

SECONDARILY INFECTED PERSONS PROTOCOL

1. Claims for compensation for Secondly-Infected Persons shall be assessed by the Administrator only if:
 - a. the claim of the relevant Primarily-Infected Class Member has already been approved; or
 - b. the claimant has provided the Administrator with sufficient information for the Administrator to determine that the claim of the relevant Primarily-Infected Class Member or Primarily-Infected Opt-Out Person would be approved if that person made a claim.
2. On receipt of a claim for a Secondly-Infected Person, the Administrator shall:
 - a. obtain all relevant medical, hospital and clinical records which are in existence up to the date of the claim pertaining to the Secondly-Infected Person and review them to determine if the Secondly-Infected Person has any risk factors for infection with HCV other than through their Spouse or Parent, as the case may be, including any indications for additional investigation as provided in paragraph 3 below; and
 - b. apply the Traceback Protocol with respect to Blood received by the Secondly-Infected Person to determine whether any donors of the Blood tests positive for the antibody to HCV.
3. Indications for additional investigation include:
 - a. any evidence of non-prescription intravenous drug use by the Secondly-Infected Person, irrespective of whether the claimant provided the required declaration;
 - b. a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the Secondly-Infected Person was infected for the first time with HCV as a result Blood received between January 1, 1986 and July 1, 1990;
 - c. any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or a liver irregularity for the Secondly-Infected Person;
 - d. any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a blood transfusion between January 1, 1986 and July 1, 1990;
 - e. any indication of one or more of the risk factors outlined in the Treating Physician Form or in the other documentation received; and
 - f. receipt of any Blood outside Canada at any time prior to the Secondly-Infected Person's diagnosis with HCV.

4. Where there is one or more indication for additional investigation, the Administrator shall require such additional information and records pursuant to section 2.03 of the Settlement Agreement as, in its complete discretion, it considers necessary to inform its decision.
5. The Administrator shall weigh the totality of the evidence obtained including the evidence obtained from the investigations required by the provisions of this Protocol and determine whether, on a balance of probabilities, the Secondarily-Infected Person meets the eligibility criteria for compensation.
6. In weighing the evidence in accordance with the provisions of this Protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the claim.