

FACTORS ASSOCIATED WITH SARS-COV-2 INFECTION AND SEVERE COVID-19 DISEASE AMONG INDIVIDUALS PRESCRIBED OPIOID AGONIST TREATMENT IN SCOTLAND.

Glancy M^{1,2}, Yeung A^{1,2}, McAuley A^{1,2}, Palmateer N^{1,2}, Barnsdale L², Bishop J², Lang J², Taylor B², Hutchinson SJ^{1,2}

¹School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK; ²Public Health Scotland, Glasgow, UK

Background:

Among people receiving opioid agonist treatment (OAT), the risk of SARS-CoV-2 infection and associated severe outcomes may be higher owing to underlying health problems and vulnerable social circumstances. Our aim was to determine whether individuals with recent exposure to OAT, compared to those with past exposure, were at any different risk of (i) testing positive and (ii) hospitalisation or death with COVID-19.

Methods:

Records on individuals prescribed OAT between 2015–2020 in Scotland (not known to have died by March 2020) were linked to healthcare (including vaccine, hospitalisation and deaths) data at Public Health Scotland up to December 2021. Multi-variate logistic regression was used to estimate associations between recent OAT prescription (defined as in the previous two months), versus past prescription (defined as 2–5 years ago), and (i) testing positive among those tested, and (ii) hospitalisation/death among those who tested positive, adjusting for covariates (age, sex, region, deprivation, comorbidities and vaccination) and stratified by epidemic ‘wave’ periods.

Results:

Among the OAT cohort ($n = 36,093$), 52.9% (19,081) had ever been tested, 8.3% (2,996) had ever tested PCR positive and 1.5% (555) were hospitalised/died with COVID-19 (relating to 18.5% of those diagnosed with infection). Recent OAT prescription was associated with lower odds of testing positive (aOR in waves 1–3: 0.52 (95% CI: 0.47, 0.57); wave 1: 0.6 (0.37, 1.01); wave 2: 0.5 (0.42, 0.59); wave 3: 0.62 (0.56, 0.69)), but higher odds of hospitalisation/death (waves 1–3: 2 (1.56, 2.58); wave 1: 3.78 (0.69, 22.91); wave 2: 2.59 (1.62, 4.23); wave 3: 1.8 (1.31, 2.5)).

Conclusion:

We found evidence to suggest that recent OAT use may be protective against SARS-CoV-2 infection but not against the consequences of infection once diagnosed. Additional effort is warranted to help prevent the severe consequences of SARS-CoV-2 among people on OAT.

Disclosure of Interest Statement:

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