

HepatitisSA

ANNUAL REPORT 2017-18

Chairperson's Report

Hepatitis SA began the 2017-2018 year by hosting the launch of the South Australian Prisoner Blood-Borne Virus (BBV) Prevention Action Plan 2017-2020, by the then Minister for Correctional Services, the Hon. Peter Malinauskas. This was the first strategic document of its kind in an Australian jurisdiction to address BBVs in the prison setting. Hepatitis SA particularly welcomed the then Ministers for Health and Correctional Services signing off on a commitment to *fully examine...the enablers and barriers in policy, evidence, health and safety and legislation toward implementing the full suite of harm reduction strategies...in prison settings*, over the life of the Action Plan.

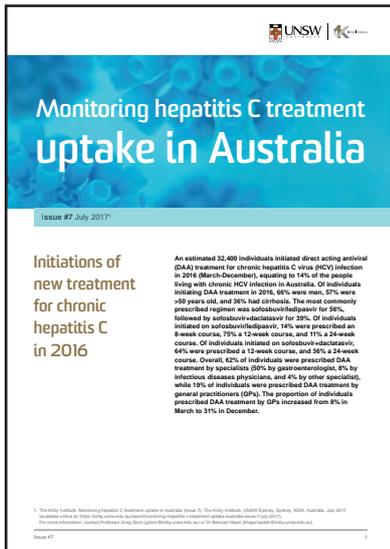
During the year, Hepatitis SA also participated in consultations about the next iteration of the national viral hepatitis strategies which we expect to be released by the end of 2018. We hope that investment will be forthcoming from the Australian government for the implementation of these strategies, particularly for the National Hepatitis B Strategy.

The first funding initiative for hepatitis B from the Australian government was for 40 *Hepatitis B Community Education* grants across Australia, administered by Hepatitis Australia through their state and territory hepatitis organisations to work in partnership with targeted community organisations. This was 2-year funding

and it ceased at the end of this financial year. Hepatitis SA had 5 projects with the Filipino, Vietnamese, African, and Chinese communities in Adelaide. Now we would like to keep the momentum going to maintain relationships with all our partners in these projects and to keep delivering hepatitis B services to these (and other) communities. Thanks to some generous donations from the local Chinese community, we will be able to maintain some service over the coming year to continue raising awareness and linking the Chinese community in Adelaide to hepatitis B clinical services.

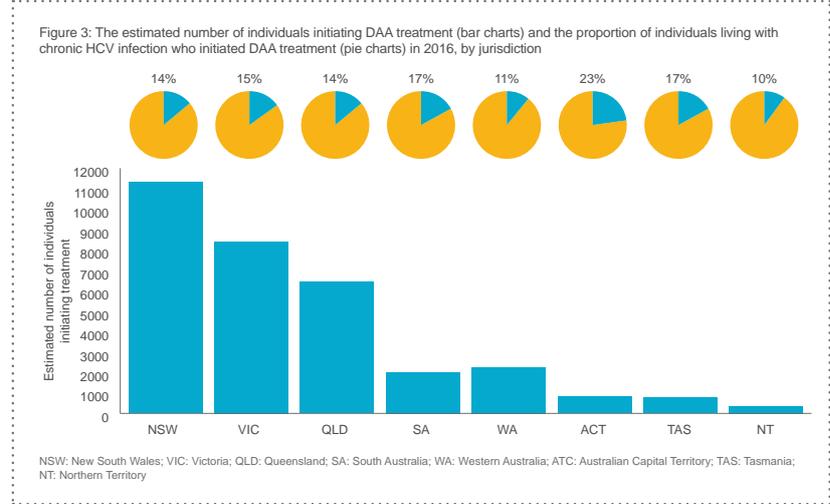
Momentum has also been slowing in relation to hepatitis C treatment uptake over the course of the year.





In their series, *Monitoring Hepatitis C Treatment Uptake in Australia*, the Kirby Institute estimated that nearly 60,000 people have initiated treatment over the 2 years since they were introduced in March 2016, with an estimated 3,790 in South Australia. While this has made Australia a world leader to date, in being on track to reach HCV elimination by 2030, this target will be a major challenge over the coming years.

To this end, Hepatitis SA began a new hepatitis C treatment peer education and support service this year aimed at promoting awareness of treatment to particular disadvantaged groups and, where appropriate, to provide them with links to treatment services (most notably the South Australian viral hepatitis nurses). This service developed a targeted *Hep C. Get Cured. We did* campaign as all peer educators involved have been successfully treated, and use



their personal experience to engage others on this topic. There were a number of changes in our Clean Needle Peer programs this year, with funding from Drug and Alcohol Services South Australia (DASSA) to increase the capacity of targeted non-government services to address methamphetamine issues for their clients, by recruiting, training and supporting peer educator volunteers. On a less positive note, the other major change was due to the reduction in services and eventual closure of the Mission Australia CNP site at Hindmarsh on 31 December 2017, which was the only after-hours site in Adelaide. This led to a portion of the Hindmarsh funding being given to us to provide additional CNP peer services to those agencies absorbing the clients from Hindmarsh, and for developing other after-hours services.

Thank you to all Hepatitis SA staff and volunteers for your hard work and I congratulate you all on your

many achievements during the year. Board member, Jeff Stewart left us this year and I would like to thank him for his valuable contribution to our organisation. I would like to welcome Maggie McCabe who joined the Board at our 2017 Annual General Meeting and thank her and the other members of the Board for their support during the year.

I would like to finish by thanking all our partner organisations who supported our work this year and our main funding administrators, the staff at the STI & BBV Section at SA Health and Drug and Alcohol Services South Australia.

Arieta Papadelos
Chairperson

CNP Peer Projects Report

The Hepatitis SA Clean Needle Program (CNP) Peer Projects employs people, who have significant knowledge or experience of injecting drug use, as peer educators who are placed at high volume CNP sites across metropolitan Adelaide to provide a range of harm reduction services to people who inject drugs. In addition to the 3 fixed sites (Anglicare, Salisbury; Noarlunga Health Precinct, Noarlunga; and Wonggangga Turtupandi Aboriginal Health Service, Port Adelaide) where peer educators are available full time, sessional peer educators are placed at other high volume CNP sites on regular days to engage priority populations.

Although this year saw the closure of the well established Mission Australia CNP site at Hindmarsh, (which also provided after-hours service), we were able to establish 2 new collaborations and place our CNP peer educators at Uniting Communities Kurlana Tampawardli CNP at Hendon and Drug and Alcohol Services South Australia (DASSA) Central Services CNP at Stepney. Both of these new placements are after hours so that people who inject drugs can continue to

access peers outside of 9-5 weekdays.

During 2017-2018, there were 15,303 client contacts at the 3 CNP (fixed) sites staffed full-time and 3,470 client contacts at sites staffed part-time on a sessional basis by Hepatitis SA CNP peer educators. Peer education and/or information was provided directly to 1,489 clients at fixed sites and 1,032 at sessional sites, with further intensive support provided for 174 clients at fixed sites and 46 clients at sessional sites. The range of issues included vein access, vein care, dirty hits, dependence, withdrawal, drug effects, overdose, drug dependence and drug treatment. Peer educators referred 1,337 clients to other services - mostly other CNP sites, medical practitioners, hepatitis services (mainly Hepatitis SA and the viral hepatitis nurses) and alcohol and other drug services.

Workforce Development for the Sector

The Coordinator and Project Officer provided 12 harm reduction workforce development activities to CNP workers, Alcohol and Other Drugs (AOD) workers, peer workers, mental health workers and sexual health workers.

Workshop and Information Session participants

came from a range of organisations including: Mission Australia, DASSA, Uniting Communities, Hepatitis SA, Drug Arm, Mind Australia, Centacare, Sex Industry Network (SIN) and Flinders University (students).

These sessions covered a wide range of topics including harm reduction policy, equipment use, specialised equipment use, prevention of blood-borne viruses, values, stigma, discrimination, vein care, performance and image enhancing drugs, methamphetamine, overdose awareness and response, common health issues experienced by PWID and ways to help reduce potential harms associated with injecting drug use.

In addition to formal workforce training, CNP peer workers at fixed and sessional CNP sites provided CNP training to paid staff, volunteers and placement students at host sites, including conducting CNP inductions to new casual Hepatitis SA CNP peer workers.

Specialised Equipment

Hepatitis SA CNP Peer Educators distributed the following 'at cost' items to CNP clients throughout the year: 2,488 wheel filters, 526 Sterifilts, 9,728 sterile water

ampoules, 126 tourniquets and 72 tubes of Hirudoid cream.

Hepatitis SA CNP Peer Projects also provided an 'at cost' specialised injecting equipment service to CNP sites at 5 organisations - Community Access and Services SA, Streetlink Youth Service, Aboriginal Community Connect Prospect, Nunyara Aboriginal Health Whyalla and Kurlana Tampawardli Hendon. This service provided the following 'at-cost' equipment to sites—1,000 wheel filters; 1,700 sterifilts; 4,780 sterile water ampoules; 70 tourniquets and 15 tubes of Hirudoid cream.

CNP Guide for Workers

Hepatitis SA CNP peer projects developed a 32

page written *Guide for CNP Workers* to assist our peer workers when training staff at agencies hosting our peer educators, and for use as a reference guide by sessional site CNP workers and casual peer CNP workers. The guide's contents include filtering (why use filters, what filters are available, how to use filters, and general tips on filtering); how to use winged infusion sets; a best practice guide on water for injecting; a pill chart and an overview of what equipment is most suited for different drug types. The feedback from agency staff has been very positive.

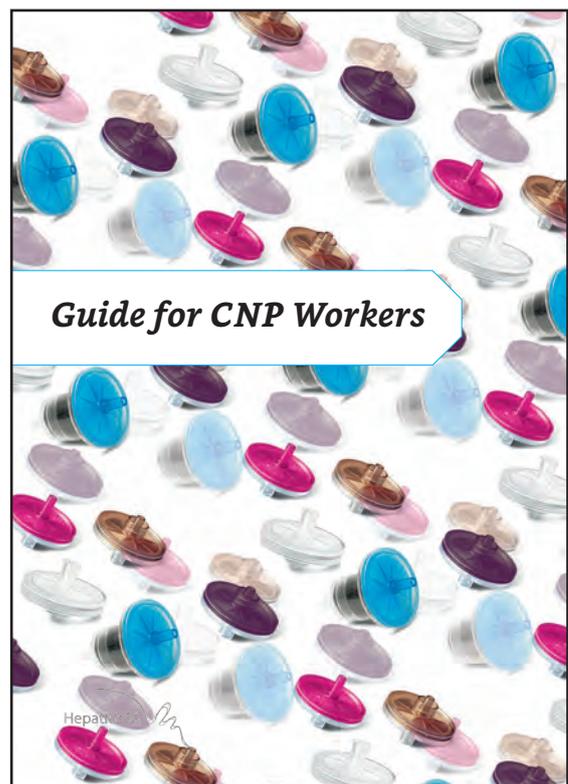
International Overdose Day (31 August)

The last day of August is International Overdose

Awareness Day. It is a day to raise awareness of overdose, reduce the stigma associated with drug-related death and to remember those we have lost. This year we invited our community to participate in making a quilt that will be an ongoing memorial to loved ones who have lost their lives to overdose, and will hang at each of the peer staffed CNP sites, on rotation, to continue raising awareness throughout the year.

Client Satisfaction Survey

A client survey was conducted to provide an opportunity for CNP clients to give feedback on the peer service and to assess their satisfaction with it. Client feedback is important for evaluating the effectiveness of the service – feedback can show us where we are doing



well and where we may need to improve.

Overall the survey responses indicate that CNP Peer Projects is meeting clients' needs.

There were 88 clients who participated in the Client Satisfaction Survey (55 male; 33 female). About half of participants (46 people or 52%) reported using amphetamine type substances (ATS); 23 (26%) reported using heroin or other opiates; 14 (16%) were polydrug users and 4 (4.5%) used pharmaceutical drugs.

All participants were satisfied with the peers' level of knowledge - 54 (61%) were extremely satisfied and 34 (39%) were very satisfied. All survey participants were satisfied with the willingness of the peer to listen to their needs, with 80 participants (91%) reporting being very or extremely satisfied. Most participants (72 people or 82%) were very or extremely satisfied with the ability of the peer to provide appropriate referrals.

Most participants (67 people or 76%) reported that their knowledge of safer injecting has increased as a result of peer interactions and 81 (92%) reported that peer interaction has improved their injecting practices. The majority of participants (72 people or 82%) also reported that their knowledge of hepatitis C/BBVs has increased as a result of peer interaction.

All participants reported being satisfied with the

peer overall, with 80 (91%) reporting being very or extremely satisfied. All survey participants reported that they would recommend the CNP peer to other people.

The results of the survey are promising but we must not be complacent – ongoing consultation and interaction with clients, the community and other service providers will ensure that we will continue to meet clients' needs and respond to emerging trends as they arise.

CNP Peer Projects Team

With the expansion into additional CNP services we have increased the size of the CNP Peer Projects team. In addition to the great service that the permanent peers provide to CNP clients, they have also been instrumental in mentoring and inducting new casual peer workers into the CNP sites.

A big thank you to all of the CNP Peer Projects team, who have worked so hard throughout the past year: Justin, Penni, Nikkas, Kylie, Sue, Mark T, Margy, Michelle, Andrea, Bernadette, Kate, Elle, Mark B and Troy.

Finally, here are some direct quotes from clients to show how awesome the CNP Peer Projects peer workers are:

- *“Excellent rapport and understanding.”*
- *“For people who are not using safe practices, CNP peer advice is most useful.”*

- *“The peers that I have met have been awesome and very friendly and helpful.”*
- *“Very helpful, can ask anything.”*

Carol Holly

**Acting CNP Peer Projects
Coordinator**

Education Program Report

The 2017-2018 financial year was another huge year for the Education Team, with significant numbers attending both community and workforce education activities. There were **111** viral hepatitis education sessions delivered to **2,988** community members. Participants of community education sessions predominantly included people affected by alcohol and other drug issues, young people (including those in the juvenile justice

system), Aboriginal people, people from culturally and linguistically diverse backgrounds, people affected by mental illness, people experiencing homelessness, and people in custodial settings.

Particular highlights of the community education program for this reporting period included:

- A screen-printing workshop with young people from Ladder St Vincent Street (a youth homelessness service)

- A health promotion through the arts project with students from various CALD backgrounds at Adelaide Secondary School of English
- A new HCV treatments workshop with clients of Community Access and Services South Australia
- An art project with residents at Miller Place (an exceptional needs accommodation service of Anglicare SA) for people from different circumstances, including post-release from prison

It was also great to see our *Keeping Safe: Inside and Out* program was piloted in the Sturt Unit at Mobilong Prison, in February 2018. Other participating services included, Housing SA, Legal Services Commission, Clinic 275 (Sexual Health), and Relationships Australia (Gambling Help). A total of 12 men attended the Hepatitis SA session, titled *Viral Hepatitis and Drug Use & Harm Reduction*. Feedback was extremely positive with most men reporting that they had not yet received information about the new HCV treatments at any other point in their custodial sentence.

This year the Education Team also delivered **153** viral hepatitis workforce



Screenprinting Workshop



Miller Place

development sessions to **2,403** participants across a range of workforces. This included the Clean Needle Program, Pharmacy sector, Aboriginal Health, South Australian Prison Health Services, Cancer Council of SA, SA Forensic Mental Health Services, SA Mental Health Rehabilitation Services, workers within the beauty industry, Environmental Health Officers and Immunisation Officers at local councils, as well as GPs, nursing and allied health staff at metropolitan hospitals, regional hospitals, and community health centres. Workforce development activities also continued with South Australia Police, Department for Correctional Services, and the Metropolitan Fire Service this year.

Particular workforce highlights includes:

- 28 sessions to 208 nursing and allied health staff across South Australian hospitals and community health centres
- 11 sessions to 315 Department for Correctional Services workers, at Yatala Labour Prison, Port Augusta, Mount Gambier, and the Correctional Officer Training Program

- 26 viral hepatitis education sessions to 928 participants through various vocational and professional education providers in 2017-18, such as the University of Adelaide, Flinders University, University of South Australia, TAFE, and the Aboriginal Health Council of SA.

This year, the Education Team also implemented a scaled-down version of the LiverBetterLife Project in the township of Whyalla. The aims of the Whyalla LiverBetterLife project were to:

- provide information and assistance to local health and community service professionals and services to increase hepatitis C testing and treatment of the affected population within Whyalla, and
- provide information to people living with or at risk of hepatitis C on the benefits of testing and treatment, and support their linkage to care.

The Education Team also aimed to engage the wider Whyalla community to promote an enabling environment for people to seek testing and treatment. Results of the project included 4 consultations with local services prior to project implementation, 13 education sessions to 80 workers across various agencies, 3 community awareness activities (including an interview on the local radio network), and targeted resource distribution to 7 private medical practices and 3 local pharmacies.

The HepTALK program also had a productive year, with positive speakers presenting their personal stories at 30 sessions across workforce and community. A big thanks to Kath, Dean, Tien, and Mark for their ongoing energy and commitment to viral hepatitis education this year, and welcome to Anne, Solomon, and Fred. We look forward to working with you all next year.

Lastly, a huge thank-you to all of the Educators—you continue to go ABOVE AND BEYOND the call of duty!

Dr Tessa Opie
Education Coordinator

Information & Resources Program Report

It was an extremely busy, but interesting and rewarding year for the Information and Resources (IR) team. We not only undertook our usual responsibilities of developing and distributing resources, providing online services and information technology support to the rest of the organisation, but also worked on the last year of two Hepatitis B Community Education projects working with the Chinese community in Adelaide.

The IR team oversaw the distribution of over 62,000 resource items, provided design, production and database support on 79 jobs as well as supported – or took direct responsibility for producing – 29 resource items arising out of the five Hepatitis B Community

Education projects Hepatitis SA had been funded to provide by the Australian government, via Hepatitis Australia.

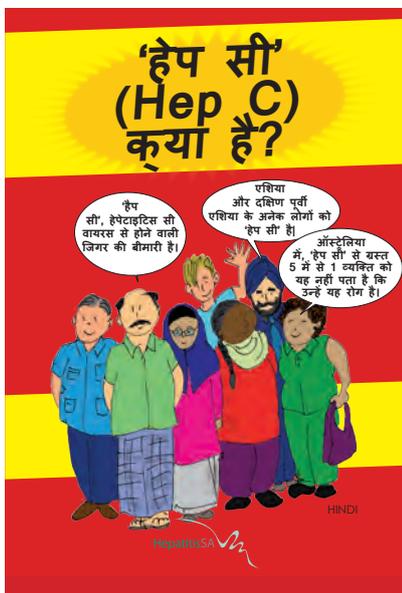
For World Hepatitis Day, the IR team coordinated the small grants program which facilitated awareness raising activities through nine community based groups. The most popular activity was the healthy liver-friendly lunch which all but one group had in one form or another.

A new participant was the Aboriginal Clinic in Noarlunga who reported having had significant interest since the event, and *“three people have started (hepatitis C) treatment and many more have presented for screening checks. Hopefully this will continue to have a domino effect”*.

The Hepatitis B Community Education Projects in which the IR team was involved were very successful, having over 2,800 engagements with members of the Chinese community. Of these over 800 were direct face to face engagements at various activities organized by the Projects, such as information sessions, fibroscan clinics, vaccination clinics, hepatitis B testing clinics and GP visits.

We were successful in getting modest funding support from the Chinese community, so a basic form of the Chinese language information and support service will continue into 2017-18, after Australian government funding ceases.

New resources published this year include a Chinese information audio on hepatitis B for mothers to





HepatitisSA Community News #76 • January 2018

Hepatitis D Special

Hepatitis D: An Introduction

There are five known hepatitis viruses, helpfully named A, B, C, D and E. The hepatitis D virus, HDV (sometimes known as hepatitis delta), is relatively little-known, because it can only live alongside hepatitis B. This means it needs to be acquired at the same time as hepatitis B, or else someone already living with hepatitis B can be infected with it later on. Because of this HDV is known as a satellite virus. It is estimated that, worldwide, approximately 5% of people living with hepatitis B also have hepatitis D. The hepatitis D virus is transmitted by infected blood and body fluids. This can happen from direct exposure to blood, through sharing unsterile injecting drug or body piercing equipment, and through unsuspected sex. You can protect yourself from both HIV and HDV by:

- vaccinating against hepatitis B
- practicing safe sex (using a condom)
- not sharing injecting equipment, including tourniquets, spoons and filters (use new and sterile injecting equipment for each injection)
- avoiding tattooing, piercing, dental and cosmetic procedures where equipment is not sterilised
- ensuring all equipment is sterilised and no blood to bloodstream contact occurs when undergoing cultural rituals where blood is involved
- following the Blood Rule in sport
- not sharing toothbrushes, razors, needles, syringes, personal hygiene items

Continued inside...

FREE!
Please take one

VIỆC XÉT NGHIỆM

FREE!
Please take one

HepatitisSA Community News #77 • March 2018

Time to Act on Treatment

FREE!
Please take one

be, (<https://soundcloud.com/hep-sa/hepatitis-b-how-to-protect-baby>) and numerous booklets and pamphlets in languages other than English. Among these are a translation of an engaging comic *The Test* into Indonesian and Vietnamese (<https://issuu.com/hepcsa/docs/test-indonesian-wbcwchchanges-lowr>).

James Morrison, Joy Sims and Bryan Soh-Lim. Finally, we need to thank our volunteers in 2017-18: Qi Le, Ruth and Sandy without whom information packs and mail outs would have taken much longer to complete.

Cecilia Lim
Coordinator Information and Resources

The usual tasks of publishing four issues of the *Hepatitis SA Community News*, organising mail-outs, maintaining the library catalogue and sending out e-alerts were undertaken. The special issue of the Community News focusing on hepatitis D was very well received and the library continues to get very positive feedback from various users.

All this, of course, is due to the highly skilled and hard-working IR team members who not only produce high-quality work but do so with lots of good spirit and humour. So thanks to: Chen Bin, Rose Magdalene,

Hepatitis SA Helpline & Support Services Report

During 2017-2018, the Hepatitis SA Helpline and Support Services program continued to operate a weekday 9-5 viral hepatitis telephone information and support service, a free call Prisonline, an in-person information and support service, as well as two support groups held 4 weekly at Port Adelaide and Hackney.

In addition to these services, the hepatitis C treatment peer education and support service began this year, to increase awareness of the new hepatitis C treatments amongst priority population groups, and to assist them to access these treatments.

Hepatitis SA sincerely thanks our Helpline volunteers Debra and Jo for their continued commitment to delivering high quality services to people affected by viral hepatitis in SA.

Helpline

There were 320 contacts to the Helpline, including 30 emails. Over 92% were from the primary target group (people affected by viral hepatitis) and 193 (60%) were first time contacts. Most (250) resided in the Adelaide metropolitan area, 49 from regional SA, 16 from interstate, and five where location was not recorded. Although no email contacts

disclosed they were from overseas, based on their queries, it is likely a few were not in Australia.

The great majority of people (286/89%) contacted the service for viral hepatitis information, 22 for emotional support and 12 calls were related to discrimination. Enquiries about the new hepatitis C treatments declined this year to 20% of contacts. 64 people were considering or about to start treatment and 17 were either on treatment or in the follow-up period. Helpline workers disclosed their lived experience of hepatitis C to 58 clients.

The majority of queries (71%) were related to hepatitis C, 22% hepatitis B, 3% hepatitis A and the remainder were about multiple hepatitis viruses and other liver diseases.

In-Person Information and Support

Hepatitis SA provides clients with the option of accessing information in person. We can also link clients who would like to speak with someone who has had personal experience of living with viral hepatitis. Forty people chose to get information and/or support in person. All but one person was from the primary target group and 23 (57.5%) were first time clients. Thirty-five

came from the metropolitan area, four from regional towns, and one did not have their location recorded.

Most were seeking information (35) and five were seeking emotional support. Workers disclosed a lived experience to 25 clients. Over one third were considering or about to start hepatitis C treatment, two were on treatment and 1 had relapsed from the new direct acting anti-viral (DAA) treatments.

Support groups

Calming the C support groups are peer-based information and support sessions facilitated by Hepatitis SA. Calming the C support groups provide a safe, supportive environment for people living with hepatitis B or C, as well as their family or friends to share their experiences. A light lunch is shared and confidentiality and respect for others is strictly observed. The groups discuss issues relating to diagnosis, disclosure, treatment, advanced liver disease, and anything else that members may confront. Support groups were held every four weeks at our Hackney Rd location and Wonggangga Turtpandi in Port Adelaide.

Prisonline

Hepatitis SA provides a free call service for prisoners to access information and support about hepatitis B and C.

There were 35 contacts from South Australian prisoners. All contacts were from the primary target group with 10 people calling for the first time. Again, this year, most callers (80%) were from rural prisons (Port Augusta 4, Mount Gambier 24). Five calls were received from Yatala, one from the Adelaide Remand Centre, and 1 caller didn't have his location recorded.

Eighteen specifically requested information about the new hepatitis C treatments, with seven people considering treatment and 13 being on treatment, or in the follow-up period. Workers disclosed a lived experience of hepatitis treatment to 13 callers.

Most calls were related to hepatitis C but also included queries about hepatitis A and B.

Feedback from clients of the Helpline

Direct quotes from clients over the phone are recorded and client feedback forms are sent to every person who has requested written information in the post. Client satisfaction was very high for the Helpline, and some direct quotes were:

- *"It was good to speak to someone who has been through this too."*
- *"It has been enlightening speaking to you. The hospital just keeps me in the dark."*
- *"Thanks, I never would have known this if I didn't call."*
- *"I appreciate your sending me through that information on the migration's view of hep B. They were very*

substantial and helpful in understanding my migration issues."

Deborah Warneke-Arnold

Coordinator, Hepatitis SA Helpline and Support Services

Hepatitis C Treatment Peer Education & Support

The Hepatitis C Treatment Peer Education and Support Project peers provide hepatitis C information and referrals to people accessing services that include homelessness services, clean needle programs, alcohol & other drug services, as well as host agencies that provide residential services, material support and practical assistance.

Throughout 2017-18 Lisa, Fred and Karan, who each have a lived experience of hepatitis C treatments, engaged with 702 individuals about hepatitis C at 11 service locations in the metropolitan area, 1 rural medical centre and within two custodial settings.

In the two custodial settings that were attended regularly by the hepatitis C treatment peers 85 people were engaged, 71 of whom stated that it was the first time they had received information from Hepatitis SA services.

All together, 72% of the clients engaged were male (28% female) and the three treatment peers provided a total of 165 referrals for pre-treatment support and

HepatitisSA

**PRISON HELPLINE
FREE CALL
for 10 minutes**

To talk to someone
about hepatitis B or C

9AM-5PM
Monday-Friday

press 8

Transmission of hep B and C can occur through:

- *sharing injecting equipment*
- *unsterile tattooing*
- *other blood-to-bloodstream contact*
- *Hep B can also be transmitted through unprotected sex.*

Treatment for hepatitis is always improving.

Find out more - Press 8

testing, 185 referrals were made for treatment access and 269 referrals were made to a viral hepatitis nurse.

To assist ease of access to hepatitis C treatment services for those attending the agencies the peers regularly visit, the treatment peers worked in partnership with the viral hepatitis nurses to facilitate fibroscan clinics, once per month at five locations. Clients accessing these services are often 'hard to reach' due to being transient and/or having complex needs. During this period 255 people at these services received a fibroscan at one of these clinics and of them 89 were considering treatment for hepatitis C and were provided with ongoing care from the viral hepatitis nurses

The strong networks between nurses and peer educators are highly beneficial for encouraging treatment, especially when clients have complex needs. The peer educators established relationships with the Viral Hepatitis Nurses also ease access and in some cases, adherence to treatment, particularly for those clients who maintain beliefs that the side effects of hepatitis C treatments are intolerable.

Barriers to treatment continue, with reasons given by those stating that they were not interested in treatment, included that treatment was not a priority (due to homelessness, stabilising on suboxone, getting over recent illness

or having too many other issues). One person stated that they were still drinking alcohol and that hep C didn't affect them, two people felt they did not need it, and one person felt that they would struggle with adherence. The peer educator addressed each of these reasons with information, their own treatment experience and options for support.

One person, who was approached by the treatment peer at one of the sites, already had the script for the direct acting antiviral (DAA) treatment but had not commenced treatment. Upon further enquiry by the peer, it turned out that the person was under the misapprehension that once he started taking the pills he would be required to stay on them for life. In this case, the peer educator was able to explain that the treatment was just for 12 weeks, explaining that it was important that he take

the pills each day until the end of the final script. The client then stated, with great relief, that he would start the treatment straight away.

The treatment peers are able to provide first hand information of their own experience of hepatitis C treatment and provide reassurance to the clients who require treatment that the DAA medications are short in duration, are easily tolerated and extremely effective. After speaking with the treatment peers, people report that the reasons they are considering treatment are - for a fresh start, to improve their health and feel healthier, but the most common reason by far is that they have heard that the treatment is easy, and it certainly was for me.

Lisa Carter

**Coordinator Hepatitis C
Treatment Peer Education
and Support Project**



Treasurer's Report

—○ Total revenue for Hepatitis SA for 2017-2018 was \$2,096,969. This was made up from grant income which was the net result of 12 months recurrent funding for the financial year for the following grants from SA Health - \$910,620 for the SA Viral Hepatitis Prevention and Health Promotion Program; \$117,795 for the Viral Hepatitis Workforce Development Project; \$537,344 for the Clean Needle Program Peer Projects; \$34,860 for the CNP Transitional Sessional Peer Education Project; and \$91,511 for the Enhanced Peer Project. Included in grant income from SA Health, was \$166,449 Social and Community Services supplementation as a contribution to the costs for the Equal Remuneration Order. Grant income also included \$159,797, the second and final year of funding from the Australian government and administered by Hepatitis Australia, for the Hepatitis B Community Education grants.

Other grant income totaling \$27,677 was for one-off grants which included the remainder of the Hepatitis Australia grant for the Murray Bridge Project, the remainder of the grant

from Grants SA for the Liver Health Project with the South Asian community, and a small grant from the City of Port Adelaide Enfield for an education project with young people.

Other income included \$12,617 interest; \$15,716 in recoupments, being mainly cost recovery for information resources distributed interstate, and for the full range of Clean Needle Program equipment distributed in South Australia, and Sundry Income totaling \$22,583 which included donations, fund raising distribution and WorkCover claim payments.

Total expenditure for the year was \$2,093,062. The major expense was the Employee Benefits expense of \$1,752,577 comprised of Salaries and Wages of \$1,505,145 and On-costs of \$247,432.

Other large expenses were Premises Rent and On-costs of \$106,349, Office expenses of \$96,883 as well as Other expenses of \$92,495 which were comprised of Program costs of \$83,379 and Other staff costs of \$9,116.

Motor vehicle expenses were \$8,062, Travel and accommodation was \$23,660, and the Depreciation and amortisation expense was \$13,036.

For the 2017-2018 financial year, Hepatitis SA had a surplus of \$3,907 resulting in total equity of \$266,582 as at 30 June 2018.

Hepatitis SA would like to thank the STI and BBV Section at the South Australian Department for Health and Wellbeing and Drug and Alcohol Services South Australia for administering Hepatitis SA's major recurrent funding during the 2017-2018 financial year, as well as Hepatitis Australia for administering the final year of the Community HBV Education Grants.

Sam Raven
Treasurer

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Statement of Financial Position as at 30 June 2018, and the Statement of Income and Expenditure for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis SA Incorporated** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the **Hepatitis SA Incorporated**, as well as evaluating the overall presentation of the financial report.

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2018, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



Peter Hall Chartered Accountant

Dated 17th October 2018

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Hepatitis SA Incorporated

Financial Report

For the Year Ended 30th June 2018

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General information

The financial report covers Hepatitis SA Incorporated as an individual entity. The financial report is presented in Australian dollars, which is Hepatitis SA Incorporated's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the board members' declaration.

The financial report was authorised for issue by the board members at the Annual General Meeting held in Adelaide.

Hepatitis SA Incorporated

STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2018

	NOTE	2018 \$	2017 \$
REVENUE	2	2,096,969	1,897,272
EXPENSES			
Employee benefits expense		(1,752,577)	(1,566,538)
Depreciation and Loss on Disposals		(13,036)	(14,859)
Motor Vehicle Expenses		(8,062)	(22,172)
Office expenses		(96,883)	(82,696)
Premises Rent and On Costs		(106,349)	(105,048)
Travel and Accommodation		(23,660)	(20,971)
Other expenses		<u>(92,495)</u>	<u>(75,023)</u>
TOTAL EXPENSES		<u>(2,093,062)</u>	<u>(1,887,307)</u>
SURPLUS FOR THE YEAR	11	<u><u>3,907</u></u>	<u><u>9,965</u></u>

The above statement of Income and Expenditure should be read in conjunction with accompanying notes

Hepatitis SA Incorporated

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018

	NOTE	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	949,115	1,063,308
Trade and other receivables	4	7,432	1,362
Other	5	-	1,269
Total current assets		<u>956,547</u>	<u>1,065,939</u>
NON-CURRENT ASSETS			
Plant, Equipment and Motor Vehicles	6	<u>62,004</u>	<u>55,633</u>
Total non-current assets		<u>62,004</u>	<u>55,633</u>
TOTAL ASSETS		<u>1,018,551</u>	<u>1,121,572</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	5,656	7,181
Employee benefits	8	156,980	136,683
Grants in Advance		97,417	303,932
Other	9	<u>72,824</u>	<u>48,813</u>
Total current liabilities		<u>332,877</u>	<u>496,609</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	<u>409,092</u>	<u>352,288</u>
Total non-current liabilities		<u>419,092</u>	<u>362,288</u>
TOTAL LIABILITIES		<u>751,969</u>	<u>858,897</u>
NET ASSETS		<u>266,582</u>	<u>262,675</u>
EQUITY			
Retained surpluses	11	<u>266,582</u>	<u>262,675</u>
TOTAL MEMBERS EQUITY		<u>266,582</u>	<u>262,675</u>

The above statement of financial position should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2018

Note 1. Summary of Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), legislation the Associations Incorporation Act 2009, the Charitable Fundraising Act 1991 and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the pledge is received by the organisation.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and AASB1180 equipment (excluding land) over their expected useful lives as follows:

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is written off upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2018

Note 1. Summary of Significant accounting policies (continued)

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at cost.

Employee Benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, is included in other receivables or other payables in the statement of financial position.

Note 2. Revenue

	2018	2017
<i>Revenue</i>	\$	\$
Grants Received	2,046,053	1,840,765
Interest Income	12,617	13,309
Other Income	38,299	43,198
	<u>2,096,969</u>	<u>1,897,272</u>

Note 3. Current assets - cash and cash equivalents

	2018	2017
	\$	\$
Cash at Bank - Current Account	71,390	21,598
Online Saver	437,996	598,289
Term Deposit	400,000	400,000
Gift Fund	39,479	43,171
Petty Cash	250	250
	<u>949,115</u>	<u>1,063,308</u>

Note 4. Current assets – trade and other receivables

	2018	2017
	\$	\$
Deposits	100	120
Receivables	452	1,242
Prepayments	6,880	-
	<u>7,432</u>	<u>1,362</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2018

Note 5. Current assets- other

	2018	2017
	\$	\$
WorkCover Premium Refund	-	1,269
	<u>-</u>	<u>1,269</u>

Note 6. Non-current assets- Plant, Equipment and Motor Vehicles

	2018	2017
	\$	\$
Plant, Equipment and Motor Vehicles- at cost	86,209	66,803
Less: Accumulated depreciation	24,205	(11,169)
	<u>62,004</u>	<u>55,634</u>

Note 7. Current liabilities- trade and other payables

	2018	2017
	\$	\$
Creditors	5,656	7,181
	<u>5,656</u>	<u>7,181</u>

Note 8. Current Liabilities- Employee Benefits

	2018	2017
	\$	\$
Provision for Annual Leave	122,720	100,754
Provision for Sick Leave	34,260	35,929
	<u>156,980</u>	<u>136,683</u>

Note 9. Current liabilities- other

	2018	2017
	\$	\$
PAYG Employee Tax	19,004	15,444
GST Payable	51,436	33,369
WorkCover Premiums	2,384	-
	<u>72,824</u>	<u>48,813</u>

Note 10. Non-current liabilities- Employee Benefits

	2018	2017
	\$	\$
Provision for Long Service Leave	167,045	153,595
Provision for Employee Redundancies	242,047	198,693
	<u>409,092</u>	<u>352,288</u>

Note 11. Equity- retained surpluses

	2018	2017
	\$	\$
Retained surpluses at the beginning of the financial year	262,675	252,710
Surplus for the year	3,907	9,965
Retained surpluses at the end of the financial year	<u>266,582</u>	<u>262,675</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2018

Note 12. Key management personnel disclosures

Compensation

There was no aggregate compensation made to officers and other members or key management personnel of the incorporated association.

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2018 nor 30 June 2017.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2018 and 30 June 2017.

Note 15. Related party transactions

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 16. Events after the reporting period

No matter or circumstance has arisen since 30 June 2018 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Hepatitis SA Incorporated

**Financial Report
For the Year Ended 30th June 2018**

BOARD REPORT

The board members submit the financial report of the **Hepatitis SA Incorporated** for the financial year ended 30 June 2018.

The name of the Board members at the date of this report are:

Catherine Ferguson
William Gaston
Ratan Gazmere
Kristen Hicks
Sharon Jennings
Lindsay Krassnitzer
Arieta Papadelos
Kery Paterson (EO)
Deborah Perks
Samatha Raven
Margaret McCabe

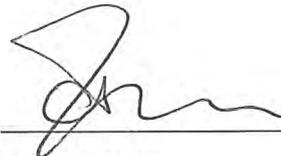
In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the **Hepatitis SA Incorporated** hereby states that during the financial year ended 30 June 2018:

- (a) (i) No officer of the association;
 - (ii) No firm of which the officer is a member;
 - (iii) No body corporate in which an officer has a substantial financial interest;
- Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.
- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

This report is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



BOARD MEMBER



BOARD MEMBER

On the 15th day of October 2018

