

Increased use of internet-based testing for sexually-transmitted and bloodborne infections during the COVID-19 pandemic in British Columbia, Canada

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STI World Congress 2021

Conflict of interest Disclosure: I have no conflicts of interest

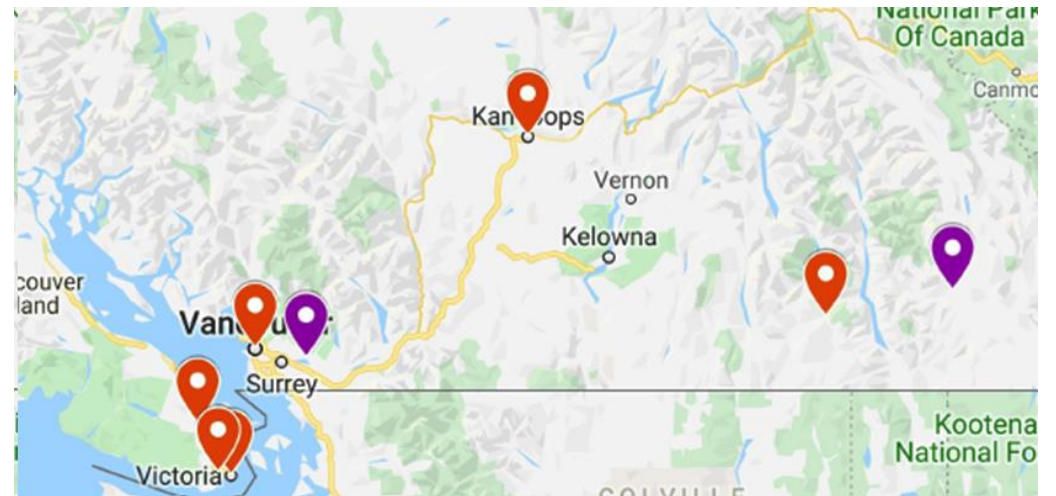
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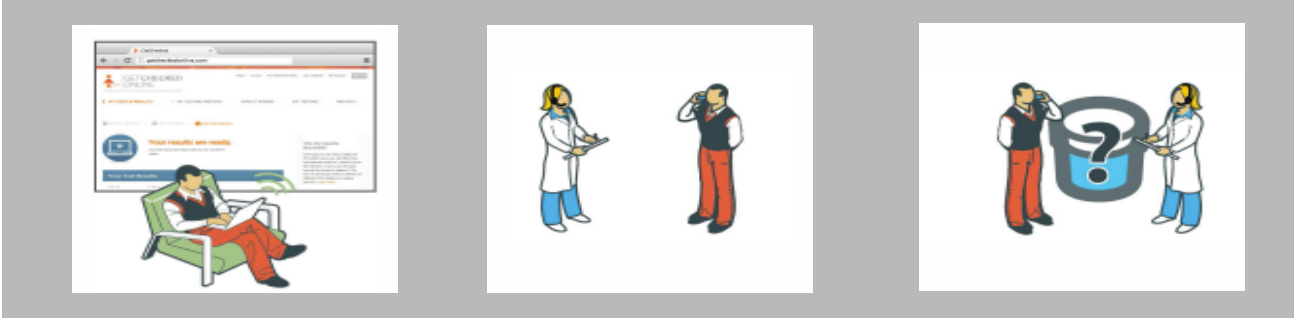
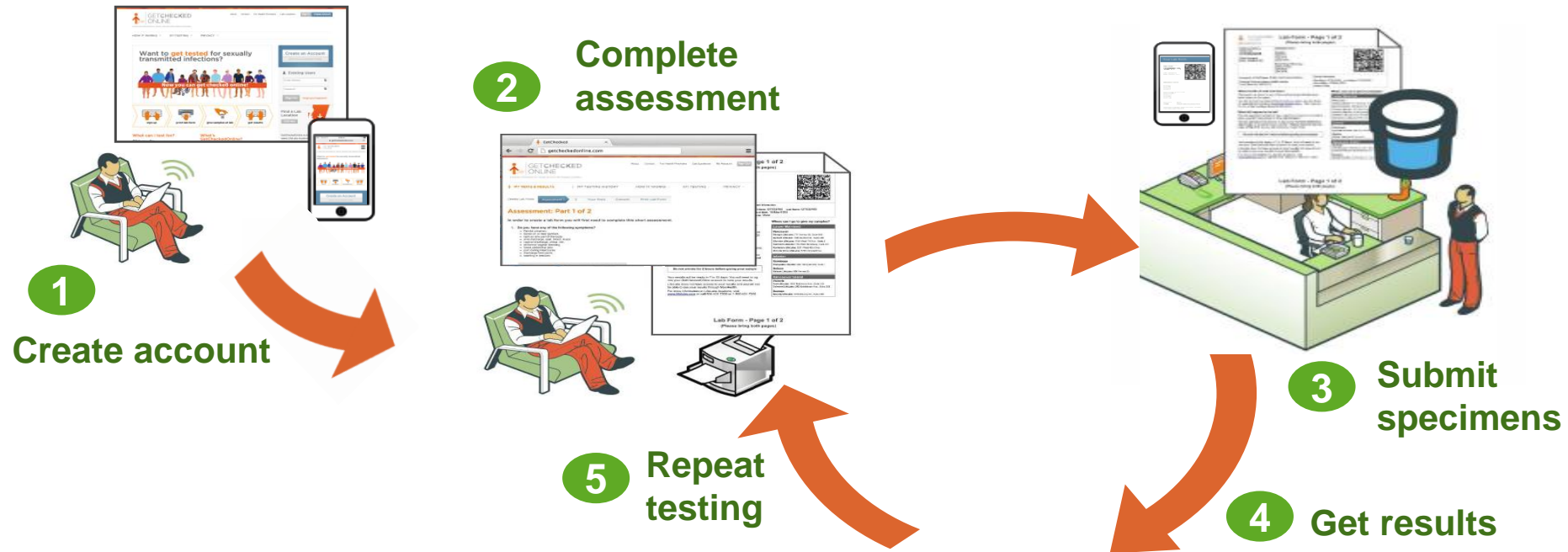
Background

- GetCheckedOnline is Canada's only publicly funded internet-based testing service for sexually-transmitted and blood borne infections (STBBI)
- Operating since late 2014, and available select communities across the province of British Columbia, Canada
- GetCheckedOnline has remained available throughout the COVID-19 pandemic





How does it work?





Objective: Describe
GetCheckedOnline program
utilization before and during the
COVID-19 pandemic



Methods

Data sources GetCheckedOnline program data linked with laboratory testing data

Time period Pre-pandemic: March 2018 to February 2020
Pandemic start: March 2020
During pandemic: March 2020 to February 2021

Outcome variables

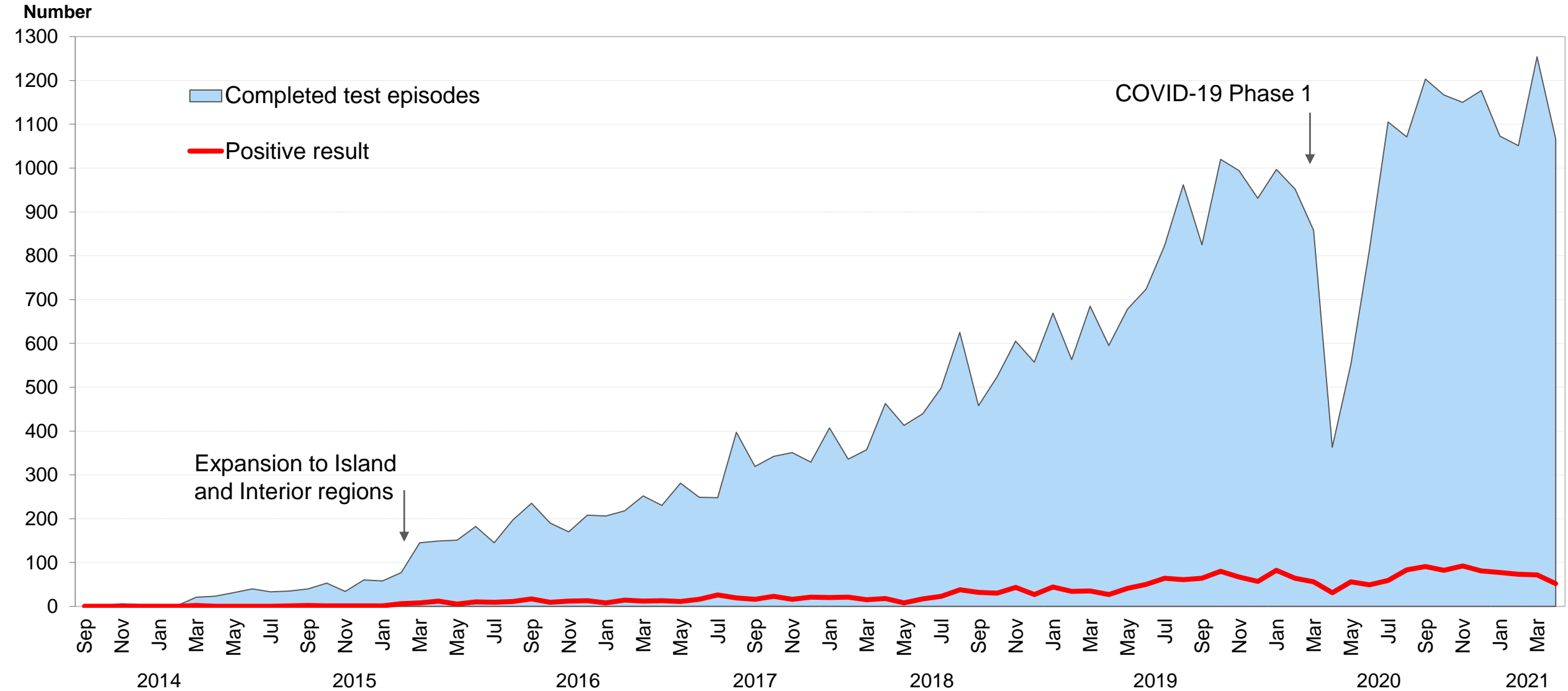
- Test episodes completed
- Percent positive (episodes with at least one STBBI-positive result)
- Test episodes completed by first-time GetCheckedOnline users
- Test episodes completed by users testing for STBBIs for the first time (self-reported)
- Symptomatic testing (self-reported)
- Testing due to STBBI contact (self-reported)

Analysis

- Descriptive statistics (median IQR)
- Interrupted time series analysis using segmented Poisson regression modelling
- Trends pre-, during, at the pandemic start presented as incidence rate ratios (IRRs) with 95% confidence intervals



GetCheckedOnline testing uptake by month





Descriptive statistics

	Pre-Pandemic Mar 2018 to Feb 2020 Median per month (IQR)	During Pandemic Mar 2020 to Feb 2021 Median per month (IQR)
Total number of test episodes	669.0 (524.0-858.0)	1089.0 (991.5-998.3)
Positive for any STBBI per 100 tests	5.2 (4.4-6.0)	5.7 (4.7-6.5)
First time ever testing for STBBIs per 100 testers	8.3 (7.3-9.0)	8.8 (7.6-9.7)
First time testing using GetCheckedOnline per 100 testers	51.3 (50.2-52.6)	55.6 (54.0-58.4)
Symptomatic testers per 100 testers	18.1 (17.2-19.4)	19.4 (18.9-20.4)
Reporting recent STI contact per 100 testers	9.0 (7.7-9.9)	10.1 (9.7-10.6)



GetCheckedOnline trends before, during and at the start of the pandemic

	At Pandemic Start Mar 2020 Incidence rate ratio (IRR) (95%CI)	Pre-Pandemic Mar 2018 to Feb 2020 IRR (95%CI)	During Pandemic Mar 2020 to Feb 2021 IRR (95% CI)
Total test episodes	0.262 (0.210-0.325)	1.041 (1.038-1.043)	1.074 (1.042-1.106)
Number tested positive (any STBBI)	0.619 (0.309-1.236)	1.049 (1.041-1.057)	1.054 (1.036-1.071)
Positive for any STBBI per 100 tests	1.853 (0.694-4.946)	1.018 (1.007-1.028)	0.991 (0.965-1.018)
First time ever testing for STBBIs per 100 testers	0.775 (0.364-1.652)	0.991 (0.983-0.998)	1.006 (0.976-1.036)
First time testing using GetCheckedOnline per 100 testers	1.370 (1.009-1.861)	0.996 (0.993-0.999)	0.991 (0.983-1.000)
Symptomatic testers per 100 testers	1.767 (1.062-2.939)	1.004 (0.999-1.010)	0.986 (0.973-1.000)
Testers reporting recent STI contact per 100 testers	2.649 (1.290-5.439)	1.008 (1.000-1.016)	0.978 (0.954-1.002)



Discussion

- Despite a sharp decline in GetCheckedOnline use at the start of the pandemic there has been increased demand for the service
 - Testing has increased by 7.4% per month since March 2020
- We saw a significant increase in symptomatic testers (76.7%), testers reporting recent contact to an STI (164.9%), and first time GetCheckedOnline users (37%) at the beginning of the pandemic
 - These have returned to pre-pandemic rates since after the start of the pandemic



Implications and Impact

- GetCheckedOnline may address new barriers to in-person sexual health services that have emerged during the pandemic
 - e.g., clinic closures and/or reduced clinic hours, concerns about COVID-19 transmission or stigma
- Significant in the context of unmet sexual health needs and decreased testing provincially
 - Gilbert et al. O04.5
- The COVID-19 pandemic has renewed calls for expansion of GetCheckedOnline to other parts of the province
 - Exploring changes that could better integrate with primary care



Acknowledgements

- Muiy Iyamu and Aidan Ablona
- Community Advisory Board for GetCheckedOnline
- BC Public Health Laboratory
- BCCDC STI clinic nurses, physicians and staff
- Regional health authority partners



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