ABORIGINAL HEALTH IN ABORIGINAL HANDS: HOW AN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION IS WORKING TO ELIMINATE HEPATITIS C

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Background: Hepatitis C disproportionately impacts Aboriginal and Torres Strait Islander people, people in custodial settings and people who have injected drugs. Chronic hepatitis C can progress to cirrhosis, with complications including liver failure and cancer. There has been an enormous breakthrough in the treatment of hepatitis C, with direct acting antiviral medications (DAA) offering cure rates exceeding 95%. The World Health Organisation has set a goal to eliminate hepatitis C by 2030, however it has been noted this will require overcoming barriers to diagnosis and treatment.

Approach: - The DYHS Continuous Quality Improvement Group identified hepatitis C management as a priority.

- The appointment of Aboriginal Health Practitioners, Sexual Health Nurses and General Practitioners as 'Hepatitis C Champions'.
- Revising pathology requests to ensure diagnosis and work-up is streamlined.
- Revising clinical items to support accuracy of report generation.
- Development of an audit report from medical software.
- Collection of data from external sources, such as pathology providers and prison records.
- Reviewing recall systems.
- Working with Aboriginal Liaison Officers and Transport Drivers to improve attendance.
- Liaise with pharmacies to ensure DAA medications are webster packed and delivered.
- Partnership with Western Australia Primary Health Alliance (WAPHA) in the Hepatitis C Elimination Project, 2019.
- Partnership with Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) in the Beyond the C Project, 2021.

Outcome: Derbarl continues to work actively in this space and our numbers continue to improve. Most recent data shows 1215 patients who are HCV antibody positive and a clearance rate of 67%.

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