



COVID-19 testing hesitancy: A rapid review

Jan 21, 2021

Research Objectives

To summarize the evidence on:

- 1. Documented barriers to COVID-19 testing; and
- 2. Effective communication or testing strategies to aid in reducing barriers to COVID-19 testing.

This rapid research synthesis was conducted between Jan 8, 2021 and Jan 20, 2021.





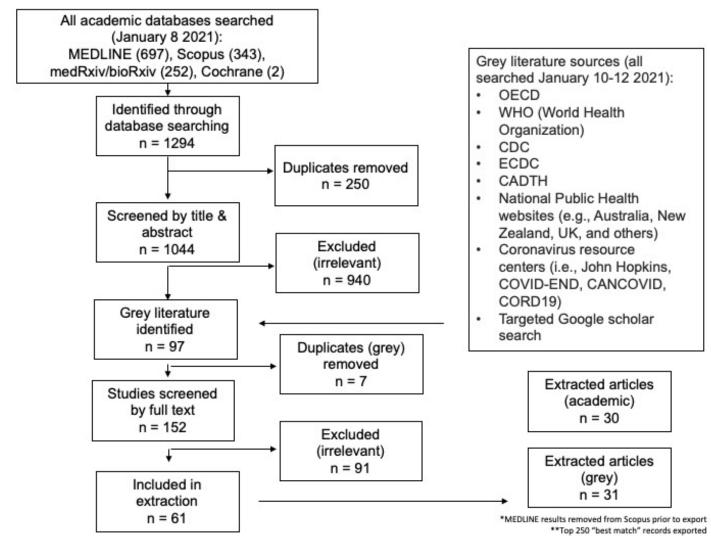
Methods

- A comprehensive literature search was conducted by and information specialist on Jan 8, 2021 to retrieve studies published from January 1, 2019 until search date
- Databases searched: MEDLINE, Scopus, medRxiv, and the Cochrane Database of Systematic Reviews
- A targeted grey literature search was also conducted to identify media, technical reports and white papers
 - o i.e., OECD, WHO, UN, CAN-COVID, COVID-END
 - Advanced Google Search





Results







Key messages: Barriers to testing

- 52 articles described at least one barrier.
- The majority described multiple intersections in the social determinants of health creating barriers, including:
 - race¹, ethnicity², culture³, language⁴, socioeconomic position⁵, geography⁶, food and housing security⁶, gender⁶
 - These SDH created and exacerbated testing barriers for populations that experience documented vulnerabilities.
- The current 'infodemic' of misinformation and poor communication from government and scientists created barriers regarding when and how to seek care, as well as the process of tesing⁷
- Social stigma of testing positive was a frequently cited barrier as it may reveal they were not socially responsible⁸
- Additional areas identified from the literature include: (1) access;
 (2) acceptability; (3) costs; and (4) follow-up supports.





Considerations for developing strategies to improve testing

- 44 articles identified at least one strategy.
- A range of strategies were described but details on implementation and outcomes were scarce.
- One study found no association between information seeking online and COVID-19 testing⁹.
- One survey found that individuals would prefer home tests (92%), followed by drive thru tests (71%), attributed mostly to fear of infection¹⁰.
- At home saliva test with quick turnaround time for test results was the most preferred approach to testing strategy¹¹
- Targeted models are used to increase uptake in testing among populations experiencing documented vulnerabilities, however, there was no baseline for comparison¹².





Key Gaps

- Lack of experimental or observational studies that assessed the impact of a strategy on the uptake or knowledge of testing.
- Most strategies identified were recommended by experts but there was an absence of their approach to implementation.
- No comparison data to evaluate effectiveness of strategies.
- No evidence of strategies' impact on equity issues.





Evolving Evidence

- Use of implementation science to support COVID-19 testing.
 The use of implementation science frameworks may be helpful to support the design of COVID-19 testing approaches and for evaluation and ongoing refinement.
- As strategies are evaluated, it will become important to determine contextual factors for targeting populations experiencing documented vulnerabilities.



Acknowledgement

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