



Expanding Access to Hepatitis Care among People Who Inject Drugs (PWID): One Year of Fibroscans at the Kirketon Road Centre

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Introduction

- National and NSW Hepatitis C (HCV) strategies identify primary health care and sexual health services as crucial for expanded assessment and treatment of HCV
- With the advent of effective new therapies for HCV it is important that people living with HCV are aware of their liver health, and that publically funded services provide accessible assessment for the most marginalised clients.



Kirketon Road Centre

- Established in Kings Cross in 1987
- An integrated primary health care service model which aims to meet the health and social welfare needs of "at risk" youth, PWID and sex workers
- Provide 12000 episodes of care for >3000 people per annum
- 45% of consults are with PWID
- Up to 50% of regular clients have chronic Hep C



Fibroscan at Kirketon Road Centre

Since April 2014, KRC has used a portable fibroscan on site and at outreach clinics held at

- The Langton Centre (a drug and alcohol service)
- NSW Users and AIDS Association Needle and Syringe Program
- Sydney Medically Supervised Injecting Centre
- Sydney Sexual Health Centre to assess clients for liver disease



Tool of Engagement

- KRC has utilised the Fibroscan as an engagement tool in an outreach setting, where formal diagnosis may not be available, in order to encourage hard to reach clients who would not normally attend services to access care



The Fibroscan device assesses the degree of "liver stiffness" by the technique of transient elastography, and has largely replaced the need for liver biopsy in Hepatitis C management.



Aim

- The aim of this study was to describe the characteristics of clients who underwent a fibroscan during the first year of use at KRC, their fibroscan results, and retention in care.





Methods

- Clients who underwent a Fibroscan from April 2014 until July 2015 were identified from the clinic database.
- Data was collected from the medical notes on demographics, Fibroscan results, diagnoses (if known) including HIV status, Hepatitis B and C status, and Hepatitis C genotype.
- Hepatitis C was defined as being HCV PCR positive, and Hepatitis B as being surface antigen (sAg) positive.
- Linkage to clinical care was defined as attending KRC after an initial Fibroscan.



Results: 240 Fibroscans performed

Demographics

- 106 male, 76 female, 4 transgender
- Median age 42
- 21 (9% Aboriginal)
- 209 (87%) reported having injected drugs
- 69 (29%) sex workers

Clinical

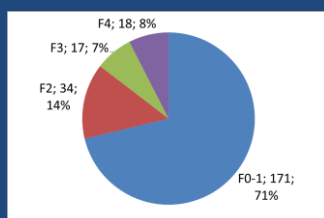
- 165 were performed at KRC
- 75 on clinical outreach
- 150 (63%) HCV PCR positive
- 11 (5%) HCV/HIV co-infected
- 4 (<1%) HIV positive
- 24 (10%) HBV sAg positive
- 1 (<1%) HBV/HIV co-infected
- 50 unknown status



Fibroscan Results

Fibroscan results:

- F0-1: 171 (71%)
- F2: 34 (14%)
- F3: 17 (7%)
- F4: 18 (8%)



Conclusion

- This study demonstrates the utility of delivering a fibroscan service both in a primary health facility, and in outreach harm reduction settings.
- Fibroscan uptake and linkage to care was achieved for these marginalised populations, many of whom were not accessing hepatitis care through traditional settings.
- Further work is required to motivate those not found to have significant liver fibrosis to attend clinic for complete clinical investigation and care.
- The hepatitis C strategy's focus on primary health care and harm reduction settings outreach for HCV care and treatment in an era of interferon-free therapy appears feasible.



Acknowledgments

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