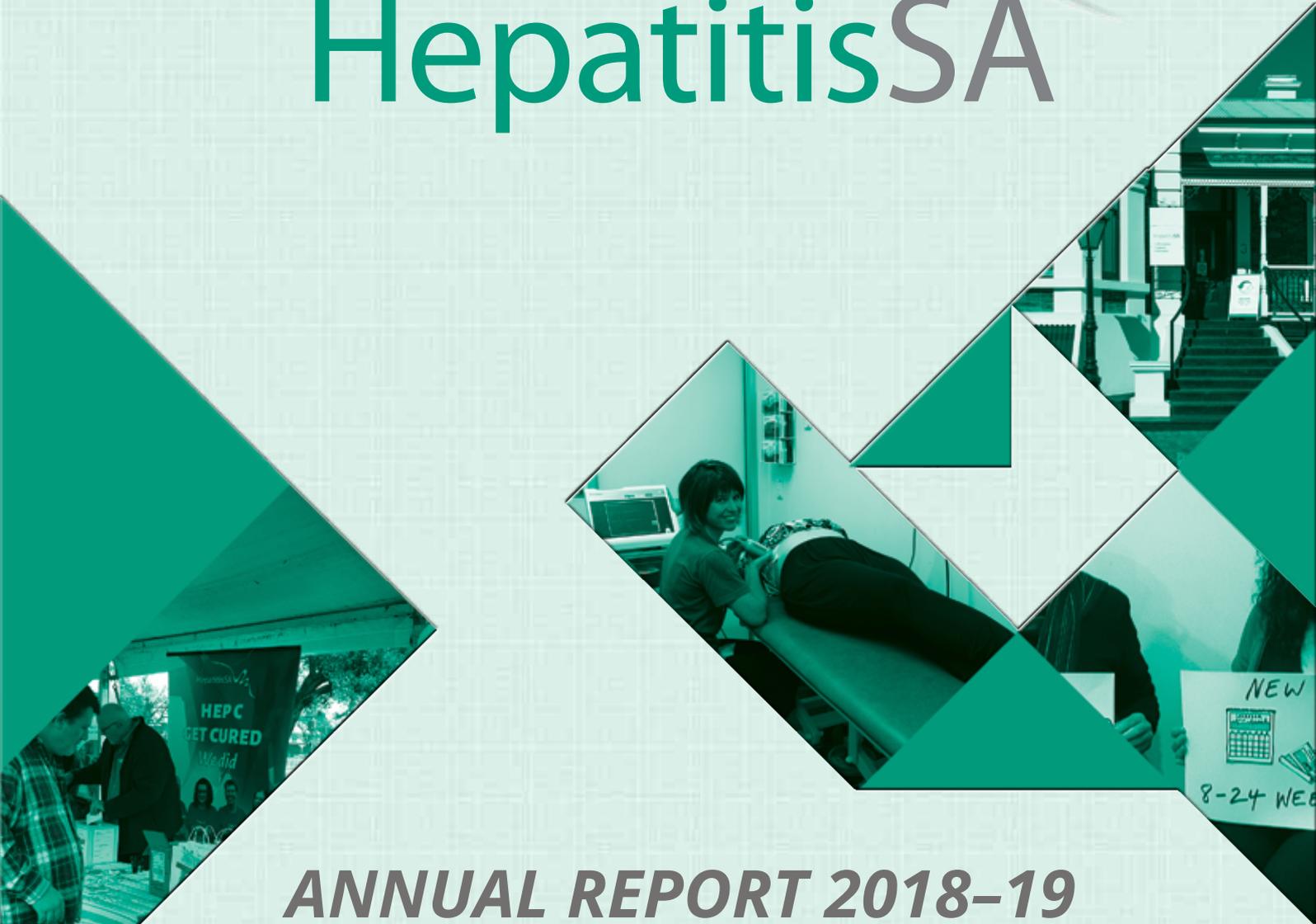


HepatitisSA



ANNUAL REPORT 2018-19

Chairperson's Report

In 2018-2019, Hepatitis SA had a more successful year with media, thanks to some of our excellent speakers. This began with a World Hepatitis Day (WHD) interview/article with Jo Sloan in the *Advertiser*, an ABC radio interview with Lisa Carter, and the sharing of WHD social media posts. Then in the early part of 2019, the South Australian roll-out of the Hepatitis Australia national Test. Cure. Live. campaign occurred, promoting hepatitis C testing and treatment to men over 45 years of age in suburban Adelaide. In this campaign Howard Jillings and Education Coordinator Jenny Grant gave an excellent interview on 5AA, and Howard's online interview about being cured also received a very good response.

At the service delivery level, our positive speakers and peers with a lived experience of a hepatitis C cure, continued to share their stories with a diverse range of individuals and groups, including South Australian workforces. Despite the wide promotion of the hepatitis C cure, numbers engaging in treatment continue to fall across South Australia (and Australia), putting in jeopardy the elimination by 2030 goal.

Another blow to this goal in South Australia was the announcement of funding cuts to the non-government STI & BBV sector. Hepatitis SA's core funding for its viral hepatitis program from the South Australian department of Health and Wellbeing was cut by 8% at the beginning of 2019. For the first time however, a longer contract period of 5 years was offered

—which was some good news amidst this gloomy funding outlook.

The next iteration of the National STI and BBV Strategies were released this year, however, no new national funding for service delivery in the states and territories has been announced, which is of particular concern in relation



Howard Jillings (left) and Jenny Grant with 5AA's Alan Hickey

to the hepatitis B response which lags far behind the other blood borne virus responses.

On the funding upside; in October the Burnet Institute announced funding of over 11 million dollars for a period of three years for the Eliminate Hepatitis C (EC) Australia Partnership Project from the Paul Ramsay Foundation. Hepatitis SA is working with our local partners to plan project proposals for South Australia over the coming years.

A significant development at Hepatitis SA this year was the employment of a part-time nurse to deliver viral hepatitis screening clinics to targeted multicultural communities, in partnership with local clinicians. The first of these clinics occurred in June 2019 and monthly clinics are planned for the rest of 2019.

Hepatitis SA educators and hepatitis C treatment peer educators continued to visit all South Australian prisons during the year, providing services to prisoners and correctional officers. The peer educators also partnered with SA prison health staff and the community viral hepatitis nurses to provide Liver Health Days aimed at engaging prisoners in BBV testing, HBV vaccination and HCV treatment. Additionally, a number of Prison Health Expos were attended by Hepatitis SA staff throughout the year to promote hepatitis C awareness. Hepatitis SA also attended meetings with

SERCO to plan services for staff and prisoners when they take over operation of the Adelaide Remand Centre early in the new financial year.

Hepatitis SA was also pleased to be invited to be a partner in the Kirby Institute's TEMPO Study, which was successful in its application for a National Health and Medical Research Committee (NHMRC) grant to investigate the impact of new hepatitis C testing technologies on treatment uptake amongst people who attend needle and syringe programs. We look forward to commencing work on this study with Kirby in 2020.

Much of the usual Board business continued throughout the year, overseeing the scheduled review and updating of organisational policies, and monitoring the risk management register – noting a few updates to internal systems made for protecting organisational property. The Board also began the development of the next Hepatitis SA Strategic Plan.

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. In November, Education Coordinator, Tess Opie resigned and board members, Kirk Hicks, Ratan Gazmere and Lindsay Krassnitzer also left the Board at the 2018 Annual General Meeting (AGM). Our thanks must go to all

of them for their valuable contributions to Hepatitis SA over a number of years.

I would like to welcome Julio Alejo and Michael Larkin who joined the Board at our 2018 AGM and thank them and the remaining 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 the South Australian Department for Health and Wellbeing, and Drug and Alcohol Services South Australia.

Arieta Papadelos
Chairperson

CNP Peer Projects Report

 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 reducing barriers to CNP access, Peer Educators are a source of information for workers at the CNP sites where they are placed.

Full-time and Sessional CNP staffing

Hepatitis SA CNP Peer Projects commenced the year with Peer Educators placed full-time at Anglicare, Salisbury; Noarlunga Health Precinct, Noarlunga; and Wonggangga Turtpandi Aboriginal Health Service, Port Adelaide. In late September Anglicare closed its Salisbury service due to unforeseeable circumstances. The Salisbury service, including the peer CNP service, relocated to Anglicare Elizabeth Mission in November 2018.

Sessional (part time) Peer Educators provided CNP services at Nunkuwarrin Yunti, Adelaide; Drug Arm, Warradale; DASSA Northern Services, Elizabeth and Streetlink, Adelaide.

Fixed site and sessional Peer Educators distributed 1.2 million new syringes during 18,198 client interactions (13,114 male; 5,084 female). About 15% of clients identified as Aboriginal and/or Torres Strait Islander with Streetlink reporting the highest proportion of ATSI client interactions (33%). For every client accessing the CNP, 2.5 other people who inject drugs indirectly accessed clean injecting equipment. Most (62%) CNP clients reported using methamphetamines and 18% reported using heroin. The proportion of clients using performance and image enhancing drugs (PIEDs) was about 9% although this varied at different CNP sites, for example at Anglicare Elizabeth Mission 33% of client interactions were for equipment for PIEDs use.

Peer Educators provided information/peer education during 3,417 client interactions and provided intensive support on 591 occasions. Information and support was provided for a range of issues, primarily vein care and vein access, swabbing to reduce bacterial infections, and filtering.

After Hours CNP

This year CNP Peer Projects continued the after hours

placement of CNP peers to ensure a peer CNP service was available outside of business hours. The after hours peer CNP services were provided at DASSA Central (initially Thursdays 5pm-9pm and later Saturdays 9am-12.30pm); Uniting Communities Hendon (Wednesdays and Thursdays 5pm-9pm and Saturdays 11am-4pm); and DASSA Northern (Mondays 5pm-9pm).

Peer Educators providing after hours CNP services distributed 60,066 clean syringes during 722 client interactions (485 male; 327 female), an average of 86 syringes per interaction. More than half (60%) of after hours CNP clients reported using methamphetamine while about 24% reported using heroin.

Workforce Development for the Sector

The Coordinator and Project Officer provided 10 harm reduction workforce development activities to 116 CNP workers, AOD workers, peer workers, mental health workers, students, nurses and Aboriginal health workers. Topics included Vein Care; CNP Training; Safer Injecting Overview; CNP Peer Projects Overview and Injecting

Equipment. Workshop and information session participants came from a range of organisations including: DASSA, Uniting Communities, Hepatitis SA, Drug Arm, Relationships Australia, Aboriginal Health Council of SA and Flinders University (students).

The Project Officer facilitated 3 SALEN (SA Lived Experience Network) Forums, attended by 31 peer/lived experience workers and volunteers. Participants' organisations included Life Without Barriers, Mind Australia, Centacare, Psychmed, Cheltenham Place, DASSA Community Participation Program, Sonder and Uniting Communities. Feedback from participants has been very positive with participants stating that this is the only forum of its kind where peer workers can get an opportunity to debrief, network and share experiences.

In addition to formal workforce training, Peer Educators at fixed and sessional CNP sites provided CNP training to 63 paid staff, volunteers and placement students at host sites, including conducting CNP inductions to new casual Hepatitis SA CNP Peer Educators.

Community Engagement

Safer Drug Use information sessions were held at the Adelaide Women's Prison – 2 sessions were delivered to 20 female prisoners as part of the 'Keeping

Safe' Program delivered collaboratively with the Hepatitis SA Education team, Legal Services Commission, Northern Domestic Violence Services and Housing SA. There was engagement with 143 male remand prisoners at 2 Adelaide Remand Centre Men's Health Expos. At both prisons there was a focus on providing education on the SA Post Release Prisoner Project, opiate overdose, methamphetamine toxicity and accessing the overdose reversal drug naloxone.

A Liver Health and Hepatitis C information session was held for 13 clients who access DASSA Northern CNP and Anglicare Elizabeth Mission CNP. A raffle and treatment promotion campaign was held For World Hepatitis Day (WHD) with over 100 clients participating in the raffle and receiving WHD related giveaways.

Fibroscan clinics were held at DASSA Central, Anglicare (Salisbury and Elizabeth Mission), Noarlunga Health Precinct and Wonggangga Turtpandi Port Adelaide CNPs. Fibroscan clinics provide CNP clients with improved access to HCV treatment and peer support. A total of 69 CNP clients living with hepatitis C received a fibroscan.

SA Post Release Prisoner Project (SAPRP)

There is evidence that the first few weeks after release from prison are a high risk period for overdose and

other drug related harms. To encourage post release prisoners to access harm reduction information, specialist equipment that usually has a cost attached was available at no cost from peer based CNPs, to people who had been recently released from prison.

There were 43 male and 8 female post release prisoners who engaged with the SAPRP project (41 first visits and 10 return visits) at 6 CNP sites – Noarlunga, DASSA Northern, Port Adelaide, DASSA Central and Streetlink. Free specialist equipment given out included 211 sterile water ampoules, 107 wheel filters and 67 sterifilts. The majority of SAPRP clients were provided with peer education on overdose prevention/response and accessing naloxone.

I would like to acknowledge the CNP Peer Projects team who have worked so hard throughout the past year and have made the utmost effort to ensure that CNP clients were not adversely affected by the site changes to CNP services.

Thank you Andrea, Anne, Bernadette, Hayley, Jai, Justin, Kylie, Margie, Mark B, Mark T, Nikkas, Penni, Phil, Sue and Troy

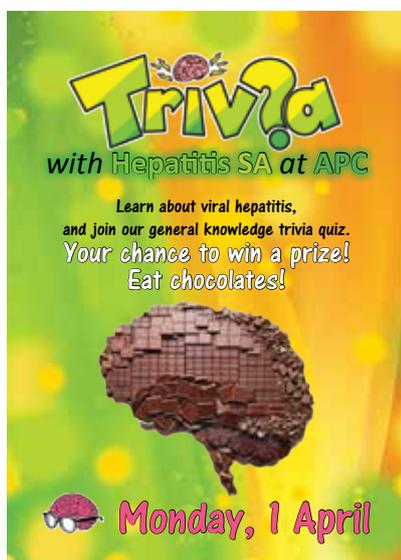
Carol Holly
Coordinator

Education Program Report

2018-2019 was another wonderful year for the Education Team. Even though we said farewell to Tess Opie who had been with Hepatitis SA for over 6 years, and Nicole Taylor took another position at Hepatitis SA for 12 months, and thus we were the equivalent of 1FTE down for most of the year, the team still managed to provide significant numbers of both community and workforce education sessions.

Community education

The team provided, 87 viral hepatitis education sessions to 878 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.

As well as this, the Education team and the Hepatitis C Treatment Peer Education Team attended 8 health expos where 497 people were directly engaged – answering questions to a hepatitis quiz.

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

- Securing a grant from the Department for Correctional Services, in partnership with the Aboriginal health Council of South Australia (AHCSA) to bring indigenous theatre company Ilbijerri to Adelaide to perform their play 'Viral: Are you the Cure?' The play was performed 6 times over 4 sites; Adelaide Youth Training Centre, Mobilong Prison, Tauondi Aboriginal College and Yatala Labour Prison. There was some excellent feedback from the audience members including; 'I only came for the coke and popcorn, but this was the best thing I've seen.', 'I loved

it, the show gave me goosebumps'.

- Implementing Hepatitis Australia's national Test. Cure. Live. campaign across Adelaide, promoting hepatitis C treatments to those who may not have heard of them or even been tested. Particular highlights from this campaign were, firstly: a woman who saw the education team setting up for a Liver Health Day, approached and asked to be started on hepatitis C treatment. The nurse who was there on the day was able to get the work ups done and start her on treatment; and, secondly: a radio interview conducted on 5aa with an educator and lived experience volunteer, Howard, where the presenter made the interview into a real conversation and phone calls to the Hepatitis Helpline increased as a result.

Workforce education

This year the Education Team delivered 115 viral hepatitis workforce development sessions to 1,577 participants across a range of workforces. These included Clean Needle Program staff, Pharmacy sector, Aboriginal Health, South Australian Prison

Health Services, Serco Officers, Northern Adelaide Local Health Network Mental Health Services, 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 nursing and allied health staff at metropolitan hospitals, regional hospitals, and community and Aboriginal Health Centres. Ongoing work with other workforces included South Australia Police, Department for Correctional Services, and the Metropolitan Fire Service.

Particular workforce highlights included:

- 12 sessions for 192 local council staff at Prospect Council, City of Charles Sturt, City of Playford, Barossa Council, District Council of Mt Barker, and Tea Tree Gully Council
- 11 sessions for 277 Department for Correctional Services workers at Yatala Labour Prison, Port Augusta, Mount Gambier, and the Correctional Officer Training Program as well as SA Police at Sturt LSA and Mount Gambier
- 16 viral hepatitis education sessions to 120 participants to staff at the following hospitals: Barmera Hospital, Gawler Hospital, Lyell McEwin Hospital, Angaston Hospital, Maitland Hospital, Modbury

Hospital, Loxton Hospital and Berri Hospital

Riverland Blitz

This year, the Education Team also implemented an educational blitz of the Riverland Region. The aims of the Riverland Blitz 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 the Riverland area
- 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 disseminated information to the wider Riverland 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; and 13 workforce sessions for 79 workers, all conducted over the two-day visit. The sessions were carried out across a variety of towns including Waikerie, Berri, Barmera and Renmark. 1 community awareness activity was conducted at Aboriginal Community Connect, and targeted resource distribution was provided to 9 government and non-government services across the region.



HepTALK Program

The HepTALK program also had a productive year, with two new speakers who were recruited in the previous year both getting a chance to tell their story in front of a 500-strong audience at the Australasian Viral Hepatitis Conference in Adelaide in August 2018. Additionally, positive speakers presented at 26 sessions across workforce and community groups.

Thank you to all our speakers for their ongoing support and enthusiasm and congratulations to my colleagues in the education team, who continually put in 100% effort when it comes to session delivery, knowledge and support for each other.

Jenny Grant
Coordinator

Information & Resources Program Report

The Information and Resources (IR) program develops and produces Hepatitis SA's information material – both printed and online. This includes production of targeted information packs for community and health workforces, including GPs.

We manage the organisation's social media, database design, resource orders and regular information mail-outs. The IR team handle Hepatitis SA's website, HepSAY blog, and accounts on Issuu, YouTube and SoundCloud.

We also maintain Australia's only specialist hepatitis library which catalogues physical and readily accessible online hepatitis-related resources.

Part of the IR program's role includes liaising with colleagues and workers in partner organisations to identify gaps in information resources, and responding where possible. We also liaise with media as needed.

Besides on-going activities, the IR program actively supports one-off projects such as the Hepatitis B Community Education projects and the Test. Cure. Live. campaign. A major part of this Hepatitis B Project included a Chinese language hepatitis B information

service, which continues after the original project concluded.

New Resources

A key resource developed this year is *Eating Low Salt – Tips for reducing sodium for people with liver disease*. This booklet is based on HepSAY posts, feedback from Calming the C Support Group members, support workers, viral hepatitis nurses, advanced liver disease nurses and a senior dietitian. (issuu.com/hepccsa/docs/low_salt_20190807_web)

Dr Liver's Hep B Story is an engaging comic with an East Asian appeal. The original Korean publication was developed by Korean Health Assist supported by Hepatitis NSW. We translated and adapted it for a Chinese audience, and adapted the Korean and English versions to include South Australian information. Thank you to Mina Kim from Hepatitis NSW and Korean Health Assist for her help and support. (issuu.com/home/published/dr_liver_s_hep_b_story_web)

As part of our 2018 World Hepatitis Day campaign, Hepatitis SA created concise, easy-to-navigate web pages on hepatitis C treatment and hepatitis B testing; and produced web banners, fence banners, posters and

pamphlets to promote the same messages.

In 2016, we got community feedback on the Little Book of Hep B Facts, with the aim of modifying content and design if needed. Consultations were held with the African, Bhutanese, Chinese and Aboriginal communities. The updated and redesigned edition of this resource was completed in 2019.

Four issues of *Hepatitis SA Community News* were published between October 2018 and early July 2019 and 3,450 printed copies and 1,570 electronic copies were distributed.

Online resources

Thirty-five new articles were published on the Hepatitis SA website with other permanent articles such as Clean Needle Program sites and operating times being regularly updated.



The post which got us the most profile visits

The Hepatitis SA Twitter account posted **357 tweets** in this financial year. This was less than last year but we nevertheless had a **36% increase in impressions**. Our followers continue to grow slowly but steadily with **94 new followers**.

Hepatitis SA Facebook followers **increased** from 146 to 219. We made **351 posts** which Facebook served to **33,165 people**. The posts received **48,850 impressions** and **3,167 engagements** (likes, clicks, shares).

We were a part of the Hepatitis Australia Test. Cure. Live. campaign promoting hepatitis C treatment to males over 45 years of age, living in outer metropolitan areas of Adelaide. This campaign provided funds for boosting Facebook posts to the targeted audiences. While this did increase our reach and impressions, there was also a significant increase in reach and impressions for our unpaid content.

Our blog page—HepSAY—published 12 new blog articles and was visited by **2,784 users** of whom **99% were new**. There were 3,305 sessions and 4,401 page views.

Information requests

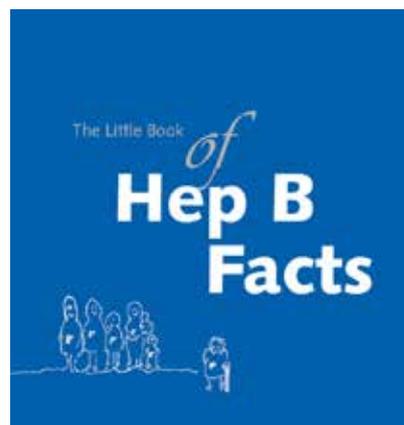
There were **20 requests** for information/resources related assistance, including requests to the library for help in sourcing specific articles and resources. Other requests included the use of our hepatitis C self assessment tool in a new website, hepatitis B treatment information in Chinese, help in accessing information from the viral hepatitis conference and an Aboriginal peer worker looking for resources suitable for her clients.

Hep B Information Service

The community-funded hepatitis B information service for the Chinese community recorded **635 information contacts** mostly around testing, treatment and hepatitis B related services. More than 64% of the contacts were female, 44 were hepatitis B positive, 12 had isolated core antibody and 22 had family members or friends who were hepatitis B positive.

Library

The Hepatitis SA library currently holds over 2,120 titles, the majority of which



are readily available online. Our library service continues to respond to search requests and send out electronic alerts to organisations, people in the community and workforce. Special focus alerts are also sent out to targeted services. Focus topics this year included: *Real people real stories*, *Peer worker resources* and *Psychological impact of cure*.

World Hepatitis Day 2018 Small Grants

Six groups applied for Hepatitis SA's World Hepatitis Day 2018 small grants: Uniting Care New Roads, Adelaide LETS, St Bernard's Volleyball Association, Didis Group, Uniting Care Murray Bridge and the Vietnam Veterans Association. Five were accepted. Activities included

Hep B Information Contacts

Age range	No.	Contact Method	No.	Hep status	No.
20s-30s	102	WeChat	159	B+	44
40s-50s	167	Phone	286	unknown	375
60s-70s	249	Email	1	neg no immunity	143
80s+	3	Face to Face	6	neg immune	61
unknown	114	social media	1	isolated coreAB	12
under 20	0	event/activity	170		
		info session	12		



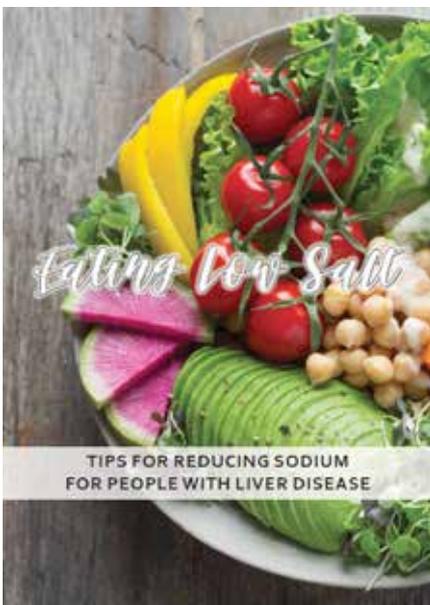
WHD Small grant recipients

quizzes, healthy lunches and information sessions.

Information distribution

We distributed **51,622** resource items of which 5,840 went to correctional services and prisoners, primarily through our education team and peer educators. We sent out 16 electronic alerts: five regular magazine mail outs, four library alerts forwarded to community members and seven one-off information alerts. There are over 560 organisations and 550 individuals on our mailing lists.

Our regular alerts provide links to the latest magazines



from Hepatitis SA plus those from Hepatitis WA, Hepatitis Victoria, Hepatitis NSW and the World Hepatitis Alliance, if available. One-off alerts included information about My Health Record, new resources from Hepatitis SA, upcoming meetings and our annual report.

Media and promotion

Media and promotion work is opportunity-based—this year mainly through the Test. Cure. Live. campaign. We’ve also had some media coverage for our hepatitis B community projects in Chinese newspapers and Vietnamese radio.

Hepatitis SA initiated and/or participated in **106 events** and activities where information was disseminated through talks, presentations and printed materials and in some cases, talks and presentations. These included community events, open days, cultural activities and classes. A total of **7,780** resource items were distributed.

Other major activities

The IR team provided design and resource production support for the roll out of

the national Test Cure Live campaign in South Australia, managed the Hepatitis B Chinese Community Education projects and developed follow-on plans for hepatitis B work with that community. Resources arising out of these activities included a Cantonese animated video promoting hepatitis B testing and a clinical governance flowchart for GPs working in hepatitis screening clinics.

Volunteers

We are lucky to have a hard-working, long-term volunteer who continues to come in weekly. In this financial year, we also had a short-term volunteer working specifically on the Chinese community education projects. Without them, our capacity would have been much reduced. We would like to acknowledge and thank Sandy and Vivien for their work.

Cecilia Lim
Coordinator

Hepatitis SA Helpline & Support Services Report

The Hepatitis Helpline and Support Service is a state-wide, confidential telephone information, support and referral service. The role of the Hepatitis Helpline and Support Service is to provide clients with high quality, accurate and up-to-date information on viral hepatitis and related issues. We aim for clients to be able to make their own decisions on health issues with all the facts in hand. Although basic counselling can be provided through the Helpline, it is not a counselling service. Hepatitis SA sincerely thanks Debra for her invaluable ongoing commitment to volunteering on the Helpline since 2006.

Helpline

The Helpline service is provided Monday-Friday during office hours and includes information

requests via email. There were a total of 309 contacts; 281 through the Helpline and 28 emails. Over 90% came from the primary target groups and over 60% were first time contacts. The majority (258) resided in the metropolitan area, 44 in country SA, five interstate and two from overseas.

Most (271) made contact for information, 31 for emotional support and seven for discrimination related issues. Forty-seven were considering (or about to start) treatment, 18 were on treatment or in the follow-up period, and one had relapsed post-DAA therapy. Helpline workers disclosed their lived experience of hepatitis to 94 clients, and 149 received referrals to other services.

Hepatitis C was the primary reason for 224 contacts, hepatitis B accounted for 57 contacts, and the remaining

queries related to hepatitis A, combined hepatitis B and C or other liver diseases.

Prisonline

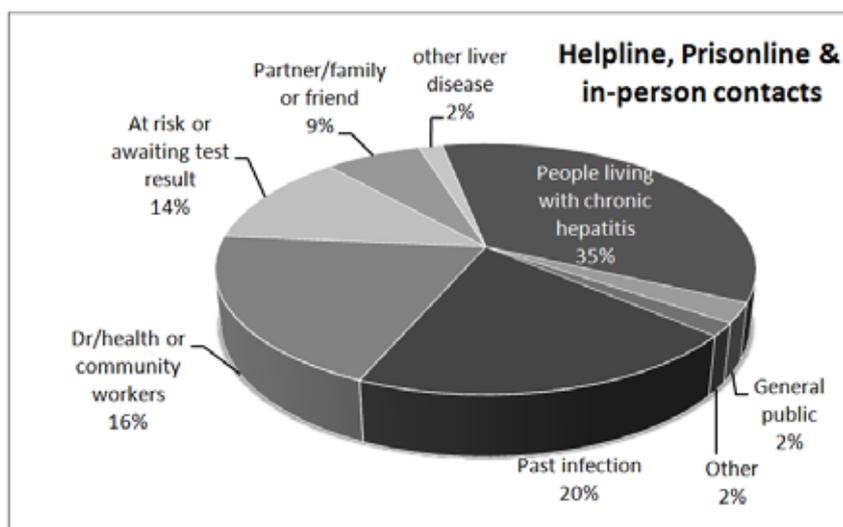
Hepatitis SA offers a free call information and support service to all SA prisoners during business hours. We received a total of six calls, considerably lower than in previous years (a trend post DAA PBS listing). All contacts were from the primary target groups and four made contact for the first time.

In-person

Thirty-six people accessed information in person. All were from the primary target groups and resided in the metropolitan area. Six were clients new to the service. Equal numbers sought information (17) and emotional support (17) and two were discrimination focused. Four were considering or about to start treatment, three were on treatment or in the follow up period and one was being retreated after relapse. Workers disclosed their lived experience of hepatitis to 20 of these clients.

Support groups

Calming the C support groups are peer-based information and support sessions facilitated by Hepatitis SA. Support groups provide a safe and welcoming



environment in which to share and explore concerns with people who 'get it'. The groups discuss issues relating to diagnosis, treatment, living with advanced liver disease and anything else that members may confront. With a mixture of education and support, we endeavour to empower people to build their self-efficacy, motivating people to communicate and assert themselves effectively in order to obtain the best possible health outcomes. Confidentiality and respect for others is strictly observed in the groups and a light lunch is provided. There are currently two groups in metropolitan Adelaide that meet every 8 weeks at our Hackney office and Wonggangga Turtpandi at Port Adelaide.

What people said about the service

- *"You have answered all my questions and said the same as what my son told me—I feel reassured."*
- *"Thank you so much for your help, I really appreciate it."*
- *"Excellent service—your organisation does great work."*
- *"It's really helped talking to you, I feel so much better now."*
- *"Oh, you were more help than the bloody docs."*
- *"Thank you so much, I can't believe I didn't know about the new treatments."*

Deborah Warneke-Arnold
Coordinator

Hepatitis C Treatment Peer Education Project

Hepatitis C Treatment Peer Educators used their lived experience of hepatitis C and hepatitis C treatments to engage people and provide them with information, education, and support. Throughout 2018-19, the program provided services to a total of 1,049 individuals and addressed 512 people at 9 group sessions.

They also engaged 549 people in custodial

settings across the state, in conversations about hepatitis C. This included participation in 5 Liver Health Days in adult correctional centres, in partnership with SA Prison Health (SAPHS) and the community viral hepatitis nurses. On these days, the peers engaged the prisoners, then referred them on to SAPHS staff for testing and to the viral hepatitis nurses for fibroscans. A total of 99 prisoners were provided with fibroscans at Cadell Training Centre, Mobilong



**TEST CURE LIVE
LIVER HEALTH DAY**



Thursday, 21 March

9.30AM-4PM

The Mawson Centre

Rooms MC 2.16 and MC 1.30

For bookings call Lisa on 8362 8443

LIVE FREE FROM THE WORRY OF HEP C



For more info call **1800 437 222**
or visit testcurelive.com.au

Prison (twice), Port Lincoln Prison and Yatala Labour Prison Liver Health Days.

At homelessness services, the peer educators spoke with 136 people about hepatitis C. Some of the comments from those people who said that they had recently completed hepatitis C treatment included:

- *“I did the Rx here (Hutt St) because of you guys. All cured. Treatment was easy, no side effects.”*
- *“I did the treatment and it worked and my liver was not too bad. I don’t inject anymore so won’t be getting it again.”*

This year the peer educators also commenced sessions at Community Mental Health Services in the North and East in partnership with the viral hepatitis nurses. Peer educators engaged with 98 patients about hepatitis C in the waiting area at these services, informing them of the opportunity for HCV assessment and support from the visiting

viral hepatitis nurse. Many of these patients were not aware of the risks of hepatitis C, and the mental health staff lacked the skills and knowledge to follow up their HCV status. This was exemplified by one patient who had never been tested for HCV, despite being hospitalised on multiple occasions, openly disclosing injecting and having visible ‘backyard’ tattoos on his face. He was able to be followed up appropriately by the viral hepatitis nurse attending that day. An important part of this initiative was to increase the skills and knowledge of mental health staff in their response to patients with HCV. To this end, the Hepatitis SA education team also offered viral hepatitis education to mental health staff teams and there was a high level of uptake in response.

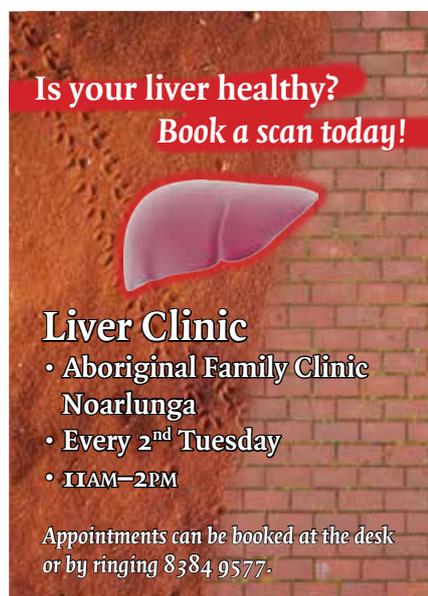
Central DASSA Services, Noarlunga, Port Adelaide & Elizabeth CNP sites were also attended by peer educators to provide HCV information, support and referral. All sites included the provision of a fibroscan clinic once per month by a community viral hepatitis nurse. The peer educators recorded a total of 182 client contacts at these CNP sites. At these locations, 63% of people who engaged disclosed that they were at risk of hepatitis C and were provided with harm reduction information along with appropriate referrals, and 21 people received a fibroscan.

The peers also attended other community awareness raising events during the year, which included an Anti-poverty Week event attended by 160 people. At this event the peer educators engaged with 80 of those people, and below are some comments recorded by those interacting with the peers:

- *“I’m so glad you chose me to speak to, I thought the treatment was still Interferon.”*
- *“I had a dodgy tattoo, never been tested”*
- *“I was treated [for HCV] in prison. Might have shared by accident—didn’t know I could get re-treated”*
- *“I’m not sure if I’ve been at risk. What are the symptoms?”*
- *“I got a tattoo in Bali.”*

All were followed up with referrals for testing and treatment, as required.

Lisa Carter
Coordinator



Is your liver healthy?
Book a scan today!

Liver Clinic

- Aboriginal Family Clinic Noarlunga
- Every 2nd Tuesday
- 11AM-2PM

Appointments can be booked at the desk or by ringing 8384 9577.

Treasurer's Report

—○ Total revenue for Hepatitis SA for 2018-2019 was \$2,052,670. 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 - \$929,926 for the SA Viral Hepatitis Prevention and Workforce Development Project; \$511,944 for the Clean Needle Program Peer Project; \$132,980 for the CNP Transitional Sessional Peer Education Project; and \$181,499 for the Enhanced Peer Project. Included in grant income from SA Health, was \$215,162 Social and Community Services supplementation as a contribution to the costs for the Equal Remuneration Order.

Other income included \$11,894 interest; \$44,149 in recoupments, being

mainly cost recovery for the full range of Clean Needle Program equipment distributed in South Australia and reimbursement from Hepatitis Australia for the costs of the Test.Cure.Live campaign in South Australia, and Sundry Income totaling \$25,166 which included sponsorship from AbbVie, profit on sale of assets, donations and fund raising distribution .

Total expenditure for the year was \$2,035,802. The major expense was the Employee Benefits expense of \$1,757,084 comprised of Salaries and Wages of \$1,516,731 and On-costs of \$240,353.

Other large expenses were Premises Rent and On-costs of \$105,978, Office expenses of \$76,562 as well as Other expenses of \$58,358 which were comprised of Program costs of \$53,262 and Other

staff costs of \$5,096.

Motor vehicle expenses were \$8,928, Travel and accommodation was \$15,118, and the Depreciation and amortisation expense was \$13,774.

For the 2018-2019 financial year, Hepatitis SA had a surplus of \$16,868 resulting in total equity of \$283,450 as at 30 June 2019.

Hepatitis SA would like to thank our donors and sponsors, as well as 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 2018-2019 financial year.

Michael Larkin
Treasurer

Hepatitis SA Incorporated

Financial Report

For the Year Ended 30th June 2019

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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 2019

	NOTE	2019 \$	2018 \$
REVENUE	2	2,052,670	2,096,969
EXPENSES			
Employee benefits expense		(1,757,084)	(1,752,577)
Depreciation and Loss on Disposals		(13,774)	(13,036)
Motor Vehicle Expenses		(8,928)	(8,062)
Office expenses		(76,562)	(96,883)
Premises Rent and On Costs		(105,978)	(106,349)
Travel and Accommodation		(15,118)	(23,660)
Other expenses		<u>(58,358)</u>	<u>(92,495)</u>
TOTAL EXPENSES		<u>(2,035,802)</u>	<u>(2,093,062)</u>
SURPLUS FOR THE YEAR	11	<u><u>16,868</u></u>	<u><u>3,907</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 2019

	NOTE	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	1,016,388	949,115
Trade and other receivables	4	7,722	7,432
Other	5	687	-
Total current assets		<u>1,024,797</u>	<u>956,547</u>
NON-CURRENT ASSETS			
Plant, Equipment and Motor Vehicles	6	<u>63,628</u>	<u>62,004</u>
Total non-current assets		<u>63,628</u>	<u>62,004</u>
TOTAL ASSETS		<u>1,088,425</u>	<u>1,018,551</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	8,294	5,656
Employee benefits	8	135,691	156,980
Grants in Advance		76,984	97,417
Other	9	76,437	72,824
Total current liabilities		<u>297,406</u>	<u>332,877</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	<u>497,569</u>	<u>409,092</u>
Total non-current liabilities		<u>507,569</u>	<u>419,092</u>
TOTAL LIABILITIES		<u>804,975</u>	<u>751,969</u>
NET ASSETS		<u>283,450</u>	<u>266,582</u>
EQUITY			
Retained surpluses	11	<u>283,450</u>	<u>266,582</u>
TOTAL MEMBERS EQUITY		<u>283,450</u>	<u>266,582</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 2019

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.

Other Revenue

Events, fundraising and raffles are recognised when received.

Donations

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

Grants

Grants are recognised at their 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 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 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 2019

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

	2019	2018
<i>Revenue</i>	\$	\$
Grants Received	1,971,461	2,046,053
Interest Income	11,894	12,617
Other Income	69,315	38,299
	<u>2,052,670</u>	<u>2,096,969</u>

Note 3. Current assets - cash and cash equivalents

	2019	2018
	\$	\$
Cash at Bank - Current Account	23,858	71,390
Online Saver	559,903	437,996
Term Deposit	400,000	400,000
Gift Fund	32,377	39,479
Petty Cash	250	250
	<u>1,016,388</u>	<u>949,115</u>

Note 4. Current assets – trade and other receivables

	2019	2018
	\$	\$
Deposits	120	100
Receivables	1,316	452
Prepayments	6,286	6,880
	<u>7,722</u>	<u>7,432</u>

Hepatitis SA Incorporated

Notes to the financial statements
For the Year Ended 30 June 2019

Note 5. Current assets- other

	2019	2018
	\$	\$
WorkCover Premium Refund	687	-
	<u>687</u>	<u>-</u>

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

	2019	2018
	\$	\$
Plant, Equipment and Motor Vehicles- at cost	92,120	86,209
Less: Accumulated depreciation	<u>(28,492)</u>	<u>(24,205)</u>
	<u>63,628</u>	<u>62,004</u>

Note 7. Current liabilities- trade and other payables

	2019	2018
	\$	\$
Creditors	<u>8,294</u>	<u>5,656</u>

Note 8. Current Liabilities- Employee Benefits

	2019	2018
	\$	\$
Provision for Annual Leave	106,181	122,720
Provision for Sick Leave	<u>29,510</u>	<u>34,260</u>
	<u>135,691</u>	<u>156,980</u>

Note 9. Current liabilities- other

	2019	2018
	\$	\$
PAYG Employee Tax	18,346	19,004
GST Payable	58,091	51,436
WorkCover Premiums	<u>-</u>	<u>2,384</u>
	<u>76,437</u>	<u>72,824</u>

Note 10. Non-current liabilities- Employee Benefits

	2019	2018
	\$	\$
Provision for Long Service Leave	188,781	167,045
Provision for Employee Redundancies	<u>308,788</u>	<u>242,047</u>
	<u>497,569</u>	<u>409,092</u>

Note 11. Equity- retained surpluses

	2019	2018
	\$	\$
Retained surpluses at the beginning of the financial year	266,582	262,675
Surplus for the year	<u>16,868</u>	<u>3,907</u>
Retained surpluses at the end of the financial year	<u>283,450</u>	<u>266,582</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2019

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 2019 nor 30 June 2018.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2019 and 30 June 2018.

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 2019 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 2019

BOARD REPORT

The board members submit the financial report of the Hepatitis SA Incorporated for the financial year ended 30 June 2019.

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

Julio Alejo
Catherine Ferguson
William Gaston
Sharon Eves
Michael Larkin
Margaret McCabe
Arieta Papadelos
Kerry Paterson (EO)
Deborah Perks
Samantha Raven

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 2019:

- (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) Two officers of the association have received gifts with a total combined value of \$250 from the association, in recognition of their long service as volunteer Board Members..

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

Dated this 14th day of October 2019

Hepatitis SA Incorporated

**Financial Report
For the Year Ended 30th June 2019**

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT

In the opinion of the Board, the financial report:

1. Presents fairly the position of Hepatitis SA Incorporated for the year ended 30th June 2019 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Hepatitis SA Incorporated will be able to pay its debts as and when they fall due.

This statement 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

Dated this 14th day of October 2019

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 2019, 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

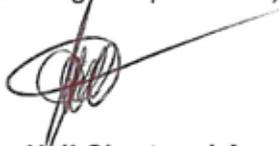
Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit 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 2019, 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 14th October 2019

