NATIONAL BLOOD AUTHORITY
AUSTRALIA

NATIONAL REPORT ON THE ISSUE AND USE OF IMMUNOGLOBULIN (Ig)

ANNUAL REPORT 2023-24

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Introduction

Immunoglobulin (Ig) products, derived from pooled human plasma, are a precious and high-cost resource. Strengthening Ig governance is a priority for the National Blood Authority (NBA), and several measures are being developed and implemented to ensure the sustainability of these products into the future.

Immunoglobulin products analysed in this report include intravenous Ig (IVIg), subcutaneous Ig (SCIg), and normal human Ig (NHIg). Aggregated data for IVIg and SCIg are referred to as Ig unless specifically stated. Normal human Ig is reported separately. Immunoglobulin products are used to treat a broad range of conditions, with applications in replacement and immune modulation therapy. This report provides an analysis of data on national Ig supply in Australia in 2023-24, also considering trends in supply over the last 10 years.

In Australia, it is estimated that over 99 per cent of all Ig is supplied under national blood arrangements through contracts administered by the NBA. The NBA's role is to coordinate national supply and demand planning for blood and blood products including supply risk management, purchasing blood and blood products on behalf of all Australian governments, developing and implementing national strategies to encourage better governance, promoting appropriate use of blood and blood products, and providing expert advice to support government policy development. Further background is at **Appendix A.**

The national Ig Governance Program was introduced in 2014 to pursue governments' objectives for Ig products funded and supplied under the national blood arrangements, namely to:

- ensure Ig product use and management reflects appropriate clinical practice and represents efficient, effective and ethical expenditure of government funds, in accordance with relevant national safety and quality standards for health care,
- ensure that access to Ig products is consistent with the criteria for access determined by governments, and
- improve the capture of information of the need for, use of, and outcomes of treatment with Ig products to inform future decisions.

The NBA is responsible for administering the National Ig Governance Program which includes the development and maintenance of a national framework to access government-funded Ig. The current framework comprises a National Policy, the criteria for access, and BloodSTAR (Blood System for Tracking Authorisations and Reviews), a national online system.

The *National Policy: Access to Government-Funded Immunoglobulin Products in Australia* (National Policy) released in November 2016, sets out the process that must be followed, and describes the rules and requirements that must be complied with to access government-funded Ig products in Australia. The National Policy supports all those involved in the prescription, use and management of Ig to understand their roles and responsibilities under the governance arrangements.

The *Criteria for the Clinical Use of Immunoglobulin in Australia* (the Criteria) was developed in collaboration with expert specialist clinicians and identifies the medical conditions and circumstances for which the use of Ig is clinically appropriate and where there are no safe, effective and cost-effective alternative treatments. First published in 2007 (Version 1), with the second edition (Version 2) in 2012 and the third revision implemented in October 2018 (Version 3), the Criteria identifies the conditions and circumstances for which the use of Ig is funded under national blood arrangements. In the third edition, eligibility criteria were updated to align with new evidence and best clinical practice, along with other improvements to aid prescribers. Version 3 also reflects earlier updated access arrangements for SCIg and NHIg.

Version 3 of the Criteria clearly articulates and standardises the qualifying and continuing Ig access requirements. The Criteria classify medical conditions into 4 categories:

(i) conditions for which Ig has an established therapeutic role
(ii) conditions that have an emerging therapeutic role
(iii) conditions where Ig has application in exceptional circumstances only
(iv) conditions for which Ig should not be supplied under the national blood arrangements.

In 2023-24, the Criteria specified 146 specific conditions or 55 medical conditions where Ig use was supported. The Criteria also specified 41 medical conditions where Ig use was not supported.

Two new conditions were added to the Criteria in February 2024:

- Medical condition under the Haematology speciality - Heparin-induced thrombocytopenia (HIT) - HIT is an immune-mediated adverse reaction to heparin caused by the emergence of antibodies that activate platelets. Treatment with Ig can help inhibit platelet activation in affected patients.
- Medical condition under the Immunology speciality - Vaccine associated myocarditis and pericarditis (VAMP) - Myocarditis and/or pericarditis have been reported as rare side effects after mRNA COVID-19 vaccines. Treatment with Ig has been shown to have beneficial effects for affected patients.

Introduced in 2016, BloodSTAR was developed by the NBA on behalf of all Australian Governments to serve the needs of health providers and support users to meet their obligations under the National Policy. Through BloodSTAR, persons in prescriber role can request patient authorisation for access to government-funded Ig. Under the governance arrangements, persons in dispenser roles may only dispense product to patients with an active authorisation in BloodSTAR. Nurses and midwives can request product from dispensers through BloodSTAR. BloodSTAR streamlines the authorisation process, reduces variability, standardises prescribing practices, and increases efficiency and transparency while strengthening decision-making and improving data capture. BloodSTAR implementation commenced in July 2016 and was completed in October 2018.

In addition to the clinical and diagnostic criteria for access to intravenous products, access to SCIg products is provided through an assurance framework for the appropriate use of the product. Subcutaneous Ig access rules are detailed on the NBA website at https://www.blood.gov.au/blood-products/immunoglobulin-products/subcutaneous-immunoglobulin-scig. Participation in the National SCIg program requires hospitals to establish their capability and capacity to manage a hospital based SCIg program, where the hospital provides access to all resources, and takes full accountability for the management and use of the product within defined governing requirements.

Normal human Ig may only be supplied for 2 purposes: (i) for the treatment of susceptible contacts of measles, hepatitis A, poliomyelitis and rubella (as directed by public health officials), or (ii) for the treatment of immunodeficiency conditions for which the product is indicated for patients for whom IVIg and SCIg are both contraindicated. Normal human Ig access rules are detailed on the NBA website at https://www.blood.gov.au/blood-products/immunoglobulin-products/normal-human-immunoglobulin-nhig.

Immunoglobulin products should be prescribed and dispensed in accordance with the relevant state or territory legislative requirements. In-hospital management of Ig products must also be in accordance with the National Safety and Quality Health Service (NSQHS) Standards, in particular Standards 1, 2 and 7, and the Australian and New Zealand Society of Blood Transfusion (ANZSBT) *Guidelines for the Administration of Blood Products and Guidelines for Transfusion and Immunohaematology Laboratory Practice*.

Demand for Ig is met through domestic and imported Ig products. Domestic Ig is manufactured by CSL Behring (Australia) Pty Ltd (CSL Behring) using plasma collected from voluntary, non-remunerated

Australian donations. Both domestic and imported Ig are distributed by the Australian Red Cross Lifeblood (Lifeblood).

Australia is in a unique position to provide analysis and commentary on the use of Ig due to national supply arrangements. This report begins with an analysis of Ig supply over the last 10 years, then considers patient demographics, expenditure on Ig, clinical indications for which Ig was supplied and finally analyses the dose prescribed for various conditions. The top 10 medical conditions account for about 88 per cent of all Ig supplied in 2023-24, and for this reason specific analysis focuses on these groups.

Issues of Immunoglobulin

Immunoglobulin (including plasma for fractionation) comprises approximately 61 per cent of total blood expenditure in 2023-24. The growth in Ig grams dispensed since 2019-20 is shown below.

Table 1: Ig growth for the last 5 years

2019-20	2020-21	2021-22	2022-23	2023-24
6.7%	7.4%	6.9%	7.9%	6.6%

In 2023-24, a total of approximately 9.3 million grams of Ig was issued nationally at a cost of $1.0 billion (including the cost of plasma for fractionation). Of this amount, about 38 per cent of Ig was produced in Australia and 62 per cent was imported.

The NBA maintains arrangements with a diverse set of suppliers to secure a range of Ig products. Immunoglobulin products imported from overseas complement the supply of domestic plasma-derived products supplied by CSL Behring under the National Fractionation Agreement for Australia (NaFAA) and ensure that the overall clinical demand for blood products in Australia is met.

Under the NaFAA, in 2022-23, CSL Behring expanded its manufacturing facility to support the processing of Australia's plasma collections into plasma products and changed how it manufactures 5 of Australia's plasma products to align with its global manufacturing processes. The transition began in 2022-23 with 2 products: Albumex 20 to Alburex 20 AU and Intragam 10 to Privigen AU. In 2023-24 a further 2 product transitions occurred: Evogam to Hizentra AU and Albumex 4 to Alburex 5 AU. The final product transition, Prothrombinex-VF to Beriplex AU, is expected to be completed in 2024-25.

There are 4 contracts in place for the supply of imported Ig under the national blood arrangements. These contracts commenced progressively from 1 January 2021 and will continue for up to 5 years, with extension options available. The suppliers are CSL Behring, Grifols Australia Pty Ltd (Grifols), Takeda Pharmaceuticals Australia Pty Ltd (Takeda) and Octapharma Pty Ltd (Octapharma). Nine Ig products were supplied under these contracts in 2023-24: Privigen (IVIg), Flebogamma 5% (IVIg), Flebogamma 10% (IVIg), Gamunex 10% (IVIg), Cuvitru 20% (SCIg), Octagam 10% (IVIg), Kiovig (IVIg), Hizentra (SCIg), and Xembify 20% (SCIg).

Report Snapshot

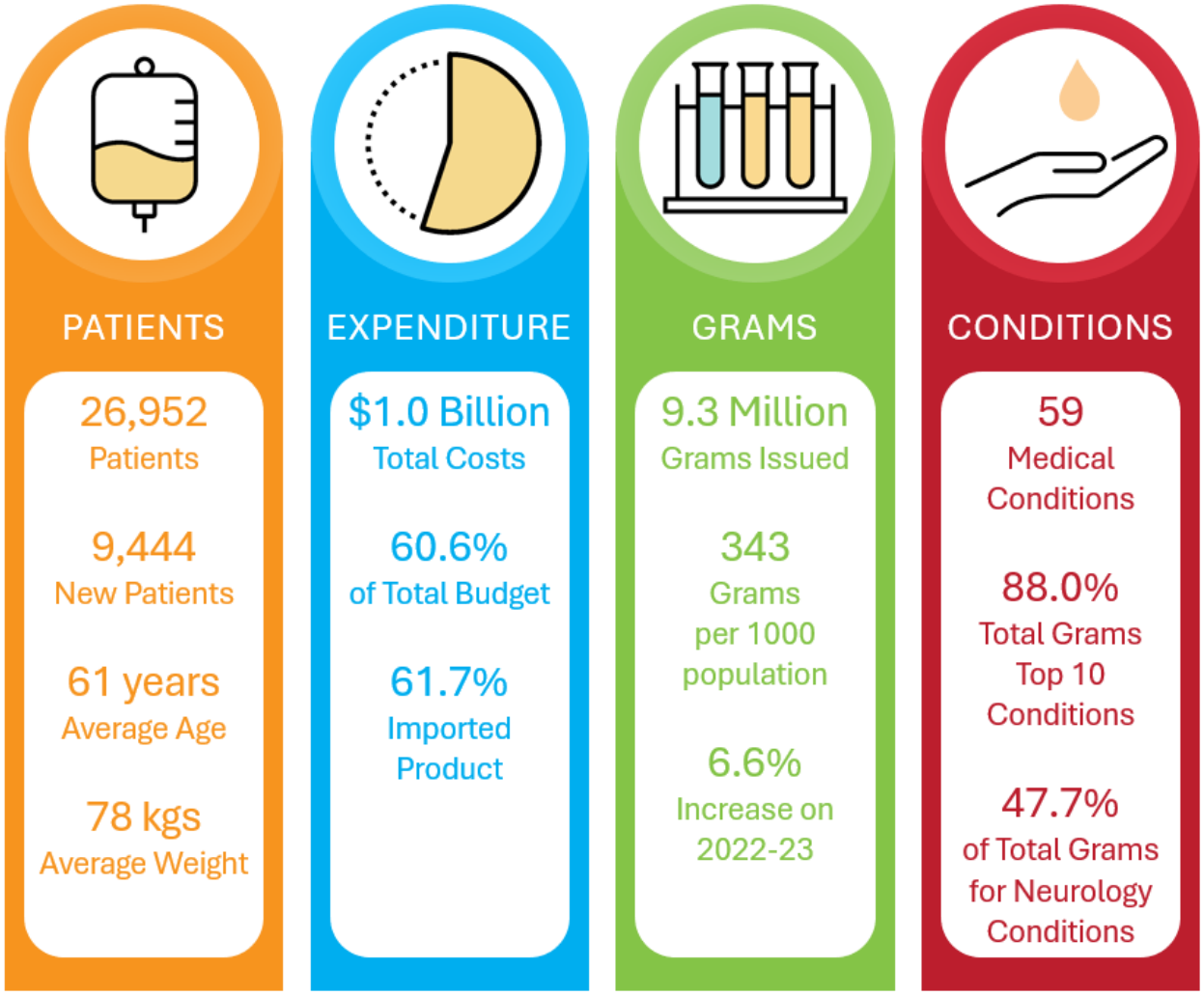


Figure 1: Snapshot

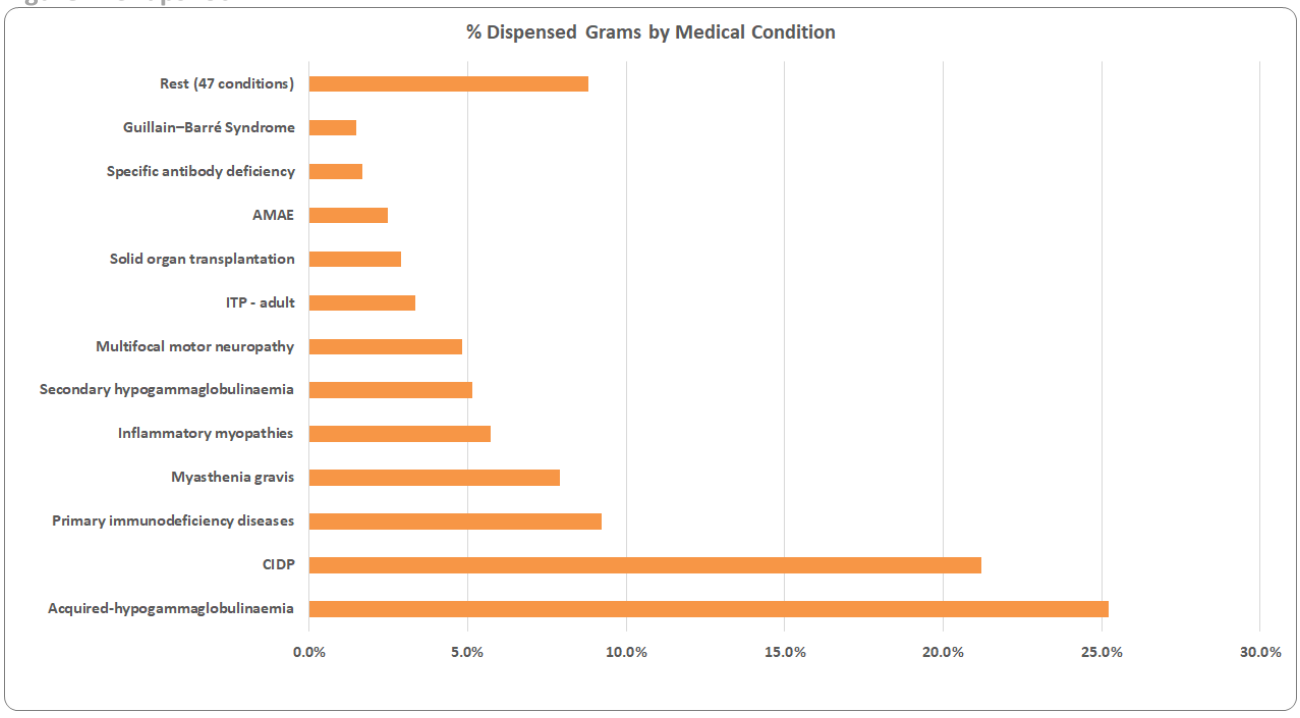


Figure 2: Per cent dispensed grams by medical condition

Methodology

Prior to 2016-17, authorisation and dispense data were collected by Lifeblood, and in 2016 states and territories commenced transition to using BloodSTAR as per Table 2. Lifeblood entered information on current patients and authorisations into BloodSTAR using information from Supply Tracking Analysis Recording System (STARS). These data are known as l*egacy* data. When comparing data across time, there are limitations to some data that may not be directly comparable due to changes in Criteria versions, or whether the data has come from BloodSTAR or STARS. More information about these differences can be found in the data quality section below.

Table 2: Go live dates for BloodSTAR

State and Territory	Go Live Date
Northern Territory	14 July 2016
South Australia	1 August 2016
Queensland	22 August 2016
Tasmania	14 September 2016
Victoria	26 September 2016
Australian Capital Territory	24 October 2016
Western Australia	5 December 2016
New South Wales	22 October 2018

The report includes some language that may be unique to the Australian environment. A list of acronyms and definitions used in this report is at **Appendix B**.

The Criteria groups together several specific conditions into one medical condition. For example, Primary Immunodeficiency Diseases (PID) is a medical condition in the Criteria, with this group incorporating several specific conditions. In some cases, the analysis will focus on the medical condition, while in other areas it will focus on the specific condition.

Each specific condition has been classified according to its allocated clinical speciality. It is acknowledged that for some specific conditions this classification could fit into more than one clinical speciality. For example, there are immunological conditions affecting the blood that could potentially be mapped to either immunology or haematology. Where there appears to be significant overlap between clinical specialities, the specific condition was mapped as agreed by the National Immunoglobulin Governance Advisory Committee (NIGAC). In most cases, the specific condition was mapped to the speciality most likely to be responsible for patients with that specific condition, noting that this can vary. **Appendix C** provides the mapping of specific condition to clinical speciality.

The summary of key items from the data file is provided for each specific condition at the state and territory level. The summary includes patient numbers, average age, average weight, grams of Ig used for the specific condition, grams per treatment episode and grams per 1,000 population (**Appendix D**). The source used for each figure and table is provided at **Appendix E**.

Note that the grams per 1,000 population measure shown in earlier reports, has been a poor indicator for benchmarking. Raw population figures do not consider the underlying population age structure, hospital usage patterns, and cross-border referrals; nor do total issues consider varying product wastage rates across time, and states and territories. A study done in South Australia (SA) in 2010 (Australian Health Review article - "Red alert - a new perspective on patterns of blood use in the South Australian public sector") shows this. It can be found at https://www.publish.csiro.au/AH/AH10957.

DATA QUALITY

There are some factors relating to data quality, which need to be considered when reading this report. These factors are:

- The reconciliation of data held in STARS, BloodSTAR/BloodNet and Integrated Data Management System (IDMS) indicates minor variances at a national level. In some cases, these differences can be explained by product being ordered and recorded in IDMS the month prior to product being dispensed to a patient.
- Patient and authorisation data for some records are incomplete. For example, data from STARS and BloodSTAR may not include weight. Legacy data entered in BloodSTAR did not include weight.
- The Australian Bureau of Statistics (ABS) Australian Demographic Statistics (cat. No 3101.0) was used from 2011-12.
- Care should be taken when interpreting the data relating to smaller states and territories, since one or 2 patients can overly influence the use as compared to larger states.
- There has been no adjustment for Ig dispensed in one state or territory for patients residing in a different state or territory.
- States and territories are based on the state or territory of the facility which dispensed the product, not the treating facility state or territory.
- Age data are based on the patient's age on 1 January each year for both STARS and BloodSTAR.
- Episodes in STARS were known as Treatment Episodes and in BloodSTAR these are known as Dispense Events. In this document we have used Dispense Events.
- Patient counts are distinct counts and will not sum for National or total rows and columns, as patients may have:
    - more than one specific condition
    - product dispensed in more than one state or territory
    - dispense events recorded at both a private facility and at a public facility
    - received a number of different products due to fulfilling the product allocation process
    - new products transitioned for CSL Behring
    - received IVIg and SCIg, or
    - received both domestic and imported product.
- Transitioning to new products and the refinement of the product allocation process have increased the discrepancies between the distinct patient counts at product level and the totals. In some cases, grams issued or dispensed may not total, as the aggregate may be rounded to the nearest integer.
- Earlier versions of the Criteria classified medical conditions into 4 Chapters based on the level of evidence supporting the use of Ig. In BloodSTAR, these are known as Categories and are used in reporting from 2020-21.
- Previous annual reporting for Ig named conditions as Primary Diagnosis or grouped conditions as Disease Category. In BloodSTAR, these are known as Specific Conditions or Medical Conditions respectively. Conditions were also grouped to Disciplines previously and these are now known as Specialities in BloodSTAR.

- Dispensed data can be entered into BloodSTAR at any time if there is a valid and active authorisation. This means that a Dispense Event may be recorded in one month and the actual Dispense Event was in another month, which means data for 2022-23 could be recorded in 2023-24.

- To maintain the anonymity of individual patients and health providers, data showing less than 5 patients may be suppressed or aggregated if there is a potential to re-identify or exceptions are agreed between national and state/territory data custodians.

This report uses data from 3 primary sources, as follows:

1. Data collected by the NBA on the units of Ig issued to Australian Health Providers (AHPs) and purchases from suppliers. These data are held in the NBA's IDMS.
2. Data collected by Lifeblood under contractual arrangements with the NBA on behalf of all Australian governments. These data are collected either when an order is placed for Ig or is collected following the treatment where product is issued as imprest stock. The data are collected into Lifeblood's STARS database, and
3. Data collected by the NBA on the units dispensed by AHPs to be administered to the patient. The data are collected into the NBAs BloodNet and BloodSTAR systems.

Table 3 shows the reconciliation between the 3 systems used for this report. A variance of 1.8 per cent represents less than one week of issues. This difference relates to timing of data entry or product held as imprest stock.

Table 3: Grams recorded in the different systems held by the NBA

	Total Issued Grams	BloodSTAR Dispensed Grams	Difference Grams	Difference %
NSW	3,197,676	3,076,768	120,909	3.8%
VIC	2,124,962	2,109,541	15,422	0.7%
QLD	2,141,167	2,139,551	1,616	0.1%
SA	516,299	512,385	3,914	0.8%
WA	786,293	765,753	20,540	2.6%
TAS	228,601	226,287	2,314	1.0%
NT	42,952	42,117	835	1.9%
ACT	222,101	221,768	334	0.2%
Other	760	360	400	52.6%
Total	**9,260,812**	**9,094,528**	**166,284**	**1.8%**

**Note: Includes NHIg and Other is Norfolk Island*

Trends

DEMAND TRENDS

In 2023-24, a total of 9,260,052 grams of Ig was issued, representing an increase of 576,322 grams (6.6 per cent) over 2022-23. Prior to 2018-19, the increase in Ig use averaged 11 per cent, with the greatest proportion of that increase comprising imported products (Figure 3).

While a proportion of this increase may be attributable to population increases, there has also been a steady increase in the use of Ig per 1,000 population since the introduction of the Criteria in 2008.

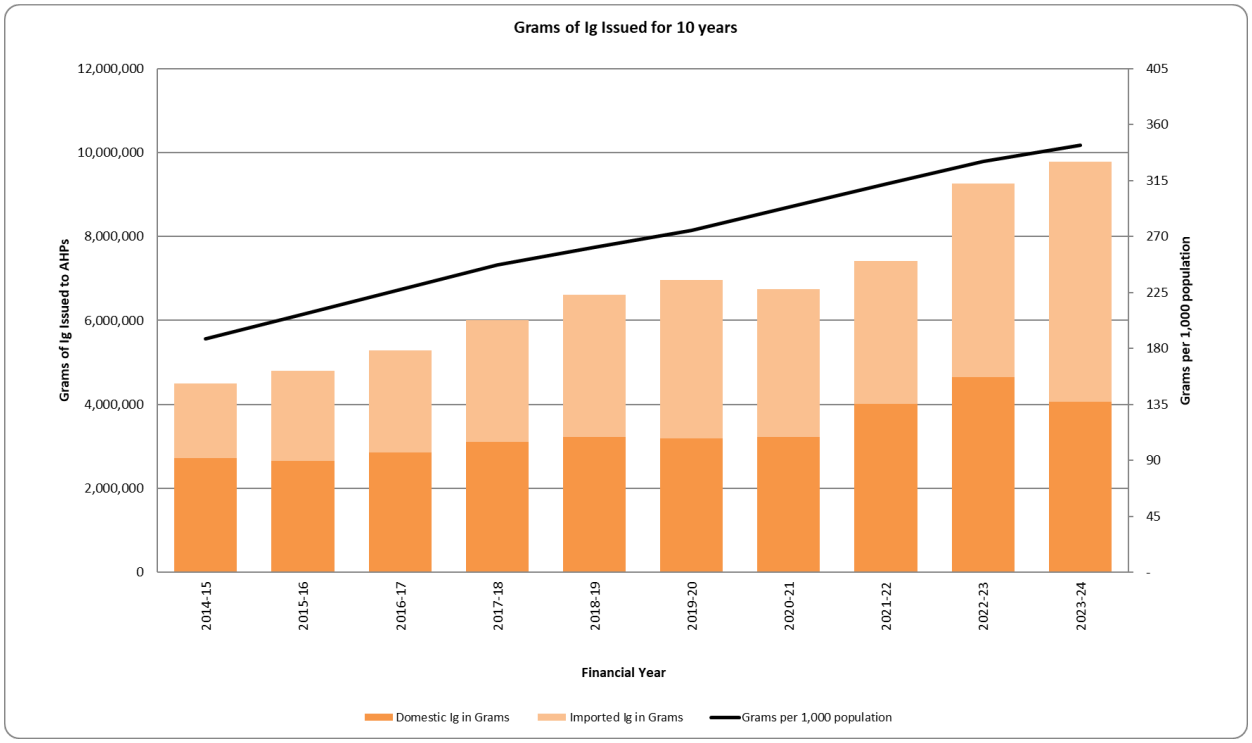


Figure 3: Ten-year trend in issues of Ig

A breakdown of the change per year in grams issued by state and territory is provided in **Table 4**.

Over the past 10 years, Western Australia (WA) has been growing at the fastest rate at an average of 13 per cent.

Table 4: Percentage change in grams issued over time by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
2014-15	9%	11%	12%	7%	12%	8%	8%	8%	10%
2015-16	14%	10%	14%	11%	17%	2%	36%	3%	12%
2016-17	14%	11%	8%	10%	18%	4%	6%	7%	11%
2017-18	11%	12%	10%	5%	9%	21%	23%	13%	11%
2018-19	9%	8%	4%	7%	5%	8%	0%	19%	7%
2019-20	4%	7%	7%	7%	16%	9%	-11%	18%	7%
2020-21	8%	5%	6%	6%	16%	12%	0%	12%	7%
2021-22	5%	9%	3%	16%	18%	5%	33%	2%	7%
2022-23	7%	10%	5%	10%	9%	14%	14%	15%	8%
2023-24	7%	9%	3%	7%	9%	13%	2%	6%	7%
Average last 10 years	**9%**	**9%**	**7%**	**9%**	**13%**	**10%**	**11%**	**10%**	**9%**

FINANCIAL TRENDS

Total expenditure on Ig (excluding plasma for fractionation) in 2023-24 was $666.5 million, an increase of $55.2 million (about 9 per cent) over 2022-23 (**Figure 4**). The increased expenditure predominately represents increases in demand and increasing imported Ig prices.

There is a continuing increase in the price of plasma for fractionation due to the increased ratio of apheresis to whole blood plasma for fractionation being supplied, resulting in an increase in the cost of domestic Ig.

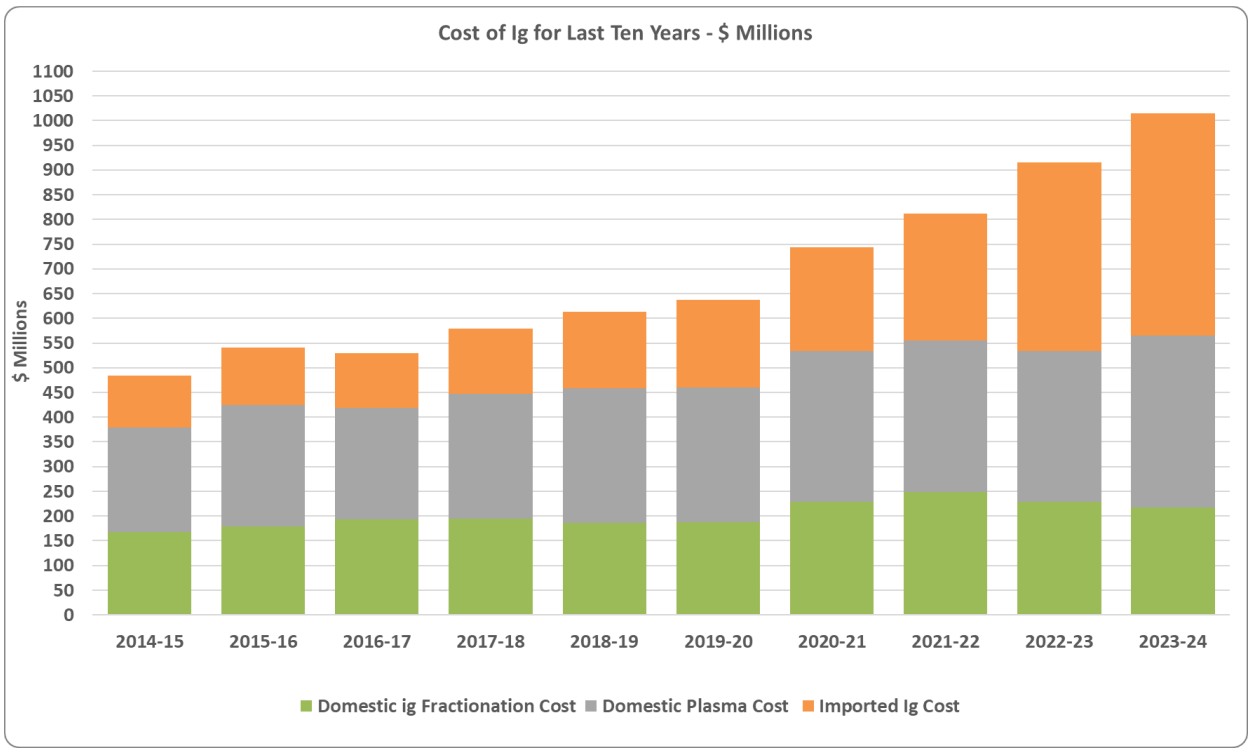


Figure 4: Ten-year trend in expenditure on Ig

In Australia, the total cost of domestic Ig supply comprises the cost of the plasma collected by Lifeblood, plus the cost of purchase of the finished Ig product from the supplier (CSL Behring). Imported Ig product is purchased at a total product cost only.

The cost of Ig as a proportion of the national blood budget is shown at **Figure 5**. Immunoglobulin is the largest budget item, representing 40 per cent of the total budget for blood and blood products. Combined with expenditure for plasma for fractionation, Ig accounts for approximately 61 per cent of the total blood budget, at a total expenditure of $1.0 billion (excluding specific hyperimmune plasma for fractionation used in the production of finished hyperimmune products).

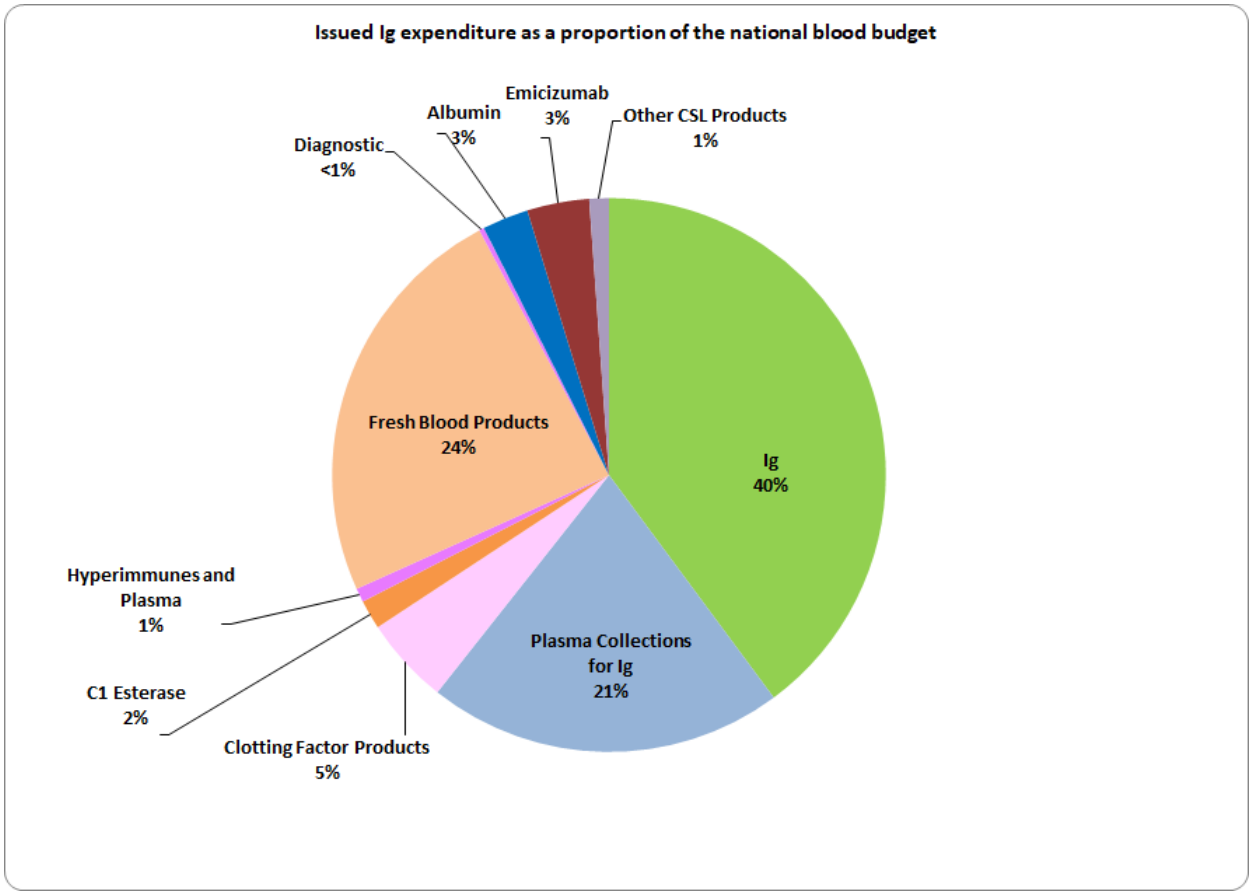


Figure 5: Ig expenditure as a proportion of the national blood budget

Of the Ig supplied under national blood arrangements in Australia in 2023-24, 38 per cent was manufactured domestically and 62 per cent was imported from overseas (**Table 5**). This represents a 23.7 per cent increase in product importation from 2022-23. Domestic supply is driven by the amount of plasma for fractionation collected in Australia, and this increased by 3.2 per cent in 2023-24 over 2022-23. Intragam 10% (IVIg), Privigen AU (IVIg), Hizentra AU (SCIg), and Evogam (SCIg) were the domestic Ig products available under the national blood arrangements in 2023-24.

The imported products available were Privigen (IVIg), Flebogamma 5% (IVIg), Flebogamma 10% (IVIg), Gamunex 10% (IVIg), Cuvitru 20% (SCIg), Octagam 10% (IVIg), Kiovig (IVIg), Hizentra (SCIg), and Xembify 20% (SCIg). When a patient is allocated to receive one of the imported products, the clinician may choose a product different to that allocated by BloodSTAR if there is a valid clinical reason. Supply of Privigen constituted about 49.7 per cent of the supply of imported Ig.

Table 6 shows the split between Ig issues for domestic and imported products, by public and private AHPs for 2023-24.

Table 5: Issues of domestic Ig compared with imported Ig

			NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Domestic Ig	Intragam 10	g	6,005	1,125	20,550	280	488	3	140	295	28,885
	Hizentra AU	g	13,687	13,741	16,976	11,015	3,904	598	544	2,053	62,518
	Evogam	g	4,566	2,630	5,512	1,748	659	165	29	301	15,610
	Privigen AU	g	1,221,185	813,750	767,280	212,480	262,550	87,195	8,385	65,800	3,438,625
	Total Domestic	**g**	**1,245,443**	**831,246**	**810,318**	**225,523**	**267,601**	**87,960**	**9,098**	**68,449**	**3,545,638**
Imported Ig	**Total Imported**	**g**	**1,952,234**	**1,293,716**	**1,330,849**	**290,776**	**518,692**	**140,641**	**33,855**	**153,653**	**5,715,174**
Ig Cost excluding the cost of plasma for fractionation		$(m)	$229.8	$152.6	$154.3	$36.7	$57.2	$16.4	$3.2	$16.3	**$666.5**
Proportion of domestic to imported Ig		g%	39%	39%	38%	44%	34%	38%	21%	31%	**38%**

Note: $(m) excludes the costs for plasma for fractionation
Note: Excludes Norfolk Island

Table 6: Issues of domestic Ig compared with imported Ig and public versus private Australian Health Providers

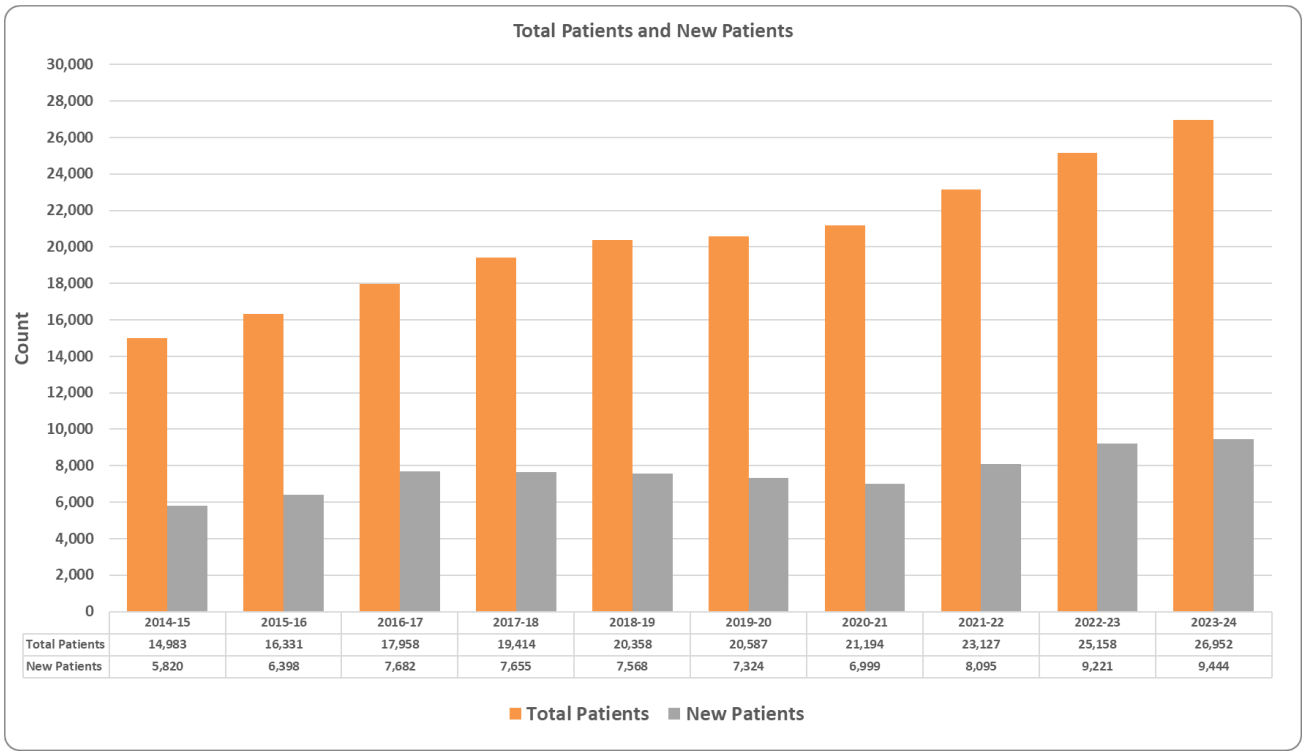
			NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Domestic Ig	Public	g	914,659	524,342	313,732	184,738	188,791	41,278	9,098	57,034	2,233,671
	Private	g	330,783	306,904	496,586	40,785	78,810	46,683	0	11,415	1,311,966
	Total Domestic	g	**1,245,443**	**831,246**	**810,318**	**225,523**	**267,601**	**87,960**	**9,098**	**68,449**	**3,545,638**
Imported Ig	Public	g	1,542,779	850,391	665,417	263,178	427,862	98,406	33,855	133,328	4,015,975
	Private	g	409,455	443,325	665,432	27,598	90,830	42,235	0	20,325	1,699,200
	Total Imported	g	**1,952,234**	**1,293,716**	**1,330,849**	**290,776**	**518,692**	**140,641**	**33,855**	**153,653**	**5,715,174**
Total Ig	Public	g	2,457,438	1,374,733	979,148	447,916	616,653	139,684	42,952	190,361	6,249,646
	Private	g	740,238	750,229	1,162,018	68,383	169,640	88,918	0	31,740	3,011,166
	Total Ig	g	**3,197,676**	**2,124,962**	**2,141,167**	**516,299**	**786,293**	**228,601**	**42,952**	**222,101**	**9,260,812**
Ig as portion of National	Public	g%	39%	22%	16%	7%	10%	2%	1%	3%	100%
	Private	g%	25%	25%	39%	2%	6%	3%	0%	1%	100%
	Total Ig	g%	**35%**	**23%**	**23%**	**6%**	**8%**	**2%**	**0%**	**2%**	**100%**
	% of Population		**31%**	**26%**	**21%**	**7%**	**11%**	**2%**	**1%**	**2%**	**100%**
Grams Per 1,000 Population	Public		291.3	199.1	177.1	240.0	210.6	243.1	169.3	404.8	231.8
	Private		87.8	108.6	210.2	36.6	57.9	154.7	-	67.5	111.7
	Total Ig		**379.1**	**307.7**	**387.3**	**276.6**	**268.6**	**397.8**	**169.3**	**472.3**	**343.5**

Note: Excludes Norfolk Island

Patient demographics

PATIENT NUMBERS

A total of 26,952 patients were dispensed Ig under the national blood arrangements during 2023-24 and 9,444 were new patients. This represents a 7.1 per cent increase in the number of patients since 2022-23 compared to about an 8.8 per cent increase in 2022-23 from 2021-22. A summary of new and total patient numbers is provided in **Figure 6**.



	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Total Patients	14,983	16,331	17,958	19,414	20,358	20,587	21,194	23,127	25,158	26,952
New Patients	5,820	6,398	7,682	7,655	7,568	7,324	6,999	8,095	9,221	9,444

Figure 6: New and total patients for the last 10 years

The number of patients per 1,000 population dispensed Ig varies between state and territory. Complete data for specific conditions by state and territory can be found at **Appendix D**.

Table 7 shows a breakdown of the proportion of patients in each state and territory with a comparison to the proportion of the population in each state and territory.

Table 7: Patient numbers by state and territory

2022-23	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Patient Counts	8,839	6,002	5,867	1,609	1,904	597	160	533	25,158
New Patients	3,227	2,471	1,769	676	673	213	78	172	9,221
Population	**8,238,801**	**6,704,281**	**5,378,277**	**1,834,275**	**2,825,178**	**571,596**	**250,149**	**460,855**	**26,263,412**
Proportion of Population	31.4%	25.5%	20.5%	7.0%	10.8%	2.2%	1.0%	1.8%	100%
Patients per 1,000 Population	1.07	0.90	1.09	0.88	0.67	1.04	0.64	1.16	0.96
2023-24									
Patient Counts	9,583	6,464	6,041	1,734	2,119	662	150	532	26,952
New Patients	3,457	2,501	1,684	680	753	207	61	157	9,444
Population	**8,434,754**	**6,905,978**	**5,528,292**	**1,866,318**	**2,927,888**	**574,705**	**253,634**	**470,232**	**26,961,801**
Proportion of Population	31.3%	25.6%	20.5%	6.9%	10.9%	2.1%	0.9%	1.7%	100%
Patients per 1,000 Population	1.14	0.94	1.09	0.93	0.72	1.15	0.59	1.13	1.00
% Change in Patients	**8.4%**	**7.7%**	**3.0%**	**7.8%**	**11.3%**	**10.9%**	**-6.3%**	**-0.2%**	**7.1%**
% Change in New Patients	**7.1%**	**1.2%**	**-4.8%**	**0.6%**	**11.9%**	**-2.8%**	**-21.8%**	**-8.7%**	**2.4%**

AGE AND WEIGHT

The distribution of estimated age is shown in **Figure 7,** where it is compared with the age distribution of the Australian population as at March 2024.[1] A peak can be seen in the patient population treated with Ig, with most Ig recipients over 55. The ageing population is expected to place a greater burden on Ig demand into the future, with the proportion of the world's population over 60 years expected to nearly double between 2015 and 2050.[2]

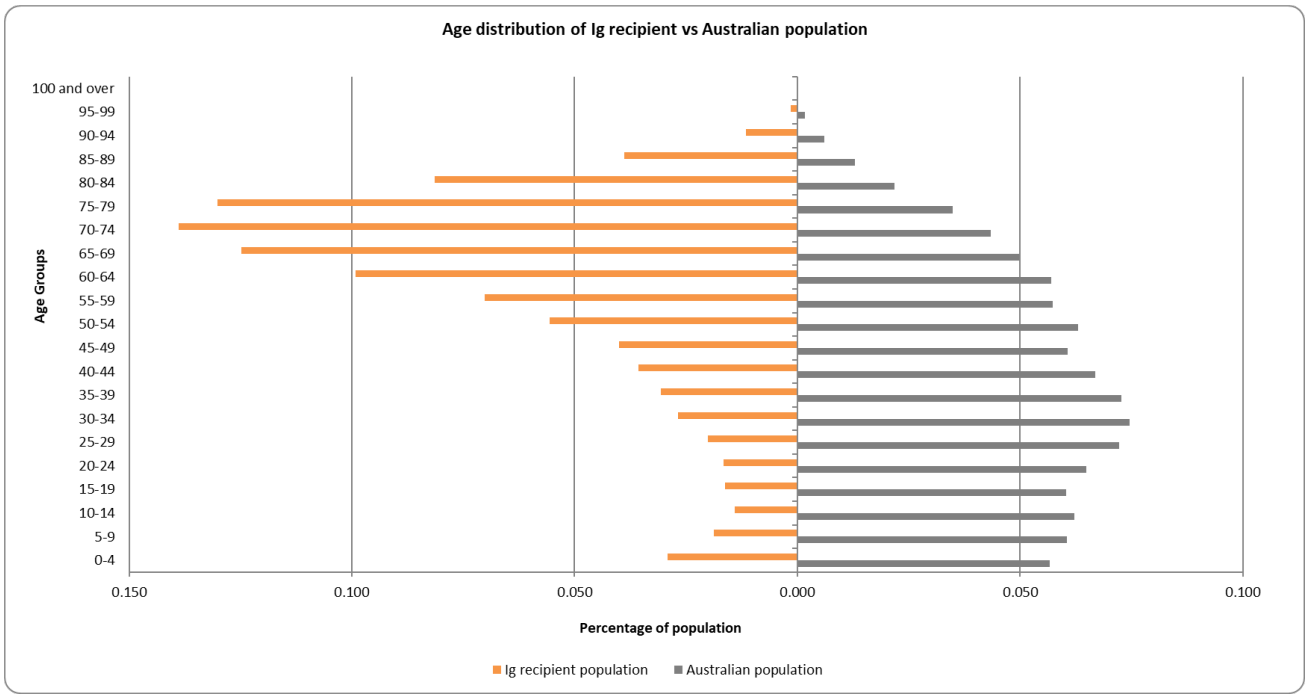


Figure 7: Patient age relative to Australian average

Note: The above figure calculations relate to only 2023-24 patients.

Immunoglobulin dosing is dependent on the weight of the patient. For many conditions, the patient weight determines the initial dosing, with maintenance therapy titrated against IgG levels and the patient's clinical response to therapy.

The amount of Ig prescribed for a patient may vary depending on the indication as well as a patient's weight and is set out in the Criteria. When prescribing Ig, persons in the prescriber role should aim to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. The dose may be adjusted for Ideal Body Weight (IBW) for some patients. A calculator is available in BloodSTAR to facilitate this where appropriate.

With an increasingly obese population, we may expect increases in demand if total (rather than ideal) body weight dosing is continued. Reviews conducted of the literature relating to lean body mass dosing should be considered for future research.

Table 8 shows the number of distinct patients and the average weight by age ranges for patients with dispenses in 2023-24.

[1] ABS 3101

[2] World Health Organization, Ageing and health (who.int)

Table 8: Patient numbers and average weight by age range

Age Range	Patient Counts	Average Weight (kg)	Treatment Episodes	Grams Dispensed
0-4	784	13	2,907	25,727
5-9	507	25	3,894	45,050
10-14	377	44	3,391	64,902
15-17	255	63	2,799	74,838
18-19	181	65	2,326	52,746
20-29	989	74	11,346	292,066
30-39	1,545	79	18,064	541,687
40-49	2,041	82	25,960	813,857
50-59	3,390	84	43,441	1,341,800
60-69	6,038	81	74,684	2,228,891
70-79	7,250	79	85,932	2,513,358
80-89	3,242	74	36,166	1,012,452
90 or more	353	70	3,325	87,154
Total	**26,952**	**78**	**314,235**	**9,094,528**

Ig Dispenses

IG DISPENSES BY CRITERIA CATEGORY

The Criteria classifies medical conditions into 4 categories based on the level of evidence supporting the use of Ig, as follows:

- conditions for which Ig has an established therapeutic role
- conditions for which Ig has an emerging therapeutic role
- conditions for which Ig has application in exceptional circumstances only
- conditions for which Ig use is not supported.

In 2023-24, product was dispensed for 142 specific conditions or 59 medical conditions across the 4 categories.

Immunoglobulin was predominately dispensed for medical conditions within *Conditions for which Ig has an established therapeutic role.* Refer to **Appendix D** for further information.

Table 9: Ig grams dispensed by criteria category

Category	2019-20	2020-21	2021-22	2022-23	2023-24
Has an established therapeutic role	5,760,834	6,143,262	6,465,105	6,911,982	7,379,117
Has an emerging therapeutic role	908,889	1,046,454	1,142,519	1,291,360	1,415,818
Has application in exceptional circumstances only	181,777	220,762	261,544	266,435	298,088
Use is not supported	1,890	1,888	1,633	283	1,505
Total	**6,853,389**	**7,412,365**	**7,870,800**	**8,470,059**	**9,094,528**

While Ig may be dispensed without an approved authorisation in life threatening situations (including prior to a confirmed diagnosis or in situations where the diagnosis is unclear at the time of treatment), under the National Policy, an authorisation for access must be submitted retrospectively. The '*Conditions for which Ig use is not supported*' dispenses generally reflect situations, where a retrospective authorisation request identified Ig was used in an emergency to treat a condition that is not supported or not mentioned in the Criteria.

IG DISPENSES BY SPECIALITY

Medical conditions are classified under a medical speciality. The key specialities are Neurology, Haematology and Immunology. Other is the total for Nephrology, Transplant Medicine, and Dermatology specialities.

All prescribers are responsible for registering for access to BloodSTAR at each hospital/health facility where they practice and/or are employed. Medical specialists must have their speciality field of practice registered with the Australian Health Practitioner Regulation Agency (AHPRA) for the specialty field to be recognised for the purposes of meeting eligibility requirements as specified in the Criteria.

Since 2019-20, there has been a 34.3 per cent increase in Ig issues for immunological conditions, as compared with a 34.2 per cent increase for haematological conditions and a 29.3 per cent increase for neurological conditions.

The variation across states and territories in number of new and total patients, and the amount of Ig dispensed per clinical speciality is illustrated in **Tables 10 to 12** for 2023-24.

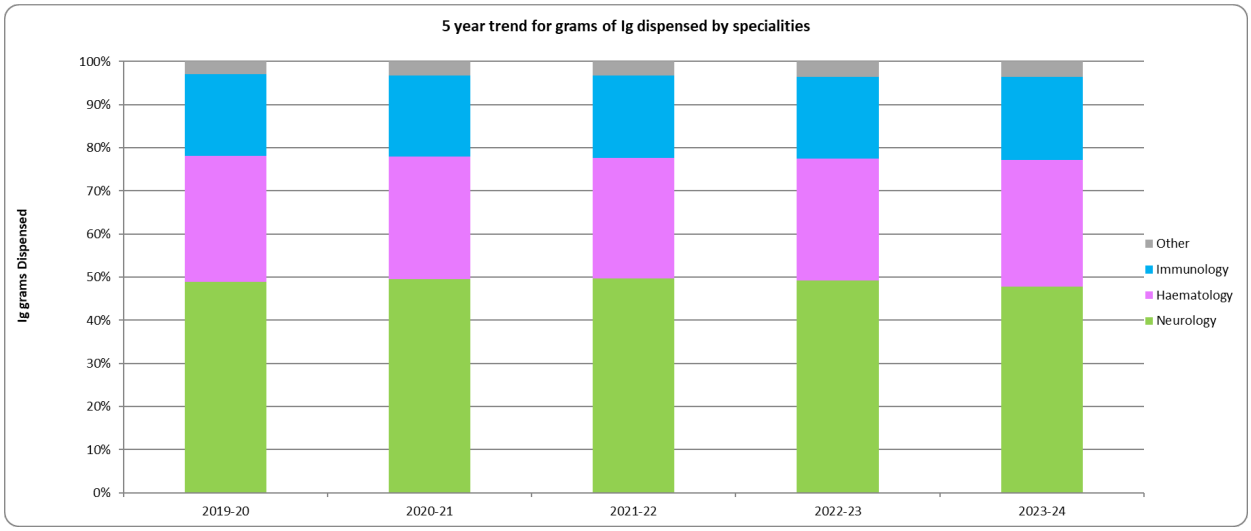


Figure 8: Grams of Ig dispensed by speciality

The data also illustrates the variation between states and territories in the relative amount of Ig used per patient for the same speciality. For example, about 37 per cent of WA's Ig patients are haematology patients, using about 21 per cent of the state's total Ig issue in 2023-24. The reason for this inter-state and territory variation is unknown, but it may represent differences in clinical practice, differing disease profiles in the patient populations, variable access to alternative therapies, or differences due to the availability of specialist services across Australia.

Table 10: Ig grams dispensed by speciality and state and territory for 2023-24

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	9,975	21,330	17,505	4,975	5,515	1,680	-	1,165	62,145
Haematology	827,576	609,987	734,152	210,093	164,143	89,363	8,187	36,316	2,679,816
Immunology	655,961	406,998	372,580	81,533	148,507	36,119	5,713	43,286	1,750,696
Neurology	1,552,592	913,538	984,359	200,717	437,308	86,390	25,968	138,496	4,339,366
Transplant Medicine*	30,665	157,688	30,955	15,068	10,280	12,735	2,250	2,505	262,145
Total	**3,076,768**	**2,109,541**	**2,139,551**	**512,385**	**765,753**	**226,287**	**42,117**	**221,768**	**9,094,168**

**Included as Other in Figure 8*

Table 11: Patients dispensed Ig by speciality and state and territory for 2023-24

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	16	30	24	7	9	<5	-	<5	89
Haematology	3,662	2,675	2,669	944	779	323	43	137	11,114
Immunology	2,391	1,481	1,224	310	553	133	34	147	6,194
Neurology	3,395	1,925	2,058	438	734	183	59	237	8,903
Transplant Medicine*	185	408	94	42	48	24	14	9	816
Total	**9,583**	**6,464**	**6,041**	**1,734**	**2,119**	**<666**	**150**	**<533**	**26,952**

**Included as Other in Figure 8*

Table 12: New patients dispensed Ig by speciality and state and territory for 2023-24

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	6	10	6	<5	<5	-	-	<5	27
Haematology	1,506	1,059	755	389	310	93	16	45	4,156
Immunology	727	592	312	107	184	56	15	35	2,022
Neurology	1,114	695	567	168	234	49	24	70	2,893
Transplant Medicine*	129	162	51	18	26	9	6	5	402
Total	**3,457**	**2,501**	**1,684**	**<683**	**<757**	**207**	**61**	**<160**	**9,444**

**Included as Other in Figure 8*

IG DISPENSES BY MEDICAL CONDITION

The top 10 medical conditions account for about 88.0 per cent of all Ig supplied, with the top 3 medical conditions accounting for 55.7 per cent. Acquired hypogammaglobulinaemia — haematological malignancy or post haemopoietic stem cell transplantation (HSCT) is the medical condition for which the greatest percentage of Ig was dispensed in 2023-24 (25.2 per cent), closely followed by chronic inflammatory demyelinating polyneuropathy (CIDP) (21.2 per cent). PID accounted for 9.2 per cent of total Ig use.

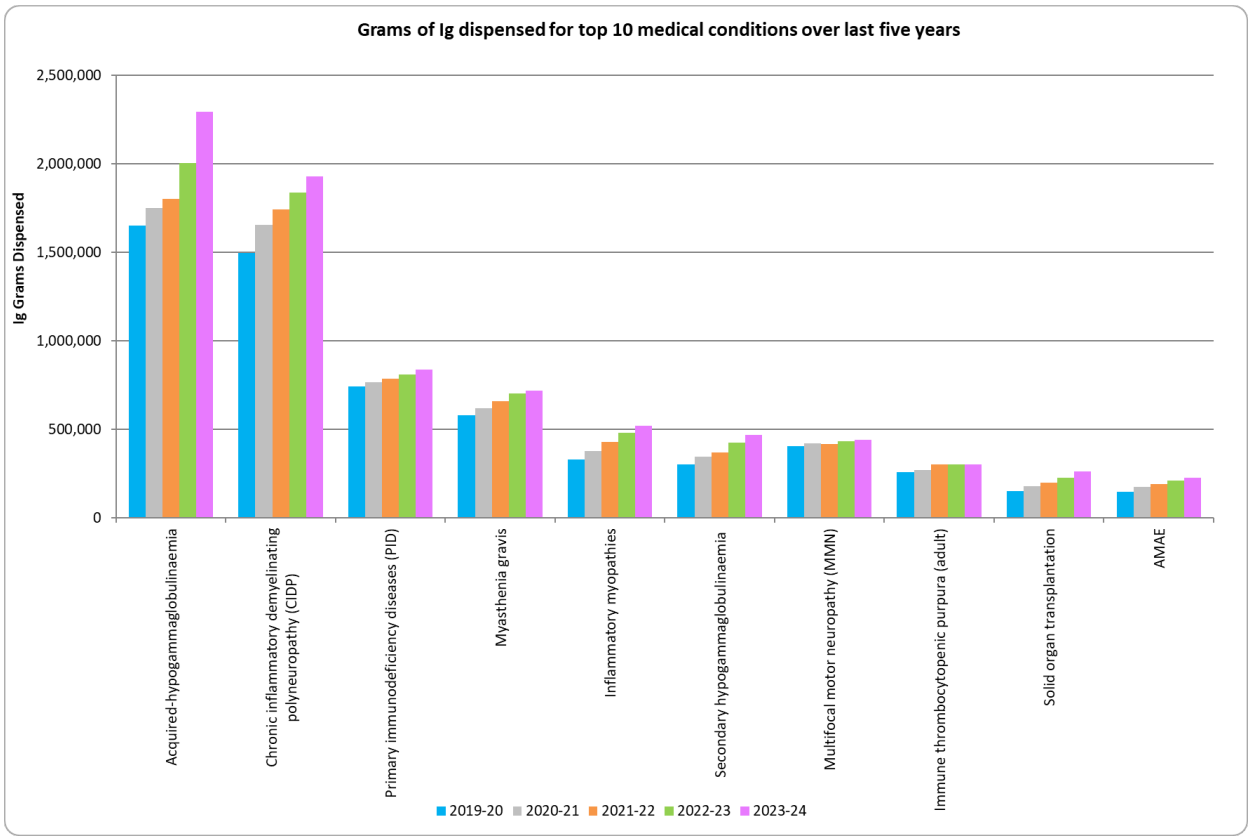


Figure 9: Grams of Ig dispensed by top 10 medical conditions

The top 10 medical conditions by state and territory for 2023-24 is presented in **Table 13**.

Table 13: Grams dispensed by state and territory and medical condition for 2023-24

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired hypogammaglobulinaemia	693,771	521,247	642,781	175,118	143,073	84,838	7,027	27,391	2,295,246
CIDP	738,575	371,554	461,064	70,082	176,528	45,897	7,185	56,283	1,927,168
Primary immunodeficiency diseases	362,548	166,624	160,879	47,023	61,005	12,447	3,786	25,387	839,698
Myasthenia gravis	213,014	173,857	182,970	16,520	92,125	14,620	4,518	20,530	718,153
Inflammatory myopathies	139,190	139,665	100,728	42,730	74,413	6,335	4,685	14,348	522,093
Secondary hypogammaglobulinaemia	162,717	100,286	139,646	12,582	30,613	14,250	505	7,141	467,741
Multifocal motor neuropathy	146,938	89,610	88,998	39,025	36,560	8,535	5,900	24,150	439,715
Immune thrombocytopenic purpura	109,853	67,135	70,845	27,665	17,635	3,580	1,020	5,950	303,683
Solid organ transplantation	30,665	157,688	30,955	15,068	10,280	12,735	2,250	2,505	262,145
AMAE	106,500	33,675	49,938	3,880	21,360	3,425	340	7,370	226,488
Total	**2,703,770**	**1,821,341**	**1,928,802**	**449,692**	**663,591**	**206,663**	**37,215**	**191,055**	**8,002,128**

Ig Dispenses - IVIg and SCIg

In March 2013, the Jurisdictional Blood Committee (JBC) approved the introduction of SCIg under the national blood arrangements. In 2023-24, the SCIg products supplied by the NBA are:

- Evogam 16% 0.8g/5ml and 3.2g/20ml supplied by CSL Behring (domestic)
- Hizentra AU 1g/5ml and 4g/20ml supplied by CSL Behring (domestic)
- Hizentra 1g/5ml, 2g/10ml, 4g/20ml and 10g/50ml supplied by CSL Behring (imported)
- Xembify 20% 1g/5ml, 2g/10ml, 4g/20ml and 10g/50ml supplied by Grifols Australia, and
- Cuvitru 20% 1g/5ml, 2g/10ml, 4g/20ml and 8g/40ml supplied by Takeda Pharmaceuticals (Australia) Pty Ltd (imported).

In addition to the clinical and diagnostic criteria for access to Ig products, access to SCIg products is provided through an assurance framework for the appropriate use of the product. The first phase of implementation was through hospital-based management arrangements. Subcutaneous Ig access rules are detailed on the NBA website at https://www.blood.gov.au/blood-products/immunoglobulin-products/subcutaneous-immunoglobulin-scig. Participation in the National SCIg program requires hospitals to establish their capability and capacity to manage a hospital based SCIg program, where the hospital provides access to all resources and takes full accountability for the management and use of the product within defined governing requirements. Further work will be undertaken to support supply of SCIg for other pathways of care.

In 2023-24, the medical conditions that SCIg can be used to treat are:

- primary immunodeficiency diseases (PID)
- specific antibody deficiency (SAD)
- acquired hypogammaglobulinaemia secondary to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT)
- secondary hypogammaglobulinaemia unrelated to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT), and
- chronic inflammatory demyelinating polyneuropathy (CIDP).

These products are authorised and distributed by Lifeblood in the same manner as IVIg. **Tables 14-15** show the patient numbers, grams dispensed, by medical condition, and by IVIg and SCIg products in 2023-24. **Tables 16-17** show the patient numbers, grams dispensed, by medical condition and by state and territory in 2023-24.

Table 14: Patients dispensed by SCIg/IVIg medical conditions and product for 2023-24

	IVIg								SCIg					
Medical Condition	Flebogamma 5%	Flebogamma 10%	Gamunex 10%	Intragam 10	Kiovig	Octagam 10%	Privigen	Privigen AU	Cuvitru 20%	Evogam	Hizentra	Hizentra AU	Xembify 20%	Total
Acquired-hypogammaglobulinaemia	41	63	136	786	14	673	881	6,553	170	29	846	34	60	8,949
Chronic inflammatory demyelinating polyneuropathy	80	165	445	19	102	115	2,135	216	39	<5	203	<5	<5	3,277
Primary immunodeficiency diseases	20	24	37	183	5	36	72	1,427	122	184	703	201	28	2,388
Secondary hypogammaglobulinaemia	23	26	109	100	<5	179	179	1,103	75	24	282	29	19	<1,888
Specific antibody deficiency	6	8	14	42	<5	46	29	277	29	19	128	22	<5	515

Note: Patient counts are distinct counts and will not sum for National or total rows and columns, as patients have transitioned to new products as part of CSL Behring roll out of new products and the refinement of the product allocation process. This process has increased the discrepancies between the distinct patient counts at product level and the totals in 2023-24.

Table 15: Grams dispensed by SCIg/IVIg medical conditions and product for 2023-24

	IVIg								SCIg					
Medical Condition	Flebogamma 5%	Flebogamma 10%	Gamunex 10%	Intragam 10	Kiovig	Octagam 10%	Privigen	Privigen AU	Cuvitru 20%	Evogam	Hizentra	Hizentra AU	Xembify 20%	Total
Acquired-hypogammaglobulinaemia	11,810	9,835	30,280	30,830	3,010	168,260	236,545	1,485,895	55,732	2,478	243,854	8,602	8,115	2,295,246
Chronic inflammatory demyelinating polyneuropathy	40,388	93,115	178,960	1,775	46,558	62,710	1,232,530	89,060	31,684	245	149,094	1,094	316	1,927,528
Primary immunodeficiency diseases	7,400	4,810	7,170	7,743	1,090	10,200	17,870	458,465	37,861	12,316	234,041	37,142	3,148	839,255
Secondary hypogammaglobulinaemia	5,788	5,905	28,775	3,355	839	43,010	45,890	222,295	23,549	1,700	78,885	5,914	1,836	467,741
Specific antibody deficiency	2,130	1,515	3,290	1,165	360	14,590	7,020	73,370	6,731	1,617	37,106	4,873	200	153,967

Table 16: Patients dispensed by SCIg medical conditions, and state and territory for 2023-24

Products	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired-hypogammaglobulinaemia	344	293	160	113	145	42	<5	14	<1,103
Chronic inflammatory demyelinating polyneuropathy	64	62	50	<5	51	6	<5	7	243
Primary immunodeficiency diseases	400	227	202	82	79	16	<5	32	<1,024
Secondary hypogammaglobulinaemia	130	68	139	14	36	8	0	10	397
Specific antibody deficiency	65	34	24	16	38	<5	<5	5	182
Total	1,002	684	574	<229	349	<76	<17	67	2,940

Table 17: Grams dispensed by SCIg medical conditions, and state and territory for 2023-24

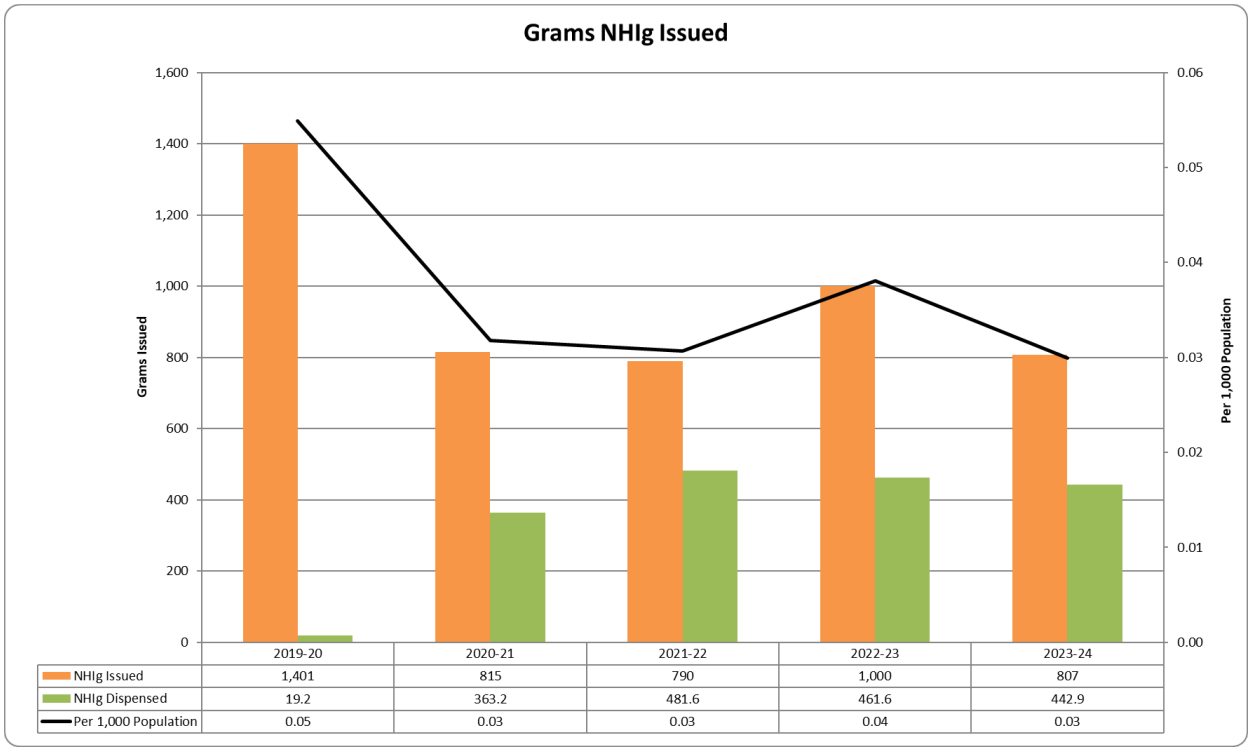
Products	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired-hypogammaglobulinaemia	102,398	81,325	49,874	28,850	41,158	11,938	192	3,046	318,781
Chronic inflammatory demyelinating polyneuropathy	40,916	40,256	33,681	1,337	56,413	3,012	400	6,418	182,433
Primary immunodeficiency diseases	120,571	70,682	69,719	23,123	22,922	5,327	1,318	10,846	324,508
Secondary hypogammaglobulinaemia	35,496	17,336	41,411	3,617	9,933	2,340	0	1,751	111,884
Specific antibody deficiency	19,855	8,720	6,511	4,386	8,599	582	172	1,703	50,527
Total	**319,236**	**218,319**	**201,195**	**61,312**	**139,025**	**23,199**	**2,082**	**23,764**	**988,132**

Ig Issued - NHIg

CSL Behring produces NHIg from hyperimmune plasma specially collected by Lifeblood. The volume of product is limited by the availability of this specialised plasma, and by production scheduling arrangements in CSL Behring's manufacturing facility.

Demand for NHIg declined in 2014-15 due to the introduction of SCIg and the implementation of the NHIg policy outlining the national position on access and use under the national blood arrangements. Normal human Ig may only be supplied for 2 purposes: (i) for the treatment of susceptible contacts of measles, hepatitis A, poliomyelitis and rubella (as directed by public health officials), or (ii) for the treatment of immunodeficiency conditions for which the product is indicated for patients for whom IVIg and SCIg are both contraindicated. Normal human Ig access rules are detailed on the NBA website at https://www.blood.gov.au/blood-products/immunoglobulin-products/normal-human-immunoglobulin-nhig.

Figure 10 shows the issues for both purposes under the policy and the dispenses that relate to the second purpose under the policy (indicated immunodeficiency conditions). The figure shows the grams issued and dispensed, and the grams issued per 1,000 population.



	2019-20	2020-21	2021-22	2022-23	2023-24
NHIg Issued	1,401	815	790	1,000	807
NHIg Dispensed	19.2	363.2	481.6	461.6	442.9
Per 1,000 Population	0.05	0.03	0.03	0.04	0.03

Figure 10: NHIg grams issued and dispensed and grams issued per 1,000 population

Appendices

APPENDIX A - BACKGROUND

Funding for Ig

The Commonwealth funded 63 per cent of Ig supplied under the national blood arrangements, with the remaining 37 per cent funded by the state or territory to which the product is supplied.

The Criteria

The Criteria is a publication that describes the eligibility criteria that patients must meet to receive Ig that is funded by all Australian governments. Product is provided free of charge to all patients who have a condition meeting qualifying criteria for supply as outlined in the Criteria. The Criteria helps to ensure that Ig is accessed consistently across Australia for the treatment of patients whose health is likely to be improved with Ig therapy. The Criteria was developed using the best available scientific evidence and medical expertise.

Version 3 of the Criteria was published in October 2018, replacing the *Criteria for the Clinical use of Intravenous Immunoglobulin in Australia - Second Edition* (v2) from August 2012. Eligibility criteria were updated to align with new evidence and best clinical practice, along with other improvements to aid prescribers. Version 3 also reflects earlier updated access arrangements for SCIg and NHIg.

Supply of Product

Immunoglobulin is made from donated human plasma. In Australia, Lifeblood is contracted to collect plasma for fractionation, which is then supplied to CSL Behring, who is responsible for the manufacture of Australian plasma derived products. To supplement the supply of Australian Ig, the NBA contracts additional suppliers to import Ig products to ensure demand can be met adequately.

There are 2 main ways Ig is available in Australia:

1. Supply under national blood arrangements

If Ig is ordered to treat a medical condition which is funded under the Criteria, then the product is supplied and funded under national blood arrangements. In this case the cost of the product is shared between the Commonwealth and the relevant state or territory.

Orders for Ig under national blood arrangements are made to Lifeblood, which is contracted by the NBA as the authoriser and distributor of all Ig funded under these arrangements. In seeking authorisation through BloodSTAR, the requesting clinician will be asked to provide information to establish that the request in BloodSTAR meets the Criteria. For ongoing conditions, the Criteria may specify review criteria to be applied in reviewing the patient to determine whether access to funded Ig will continue.

In its role as authoriser of requests for Ig, Lifeblood previously maintained a database of requests, and provides data to the NBA for use as a basis for reporting on the annual use of Ig in Australia, known as STARS data. BloodSTAR now holds these data for all states and territories.

2. Direct order and other supply arrangements

For several reasons, medical specialists may sometimes want to prescribe Ig for medical conditions that are not funded under the national blood arrangements as defined in the Criteria. In such cases, IVIg or SCIg may be available either through Direct Order arrangements, or directly from suppliers on a commercial basis, at private expense.

Under Direct Order arrangements, AHPs can purchase imported product only (IVIg or SCIg) directly from the supplier at an equivalent price to that negotiated by the NBA.

Every state or territory health department is responsible for advising each supplier of imported IVIg and SCIg product of the AHPs in their state or territory. Processes vary, with some states or territories confirming AHP status to the supplier each time a Direct Order is requested, and others having longer-standing arrangements.

Application and approval arrangements for doctors seeking access to imported Ig products raised through a Direct Order vary between hospitals and states and territories, but usually involve seeking access through the local hospital therapeutics or Ig committee, or equivalent. Where approval is granted, the cost of the imported Ig product purchased through a Direct Order is usually borne directly by the AHP.

2023-24 Activities

The NBA Ig Governance Program continued its work throughout 2023-24 to improve the governance and management of publicly funded Ig. This program aims to ensure that:

- Ig product use and management reflects appropriate clinical practice and represents efficient, effective, and ethical expenditure of government funds, in accordance with relevant national safety and quality standards for health care,
- access to Ig products is consistent with the Criteria for access determined by governments, and
- capture of information on the need for, use of, and outcomes of treatment (including adverse events) with Ig products is improved, to better inform future changes to the Criteria.

In 2023-24, the Ig Governance Program:

- continued to implement and promote the *National Policy: Access to Government-funded Immunoglobulin Products in Australia*, which defines the role and responsibilities of all professionals involved in the prescription, management and use of Ig,
- developed and implemented digital enhancements to BloodSTAR, which facilitates clinical requests for patient access to Ig products, to improve efficiency and transparency while strengthening decision-making and improving data capture,
- continued to advise and support clinical staff by reporting on Ig usage and responding to enquiries relating to access to Ig,
- monitored and improved access to Ig, including reviewing and refining the Criteria, which defines eligibility for access to Ig based on expert clinical assessment and advice. In 2023-24, access to Ig was provided for more patients by including 2 new conditions in the Criteria:
  - Heparin-induced thrombocytopenia (HIT)
  - Vaccine-associated myocarditis and pericarditis (VAMP)
- continued access to Ig for patients diagnosed with, by removing the temporary status of this condition in the Criteria, and
- began to develop a framework that will guide decision-making on the allocation of Ig to patients where there may be a significant interruption to supply. The framework aims to reflect the current Ig landscape and build on existing knowledge and best practices in Ig prioritisation internationally.

The NBA published a report on improving access to SCIg funded under the national blood arrangements. The report, *Evaluate and develop options to improve access to SCIg*, identified 5 main barriers to optimising SCIg uptake, and 8 options to address the barriers. The NBA has begun implementing the recommendations.

The NBA will continue to explore further opportunities to support the efficient, effective, ethical and most appropriate use of this precious resource and enable continued patient access to Ig therapy under national funding arrangements.

For further information on the Ig Governance Program, go to the NBA website at https://www.blood.gov.au/supply-system/governance-immunoglobulin-products.

During 2023-24, CSL Behring continued to implement its planned product transitions as a result of a change to how it manufactures 5 of Australia's plasma products to align with its global manufacturing processes.

The transition began in 2022-23 with 2 products: albumin 20% (Albumex 20 to Alburex 20 AU) and intravenous Ig 10% (Intragam 10 to Privigen AU). In 2023-24, a further 2 product transitions occurred: SCIg (Evogam to Hizentra AU) and albumin 4% to 5% (Albumex 4 to Alburex 5 AU). The final product transition also began with prothrombin complex concentrate (PCC) changing from a 3-factor PCC (containing human coagulation factors II, IX and X) to a 4-factor PCC (with the addition of factor VII and proteins C and S). The transition of Australia's current PCC Prothrombinex-VF to Beriplex AU is expected to be completed in 2024-25.

In 2023-24, to improve product diversity, the NBA introduced a new SCIg product, Xembify 20% for supply under the national blood arrangements. This SCIg product is supplied by Grifols Australia Pty Ltd and has been positively received by health providers.

APPENDIX B - ACRONYMS AND GLOSSARY

Acronyms

ABS	Australian Bureau of Statistics
Acquired hypogammaglobulinaemia	Acquired hypogammaglobulinaemia — haematological malignancy or post haemopoietic stem cell transplantation (HSCT)
ACT	Australian Capital Territory
AHP	Australian Health Provider
AHPRA	Australian Health Practitioner Regulation Agency
AMAE	Autoimmune encephalitis mediated by antibodies targeting cell-surface antigens
ANZSBT	Australia and New Zealand Society of Blood Transfusion
BloodNet	The national online ordering and inventory management system
BloodSTAR	Blood System for Tracking Authorisations and Reviews
CIDP	Chronic inflammatory demyelinating polyneuropathy
Criteria	*Criteria for the Clinical Use of Immunoglobulin in Australia*
CSL Behring	CSL Behring (Australia) Pty Ltd
Grifols	Grifols Australia Pty Ltd
HIT	Heparin-induced thrombocytopenia
HSCT	Hematopoietic stem cell transplantation
IBW	Ideal Body Weight
IDMS	Integrated Data Management System
Ig	Immunoglobulin products including IVIg and SCIg
Immune thrombocytopenic purpura	Immune thrombocytopenic purpura (ITP) — adult
Inflammatory myopathies	Inflammatory myopathies: polymyositis, dermatomyositis and necrotising autoimmune myopathy
IVIg	Intravenous immunoglobulin
JBC	Jurisdictional Blood Committee
Lifeblood	Australian Red Cross Lifeblood
NaFAA	National Fractionation Agreement for Australia
National Policy	*National Policy: Access to Government-Funded Immunoglobulin Products in Australia*
NBA	National Blood Authority
NHIg	Normal human immunoglobulin
NIGAC	National Immunoglobulin Governance Advisory Committee
NSQHS	National Safety and Quality Health Service
NSW	New South Wales
NT	Northern Territory
Octapharma	Octapharma Pty Ltd
PID	Primary Immunodeficiency Diseases
QLD	Queensland
SA	South Australia
SAD	Specific antibody deficiency
SCIg	Subcutaneous Immunoglobulin

Secondary hypogammaglobulinaemia	Secondary hypogammaglobulinaemia unrelated to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT)
STARS	Supply Tracking Analysis Recording System
Takeda	Takeda Pharmaceuticals Australia Pty Ltd
TAS	Tasmania
VAMP	Vaccine associated myocarditis and pericarditis
VIC	Victoria
VITT	vaccine-induced thrombotic thrombocytopenia
WA	Western Australia

Glossary of terms

Term	Description
Blood products	Products manufactured from human blood
Lifeblood	The Australian Red Cross Lifeblood
Condition	Clinical conditions are categorised according to the quality of the available evidence and whether Ig treatment is considered beneficial Specific conditions (previously known as primary diagnosis) within a medical condition (previous known as disease category). In some instances, the medical condition may be the same as the specific condition, for example - Myasthenia gravis is the specific condition and the medical condition
Criteria for the clinical use of immunoglobulin in Australia **(the Criteria*)***	A document describing the conditions, indications and patient qualifying and review criteria for which Ig is funded under national blood arrangements by all Australian governments
Direct Orders	Previously known as Jurisdictional Direct Orders. Arrangements implemented by the NBA with suppliers to facilitate the purchase of Ig for the treatment of conditions not satisfying the *Criteria for the clinical use of Ig in Australia*
Fractionation	A manufacturing process that separates blood plasma into specific protein fractions
Imprest stock	Health provider orders of product for stock, that is maintained at a certain level and held at their site
Intravenous immunoglobulin	An Ig product derived from donated human plasma, that is administered intravenously
Jurisdiction	Any of the parties to the Australian National Blood Agreement, being the Australian Government and all state and territory governments
Minimum Product Inventory	The minimum inventory of Ig held by CSL Behring to meet contract obligations
National Blood Agreement	The Agreement signed by all governments in 2003, that sets out the objectives for governments for the management of the Australian blood sector
National blood arrangements	Arrangements, including funding arrangements, established under the National Blood Agreement
National CSL Reserve	The reserve of inventory of Ig that CSL Behring manages on behalf of the NBA for contingency purposes
Normal human immunoglobulin	An Ig product derived from human plasma that is administered by intramuscular injection (as opposed to intravenous or sub-cutaneous injection)
Plasma	The liquid part of the blood containing antibodies and other proteins
Speciality	Classification of the conditions according to the clinical speciality, previously discipline
Subcutaneous immunoglobulin	An Ig product derived from donated human plasma that is administered subcutaneously
Treatment episode or Dispense Event	One instance or episode of a treatment plan, for example a treatment plan may be made up of 4 episodes over 4 months with an episode occurring every 4 weeks (4 treatment episodes) OR one dose of transfused product every 2 weeks for 6 months would be 13 treatment episodes or dispense events

APPENDIX C - VERSION 3 CONDITIONS BY SPECIALITY

Specific Condition	Medical Condition	Speciality	Category
Acquired bleeding disorder, other coagulation factors (Prothrombin, factor V, factor VII, factor X, factor XI, and factor XIII)	Coagulation factor inhibitors	Haematology	Has application in exceptional circumstances only
Acquired haemophilia A	Coagulation factor inhibitors	Haematology	Has application in exceptional circumstances only
Acquired von Willebrand syndrome	Coagulation factor inhibitors	Haematology	Has application in exceptional circumstances only
Acute leukaemia	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role
Acute optic neuritis	Acute optic neuritis	Neurology	Use is not supported
Anti-neutrophil cytoplasmic antibody (ANCA) (PR3 or MPO)-positive idiopathic rapidly progressive glomerulonephritis	Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis	Immunology	Has application in exceptional circumstances only
Ataxic sensory neuronopathy	Sjögren's syndrome	Neurology	Has application in exceptional circumstances only
Atypical rolandic epilepsy	Childhood epileptic encephalopathy	Neurology	Has application in exceptional circumstances only
Autoimmune haemolytic anaemia	Autoimmune haemolytic anaemia (AIHA)	Haematology	Has an emerging therapeutic role
Autoimmune neutropenia	Autoimmune neutropenia	Haematology	Has application in exceptional circumstances only
Autoimmune retinopathy	Autoimmune retinopathy (AIR)	Immunology	Has application in exceptional circumstances only
Autonomic neuropathy	Sjögren's syndrome	Neurology	Has application in exceptional circumstances only
Bullous Pemphigoid	Bullous pemphigoid	Immunology	Has an emerging therapeutic role
Catastrophic anti-phospholipid syndrome	Catastrophic anti-phospholipid syndrome (CAPS)	Immunology	Has application in exceptional circumstances only
Chronic Immune thrombocytopenic purpura (ITP)	Immune thrombocytopenic purpura (ITP) — adult	Haematology	Has an established therapeutic role
Chronic inflammatory demyelinating polyneuropathy (CIDP)	Chronic inflammatory demyelinating polyneuropathy (CIDP)	Neurology	Has an established therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Chronic lymphocytic leukaemia (CLL)	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role
Cicatricial pemphigoid (CP)	Cicatricial pemphigoid (CP) or Mucous Membrane Pemphigoid (MMP)	Dermatology	Has an emerging therapeutic role
Combined immunodeficiency generally less profound than SCID (e.g. thymoma)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Combined immunodeficiency with associated or syndromal features (e.g. Wiskott Aldrich syndrome; ataxia telangiectasia)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Confirmed autoimmune congenital heart block in a fetus	Autoimmune congenital heart block	Immunology	Has application in exceptional circumstances only
Confirmed autoimmune congenital heart block in a neonate	Autoimmune congenital heart block	Immunology	Has application in exceptional circumstances only
Congenital haemophilia A with acquired factor VIII inhibitor	Coagulation factor inhibitors	Haematology	Has application in exceptional circumstances only
Dermatomyositis (DM)	Inflammatory myopathies: polymyositis, dermatomyositis and necrotising autoimmune myopathy	Neurology	Has an established therapeutic role
Diabetic amyotrophy	Diabetic amyotrophy	Neurology	Use is not supported
Drug-induced pemphigus foliaceus	Pemphigus foliaceus (PF)	Immunology	Has an emerging therapeutic role
Encephalitis associated with antibodies to AMPA receptor	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to CASPR2	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to DPPX	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to GABA (A or B) receptor	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to glycine receptor	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to LGI1	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to NMDA receptor	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Encephalitis associated with antibodies to VGKC	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Endemic pemphigus foliaceus	Pemphigus foliaceus (PF)	Immunology	Has an emerging therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss Syndrome)	Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis	Immunology	Has application in exceptional circumstances only
Epidermolysis bullosa acquisita	Epidermolysis bullosa acquisita	Immunology	Has application in exceptional circumstances only
Evans syndrome - with significant Immune thrombocytopenic purpura (ITP) - adult	Immune thrombocytopenic purpura (ITP) — adult	Haematology	Has an established therapeutic role
Evans syndrome child - with significant ITP	Immune thrombocytopenic purpura (ITP) — in children 15 years and younger	Haematology	Has an emerging therapeutic role
Evans Syndrome with significant AIHA	Autoimmune haemolytic anaemia (AIHA)	Haematology	Has an emerging therapeutic role
Existing patient - authorisation for IgG subclass deficiency	Specific antibody deficiency (SAD)	Immunology	Has an emerging therapeutic role
Fetal alloimmune thrombocytopenia (FAIT)	Fetal and neonatal alloimmune thrombocytopenia (FNAIT)	Haematology	Has an established therapeutic role
Granulomatosis with polyangiitis (Wegener Granulomatosis)	Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis	Immunology	Has application in exceptional circumstances only
Graves ophthalmopathy	Graves ophthalmopathy (GO)	Immunology	Has application in exceptional circumstances only
Guillain-Barré Syndrome (GBS)	Guillain-Barré Syndrome (GBS)	Neurology	Has an established therapeutic role
Guillain-Barré Syndrome (GBS) variants	Guillain-Barré Syndrome (GBS)	Neurology	Has an established therapeutic role
Haemolytic disease of the fetus	Haemolytic disease of the fetus (HDF)	Haematology	Has application in exceptional circumstances only
Haemophagocytic lymphohistiocytosis	Haemophagocytic lymphohistiocytosis	Haematology	Has an emerging therapeutic role
Heart and kidney transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Heart and lung transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Heart transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Heparin Induced Thrombocytopenia (HIT)	Heparin induced thrombocytopenia (HIT)	Haematology	Has application in exceptional circumstances only
Hyperhaemolysis syndrome	Hyperhaemolysis syndrome	Haematology	Has application in exceptional circumstances only
Hypogammaglobulinaemia following B cell depletion therapy	Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)	Immunology	Has an emerging therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Hypogammaglobulinaemia following Solid organ transplantation	Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)	Immunology	Has an emerging therapeutic role
Idiopathic opsoclonus-myoclonus ataxia	Opsoclonus-myoclonus ataxia (OMA)	Neurology	Has an emerging therapeutic role
IgA paraproteinaemic demyelinating neuropathy	Chronic inflammatory demyelinating polyneuropathy (CIDP)	Neurology	Has an established therapeutic role
IgA pemphigus foliaceus	Pemphigus foliaceus (PF)	Immunology	Has an emerging therapeutic role
IgG paraproteinaemic demyelinating neuropathy	Chronic inflammatory demyelinating polyneuropathy (CIDP)	Neurology	Has an established therapeutic role
IgM paraproteinaemic demyelinating neuropathy	IgM paraproteinaemic demyelinating neuropathy	Neurology	Has an emerging therapeutic role
Inclusion Body Myositis (IBM)	Inclusion Body Myositis (IBM)	Neurology	Has an established therapeutic role
ITP - child - chronic	Immune thrombocytopenic purpura (ITP) — in children 15 years and younger	Haematology	Has an emerging therapeutic role
ITP - child - newly diagnosed	Immune thrombocytopenic purpura (ITP) — in children 15 years and younger	Haematology	Has an emerging therapeutic role
ITP - child - persistent	Immune thrombocytopenic purpura (ITP) — in children 15 years and younger	Haematology	Has an emerging therapeutic role
Kawasaki disease	Kawasaki disease	Immunology	Has an established therapeutic role
Kidney transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Lambert-Eaton myasthenic syndrome	Lambert-Eaton myasthenic syndrome (LEMS)	Neurology	Has an established therapeutic role
Landau Kleffner syndrome	Childhood epileptic encephalopathy	Neurology	Has application in exceptional circumstances only
Lennox-Gastaut syndrome	Childhood epileptic encephalopathy	Neurology	Has application in exceptional circumstances only
LETMs	Neuromyelitis optica spectrum disorders (NMOSD)	Neurology	Has application in exceptional circumstances only
Liver and kidney transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Liver transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Lung transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Lymphoproliferative syndromes (e.g. XLP1, XLP2, CD27 def)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Macrophage activation syndrome	Haemophagocytic lymphohistiocytosis	Haematology	Has an emerging therapeutic role
Memory B cell deficiency secondary to haemopoietic stem cell transplantation (HSCT)	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role
Microscopic polyangiitis	Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis	Immunology	Has application in exceptional circumstances only
Monophasic acute disseminated encephalomyelitis (ADEM)	Acute disseminated encephalomyelitis (ADEM)	Neurology	Has an emerging therapeutic role
Mucous Membrane Pemphigoid (MMP)	Cicatricial pemphigoid (CP) or Mucous Membrane Pemphigoid (MMP)	Dermatology	Has an emerging therapeutic role
Multifocal motor neuropathy with or without persistent conduction block	Multifocal motor neuropathy (MMN)	Neurology	Has an established therapeutic role
Multiphasic acute disseminated encephalomyelitis (ADEM)	Acute disseminated encephalomyelitis (ADEM)	Neurology	Has an emerging therapeutic role
Multiple myeloma (MM)	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role
Myasthenia gravis (MG)	Myasthenia gravis (MG)	Neurology	Has an established therapeutic role
Myocarditis in children	Myocarditis in children	Immunology	Use is not supported
Necrotising autoimmune myopathy (NAM)	Inflammatory myopathies: polymyositis, dermatomyositis and necrotising autoimmune myopathy	Neurology	Has an established therapeutic role
Neonatal alloimmune thrombocytopenia (NAIT)	Fetal and neonatal alloimmune thrombocytopenia (FNAIT)	Haematology	Has an established therapeutic role
Neonate with haemochromatosis	Neonatal haemochromatosis (NH)	Haematology	Has an established therapeutic role
Newly Diagnosed Immune thrombocytopenic purpura (ITP)	Immune thrombocytopenic purpura (ITP) — adult	Haematology	Has an established therapeutic role
NMOSD-AQP4 ab positive	Neuromyelitis optica spectrum disorders (NMOSD)	Neurology	Has application in exceptional circumstances only
NMOSD-MOG ab positive	Neuromyelitis optica spectrum disorders (NMOSD)	Neurology	Has application in exceptional circumstances only
NMOSD-seronegative	Neuromyelitis optica spectrum disorders (NMOSD)	Neurology	Has application in exceptional circumstances only
Non-Hodgkin lymphoma (NHL)	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role
Other Haematological malignancy	Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	Haematology	Has an established therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Other Hypogammaglobulinaemia unrelated to haematological malignancies or haemopoietic stem cell transplantation (HSCT)	Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)	Immunology	Has an emerging therapeutic role
Other transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Paediatric acute neuropsychiatric disorders (PANS)	PANDAS/PANS	Neurology	Has application in exceptional circumstances only
Paediatric autoimmune neuropsychiatric disorder (PANDAS)	PANDAS/PANS	Neurology	Has application in exceptional circumstances only
Painful small fibre neuropathy	Sjögren's syndrome	Neurology	Has application in exceptional circumstances only
Pancreas and kidney transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Paraneoplastic associated breast cancer	Opsoclonus-myoclonus ataxia (OMA)	Neurology	Has an emerging therapeutic role
Paraneoplastic associated neuroblastoma	Opsoclonus-myoclonus ataxia (OMA)	Neurology	Has an emerging therapeutic role
Paraneoplastic associated other tumour type	Opsoclonus-myoclonus ataxia (OMA)	Neurology	Has an emerging therapeutic role
Paraneoplastic associated small cell lung cancer	Opsoclonus-myoclonus ataxia (OMA)	Neurology	Has an emerging therapeutic role
Paraneoplastic Subacute Sensory Neuropathy	Paraneoplastic Subacute Sensory Neuropathy	Neurology	Use is not supported
Pemphigus erythematosus	Pemphigus foliaceus (PF)	Immunology	Has an emerging therapeutic role
Pemphigus herpetiformis	Pemphigus foliaceus (PF)	Immunology	Has an emerging therapeutic role
Pemphigus vulgaris	Pemphigus vulgaris (PV)	Dermatology	Has an emerging therapeutic role
Persistent Immune thrombocytopenic purpura (ITP)	Immune thrombocytopenic purpura (ITP) — adult	Haematology	Has an established therapeutic role
Polymyositis (PM)	Inflammatory myopathies: polymyositis, dermatomyositis and necrotising autoimmune myopathy	Neurology	Has an established therapeutic role
Polyneuropathy of critical illness	Polyneuropathy of critical illness	Immunology	Use is not supported
Possible Common variable immune deficiency (CVID) - below normal serum IgG but normal serum IgA level	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Pregnant woman with previous fetal loss	Neonatal haemochromatosis (NH)	Haematology	Has an established therapeutic role
Pure red cell aplasia - associated B19 infection	Pure red cell aplasia (PRCA)	Haematology	Has application in exceptional circumstances only
Pure red cell aplasia - autoimmune mediated	Pure red cell aplasia (PRCA)	Haematology	Has application in exceptional circumstances only

Specific Condition	Medical Condition	Speciality	Category
Pyoderma Gangrenosum	Pyoderma Gangrenosum (PG)	Immunology	Has application in exceptional circumstances only
Rasmussen encephalitis	Rasmussen encephalitis	Neurology	Has application in exceptional circumstances only
Recurrent acute disseminated encephalomyelitis (ADEM)	Acute disseminated encephalomyelitis (ADEM)	Neurology	Has an emerging therapeutic role
Relapsing remitting multiple sclerosis	Multiple sclerosis (MS - RMMS)	Neurology	Has application in exceptional circumstances only
Risk of autoimmune congenital heart block - previously affected sibling	Autoimmune congenital heart block	Immunology	Has application in exceptional circumstances only
Scleromyxedema - skin and systemic disease	Scleromyxedema	Immunology	Has application in exceptional circumstances only
Scleromyxedema - skin involvement only	Scleromyxedema	Immunology	Has application in exceptional circumstances only
Sensorimotor axonal neuropathy	Sjögren's syndrome	Neurology	Has application in exceptional circumstances only
Sepsis	Sepsis	Immunology	Use is not supported
Sero-negative autoimmune encephalitis	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Sero-negative limbic encephalitis	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Severe combined immunodeficiency (SCID)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Severe reduction in all Ig isotypes with decreased or absent B-cells (e.g. XLA def)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Severe reduction in at least two Ig isotypes with low/normal B-cells (e.g. CVID)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Severe reduction in serum IgG and IgA with normal/elevated IgM (e.g. CD40L def)	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Specific antibody deficiency	Specific antibody deficiency (SAD)	Immunology	Has an emerging therapeutic role
Staphylococcal TSS	Toxic shock syndrome	Immunology	Has an emerging therapeutic role
Stevens-Johnson syndrome / toxic epidermal necrolysis overlap (SJS/TEN)	Toxic epidermal necrolysis / Stevens-Johnson syndrome	Immunology	Has an emerging therapeutic role
Stiff person syndrome	Stiff person syndrome	Neurology	Has an established therapeutic role
Streptococcal TSS	Toxic shock syndrome	Immunology	Has an emerging therapeutic role

Specific Condition	Medical Condition	Speciality	Category
Susac syndrome	Susac syndrome	Neurology	Has application in exceptional circumstances only
Suspected autoimmune encephalitis	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Suspected autoimmune limbic encephalitis	Antibody mediated autoimmune encephalitis (AMAE)	Neurology	Has an emerging therapeutic role
Systemic capillary leak syndrome	Systemic Capillary leak syndrome	Immunology	Has application in exceptional circumstances only
Thymoma-associated hypogammaglobulinaemia (Goods Syndrome)	Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)	Immunology	Has an emerging therapeutic role
Toxic epidermal necrolysis (TEN)	Toxic epidermal necrolysis / Stevens-Johnson syndrome	Immunology	Has an emerging therapeutic role
Transient hypogammaglobulinaemia of infancy	Primary immunodeficiency diseases (PID)	Immunology	Has an established therapeutic role
Vaccine associated myocarditis	Vaccine associated myocarditis and pericarditis (VAMP)	Immunology	Has application in exceptional circumstances only
Vaccine associated pericarditis	Vaccine associated myocarditis and pericarditis (VAMP)	Immunology	Has application in exceptional circumstances only
Vaccine induced immune thrombotic thrombocytopenia (VITT)	Vaccine induced immune thrombotic thrombocytopenia (VITT)	Haematology	Has application in exceptional circumstances only
West syndrome	Childhood epileptic encephalopathy	Neurology	Has application in exceptional circumstances only

APPENDIX D - DATASET OF IG SUPPLY BY STATE/TERRITORY 2023-24

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Has an established therapeutic role										
Acute leukaemia	Patients	182	143	62	40	18	5	<5	7	<454
	Average Age	41	38	49	48	37	53	42	48	42
	Average Weight	70	66	70	76	59	80	99	82	69
	Grams	23,136	18,572	10,995	7,178	2,653	739	235	2,060	65,568
	Grams/Episode	19	13	22	19	13	11	21	24	17
	Grams per 1,000 Population	3	3	2	2	1	1	1	4	2
Chronic Immune thrombocytopenic purpura (ITP)	Patients	197	119	93	51	26	12		13	510
	Average Age	58	62	61	62	50	58		65	60
	Average Weight	79	78	84	83	78	88		92	81
	Grams	39,463	22,030	21,188	8,890	3,610	1,260		2,485	98,925
	Grams/Episode	52	44	36	64	51	26		51	46
	Grams per 1,000 Population	5	3	4	3	2	2		5	4
Chronic inflammatory demyelinating polyneuropathy (CIDP)	Patients	1,313	615	814	134	219	82	17	77	3,213
	Average Age	65	64	62	60	62	65	58	61	63
	Average Weight	83	83	84	83	83	85	88	88	84
	Grams	727,245	368,924	447,899	68,787	175,888	44,617	7,185	55,563	1,896,108
	Grams/Episode	45	42	30	44	50	28	24	53	39
	Grams per 1,000 Population	86	53	81	23	94	78	28	118	70
Chronic lymphocytic leukaemia (CLL)	Patients	650	454	491	147	157	77	7	23	1,981
	Average Age	74	73	73	72	73	74	68	73	73
	Average Weight	79	78	79	82	75	79	84	75	79
	Grams	180,521	126,088	150,474	35,765	37,235	24,433	2,060	7,145	563,720
	Grams/Episode	24	23	23	22	19	19	20	24	23
	Grams per 1,000 Population	21	18	27	12	20	43	8	15	21
Combined immunodeficiency generally	Patients	22	15	13	<5	7		<5		58
	Average Age	48	36	22	14	50		8		33

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
less profound than SCID (e.g. thymoma)	Average Weight	62	50	51	45	87		24		55
	Grams	5,668	2,754	3,982	561	2,007		202		15,174
	Grams/Episode	20	15	13	14	20		2		15
	Grams per 1,000 Population	1	0	1	0	1		1		1
Combined immunodeficiency with associated or syndromal features (e.g. Wiskott Aldrich syndrome; ataxia telangiectasia)	Patients	11	10	14	6	10		<5	<5	<60
	Average Age	22	31	22	6	14		18	52	20
	Average Weight	58	57	52	22	41		43	41	49
	Grams	3,167	2,848	3,216	418	1,908		333	45	11,935
	Grams/Episode	11	17	18	4	9		13	15	12
	Grams per 1,000 Population	0	0	1	0	1		1	0	0
Dermatomyositis (DM)	Patients	117	96	75	32	49	<5	<5	9	377
	Average Age	54	52	52	54	55	49	18	51	53
	Average Weight	74	74	75	78	76	70	41	72	74
	Grams	44,405	46,005	28,563	14,505	30,463	910	865	4,223	169,938
	Grams/Episode	37	51	24	43	43	23	17	41	37
	Grams per 1,000 Population	5	7	5	5	16	2	3	9	6
Evans syndrome - with significant Immune thrombocytopenic purpura (ITP) - adult	Patients	5	<5	9		<5			<5	<25
	Average Age	53	41	53		36			73	51
	Average Weight	100	84	80		88			73	83
	Grams	310	430	1,965		60			75	2,840
	Grams/Episode	31	54	38		20			75	38
	Grams per 1,000 Population	0	0	0		0			0	0
Fetal alloimmune thrombocytopenia (FAIT)	Patients	<5	<5	5		<5				<20
	Average Age	34	35	27		29				32
	Average Weight	94	69	83		83				82
	Grams	2,995	2,980	1,670		905				8,550
	Grams/Episode	64	62	44		82				59
	Grams per 1,000 Population	0	0	0		0				0
	Patients	245	178	127	36	54	9	<5	13	<667

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Guillain-Barré Syndrome (GBS)	Average Age	57	52	56	56	52	56	45	56	55
	Average Weight	81	81	82	83	76	69	85	89	81
	Grams	37,060	25,770	21,090	5,585	7,323	1,415	535	2,365	101,143
	Grams/Episode	33	39	21	37	30	26	21	45	31
	Grams per 1,000	4	4	4	2	4	2	2	5	4
Guillain-Barré Syndrome (GBS) variants	Patients	87	75	41	11	20		<5	<5	<245
	Average Age	54	54	51	56	54		47	70	53
	Average Weight	81	74	83	96	76		72	61	80
	Grams	13,600	9,995	5,950	2,000	2,705		145	350	34,745
	Grams/Episode	35	41	22	45	36		48	50	34
	Grams per 1,000 Population	2	1	1	1	1		1	1	1
IgA paraproteinaemic demyelinating neuropathy	Patients	8	<5	8		<5				<22
	Average Age	76	80	71		53				72
	Average Weight	85	75	96		100				93
	Grams	4,195	75	7,560		0				11,830
	Grams/Episode	40	38	38		0				38
	Grams per 1,000 Population	0	0	1						0
IgG paraproteinaemic demyelinating neuropathy	Patients	18	7	12	<5	<5	<5		<5	<55
	Average Age	78	77	77	74	60	87		75	76
	Average Weight	79	79	86	79	79	89		78	81
	Grams	7,135	2,555	5,605	1,295	640	1,280		720	19,230
	Grams/Episode	37	32	36	36	17	36		19	33
	Grams per 1,000 Population	1	0	1	0	0	2		2	1
Inclusion Body Myositis (IBM)	Patients	39	43	32	15	<5	<5		5	<145
	Average Age	75	74	74	77	66	77		72	74
	Average Weight	80	79	81	73	76	66		71	78
	Grams	14,665	22,045	13,575	6,665	340	1,025		2,400	60,715
	Grams/Episode	35	45	25	37	31	28		33	35
	Grams per 1,000 Population	2	3	2	2	0	2		5	2

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Kawasaki disease	Patients	154	161	68	24	43	14	5	6	475
	Average Age	4	3	4	2	4	5	2	3	4
	Average Weight	19	17	20	14	17	29	14	14	18
	Grams	6,620	6,345	3,100	720	1,945	840	190	170	19,930
	Grams/Episode	28	24	18	16	29	23	15	28	24
	Grams per 1,000 Population	1	1	1	0	1	1	1	0	1
Lambert-Eaton myasthenic syndrome	Patients	14	<5	13	<5	<5	<5		<5	<45
	Average Age	69	69	64	69	62	72		79	67
	Average Weight	71	82	74	88	63	82		61	75
	Grams	4,210	2,820	5,935	2,075	320	590		660	16,610
	Grams/Episode	34	47	20	43	46	17		60	28
	Grams per 1,000 Population	0	0	1	1	0	1		1	1
Lymphoproliferative syndromes (e.g. XLP1, XLP2, CD27 def)	Patients	<5	<5		<5	<5	<5			<15
	Average Age	41	32		29	16	47			32
	Average Weight	74	79		57	52	70			68
	Grams	650	442		418	80	288			1,878
	Grams/Episode	16	12		16	3	21			13
	Grams per 1,000 Population	0	0		0	0	1			0
Memory B cell deficiency secondary to haemopoietic stem cell transplantation (HSCT)	Patients	155	75	107	36	17	17		6	406
	Average Age	52	54	58	54	56	55		49	55
	Average Weight	73	79	73	74	67	77		73	74
	Grams	27,933	14,992	28,948	6,818	2,245	4,938		1,158	87,031
	Grams/Episode	19	19	17	21	19	25		19	19
	Grams per 1,000 Population	3	2	5	2	1	9		2	3
Multifocal motor neuropathy with or without persistent conduction block	Patients	199	115	125	44	43	15	6	20	555
	Average Age	59	59	60	62	60	72	57	55	60
	Average Weight	80	82	84	89	84	85	76	86	83
	Grams	146,938	89,610	88,998	39,025	36,560	8,535	5,900	24,150	439,715
	Grams/Episode	54	53	28	58	52	31	36	73	45

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	17	13	16	13	20	15	23	51	16
Multiple myeloma (MM)	Patients	907	752	642	238	183	57	9	28	2,784
	Average Age	71	69	70	70	70	71	67	73	70
	Average Weight	77	78	80	80	78	82	84	75	79
	Grams	216,366	186,134	186,472	60,621	42,916	17,777	1,325	6,930	718,539
	Grams/Episode	25	21	24	19	18	22	19	21	22
	Grams per 1,000 Population	26	27	34	21	23	31	5	15	27
Myasthenia gravis (MG)	Patients	516	375	405	54	165	40	9	38	1,576
	Average Age	65	64	63	65	63	65	54	63	64
	Average Weight	81	81	85	82	82	90	92	89	83
	Grams	213,014	173,857	182,970	16,520	92,125	14,620	4,518	20,530	718,153
	Grams/Episode	38	42	24	39	41	30	31	47	34
	Grams per 1,000 Population	25	25	33	6	49	25	18	44	27
Necrotising autoimmune myopathy (NAM)	Patients	85	86	79	36	51	7	8	9	356
	Average Age	66	65	64	71	61	62	59	60	64
	Average Weight	77	77	82	78	79	92	79	78	79
	Grams	33,973	42,115	34,740	18,680	29,040	4,700	3,820	3,880	170,948
	Grams/Episode	35	50	23	41	44	56	21	44	36
	Grams per 1,000 Population	4	6	6	6	16	8	15	8	6
Neonatal alloimmune thrombocytopenia (NAIT)	Patients	<5	7	<5	<5	<5	<5			<25
	Average Age	22	0	0	0	0	0			8
	Average Weight	53	3	3	3	3	4			21
	Grams	420	40	10	5	20	5			500
	Grams/Episode	47	5	5	5	5	5			20
	Grams per 1,000 Population	0	0	0	0	0	0			0
Neonate with haemochromatosis	Patients	<5	<5	<5	<5					<15
	Average Age	0	0	0	0					0
	Average Weight	3	2	3	3					2
	Grams	15	35	15	10					75

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode	3	4	5	5					4
	Grams per 1,000 Population	0	0	0	0					0
Newly Diagnosed Immune thrombocytopenic purpura (ITP)	Patients	334	230	212	96	83	13	6	12	985
	Average Age	60	62	58	65	57	51	52	58	60
	Average Weight	79	80	80	78	82	113	72	82	80
	Grams	43,330	26,330	29,655	12,510	8,675	1,575	845	1,790	124,710
	Grams/Episode	57	59	33	61	61	28	35	72	48
	Grams per 1,000 Population	5	4	5	4	5	3	3	4	5
Non-Hodgkin lymphoma (NHL)	Patients	865	635	783	270	212	112	16	33	2,890
	Average Age	69	68	69	69	68	70	61	68	69
	Average Weight	77	80	79	81	78	82	81	75	79
	Grams	203,584	156,718	228,966	60,007	51,183	31,640	3,407	8,679	744,183
	Grams/Episode	23	22	22	22	21	19	17	23	22
	Grams per 1,000 Population	24	23	41	20	27	55	13	18	28
Other Haematological malignancy	Patients	188	86	132	21	30	17		<5	<480
	Average Age	65	59	72	57	57	65		74	65
	Average Weight	78	78	76	74	73	80		103	77
	Grams	42,232	18,744	36,926	4,730	6,842	5,311		1,420	116,205
	Grams/Episode	24	22	22	17	17	27		19	22
	Grams per 1,000 Population	5	3	7	2	4	9		3	4
Persistent Immune thrombocytopenic purpura (ITP)	Patients	163	116	82	33	38	7	<5	11	<453
	Average Age	60	55	57	58	66	56	50	61	58
	Average Weight	80	81	83	89	85	155	77	89	83
	Grams	26,750	18,345	18,038	6,265	5,290	745	175	1,600	77,208
	Grams/Episode	54	58	34	63	54	31	15	76	48
	Grams per 1,000 Population	3	3	3	2	3	1	1	3	3
Polymyositis (PM)	Patients	139	101	80	20	26	<5		15	<384
	Average Age	62	62	59	65	53	73		60	61
	Average Weight	77	77	81	69	77	82		73	78

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	60,813	51,545	37,425	9,545	14,910	725		6,245	181,208
	Grams/Episode	38	49	27	39	44	30		36	37
	Grams per 1,000 Population	7	7	7	3	8	1		13	7
Possible Common variable immune deficiency (CVID) - below normal serum IgG but normal serum IgA level	Patients	439	160	122	30	50	6	<5	28	<830
	Average Age	59	51	58	54	44	58	20	50	56
	Average Weight	77	68	76	71	66	66	65	80	74
	Grams	156,026	50,005	42,599	9,039	14,739	1,867	360	10,476	285,109
	Grams/Episode	25	20	23	22	16	25	14	28	23
	Grams per 1,000 Population	18	7	8	3	8	3	1	22	11
Pregnant woman with previous fetal loss	Patients		<5	<5						<10
	Average Age		30	29						30
	Average Weight		94	68						83
	Grams		2,365	1,050						3,415
	Grams/Episode		48	32						42
	Grams per 1,000 Population		0	0						0
Severe combined immunodeficiency (SCID)	Patients	16	10	10	<5	<5				<45
	Average Age	18	32	23	28	35				25
	Average Weight	38	61	52	81	86				53
	Grams	4,926	3,323	3,008	733	275				12,264
	Grams/Episode	18	14	19	27	6				16
	Grams per 1,000 Population	1	0	1	0	0				0
Severe reduction in all Ig isotypes with decreased or absent B-cells (e.g. XLA def)	Patients	36	46	27	8	14		<5	<5	<140
	Average Age	30	30	30	19	16		32	38	28
	Average Weight	64	58	67	47	41		64	79	59
	Grams	14,964	16,655	9,897	2,630	3,771		606	800	49,323
	Grams/Episode	25	21	22	19	14		5	28	20
	Grams per 1,000 Population	2	2	2	1	2		2	2	2
Severe reduction in at least two Ig isotypes with	Patients	491	233	250	87	105	28	6	40	1,212
	Average Age	48	49	53	46	45	47	55	47	49

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
low/normal B-cells (e.g. CVID)	Average Weight	73	76	78	68	74	79	84	75	75
	Grams	171,354	88,052	93,613	30,584	36,783	10,226	2,285	14,067	446,964
	Grams/Episode	24	22	23	22	18	21	14	26	23
	Grams per 1,000 Population	20	13	17	10	20	18	9	30	17
Severe reduction in serum IgG and IgA with normal/elevated IgM (e.g. CD40L def)	Patients	21	7	14	6	<5				<53
	Average Age	34	45	38	50	70				42
	Average Weight	57	82	63	78	110				70
	Grams	5,545	2,506	4,242	2,620	1,432				16,345
	Grams/Episode	21	21	16	19	23				20
	Grams per 1,000 Population	1	0	1	1	1				1
Stiff person syndrome	Patients	64	12	29	<5	17	<5		11	<140
	Average Age	62	57	62	50	64	53		49	61
	Average Weight	78	83	85	67	73	85		81	80
	Grams	40,235	9,170	18,525	2,015	10,830	1,950		4,595	87,320
	Grams/Episode	44	56	26	54	44	20		39	38
	Grams per 1,000 Population	5	1	3	1	6	3		10	3
Transient hypogammaglobulinaemia of infancy	Patients	6	<5	6	<5	<5	<5			<20
	Average Age	4	2	9	3	0	7			5
	Average Weight	14	9	19	14	3	15			15
	Grams	249	40	322	20	10	66			707
	Grams/Episode	3	3	11	3	5	6			5
	Grams per 1,000 Population	0	0	0	0	0	0			0
Total - Has an established therapeutic role	**Patients**	**7,509**	**4,858**	**4,894**	**1,462**	**1,621**	**527**	**108**	**411**	**21,116**
	Average Age	**63**	**62**	**63**	**62**	**60**	**66**	**51**	**60**	**62**
	Grams	**2,523,707**	**1,611,257**	**1,779,184**	**437,237**	**625,726**	**182,077**	**34,990**	**184,579**	**7,378,757**
	Grams/Episode	**32**	**30**	**25**	**28**	**31**	**24**	**20**	**39**	**29**
	Grams per 1,000 Population	**299**	**233**	**322**	**149**	**335**	**317**	**138**	**393**	**274**
Has an emerging therapeutic role										
	Patients	41	48	33	8	6	<5	<5	<5	<145

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Autoimmune haemolytic anaemia	Average Age	64	65	66	55	68	93	26	78	65
	Average Weight	70	74	75	85	63	70	40	89	74
	Grams	5,363	7,745	6,588	800	335	30	40	180	21,081
	Grams/Episode	45	49	29	53	48	30	20	90	40
	Grams per 1,000 Population	1	1	1	0	0	0	0	0	1
Bullous Pemphigoid	Patients	8	28	15		5	<5		6	<67
	Average Age	55	65	66		73	63		84	65
	Average Weight	109	79	85		66	131		62	86
	Grams	7,720	21,730	13,805		2,180	655		2,300	48,390
	Grams/Episode	66	60	60		39	15		70	57
	Grams per 1,000 Population	1	3	2		1	1		5	2
Cicatricial pemphigoid (CP)	Patients	<5	<5	9	<5	<5				<25
	Average Age	69	79	68	69	78				69
	Average Weight	74	91	82	69	68				80
	Grams	3,825	470	7,015	280	280				11,870
	Grams/Episode	66	36	29	28	47				36
	Grams per 1,000 Population	0	0	1	0	0				0
Drug-induced pemphigus foliaceus	Patients		<5							<5
	Average Age		61							61
	Average Weight		60							60
	Grams		240							240
	Grams/Episode		40							40
	Grams per 1,000 Population		0							0
Encephalitis associated with antibodies to AMPA receptor	Patients	<5	<5	<5						<10
	Average Age	59	74	66						63
	Average Weight	68	105	60						74
	Grams	360	200	120						680
	Grams/Episode	23	40	24						26
	Grams per 1,000 Population	0	0	0						0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Encephalitis associated with antibodies to CASPR2	Patients	11	<5	6	<5	<5		<5	<5	<30
	Average Age	61	69	42	70	75		45	69	57
	Average Weight	78	94	68	76	98		60	50	78
	Grams	4,570	650	1,725	305	1,235		120	100	8,705
	Grams/Episode	43	31	22	31	44		13	100	34
	Grams per 1,000 Population	1	0	0	0	1		0	0	0
Encephalitis associated with antibodies to DPPX	Patients	<5		<5		<5				<10
	Average Age	58		40		16				38
	Average Weight	85		80		47				73
	Grams	770		780		410				1,960
	Grams/Episode	59		30		29				37
	Grams per 1,000 Population	0		0		0				0
Encephalitis associated with antibodies to GABA (A or B) receptor	Patients	<5								<5
	Average Age	54								54
	Average Weight	70								70
	Grams	665								665
	Grams/Episode	29								29
	Grams per 1,000 Population	0								0
Encephalitis associated with antibodies to glycine receptor	Patients		<5	<5						<10
	Average Age		74	56						56
	Average Weight		70	74						74
	Grams		140	1,488						1,628
	Grams/Episode		140	17						18
	Grams per 1,000 Population		0	0						0
Encephalitis associated with antibodies to LGI1	Patients	22	6	5		8	<5		<5	<50
	Average Age	66	65	62		72	82		61	66
	Average Weight	72	66	89		70	58		110	75
	Grams	8,155	1,650	1,850		3,080	115		490	15,340
	Grams/Episode	40	30	19		34	23		70	34

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	1	0	0		2	0		1	1
Encephalitis associated with antibodies to NMDA receptor	Patients	46	20	21	<5	9	<5		<5	<105
	Average Age	39	43	44	51	39	32		42	42
	Average Weight	71	71	79	88	80	50		100	75
	Grams	12,770	3,745	6,135	420	1,930	145		480	25,625
	Grams/Episode	33	32	21	30	33	18		40	29
	Grams per 1,000 Population	2	1	1	0	1	0		1	1
Encephalitis associated with antibodies to VGKC	Patients	7	<5	5		<5				<20
	Average Age	53	55	59		68				57
	Average Weight	63	83	81		55				74
	Grams	2,303	640	2,085		715				5,743
	Grams/Episode	26	24	15		55				21
	Grams per 1,000 Population	0	0	0		0				0
Endemic pemphigus foliaceus	Patients		<5							<5
	Average Age		73							73
	Average Weight		68							68
	Grams		1,370							1,370
	Grams/Episode		69							69
	Grams per 1,000 Population		0							0
Evans syndrome child - with significant ITP	Patients				<5					<5
	Average Age				4					4
	Average Weight				19					19
	Grams				70					70
	Grams/Episode				18					18
	Grams per 1,000 Population				0					0
Evans Syndrome with significant AIHA	Patients		<5	<5	<5					<10
	Average Age		71	53	91					62
	Average Weight		75	77	43					73
	Grams		235	205	85					525

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode		47	19	43					29
	Grams per 1,000 Population		0	0	0					0
Existing patient - authorisation for IgG subclass deficiency	Patients	<5	11	<5	<5	<5		<5		<30
	Average Age	69	68	67	37	78		5		60
	Average Weight	128	84	70	64	83		14		80
	Grams	1,920	4,880	860	993	672		108		9,433
	Grams/Episode	29	20	17	16	14		3		18
	Grams per 1,000 Population	0	1	0	0	0		0		0
Haemophagocytic lymphohistiocytosis	Patients	38	14	19	7	<5	<5		<5	<90
	Average Age	50	59	55	55	50	60		23	54
	Average Weight	65	74	81	77	84	71		65	74
	Grams	4,385	1,615	3,220	865	470	200		130	10,885
	Grams/Episode	52	54	34	41	52	18		130	43
	Grams per 1,000 Population	1	0	1	0	0	0		0	0
Heart and kidney transplant	Patients	<5	<5							<10
	Average Age	42	68							64
	Average Weight	70	80							78
	Grams	105	905							1,010
	Grams/Episode	26	38							36
	Grams per 1,000 Population	0	0							0
Heart and lung transplant	Patients	<5	<5						<5	<10
	Average Age	39	55						43	43
	Average Weight	80	80						74	77
	Grams	85	80						150	315
	Grams/Episode	17	40						30	26
	Grams per 1,000 Population	0	0						0	0
Heart transplant	Patients	14	8	9		<5				<36
	Average Age	46	40	42		64				44
	Average Weight	74	85	66		73				72

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	1,435	1,685	2,720		140				5,980
	Grams/Episode	15	48	29		23				26
	Grams per 1,000 Population	0	0	0		0				0
Histiolymphocytosis	Patients		<5							<5
	Average Age		58							58
	Average Weight		55							55
	Grams		285							285
	Grams/Episode		41							41
	Grams per 1,000 Population		0							0
Hypogammaglobulinaemia following B cell depletion therapy	Patients	273	207	174	28	76	18	<5	8	<780
	Average Age	59	59	60	58	53	59	56	50	58
	Average Weight	74	77	77	73	75	79	63	59	76
	Grams	61,031	46,014	47,340	5,710	18,381	4,968	395	1,354	185,193
	Grams/Episode	21	22	20	19	18	24	20	19	21
	Grams per 1,000 Population	7	7	9	2	10	9	2	3	7
Hypogammaglobulinaemia following Solid organ transplantation	Patients	144	128	92	7	10	7	<5	8	<397
	Average Age	57	59	58	63	63	44	70	57	57
	Average Weight	67	68	72	80	73	77	58	70	69
	Grams	25,018	23,579	18,969	1,429	1,583	2,526	75	2,358	75,537
	Grams/Episode	19	21	17	13	21	15	15	14	19
	Grams per 1,000 Population	3	3	3	0	1	4	0	5	3
Idiopathic opsoclonus-myoclonus ataxia	Patients	7	<5	<5	<5	<5	<5			<25
	Average Age	24	52	4	37	23	4			27
	Average Weight	47	48	20	62	49	20			48
	Grams	1,365	313	20	1,915	795	260			4,668
	Grams/Episode	22	24	20	60	36	20			32
	Grams per 1,000 Population	0	0	0	1	0	0			0
IgA pemphigus foliaceus	Patients	<5								<5
	Average Age	77								77

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	117								117
	Grams	1,410								1,410
	Grams/Episode	201								201
	Grams per 1,000 Population	0								0
IgM paraproteinaemic demyelinating neuropathy	Patients	28	23	25	<5	<5	<5		<5	<95
	Average Age	76	73	72	67	80	77		59	74
	Average Weight	77	81	85	80	70	79		75	80
	Grams	13,345	10,305	10,065	1,145	3,630	1,320		330	40,140
	Grams/Episode	39	39	28	31	43	26		37	35
	Grams per 1,000 Population	2	1	2	0	2	2		1	1
ITP - child - chronic	Patients	10	8	7	<5	<5	<5			<35
	Average Age	12	10	9	7	6	0			9
	Average Weight	58	48	36	40	27	5			43
	Grams	920	595	383	25	130	10			2,063
	Grams/Episode	51	25	14	8	14	5			25
	Grams per 1,000	0	0	0	0	0	0			0
ITP - child - newly diagnosed	Patients	23	24	20	7	14	<5	<5	<5	<100
	Average Age	6	7	5	5	4	4	14	7	6
	Average Weight	27	26	30	20	20	20	64	53	27
	Grams	985	810	750	205	290	70	100	105	3,315
	Grams/Episode	26	21	20	26	16	18	25	53	22
	Grams per 1,000 Population	0	0	0	0	0	0	0	0	0
ITP - child - persistent	Patients	9	6	<5	5	<5				<30
	Average Age	5	6	11	9	2				7
	Average Weight	25	27	44	49	13				32
	Grams	625	235	100	460	35				1,455
	Grams/Episode	22	26	10	38	12				23
	Grams per 1,000 Population	0	0	0	0	0				0
Kidney transplant	Patients	136	304	75	32	29	20	13	7	610

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Age	48	53	46	48	52	55	41	45	51
	Average Weight	77	77	77	85	79	88	71	77	78
	Grams	23,870	134,960	24,675	11,188	5,485	11,800	2,230	2,180	216,388
	Grams/Episode	27	37	16	36	42	43	17	30	31
	Grams per 1,000 Population	3	20	4	4	3	21	9	5	8
Liver and kidney transplant	Patients	<5	<5		<5					<10
	Average Age	18	50		57					46
	Average Weight	37	80		102					82
	Grams	425	160		420					1,005
	Grams/Episode	61	40		26					37
	Grams per 1,000 Population	0	0		0					0
Liver transplant	Patients	<5	<5		<5			<5		<15
	Average Age	56	45		64			21		52
	Average Weight	90	77		81			40		79
	Grams	210	660		520			20		1,410
	Grams/Episode	30	21		31			20		25
	Grams per 1,000 Population	0	0		0			0		0
Lung transplant	Patients	29	81	8	7	16	<5		<5	<150
	Average Age	49	53	45	49	53	62		45	52
	Average Weight	69	75	63	63	67	71		64	71
	Grams	4,125	16,633	2,400	1,965	4,495	935		175	30,728
	Grams/Episode	26	24	19	22	26	23		22	24
	Grams per 1,000 Population	0	2	0	1	2	2		0	1
Macrophage activation syndrome	Patients	8	7	<5		<5			<5	<25
	Average Age	27	33	55		82			23	35
	Average Weight	45	47	87		80			65	53
	Grams	600	595	160		60			65	1,480
	Grams/Episode	30	40	27		30			65	34
	Grams per 1,000 Population	0	0	0		0			0	0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Monophasic acute disseminated encephalomyelitis (ADEM)	Patients	48	9	6	<5	<5		<5	<5	<80
	Average Age	23	26	11	16	42		1	26	23
	Average Weight	56	41	38	49	61		13	45	52
	Grams	4,985	745	375	135	390		25	160	6,815
	Grams/Episode	34	30	22	45	30		8	32	32
	Grams per 1,000 Population	1	0	0	0	0		0	0	0
Mucous Membrane Pemphigoid (MMP)	Patients	<5	7	10	<5	<5	<5		<5	<30
	Average Age	72	68	71	26	72	52		86	70
	Average Weight	97	87	76	75	66	71		52	78
	Grams	1,700	5,320	7,525	150	1,705	1,680		860	18,940
	Grams/Episode	37	53	26	38	28	129		54	36
	Grams per 1,000 Population	0	1	1	0	1	3		2	1
Multiphasic acute disseminated encephalomyelitis (ADEM)	Patients	<5	<5							<10
	Average Age	49	40							45
	Average Weight	78	98							87
	Grams	370	195							565
	Grams/Episode	62	39							51
	Grams per 1,000 Population	0	0							0
Other Hypogammaglobulinaemia unrelated to haematological malignancies or haemopoietic stem cell transplantation (HSCT)	Patients	260	124	226	20	36	21	<5	15	<699
	Average Age	66	59	65	64	50	55	56	67	63
	Average Weight	76	70	76	79	68	69	90	79	74
	Grams	73,611	29,488	71,371	4,718	8,742	6,374	35	3,429	197,768
	Grams/Episode	22	21	23	23	13	18	35	21	21
	Grams per 1,000 Population	9	4	13	2	5	11	0	7	7
Other transplant	Patients	<5	<5							<10
	Average Age	19	51							32
	Average Weight	47	62							53
	Grams	315	30							345
	Grams/Episode	35	5							23

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	0	0							0
Pancreas and kidney transplant	Patients	<5	12	<5	<5	<5				<25
	Average Age	38	41	34	32	34				39
	Average Weight	57	71	95	65	75				72
	Grams	95	2,575	1,160	975	160				4,965
	Grams/Episode	9	20	68	35	18				26
	Grams per 1,000 Population	0	0	0	0	0				0
Paraneoplastic associated breast cancer	Patients			<5		<5	<5			<10
	Average Age			68		85	59			73
	Average Weight			69		85	50			70
	Grams			140		1,105	180			1,425
	Grams/Episode			35		85	20			55
	Grams per 1,000 Population			0		1	0			0
Paraneoplastic associated neuroblastoma	Patients	<5	<5	<5		<5				<15
	Average Age	2	1	2		1				2
	Average Weight	12	11	13		13				13
	Grams	110	120	270		200				700
	Grams/Episode	8	10	9		9				9
	Grams per 1,000 Population	0	0	0		0				0
Paraneoplastic associated other tumour type	Patients	<5	<5	<5					<5	<15
	Average Age	60	9	69					58	62
	Average Weight	59	30	74					66	66
	Grams	180	30	440					80	730
	Grams/Episode	23	15	26					80	26
	Grams per 1,000 Population	0	0	0					0	0
Paraneoplastic associated small cell lung cancer	Patients	<5								<5
	Average Age	62								62
	Average Weight	75								75
	Grams	120								120

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode	12								12
	Grams per 1,000 Population	0								0
Pemphigus erythematosus	Patients		<5							<5
	Average Age		81							81
	Average Weight		60							60
	Grams		120							120
	Grams/Episode		15							15
	Grams per 1,000 Population		0							0
Pemphigus vulgaris	Patients	8	22	5	5	<5			<5	<50
	Average Age	62	54	71	55	59			36	58
	Average Weight	96	79	73	64	81			63	79
	Grams	4,450	15,540	2,965	4,545	3,530			305	31,335
	Grams/Episode	60	67	39	57	48			102	58
	Grams per 1,000 Population	1	2	1	2	2			1	1
Post-transfusion purpura (PTP)	Patients						<5			<5
	Average Age						24			24
	Average Weight						198			198
	Grams						200			200
	Grams/Episode						20			20
	Grams per 1,000 Population						0			0
Recurrent acute disseminated encephalomyelitis (ADEM)	Patients	17	<5	<5			<5			<25
	Average Age	49	33	67			5			48
	Average Weight	61	72	71			20			60
	Grams	4,150	85	430			238			4,903
	Grams/Episode	31	85	19			20			29
	Grams per 1,000 Population	0	0	0			0			0
Sero-negative autoimmune encephalitis	Patients	88	27	24	<5	8	<5		<5	<160
	Average Age	45	52	49	50	59	17		45	47
	Average Weight	77	77	74	80	70	52		54	75

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	31,145	8,785	7,230	365	1,795	780		1,060	51,160
	Grams/Episode	37	38	26	33	26	14		39	34
	Grams per 1,000 Population	4	1	1	0	1	1		2	2
Sero-negative limbic encephalitis	Patients	21	<5	19		<5	<5	<5	<5	<55
	Average Age	56	16	49		46	47	57	53	49
	Average Weight	83	54	70		80	86	65	108	74
	Grams	7,230	895	7,045		1,515	910	220	465	18,280
	Grams/Episode	39	25	21		61	35	18	66	29
	Grams per 1,000 Population	1	0	1		1	2	1	1	1
Specific antibody deficiency	Patients	205	78	69	26	104	<5	<5	15	493
	Average Age	56	50	57	58	40	63	34	41	51
	Average Weight	70	76	76	70	58	85	72	75	69
	Grams	60,705	22,193	20,631	7,360	27,477	1,072	84	5,013	144,534
	Grams/Episode	19	19	19	17	14	18	42	27	18
	Grams per 1,000 Population	7	3	4	3	15	2	0	11	5
Staphylococcal TSS	Patients	44	32	16	<5	<5	<5		<5	<110
	Average Age	51	45	34	38	65	63		64	49
	Average Weight	92	76	61	80	96	71		85	79
	Grams	6,410	3,410	1,845	160	485	400		305	13,015
	Grams/Episode	99	81	56	160	97	19		153	77
	Grams per 1,000 Population	1	0	0	0	0	1		1	0
Stevens-Johnson syndrome / toxic epidermal necrolysis overlap (SJS/TEN)	Patients	16	30	5	<5		<5		<5	<60
	Average Age	41	35	8	1		66		18	36
	Average Weight	82	67	29	11		112		80	70
	Grams	2,020	4,275	325	20		225		160	7,025
	Grams/Episode	51	52	17	20		15		160	44
	Grams per 1,000 Population	0	1	0	0		0		0	0
Streptococcal TSS	Patients	203	134	63	40	54	24	7	11	536
	Average Age	42	43	43	42	49	52	35	47	44

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	76	77	72	67	78	85	76	75	76
	Grams	25,715	17,760	7,210	5,005	7,105	3,430	935	1,585	68,745
	Grams/Episode	84	93	47	111	100	46	35	132	78
	Grams per 1,000 Population	3	3	1	2	4	6	4	3	3
Suspected autoimmune encephalitis	Patients	116	72	53	18	28	6		9	298
	Average Age	49	63	51	56	50	74		55	53
	Average Weight	71	72	82	73	74	75		95	75
	Grams	32,043	14,760	13,175	2,565	9,670	1,140		3,985	77,338
	Grams/Episode	38	33	23	32	34	25		60	33
	Grams per 1,000 Population	4	2	2	1	5	2		8	3
Suspected autoimmune limbic encephalitis	Patients	28	13	25	<5	<5	<5		<5	<80
	Average Age	53	64	52	49	58	66		73	54
	Average Weight	73	73	70	90	81	73		62	72
	Grams	6,490	2,210	8,305	225	1,010	335		790	19,365
	Grams/Episode	35	40	25	23	30	34		40	30
	Grams per 1,000 Population	1	0	2	0	1	1		2	1
Thymoma-associated hypogammaglobulinaemia (Goods Syndrome)	Patients	7	<5	<5	<5	7	<5			<30
	Average Age	64	65	67	64	75	70			67
	Average Weight	69	78	78	87	64	74			73
	Grams	3,057	1,205	1,966	725	1,907	382			9,242
	Grams/Episode	21	13	27	14	17	48			19
	Grams per 1,000 Population	0	0	0	0	1	1			0
Toxic epidermal necrolysis (TEN)	Patients	<5	<5	<5	<5		<5			<15
	Average Age	73	70	26	85		70			64
	Average Weight	82	74	65	85		100			78
	Grams/Episode	82	74	31	85		80			69
	Grams per 1,000 Population	0	0	0	0		0			0
Total - Has an emerging therapeutic role	**Patients**	**1,891**	**1,493**	**1,060**	**242**	**457**	**132**	**33**	**107**	**5,363**
	Average Age	**56**	**56**	**57**	**55**	**49**	**54**	**36**	**55**	**56**

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	**73**	**75**	**76**	74	**67**	**78**	**60**	**74**	**74**
	Grams	**453,915**	**413,234**	**306,019**	**56,003**	**113,127**	**40,540**	**4,387**	**28,594**	**1,415,818**
	Grams/Episode	**27**	**31**	**22**	**28**	**21**	**26**	**17**	**32**	**26**
	Grams per 1,000 Population	**54**	**60**	**55**	**19**	**61**	**71**	**17**	**61**	**53**
Has application in exceptional circumstances only										
Acquired haemophilia A	Patients	<5	<5							<10
	Average Age	81	30							74
	Average Weight	50	63							52
	Grams	120	65							185
	Grams/Episode	20	65							26
	Grams per 1,000 Population	0	0							0
Acquired von Willebrand syndrome	Patients	<5	<5	<5	7	<5	<5			<25
	Average Age	68	82	61	71	71	61			65
	Average Weight	60	70	89	73	100	75			80
	Grams	1,150	420	4,255	3,775	100	180			9,880
	Grams/Episode	52	70	42	67	100	18			50
	Grams per 1,000 Population	0	0	1	1	0	0			0
Anti-neutrophil cytoplasmic antibody (ANCA) (PR3 or MPO)-positive idiopathic rapidly progressive glomerulonephritis	Patients	<5	<5			<5				<10
	Average Age	70	61			39				53
	Average Weight	41	61			66				58
	Grams	80	200			400				680
	Grams/Episode	10	29			29				23
	Grams per 1,000 Population	0	0			0				0
Ataxic sensory neuronopathy	Patients	<5	<5	<5		<5		<5	<5	<25
	Average Age	62	76	78		87		77	72	75
	Average Weight	93	36	65		71		74	65	77
	Grams	2,595	70	170		910		900	845	5,490
	Grams/Episode	53	23	28		21		24	65	36
	Grams per 1,000 Population	0	0	0		0		4	2	0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Atypical rolandic epilepsy	Patients	<5	<5	<5		<5				<15
	Average Age	15	15	18		9				16
	Average Weight	101	63	50		39				66
	Grams	1,175	260	1,600		120				3,155
	Grams/Episode	41	65	29		40				35
	Grams per 1,000 Population	0	0	0		0				0
Autoimmune neutropenia	Patients	11	5	5	<5	<5				<30
	Average Age	61	55	44	69	62				55
	Average Weight	83	93	87	120	76				87
	Grams	1,625	1,180	725	200	185				3,915
	Grams/Episode	42	56	24	100	31				40
	Grams per 1,000 Population	0	0	0	0	0				0
Autoimmune retinopathy	Patients	5	<5	<5						<15
	Average Age	70	63	66						66
	Average Weight	66	89	72						74
	Grams	2,120	2,935	1,800						6,855
	Grams/Episode	47	79	29						48
	Grams per 1,000 Population	0	0	0						0
Autonomic neuropathy	Patients	<5	<5	<5	<5					<15
	Average Age	60	78	60	65					62
	Average Weight	76	60	80	59					76
	Grams	1,100	300	1,245	290					2,935
	Grams/Episode	55	60	27	32					37
	Grams per 1,000 Population	0	0	0	0					0
Catastrophic anti-phospholipid syndrome	Patients	5	<5	5	<5	<5				<25
	Average Age	55	37	48	54	79				50
	Average Weight	96	65	80	99	80				86
	Grams	1,900	420	765	260	160				3,505
	Grams/Episode	40	26	23	37	80				33

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	0	0	0	0	0				0
Confirmed autoimmune congenital heart block in a fetus	Patients		<5					<5		<10
	Average Age		33					33		33
	Average Weight		55					52		54
	Grams		105					105		210
	Grams/Episode		53					53		53
	Grams per 1,000 Population		0					0		0
Confirmed autoimmune congenital heart block in a neonate	Patients		<5							<5
	Average Age		0							0
	Average Weight		3							3
	Grams		5							5
	Grams/Episode		5							5
	Grams per 1,000 Population		0							0
Congenital haemophilia A with acquired factor VIII inhibitor	Patients		<5			<5				10
	Average Age		46			50				47
	Average Weight		90			70				87
	Grams		280			70				350
	Grams/Episode		40			70				44
	Grams per 1,000 Population		0			0				0
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss Syndrome)	Patients	<5	<5			<5				<10
	Average Age	87	25			42				46
	Average Weight	79	62			66				68
	Grams	190	60			840				1,090
	Grams/Episode	63	60			34				38
	Grams per 1,000 Population	0	0			0				0
Epidermolysis bullosa acquisita	Patients		<5		<5	<5				<10
	Average Age		59		38	76				64
	Average Weight		96		74	98				93
	Grams		785		450	970				2,205

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode		52		64	46				51
	Grams per 1,000 Population		0		0	1				0
Granulomatosis with polyangiitis (Wegener Granulomatosis)	Patients	<5	<5		<5	<5				<15
	Average Age	64	67		52	31				42
	Average Weight	70	94		70	103				92
	Grams	290	150		140	1,035				1,615
	Grams/Episode	36	150		70	54				54
	Grams per 1,000 Population	0	0		0	1				0
Graves ophthalmopathy	Patients	<5		<5		<5				<10
	Average Age	49		88		60				58
	Average Weight	100		74		85				89
	Grams	380		110		790				1,280
	Grams/Episode	35		110		30				34
	Grams per 1,000 Population	0		0		0				0
Haemolytic disease of the fetus	Patients	5	<5		<5	<5			<5	<15
	Average Age	33	22		24	39			38	35
	Average Weight	67	80		80	65			96	77
	Grams	1,720	80		160	715			2,280	4,955
	Grams/Episode	55	27		80	65			95	70
	Grams per 1,000 Population	0	0		0	0			5	0
Heparin Induced Thrombocytopenia (HIT)	Patients	<5				<5				<10
	Average Age	68				76				69
	Average Weight	100				66				95
	Grams	630				120				750
	Grams/Episode	53				60				54
	Grams per 1,000 Population	0				0				0
Hyperhaemolysis syndrome	Patients	<5	<5		<5					<15
	Average Age	32	64		38					36
	Average Weight	76	64		68					73

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	945	245		135					1,325
	Grams/Episode	29	61		23					31
	Grams per 1,000 Population	0	0		0					0
Landau Kleffner syndrome	Patients	<5	<5							<10
	Average Age	27	14							17
	Average Weight	82	49							59
	Grams	880	830							1,710
	Grams/Episode	80	31							45
	Grams per 1,000 Population	0	0							0
Lennox-Gastaut syndrome	Patients	6		<5				<5	<5	<15
	Average Age	14		7				11	15	10
	Average Weight	39		26				34	56	34
	Grams	1,810		1,295				15	705	3,825
	Grams/Episode	37		16				15	35	25
	Grams per 1,000 Population	0		0				0	1	0
LETMs	Patients	7	<5		<5	<5				<15
	Average Age	47	56		51	9				43
	Average Weight	59	91		55	30				57
	Grams	1,225	360		195	180				1,960
	Grams/Episode	27	60		24	18				28
	Grams per 1,000 Population	0	0		0	0				0
Microscopic polyangiitis	Patients	<5		<5		<5				<10
	Average Age	72		63		44				49
	Average Weight	84		90		63				70
	Grams	190		105		1,210				1,505
	Grams/Episode	95		12		40				37
	Grams per 1,000 Population	0		0		1				0
NMOSD-AQP4 ab positive	Patients	9	<5	<5	<5	<5				<20
	Average Age	58	51	68	7	58				58

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	67	93	86	24	62				77
	Grams	2,590	1,335	385	55	125				4,490
	Grams/Episode	41	39	12	18	25				33
	Grams per 1,000 Population	0	0	0	0	0				0
NMOSD-MOG ab positive	Patients	39	16	<5	5	6		<5	<5	<80
	Average Age	38	40	32	52	16		8	66	37
	Average Weight	76	74	69	80	74		39	95	76
	Grams	17,620	7,925	1,335	4,120	3,205		80	805	35,090
	Grams/Episode	45	46	42	49	35		16	42	44
	Grams per 1,000 Population	2	1	0	1	2		0	2	1
NMOSD-seronegative	Patients	37	7	<5		<5		<5		<55
	Average Age	53	38	53		55		30		50
	Average Weight	81	82	67		64		120		79
	Grams	9,000	1,550	765		545		240		12,100
	Grams/Episode	38	27	15		25		34		32
	Grams per 1,000 Population	1	0	0		0		1		0
Paediatric acute neuropsychiatric disorders (PANS)	Patients	22	<5	<5			<5	<5	<5	<30
	Average Age	12	14	14			12	10	18	13
	Average Weight	51	71	65			60	43	62	58
	Grams	11,855	1,650	1,480			600	130	680	16,395
	Grams/Episode	64	25	38			20	19	49	48
	Grams per 1,000 Population	1	0	0			1	1	1	1
Paediatric autoimmune neuropsychiatric disorder (PANDAS)	Patients	<5		5						<10
	Average Age	13		15						15
	Average Weight	53		73						69
	Grams	1,800		4,405						6,205
	Grams/Episode	53		34						38
	Grams per 1,000 Population	0		1						0
	Patients	5	<5	<5	<5			<5	<5	<20

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Painful small fibre neuropathy	Average Age	65	55	58	63			78	53	62
	Average Weight	80	71	45	80			80	84	75
	Grams	1,945	1,010	280	1,370			800	905	6,310
	Grams/Episode	37	32	16	39			44	57	37
	Grams per 1,000 Population	0	0	0	0			3	2	0
Pure red cell aplasia - associated B19 infection	Patients	<5	13	7			<5		<5	<30
	Average Age	32	38	52			39		39	43
	Average Weight	60	57	80			65		58	68
	Grams	490	1,395	1,010			250		215	3,360
	Grams/Episode	35	58	25			13		72	33
	Grams per 1,000 Population	0	0	0			0		0	0
Pure red cell aplasia - autoimmune mediated	Patients	<5	<5	<5	<5					<15
	Average Age	73	60	34	71					58
	Average Weight	82	71	45	102					73
	Grams	815	405	385	515					2,120
	Grams/Episode	82	81	30	52					56
	Grams per 1,000 Population	0	0	0	0					0
Pyoderma Gangrenosum	Patients	8	37	25	<5	<5	<5		<5	<90
	Average Age	61	61	63	63	62	70		25	62
	Average Weight	72	93	92	96	70	101		72	89
	Grams	6,690	48,435	15,550	2,990	3,735	2,640		910	80,950
	Grams/Episode	45	77	36	49	45	32		54	56
	Grams per 1,000 Population	1	7	3	1	2	5		2	3
Rasmussen encephalitis	Patients	8	7	6	<5	<5			<5	<30
	Average Age	23	33	33	41	14			66	31
	Average Weight	62	67	66	126	53			68	67
	Grams	3,200	3,215	1,785	715	1,030			480	10,425
	Grams/Episode	43	40	19	55	45			40	35
	Grams per 1,000 Population	0	0	0	0	1			1	0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Relapsing remitting multiple sclerosis	Patients	16	8	10					<5	<40
	Average Age	45	45	62					52	50
	Average Weight	82	77	77					61	79
	Grams	3,845	2,710	2,855					455	9,865
	Grams/Episode	26	39	30					35	30
	Grams per 1,000 Population	0	0	1					1	0
Scleromyxedema - skin and systemic disease	Patients	6	<5		<5	<5				<15
	Average Age	72	74		79	72				74
	Average Weight	71	69		52	75				68
	Grams	2,965	2,375		775	1,800				7,915
	Grams/Episode	37	40		30	86				42
	Grams per 1,000 Population	0	0		0	1				0
Scleromyxedema - skin involvement only	Patients	<5			<5	<5				<10
	Average Age	48			37	66				61
	Average Weight	62			103	64				67
	Grams	600			900	4,645				6,145
	Grams/Episode	46			100	56				59
	Grams per 1,000 Population	0			0	2				0
Sensorimotor axonal neuropathy	Patients	6	<5	<5	<5			<5		<20
	Average Age	69	76	57	64			74		69
	Average Weight	69	51	79	62			84		69
	Grams	3,170	310	630	200			400		4,710
	Grams/Episode	37	21	63	25			31		36
	Grams per 1,000 Population	0	0	0	0			2		0
Susac syndrome	Patients	11	6	7		<5				<30
	Average Age	41	47	53		61				48
	Average Weight	97	69	84		68				86
	Grams	10,170	1,910	5,250		2,570				19,900
	Grams/Episode	44	35	30		40				38

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	1	0	1		1				1
Systemic capillary leak syndrome	Patients	7	<5	<5	<5	<5			<5	<30
	Average Age	48	74	59	53	34			63	56
	Average Weight	76	72	78	70	66			66	75
	Grams	1,975	1,010	5,755	1,700	1,255			315	12,010
	Grams/Episode	35	33	40	63	74			45	43
	Grams per 1,000 Population	0	0	1	1	1			1	0
Vaccine associated myocarditis	Patients		<5							<5
	Average Age		64							64
	Average Weight		62							62
	Grams		60							60
	Grams/Episode		60							60
	Grams per 1,000 Population		0							0
Vaccine associated pericarditis	Patients	<5								<5
	Average Age	39								39
	Average Weight	85								85
	Grams	135								135
	Grams/Episode	45								45
	Grams per 1,000 Population	0								0
Vaccine induced immune thrombotic thrombocytopenia (VITT)	Patients	<5								<5
	Average Age	73								73
	Average Weight	76								76
	Grams	150								150
	Grams/Episode	75								75
	Grams per 1,000 Population	0								0
West syndrome	Patients			<5						<5
	Average Age			9						9
	Average Weight			24						24
	Grams			368						368

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode			14						14
	Grams per 1,000 Population			0						0
Total - Has application in exceptional circumstances only	**Patients**	**255**	**150**	**113**	**37**	**49**	**5**	**9**	**17**	**631**
	Average Age	**45**	**51**	**48**	**59**	**51**	**53**	**63**	**44**	**49**
	Average Weight	**75**	**81**	**76**	**80**	**70**	**86**	**75**	**74**	**77**
	Grams	**99,140**	**84,045**	**54,308**	**18,945**	**26,715**	**3,670**	**2,670**	**8,595**	**298,088**
	Grams/Episode	**43**	**56**	**31**	**51**	**43**	**26**	**29**	**54**	**43**
	Grams per 1,000 Population	**12**	**12**	**10**	**6**	**14**	**6**	**11**	**18**	**11**
Use is not supported										
Acute optic neuritis	Patients							<5		<5
	Average Age							8		8
	Average Weight							37		37
	Grams							70		70
	Grams/Episode							12		12
	Grams per 1,000 Population							0		0
Myocarditis in children	Patients	<5								<5
	Average Age	0								0
	Average Weight	3								3
	Grams	5								5
	Grams/Episode	5								5
	Grams per 1,000 Population	0								0
Paraneoplastic Subacute Sensory Neuropathy	Patients		<5							<5
	Average Age		77							77
	Average Weight		87							87
	Grams		150							150
	Grams/Episode		75							75
	Grams per 1,000 Population		0							0
Sepsis	Patients		6	<5	<5	<5				<15
	Average Age		55	53	39	32				50

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight		70	61	109	51				68
	Grams		855	40	200	185				1,280
	Grams/Episode		95	10	200	93				80
	Grams per 1,000 Population		0	0	0	0				0
Total - Use is not supported	**Patients**	**<5**	**7**	**<5**	**<5**	**<5**	**0**	**<5**	**0**	**<30**
	Average Age	**0**	**59**	**53**	**39**	**32**	**0**	**8**	**0**	**40**
	Average Weight	**3**	**73**	**61**	**109**	**51**	**0**	**37**	**0**	**59**
	Grams	**5**	**1,005**	**40**	**200**	**185**	**0**	**70**	**0**	**1,505**
	Grams/Episode	**5**	**91**	**10**	**200**	**93**	**0**	**12**	**0**	**60**
	Grams per 1,000 Population	**0**	**0**	**0**	**0**	**0**		**0**		**0**
Total	**Patients**	**9,583**	**6,464**	**6,041**	**1,734**	**2,119**	**662**	**150**	**532**	**26,951**
	Average Age	**61**	**60**	**62**	**62**	**57**	**64**	**50**	**58**	**61**
	Average Weight	**77**	**77**	**80**	**78**	**74**	**82**	**74**	**80**	**78**
	Grams	**3,076,768**	**2,109,541**	**2,139,551**	**512,385**	**765,753**	**226,287**	**42,117**	**221,768**	**9,094,168**
	Grams/Episode	**31**	**31**	**25**	**28**	**29**	**24**	**20**	**38**	**29**
	Grams per 1,000 Population	**365**	**305**	**387**	**175**	**410**	**394**	**166**	**472**	**337**

Note 1: All patient counts are distinct counts. Each patient is counted only once. This may result in the sum of the state and territory totals being greater than the national total.

APPENDIX E - SYSTEM SOURCE FOR TABLES AND FIGURES

Table 1: Ig growth for the last 5 years	IDMS
Table 2: Go live dates for BloodSTAR	Nil
Table 3: Grams recorded in the different systems held by the NBA	Both
Table 4: Percentage change in grams issued over time by state and territory	IDMS
Table 5: Issues of domestic Ig compared with imported Ig	IDMS
Table 6: Issues of domestic Ig compared with imported Ig and public versus private Australian Health Providers	IDMS
Table 7: Patient numbers by state and territory	BloodSTAR
Table 8: Patient numbers and average weight by age range	BloodSTAR
Table 9: Ig grams dispensed by criteria category	BloodSTAR
Table 10: Ig grams dispensed by speciality and state and territory for 2023-24	BloodSTAR
Table 11: Patients dispensed Ig by speciality and state and territory for 2023-24	BloodSTAR
Table 12: New patients dispensed Ig by speciality and state and territory for 2023-24	BloodSTAR
Table 13: Grams dispensed by state and territory and medical condition for 2023-24	BloodSTAR
Table 14: Patients dispensed by SCIg/IVIg medical conditions and product for 2023-24	BloodSTAR
Table 15: Grams dispensed by SCIg/IVIg medical conditions and product for 2023-24	BloodSTAR
Table 16: Patients dispensed by SCIg medical conditions, and state and territory for 2023-24	BloodSTAR
Table 17: Grams dispensed by SCIg medical conditions, and state and territory for 2023-24	BloodSTAR
Figure 1: Snapshot	All
Figure 2: Per cent dispensed grams by medical condition	BloodSTAR
Figure 3: Ten-year trend in issues of Ig	IDMS
Figure 4: Ten-year trend in expenditure on Ig	IDMS
Figure 5: Ig expenditure as a proportion of the national blood budget	IDMS
Figure 6: New and total patients for the last 10 years	BloodSTAR & STARS
Figure 7: Patient age relative to Australian average	BloodSTAR
Figure 8: Grams of Ig dispensed by speciality	BloodSTAR & STARS
Figure 9: Grams of Ig dispensed by top 10 medical conditions	BloodSTAR & STARS
Figure 10: NHIg grams issued and dispensed, and grams issued per 1,000 population	IDMS
Appendix A: Background	All
Appendix B: Acronyms and Glossary	All
Appendix C: Version 3 Conditions by Speciality	BloodSTAR
Appendix D: Dataset of Ig Supply by State/Territory 2023-24	BloodSTAR