

Post-lockdown behaviors and impacts of avoiding COVID-19 in individuals and caregivers of individuals at high-risk of severe COVID-19: A qualitative study

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Introduction

- Despite effective vaccination programs, certain individuals remain at **high-risk of severe COVID-19**, including individuals who are immunocompromised (IC).^{1,2}
- These individuals may **continue practicing social isolation and physical distancing to reduce the risk** of developing COVID-19, even after government-imposed restrictions are no longer in place.
- Current government recommendations** for individuals with IC conditions **vary** by country, for example:
 - The Centers for Disease Control guidelines recommend **continuing preventative actions against COVID-19**.³
 - UK guidelines advise the individuals at high-risk of severe COVID-19 to **follow the guidance for the general population**.⁴
- Previous studies conducted in the context of lockdown on individuals with IC conditions report **impacts on quality of life** (QoL) due to social isolation and physical distancing,⁵⁻¹⁰ which may be continuing post-lockdown.
- Following the end of government-imposed lockdowns, behaviors practiced by individuals with high-risk conditions and their caregivers to avoid COVID-19, and the related impacts on their lives, remain poorly understood.

Objective

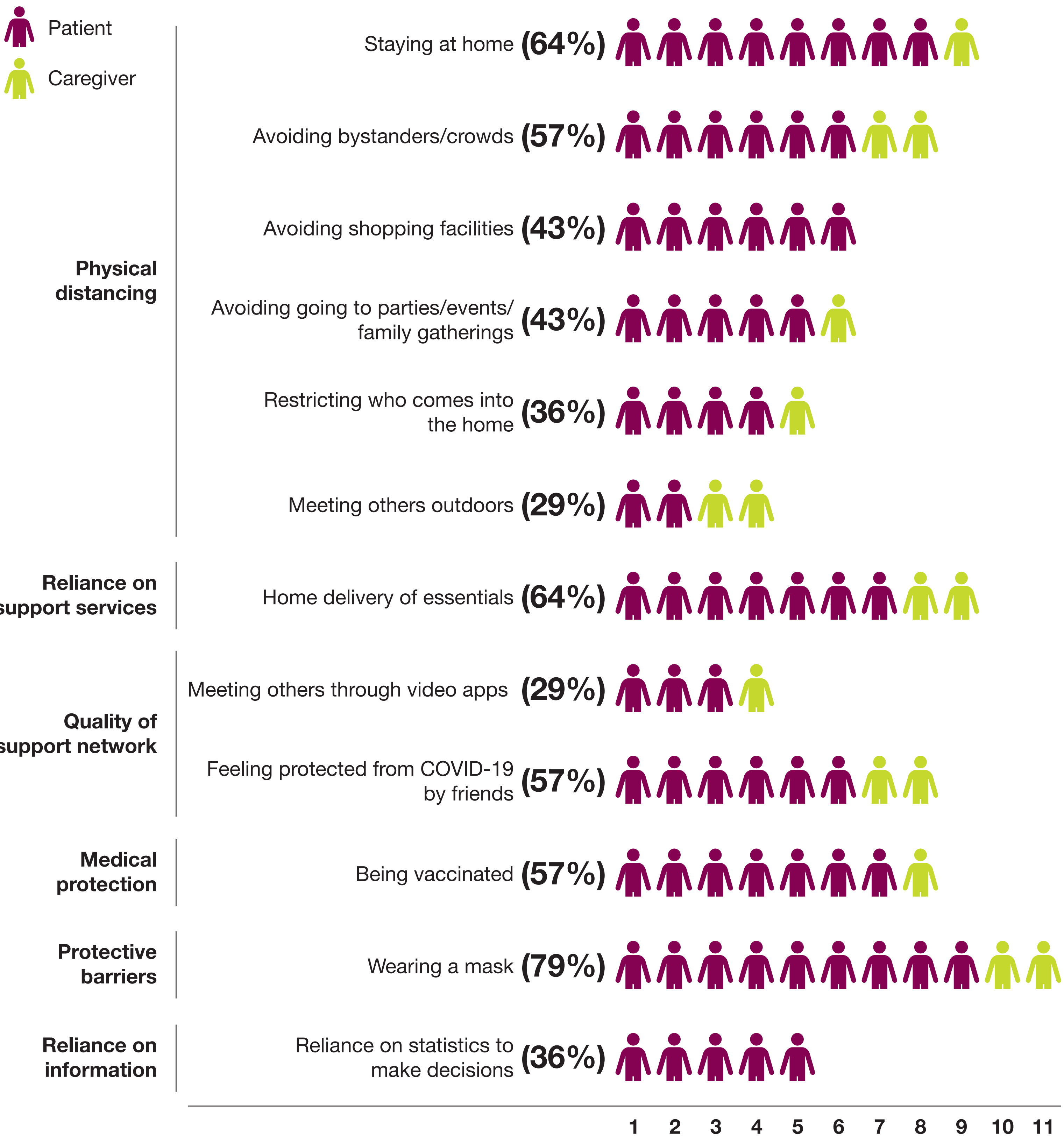
- To explore and describe qualitatively the avoidance and protective behaviors of individuals, and caregivers of individuals, at high-risk of severe COVID-19, the factors influencing the choice to practice those behaviors to avoid COVID-19, and the impact of these behaviors on the lives of this population.

Methods

- Four online/virtual focus groups (April to July 2022) were conducted following a predefined, semi-structured interview guide in which participants were asked to describe their avoidance and protective behaviors and the impacts of those behaviors on their health-related QoL.
- Transcripts were generated and all identifying information was removed.
- A deductive approach to coding was employed through the development of a codebook informed by a previous literature review capturing impacts of avoiding COVID-19, while an inductive approach was employed to explore the avoidance and protective behaviors naturally emerging during coding. Coding was performed using MAXQDA 2022.
- Concepts were considered notable if mentioned by at least 30% of participants in total or mentioned in all 4 focus group sessions.**

Results

Figure 1. Notable^a avoidance and protective behaviors mentioned by participants



^aBehaviors considered notable if mentioned by ≥30% of participants, or mentioned in all 4 focus group sessions. Percentages are behaviors mentioned by patients or caregivers divided by total number of participants (N = 14). A total of 35 behaviors were mentioned.

Summary of demographic characteristics		
Characteristic	Patients (n=12)	Caregivers (n=2)
Sex		
Female, n (%)	6 (50)	2 (100)
Male, n (%)	6 (50)	0 (0)
Country of residence		
USA, n (%)	3 (25)	2 (100)
UK, n (%)	6 (50)	0 (0)
Canada, n (%)	2 (17)	0 (0)
Spain, n (%)	1 (8)	0 (0)
Condition making the patient high-risk		
Lupus, n (%)	4 (33)	0 (0)
CKD, n (%)	3 (25)	1 (50) ^a
COPD, n (%)	2 (17)	0 (0)
Liver cancer, n (%)	1 (8)	1 (50) ^a
EGPA, n (%)	1 (8)	0 (0)
Sickle cell β-thalassemia, n (%)	1 (8)	0 (0)
Relationship of caregiver		
Wife, n (%)	-	1 (50)
Mother, n (%)	-	1 (50)

CKD, chronic kidney disease; COPD, chronic obstructive pulmonary disease; EGPA, eosinophilic granulomatosis with polyangiitis; IC, immunocompromised; UK, United Kingdom; USA, United States of America.
^aIndicates the condition of the person for whom the caregiver provides care.

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Disclosures

SA, GS: employees of AstraZeneca
RY: employee of P95
JS: nothing to disclose
TM, PW: employees of IQVIA

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Physical Distancing

“I grew very weary of people... I dodged the other way, crossed roads, stepped off the sidewalk... constantly turning around and walking the other way and walking the other way just not to get close to people.”

Patient with EGPA discussing avoiding bystanders and crowds

“I honestly cannot remember an instance since the start of COVID when the last time was where we went to a baseball game... you don't know who is going to brush by you or bump into you or sneeze on you.”

Caregiver of patient with CKD discussing avoiding going to parties/events/family gatherings

Medical Protection

“Yeah, and I've now had 4 vaccinations, but I still am very, very cautious”

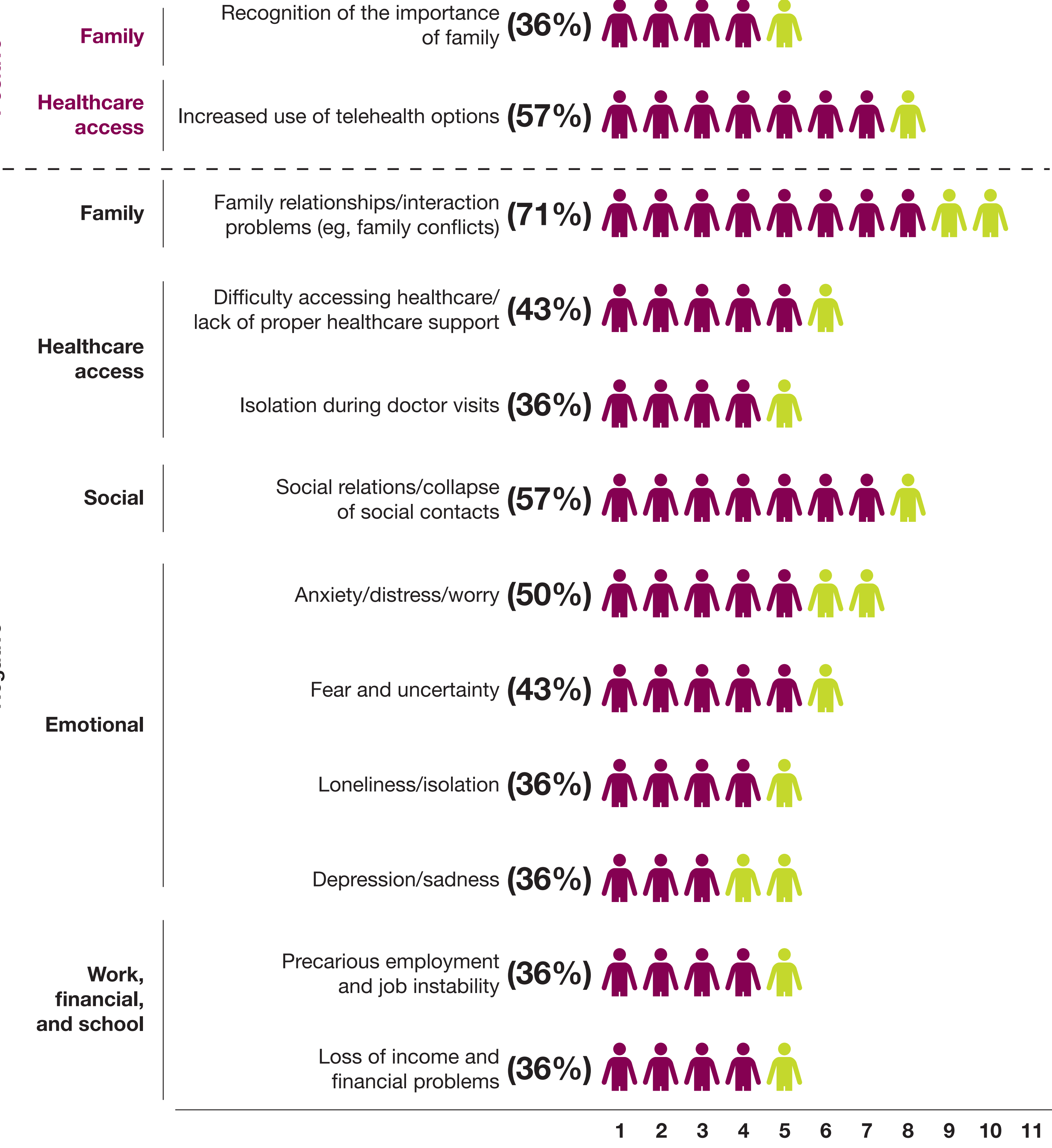
Patient with liver cancer discussing being vaccinated

Protective Barriers

“I wear masks in any kind of situation where there are more crowded people.”

Patient with CKD discussing wearing a mask

Figure 2. Notable^a positive and negative impacts of COVID-19 avoidance behaviors reported by participants



^aImpacts considered notable if mentioned by ≥30% of participants, or mentioned in all 4 focus group sessions. Percentages are impacts mentioned by patients or caregivers divided by total number of participants (N = 14). A total of 42 negative impacts and 10 positive impacts were mentioned. Participants also mentioned impacts of the pandemic in general, which are not presented here. A total of 2 general impacts of the pandemic were identified as being notable; hoarding of products and medications (36%) and lack of trust in authorities/uncertainty over sources of information (57%).

Family

Things like family, missing family was awful. I've got a year-old grandson who doesn't really know me. I have to say, I've no relationship with him because we haven't been able to meet up.”

Patient with COPD discussing impacts on family relationships

“I've lost a lot of social opportunities to meet people, to do things, I probably will not be as friendly with some people because I haven't seen or spoken to them in 2 years.”

Patient with EGPA discussing impacts on social relations

Emotional

“You know, I was stressed all the time, every time I would go out it's like, OK, and somebody would cough and it's oh no are they sick.”

Caregiver of a patient with liver cancer discussing fear and uncertainty

“Just terrible, terrible... I felt myself slipping into depression, I felt myself unable to do the things that I like to do.”

Patient with COPD discussing depression/sadness

Results Summary



12 avoidance and protective behaviors were considered notable, the majority were based on **avoiding other people (Figure 1)** – Almost all notable behaviors were **also reported by caregivers**

12 notable impacts of COVID-19 avoidance and protective behaviors across **diverse quality of life aspects (Figure 2)**

Conclusions

- Although exploratory, this study presents an up-to-date and comprehensive description of the **most relevant avoidance and protective behaviors and associated impacts** experienced by those at high-risk of severe COVID-19.
 - Individuals at high-risk of severe COVID-19 and their caregivers **maintained avoidance and protective behaviors** similar to those reported during lockdowns.
 - This study highlights the **continued burden experienced by high-risk populations**.
- Implications of this research:
 - Inform future research on strategies to mitigate the impact of COVID-19 protective behaviors on QoL.
 - Enable discussions with policy makers, payers, and health technologies assessment bodies to facilitate access to strategies aimed at improving the QoL of individuals at high-risk of severe COVID-19, including those with IC conditions.

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