

Effect of first 3 months of COVID-19 pandemic on HIV services in Greece –a short survey among HIV physicians

Giota Lourida¹, Lydia Leonidou², Mina Psychogiou³, Theofilos Chrysanthidis⁴, Konstantinos Protopapas⁵, Ioannis Katsarolis⁶, Georgios Xylomenos⁷, Periklis Panagopoulos⁸, Maria Chini⁹, Vasileios Papastamopoulos¹⁰

¹Sotiria Hospital, Athens ²Patra University Hospital ³Laiko university Hospital, Athens ⁴AHEPA University Hospital, Thessaloniki, ⁵Attiko University Hospital, Athens ⁶Gilead Sciences Greece ⁷Athens Medical Center ⁸Alexandroupolis University Hospital ⁹.Red Cross Hospital, Athens ¹⁰.Evaggelismos Hospital, Athens

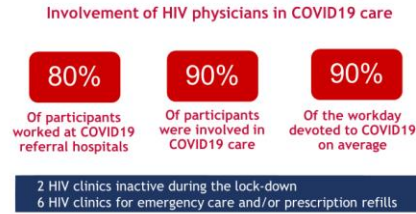
Background & Purpose

The first wave of the COVID-19 pandemic was successfully contained in Greece with a low infection attack rate. Strict lockdown measures were implemented from March to May 2020 (Fig. 1). ID physicians were amongst the frontline healthcare workers in Greece and similar experience has been recorded in other recent international publications trying to quantify the impact of COVID-19 on HIV services and care (Kowalska et 2020, Zuniga 2020). The purpose of this survey was to assess the operational effect of COVID19 on HIV clinics in Greece during the first 3 months of the pandemic

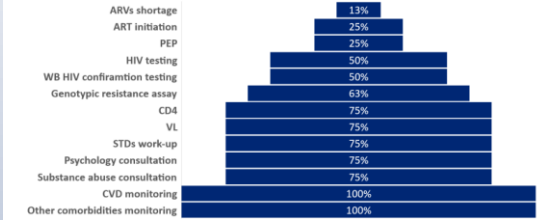
Materials/Methods

Information was gathered in June 2020, after the lockdown lift, via an anonymous electronic questionnaire of 20 questions distributed to an expert panel of HIV/ID physicians (n=9). Questions included HIV clinic operational metrics (e.g. appointments, new cases, patient monitoring) and HCPs perceptions for the impact on patients and the clinics

Results – Disruption in HIV clinics (1)



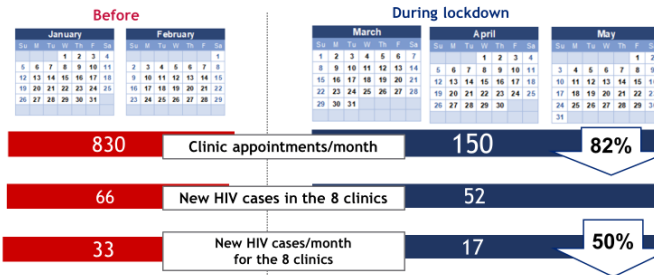
Interruptions/delays in services in HIV clinics due to COVID19



Of the 9 panelists, 80% worked in a COVID-19 reference hospital, 90% had direct involvement in COVID-19 patient care, devoting an average of 90% of their working time on COVID-19. During lockdown all clinics had to cancel scheduled visits (25% completely, 50% covering only emergencies and prescriptions). All centers stopped routine checks for cardiovascular and other comorbidities and 75% also stopped routine laboratory testing as well as mental health services.

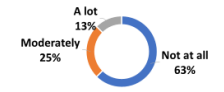
Results – Disruption in HIV clinics (2)

Significant disruption of the HIV clinics appointments and decrease in new HIV cases in the clinics

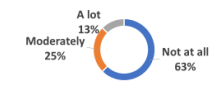


Results – HCPs' perceptions

How worried are you about **optimal ART adherence** of your patients during the lockdown?



How worried are you about **unsafe sex practices** from your patients during the lockdown?



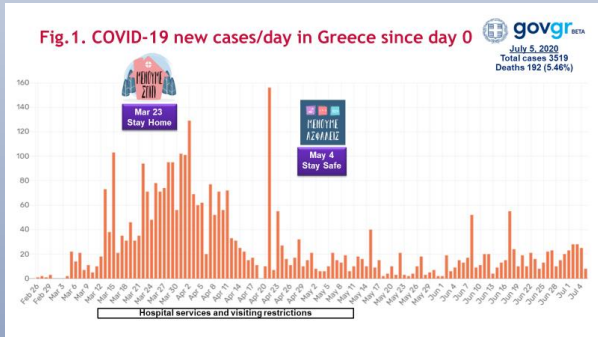
How worried are you about **substance abuse** from your patients during the lockdown?



After the first wave some centers limited scheduled appointments to avoid overcrowded clinics, while others considered adding extra ones to compensate for lost visits. Policy was dictated by the local epidemic situation.

Overall there was an 82% drop in routine appointments during lockdown compared to Jan-Feb. Significantly fewer PEP cases were recorded, and there was an approximate 50% drop in new HIV cases presenting to the clinics (34% were late presenters) compared to the monthly average of Jan-Feb.

Conclusions: This short survey demonstrates that in Greece, in the context of a successful early containment of the COVID-19 pandemic, there was a major disruption in HIV services, mainly due to the low number of HIV/ID physicians having to cover multiple roles (including HIV care) and the healthcare system's insufficient capacity to deal with routine care under pressure.



Results – the survey sample

4335
total number PLWHIV in the participating clinics in active FU until end of Feb 2020

9 HIV/ID specialists from 8 HIV Units

Participants' clinics provided care in total for 4,335 PLWHIV. Four COVID-19 cases in PLWHIV were reported (approx. 0.1%); one was hospitalized and all recovered without complications.



4 COVID-19 cases in PLWHIV attending the 8 clinics
1 hospitalized - 100% recovery