



Dear Minister Michel:

We write in support of previous correspondence from the Canadian Hemophilia Society, Canadian Blood Services and the National Advisory Committee on Blood and Blood Products (NAC), to express our disappointment and concern with respect to the Public Health Agency of Canada (PHAC) decision to sunset the Blood Safety Contribution Program (BSCP), including the Transfusion Transmitted Injuries Surveillance System (TTISS) as of March 31, 2026. We were not notified of this decision by the PHAC, it is our understanding that the decision was made without external consultation.

The Association of Hemophilia Clinic Directors of Canada (AHCDC) is a national organization of physicians dedicated to the care of patients with bleeding disorders across Canada, established to ensure excellent care for our patients and to advance quality standards of care across the country. Our physicians continue to treat patients and families affected by the tainted blood crisis of the late 1970s and the 1980s, when a disproportionate number of Canadians living with bleeding disorders were exposed to HIV and Hepatitis C through contaminated blood and blood products. As we are all aware, this was one of the worst Canadian public health disasters that, in large part, was likely preventable. A number of our members testified at the Krever Commission, and continue to remind our younger treaters of those events to this day. In the aftermath of the tainted blood crisis, our members recognized the critical importance of comprehensive monitoring of care and outcomes through the establishment of a national registry that we continue to update and modernize over 20 years later to meet the needs of our patients and their care teams.

Over four volumes Justice Krever set out an account of the tainted blood crisis, a “Public Health disaster” and “terrible tragedy” that was “unprecedented in Canada.” He was confident that implementation of his recommendations would “markedly reduce” the likelihood of a recurrence. A priority recommendation, identified as a **basic principal**, was the paramount importance of the safety of the blood supply – in fact, “the principal of safety must transcend other principles and policies” (pg 1048) with his recommendations including an active program of post-marketing surveillance.

In line with Justice Krever’s recommendations, and as stated on the relevant Government of Canada websites, the BSCP “supports surveillance activities for blood...related adverse events in an effort to maintain the safety of our health system.” Of particular concern to the AHCDC is the TTISS, “a voluntary nationwide ongoing surveillance system established by the Public Health Agency of Canada in 2001 to monitor serious, moderate, and selected minor transfusion-related adverse events occurring in Canadian healthcare settings.”

There are numerous examples of why National hemovigilance remains an active need, including the existence of for-profit, private clinics operating in Canada to secure plasma used in production of blood products for transfusion, and new pathogens that continue to raise public health concerns with vigilance required to assess for transfusion-associated transmission and disease. With respect to the latter,

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Justice Krever concluded that “[t]he operator of the blood supply system **and the Health Protection Branch must ensure** that they remain informed about the spread of blood-borne diseases and, more specifically, about the occurrence of transfusion- and infusion-associated diseases, both in Canada and abroad...” (pg 994). Also pertinent is the ongoing restructuring of the American Centre for Disease Control (CDC), including massive lay-offs at the Division of Blood Disorders and Public Health Genomics. This intensifies the need for ongoing robust pan-Canadian hemovigilance to protect not only Canadians but to also allow for a larger international role in recognizing and reporting on potential threats to blood and blood products.

The decision to sunset the BSCP was made in response to the February 2023 audit and evaluation of the program. That report rightly recognized the establishment of blood safety as a major issue in Canada following the tainted blood crisis and the importance of surveillance, with the Federal Government instituting in the years following “initiatives intended to support and strengthen the safety of Canada's blood system, including” the BSCP. In a December 24 email of response to concerns raised by the Canadian Hemophilia Society, K. Robinson states: “[t]o summarize briefly, the evaluation noted that the surveillance information collected was not being used to inform policy and decision making related to transfusion and transplantation safety.” We respectfully but emphatically disagree with this cursory interpretation of the report. A key finding is that, given the elevated risk of adverse events as need for, and use of, blood and blood products continues to increase in Canada, monitoring allows for “a quicker reaction in the event of a new or previously unknown blood...safety issue[s] or threat[s].” The report goes on to state that “[e]vidence collected **highlighted the potential value** of the three surveillance systems developed by PHAC as a result of the Krever Commission’s report to the overall biovigilance system,” with primary complaint by users being a lack of sharing information collected – particularly “emerging issues and threats...in a timely fashion”. The report recommends a collaborative clarification of PHAC’s roles, responsibilities and priorities with respect to financial support of national surveillance and the “monitoring, analyzing and reporting [of] adverse events.”

We are disappointed that, rather than using this report as intended by the authors – as an opportunity to build a more robust surveillance system that values public health and continues to learn from past mistakes - the PHAC has surprisingly made the decision to sunset the BSCP. Canadians need a robust, well-supported national surveillance system that ensures the timely sharing of pertinent information and the ongoing safety of blood and blood products that so many rely on in our country. We would appreciate detailed information on how Health Canada plans to monitor the safety of blood and blood products moving forward on a National level to avoid the Public Health disaster of the 1970s and 1980s. Further, we are requesting clarification on why this role is no longer felt to be within the mandate of the PHAC, as follows:

“The role of the Public Health Agency of Canada is to:

- promote health
- prevent and control chronic diseases and injuries

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- prevent and control infectious diseases
- prepare for and respond to public health emergencies

We serve as a central point for sharing Canada's expertise with the rest of the world. As such, our role is also to:

- strengthen public health collaboration between governments
- facilitate national approaches to public health policy and planning
- apply international research and development to Canada's public health programs.”

Our patients are Canadians. They deserve a safe, dependable supply of blood and blood products that is monitored by an arm's length, independent program intended to financially support surveillance and ensure timely sharing of information that could impact their health and well-being. This fits squarely within the mandate of PHAC.

Members of our executive, as well as members who testified at the Krever Commission, would be pleased to meet with you to discuss this further.

Yours Sincerely,

Dr. Natasha Pardy
President, AHCDC