

SCHEDULE C

FEDERAL/PROVINCIAL/TERRITORIAL ASSISTANCE PROGRAM FOR HIV SECONDARILY-INFECTED INDIVIDUALS

1. APPLICATION PROGRAM CRITERIA

On March 27, 1998, Federal/Provincial Health Ministers announced a \$1.1 billion financial assistance package to assist persons infected with Hepatitis C from the Canadian blood system. This assistance package also includes assistance to HIV/AIDS secondarily infected persons who are first order relatives of primary EAP recipients. The criteria for application to the Federal / Provincial / Territorial Assistance Program for HIV Secondarily Infected Individuals are:

relationship defined: partner or child of primarily infected person who is an approved Extraordinary Assistance Plan (EAP) recipient;
to be HIV positive, resulting from the relationship with the primary EAP recipient;
to have legal status in Canada at the date of infection (diagnosis date - first HIV positive test).

HIV/AIDS secondarily infected persons are entitled to receive \$240,000 tax free in one lump sum payment upon receipt of signed RELEASE.

2. PARAMETERS FOR A MEDICAL EVALUATION

Route of HIV/AIDS Transmission

The HIV virus is transmitted through sexual intercourse (vaginal, anal and rarely oral), from a mother to her fetus/infant (during pregnancy, child birth or breast feeding), and parenterally (such as in the sharing of drug injection equipment, the transfusion of HIV-infected blood or blood products, and the transplantation of a variety of tissues and organs).

Assessment

The onus of providing proof that the eligibility criteria are met rests on the applicant. Applicants are required to provide proof that they became HIV infected as a result of their sexual relationship with a primary EAP recipient or from a primary EAP mother to her fetus/infant.

Applicants must also provide consent of EAP recipient (or estate representative), to have access to the EAP recipient's personal information collected under the EAP.

Applicants must complete an application form (Form A - Adult; Form B - Minor; Form C - Estate) and are asked to submit Form D to their physician.

In assessing an applicant's eligibility, the medical reviewer takes into consideration all evidence put forward by the applicant. When an applicant provides information as to the existence of a risk factor other than his/her sexual relationship with a primary EAP recipient, it is incumbent on this individual to provide information which would discount that risk factor. If he/she fails to do so, the medical reviewer has to take into consideration the impact of this risk factor on the application. This may require that the medical reviewer consider statistical evidence as to the extent of the risks of HIV acquisition associated with this factor as opposed to the risk associated with the risk of having

acquired HIV as a result of a sexual relationship with a primary EAP recipient (or mother to fetus/infant).

Presence of other risk factors

In the AIDS Quarterly Surveillance Update: AIDS in Canada, there is a pre-defined hierarchy of risk used to assign each AIDS case to one "exposure category". For example, if the only risk behaviour is that the man has had sex with other men, the case would be assigned to the "men who have sex with men" (MSM) exposure category. If the same person also had a blood transfusion, for instance in 1983, he would still be assigned to the "MSM" exposure category, since homosexual contact is considered to be a more significant risk factor for HIV transmission than is a blood transfusion in 1983.

This risk hierarchy is used in the United States, the United Kingdom, the European Centre for the Epidemiological Monitoring of AIDS also known as INSERM, and Australia. In addition, it is used by the World Health Organization, the Pan-American Health Organization, Centers for Disease Control and Prevention in Atlanta, and the Public Laboratory Service in the UK.

If an individual is in two "at risk groups" for example "men who have sex with men" and "IV drug use", these are factors which must be considered by the medical reviewer in his assessment of that person's application. The applicant must provide information to discount the existence of other risk factors. The medical reviewer cannot without any such evidence, take upon himself the task of discounting the implications of other risk factors.

The applicant's physician(s) is required to indicate whether there exists other risks for HIV infection. In this respect, the Program Administrator relies on the integrity of the applicant's physician(s) to report the existence of other risks.

Entitlement to a benefit is not based on a mere possibility of becoming HIV infected as a result of a sexual relationship with a primary EAP recipient, but rather on a conclusion, arrived at on a balance of probability by the medical reviewer, that an individual was so infected. Where, on the basis of the evidence before him/her, the medical reviewer cannot conclude on a balance of probability that the applicant was HIV infected as a result of a sexual relationship with a primary EAP recipient, or from a primary EAP mother to her fetus/infant, he/she recommends rejection of the application.

Summary of Medical Parameters

In carrying out an applicant's evaluation, the medical reviewer assesses on a balance of probabilities, whether the applicant became HIV infected as a result of their sexual relationship with the primary EAP recipient or from a primary EAP mother to her fetus/infant. To make a recommendation, he/she looks at the following:

1. The stated relationship of the applicant to the EAP-primary.
2. The duration/time of relationship and proof submitted to confirm relationship.
3. If there was a sexual contact, what evidence is supplied.
4. Consideration of LCDC data on "Probabilities of HIV transmission".
5. For mother to fetus/infant infection, consider the date of transfusion(s) by the mother and the child's birth (secondary).
6. Consideration of EAP-primary date of blood transfusion, secondary sexual relationship and compare this in temporal sequence to determine if secondary is

asymptomatic, symptomatic or has AIDS; consistent in temporal sequence with the timing of receipt of blood by EAP-primary.

7. Consideration of other risk factors present and the risk of having acquired the infection by these means and the evidence supplied by the applicant to discount other risk factors.
8. Consideration of clinical information (CD-4 counts and viral load measurements) and drug therapies as provided by the applicant and his/her physician(s).
9. Consideration of information (medical history, physical examination, laboratory examination, etc.) obtained during physical examination as may be requested by the medical reviewer.

May 21, 1999