

**REPORT CARD ON CANADA'S BLOOD SYSTEM**  
**5 Years after The Commission of Inquiry on the Blood System in Canada**

November 21, 2002

*Prepared by the Blood Safety Committee of the Canadian Hemophilia Society*

TOPIC	ORGANIZATION	MARK	COMMENTS
SAFETY MEASURES, SURVEILLANCE OF ADVERSE REACTIONS	CBS	A	<ul style="list-style-type: none"> <li>The CBS is to be commended for its precautionary approach in the introduction of donor screening measures to limit the risk from variant Creutzfeldt-Jakob Disease (vCJD). The 1999 decision has proven to be justified. What's more, it has continued to strengthen the measures as events unfold in Europe.</li> <li>It moved quickly to introduce nucleic amplification testing for hepatitis C and HIV, thereby significantly reducing the already small risk from these pathogens.</li> <li>It resisted pressure to relax donor eligibility requirements which have served Canadians well.</li> </ul>
	HÉMA-QUÉBEC	A	<ul style="list-style-type: none"> <li>Héma-Québec played a leadership role world-wide in the introduction of precautionary donor screening measures to limit the risk from vCJD, which have since proven justified. Furthermore, Héma-Québec has moved to strengthen these donor deferral criteria.</li> <li>It moved quickly to introduce nucleic amplification testing for hepatitis C and HIV, thereby significantly reducing the already small risk from these pathogens.</li> <li>It resisted to pressure to relax donor eligibility requirements which have served Canadians well.</li> </ul>
	HEALTH CANADA	B	<ul style="list-style-type: none"> <li>Health Canada has mandated the world's strictest donor screening measures to reduce the risk from vCJD.</li> <li>Health Canada created the Bloodborne Pathogens Division in the Centre for Infectious Disease Prevention &amp; Control.</li> <li>It is moving ahead with National Standards for the Safety of Blood and Blood Components.</li> <li>It has funded pilot projects for the development of better systems of reporting adverse reactions to the transfusion of blood and blood products. However, it has failed to consistently provide feedback to provinces, hospitals and physicians on the reports it has received.</li> <li>Health Canada has been slow in approving new biological therapeutics and manufacturing facilities.</li> </ul>
	QUEBEC	B	<ul style="list-style-type: none"> <li>Quebec has made major progress in the development of an integrated surveillance system for reporting accidents/incidents, involving hospitals, public health and a hemovigilance committee. However, the integrated information system (SIIATH) remains to be deployed in all hospitals.</li> <li>There has been progress with regard to informed consent for treatment with blood and blood products.</li> </ul>
	BC	C	<ul style="list-style-type: none"> <li>BC has made progress in the establishment of reporting mechanisms for adverse reactions.</li> <li>It has also made worthwhile efforts to promote informed consent for treatment with blood and blood products.</li> </ul>
	OTHER PROVINCES	F	Much remains to be done with regards to provincial approaches to surveillance, error reporting and informed consent.
SUPPLY OF FACTOR CONCENTRATES	CBS	A	<ul style="list-style-type: none"> <li>CBS did an excellent job in managing the recent world shortage of factor concentrates to ensure provision of high-quality factor concentrates for Canadians.</li> <li>It has adopted a policy of making available a variety of high-quality factor concentrates, thus providing patient choice.</li> <li>It is moving to relationships with several suppliers to better ensure supply in case of manufacturing breakdowns.</li> </ul>
	HÉMA-QUÉBEC	A	<ul style="list-style-type: none"> <li>While Héma-Québec has been less involved in the past than the CBS in contracting for factor concentrates, nevertheless, Quebecers with bleeding disorders enjoyed constant supply throughout the shortage.</li> <li>Héma-Québec has recently given itself the capacity to negotiate and enter into contractual arrangements with suppliers of factor concentrates.</li> </ul>
	HEALTH CANADA	D	<ul style="list-style-type: none"> <li>During the shortage, Health Canada facilitated access to factor concentrates through the Special Access Program.</li> <li>It stills lags behind other regulators in its ability to quickly evaluate new products and new manufacturing facilities.</li> </ul>
	PROVINCES	A	<ul style="list-style-type: none"> <li>Canadians in all provinces continue to enjoy access to the safest factor concentrates, in sufficient quantity, and at no direct cost to the patient.</li> <li>The provinces have provided adequate funding to allow CBS and Héma-Québec to manufacture and purchase high-quality blood components, blood products and their alternatives.</li> </ul>

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<b>SELF-SUFFICIENCY IN BLOOD COMPONENTS AND BLOOD PRODUCTS</b>	<b>CBS</b>	<b>C</b>	<ul style="list-style-type: none"> <li>CBS has made major progress in its ability to ensure an adequate supply of fresh components to hospitals. It has been successful in attracting lapsed donors to return to give blood.</li> <li>Canada has continued to lose ground in its ability to collect enough plasma to manufacture blood products (e.g. IVIG) for its citizens. Plans to develop plasmapheresis centres across the country are progressing extremely slowly.</li> </ul>
	<b>HÉMA-QUÉBEC</b>	<b>C</b>	<ul style="list-style-type: none"> <li>Héma-Québec has continued to be a reliable supplier of fresh components to hospitals.</li> <li>Quebec, too, has continued to lose ground in its ability to collect enough plasma to manufacture IVIG for its citizens. Plans to develop plasmapheresis centres are progressing extremely slowly.</li> </ul>
	<b>PROVINCES</b>	<b>D</b>	<ul style="list-style-type: none"> <li>The provincial Ministers of Health have failed to provide CBS and Héma-Québec with the necessary financial resources to promote greater self-sufficiency.</li> </ul>
	<b>THE CANADIAN PUBLIC</b>	<b>C</b>	<ul style="list-style-type: none"> <li>Canadians have responded well to appeals to give blood. As a result, severe shortages have become much less frequent than in the past.</li> <li>However, in a country where close to half the population is eligible to give blood, only 3% of Canadians actually do.</li> </ul>
<b>ACCOUNTABILITY, DECISION-MAKING, TRANSPARENCY</b>	<b>CBS</b>	<b>B</b>	<ul style="list-style-type: none"> <li>CBS' handling of the severe shortage of factor concentrates through dialogue and open communication was exemplary.</li> <li>The creation of the National Liaison Committee which includes representatives from recipients of blood products is a major step forward.</li> <li>CBS has begun to understand that the public representative on its Board of Directors is a person who should be connected to blood recipient groups.</li> <li>The process to select the public representatives on the Board of Directors was conducted hastily and without proper public notice.</li> </ul>
	<b>QUEBEC</b>	<b>A</b>	<ul style="list-style-type: none"> <li>Héma-Québec continues to have a policy of openness and dialogue in its treatment of policy issues.</li> </ul>
	<b>HEALTH CANADA</b>	<b>C</b>	<ul style="list-style-type: none"> <li>The current development of the Standards for Blood and Blood Components is a model of open stakeholder participation. However, other advisory groups are secretive. Health Canada should model itself after the U.S. FDA's Blood Products Advisory Committee which holds public meetings.</li> </ul>
<b>COMPENSATION</b>	<b>FEDERAL GOVERNMENT</b>	<b>F</b>	<ul style="list-style-type: none"> <li>The federal government has failed to respond to Justice Krever's recommendation to compensate all Canadians injured through the administration of blood and blood products.</li> <li>The Minister of Health, Anne McLellan, refuses to even meet individual health charities to discuss their concerns.</li> </ul>
	<b>ONTARIO</b>	<b>A</b>	<ul style="list-style-type: none"> <li>Among the provinces, Ontario has responded best to this issue, with better pre-86, post-90 compensation for hepatitis C and indexation of the 1994 F/P/T settlement for HIV to the cost of living.</li> <li>Ontario has also set up an Advisory Committee to oversee spending of the federal "Care not Cash" monies for those infected with Hepatitis C through blood and blood products.</li> </ul>
	<b>MANITOBA</b>	<b>B</b>	<ul style="list-style-type: none"> <li>Manitoba has provided minimal help for people infected with hepatitis C pre-86, post-90, but has so far failed to index the 1994 F/P/T settlement for HIV to the cost of living.</li> </ul>
	<b>QUEBEC</b>	<b>C</b>	<ul style="list-style-type: none"> <li>Quebec has provided minimal help for people infected with hepatitis C pre-86, post-90, but has so far failed to index the 1994 F/P/T settlement for HIV to the cost of living.</li> <li>In addition, it has refused to accept the federal "Care not Cash" monies for political reasons, while people with Hepatitis C are refused treatment because of a shortage of nursing care.</li> </ul>
	<b>BC</b>	<b>C</b>	<ul style="list-style-type: none"> <li>While BC has provided some help for people infected with hepatitis C pre-86, post-90, it is at a lower level than Ontario, Manitoba or Quebec.</li> <li>It has also failed to index the 1994 F/P/T settlement for HIV to the cost of living.</li> </ul>
	<b>ALBERTA, SASKATCHEWAN, NEW BRUNSWICK, PEI, NOVA SCOTIA, NEWFOUNDLAND</b>	<b>E</b>	<p>These provinces have yet to provide any help to the people infected with hepatitis C pre-86, post-90, nor have they provided indexation for the 1994 F/P/T settlement for HIV.</p>