Witness Name: Professor John Anthony James Barbara

Statement No: WITN69890013

Dated: 22/02/2022

INFECTED BLOOD INQUIRY

SUPPLEMENTAL WRITTEN STATEMENT OF PROFESSOR JOHN ANTHONY JAMES BARBARA

I provide this supplemental statement in response to a request for clarification under Rule 9 of the Inquiry Rules 2006 dated 17 February 2022.

1. In your oral evidence to the Inquiry on the 26th January 2022, you were asked whether there would have been fewer donors, if first generation anti-HCV ELISAs had been introduced than if surrogate testing had been introduced. You responded as follows (Transcript INQY1000176 page 24):

"*Looking back at my very brief notes, depending on where you set cut-offs for raised ALT and anti-HBc, and if we were to use both those markers, I think we would have probably had less of a problem with first generation anti-HCV. But that wasn't a question that had arisen before. So it certainly is an interesting point.*

And the other thing I remembered was that, actually, if you had taken appropriate cut-offs for ALT and anti-core and excluded donors who were both -- only excluded donors who were both anti-HCV pos and ALT raised, you were approaching the predictive value of real infectivity as you did with the first generation anti-HCV ELISAs.

***So in retrospect, and with the benefits of hindsight, these are quite -- do prove indeed very interesting. So yes, thank you for bringing those up.*"**

Is there anything further you would like to address in relation to that matter?

I would like to clarify the identified part of the transcript of my oral evidence to the Inquiry on 26 January 2022, as contained at page 24 of **(Transcript INQY1000176**) by re-formulating it as follows. I confirm that what follows represents what I intended to convey and believed I was conveying at the time that I was giving this evidence:

Looking back at my very brief notes, depending on where you set cut-offs for raised ALT and anti-HBc, and if we were to simultaneously use both those markers in surrogate testing of donors, I think we would have probably had comparable HCV detection as with first generation anti-HCV test. But that wasn't a question that had arisen before. So it certainly is an interesting point.

And the other thing I remembered was that, actually, if you had taken appropriate cut-offs for ALT and anti-core and excluded donors who were reactive for both these markers, you were approaching the same predictive value for real positivity as you would have had with first-generation anti-HCV ELISAs.

The practical problem remains that to obtain effective sensitivity the cut-off levels for anti-HBc and ALT would need to be low. This would lead to high numbers of false-positives and a poor predictive value. Without confirmatory tests we would have the same problem as the first-generation ELISA.

So in retrospect, and with the benefits of hindsight, these are quite -- do prove indeed very interesting. So yes, thank you for bringing those up.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed **GRO-C**

Name JOHN BARBARA

Dated 22/02/2022