



Recall Can Increase Treatment Uptake: *An Audit of Positive Hepatitis C PCR Tests at the Kirketon Road Centre*

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Disclosures:

- RL, RG and JK have received conference support from Abbvie and BMS.
- KJC has received research support from Gilead Sciences.
- PR has received travel expenses and honoraria for speaking at educational meetings from Abbvie, Gilead Sciences and Merck, and research support from Gilead Sciences.

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BACKGROUND/AIMS & METHODS:

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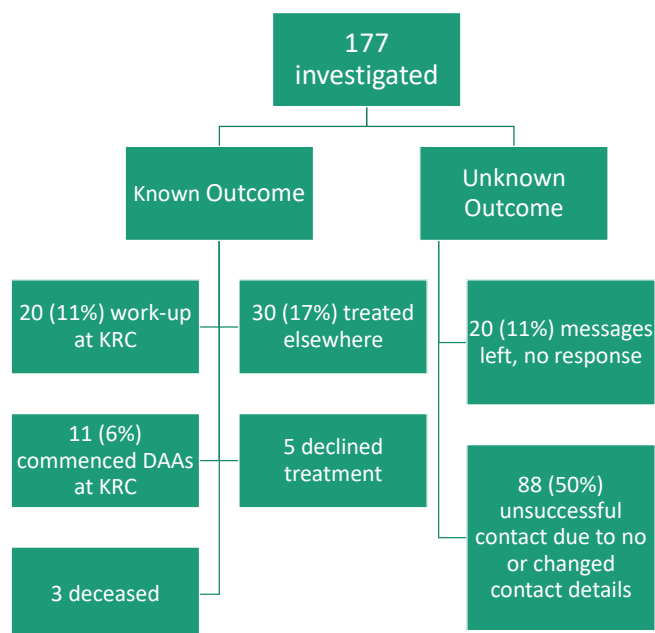
- ❖ Kirketon Road Centre is a primary health care service in Kings Cross; providing prevention, treatment and care of people living with viral hepatitis (with a focus on people who inject drugs)
 - ❖ Achieving hepatitis C elimination goals will require engagement of those most at risk such as people currently injecting drugs
 - ❖ Study aim: to describe outcomes of treatment engagement and subsequent recall of clients with a previous positive HCV PCR result
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- ❖ Retrospective cohort of clients with a positive PCR result between July 2014 and June 2017
 - ❖ Demographic characteristics obtained from clinical database
 - ❖ Active recall and file review used to determine treatment uptake
 - ❖ Descriptive analysis of clients and treatment uptake

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RESULTS:

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- ❖ 344 clients had positive PCR result
 - ❖ Mean age was 42
 - ❖ 64% male
 - ❖ 22% Aboriginal or Torres Strait Islander
 - ❖ 82% injected drugs within last 12 months
- ❖ Excluded from cohort
 - ❖ 5 spontaneously cleared infection
 - ❖ 139 (41%) treated at KRC
 - ❖ 23 (7%) commenced work-up, lost to care

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CONCLUSIONS/IMPLICATIONS:

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- ❖ Treatment uptake and completion among this population of people who inject drugs was at least 50% within the first 15 months of DAA availability
- ❖ Active recall engaged a further 17% of those not yet treated into care
- ❖ In a marginalised and transient population contact details rapidly change prohibiting complete recall
- ❖ Recall is important to engage clients in treatment and achieve public health benefits, but must be timely to effectively reach clients

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