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HepatitisSA
ANNUAL REPORT



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Chairperson's Report

This year, Hepatitis SA again was responsive to emerging needs identified in the sector. In February, a sector meeting was held to communicate and coordinate activity in the response to HIV and syphilis increasingly occurring in people who use drugs with a history of incarceration. The SAhrps team, as well as continuing to engage their clients about syphilis and HIV and distributing the syphilis postcard resource, worked in partnership with SHINE SA on the roll out of an HIV health promotion campaign targeting people who inject drugs.

The Education team continued to include information on syphilis in all their education sessions for community and workforce, and similarly the Information and Support team convey information on these issues to remandees they test for HCV at the Adelaide Remand Centre.

With the March 2025 approval of the rapid HIV and syphilis antibody test by the Therapeutic Goods Administration, this year, SA Health also approached Hepatitis SA's peer program who conduct HCV point of care testing at the Adelaide Remand Centre about also concurrently testing for HIV/syphilis antibodies in this population. A 12 month trial is being planned to commence over three days per week in the 2026-2027 year, with SA Health funding these tests, once HIV/syphilis training for the peers and referral protocols for anyone testing positive have been put in place.

The health of Pacific Australia Labour Mobility (PALM) Scheme workers in relation to STIs and BBVs was another emerging issue during the year. This Scheme allows eligible Australian businesses to recruit workers from 9 Pacific countries and Timor Leste for between 9 months to 4 years to fill labour gaps in rural and regional areas, predominantly low skilled agricultural and associate food manufacturing jobs. There are around 3,000 PALM workers in South Australia and concern is growing re their lack of access to Medicare and general healthcare as well as lack of information re STIs and BBVs. Hepatitis SA educators met with the Salvation Army workers who support workers in the Scheme and SHINE SA to plan educational activities in the 2026-2027 year.

An ongoing advocacy issue since the SA State election has been trying to reverse the then Health Minister Chris Picton's decision to relocate the Needle and Syringe Program at the Sobering Up unit at Whitmore Square, following intervention by Lucy Hood and her local constituents' complaints about antisocial behaviour. As stated in a joint letter from national and sector partners, including the Australian Professional Society on Alcohol and Other Drugs (APSAD), the Australian Injecting and Illicit Drug users League (AIVL) and the South Australian Network of Drug and Alcohol Services (SANDAS), and co-signed by Hepatitis SA:

NSPs are one of the most evidence supported public health interventions available. They reduce transmission of HIV and hepatitis C, prevent injecting related injury and infection, reduce pressure on emergency and hospital services, and provide an essential point of contact for people who are often marginalised from mainstream health care. The Whitmore Square area has been a gathering place for people experiencing homelessness and many First Nations community members, and this NSP is one of South Australia's busiest and most important.

We are concerned that discussions about this service have taken place without involvement from people who inject drugs, people experiencing homelessness, or organisations that support them. Closing or relocating the NSP would not resolve local concerns. Instead, it is likely to create greater risks by pushing injecting into less safe and less visible environments, while also undermining Adelaide's efforts to respond to the current increase in HIV transmission, and leading to greater disposal of syringes in public places without a local service to return them to.

Harm reduction services like NSPs save lives, reduce disease

transmission, provide a high return of investment, and support wider community health. They are an essential part of modern, evidence informed drug policy and restricting them would be a backwards step for public health in South Australia. We strongly urge the South Australian Government to preserve and support these vital services.

By June 2026, the Whitmore Square NSP had been extended by 3 months to 30 September 2026. The long term future of an NSP at this site remains in doubt.

A direct impact of this intervention by the Health Minister, concerned Hepatitis SA's response to the tender for our Needle and Syringe Program services – the SA Harm Reduction Peer Services (SAhrps) program, submitted in mid-January 2026. In late May, after an initial email informing us that our tender response had been unsuccessful, within 5 minutes we received another email telling us we had been offered a variation of contract for this service for a further 12 months. There was ongoing confusion for a number of weeks until we were told that the tender had failed and thus no service had been successful.

During the year, the Board oversaw progress on two areas of risk management – security issues for the lone SAhrps peer at the Noarlunga site, which required a reconfiguring of the counter and a temporary

duress alarm being installed until the counter had been replaced and the permanent duress alarm was wired in as well as a shortening of hours by half an hour when it was reported that no one remained in the building after 4.30pm; and breaches of copyright in relation to 2 photos sourced from public sites for Hepatitis Community News articles, which resulted in the development of a copyright policy for the organisation.

The Board also needed to get up to speed with the new SA Portable Long Service Leave Scheme for those on the Social, Community, Home Care and Disability Services (SCHADS) Award) which includes staff at Hepatitis SA. The Scheme commenced on 1 October 2025, and had its own accompanying legislation and regulations.

Staff leaving during the 25-26 year were two Heplink bilingual educators, Jesse Chen in early September, and Yingbin Xu in February 26. Both these Mandarin speaking staff had done some great work enhancing our relationships with Chinese community groups and other multicultural groups in Adelaide and we wish them well in their future endeavours in Western Australia and Victoria, respectively.

Our new Heplink Project Officer, Spanish speaking Lina Perez, commenced in late April 2026.

We also welcomed back Fred Robertson one day per week in February to work at the Adelaide Remand Centre, providing hepatitis

C point-of-care testing, with Deborah Warneke-Arnold and Lisa Carter.

Another big change for us and the sector was viral hepatitis nurse, Jeff Stewart, moving on after 15 years.

Jeff was an excellent partner to Hepatitis SA over his time in the sector, always willing to be involved in whatever we asked of him, including fibroscan clinics in supermarkets for World Hepatitis Day, speaking to parliamentarians, a stint on our Board, supporting the trial of hepatitis C peer led point-of care testing and so much more.

At the 2025 Annual General Meeting (AGM) in October, we farewelled Bernie McGinnes and long-time Chairperson, Arieta Papadelos after more than 20 years in the role. Arieta provided steadfast leadership of the Board and gave wise counsel and support to the CEO over those many years.

I started as the new Chairperson at the October AGM and in the following month, and we welcomed Brittany Whitford as a member of the Board.

Another big change flagged in May for 2026 was the announcement by the current CEO, Kerry Paterson, that she will be retiring before the end of the year after nearly 25 years at Hepatitis SA.

I would like to thank all those who have left during the year for their valuable contribution to our organisation, as well as current staff and fellow Board members for their

commitment to Hepatitis SA and the high quality of services we provide, and our sector partners, both locally and nationally, who support the work we do in South Australia.

Finally, I would like to thank those who administer our main funding – the STI and BBV Section of SA Health, Southern Adelaide Local Health Network and Drug and Alcohol Services SA, and Hepatitis Australia. I would also like to thank other organisations who funded our work this year, including Eliminate C 2 / the McFarlane Burnet Institute, AIVL, the Kirby Institute, the SA Country Primary Health Network, and pharmaceutical company Abbvie. We particularly welcomed the additional funding resources this year, which meant we did not lose any staff through redundancies following the 10% funding cut we sustained in our main funding from SA Health for the current year.

Lindy Brinkworth
Chairperson

Education Program Report



It has been another full and rewarding year for the Education Team, continuing to take viral hepatitis education into communities and workplaces across South Australia. We have worked with a wonderfully diverse range of people and organisations, while continuing to find new and creative ways to make our education engaging, accessible and relevant.

Importantly, the Education Team integrated syphilis and HIV information into all education sessions throughout the reporting period, helping ensure that community members and workforces had access to current information about syphilis to support the response to the South Australian outbreak.

Connecting with communities

This year, we delivered 38 community education sessions to 876 participants across 21 services. We worked with culturally and linguistically diverse communities, people accessing alcohol and other drug services, people experiencing mental health issues, young people and people in custodial settings.

We also continued to look for ways to make our sessions fun and interactive. This year we introduced Hepatitis Bingo, which proved to be a great way to get people involved while reinforcing key messages about viral hepatitis. The feedback from our community education sessions was fantastic, with 93% of participants reporting that their knowledge of viral hepatitis had increased “a lot”, and 95% rating their session as “very good”.

Throughout the year the Education Team attended health expos, community events, university and TAFE events and prison health expos, engaging with 1,130 people.

World Hepatitis Day liver scanning events at Arndale and Hollywood Plaza were a particular highlight. These events gave us the opportunity to combine health promotion, liver health information and screening, while working alongside our wonderful partners at PEACE Multicultural Services and Jeff Stewart, CALHN Viral Hepatitis Nurse Consultant.

These events demonstrated the value of meeting people

where they are. Providing an opportunity for people to have a conversation, ask questions and access a liver scan in a familiar community setting helped us reach people who may not otherwise engage with hepatitis services.

We continued to use the 'Yellow Brick Road' activity at prison health expos, encouraging prisoners to speak with participating services and have meaningful conversations about their health. It has been a simple but effective way of encouraging people to engage with the range of services available to them.

Bringing hepatitis C testing into custodial settings

A highlight this year was the 10-day high-intensity hepatitis C testing blitz at Yatala Labour Prison, delivered as part of the National HCV Point-of-Care Testing Program.

Over the 10 days, 592 men participated, with 504 hepatitis C antibody tests conducted. Twenty-five participants were found to have hepatitis C antibodies, with 111 RNA tests

subsequently undertaken. Five participants were found to have active hepatitis C and were referred to SA Prison Health Services and CALHN Viral Hepatitis Nurse Consultants for further assessment and treatment. At the time of reporting, four of the five had completed treatment and cleared the virus, with the fifth person continuing to be actively followed up.

The blitz provided an important opportunity to connect testing with education and lived experience. The testing team included Hepatitis SA educators and peer workers alongside viral hepatitis nurses, the Flinders POCT testing team and SA Prison Health Services. 231 participants (39%) identified as Aboriginal, highlighting the importance of providing accessible testing and support within custodial settings.

Supporting the workforce

Workforce development remains a major part of what we do, and this year in total, the Education Team provided 49 sessions for 867 workforce members across clinical and

non-clinical roles.

This included 13 tailored education activities to 264 clinical workers, and with a focus on strengthening our connections with health services outside metropolitan Adelaide, provided education to 70 health care workers across four regional Local Health Networks.

Our work with non-clinical workforces continued to grow, with 36 workforce development activities reaching 603 workers from organisations including Department for Correctional Services, SAPOL, Metropolitan Fire Service, alcohol and other drug services, community services and Aboriginal Health services.

Breaking down stigma

Two members of the Education Team worked to address stigma and discrimination through the SA Blood Borne Virus Stigma Action Group, along with Mosaic Counselling, Thorne Harbour Health, Positive Life SA and PEACE Multicultural Services, continuing to put the voices and experiences of people affected by BBVs at the centre of this work.





A real highlight of this work was the BBV Stigma Quiz Night, titled "No Shame. Just Game!", which brought together 72 people from affected communities and the sector workforce.. Supported by AbbVie and funds raised through our Bunnings BBQ, the event was free to attend and created a welcoming space for people to connect, have fun and learn more about stigma and discrimination.

The feedback from the night was incredibly positive. People particularly valued the friendly and inclusive atmosphere and the opportunity to come together in a supportive environment. One participant told us they

had come along hoping to meet new people and left wanting to get involved and volunteer with future events.

For me, this is a wonderful example of how our work can go beyond providing information. Creating opportunities for people to connect, feel welcome and know that they are not alone is just as important.

Looking back and looking forward

I would like to thank the Education Team for another year of hard work, creativity, commitment and compassion. I am incredibly proud of what we have achieved together,

continuing to find ways to take important health information to the people and places where it is needed and I am grateful for the many organisations, colleagues, community members and people with lived experience who continue to work alongside us.

There is always more to do, but I am looking forward to another year of connecting with communities, supporting workforces, challenging stigma and working together towards the elimination of viral hepatitis.

Jenny Grant
Coordinator



HepLink Program Report

The HepLink program, funded by the Australian government and administered by Hepatitis Australia and employing bi-lingual educators, has a focus on providing hepatitis B activities for multicultural communities in South Australia. The HepLink Program was supported by and worked closely with the Education Team on a range of activities provided over the year.

The HepLink Program strengthened connections with South Australia's multicultural communities and provided culturally and linguistically appropriate hepatitis B information, education and support. HepLink Educators delivered 30 face-to-face education sessions to communities affected by hepatitis B, including Chinese, Vietnamese, African, Afghan, Syrian, refugee communities, international students and Aboriginal communities. Eight sessions were supported by interpreters, while four sessions were delivered directly in Mandarin or Cantonese by bilingual HepLink Educators, Jesse and Yingbin.

A major focus of the program has been building relationships and creating pathways into care. HepLink

Educators attended 12 multicultural network meetings and established new connections with 9 organisations and community groups that had not previously engaged with HepLink services. These included education providers, refugee services, international student programs, Aboriginal community services and multicultural community organisations. The program also delivered 16 hepatitis B awareness-raising activities and nine workforce development sessions, helping to increase understanding of hepatitis B among both communities and the people who support them.

Nationally, two additional positions were added to the HepLink Program, a Nurse Navigator in August to answer telephone queries from across Australia, and a Nurse Practitioner in February, who can remotely prescribe HCV Direct Acting Antivirals, were exciting developments.

By the end of the year, Jesse and Yingbin had both moved on to other opportunities interstate, and a new HepLink Educator, Lina, had commenced in the role to build on the foundations they had established.

Jenny Grant
Coordinator



SA Harm Reduction Peer Services (SAhrps)

In 2025-2026, SAhrps Harm Reduction Peers provided NSP services full-time at three 'Primary' NSPs (Noarlunga Health Precinct, Noarlunga Centre; Wonggangga Turtpandi Aboriginal Primary Health Care Services, Port Adelaide; and DASSA Northern Services, Elizabeth).

Peers also provided NSP services on a sessional (part time) basis to engage with priority populations at Uniting Communities and Salvation Army Sobering Up Unit NSPs in Adelaide CBD.

Primary and Sessional Peer NSP Sites

The primary and sessional NSP project recorded interactions with 16,555 NSP service users this year, a 15% increase from the previous year. As client numbers continued to grow, there were increases recorded in all areas of NSP service provision (referrals, new clients, peer education and number of syringes provided). The current peptide trend has contributed to an ever-increasing number of people accessing the NSP for PIEDs

(performance and image enhancing drugs/steroids), with an overall 54% increase in PIEDs clients.

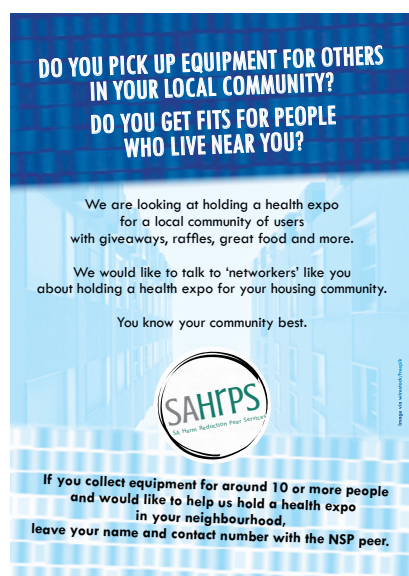
- 1,613 referrals [40% increase]
- 5,946 peer education and intensive support interactions [24% increase]
- 2,752 interactions with Aboriginal and Torres Strait Islander people [15% increase]
- 1,860,045 syringes distributed [27% increase]
- 984 new clients [48% increase]

15 years of NSP at Hepatitis SA, Hackney

2026 marks 15 years of NSP service provision at Hepatitis SA. In September 2011, a 1-year trial of the then named Clean Needle Program (CNP) commenced at Hepatitis SA. The trial was evaluated as a success and the CNP/NSP became a permanent addition to Hepatitis SA services. During the 1-year trial period there were 139 visits to the CNP and 11,546 syringes were distributed. Fast forward to 2026, where in the 2025-2026 financial year, we have seen 1,704 clients and distributed 196,257 syringes.

- 147 referrals
- 180 peer education and intensive support interactions
- 87 interactions with Aboriginal and Torres Strait Islander people
- 209 new clients

Also between July 2025 and June 2026, peer workers





at primary, sessional and Hackney NSP sites gave out 560 units of the lifesaving opioid reversal medication, naloxone.

'It's Your Right 2' Health Promotion Campaign

After the success of "It's Your Right" (IYR) in the previous year, the campaign was reignited in 2025 as IYR 2 (funded by the Burnet Institute and overseen by AIVL). IYR 2 continued with the hepatitis C testing and treatment themes of IYR, with the inclusion of 'prevention' as an additional theme. Including 'prevention' allowed for peer engagement around safer using, always using new injecting equipment, and other means of preventing hepatitis C and other blood borne viruses.

The SA component of the IYR 2 campaign was delivered between February and April 2026 in metropolitan and regional areas. During 4 Testing and Harm Reduction events (3 metropolitan and 1

regional) peer workers from SAhrps and the Information and Support Program conducted 72 hepatitis C POC tests and 107 harm reduction interactions for people who inject drugs.

Regional Visits

SAhrps formed new relationships with regional services this year, and further developed existing regional networks, through a number of visits to regional areas. In addition to an IYR 2 community event held at Mt Gambier Uniting Communities, workshops were held for a total of 85 workers in Berri, Murray Bridge, Pt Augusta and Mt Gambier. The 4 workshops were funded through Country PHN and delivered in collaboration with SANDAS and our own Hepatitis SA Educators. Feedback was very positive in terms of relevance of workshop content, networking opportunities, and the opportunity to attend face-to-face training without needing to travel.

Harm Reduction in Prisons

This year, the SAhrps program started providing harm reduction brief interventions in the Adelaide Remand Centre (ARC), joining the Hep C treatment and Support peer who conducted hep C POC testing. Commencing in August, partly funded by IYR 2, a SAhrps peer provided 181 harm reduction brief interventions to prisoners in the ARC. The SAhrps peer also provided 73 harm reduction interventions at a Health Expo in the Adelaide Women's Prison.

ARC Prisoners said:

"It's good to talk with someone who gets it and knows what they are talking about with life experience."

"I know I can trust what you say because you've been there and done that."

"Found out a lot of information, beautiful, brilliant."

As always, our program relies on the professionalism, expertise and credibility of the SAhrps team: Justin, Meagan, Margy, Penni, Fiona, Mark, Andrea, Bridget and Dusty.

**Carol Holly
Coordinator**

Communications Program Report



The Hepatitis SA Communications Team designs and produces resources for Hepatitis SA activities and, occasionally, on request from partners such as the viral hepatitis nurses.

Hepatitis SA continues to print in-house resources, distributed to the wider community on request and at events. We maintain and promote the *HepSA Community News* site as a source of news and information to complement the printed *Hepatitis SA Community News*, distributed via mailouts.

The resource for children diagnosed with hepatitis B was approved and published, and proved unexpectedly popular with NSP workers, who found it accessible and engaging. Other completed resources included posters and flyers produced for SAhrps World Hepatitis Day activities, and repurposed videos on living well with hepatitis B in English and Chinese. Vietnamese versions are in progress.

In all, the Communications Team developed 46 resource items not including small ad hoc requests. We supported the CALHN viral hepatitis nurses' outreach work by developing posters and flyers

for testing clinics in Port Lincoln and Whyalla.

Resource and information distribution

We disseminated information to the SA community via:

- printed and electronic resources at or after education/training sessions,
- physical and electronic mailouts,
- printed resources ordered via web, phone and email,
- websites including the Hepatitis SA main site, an information portal for health professionals, a specialist library and a news site,
- online publishing via Issuu,
- social media presence on Facebook, Instagram, BlueSky and YouTube.

In 2025-26, we distributed **29,873** resource items: **3,588** were **hepatitis B** specific, **5,491** for **hepatitis C**, and **14,662** relevant to **both**. **23,929** items went to **metro postcodes** and **4,567** to **rural postcodes**.

Resource distribution to priority populations is shown in Table 1.

Table 1

Drug and Alcohol Service	4552
Corrections & Justice System	1105
Accommodation Support / Accommodation	618
Community members	790
Mental Health Support & Service	34
Cultural/Ethnic-Specific organisations	4631

Cultural/ethnic-specific organisations received **4,631** items, **Aboriginal community** organisations **1,136** items, **Corrections** **907** items and **drug and alcohol** services **4,552** items. We sent out **47 e-alerts to around 950 unique recipients** (a total of 44,560 contacts).

Four issues (#106, #107, #108, #109) of the *Hepatitis SA Community News* were

produced and we continue to publish additional content on the *Community News* website.

Hepatitis SA maintains a suite of online assets to reach various sections of the wider community in SA, including:

- Hepatitis SA main website
- *Hepatitis SA Community News* site

- Hepatitis SA Library page
- Hepatitis SA Library Catalogue site
- Hepatitis B and Hepatitis C GP Portal
- Three online quiz sites

The tables below show the traffic to our key online assets, as well as active users by country. This excludes 26% identified as potential bot traffic.

Table 2: Website traffic and engagement rate

	Active Users	Sessions	Engagement rate
Hepatitis SA main site	13485	15647	39.89%
from mailout emails	524	567	51.32%
Community News site	8647	10531	36.66%
from mailout emails	437	539	38.96%
Library home page	279	287	30.31%
from mailout emails	449	528	35.04%
Library catalogue (no email acquisition)	575	587	64.74%
from direct acquisition	554	560	63.39%
from referral	23	27	88.89%

Table 3: Community News active users by country

Countries	Active Users	Engagement rate	Notes
Australia	3379	46.71%	
United States	1584	35.46%	
China	630	3.27%	Very low engagement rate suggests bot traffic
Germany	526	10.13%	
Singapore	293	12.42%	
India	204	38.22%	
United Kingdom	199	39.66%	



In 2025-26 the *Community News* site published **71 stories** (see Appendix 6a for the full list). Leading topics were:

- Hep B cure
- Viral hepatitis elimination by 2030
- Liver cancer
- Point-of-care testing
- Hep B vaccination (especially birth dose)
- Hep C treatment
- Resources

Our Library catalogue currently holds **2,614** items, with **120** new items added in 25-26 and 4 outdated items removed. Our Librarian sent out five regular new acquisitions alerts to **3,879** recipients and three special alerts to **2,503**, making a total of **6,382** recipients.

On social media, Hepatitis SA maintains active presence on Facebook, BlueSky, YouTube and Issuu.

Facebook: We had a net increase in followers from 379 to **424**. In this reporting period, we made 189 posts, which were **seen 22,473 times**, including **1,447** 3-second views. There were **1,678 engagements**

(reactions, shares and comments).

YouTube: Our videos had **134,587** impressions and **12,350** views totalling over **340** hours. The most watched video in this period was *Introduction to Hepatitis (Mandarin)* with **3,691 views** making a total of over **158 hours**, followed by *Hepatitis C Testing Demo* with **2,564 views** totalling over **52 hours**.

BlueSky: We posted **141** messages, and at the time of writing, have **240** followers – a slowly but steadily growing number. Analytics on views, likes and engagement were unavailable.

For **World Hepatitis Day** 2025, Hepatitis SA, with Relationships Australia, ran two free liver fibroscan clinics at the Hollywood Plaza and Arndale suburban shopping centres, where SA Health viral hepatitis nurses scanned 41 and 57 people respectively.

We leaned into the green theme by 'going green' in other ways. Nine organisations including nurses, community groups and services, and drug and

alcohol service providers accepted our invitation to decorate green T-shirts to wear around 28 July. The Flinders Medical Centre hepatology nurses were a stand-out with their coordinated T-shirts and messages.

There were Soup Days at our Peer NSP sites, resource distribution, free online 'ABCs of hepatitis' education, and a barbecue at Community Access and Services SA's Athol Park site.

Cecilia Lim
Coordinator

Information & Support Services Program Report

The Information and Support Program employs peer educators with their own lived experience of hepatitis C, giving them first-hand knowledge of the challenges associated with living with the virus. This enables them to have an easy rapport and build instant trust with the clients of the services they attend to target people who are often at the highest risk for the transmission of hepatitis C, such as people in prison, or those experiencing domestic and family violence and/or homelessness, people accessing alcohol and other drugs services, all of whom often face many barriers to healthcare. By meeting clients in accessible, non-stigmatising settings they already attend, our team uses HCV point-of care testing (POCT) technology to diagnose, often previously undetected, cases of hepatitis C.

Based at Hackney in Kaurua Country, the testing the peers conduct is part of the UNSW Kirby Institute's *National Australian Point of Care Testing (POCT) Program*, utilising the quick 'Insti HCV Antibody Test Kit', a 1-minute finger-prick test that detects HCV antibodies, and the rapid testing that detects hepatitis C virus RNA within an hour, using a portable GeneXpert Machine. Over the past year, the team navigated complex client needs, addressed severe needle phobias, provided vulnerable individuals with tailored support and facilitated linkage-to-care. The peers met client needs throughout their entire continuum of

care, from initial finger-prick testing, to achieving a Sustained Virological Response (SVR), confirming a cure for highly vulnerable individuals with Direct Acting Anti-viral (DAA) treatments.

Funded primarily by SA Health, this financial year the Program had operational reach from high-risk custodial environments, homelessness services, domestic/family violence refuges, and needle and syringe programs (NSPs). They enrolled and tested 1,371 participants in custodial settings and a further 248 across the community with a focus on connecting them to treatment.

Custodial Settings

At the Adelaide Remand Centre (ARC) this year, the peer educators connected with 779 men newly admitted to the Centre, the majority of whom were completely new to the criminal justice system. For many individuals, entering the correctional system is a time of high stress, but it can also provide a critical window for healthcare. Out of the above total men engaged, 307 identified as Aboriginal men (and three of those also identified as being Torres Strait Islander), reflecting the ongoing over-representation of our first nations people in this setting.

Of those 779 on remand, there were 119 who were aware of their HCV Antibody positive status and required an RNA test using the GeneXpert Machine, with a further 21 with a positive



**You might not know
if you have Hepatitis C
Get a test today!**

RESULTS AVAILABLE IN
1 MINUTE TO 1 HOUR




Chat with a
Peer Worker



Have a finger
prick test



Complete
surveys



Get your
results



Talk about
treatment

Insti Test result, totalling 140 tested using the GeneXpert Test to confirm HCV RNA, if present.

Six had HCV RNA detected in their small blood sample, therefore were found to have chronic hepatitis C and were referred for any work-up testing required and treatment that day.

Most of them have successfully completed their medication, with three officially confirmed as cured. Two additional men diagnosed during the previous year also achieved their cure having confirmatory testing during this reporting period.

Beyond hepatitis C and the provision of information and referrals about hepatitis B that were made during the sessions to 296 men at the ARC, the peers connected

473 of the men to broader health services, mainly HIV & Syphilis, and other STI testing.

Of all of those outcomes, the highlight of the year that demonstrates the impact of our attendance

there is our efforts that saw one of the men on remand diagnosed and complete treatment on release into the community, despite experiencing homelessness and facing the challenges presented by this chaotic lifestyle that can make managing a daily medication routine nearly impossible. Known to the Coordinator from her testing activities in the south, the man expressed his anxiety and concerns he had about his medication being stolen from him. He trusted her and the NSP Peer at Noarlunga enough to accept their support with the arrangement that he'd collect his pills every few days from the NSP SAHRPs Peer, who'd agreed to hold and dispense his medication from there, enabling him to complete the full course uninterrupted.

The high intensity HCV testing at Yatala, in which the Program Coordinator participated, is reported in the Education Program report



Community Testing

With funding from the Burnet Institute/ EC 2, the Information and Support team expanded its reach into services that support women accessing Domestic and Family Violence (DFV) services. Known as Nexus, this project, aimed to increase awareness / knowledge about harm reduction in relation to injecting drug use and hepatitis C prevention, testing and treatment amongst domestic and family violence (DFV) services and their clients, on site where the women were residing.

The Information and Support Peer Coordinator and the SAhrps Project Officer have provided these services on a regular basis to DFV services interested in participating in the project, with a small cash incentive paid for participation. During the year they provided harm reduction and HCV point of care testing to a total of 37 women at 4 service locations.

At one of the places attended, a woman who tested HCV RNA positive stated that she only got the test done because she had loaned someone the last of her money, she had that day. The peer worker connected her to the CALHN female viral hepatitis nurses who attended the site to provide work up for this woman. As a result, it was found she had stage 2-3 liver fibrosis and she was referred to a specialist. Since that time with support from the peer worker and follow up outreach visits from the CALHN nurse,

the woman has achieved her SVR12 and her latest fibroscan has indicated a vast improvement in her liver health.

Throughout this year, working alongside a specialist nurse co-located at one of the services and in close partnership with the viral hepatitis nurses, the Peer Coordinator provided HCV point-of-care testing to clients experiencing homelessness at a number of sites, attending one of the main dedicated services on 11 occasions, where testing was accepted by 21 highly vulnerable participants with extremely complex needs (16 men and 5 women), nine of whom identified as Aboriginal or Torres Strait Islander.

The Information and Support Coordinator also provided testing for the 'It's Your Right 2 (IYR 2) national campaign in SA again in 2026. (see also SAhrps Program report)

The IYR 2 campaign activities provided incentives to encourage testing, treatment completion, and post-treatment testing, which occurred in NSPs and other AOD services.

With a great support from workers at the following services there were 32 people tested for HCV at Common Ground, 19 at Noarlunga NSP with added assistance from SALHN viral hepatitis nurse, and 15 participants at the Port Adelaide NSP over one day at these metropolitan sites, and 27 at a.c. Care in Mount Gambier over two days. These testing days resulted in finding

6 participants requiring treatment across three of the locations (3 in Mt Gambier). The most satisfying outcome for this activity was for a client with an extreme anxiety disorder, being able to be cured quickly and easily because of the flexible care options able to be provided by the treatment peer and the viral hepatitis nurse, and the tolerability and efficacy of the DAA medications.

The results of the past 12 months again demonstrate that this Program is a vital bridge between some of our most marginalised communities and curative treatments. I would like to extend my thanks to this program's dedicated peer workers, our clinical partners and funders for their continued commitment to eliminating hepatitis C.

Lisa Carter
Coordinator

Helpline Program Report

Hepatitis SA provides people in SA with accurate and up to date information and an appropriate level of support regarding viral hepatitis. A free call prison information service is available through all SA prisons, including the Adelaide Remand Centre. Additional support is offered by linking callers to peers with experience of specific issues such as undergoing testing, treatment, managing symptoms, and harm reduction strategies.

During 2025-2026 Hepatitis SA Helpline Services received 82 contacts. This is an ongoing decrease in demand for the service since 2016, when the game changing Direct Acting Antiviral medications for hepatitis C were listed on the Pharmaceutical Benefits Scheme. Although the majority of people, 55 used the Helpline to access information, 7 contacted through the Prisonline, 5 booked in-person appointments, 2 made contact via email and 13 made contact through webchat via our website.

Although the frequency of enquiries has diminished, the quality of the service has not, with many clients expressing their gratitude to Hepatitis SA for providing a service that delivers crucial and up to date information in an easy to understand and non-judgemental manner.

"Good to talk to a supportive person – I can't speak to my boss about this."

"Thank you so much, you have put my mind at ease."

"Fantastic - no one else went through this with me."

Deborah Warneke-Armold
Information and Support
Officer



HepatitisSA
Information Support
1800 437 222
hepsa.asn.au

Treasurer's Report

Total revenue for Hepatitis SA for 2025-2026 was \$2,263,029. This was made up of grant income of \$2,219,194 for our 2 main recurrent grants from SA Health, Heplink funding and Its Your Right funding from the Australian government, administered by Hepatitis Australia and AIVL respectively, and Eliminate C 2 grant funding from the Macfarlane Burnet Institute for the Nexus Project, as well as other income of \$43,835 which included interest, recoupments, sundry income and donations.

Total expenditure for the year was \$2,164,619. The major expense was the *Employee Benefits* expense of \$1,915,009 with *Administrative expenses* of \$230,235, which included *Rent* of \$102,437, *Program and client costs* of \$23,315 and *Travel and accommodations costs* of \$14,845. Depreciation expenses were \$19,375.

During the 2025-2026 financial year, provisions for redundancy and asset replacements were reclassified from liabilities to separate equity reserves, resulting in a material decrease in liabilities and a corresponding increase in equity at the end of the

prior year, which led to the comparative amounts being restated in a prior period adjustment by the Auditor.

The provision for sick leave of \$87,620 in current liabilities at the end of the prior year was also reclassified and restated in a prior period adjustment by the Auditor, and this amount was credited to the sick leave expense in profit and loss, which largely contributed to an overall surplus of \$98,410 for the 2025-2026 financial year.

Hepatitis SA had total equity of \$818,638 as at 30 June 2026.

Hepatitis SA would like to thank the STI and BBV Section at the South Australian Department for Health and Wellbeing, and Procurements and Contracts, Residential and Clinical Outreach Services at Drug and Alcohol Services South Australia for administering Hepatitis SA's major grants during the 2025-2026 financial year. We would also like to thank Hepatitis Australia, AIVL and the McFarlane Burnet Institute for their grant funding, as well as thank those individuals who made donations to Hepatitis SA.

Michael Larkin
Treasurer



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INDEPENDENT AUDITOR'S REPORT

To the members of Hepatitis SA Incorporated

Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Hepatitis SA Incorporated (the Association), which comprises the statement of financial position as at 30 June 2026, statement of financial performance, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements including a summary of significant accounting policies and the Board' declaration.

In our opinion, the accompanying financial report of the Association is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)* (ACNC Act), including:

- (i) giving a true and fair view of the Association's financial position as at 30 June 2026 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards, and division 60 of *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for Audit Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ACNC Act, the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibility of the Board for the Financial Report

The directors of the Association are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the ACNC Act and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error

In preparing the financial report, the directors are responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway

CA, CPA, Registered Company Auditor
Partner

21 / 09 / 2026

Hepatitis SA Incorporated

Financial Statements

For the Year Ended 30 June 2026

ABN 38 030 552 547

***Note: Financial Statements declarations refer to page numbers within this section,
not those in the Program Area reports.***

Statement of Financial Performance
Hepatitis SA Incorporated
For the year ended 30 June 2026

	Note	2026 \$	2025 \$
REVENUE			
Grant & Subsidies	4	2,219,194	2,201,202
Other Revenue	4	43,835	92,146
TOTAL REVENUE		2,263,029	2,293,348
EXPENSES			
Employee Benefits Expenses	5	1,915,009	2,045,935
Administrative Expenses	6	230,235	238,984
Depreciation	9	19,375	3,375
TOTAL EXPENSES		2,164,619	2,288,294
Current year operating surplus / (deficit)		98,410	5,054

The accompanying notes form part of these financial statements.

Statement of Financial Position
Hepatitis SA Incorporated
As at 30 June 2026

	Note	2026 \$	2025 \$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	7	1,343,553	1,254,085
Trade and Other Receivables	8	7,098	11,031
TOTAL CURRENT ASSETS		1,350,651	1,265,116
NON CURRENT ASSETS			
Property, Plant and Equipment	9	57,440	76,815
TOTAL NON CURRENT ASSETS		57,440	76,815
TOTAL ASSETS		1,408,091	1,341,931
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	10	109,705	75,785
Provisions	11	137,741	184,456
TOTAL CURRENT LIABILITIES		247,446	260,241
NON CURRENT LIABILITIES			
Provisions	11	342,007	361,462
TOTAL NON CURRENT LIABILITIES		342,007	361,462
TOTAL LIABILITIES		589,453	621,703
NET ASSETS		818,638	720,228
EQUITY			
Reserves		425,498	394,100
Retained surplus		393,140	326,128
TOTAL EQUITY		818,638	720,228

The accompanying notes form part of these financial statements.

Statement of Changes in Equity
Hepatitis SA Incorporated
For the year ended 30 June 2026

	Note	Cash Flow Boost Reserve \$	Redundancy Reserve \$	Asset Replacement Reserve	Retained Surplus \$	Total Equity \$
Balance at 1 July 2024		37,500	-	-	321,074	358,574
Comprehensive income						
Operating Surplus for the year		-	-	-	5,054	5,054
Prior period adjustment	3	-	346,600	10,000	-	356,600
Restated balance at 30 June 2025		37,500	346,600	10,000	326,128	720,228
Comprehensive income						
Operating Surplus for the year		-	-	-	98,410	98,410
Movements to/(from) reserves		(37,500)	68,898	-	(31,398)	-
Balance at 30 June 2026		-	415,498	10,000	393,140	818,638

The accompanying notes form part of these financial statements.

Statement of Cash flows
Hepatitis SA Incorporated
For the year ended 30 June 2026

	Note	2026 \$	2025 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grant & Subsidies		2,479,100	2,414,519
Other revenue		31,313	74,036
Interest received		11,774	16,548
Net GST received/(paid) to ATO		(11,803)	11,153
Payments to suppliers and employees		(2,420,916)	(2,468,425)
Net cash generated from operating activities		89,468	47,831
Net increase/(decrease) in cash held		89,468	47,831
Cash at beginning of the financial year		1,254,085	1,206,254
Cash at end of the financial year	7	1,343,553	1,254,085

The accompanying notes form part of these financial statements.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The association is a not for profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities.

Statement of Compliance

The Association does not have 'public accountability' as defined in AASB 1053 *Application of Tiers of Accounting Standards* and is therefore eligible to apply the 'Tier 2' reporting framework under Australian Accounting Standards.

The financial statements comply with the recognition and measurement requirements of Australian Accounting Standards, the presentation in those Standards as modified by AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-For-Profit Tier 2 Entities* (AASB 1060) and the disclosure requirements in AASB 1060. Accordingly, the financial statements comply with Australian Accounting Standards - Simplified Disclosures.

2 Summary of Significant Accounting Policies

(a) Income tax

The Association is exempt from income tax under the *Income Tax Assessment Act 1997*.

(b) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less which are convertible to a known amount of cash and subject to an insignificant risk of change in value, and bank overdrafts.

(c) Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments (except for trade receivables) are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Trade receivables are initially measured at transaction price, if the trade receivables do not contain a significant financing component.

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- Amortised cost
- Fair value through profit or loss - FVTPL
- Fair value through other comprehensive income

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

Financial Assets

Amortised cost

Assets measured at amortised cost are financial assets where:

- The business model is to hold assets to collect contractual cash flows; and
- The contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

The Association's financial assets measured at amortised cost comprise trade and other receivables in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income is recognised in profit or loss.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- Financial assets measured at amortised cost

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- The other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association
- The financial asset is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables has been determined using the general approach in AASB 9 which is the assessment of credit impairment at each reporting date.

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables.

A financial liability cannot be reclassified.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis. Cost includes expenditure that is directly attributable to the asset.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, is depreciated on a straight line or reducing balance basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated on a straight line basis over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Plant and equipment	20% to 40%
Motor vehicles	20% to 30%

The assets' residual values, depreciation methods and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income.

(e) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(f) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions are measured at the present value of management's best estimate of the outflow required to settle the obligation at the end of the reporting period.

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

(g) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period.

Long service leave entitlements are determined having regard to the applicable enterprise agreement and the Long Service Leave Act 1987. Under the enterprise agreement, employees with five or more years of continuous service are entitled to long service leave based on 1.3 weeks for each completed year of service and, subject to the terms of the agreement, an accrued entitlement is payable on termination after five years of service.

Accordingly, the Association recognises the full estimated long service leave entitlement, including applicable on-costs, once an employee has completed five years of continuous service.

The Association registered with the South Australian portable long service leave scheme from 1 October 2025 and has made the required levy payments in respect of eligible employees from that date. For eligible employees, the Association continues to recognise its liability for long service leave entitlements accrued up to 30 September 2025, immediately prior to its participation in the scheme. Long service leave entitlements arising from eligible service from 1 October 2025 are covered through the Association's participation in the portable long service leave scheme.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

(h) Revenue and other income

Grant revenue

When grant revenue is received, by way of an underlying contract and the Association incurs an obligation to deliver economic value directly back to the contributor, the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor.

Once the Association has satisfied the performance obligations grant revenue is recognised.

Donations

Donations and bequests are recognised as revenue when received, subject to any performance obligations (as noted for grant revenue).

Interest revenue

Interest revenue is recognised using the effective interest rate method.

Subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial

All revenue is stated net of the amount of goods and services tax (GST).

(i) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(j) Critical accounting estimates and judgments

Key judgments - provision for impairment of receivables

The value of the provision for impairment of receivables was estimated by considering the ageing of receivables, communication with the debtors and prior history.

At the end of the financial year no provision was considered necessary by the Board.

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

3 Prior Period Adjustment

During the year, the provisions for redundancy and asset replacement were reclassified from liabilities to separate equity reserves. This resulted in a material decrease in liabilities and a corresponding increase in equity at the end of the prior year. Accordingly, the affected comparative amounts have been restated.

Account	Original 2025	Adjustment	Adjusted 2025
	\$	\$	\$
Provision for redundancy	(346,600)	346,600	-
Redundancy reserve	-	(346,600)	(346,600)
Provision for asset replacement	10,000	(10,000)	-
Asset replacement reserve	-	10,000	10,000

4 Revenue and Other Income

	2026	2025
	\$	\$
Revenue from grants and subsidies		
Government	1,177,974	1,279,892
Non-Government	1,041,220	921,310
Total revenue from grants and subsidies	2,219,194	2,201,202
Other Revenue:		
Donations	320	72
Fundraising	661	-
Interest	11,774	16,548
Recoupments and refunds	31,062	75,526
Sundry	18	-
Total other revenue	43,835	92,146
Total Revenue and Other Income	2,263,029	2,293,348

5 Employee Benefits Expenses

	2026	2025
	\$	\$
Wages	1,705,432	1,761,757
Superannuation	204,157	197,321
Provision for entitlements	(27,937)	114,954
Provision for redundancy	-	(59,110)
Workcover	33,357	31,013
Total Employee Benefits Expenses	1,915,009	2,045,935

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

6 Administrative Expenses

	2026	2025
	\$	\$
Advertising and promotions	822	1,791
Bank charges	315	291
Cleaning	8,284	7,793
Consultants	1,119	-
Information technology	5,080	10,278
Insurance	4,270	4,200
Memberships and permits	3,943	3,754
Minor equipment and hire	7,720	15,207
Motor vehicle	4,232	5,344
Postage and freight	4,610	7,088
Printing and stationery	4,556	5,015
Program and client costs	23,315	21,657
Publications and media	13,631	14,001
Rent	102,437	99,506
Repairs and maintenance	73	391
Sundry	5,188	5,095
Staff training and recruitment	8,187	4,191
Telephone	3,594	3,267
Travel and accommodation	14,845	17,562
Utilities	9,614	8,553
	225,835	234,984

Auditor's Remuneration

Remuneration of the auditor:

Peter Hall Chartered Accountant

- auditing the financial statements

- 4,000

Galpins Accountants Auditors & Business Consultants

- auditing the financial statements

4,400

Total Administrative Expenses	230,235	238,984
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7 Cash and Cash Equivalents

	2026	2025
	\$	\$
Cash on hand	250	250
Cash at bank	1,343,303	1,253,835
Total Cash and Cash Equivalents	1,343,553	1,254,085

8 Trade and Other Receivables

	2026	2025
	\$	\$
Trade debtors	3,498	2,750
Prepayments	3,600	8,281
Total Trade and Other Receivables	7,098	11,031

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

9 Property, Plant and Equipment

	2026	2025
	\$	\$
Plant & equipment		
At cost	39,973	39,974
Less accumulated depreciation	(33,224)	(29,850)
	<u>6,749</u>	<u>10,124</u>
Motor vehicles		
At cost	66,691	66,691
Less accumulated depreciation	(16,000)	-
	<u>50,691</u>	<u>66,691</u>
Total Property, Plant and Equipment	57,440	76,815

Movements in carrying amounts

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant & equipment	Motor vehicles	Total
	\$	\$	\$
2026			
Balance at beginning of the year	10,124	66,691	76,815
Depreciation expense	(3,375)	(16,000)	(19,375)
Carrying amount at the end of the year	<u>6,749</u>	<u>50,691</u>	<u>57,440</u>

10 Trade and Other Payables

	2026	2025
	\$	\$
Trade payables	6,536	5,445
Other payables	(1,394)	-
Tax payable	65,043	70,340
Grants received in advance	39,520	-
Total Trade and Other Payables	109,705	75,785

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

11	Provisions	2026	2025
		\$	\$
	CURRENT		
	Annual leave	137,741	96,836
	Sick leave	-	87,620
	Total Current Provisions	137,741	184,456
	NON-CURRENT		
	Long service leave	342,007	361,462
	Total Non-Current Provisions	342,007	361,462
	Total Provisions	479,748	545,918

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion of this provision includes the total amount accrued for annual leave entitlements. Based on past experience, the Association does not expect the full amount of annual leave to be settled within the next 12 months. However, these amounts are classified as current liabilities as the Association does not have an unconditional right to defer settlement of these entitlements.

The Association classifies its provision for long service leave as a non-current liability, as these entitlements are not expected to be settled wholly within the next 12 months.

Notes to the Financial Statements
Hepatitis SA Incorporated
For the year ended 30 June 2026

12 Contingent Liabilities and Contingent Assets

In the opinion of the Board, the Association does not have any contingencies to disclose as at 30 June 2026 (30 June 2025: \$Nil).

13 Related Party Transactions / Key Management Personnel

Key management personnel include the Chief Executive Officer and members of the Board. Other related parties include close family members of key management personnel, and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

There were no related party transactions during the financial year ended 30 June 2026 (30 June 2025: \$Nil) except in their role as employees.

14 Events After the Reporting Period

The Board is not aware of any significant events since the end of the reporting period that would affect the operations of the Association.

15 Association Details

The registered office of the Association is:
Hepatitis SA Inc
3 Hackney Road
Hackney SA 5069

Board Declaration
Hepatitis SA Incorporated

The Board members of Hepatitis SA declare that:

1. The financial statements and notes, as set out on pages 2 to 15, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards - Simplified Disclosures; and
 - b. give a true and fair view of the financial position as at 30 June 2026 and of its performance for the year ended on that date of the Registered Entity.
2. In the Board's opinion, there are reasonable grounds to believe that the Registered Entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board and is signed in accordance with sub section 60.15(2) for the *Australian Charities and Not-For-Profits Commission Regulations 2022*.

.....LINDY BENKWORTH

Board Member

WILLIAM FRANK GASTON
VICE CHAIR BOARD HEP SA

William Gaston
18/9/26

.....
Board Member

Sign date:

17/09/26

AUDITOR'S INDEPENDENCE DECLARATION

Hepatitis SA Incorporated

For the year ended 30 June 2026

AUDITOR'S INDEPENDENCE DECLARATION

In accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, I am pleased to provide the following declaration of independence to the Board of Hepatitis SA Incorporated.

As lead Audit Partner for the audit of the financial report of Hepatitis SA Incorporated for the year ended 30 June 2026, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- a. The auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- b. Any applicable code of professional conduct in relation to the audit.



Jessica Kellaway CA, CPA, Registered Company Auditor
Partner

Dated: 28 August 2026

