

**SOP -S. 3.02 OF THE TRANSFUSED HCV PLAN
AND S.3.02 OF THE HEMOPHILIAC HCV PLAN
ELIGIBILITY AND TRACEBACK REQUIREMENTS
FOR PERSONS CLAIMED TO BE SECONDARILY-INFECTED PERSONS**

The Claim of the Spouse Who is a Primarily-Infected Person or Parent who is an HCV-Infected Person

1. Section 3.02 of both plans refer to Spouses who are Primarily-Infected Persons and Parents who are HCV- Infected Persons as the basis for a claim by a person claimed to be a Secondly- Infected Person. The reason for this is that where a person claims to have been infected by a spouse, the spouse must be a primarily-Infected person. Where a persons claims to have been infected by a parent, that parent may be either a Primarily-Infected Person or a Secondly-Infected Person; hence the use of the term HCV-Infected Person, which includes both.
2. In order to assess a claim of a person claimed to be a Secondly-Infected Person under sections 3.02 of either Plan, the Administrator must obtain the appropriate documentation pertaining to the Primarily-Infected Person- Spouse or HCV-Infected Person- Parent to qualify that person as an Approved HCV-Infected Person based on the requirements and the forms, SOPs and CAPs pertaining to sections 3.01, 3.03 and 3.04 of the Plans. If the Spouse who is a Primarily-Infected Person or the Parent who is an HCV-Infected Person has not applied him or herself, then the Administrator must receive the information required in order to determine whether that person would qualify as an Approved HCV-Infected Person if they did apply.

Assessing the Claim of the Secondly-Infected Person

3. On receipt of an application by a person claimed to be a Secondly-Infected Person (Tran 1, Tran 2 and Tran3 or Hemo 1, Hemo 2 and Hemo 3), the Administrator may accept any evidence it deems reliable as proof on the balance of probabilities that the person claimed to be a Secondly-Infected Person was infected with HCV for the first time by a Spouse or who is a Primarily-Infected Person or a Parent who is an HCV-Infected Person, subject to the following:
 - a. the Administrator must obtain medical, hospital and clinical records from 1975 to the date of application which are in existence pertaining to the person claimed to be a Secondly-Infected Person and review them to determine if person claimed to be a Secondly-Infected Person has any risk factors for infection with HCV other than through their Spouse or

Revised: September 30, 2000

Parent, including Indication For Discretionary Further Investigation as defined below, Blood transfusions as defined in the Transfused HCV Plan or receipt of Blood products as defined in the Hemophiliac HCV Plan; and

- b. the Administrator must request a traceback of any units of Blood received by a person claimed to be a Secondarily-Infected Person and determine whether any donors of Blood received by person claimed to be a Secondarily-Infected Person before January 1, 1986 or after July 1, 1990 tests positive for the antibody to HCV.

Indications For Discretionary Additional Investigation

4. The Administrator shall review such records, Forms, documentation and/or information it receives pertaining to the person claimed to be a Secondarily-Infected Person to determine if there is any indication for additional investigation, including:

- a. any indication of non-prescription intravenous drug use by the person claimed to be a Secondarily-Infected Person, notwithstanding that the claimant provided the required declaration;
- b. a failure to provide a declaration of knowledge, information and belief that the person claimed to be a Secondarily-Infected Person was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;
- c. a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the person claimed to be a Secondarily-Infected Person was infected with blood received before January 1, 1986;
- d. any indication of Blood transfusion information that conflicts with the information provided on the forms submitted;
- e. any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or liver irregularity by the person claimed to be a Secondarily-Infected Person;
- f. any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a Blood transfusion but which was not detailed in the answers provided in the Forms submitted to the Administrator;

Revised: September 30, 2000

- g. any indication of one or more of the risk factor(s) outlined at Section F of the Form Tran2 Treating Physician Form or the Form Hemo2 Treating Physician Form or in the other documentation received; and/or
- h. receipt of any Blood transfusions within the meaning of the Transfused HCV Plan or Blood within the meaning of the Hemophiliac HCV Plan outside Canada at any time prior to his or her diagnosis with HCV.

Revised: September 30, 2000
