

Treatment of Aboriginal and Torres Strait Islander Clients with Direct Acting Antivirals at the Kirketon Road Centre

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Background

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. Aboriginal people are disproportionately impacted by hepatitis C and have a notification rate five times greater than the general population.

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

KRC runs a longstanding health and wellness program for Aboriginal people called "Itha Mari." The program aims included workshops, lunches, art groups, storytelling and health promotion relating to hepatitis C. 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.

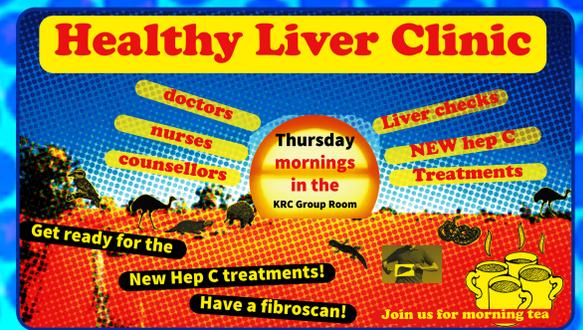


Table 1. Characteristics of clients assessed for HCV treatment by Aboriginality

	Aboriginal Clients (n = 56)	Non-Aboriginal Clients (n = 177)
Age in years - mean (std dev)	40.4 (10.1)*	45.5 (10.3)
Gender - n (%)		
Male	34 (61.8)	119 (67.6)
Female	19 (34.6)	53 (30.1)
Homeless in last 12 months	14 (35.0)	40 (40.4)
Injected in last 6 months	41 (74.6)	121 (72.0)
Current OST	23 (57.5)	57 (41.3)
HIV co-infection	4 (7.8)	7 (4.4)
Cirrhosis (based on Fibroscan)	7 (16.7)	12 (8.1)

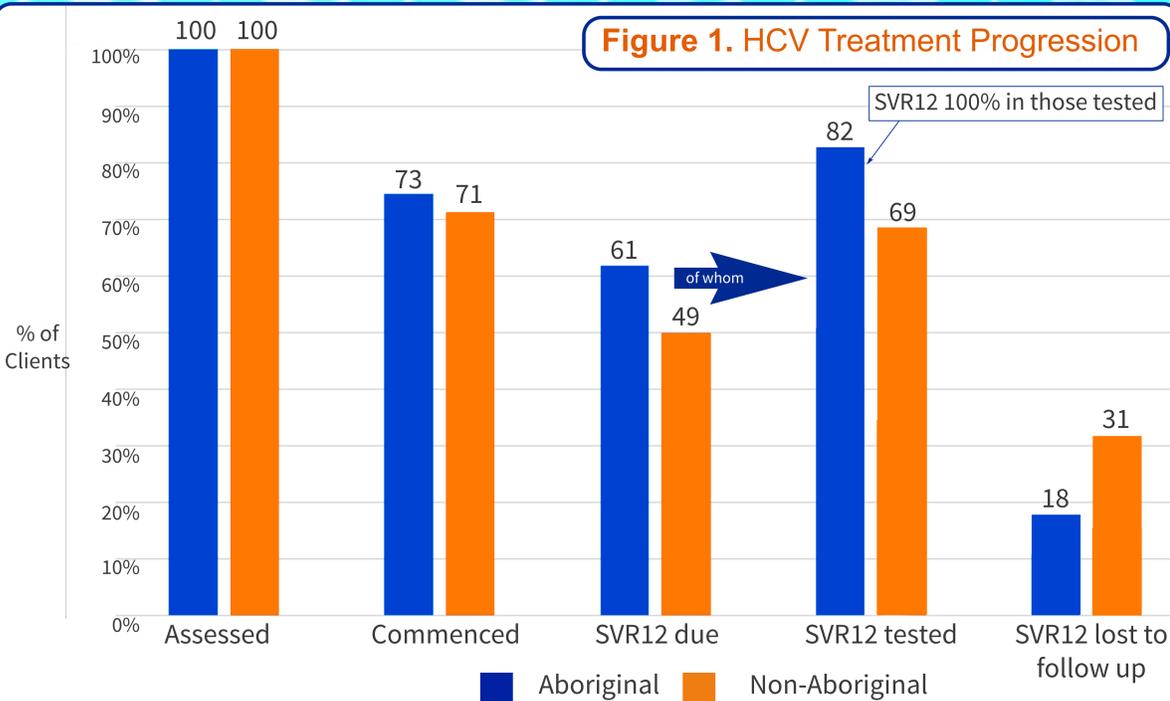
* Indicates statistically significant difference (p<0.01)

Results

Between January 2016 and June 2017, 233 clients were assessed for HCV treatment including 56 (24%) who identified as Aboriginal. Descriptive characteristics of these clients are shown in table 1.

A numerically higher proportion of Aboriginal clients assessed for treatment initiated DAAs (41/56, 73%) compared with non-Aboriginal clients (125/177, 71%, p=0.641). Similarly, of those clients who are 12 weeks post treatment, a higher proportion of Aboriginal clients have been tested (28/34, 82%) than non-Aboriginal clients (60/87, 69%, p=0.137) as illustrated in figure 1. All clients tested for sustained virological response at 12 weeks were cured.

Figure 1. HCV Treatment Progression



Conclusion

KRC's flexible, walk in, acceptable and accessible model of primary health care endeavours to ensure equity of access to HCV care for Aboriginal clients, a group with historically poorer health outcomes.

Despite high levels of social marginalisation, successful treatment outcomes and follow-up were achieved. This study describes a progressive approach toward ensuring HCV elimination is equally achievable.

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