

## TREATMENT OF ABORIGINAL AND TORRES STRAIT ISLANDER CLIENTS WITH DIRECT ACTING ANTIVIRALS AT THE KIRKETON ROAD CENTRE

Gilliver R<sup>1</sup>, Machin W<sup>1</sup>, Kearley J<sup>1</sup>, Lothian R<sup>1</sup>, Chronister KJ<sup>1,2</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 Australia, Sydney

**Introduction:** The Kirketon Road Centre (KRC) is a publicly-funded targeted primary health care service in Kings Cross, Sydney. KRC provides prevention, treatment and care of viral hepatitis for people who inject drugs, sex workers, and 'at-risk' young people. KRC operates an Aboriginal program with dedicated Aboriginal staff both on-site and at outreach locations with Aboriginal partner organisations delivering both Aboriginal health promotion, and direct clinical care. The aim of this study was to describe the demographic characteristics and treatment outcomes of Aboriginal clients treated for hepatitis C (HCV) with direct acting antiviral (DAA) therapy at KRC.

**Methods:** Data were collected from health records of Aboriginal clients with HCV attending KRC during 2016, including those treated with DAAs. Data were compared between Aboriginal and non-Aboriginal clients who were assessed for DAAs and of those who commenced treatment.

**Results:** Of the 194 clients assessed for treatment in 2016, 47 (24%) identified as Aboriginal. Of those, 34 (72%) commenced treatment. Median age was 43, 74% were male, 34% were homeless in the last 12 months, 87% were unemployed, 88% had a history of imprisonment, 29% had ever sex worked, and 71% injected in the last 6 months. Eighty percent (80%) of these clients were on OST, with 69% receiving OST at KRC. Nine percent were co-infected with HIV and 18% had a Fibroscan score indicating cirrhosis. Twenty-three (49%) are 12 weeks post treatment with 20 (87%) having been tested, of whom all (100%) were cured. A higher proportion of Aboriginal clients assessed for DAAs initiated treatment (72%) compared to non-Aboriginal clients (86/147, 59%).

**Conclusion:** KRC's model of care endeavours to ensure equity of access to care for Aboriginal clients. Despite high levels of social marginalisation, successful treatment outcomes were achieved. This study describes a progressive approach toward ensuring HCV elimination is equally achievable this population.

**Disclosure of interest statement:** The authors have no conflicts of interest to declare.