



Australian Government

Department of Health

Hi Liz,

Thank you for your enquiry, it has been referred to the department for response. Please see below:

The Commonwealth understands the impact on patients, their families and the Australian community of hepatitis C infections from the blood supply in 1980s.

Australia has one of the safest blood supplies in the world in terms of viral safety. Effective and robust national arrangements are in place to manage the safety and quality of the Australian blood supply through the National Blood Authority (NBA) and the Therapeutic Goods Administration.

In the 1980s and early 1990s, crucial advances with identifying and testing for pathogenic blood-borne viruses led to a range of changes. While state and territory based blood transfusion services managed and facilitated the collection, processing, testing and distribution of blood and blood products for use in Australian health services at the time, all Australian blood banks took questions of safety extremely seriously. The ALT surrogate marker debate was thoroughly reviewed and considered as it evolved internationally, where inconsistent approaches were taken as evidence at the time did not justify universal surrogate testing. However, in July 1987 the Queensland Blood Transfusion Service began surrogate testing and by February 1990, all state and territory blood transfusion services had started screening for hepatitis C antibodies.

In August 1991, a range of blood safety screening processes were in place across all state and territory services. Screening processes included donor selection guidelines, a donor eligibility questionnaire and infectious disease screening, for HCV, HIV, hepatitis B and syphilis, for each collection.

In 1996 the separate State and Territory based blood services were united into a national blood service. This was followed in 2003 by the establishment of the National Blood Authority (NBA) to manage national arrangements for the safety and quality of the Australian blood supply.

In 2004, the Australian Senate's Community Affairs Reference Committee examined extensively the policies and practices of the Australian Red Cross and the Commonwealth Serum Laboratories (CSL) in relation to the safety of the blood supply during the 1980s. The Reference Committee's report: *Hepatitis C and the Blood Supply in Australia* found that between 3,500 and 8,000 Australians live with hepatitis C infection from the blood supply, including an estimated 1,350 haemophiliacs. It also found that the most effective way to address viral contamination in the Australian

context was to improve access to services, education of medical personnel, and support research efforts to develop more effective treatments.

This led to a range of initiatives to support patients who acquired hepatitis C from the blood supply, including ongoing funding through the NBA for the Australian Red Cross Lifeblood's *Lookback* program and Commonwealth contributions to state and territory hepatitis C settlement schemes. These initiatives continue today. CSL continues to be indemnified against claims made by individuals who contract specified infections from specified products. CSL has unlimited cover for most events that occurred before the sale of CSL on 1 January 1994.

Comprehensive care and treatment services are available through the NBA for patients with haemophilia and other bleeding disorders, and national strategies and programs to address blood borne viruses including hepatitis and HIV continue to be implemented.

In 2015 the Australian House of Representatives Standing Committee on Health examined the prevalence, testing, treatment, prevention options, and cost impacts with treating hepatitis C. The Standing Committee's report: *The Silent Disease - Report on the Inquiry into Hepatitis C in Australia* recommended enhanced reporting, raising awareness of hepatitis C, improving testing and treatment regimens and reaching populations at high risk of infections. These recommendations continue to be implemented in partnership with states and territories through the Fifth National Hepatitis C Strategy 2018–2022.

The Australian Government is also investing over \$1 billion to provide access to curative direct acting antiviral (DAA) medicines through the Pharmaceutical Benefits Scheme (PBS), to all eligible Australians regardless of how they acquired hepatitis C or their current circumstances.

Since 2016, over 90,000 people living with chronic hepatitis C in Australia had received DAA treatment through the PBS.

Thank you,



Media Unit
Department of Health

(Via email)