

## **Question on notice no. 532**

**Portfolio question number: SQ23-000567**

**2022-23 Supplementary Budget estimates**

**Community Affairs Committee, Health and Aged Care Portfolio**

**Senator Malcolm Roberts:** asked the Department of Health and Aged Care on 16 February 2023—

At the time when AIDS and Hepatitis C was growing in the community, infected blood was transfused knowingly into thousands of Australians during the 1980s and 1990s. Many transfused persons left the hospitals infected with HIV and Hep C, many dying or left with life-time illnesses and receiving no help or compensation for their conditions. CSL and the Red Cross, who knew of the contaminations before administering the blood products, are yet to be held to account in Australia. The Canadian government has recognised the disaster and compensated victims since 1994.

There is a Royal Commission into infected blood in the UK currently considering the scandal and the UK government has for the past 20 years provided financial support for victims.

The Australian government response to date has done nothing to support victims. Not even issuing an apology.

1. When will this government hold a Royal Commission into the Infected Blood Scandal in Australia?
2. When will financial assistance be provided to victims still living with their contaminated blood caused illnesses?
3. When will an apology be made to the victims of this scandal?
4. When will CSL and the Red Cross be held accountable for their actions in knowingly transfusing contaminated blood products into people, killing and disabling many Australians?
5. What other support will be offered to these victims?
6. Is there screening being done to ensure unvaccinated blood is being used in transfusable blood products?
7. What is the risk that gene-based vaccines are ending up in transfusable blood products, starting another cycle of contaminated blood being transfused?
8. Will this government stand up and be counted in its support for the victims of this blood scandal?

**Answer —**

Please see attached answer.

# Senate Committee: Community Affairs Committee

## QUESTION ON NOTICE

**Supplementary Budget Estimates 2022-2023**  
**Outcome: 1 - Health Policy, Access and Support**

**PDR Number:** SQ23-000567

**Question Subject:** Royal Commission into the Infected Blood Scandal in Australia

**Type of Question:** Written

**Senator:** Malcolm Roberts

### **Question:**

At the time when AIDS and Hepatitis C was growing in the community, infected blood was transfused knowingly into thousands of Australians during the 1980s and 1990s. Many transfused persons left the hospitals infected with HIV and Hep C, many dying or left with life-time illnesses and receiving no help or compensation for their conditions. CSL and the Red Cross, who knew of the contaminations before administering the blood products, are yet to be held to account in Australia.

The Canadian government has recognised the disaster and compensated victims since 1994. There is a Royal Commission into infected blood in the UK currently considering the scandal and the UK government has for the past 20 years provided financial support for victims. The Australian government response to date has done nothing to support victims. Not even issuing an apology.

1. When will this government hold a Royal Commission into the Infected Blood Scandal in Australia?
2. When will financial assistance be provided to victims still living with their contaminated blood caused illnesses?
3. When will an apology be made to the victims of this scandal?
4. When will CSL and the Red Cross be held accountable for their actions in knowingly transfusing contaminated blood products into people, killing and disabling many Australians?
5. What other support will be offered to these victims?
6. Is there screening being done to ensure unvaccinated blood is being used in transfusable blood products?
7. What is the risk that gene-based vaccines are ending up in transfusable blood products, starting another cycle of contaminated blood being transfused?
8. Will this government stand up and be counted in its support for the victims of this blood scandal?

**Answer:**

### **Answer to Questions 1-5 and Question 8**

Australia's national blood arrangements were established in 2003 following the creation of the National Blood Authority, and after all Australian governments signed up to the National Blood Agreement.

Prior to this, Australia's blood arrangements were administered by state and territory governments, including through funding services provided by the then Australian Red Cross Blood Service at a state and territory level.

Transfusion transmitted infections that occurred in the late 1980s and early 1990s pre-dated the introduction of the first-generation Hepatitis C antibody test. Australia was one of the first countries in the world to introduce this test for the donation of blood and plasma in 1990.

In 2004, the Senate Community Affairs Reference Committee examined the policies and practices of the Australian Red Cross Blood Service and the Commonwealth Serum Laboratories (CSL) in relation to the safety of the blood supply during the 1980s.

The Senate Committee made recommendations that were accepted and implemented by governments that the most effective way to assist people who had acquired Hepatitis C through the blood supply was through improvements in services, including wider access to antiviral drugs and financial assistance for costs not covered through existing services.

In 2015, the House of Representatives Standing Committee on Health examined the prevalence, testing, treatment, prevention options, and cost impacts of treating Hepatitis C. The Committee's recommendations for enhanced reporting, awareness raising, improving testing and treatment regimens, and reaching populations at high risk of infections were implemented through the Fifth National Hepatitis C Strategy 2018-2022 that was endorsed by all Australian governments.

National strategies and programs to address blood borne viruses including HIV and viral hepatitis continue to be implemented, including priority actions to encourage testing and treatment in populations who have or are at risk of acquiring HIV, Hepatitis B and C.

The Australian Government continues to contribute to the Hepatitis C Litigation Settlement Schemes managed by state governments, which offer, on a case-by-case basis, an agreed financial settlement to eligible people who contracted Hepatitis C through the blood supply in Australia between 1985 and 1991 and settle their claims outside the court system. Governments have also supported the 'Lookback' program operated by the Australian Red Cross Lifeblood to identify people who may have been exposed to infections through blood transfusions.

The Government, through the Pharmaceutical Benefits Scheme (PBS), has also provided access to subsidised treatments for HIV and hepatitis B, as well as investing over \$1 billion to provide access to curative direct acting antiviral medicines for all eligible Australians regardless of how they acquired hepatitis C or their current circumstances.

Australian governments now contribute approximately \$1.6 billion annually to ensure the safe, secure and affordable supply of blood, blood products and blood services to all Australians who need this. The Australian Government contribution is more than \$1 billion annually. The funding of these national blood arrangements provides Australia with one of the safest and best blood supply arrangements in the world.

**Answer to Questions 6-7**

The national blood arrangements are supported by rigorous testing, tracing and manufacturing processes, and ongoing surveillance of known and emerging risks.

The Australian Red Cross Lifeblood (Lifeblood) screens all potential blood donors for a range of health considerations. Lifeblood uses donor eligibility criteria based on the best available scientific evidence and regulated by the Therapeutic Goods Administration (TGA).

Under these arrangements, Lifeblood is not required to test donated blood for trace vaccine components. The Therapeutic Goods Administration (TGA) thoroughly considers the evidence provided in any proposal for changes to eligibility criteria through its expert Advisory Committee on Biologicals.

The TGA has primary responsibility for the establishment of production standards for the Australian blood sector. There are several standards and principles employed in Australia to ensure the quality, safety and efficacy of blood and blood products. These include pre-market assessments, testing and auditing measures for blood and blood products and manufacturers.