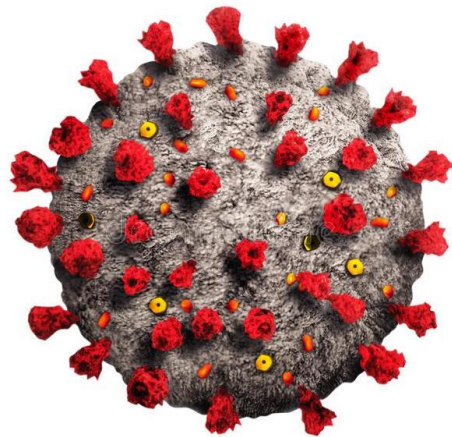


Impact of COVID-19 on Equine Veterinary Care in the UK

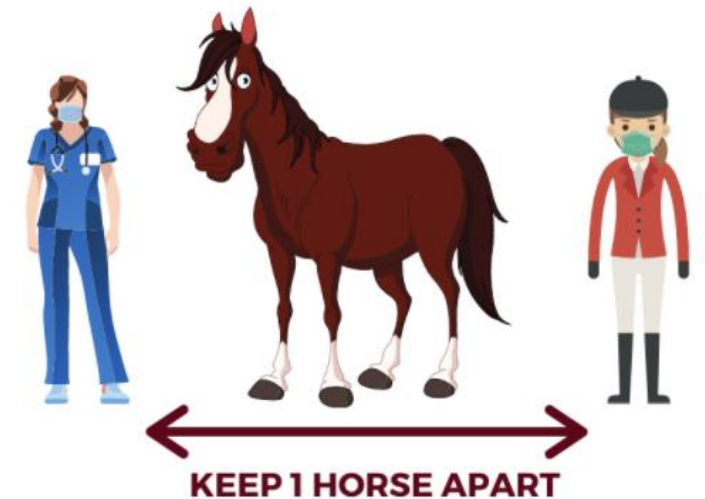


Sarah Allen, Dan O'Neill, Jackie Cardwell, Kristien Verheyen & Dave Brodbelt
Project Summary June 2022



Background

- COVID-19 pandemic poses an unprecedented challenge
- Changes to normal working practices
 - Social distancing, illness, self-isolation, furlough
- Potential for negative impact on animal health
 - Reduced health-seeking behaviour
 - Delays in diagnosis and treatment



Objectives

- Describe the nature of equine veterinary activity before (23 March 2019 to 22 March 2020) and during the pandemic (23 March 2020 to 22 March 2021)
 - Equid and care episode numbers
 - Estimation of face-to-face activity
- Detailed review of equine veterinary activity in periods of interest



Materials and Methods: Objective 1

- **Study Population**

- All equids under the active care of 20 UK mixed and equine veterinary practice, participating in VetCompass, during the two-year study period

- **Care Episodes**

- Uniquely dated entries identified
- Semi-automated classification of nature of care

- **Descriptive Statistics**

- Number of equids and care episodes per month
- Monthly and period
 - Activity
 - Proportional face-to-face activity
- Wilcoxon signed rank tests



Materials and Methods: Objective 2

■ Sample populations

- Simple random sample of 1,000 equids under active care
 - Early and late pre-pandemic (23 Mar to 22 May 2019, 5 Nov 2019 to 4 Jan 2020)
 - Early and late pandemic (23 Mar to 22 May 2020, 5 Nov 2020 to 4 Jan 2021)

■ Description

- Demography
- Care episodes
 - Nature (face-to-face v non-face-to-face) and type (routine or problem)
- Immediate management and treatments
- Nature of subsequent care episodes
- Indications
 - Nature and type
 - Problem by indications by top-level disorder group and diagnosis



Illustration/Jarom Vogel

Collaborating Practices

Practice Type

Equine only = 5
Mixed with dedicated equine department = 5
Mixed without dedicated equine department = 10

RCVS Accreditation Status

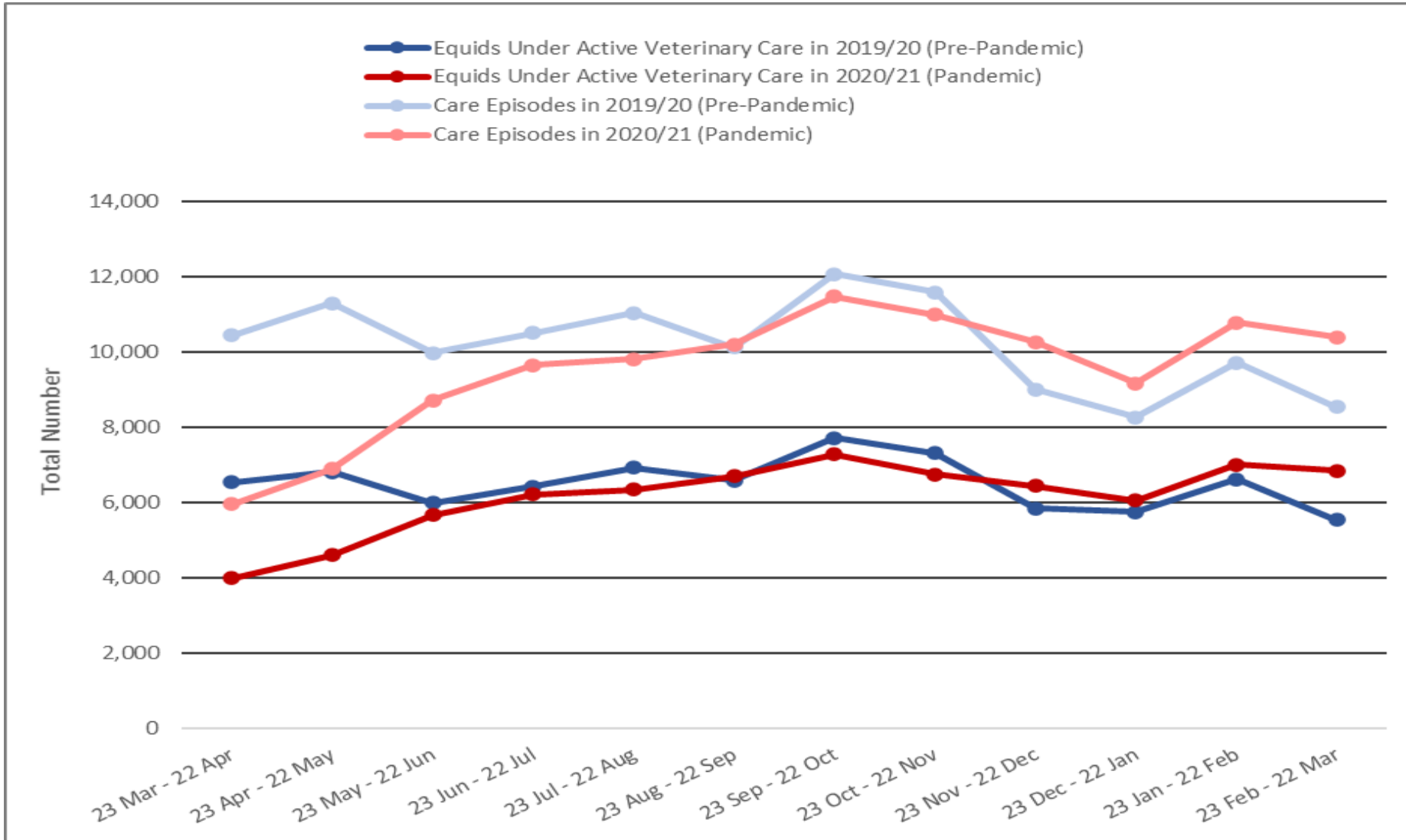
Equine hospital = 4
General equine practice = 5
Core standards = 5
None = 6

Practice Size (Equid Numbers)

Median = 1,794
IQR: 512-3,744, range 202-8,203



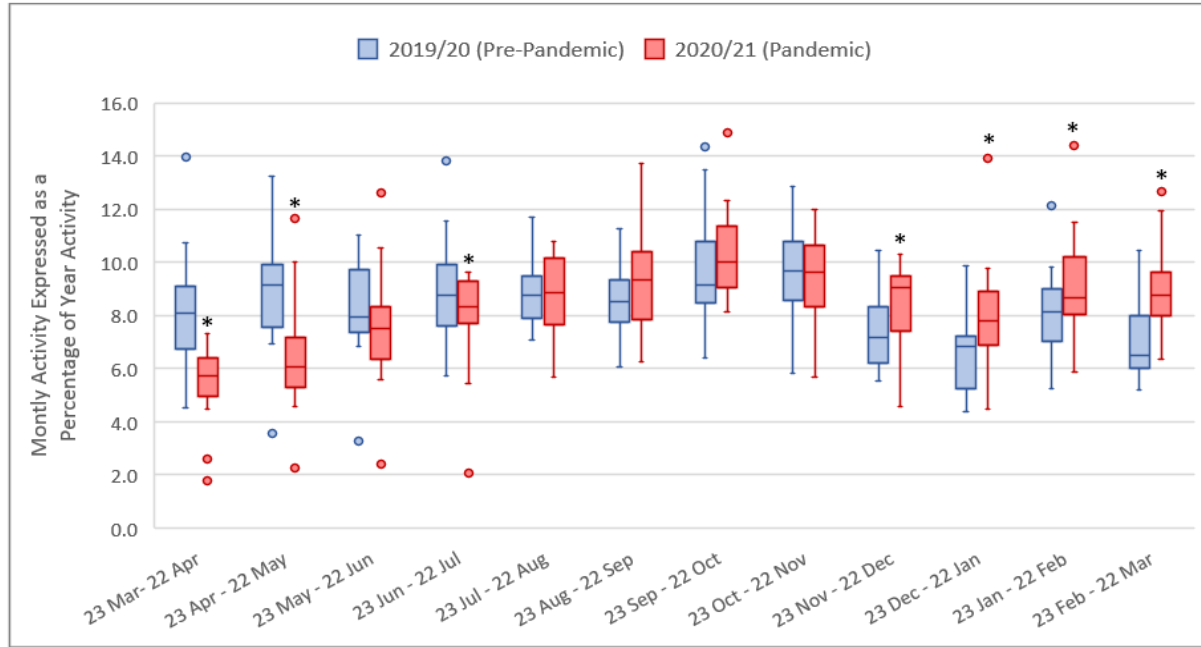
Equid and Care Episode Numbers



Study Population
46,095

Total Care Episodes
236,997

Monthly Activity

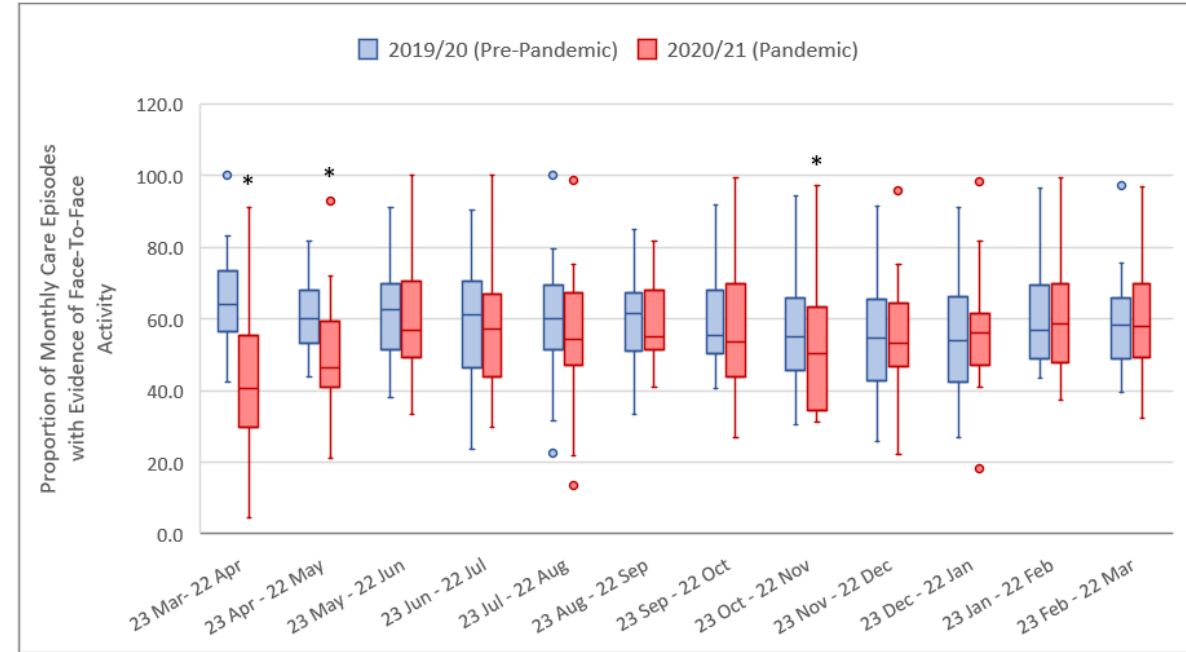


Decreased activity

- 23 Mar to 22 Apr
- 23 Apr to 22 May
- 23 Jun to 22 Jul

Increased activity

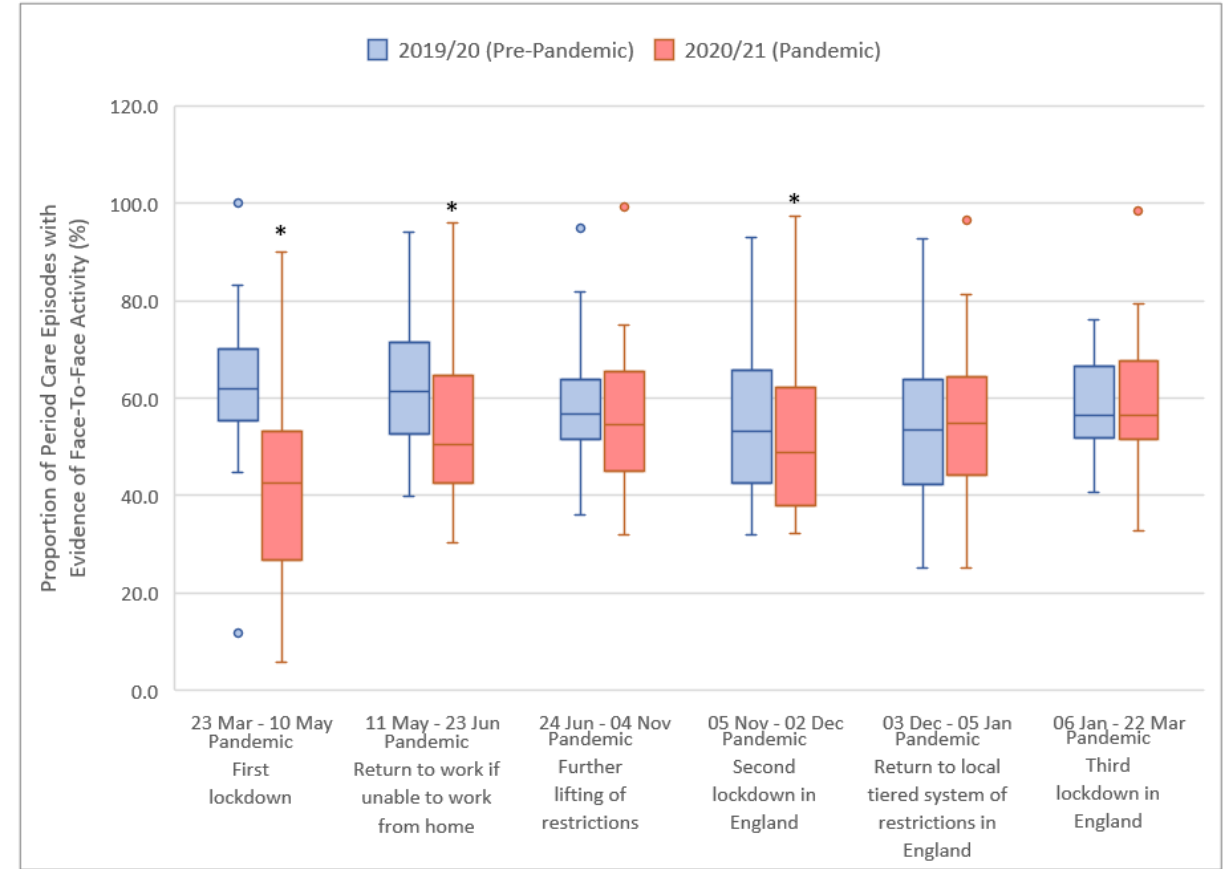
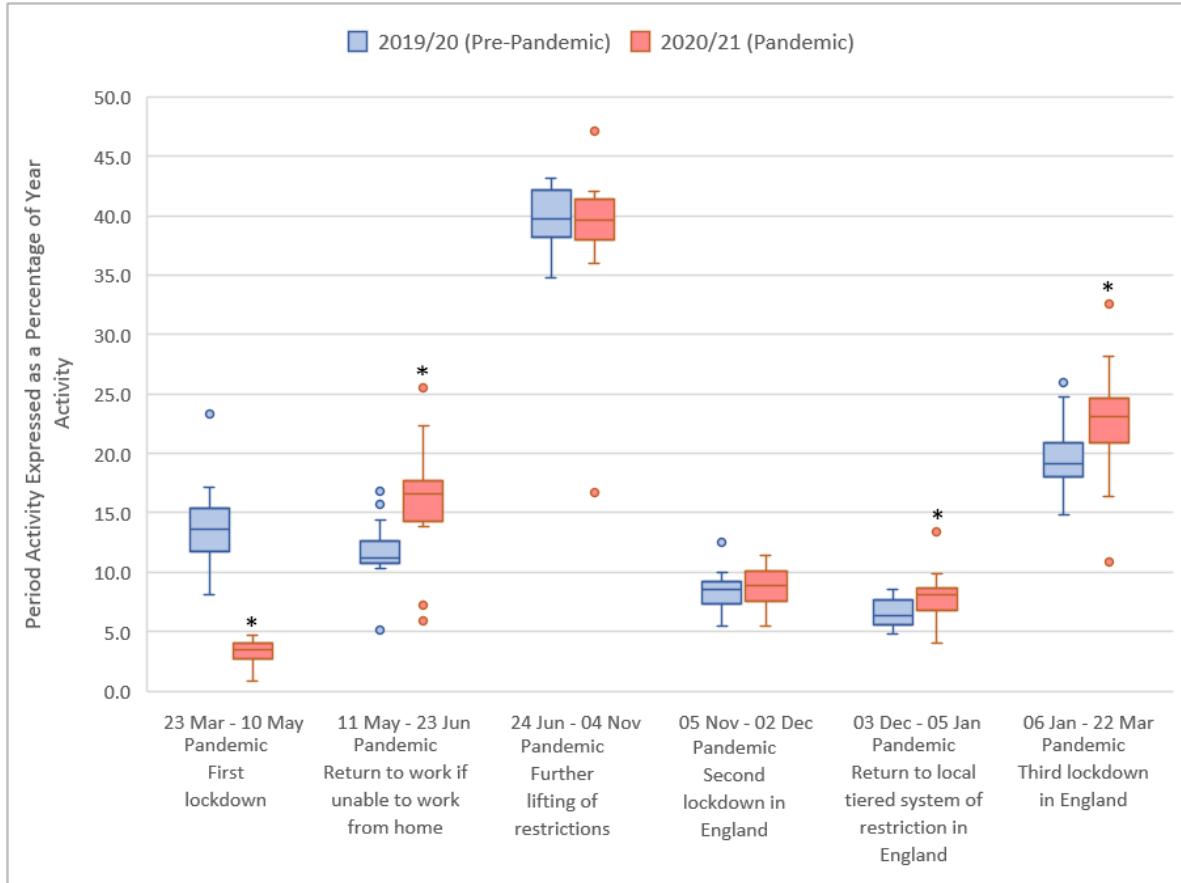
- 23 Nov to 22 Mar



Decreased face-to-face activity

- 23 Mar to 22 Apr
- 23 Apr to 22 May
- 23 Oct to 22 Nov

Period Activity



Decreased activity

- 23 Mar to 10 May

Increased activity

- 11 May to 23 Jun
- 03 Dec to 05 Jan
- 06 Jan to 22 Mar

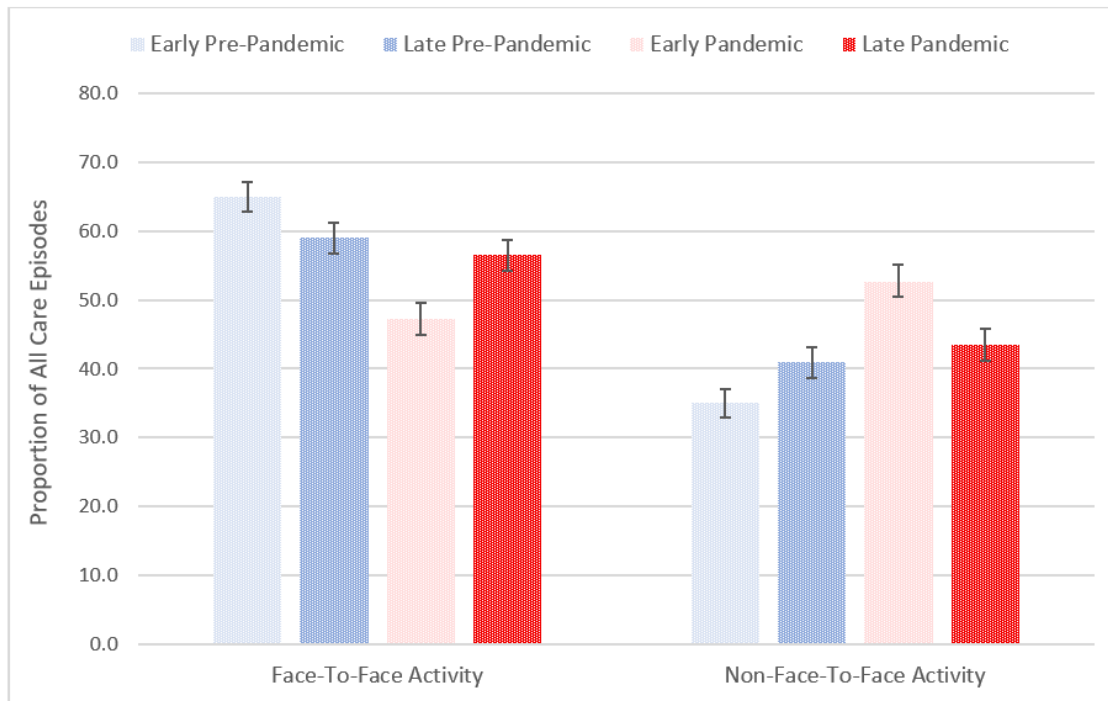
Decreased face-to-face activity

- 23 Mar to 10 May
- 11 May to 23 Jun
- 05 Nov to 02 Dec

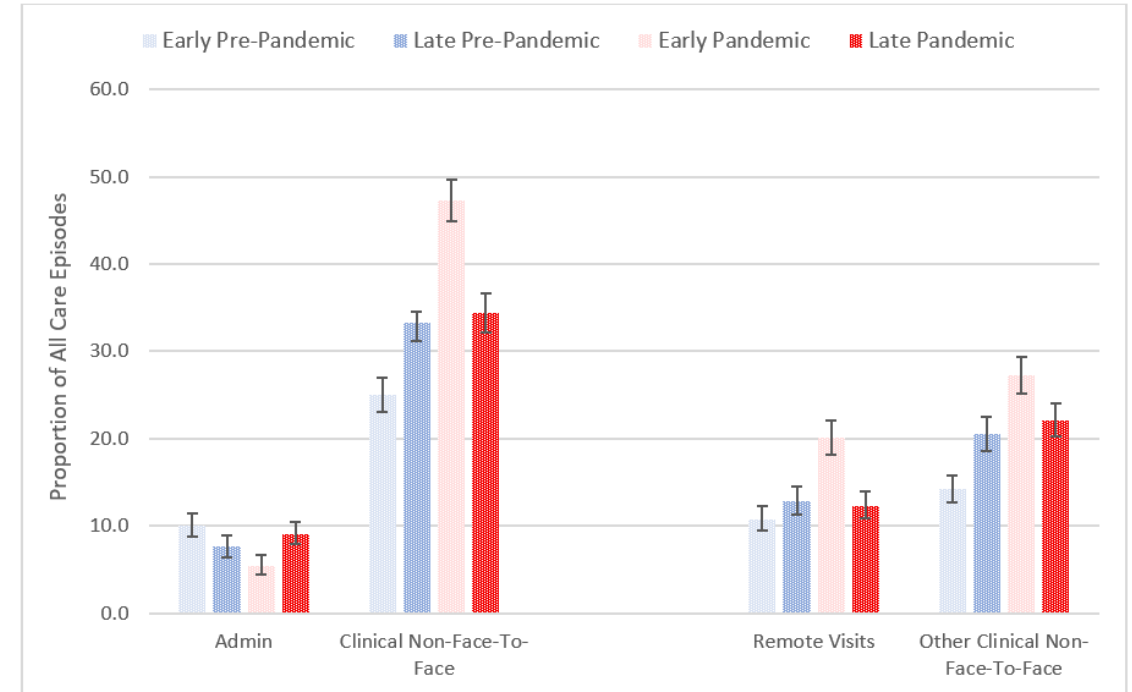
Nature of All Care Episodes

Total number of care episodes

Early pre-pandemic =1,979
 Late pre-pandemic =1,837
 Early pandemic =1,779
 Late pandemic =1,869



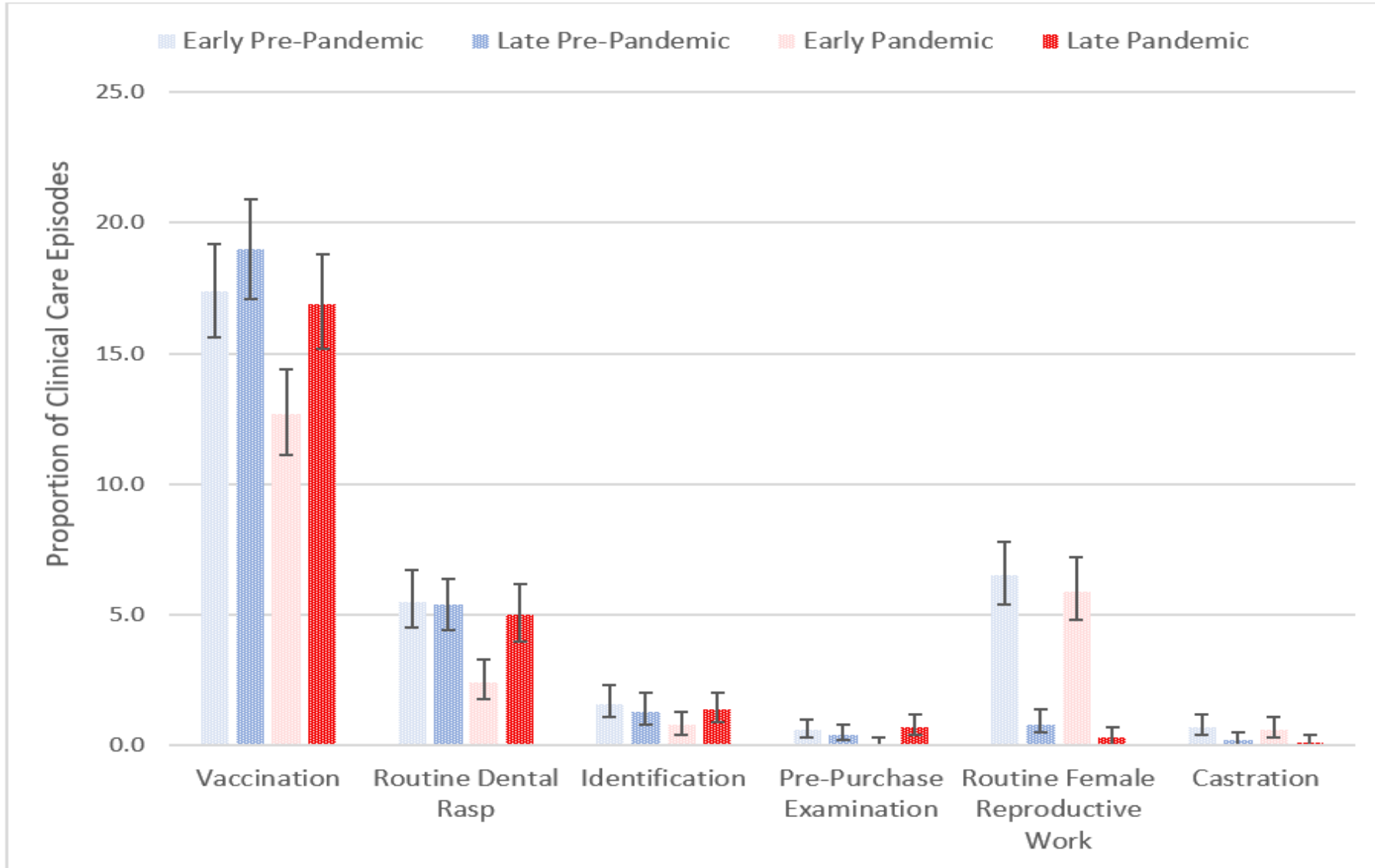
Decreased face-to-face activity in early pandemic period



Decreased admin in early pandemic compared to early pre-pandemic

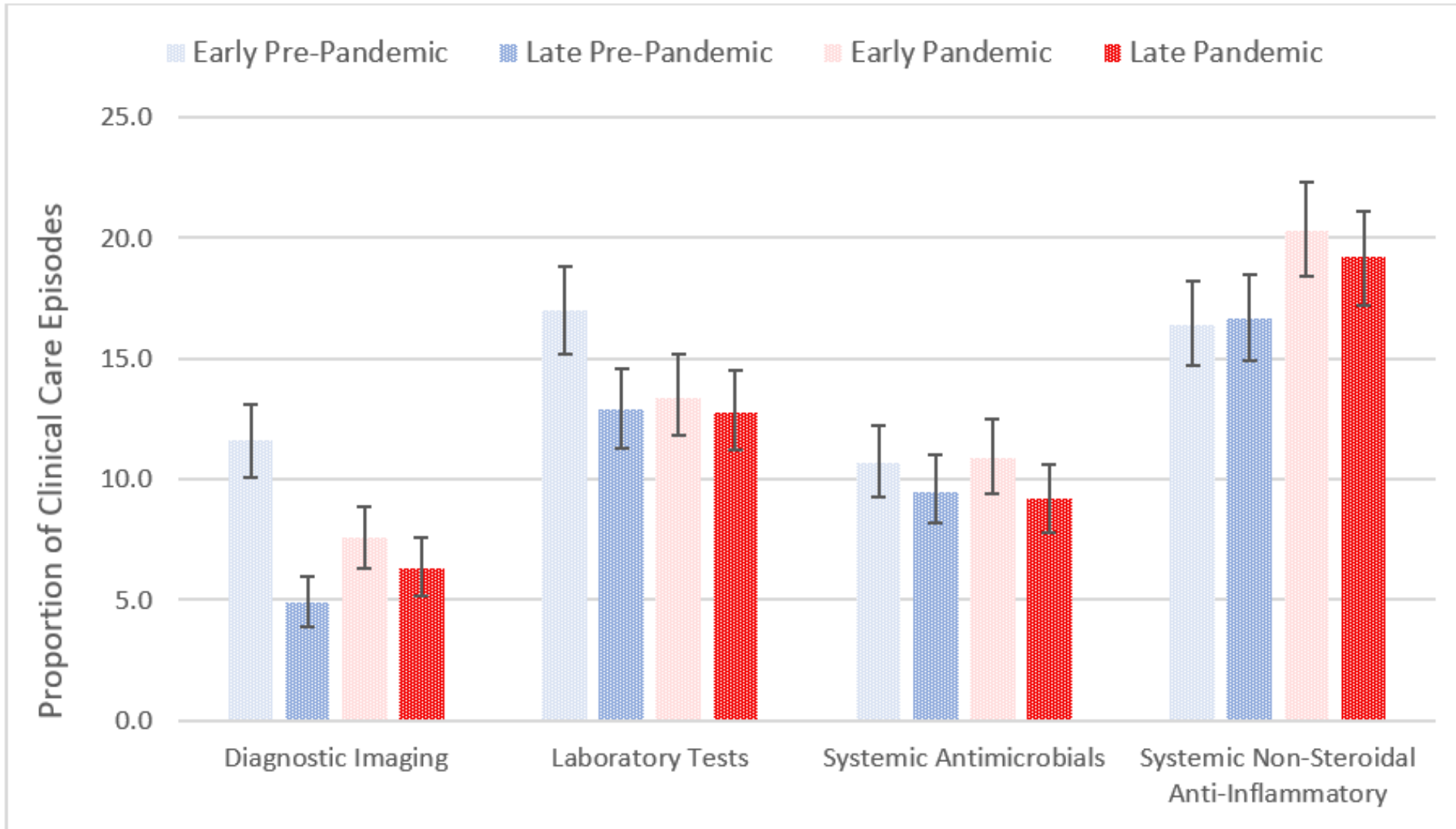
Increased remote visits + other clinical non-face-to-face activity

Routine Procedures



Decrease in the proportion of clinical care episodes attributable to **vaccination** & **routine dental treatment**

Common Procedures & Prescriptions



Decreased proportion for **diagnostic imaging** in early pandemic compared to early pre-pandemic

Increased proportion for prescription of **systemic NSAIDs** in early pandemic compared to early pre-pandemic

Limitations

- **Semi-automated classification** reliant on appropriate invoicing
- **Lockdown phases** correspond to England and may not accurately reflect restrictions in a practice's local area
- **Quality** of clinical recording variable
 - Demography & clinical indications
- **Convenience sample** of veterinary practices



Conclusions

- **Greatest disruption in early pandemic period**
- Working practices **adapted** to maintain veterinary services
 - COVID-19 risk assessment forms
 - Social distancing + personal protective equipment
 - Extra staff taken on visits
 - Non-urgent care delayed during tightest restrictions
 - Increased use of remote visits + prescribing
 - Non-certified vaccination

