# RECALL CAN INCREASE TREATMENT UPTAKE: AN AUDIT OF POSITIVE HEPATITIS C PCR TESTS AT THE KIRKETON ROAD CENTRE

**Authors:** Gilliver R<sup>1</sup>, Chronister KJ<sup>1,2</sup>, Lothian R<sup>1</sup>, Kearley J<sup>1</sup>, Read P<sup>1,2</sup>

<sup>1</sup> Kirketon Road Centre, South Eastern Sydney Local Health District, Sydney

<sup>2</sup> Kirby Institute, UNSW Sydney, Sydney

### Introduction:

The Kirketon Road Centre (KRC) is a publicly funded primary health care service in Kings Cross, Sydney. KRC provides prevention, treatment and care of viral hepatitis with a focus on people who inject drugs. The aim of this study was to describe outcomes of a project investigating treatment engagement and subsequent recall of clients with a previous positive hepatitis C PCR result.

#### Methods:

All clients with a positive PCR result between July 2014 and June 2017 were included. For clients not known to have been treated, active recall and file review were used to determine treatment uptake. Demographic characteristics were obtained from the clinical database.

## Results:

A total of 344 clients had a positive result in the time period. The mean age of these clients was 42 years with 64% male, 22% Aboriginal or Torres Strait Islander, and 98% reported having ever injected drugs (82% within the last 12 months).

By June 2017, 5 had spontaneously cleared, 139 (41%) had completed treatment at KRC, and 23 (7%) had commenced work-up but were lost to care.

Of the remaining 177 clients investigated, 30 (17%) were confirmed as being treated elsewhere, 20 (11%) are now in the process of work up for HCV treatment and 11 (6%) have since commenced treatment. 5 clients were offered but declined treatment, 3 had died, 20 (11%) had messages left but did not reply and 88 (50%) had unsuccessful contact due to no or changed contact details.

## **Conclusion:**

Overall, treatment uptake and completion among this population was at least 50% within the first 15 months of DAA availability, which is encouraging with respect to hepatitis C elimination. Active recall engaged a further 17% of those not yet treated into care, however in this marginalised and transient population, contact details rapidly change prohibiting complete recall.