Witness name: Dr Ross Harris

Statement Number: WITN7587001

Exhibits: WITN7587002 – WITN7587004

Dated: 30 November 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ROSS HARRIS ON BEHALF OF UK HEALTH SECURITY AGENCY

Contents

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Section 1: Introduction

1.1. I am Dr Ross Harris, a Senior Statistician at the UK Health Security Agency ("UKHSA"). My date of birth is GRO-C and my professional address is UKHSA, 61 Colindale Ave, London NW9 5EQ.

1.2. My employment history is as follows :

Dates	Position & employer
Nov 2008 - present	**Senior Statistician** **Statistics, Modelling and Economics Department** **UKHSA (and predecessor organisations: Public Health England ("PHE"), Health Protection Agency ("HPA"))** My work focuses on the estimation of HCV prevalence, disease burden, impact of treatment, and related work on statistical analysis and methodology for HCV surveillance data in this area. I also work on HIV prevalence, PrEP (pre-exposure prophylaxis) use and attendance patterns in sexual health services, and various COVID-related projects. I am the analytical lead on a project to estimate numbers of people who inject drugs and use opiates/crack, a key risk group for blood-borne infections.
Oct 2004-Oct 2008	**Research Associate** **Department of Population Health Sciences, University of Bristol** • Systematic review and meta-analysis of Diet and Cancer for the WCRF (World Cancer Research Fund). • Development of meta-analysis methods and software. • Estimating and adjusting for bias in meta-analysis. • Data management and analysis of HIV cohort data on treatment, mortality and morbidity.

Section 2: HCV

2.1. I was asked by the Inquiry to provide a report on long-term mortality in HCV-infected blood recipients to the Statistics Expert Group ("SEG") on 29 July 2022 **[WITN7587002]**. This report has now been updated to provide to the Health Economics Group ("HEG"), at the Inquiry's request **[WITN7587003]** and **[WITN7587004].**

2.2. The vast majority of the content, and all presented results, in the report provided to the HEG are the same as in the report provided to the SEG. There are minor changes in this version which are restricted to clarifications around the descriptions of results and minor corrections, which were identified during correspondence with the SEG. All changes have been made in track changes in **[WITN7587004]**.

2.3. In a brief summary, the report extends an earlier analysis (Harris 2006), comparing HCV-infected blood recipients with uninfected controls, with follow up for 30 years. All-cause mortality, and liver disease-related mortality, are considered. These analyses use improved methods to account for missing covariate data, the different (competing) forms of mortality risk, and the delayed entry of individuals into the observed cohort.

2.4. Small increases in risk were detected for all-cause mortality in infected cases compared to controls, in particular when restricting to those with a PCR-confirmed detection of RNA (i.e., excluding those who may have spontaneously cleared infection).

2.5. All types of mortality increased with age and were lower in females. However, there was no evidence of an independent effect for longer vs. shorter durations of infection: for example, the risks of mortality in 70 year-olds would be comparable whether infected for 5 or 15 years.

Statement of Truth

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

Signed… GRO-C ……

Dated……30/11/2022……

INFECTED BLOOD INQUIRY

INDEX OF DISCLOSURE DOCUMENTS RELEVANT TO DR ROSS HARRIS WITNESS STATEMENT

Table of exhibits:

Date	Notes/ Description	Exhibit number
29.07.2022	Long-term mortality in HCV-infected blood recipients	WITN7587002
30.11.2022	Long-term mortality in HCV-infected blood recipients (clean version)	WITN7587003
30.11.2022	Long-term mortality in HCV-infected blood recipients (track changed version)	WITN7587004