

Treatment Of Aboriginal And Torres Strait Islander Clients With Direct Acting Antivirals At The Kirketon Road Centre

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Kirketon Road Centre, Kings Cross, Sydney
AVHEC 2017- Cairns





Conflict of interest

- PR has received research support from Gilead Sciences, and speaking and advisory honoraria from Abbvie & MSD
- RG & JK have received support to attend AVHEC from Gilead Sciences





Kirketon Road Centre

- Publicly funded targeted primary health care service
- Aim to prevent, treat, and care for HIV, hepatitis and other transmissible infections among
 - o People who inject drugs
 - Sex workers
 - "At risk" young people (less than 25 years)
- Established in 1987
- Provide care for >4000 people per annum -40% of whom are PWID
- Drop in, free, anonymous, confidential, flexible







Hepatitis C at KRC

- Longstanding prevention and HCV assessment clinics
- Small numbers treated annually pre DAAs
- Monthly visiting ID clinic
- Since DAA access:
 - o All Doctors upskilled to provide DAAs
 - o Walk in nurse- assessment and bloods
 - o Mobile fibroscan- nurse outreach- NSPs, Injecting Centre, homeless hostels, street
 - o Led by CNC/CNS2 supported by medical team
 - o Monthly ID clinic for most complex cases
 - o Social work/counsellors where required
 - o Flexible individualised adherence support and dosing







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Delivering direct acting antiviral therapy for hepatitis C to highly marginalised and current drug injecting populations in a targeted primary health care setting

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- First 9 months of DAA access reported; largest community based real world cohort of current injectors in DAA era
- 100% SVR12 in those tested
- 75% current injecting, 50% at least weekly
- Some loss to follow-up-mITT 91%
- No association with drug use, frequency



Read P et al. IJDP 2017



Aim

- Report the first 15 months of engagement with Aboriginal clients of KRC in the era of DAA access
- Describe the program and activities central to working with the local Aboriginal community





Results

229 clients diagnosed with HCV and assessed for treatment

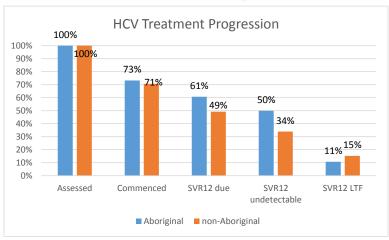
	Aboriginal	non-Aboriginal
	N=55	N=174
Age in years - mean (sd)	40.5 (10.2)	45.5 (10.3)
Gender - n (%)		
Male	34 (61.8)	117 (67.2)
Homeless in last 12 months	14 (35.0)	39 (39.8)
Injected in last 6 months	41 (74.6)	120 (71.9)
Current OST	23 (57.5)	57 (41.6)
Fibrosis - n (%)		
F4	7 (16.7)	12 (8.2)

- 41/55 (75%) Aboriginal clients started treatment vs 124/174 (71%) non-Aboriginal (p=0.630)
- Better earlier.... Aboriginal clients started quicker





Outcomes for Aboriginal clients



- Aboriginal: SVR12 taken in 83%, LTFU 17%
- Non-Aboriginal: SVR12 taken in 70%, LFTU 30%





Aboriginal program "Itha mari"

- 2004- Itha mari
 - o Barkindji "this way in the right direction"
- · Holistic model- wellbeing, not disease focussed
- · Client centred- set agenda
 - o Decide which issues are important
 - Which barriers exist
 - What local solutions might work
- Activities/health promotion:
 - o Groups-including on liver health
 - o Lunches-NAIDOC week
 - Workshops
 - o Art
 - Storytelling
 - Movies





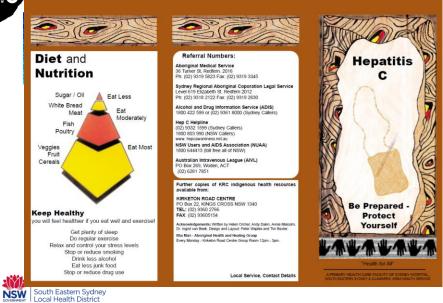








Hepatitis C





Features of program

- Employment of Aboriginal staff to drive program
- Issues and content determined by Aboriginal clients
- Aboriginal reference group- key partner organisations
- Aboriginal representation on consumer committee
- Outreach to clients
 - o Wayside Chapel Aboriginal program
 - Medically supervised injecting centre
 - o Street based nightly outreach
- Informed by evidence
 - o Testing experience
 - o Appropriate explanation
 - Aboriginal support
 - o Access to research

Ethnicity & Health, 2016 Vol. 21, No. 1, 39–57, http://dx.doi.org/10.1080/13557858.2015.1004870





South Eastern Sydney Local Health District

Care and treatment of hepatitis C among Aboriginal people in New South Wales, Australia: implications for the implementation of new treatments

Carla Treloar*, Clair Jackson, Rebecca Gray, Jamee Newland, Hannah Wilson, Veronica Saunders, Priscilla Johnson and Loren Brener

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Summary

- Aboriginal people 2.1% of local population
- But 25% of those accessing HCV treatment at KRC
- Outcomes similar- but quicker uptake of treatment
- Longstanding commitment- trust
- Holistic wellbeing model
- Flexible, client-centred care model- daily dosing if required
- Aboriginal staff and inclusion of clients in clinic agenda
- Care navigation by Aboriginal staff and peers
- Partner organisations





Thank you

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