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

Rosie Gilliver, Wendy Machin, John Kearley, Rebecca Lothian, Karen Chronister, Phillip Read

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
  - 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:
  - All Doctors upskilled to provide DAAs
  - Walk in nurse-assessment and bloods
  - Mobile fibroscan- nurse outreach- NSPs, Injecting Centre, homeless hostels, street
  - Led by CNC/CNS2 supported by medical team
  - Monthly ID clinic for most complex cases
  - Social work/counsellors where required
  - Flexible individualised adherence support and dosing
Delivering direct acting antiviral therapy for hepatitis C to highly marginalised and current drug injecting populations in a targeted primary health care setting

Phelip Read<sup>1,2,3</sup>, Rebecca Lothian<sup>4</sup>, Karen Chronister<sup>5,6</sup>, Rosie Gilliver<sup>4</sup>, John Kearley<sup>4</sup>, Gregory J. Dore<sup>4</sup><sup>,</sup> Ingrid van Beek<sup>4</sup><sup>,</sup>5

- 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

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

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

- 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
  - Barkindji “this way in the right direction”
- Holistic model- wellbeing, not disease focussed
- Client centred- set agenda
  - Decide which issues are important
  - Which barriers exist
  - What local solutions might work

- Activities/health promotion:
  - Groups- including on liver health
  - Lunches- NAIDOC week
  - Workshops
  - 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
  - Wayside Chapel Aboriginal program
  - Medically supervised injecting centre
  - Street based nightly outreach
- Informed by evidence
  - Testing experience
  - Appropriate explanation
  - Aboriginal support
  - Access to research

Care and treatment of hepatitis C among Aboriginal people in New South Wales, Australia: implications for the implementation of new treatments
Carla Tinsley, Clair Jackson, Rebecca Gray, Jamer Newland, Hannah Wilson, Veronica Saunders, Priscilla Johnson and Loren Brener

References:

- Ethnicity & Health, 2016
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

phillip.read1@health.nsw.gov.au

Acknowledgments:

Miki, Helen, Brian, and Cathy- KRC Aboriginal Health Education Officers

Tim Baxter- Poster design

Partner organisations and AHMRC

Aboriginal and non-Aboriginal clients and staff at KRC