

18 December 2003

Mr Elton Humphrey  
Secretary  
Community Affairs  
Parliament House  
Canberra ACT 2600

Dear Mr Humphrey

**Re: Inquiry into Hepatitis C and blood supply in Australia**

Thank you for asking The Royal College of Pathologists of Australasia to contribute to the inquiry into Hepatitis C and Blood supply in Australia. The College has a small number of points it would like to raise.

Any inquiry of this nature must look at what was appropriate practice at the point in time when action was taken. Issues in medicine constantly evolve and what is considered best practice today may not have been so in previous times. A culture of continual improvement must be supported if medicine is to advance.

1. The Kever Report examined the transmission of HIV as well as hepatitis C by blood products in Canada and made numerous recommendations, including a complete restructuring of the blood service in that country and the need to consider no-fault compensation.

The College would ask that the inquiry ensure it fully identifies the differences in the blood services of Canada and Australia that existed at the time of interest. Superficially, there are similarities, such that the Red Cross ran both blood services but the inquiry needs to identify the similarities and differences in detail. This is extremely important given that one of the terms of reference (g) refers the recent criminal charges against the Canadian Red Cross.

2. Of most importance is the fact that the Senate Inquiry needs to examine the question of surrogate testing in medical and scientific detail and needs to ensure that it receives appropriate and expert advice on these matters. While some countries did introduce surrogate testing, other countries such as the United Kingdom did not. In Australia one state (Queensland) did introduce surrogate testing, but the other states did not. The decisions around surrogate testing were difficult and controversial. Surrogate testing is neither sensitive nor specific as a laboratory test. Introducing surrogate testing may have decreased but not eliminated the transmission of non-A, non-B hepatitis but this does not mean that the introduction of such testing was appropriate. Factors in the decision would be:
  - the predicted decrease in the transmission of hepatitis by the introduction of surrogate testing;
  - the percentage of donors deferred on the basis of surrogate testing and the impact that this would have on the adequacy of blood supply;
  - the impact on the deferred donors themselves, especially as many would not actually have significant illness.

Of utmost importance in these deliberations is knowledge of the risk of the

transmission of hepatitis by transfusion of blood products in any particular geographical region. This last fact was discussed in the Krever Report and it is implied that in countries with a low risk of post-transfusion hepatitis, the decision not to introduce surrogate testing may not have been inappropriate. The risk of post-transfusion hepatitis in Australia, estimated at 1.6%, was significantly lower than that for the USA.

If the College is able to be of any more assistance please feel free to contact me directly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Debra Graves', written in a cursive style.

Dr Debra Graves  
**Chief Executive Officer**