



# DAILY DOSING OF DIRECT ACTING ANTIVIRALS FROM A PUBLIC OPIOID SUBSTITUTION TREATMENT (OST) PROGRAM FOR MARGINALISED CLIENTS IN KINGS CROSS, SYDNEY

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## Background

- Hepatitis C public health elimination requires multiple settings to deliver Hep C prevention, testing and treatment
- NOPSAD- (National opioid pharmacotherapy data)
  - 34,000 individuals received OST at some point in 2016
  - Est. 40-50% of opioid dependant users engaged in care
  - Opioids ≈50% of injecting drug use
- Therefore high coverage of testing and treatment in OST settings may be important in ensuring this population reap personal and public health benefits of Hep C treatment



## Background: Kirketon Road Centre

- Established in Kings Cross in 1987
- An integrated primary health care service model which aims to meet the health and social welfare needs of “at risk” youth, PWID and sex workers
- Provide 14000 episodes of clinical and social care for >4000 people per annum
- 45% of consults are with PWID, 30% with sex workers
- Longstanding hepatitis C service: up-scaled with DAAs and predominantly nurse-led
- Low threshold opioid substitution “access” program- methadone and suboxone



## Aim

- The aim of this study was to describe the outcomes of HCV testing, treatment and daily dosing of DAAs to clients of the Kirketon Road Centre OST program



## Methods

- All clients attending the KRC OST from March 2016- Feb 2018 reviewed
- Excluded those not receiving >4 weeks of care
- Demographics and clinical characteristics
- Dosing card, file review, pathology review
- Determined if Hep C status known, and if positive: treatment initiation and dosing plan, treatment completion, SVR12 testing
- Ethics for analysis of Hep C treatment model from local HREC and AHMRC



## Results: Baseline characteristics

- 122 clients enrolled in OST > 4 weeks
  - Median age 36 (IQR 31-41)
  - 64 (53%) female
  - 59 (48%) Aboriginal
  - 59 (48%) history of sex work
  - 19 (16%) men who have sex with men
  - 12 (10%) HIV positive
  - 100% history of injecting, 96% within last 6 months



## Results: Cascade of care

- 116/122 (95%) tested for Hep C during care episode
- 68/116 (57%) were RNA positive
- Reasons for 6 not testing
  - Declined (difficult veins, fear, not interested)
  - Relocated
  - Incarceration
  - Psychiatric admission
  - No documented reason (missed?)
- No significant associations with unknown status



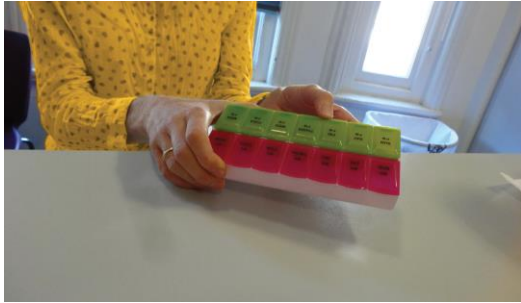
## Results: Treatment

- Of 68 RNA positive, 52 (76%) commenced DAAs at KRC
  - 42 daily or weekly dosing
  - 10 self-managing
  - 50 (96%) current injecting drug use (6 months)
  - 30 (58%) also receiving psychiatric medications through OST
  - 24 (46%) homeless
  - 7 (13%) also receiving HIV ARVs
- Reasons for not commencing: (n=16)
  - Transferred elsewhere during work-up (5)
  - Transferred elsewhere before work-up (2)
  - Declined / other needs deemed higher priority by client (5)
  - No reason documented (4)

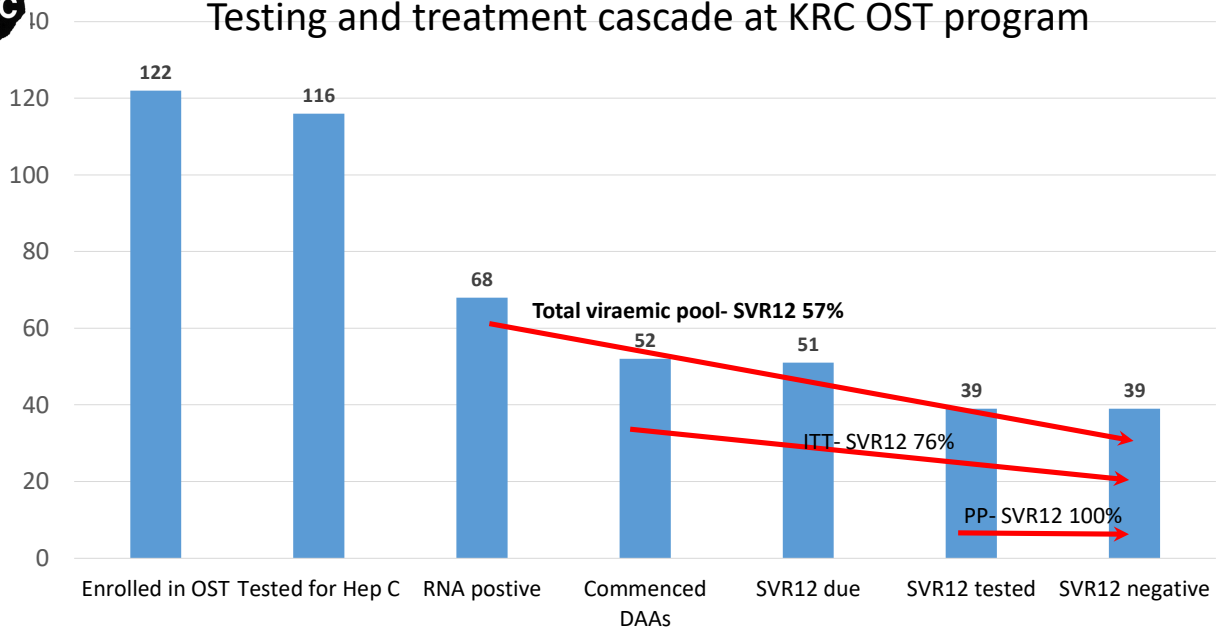


# Outcomes

- 48/52 completed treatment
  - 1 x death
  - 3 x LTFU during treatment
- 51/52 due SVR12
- 39/51 tested for SVR12
  - 100% cured at SVR12
    - Intent to treat 76%
    - Per protocol 100%



## Testing and treatment cascade at KRC OST program





## Discussion

- High testing rate among clients- feasible setting for screening
- But significant number unable to initiate treatment
  - Mobility
  - Instability
  - Other medical or social priorities
  - Difficult to follow-up
- High treatment completion in those initiating
  - Benefit and feasibility of supported dosing for very vulnerable groups
- 100% SVR12 in those tested
- Missing SVR12 data
  - Duration in care
  - Consequence of access program, clients drop out or transfer?
- Need to consider untreated in estimates of impact of programs



Thank you

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