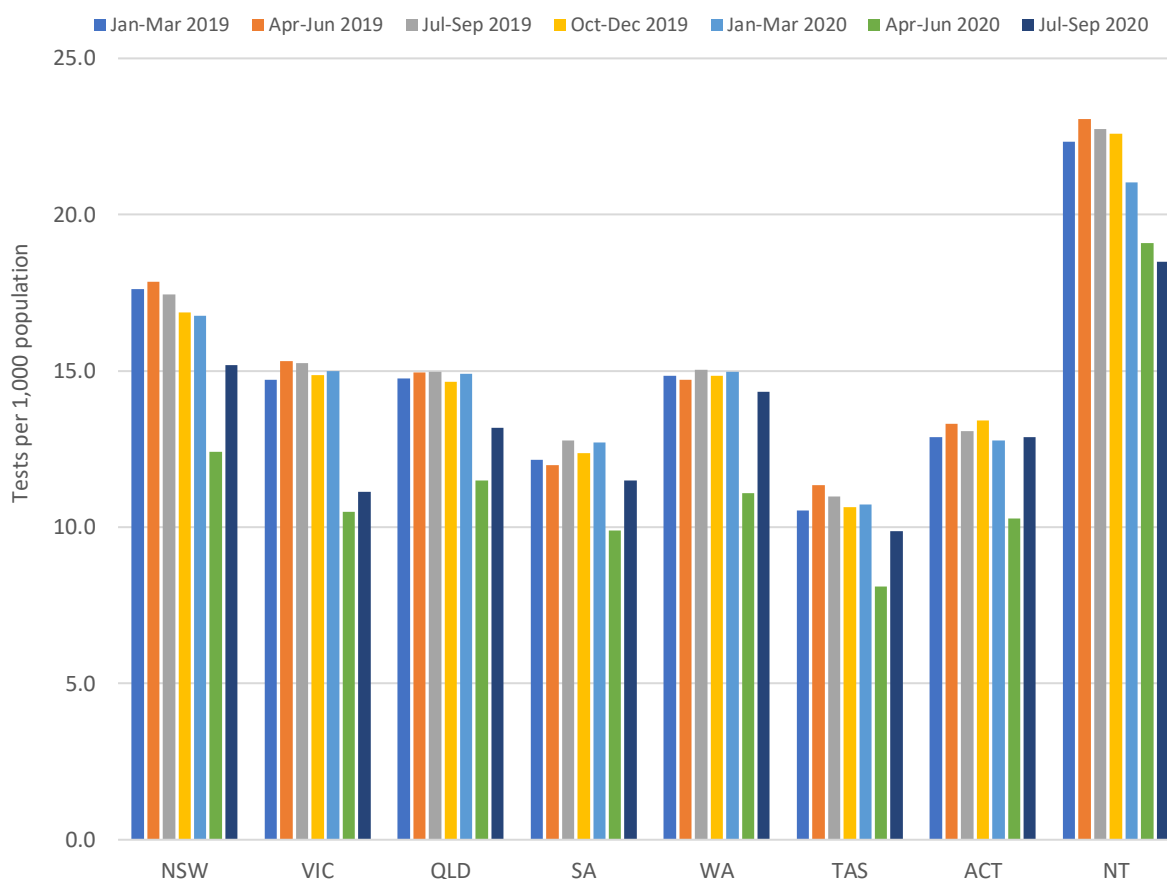
Impact on diagnosis

- This decrease was reflected in a **17.3% decline in chronic hepatitis B diagnoses (notified cases)** during Apr-Sep 2020 compared to Apr-Sep 2019, which represents at least 300 fewer diagnoses of hepatitis B during this period.
- If the trend continues, this decline will impact on reaching Australia's National Strategy Target, which is to have 80% of people living with chronic hepatitis B diagnosed by 2022. **62,000 further people need to be diagnosed with their hepatitis B** in order to reach the target.
- This decline in chronic hepatitis C diagnoses during this period (15.4%) was consistent with prior trends (13.8%). This is consistent with estimates that the proportion undiagnosed for hepatitis C is considerably lower than for hepatitis B.

State and territory findings

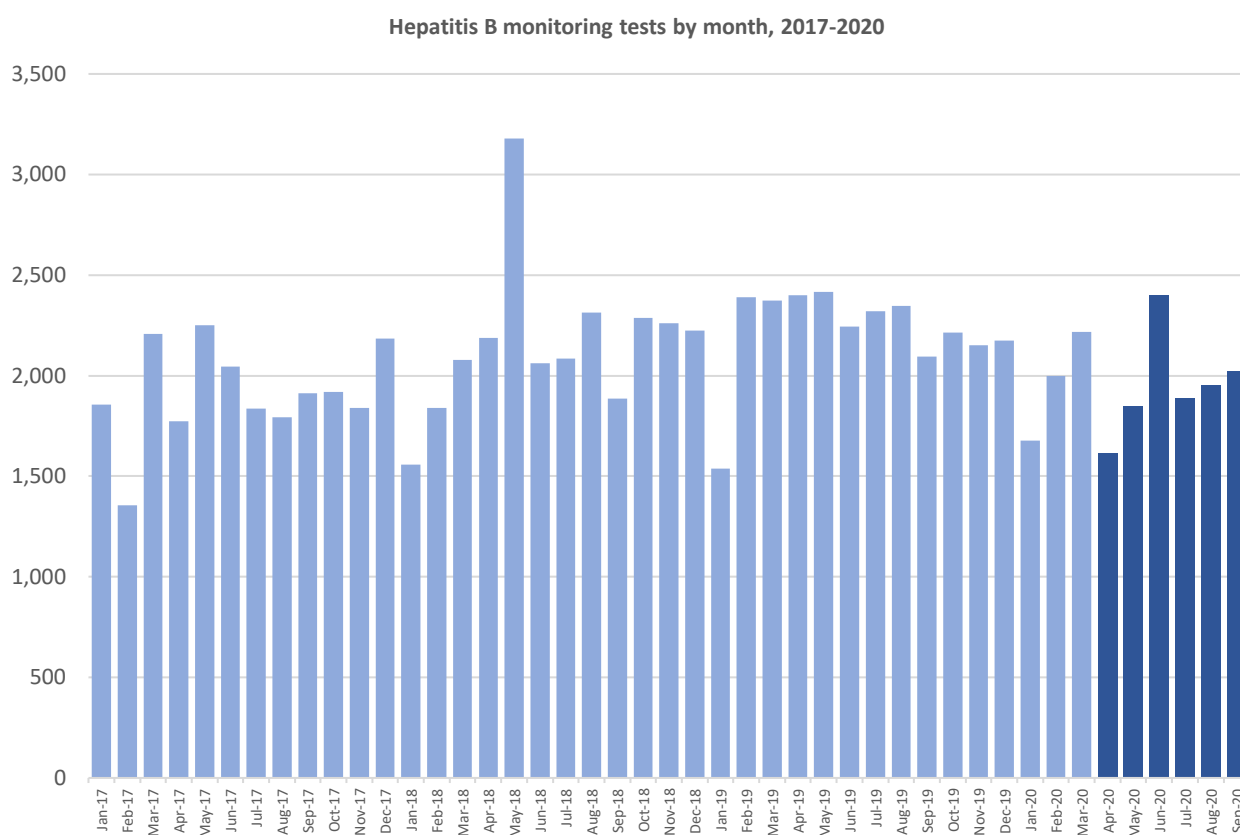
- The observed decline during Apr-Sep 2020 compared to April-Sep 2019 **occurred in all states and territories**, but varied in magnitude, from a 30.0% decline in VIC to a 9.2% decline in NT
- Most states had a decline during Apr-Jun 2020 and a subsequent increase during Jul-Sep 2020. However, this was only sufficient to increase levels to those seen pre-COVID in WA and ACT; and in NT and VIC, there were no substantive increases during Jul-Sep 2020.

Hepatitis serology tests per 1,000 population, by state/territory and quarter, 2019-2020



Hepatitis B monitoring (viral load while not on treatment)

National findings

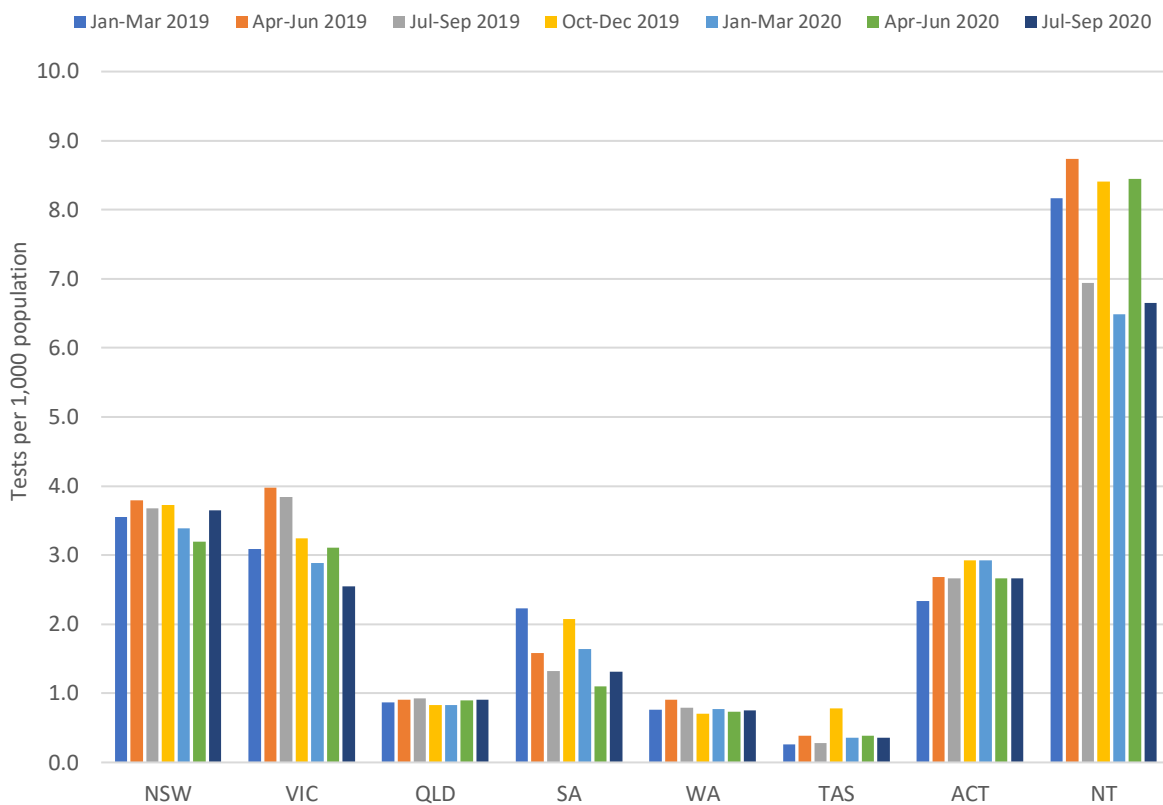


- Fluctuations were seen in monthly numbers during the COVID-19 period, but overall a **15.9% decline** was seen in hepatitis B monitoring during Apr-Sep 2020 compared to Apr-Sep 2019.
- This was compared to an increase during the previous year of 4.1%.
- This represents an estimated **2,200 fewer individuals** receiving a hepatitis B viral load test compared to the previous year. This decline is likely to impact on efforts to increase hepatitis B care, as in order to meet the **National Strategy Target of 50% in care by 2020**, the number of people who receive a hepatitis B viral load test each year needs to increase by **more than 69,000**.

State and territory findings

- The observed decline during Apr-Sep 2020 compared to Apr-Sep 2019 **occurred in all states and territories**, but varied in magnitude, from a 27.6% decline in VIC to a 1.8% decline in QLD

Hepatitis B monitoring tests per 1,000 population, by state/territory and quarter, 2019-2020

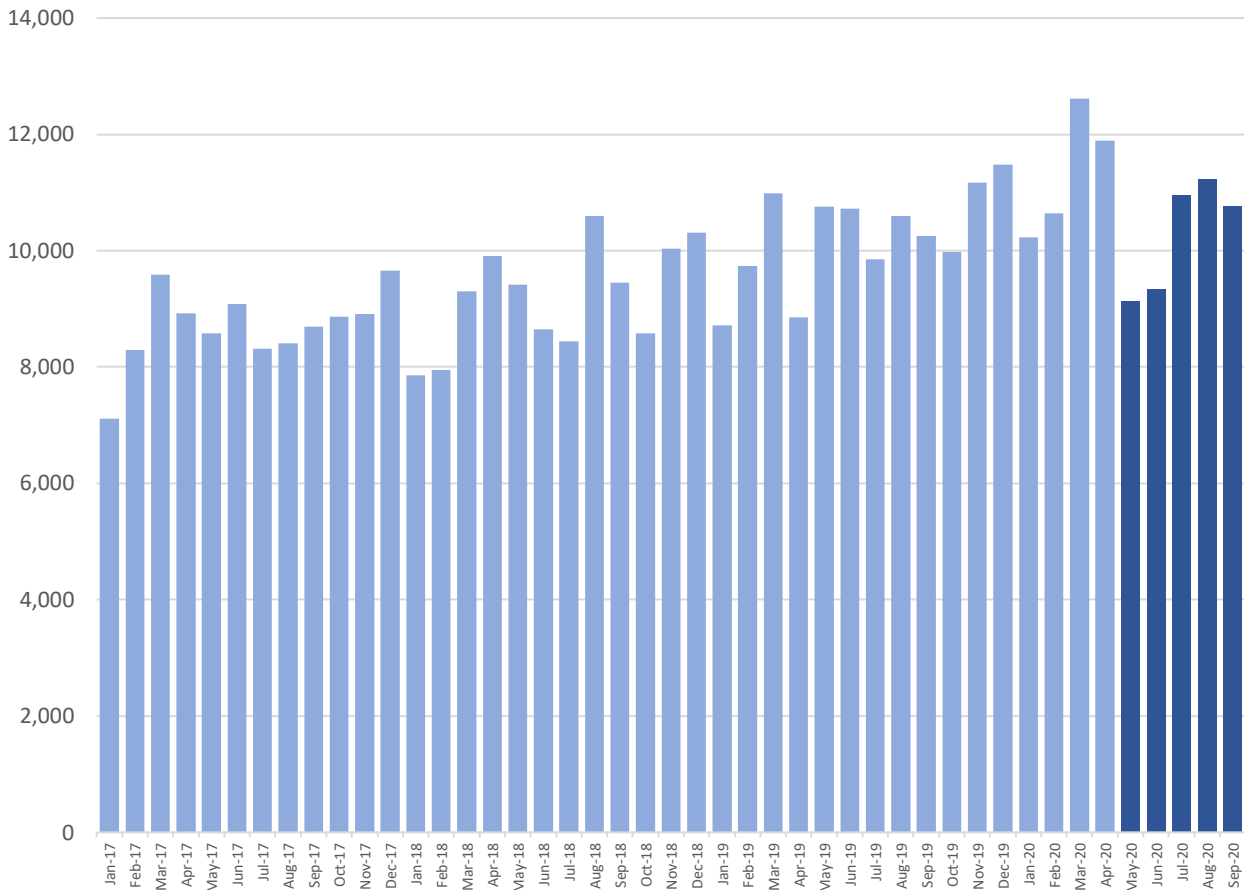


Hepatitis B treatment

National findings

- The number of hepatitis B treatment scripts dispensed during Apr-Sep 2020 increased by 3.7% compared to 2019, however this increase was substantially smaller than the magnitude of increase in the previous year (9.0%).
- This represents approximately 400 fewer new patients on hepatitis B treatment compared to the expected trend, which could have substantial impact, given a **further 25,000 people require treatment** to meet the 2022 National Strategy Target.

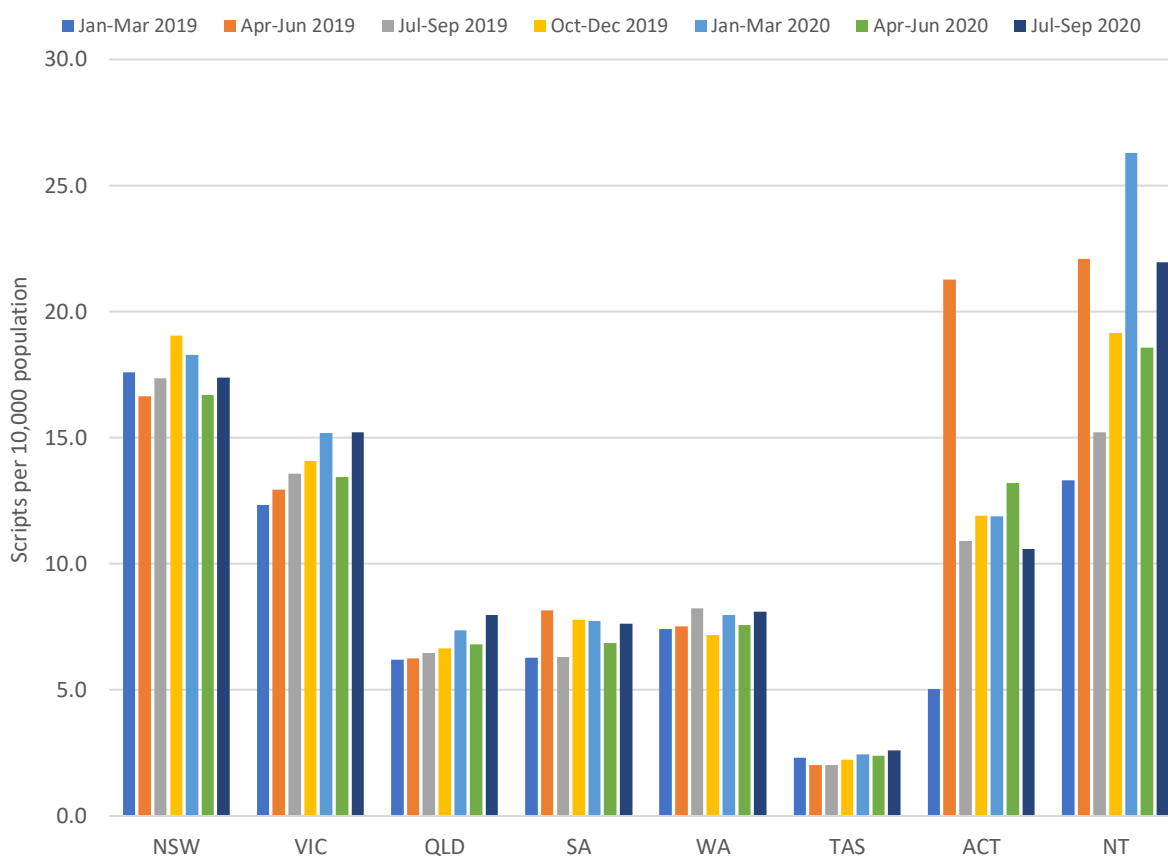
Hepatitis B treatment scripts by month, 2017-2020



State and territory findings

- Hepatitis B treatment script trends varied considerably according to state and territory. Only in VIC and QLD were previous treatment increase trends maintained, while declines were seen in WA and ACT.

Hepatitis B treatment scripts per 10,000 population, by state/territory and quarter, 2019-2020

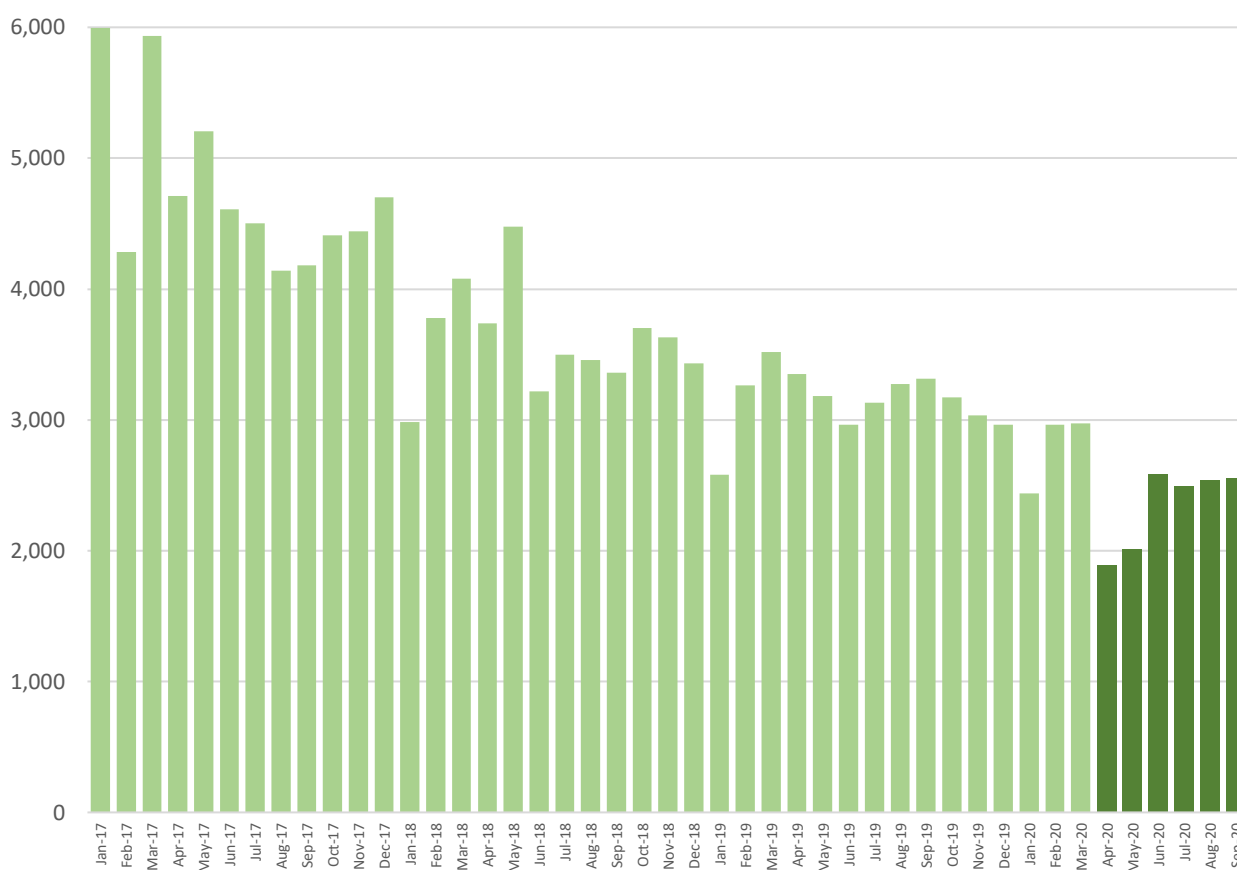


Hepatitis C monitoring / workup (PCR test while not on treatment)

National findings

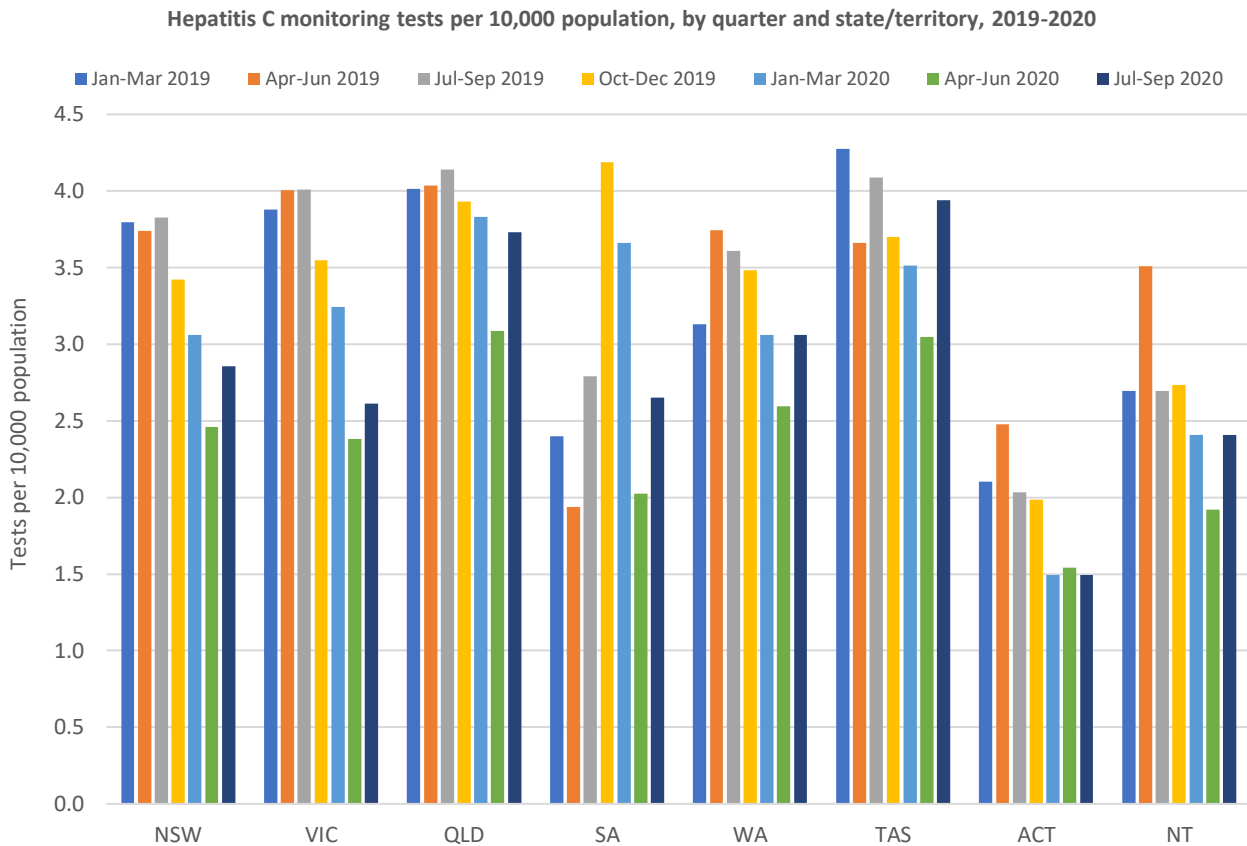
- The number of hepatitis C monitoring tests was **26.8% lower during Apr-Sep 2020** compared to Apr-Sep 2019, a considerably greater decline than the 11.6% seen in the previous year. Although test numbers increased after the initial decline, it has not been sufficient to offset the decrease.
- This represents an estimated 3,200 fewer people receiving a hepatitis C monitoring test compared to the expected number in 2020. As these tests are used to provide diagnostic assessment and evaluation prior to treatment, this could have substantial impact, given at least **20,000 more people require treatment** to meet the 2022 National Strategy Target.

Hepatitis C monitoring tests by month, 2017-2020



State and territory findings

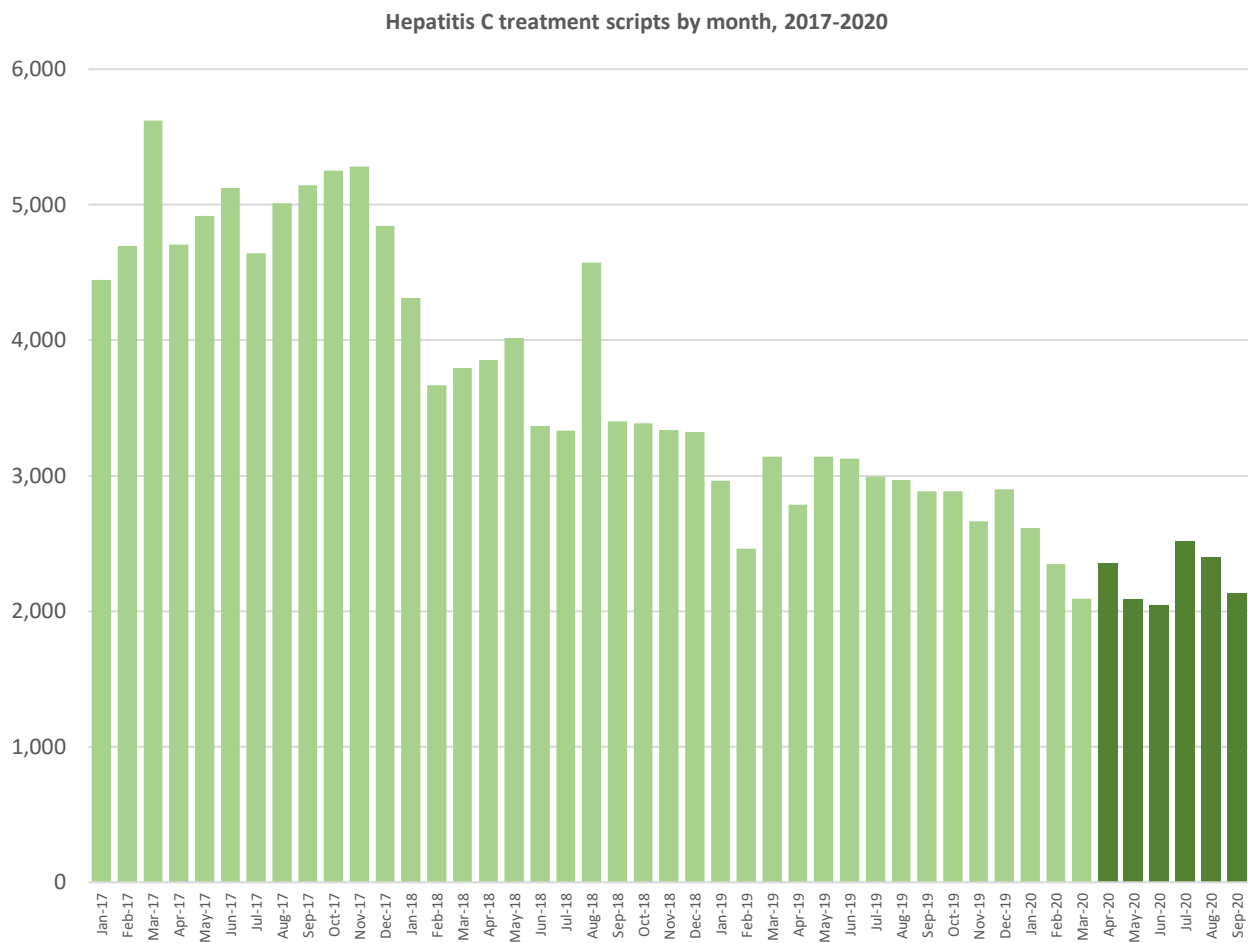
- This decline was relatively consistent across states and territories, however, was most severe in VIC (37.7%) and most minimal in TAS (9.8% decline) and in SA (1.1% decline)



Hepatitis C treatment

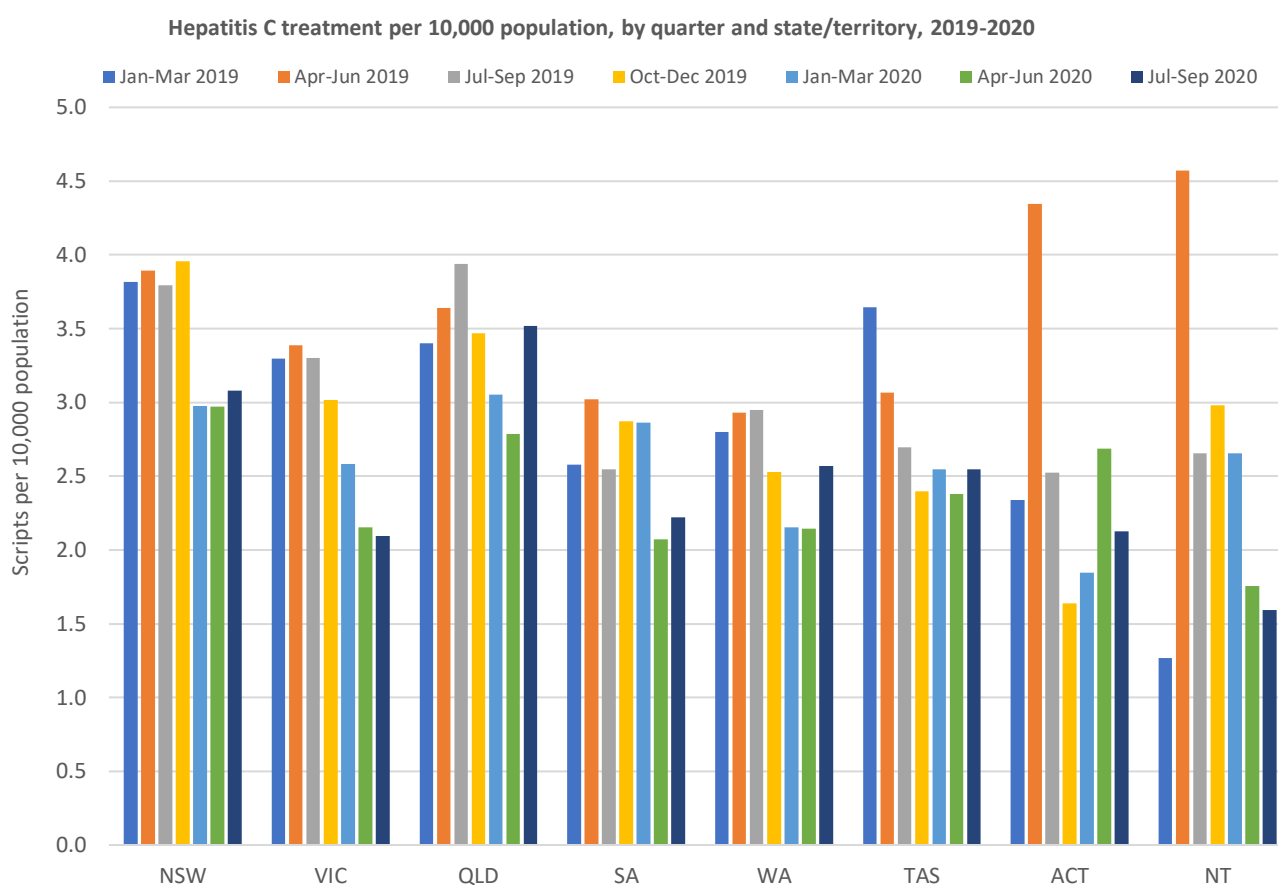
National findings

- The number of hepatitis C treatment scripts during Apr-Sep 2020 was 24.4% lower than in Apr-Sep 2019, similar in magnitude to the 20.4% decline seen during the previous year.



State and territory findings

- Trends in hepatitis C treatment fluctuated widely in many jurisdictions during 2019-2020 (most notably in NT, ACT, and SA), making discernment of comparative trends complex. However, the decline in treatment uptake was clearly more pronounced than the national average in VIC (36.5% decline in 2020 compared to 26.2% the prior year).

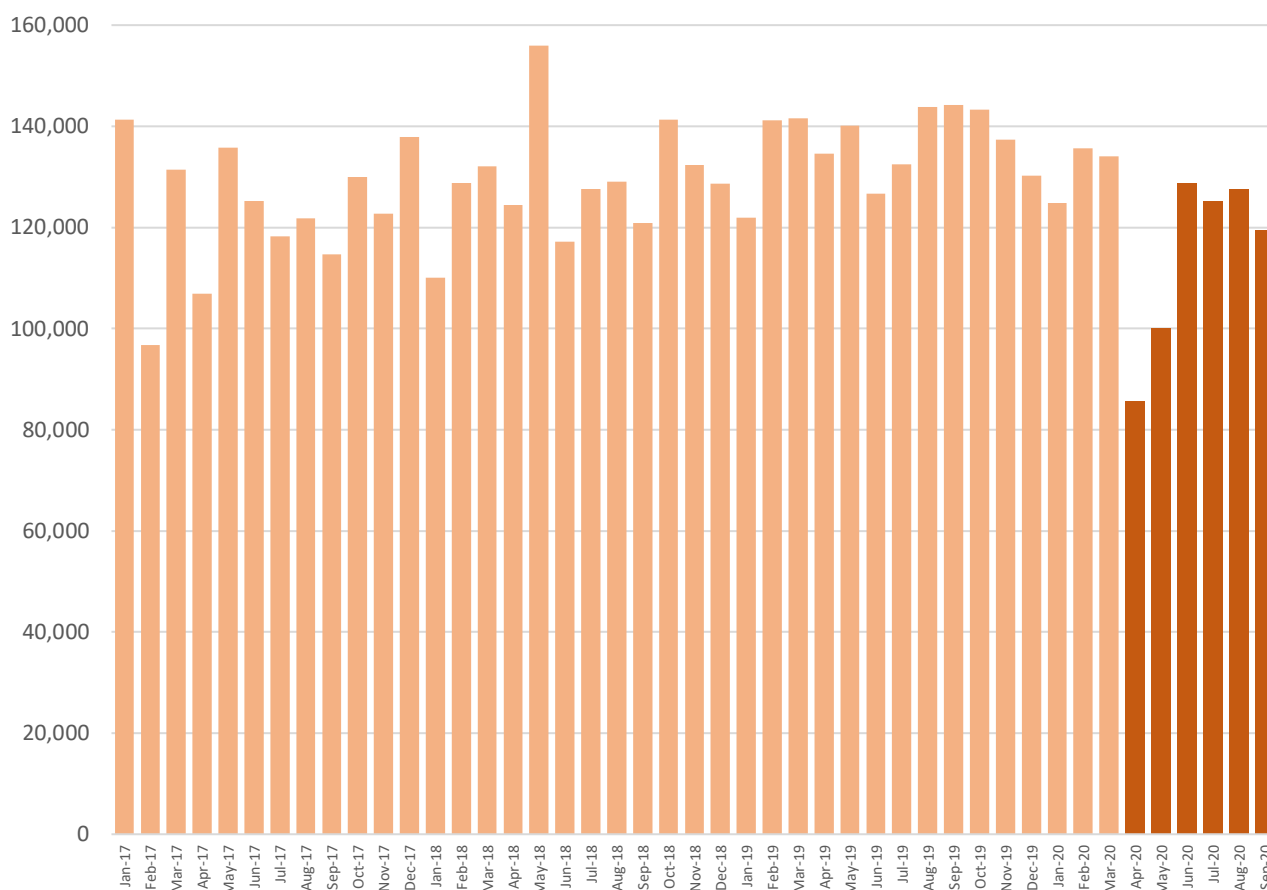


Chlamydia & gonorrhoea testing

National findings

- The number of chlamydia/gonorrhoea screening tests **declined by 16.5%** during Apr-Sep 2020 compared to 2019.
- This decline was in contrast to the **increasing trend seen between 2018 and 2019, of 6.1%**.
- This change represents **136,000 fewer tests** being conducted during 2020 compared to the expected number. Although it is not known how many individuals this represents, given recommendations for testing vary from quarterly to annual depending on the population, it likely **represents at least 60,000 people**.
- The decline was largest among those **aged 35-54 years**.

Chlamydia +/- gonorrhoea tests by month, 2017-2020

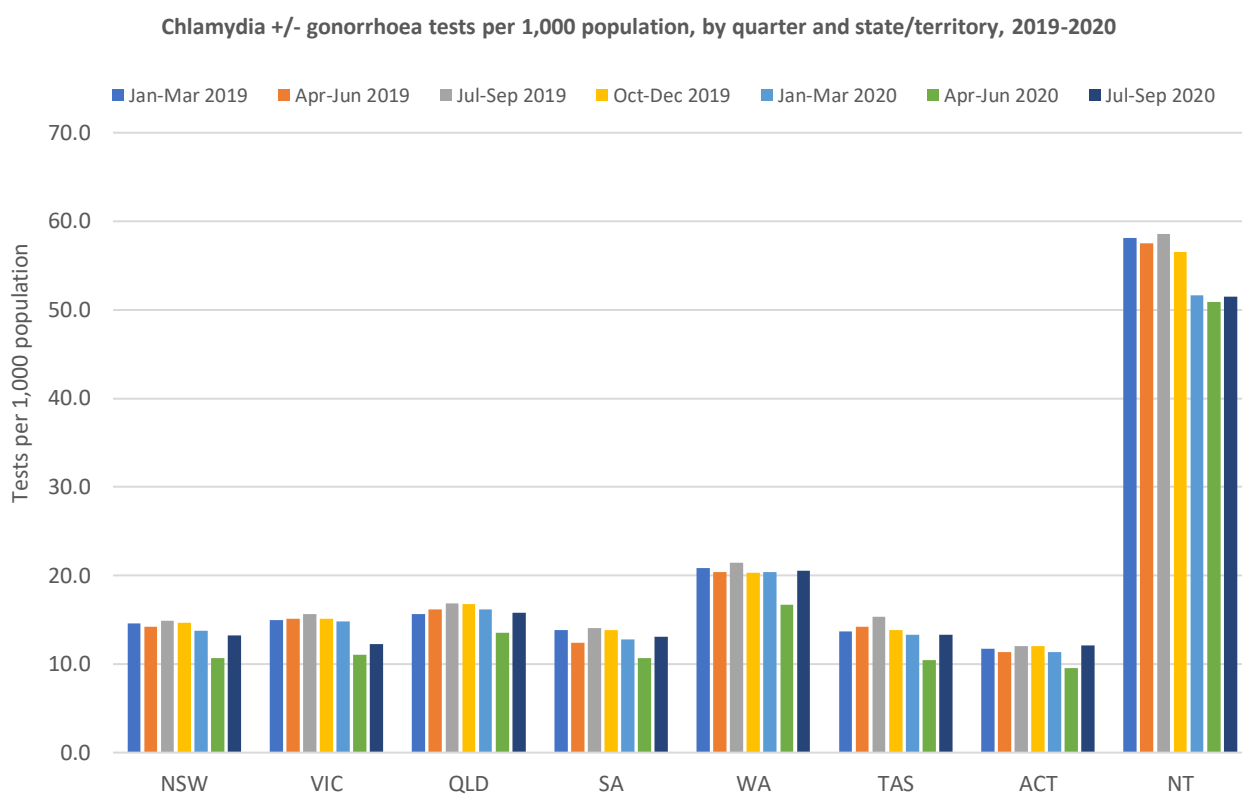


Impact on diagnosis

- Based on data from notified cases, there was a 34.9% decrease in chlamydia diagnoses and an 18.8% decline in gonorrhoea diagnoses during Apr-Sep 2020 compared to 2019. This was in contrast to trends that were stable (for chlamydia) or increasing (for gonorrhoea) between 2018 and 2019.

State and territory findings

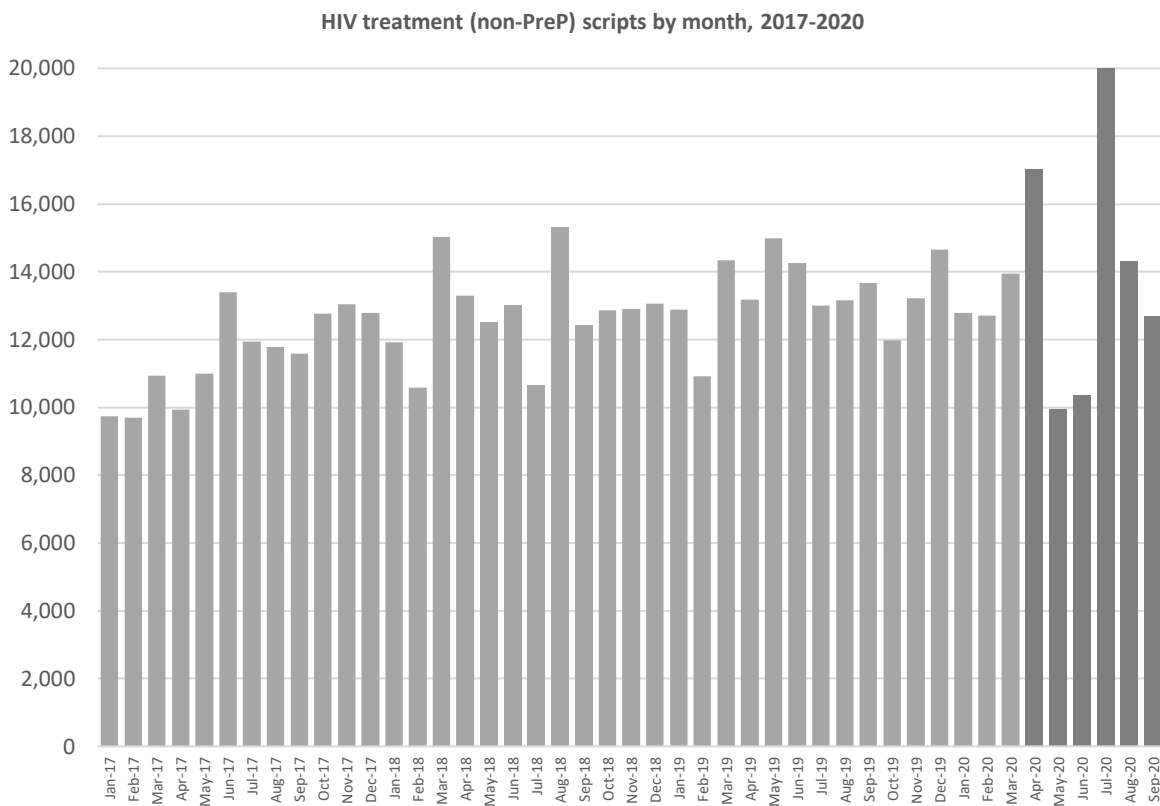
- These declines were seen in all jurisdictions, however they were the most pronounced in VIC (24.3% decrease).



HIV treatment (non-PrEP)

National findings

- The number of HIV treatment scripts dispensed during Apr-Sep 2020 was relatively stable compared to Apr-Sep 2019, declining by 2.5%. This was compared to an increase of 2.5% between 2018 and 2019. Although an initial sharp decrease was seen in scripts dispensed during May/June, this was offset by record-high prescribing during July.

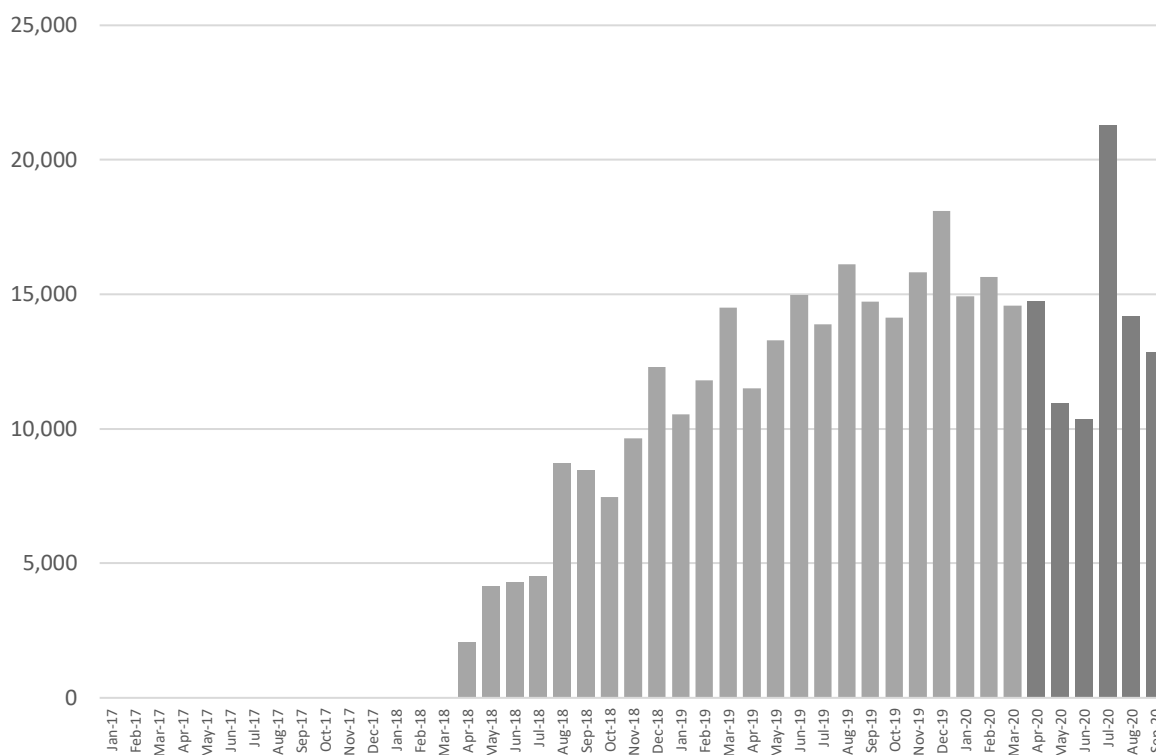


HIV PrEP

National findings

- The number of HIV PrEP scripts dispensed during Apr-Sep 2020 fluctuated but was overall stable compared to Apr-Sep 2019, declining by only 0.1%. This was compared to an increase of 0.1% between 2018 and 2019. Although as with HIV treatment an initial sharp decrease was seen in scripts dispensed during May/June, this was offset by record-high prescribing during July.

HIV PrEP scripts by month, 2017-2020*



* HIV PrEP listed on PBS April 2018