NATIONAL BLOOD AUTHORITY
AUSTRALIA

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

ANNUAL REPORT 2024-25

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Contents

LIST OF TABLES

LIST OF FIGURES

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. NHIg 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 national data on Ig supply in Australia in 2024-25, 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 and last updated in July 2019, 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. The first version of the Criteria was 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. In 2024-25, product was dispensed for 142 specific conditions or 55 medical conditions, and these were classified into 4 categories:

- 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 is not supported.

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 roles 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 specified immunodeficiency conditions in patients for whom both IVIg and SCIg is 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 88.9 per cent of all Ig supplied in 2024-25, and for this reason specific analysis focuses on these groups.

Issues of Immunoglobulin

Immunoglobulin (including plasma for fractionation) comprised 61 per cent of total blood expenditure in 2024-25. Growth since 2020-21 is shown below.

Table 1: Ig grams growth for the last 5 years

2020-21	2021-22	2022-23	2023-24	2024-25
7.4%	6.9%	7.9%	6.6%	6.7%

In 2024-25, a total of approximately 9.9 million grams of Ig was issued nationally at a cost of almost $1.1 billion (including the cost of plasma for fractionation). Of this amount, about 43 per cent of Ig was produced in Australia and 57 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 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, was 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 were due to expire on 31 December 2025. The contracts were extended for a further 2 years. The suppliers are CSL Behring, Grifols Australia Pty Ltd (Grifols), Takeda Pharmaceuticals Australia Pty Ltd (Takeda) and Octapharma Australia Pty Ltd (Octapharma). Nine Ig products were supplied under these contracts in 2024-25: Privigen (IVIg), Flebogamma 5% (IVIg), Flebogamma 10% (IVIg), Gamunex (IVIg), Cuvitru (SCIg), Octagam (IVIg), Kiovig (IVIg), Hizentra (SCIg), and Xembify (SCIg).

Report Snapshot

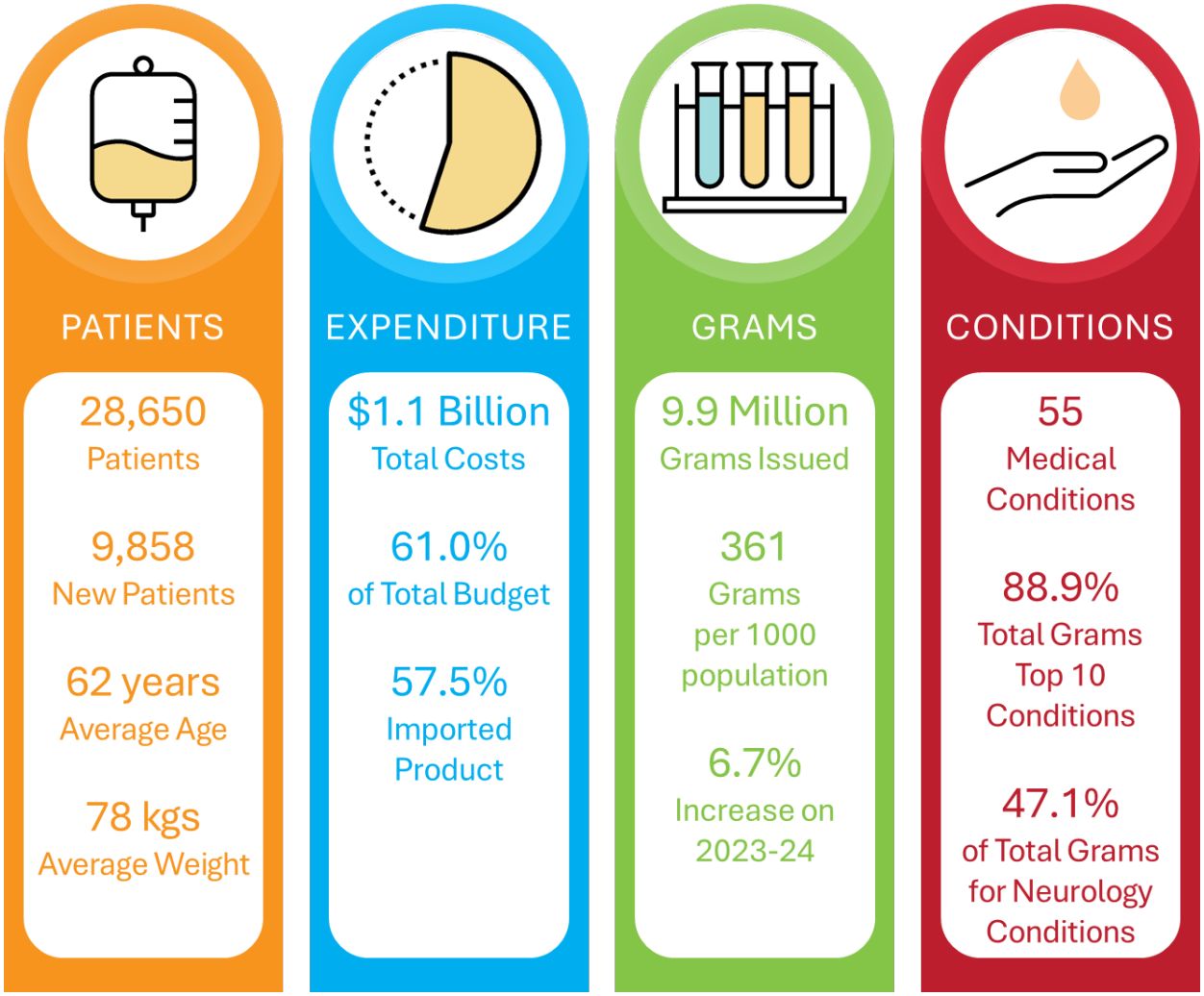


Figure 1: Snapshot

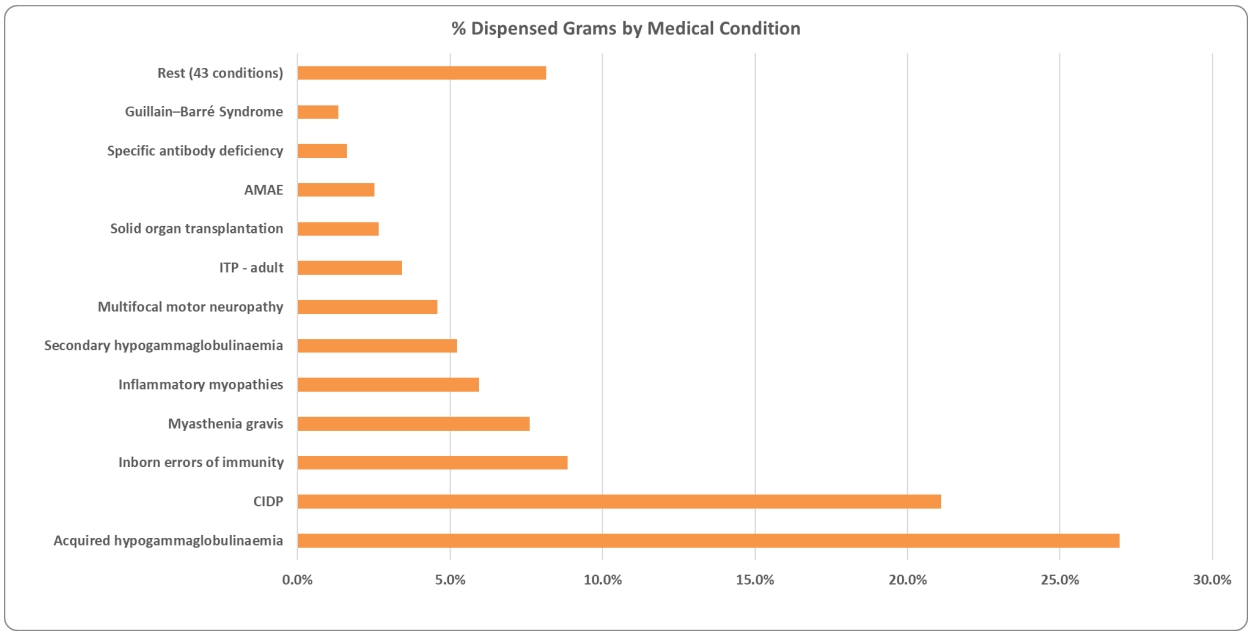


Figure 2: Per cent dispensed grams by medical condition

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 *legacy* 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, inborn errors of immunity (IEI) with antibody deficiency 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.
- The STARS data have age and weight data recorded at treatment dates (first reported in 2009-10). This data changes over time. Weight data is complete in 2018-19 based on the transition to BloodSTAR.
- 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 2023-24 could be recorded in 2024-25.

- 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. This data is held in the NBA's IDMS.
2. Data collected by Lifeblood under contractual arrangements with the NBA on behalf of all Australian governments. This data is collected either when an order is placed for Ig or is collected following the treatment where product is issued as imprest stock. The data is 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 is collected into the NBA's BloodNet and BloodSTAR systems.

Table 3 shows the reconciliation between the 3 systems used for this report. A variance of 1.7 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	3,376,767	3,269,275	107,492	3.2%
VIC	2,300,363	2,279,254	21,109	0.9%
QLD	2,238,287	2,222,553	15,734	0.7%
SA	572,617	562,306	10,311	1.8%
WA	868,641	851,860	16,781	1.9%
TAS	252,361	253,322	-961	-0.4%
NT	48,312	47,730	582	1.2%
ACT	227,440	226,418	1,021	0.4%
Other	720	80	640	88.9%
Total	**9,885,507**	**9,712,797**	**172,709**	**1.7%**

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

Trends

DEMAND TRENDS

In 2024-25, a total of 9,884,787 grams of Ig was issued, representing an increase of 624,735 grams (6.7 per cent) over 2023-24. 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.

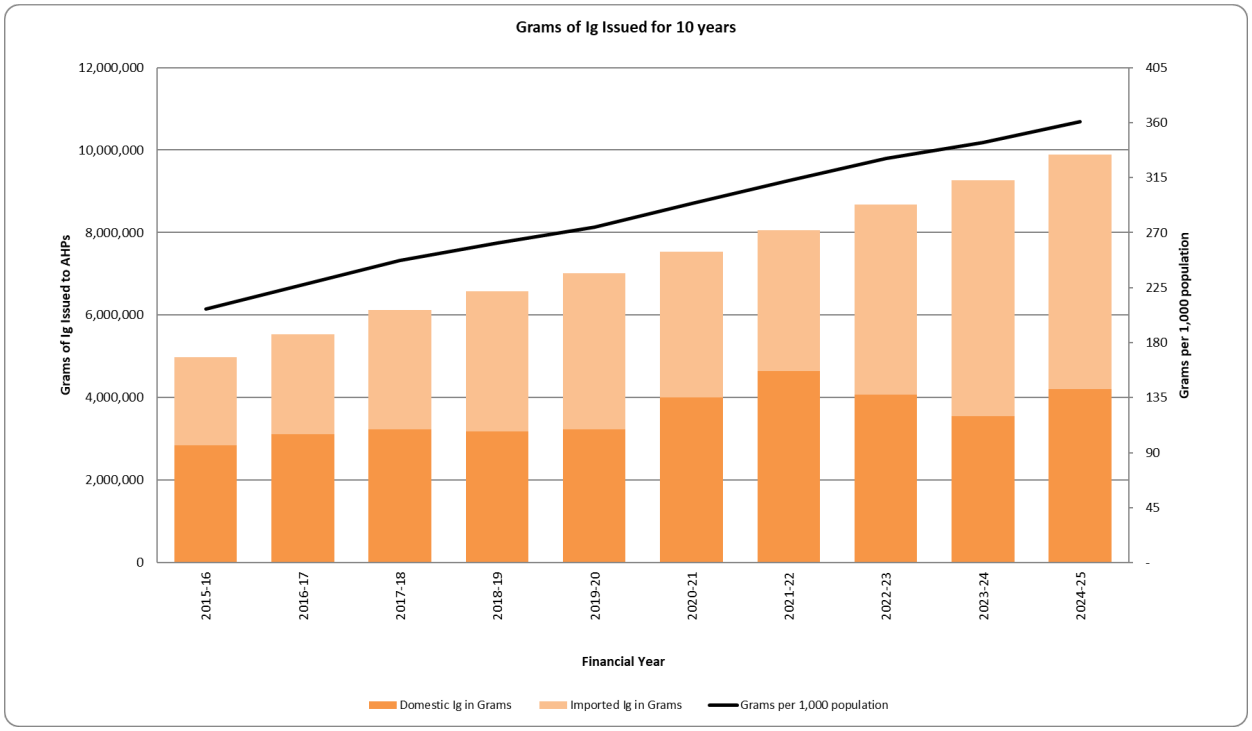


Figure 3: Ten-year trend in issues of Ig

Note: Excludes Norfolk Island

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
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%
2024-25	6%	8%	5%	11%	10%	10%	12%	2%	7%
Average last 10 years	**8%**	**9%**	**7%**	**9%**	**13%**	**10%**	**11%**	**10%**	**8%**

FINANCIAL TRENDS

Total expenditure on Ig (excluding plasma for fractionation) in 2024-25 was $705.3 million, an increase of $38.8 million (about 6 per cent) over 2023-24 (**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.

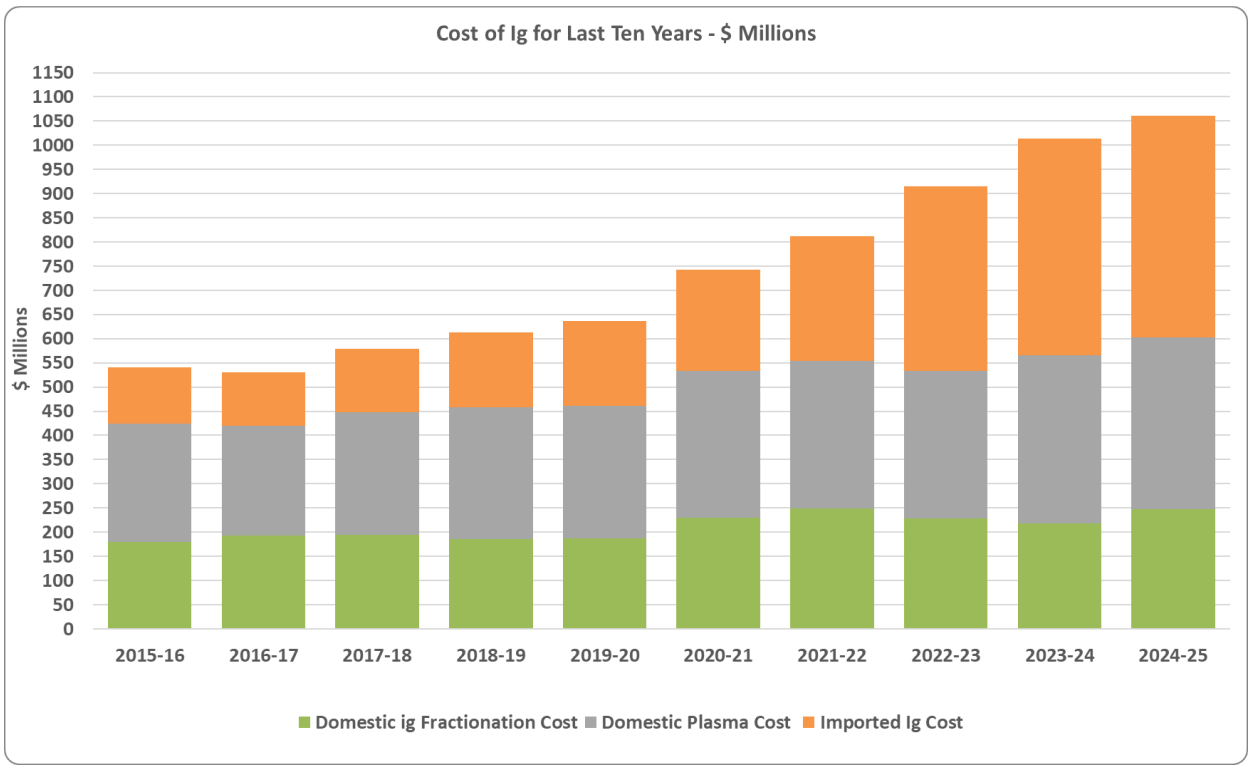


Figure 4: Ten-year trend in expenditure on Ig

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 around 41 per cent of the total budget for blood and blood products. Combined with expenditure for plasma for fractionation, Ig accounts for 61 per cent of the total blood budget, at a total expenditure of almost $1.1 billion (excluding specific hyperimmune plasma for fractionation used in the production of finished hyperimmune products).

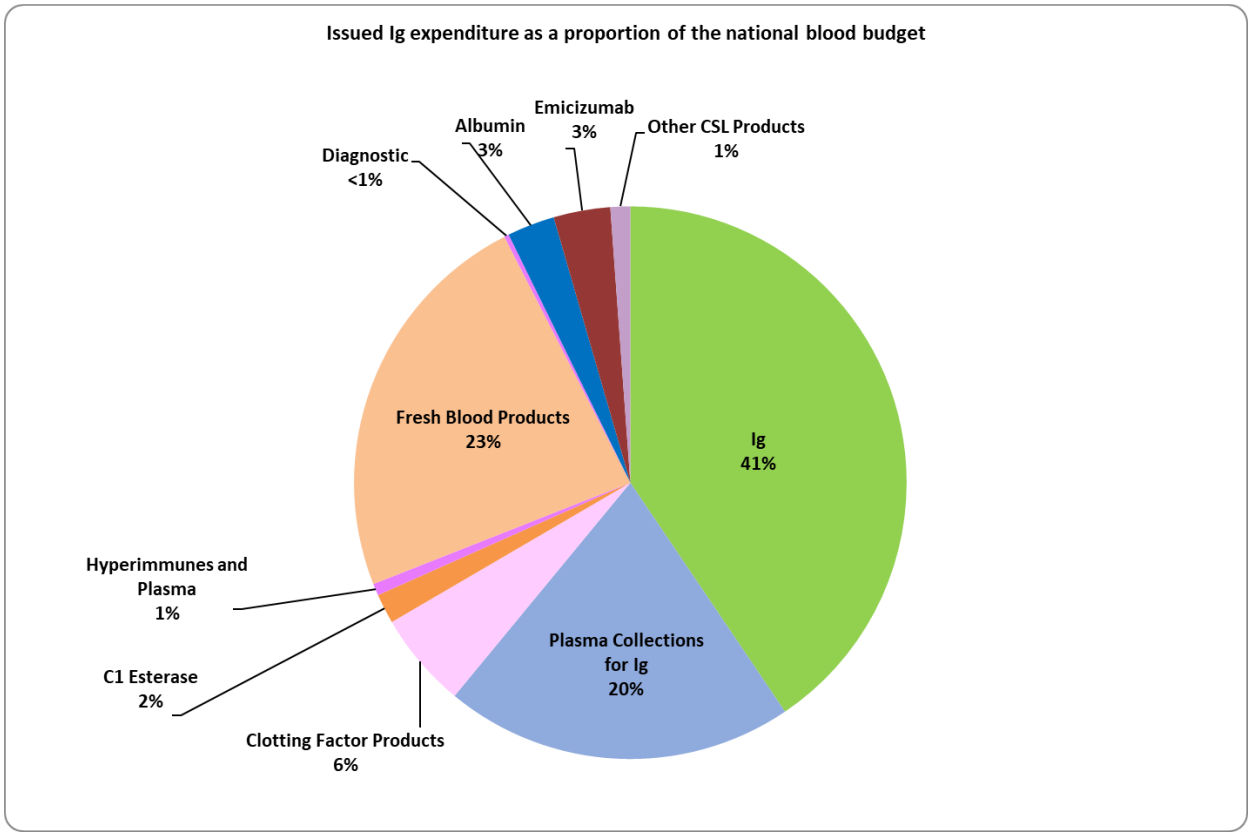


Figure 5: Ig expenditure as a proportion of the national blood budget

Of the Ig supplied under national blood arrangements in Australia in 2024-25, 43 per cent was manufactured domestically and 57 per cent was imported from overseas (**Table 5**). This represents a 0.5 per cent decrease in product importation from 2023-24. Domestic supply is driven by the amount of plasma for fractionation collected in Australia, and this increased by 4.1 per cent in 2024-25 over 2023-24. Privigen AU (IVIg), and Hizentra AU (SCIg) were the Ig products manufactured domestically in 2024-25.

The imported products available were Privigen (IVIg), Flebogamma 5% (IVIg), Flebogamma 10% (IVIg), Gamunex (IVIg), Cuvitru (SCIg), Octagam (IVIg), Kiovig (IVIg), Hizentra (SCIg), and Xembify (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.

Table 6 shows the split between Ig issues for domestic and imported products, by public and private AHPs for 2024-25.

Table 5: Issues of domestic Ig compared with imported Ig

			NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Domestic Ig	Intragam 10	g	153	0	0	0	0	0	0	0	153
	Hizentra AU	g	18,249	16,008	21,754	11,151	3,393	748	1,238	2,591	75,132
	Privigen AU	g	1,416,335	1,011,285	927,490	267,160	312,965	106,780	9,745	74,605	4,126,365
	Total Domestic	**g**	**1,434,737**	**1,027,293**	**949,244**	**278,311**	**316,358**	**107,528**	**10,983**	**77,196**	**4,201,650**
Imported Ig	**Total Imported**	**g**	**1,942,031**	**1,273,070**	**1,289,043**	**294,306**	**552,283**	**144,833**	**37,329**	**150,244**	**5,683,857**
Ig Cost excluding the cost of plasma for fractionation		$(m)	$241.0	$163.0	$159.8	$40.1	$63.1	$18.0	$3.7	$16.7	**$705.4**
Proportion of domestic to imported Ig		Ratio %	42%	45%	42%	49%	36%	43%	23%	34%	**43%**

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	1,065,255	663,565	388,182	227,201	221,236	55,218	10,983	64,546	2,696,186
	Private	g	369,482	363,728	561,062	51,110	95,122	52,310	-	12,650	1,505,464
	Total Domestic	g	**1,434,737**	**1,027,293**	**949,244**	**278,311**	**316,358**	**107,528**	**10,983**	**77,196**	**4,201,650**
Imported Ig	Public	g	1,517,672	864,366	639,582	267,476	453,104	98,553	37,329	129,489	4,007,570
	Private	g	424,359	408,704	649,462	26,830	99,179	46,280	-	20,755	1,675,568
	Total Imported	g	**1,942,031**	**1,273,070**	**1,289,043**	**294,306**	**552,283**	**144,833**	**37,329**	**150,244**	**5,683,137**
Total Ig	Public	g	2,582,927	1,527,931	1,027,764	494,677	674,340	153,771	48,312	194,035	6,703,756
	Private	g	793,840	772,432	1,210,524	77,940	194,301	98,590	-	33,405	3,181,031
	Total Ig	g	**3,376,767**	**2,300,363**	**2,238,287**	**572,617**	**868,641**	**252,361**	**48,312**	**227,440**	**9,884,787**
Ig as portion of national	Public	Ratio %	39%	23%	15%	7%	10%	2%	1%	3%	100%
	Private	Ratio %	25%	24%	38%	2%	6%	3%	0%	1%	100%
	Total Ig	Ratio %	**34%**	**23%**	**23%**	**6%**	**9%**	**3%**	**0%**	**2%**	**100%**
Ig as portion of Public/Private	Public	Ratio %	76%	66%	46%	86%	78%	61%	100%	85%	68%
	Private	Ratio %	24%	34%	54%	14%	22%	39%	0%	15%	32%
	Total Ig	Ratio %	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
	% of Population		***31%***	***26%***	***21%***	***7%***	***11%***	***2%***	***1%***	***2%***	***100%***
Grams Per 1,000 Population	Public		302.3	217.9	182.9	261.5	224.1	267.1	184.3	402.8	244.7
	Private		92.9	110.2	215.4	41.2	64.6	171.2	-	69.4	116.1
	Total Ig		**395.2**	**328.1**	**398.4**	**302.7**	**288.7**	**438.3**	**184.3**	**472.2**	**360.8**

Note: Excludes Norfolk Island

Patient demographics

PATIENT NUMBERS

A total of 28,650 patients were dispensed Ig under the national blood arrangements during 2024-25 and 9,858 were new patients. This represents a 6.3 per cent increase in the number of patients since 2023-24, compared to a 7.1 per cent increase in 2023-24 over 2022-23. A summary of new and total patient numbers is provided at **Figure 6**.

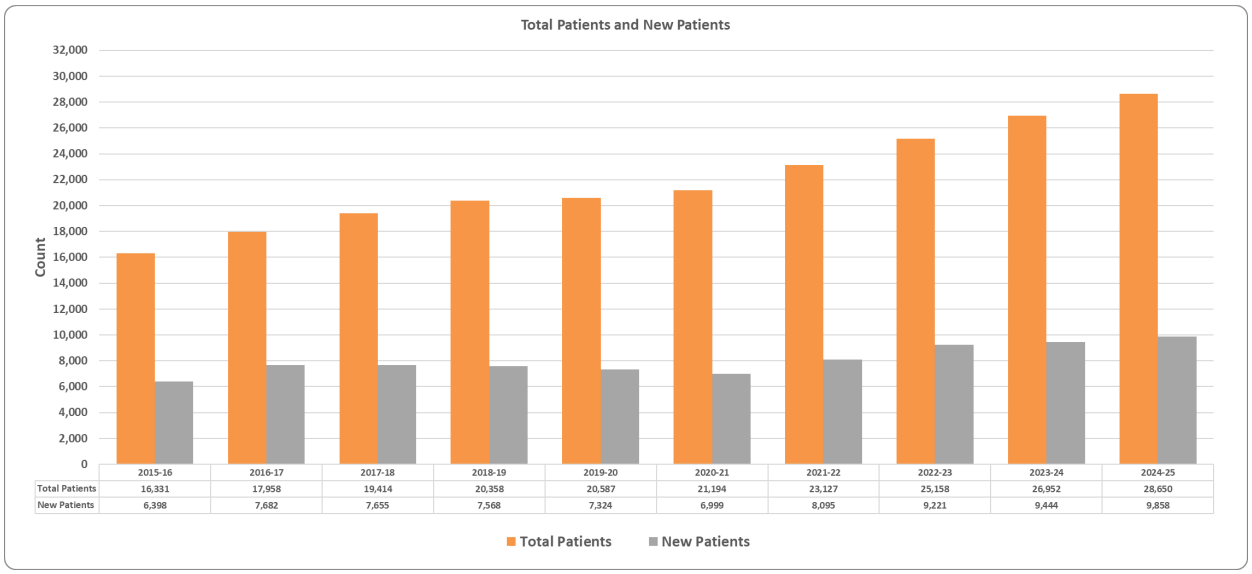


Figure 6: New and total patients for the last 10 years

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

2023-24	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
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%	100.0%
Patients per 1,000 Population	1.14	0.94	1.09	0.93	0.72	1.15	0.59	1.13	1.00
2024-25									
Patient Counts	10,048	7,035	6,404	1,824	2,286	698	166	558	28,650
New Patients	3,491	2,699	1,848	655	799	222	69	162	9,858
Population	**8,545,140**	**7,011,123**	**5,618,765**	**1,891,670**	**3,008,697**	**575,756**	**262,191**	**481,677**	**27,395,019**
Proportion of Population	31.2%	25.6%	20.5%	6.9%	11.0%	2.1%	1.0%	1.8%	100.0%
Patients per 1,000 Population	1.18	1.00	1.14	0.96	0.76	1.21	0.63	1.16	1.05
% Change in Patients	**4.9%**	**8.8%**	**6.0%**	**5.2%**	**7.9%**	**5.4%**	**10.7%**	**4.9%**	**6.3%**
% Change in New Patients	**1.0%**	**7.9%**	**9.7%**	**-3.7%**	**6.1%**	**7.2%**	**13.1%**	**3.2%**	**4.4%**

AGE AND WEIGHT

The distribution of estimated age is shown at **Figure 7,** where it is compared with the age distribution of the Australian population as at March 2025.[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]

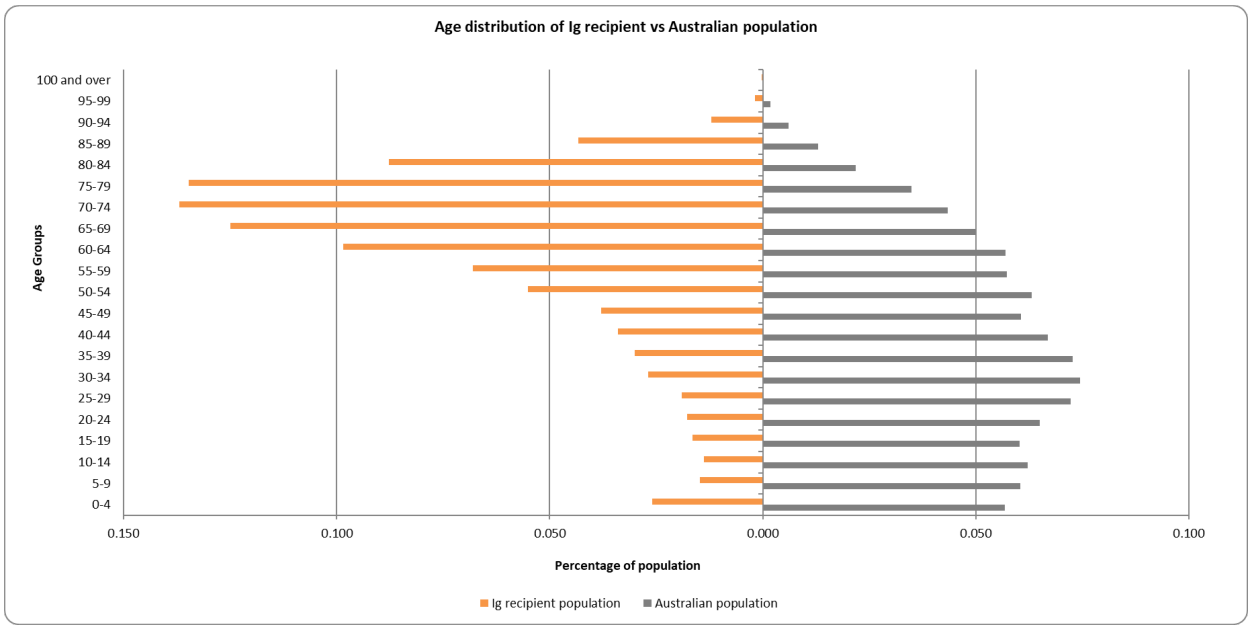


Figure 7: Patient age relative to Australian average

Note: The above figure calculations relate to only 2024-25 patients.

Figure 7 compares the age of Ig recipients in Australia in 2024-25 and the Australian population using stats from the ABS 3101.

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/or 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.

Care should be taken when analysing the weights, since not all patients have weight recorded and for those that do, the weight recorded may not be recent.

[1] ABS 3101

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

Table 8 shows the number of distinct patients and the average weight by age ranges for patients with dispenses in 2024-25.

Table 8: Patient numbers and average weight by age range

Age Range	Patient Count	Average Weight (kg)	Treatment Episodes	Grams Dispensed
0-4	745	13	2,789	23,315
5-9	422	26	3,900	43,255
10-14	395	44	3,791	65,512
15-17	282	63	2,839	71,764
18-19	191	66	2,135	55,879
20-29	1,056	73	11,742	313,008
30-39	1,631	80	19,063	568,999
40-49	2,062	82	26,815	823,250
50-59	3,528	83	46,979	1,430,328
60-69	6,398	81	81,816	2,362,730
70-79	7,784	79	96,191	2,697,542
80-89	3,750	74	41,929	1,157,976
90 or more	406	69	3,700	99,242
Total	**28,650**	**78**	**343,689**	**9,712,797**

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.

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	2020-21	2021-22	2022-23	2023-24	2024-25
Has an established therapeutic role	6,143,262	6,465,105	6,911,982	7,379,117	7,965,822
Has an emerging therapeutic role	1,046,454	1,142,519	1,291,360	1,415,818	1,441,481
Has application in exceptional circumstances only	220,762	261,544	266,435	298,088	305,345
Use is not supported	1,888	1,633	283	1,505	150
Total	**7,412,365**	**7,870,800**	**8,470,059**	**9,094,528**	**9,712,797**

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 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 2020-21, there has been a 27.1 per cent increase in Ig issues for immunological conditions, as compared with a 44.3 per cent increase for haematological conditions and a 24.9 per cent increase for neurological conditions.

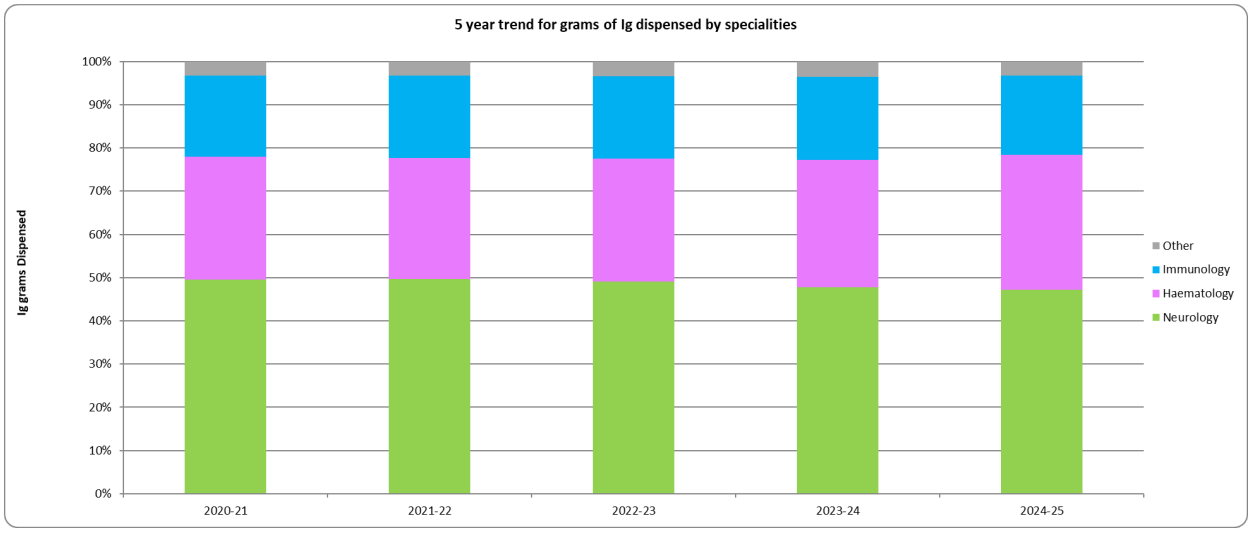


Figure 8: Proportion of grams of Ig dispensed by speciality

The data also illustrates the variation between states and territories in the relative amount of Ig used per patient for the same speciality. The reason for 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.

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 2024-25.

Table 10: Ig grams dispensed by speciality and state and territory for 2024-25

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	9,855	18,170	22,275	3,740	4,595	1,885	-	585	61,105
Haematology	949,814	726,736	779,715	250,432	194,887	92,139	9,682	39,113	3,042,517
Immunology	659,641	411,978	383,706	86,789	145,121	38,357	5,358	43,258	1,774,207
Neurology	1,619,035	968,020	1,014,453	207,105	494,983	104,006	28,760	140,847	4,577,208
Transplant Medicine*	30,930	154,350	22,405	14,240	12,275	16,935	3,930	2,615	257,680
Total	**3,269,275**	**2,279,254**	**2,222,553**	**562,306**	**851,860**	**253,322**	**47,730**	**226,418**	**9,712,717**

**Included as Other in Figure 8*

Table 11: Patients dispensed Ig by speciality and state and territory for 2024-25

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	17	26	31	6	6	<5	-	<5	89
Haematology	4,115	3,151	2,918	1,025	915	340	53	151	12,538
Immunology	2,329	1,467	1,273	313	546	123	30	143	6,138
Neurology	3,454	2,006	2,112	439	780	206	70	255	9,181
Transplant Medicine*	205	442	94	42	49	28	13	8	870
Total	**10,048**	**7,035**	**6,404**	**1,824**	**2,286**	**<702**	**166**	**<561**	**28,650**

**Included as Other in Figure 8*

Table 12: New patients dispensed Ig by speciality and state and territory for 2024-25

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Dermatology*	6	7	6	<5	-	-	-	<5	<29
Haematology	1,673	1,280	889	372	371	111	20	54	4,731
Immunology	617	521	319	105	152	38	12	33	1,779
Neurology	1,097	721	585	162	250	61	31	70	2,955
Transplant Medicine*	131	193	51	14	30	12	6	<5	433
Total	**3,491**	**2,699**	**1,848**	**<658**	**799**	**222**	**69**	**<167**	**9,858**

**Included as Other in Figure 8*

IG DISPENSES BY MEDICAL CONDITION

The top 10 medical conditions account for 88.9 per cent of all Ig supplied, with the top 3 medical conditions accounting for 56.9 per cent. Acquired hypogammaglobulinaemia secondary to haematological malignancies, or post haemopoietic stem cell transplantation (HSCT) is the medical condition for which the greatest percentage of Ig was dispensed in 2024-25 (27.0 per cent), followed by chronic inflammatory demyelinating polyneuropathy (CIDP) (21.1 per cent). Inborn errors of immunity (IEI) with antibody deficiency accounted for 8.9 per cent of total Ig use.

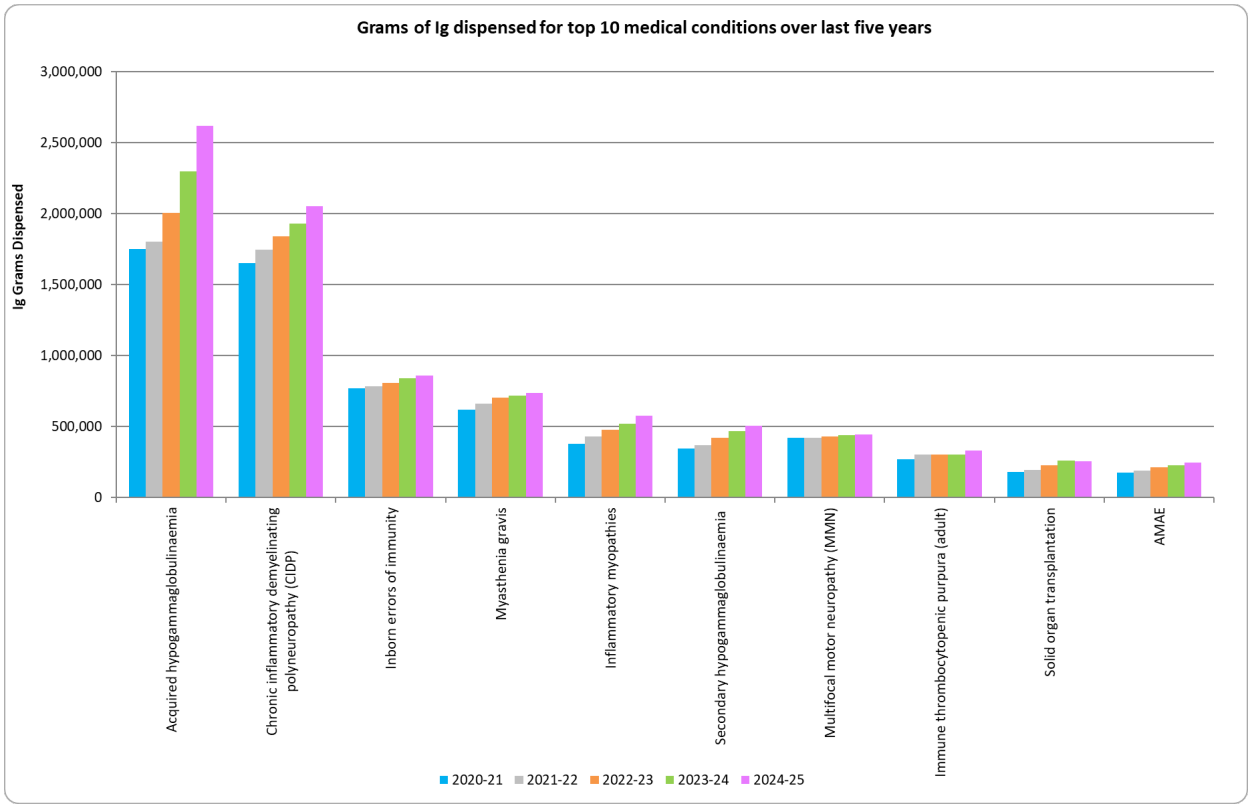


Figure 9: Grams of Ig dispensed by top 10 medical conditions

Immunoglobulin grams dispensed for the top 10 medical conditions by state and territory for 2024-25 is presented in **Table 13**.

Table 13: Grams dispensed by states and territories and medical condition for 2024-25

Specialities	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired hypogammaglobulinaemia	805,534	623,981	686,365	204,357	172,277	86,954	8,677	29,908	2,618,052
CIDP	789,703	384,005	481,759	66,200	212,928	51,301	8,420	55,080	2,049,395
Inborn errors of immunity	372,527	169,449	162,904	48,920	61,800	13,869	4,226	26,463	860,157
Myasthenia gravis	207,443	178,553	182,183	22,935	102,515	20,005	3,275	21,595	738,503
Inflammatory myopathies	149,210	171,165	109,218	42,070	74,770	9,840	6,690	15,665	578,628
Secondary hypogammaglobulinaemia	168,145	119,666	148,019	13,508	34,321	16,132	136	7,240	507,165
Multifocal motor neuropathy	152,105	86,305	94,070	39,180	35,800	8,475	6,230	23,242	445,407
Immune thrombocytopenic purpura (ITP) — adult	113,465	75,915	72,970	37,360	19,440	4,850	605	7,275	331,880
Solid organ transplantation	30,930	154,350	22,405	14,240	12,275	16,935	3,930	2,615	257,680
AMAE	113,978	40,765	50,008	4,305	22,660	4,175	375	9,415	245,680
Total	**2,903,038**	**2,004,153**	**2,009,898**	**493,075**	**748,785**	**232,536**	**42,564**	**198,497**	**8,632,546**

Ig Dispenses - IVIg and SCIg

In March 2013, the Jurisdictional Blood Committee (JBC) approved the introduction of SCIg under the national blood arrangements. In 2024-25, the SCIg products supplied by the NBA are:

- Evogam 16% 0.8g/5ml and 3.2g/20ml supplied by CSL Behring (domestic)
- Hizentra AU 20% 1g/5ml and 4g/20ml supplied by CSL Behring (domestic)
- Hizentra 20% 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 (imported), 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.

Subcutaneous Ig is available under the national blood arrangements for these 5 medical conditions, in circumstances that meet the Criteria:

- inborn errors of immunity (IEI) with antibody deficiency
- specific antibody deficiency
- acquired hypogammaglobulinaemia secondary to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT)
- secondary hypogammaglobulinaemia unrelated to haematological malignancy or haemopoietic stem cell transplantation (HSCT), and
- chronic inflammatory demyelinating polyneuropathy (CIDP), (including IgG and IgA paraproteinaemic demyelinating neuropathies).

Subcutaneous Ig 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 2024-25. **Tables 16-17** show the patient numbers, grams dispensed, by medical condition and by state and territory in 2024-25.

Table 14: Patients dispensed by SCIg/NHIg/IVIg medical conditions and product for 2024-25

	IVIg								NHIg	SCIg					
Medical Condition	Flebogamma 5%	Flebogamma 10%	Gamunex 10%	Intragam 10	Kiovig	Octagam 10%	Privigen 10%	Privigen AU	Normal Immunoglobulin	Cuvitru	Evogam	Hizentra 20%	Hizentra AU	Xembify	Total
Acquired hypogammaglobulinaemia	49	59	174	<5	23	592	725	7,809	0	147	0	905	39	319	<10,232
Chronic inflammatory demyelinating polyneuropathy	69	142	287	0	71	285	2,232	227	0	35	0	232	<5	<5	3,389
Inborn errors of immunity	23	21	44	15	11	44	48	1,356	<5	203	0	695	188	30	<2,437
Secondary hypogammaglobulinaemia	23	31	95	0	7	119	147	1,257	0	65	0	284	26	88	1,996
Specific antibody deficiency	7	11	18	0	<5	39	24	299	0	40	<5	129	22	15	560

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 2024-25.

Table 15: Grams dispensed by SCIg/NHIg/IVIg medical conditions and product for 2024-25

	IVIg								NHIg	SCIg					
Medical Condition	Flebogamma 5%	Flebogamma 10%	Gamunex 10%	Intragam 10	Kiovig	Octagam 10%	Privigen 10%	Privigen AU	Normal Immunoglobulin	Cuvitru	Evogam	Hizentra 20%	Hizentra AU	Xembify	Total
Acquired hypogammaglobulinaemia	13,505	11,195	41,390	30	4,625	146,390	208,460	1,802,490	0	48,355	0	280,452	10,549	50,611	2,618,052
Chronic inflammatory demyelinating polyneuropathy	36,270	97,755	153,960	0	45,420	143,950	1,264,450	102,640	0	28,223	0	174,327	1,920	560	2,049,475
Inborn errors of immunity	7,410	7,065	12,000	233	2,505	13,095	18,110	452,260	438	50,040	0	243,154	45,650	8,197	860,157
Secondary hypogammaglobulinaemia	6,120	7,190	24,730	0	1,155	33,515	40,155	266,310	0	21,795	0	84,359	7,344	14,492	507,165
Specific antibody deficiency	2,145	2,380	3,840	0	540	12,960	6,370	80,215	0	6,527	18	34,502	5,370	2,404	157,271

Table 16: Patients dispensed by SCIg medical conditions, and state and territory for 2024-25

Products	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired hypogammaglobulinaemia	405	456	166	145	176	43	<5	18	<1,400
Chronic inflammatory demyelinating polyneuropathy	60	80	61	<5	56	5	0	8	<275
Inborn errors of immunity	415	239	213	90	88	20	6	38	1,090
Secondary hypogammaglobulinaemia	152	88	141	18	42	7	<5	8	<457
Specific antibody deficiency	74	35	21	18	41	<5	<5	7	196
Total	**1,104**	**897**	**602**	**<275**	**401**	**<80**	**<16**	**79**	**3,398**

Table 17: Grams of SCIg dispensed by medical conditions, and state and territory for 2024-25

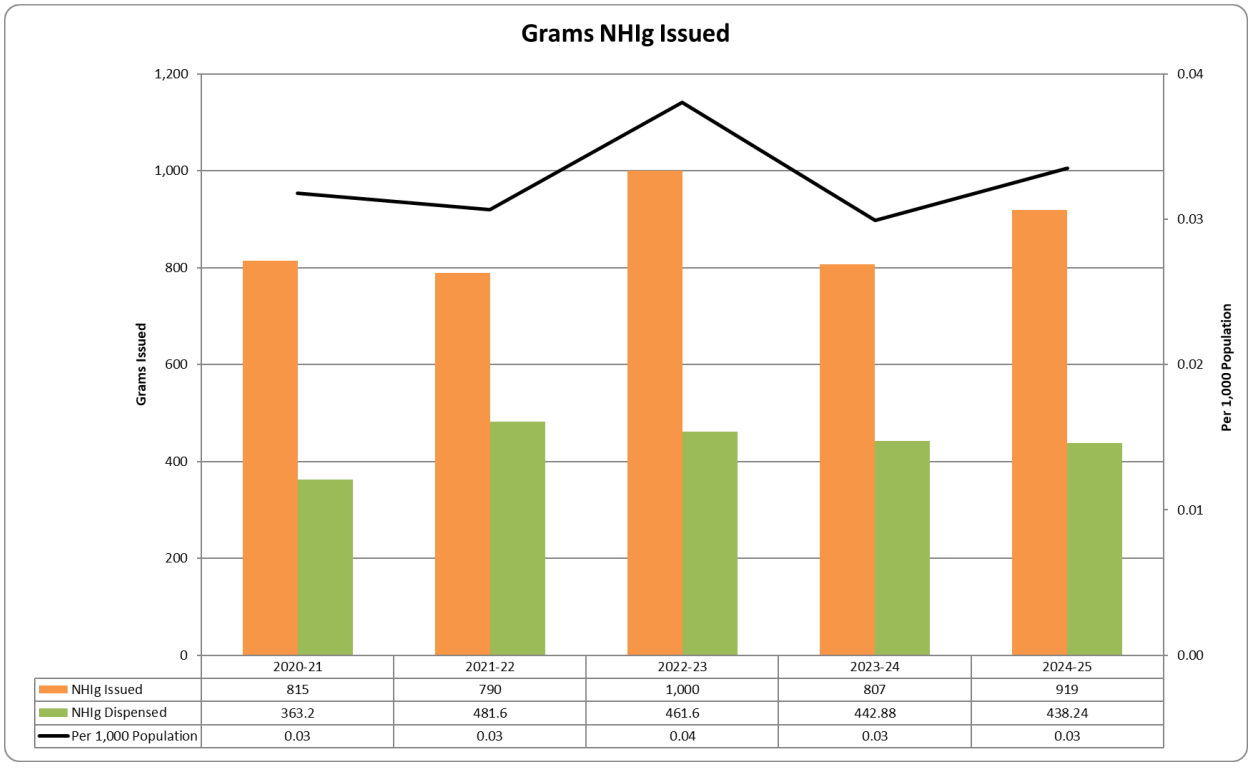
Products	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired hypogammaglobulinaemia	113,719	120,901	50,007	39,422	48,359	13,334	112	4,113	389,967
Chronic inflammatory demyelinating polyneuropathy	42,770	45,590	42,404	2,000	62,230	3,976	0	6,060	205,030
Inborn errors of immunity	129,508	74,001	72,706	25,800	23,612	6,564	2,196	12,654	347,041
Secondary hypogammaglobulinaemia	42,167	22,413	43,011	5,113	10,876	2,732	56	1,622	127,990
Specific antibody deficiency	19,579	8,769	6,794	3,611	7,465	696	191	1,716	48,821
Total	**347,743**	**271,674**	**214,922**	**75,946**	**152,542**	**27,302**	**2,555**	**26,165**	**1,118,849**

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 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 two purposes: (i) for the treatment of susceptible contacts of measles, hepatitis A, poliomyelitis or rubella (as directed by public health officials), or (ii) for the treatment of specified immunodeficiency conditions in patients for whom treatment with both IVIg and SCIg is 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.



	2020-21	2021-22	2022-23	2023-24	2024-25
NHIg Issued	815	790	1,000	807	919
NHIg Dispensed	363.2	481.6	461.6	442.88	438.24
Per 1,000 Population	0.03	0.03	0.04	0.03	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 for the Clinical Use of Immunoglobulin in Australia* (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 a request for Ig meets the eligibility requirements defined in the National Policy and 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 government-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 patients whose individual circumstances do not meet the eligibility requirements 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.

2024-25 Activities

In 2024–25 the NBA continued to drive, improve and support the appropriate use of Ig, through the National Immunoglobulin Governance Program, with advice from the National Ig Governance Advisory Committee (NIGAC) and its specialist working groups. Since the implementation of the Ig Governance Program, a moderation in the annual growth of Ig usage has been observed. The annual growth rate has reduced from an average of 12% (before 2018–19) to an average of 7.1% each year (since 2018–19). The reduction in the growth rate is estimated to have saved governments over $392 million in 2024–25, and over $1.282 billion since 2018–19.

The National Immunoglobulin Governance Program aims to ensure that Ig product use and management reflects appropriate clinical practice and represents efficient, effective and ethical expenditure of government funds. Through the Ig Governance Program, in 2024–25 the NBA:

- continued to monitor Ig usage and promote awareness of usage by reporting on data and usage patterns to a range of stakeholders
- published our annual report for 2023-24 which is available on the NBA website
- continued to monitor and review new research and canvass clinical opinion on the appropriate use of Ig
- continued to work with NIGAC and its specialist working groups to consider issues in relation to Ig usage and drive improvements in the use of Ig nationally.

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

APPENDIX B - ACRONYMS AND GLOSSARY

Acronyms

ABS	Australian Bureau of Statistics
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
HSCT	Hematopoietic stem cell transplantation
IBW	Ideal body weight
IDMS	Integrated Data Management System
IEI	Inborn errors of immunity
Ig	Immunoglobulin products including IVIg and SCIg
IVIg	Intravenous immunoglobulin
JBC	Jurisdictional Blood Committee
MMN	Multifocal motor neuropathy
NaFAA	National Fractionation Agreement for 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
QLD	Queensland
SA	South Australia
SCIg	Subcutaneous Immunoglobulin
STARS	Supply Tracking Analysis Recording System
SWG	Specialist Working Group
TAS	Tasmania
VIC	Victoria
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 immunoglobulin 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 use in circumstances which do not satisfy 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 immunoglobulin 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 subcutaneous 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 event

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)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Combined immunodeficiency with associated or syndromal features (e.g. Wiskott Aldrich syndrome; ataxia telangiectasia)	Inborn errors of immunity (IEI)	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
Erythromelalgia	Erythromelalgia	Neurology	Use is not supported
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	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
Histiolymphocytosis	Haemophagocytic lymphohistiocytosis	Haematology	Has an emerging therapeutic role
Hyperhaemolysis syndrome	Hyperhaemolysis syndrome	Haematology	Has application in exceptional circumstances only

Specific Condition	Medical Condition	Speciality	Category
Hypogammaglobulinaemia following B cell depletion therapy	Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)	Immunology	Has an emerging therapeutic role
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
Long COVID	Long COVID	Immunology	Use is not supported

Specific Condition	Medical Condition	Speciality	Category
Lung transplant	Solid organ transplantation	Transplant Medicine	Has an emerging therapeutic role
Lymphoproliferative syndromes (e.g. XLP1, XLP2, CD27 def)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
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

Specific Condition	Medical Condition	Speciality	Category
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
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	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Post-transfusion purpura (PTP)	Post-transfusion purpura (PTP)	Haematology	Has an emerging therapeutic role

Specific Condition	Medical Condition	Speciality	Category
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
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)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Severe reduction in all Ig isotypes with decreased or absent B-cells (e.g. XLA def)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Severe reduction in at least two Ig isotypes with low/normal B-cells (e.g. CVID)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Severe reduction in serum IgG and IgA with normal/elevated IgM (e.g. CD40L def)	Inborn errors of immunity (IEI)	Immunology	Has an established therapeutic role
Specific antibody deficiency	Specific antibody deficiency	Immunology	Has an emerging therapeutic role
Staphylococcal TSS	Toxic shock syndrome	Immunology	Has an emerging therapeutic role

Specific Condition	Medical Condition	Speciality	Category
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
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	Inborn errors of immunity (IEI)	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 2024-25

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Has an established therapeutic role										
Acute leukaemia	Patients	219	162	78	45	34	8		10	546
	Average Age	43	42	51	48	26	54		42	44
	Average Weight	67	68	71	73	50	84		75	68
	Grams	27,676	20,119	12,279	7,342	2,828	719		1,820	72,783
	Grams/Episode	19	15	19	20	14	13		23	18
	Grams per 1,000 Population	3	3	2	4	1	1		4	3
Chronic Immune thrombocytopenic purpura (ITP)	Patients	188	141	101	46	30	8	<5	11	<527
	Average Age	59	62	61	56	55	48	55	61	60
	Average Weight	81	81	83	89	75	90	53	89	82
	Grams	37,855	19,990	22,575	11,885	4,025	760	110	4,620	101,820
	Grams/Episode	52	43	35	63	54	25	18	68	46
	Grams per 1,000 Population	4	3	4	6	1	1	0	10	4
Chronic inflammatory demyelinating polyneuropathy (CIDP)	Patients	1,358	628	828	127	255	82	24	84	3,323
	Average Age	65	64	62	61	62	65	59	62	63
	Average Weight	83	83	84	82	83	85	86	87	84
	Grams	778,268	380,270	470,164	64,750	211,808	50,331	8,420	54,300	2,018,310
	Grams/Episode	45	42	30	44	49	32	23	48	40
	Grams per 1,000 Population	91	54	84	34	70	87	32	113	74
Chronic lymphocytic leukaemia (CLL)	Patients	739	468	522	152	179	80	10	29	2,159
	Average Age	74	73	74	71	74	74	69	73	74
	Average Weight	79	77	78	83	76	80	83	78	78
	Grams	200,719	127,637	160,773	40,258	43,860	26,872	3,040	7,338	610,496
	Grams/Episode	23	22	22	21	20	19	17	24	22
	Grams per 1,000 Population	23	18	29	21	15	47	12	15	22
Combined immunodeficiency	Patients	19	15	13	<5	7	<5	<5	<5	<70
	Average Age	40	32	32	16	39	54	9	41	30

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
generally less profound than SCID (e.g. thymoma)	Average Weight	54	45	61	51	63	69	21	99	49
	Grams	5,449	2,881	4,826	586	1,983	270	258	363	16,616
	Grams/Episode	21	14	22	14	17	30	1	73	16
	Grams per 1,000 Population	1	0	1	0	1	0	1	1	1
Combined immunodeficiency with associated or syndromal features (e.g. Wiskott Aldrich syndrome; ataxia telangiectasia)	Patients	10	11	15	<5	10		<5		<55
	Average Age	26	29	24	5	13		19		20
	Average Weight	73	55	53	21	38		44		50
	Grams	3,391	2,822	2,815	507	1,747		480		11,762
	Grams/Episode	16	16	18	5	8		13		13
	Grams per 1,000 Population	0	0	1	0	1		2		0
Dermatomyositis (DM)	Patients	124	115	83	31	47	6	<5	8	<415
	Average Age	55	53	53	54	58	56	12	48	54
	Average Weight	75	79	74	74	76	78	36	70	75
	Grams	47,825	63,263	31,223	14,010	28,265	2,230	615	4,875	192,305
	Grams/Episode	38	57	24	39	41	44	13	40	39
	Grams per 1,000 Population	6	9	6	7	9	4	2	10	7
Evans syndrome - with significant Immune thrombocytopenic purpura (ITP) - adult	Patients	5	<5	9		<5			<5	<23
	Average Age	62	43	56		41			33	56
	Average Weight	87	62	86		89			74	85
	Grams	985	245	2,810		320			75	4,435
	Grams/Episode	45	61	37		80			75	41
	Grams per 1,000 Population	0	0	1		0			0	0
Fetal alloimmune thrombocytopenia (FAIT)	Patients	<5	<5	<5	<5					<14
	Average Age	37	33	26	28					30
	Average Weight	107	69	111	61					85
	Grams	300	1,695	1,965	1,320					5,280
	Grams/Episode	100	55	70	120					72
	Grams per 1,000 Population	0	0	0	1					0
	Patients	216	135	127	39	61	16	<5	15	<613

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Guillain-Barré Syndrome (GBS)	Average Age	52	53	53	56	49	64	37	59	53
	Average Weight	82	79	86	84	79	83	77	77	82
	Grams	32,890	20,335	19,875	6,745	8,935	2,210	460	2,265	93,715
	Grams/Episode	34	42	24	36	31	32	15	44	32
	Grams per 1,000	4	3	4	4	3	4	2	5	3
Guillain-Barré Syndrome (GBS) variants	Patients	83	65	46	7	19	9	<5	<5	<239
	Average Age	52	53	50	59	53	63	33	56	52
	Average Weight	81	79	88	98	77	82	77	90	83
	Grams	13,125	10,030	7,836	1,080	2,685	1,445	265	360	36,826
	Grams/Episode	36	48	20	45	38	28	13	36	32
	Grams per 1,000 Population	2	1	1	1	1	3	1	1	1
IgA paraproteinaemic demyelinating neuropathy	Patients	7	<5	7	<5	<5				<23
	Average Age	75	81	71	67	54				72
	Average Weight	86	70	99	72	109				94
	Grams	4,235	210	7,485	60	280				12,270
	Grams/Episode	45	105	44	30	31				44
	Grams per 1,000 Population	0	0	1	0	0				0
IgG paraproteinaemic demyelinating neuropathy	Patients	19	13	9	5	<5	<5		<5	<58
	Average Age	76	71	77	76	60	88		72	74
	Average Weight	76	81	89	77	79	84		74	80
	Grams	7,200	3,525	4,110	1,390	840	970		780	18,815
	Grams/Episode	33	30	32	32	17	32		28	31
	Grams per 1,000 Population	1	1	1	1	0	2		2	1
Inclusion Body Myositis (IBM)	Patients	40	45	31	16	<5	<5		6	<149
	Average Age	73	74	74	76	61	78		73	74
	Average Weight	80	78	81	73	71	66		73	79
	Grams	16,090	24,460	12,800	7,550	745	1,475		2,620	65,740
	Grams/Episode	33	46	25	34	44	40		40	35
	Grams per 1,000 Population	2	3	2	4	0	3		5	2

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Kawasaki disease	Patients	164	119	75	26	33	8	9	7	440
	Average Age	3	4	3	4	4	4	5	3	4
	Average Weight	17	18	18	20	17	21	25	15	18
	Grams	6,810	4,995	3,275	1,180	1,195	460	505	305	18,725
	Grams/Episode	29	28	17	25	27	33	17	31	25
	Grams per 1,000 Population	1	1	1	1	0	1	2	1	1
Lambert-Eaton myasthenic syndrome	Patients	8	5	12	5	<5	<5		<5	<41
	Average Age	70	66	67	69	63	73		80	68
	Average Weight	71	79	79	78	65	82		62	77
	Grams	2,760	3,043	7,645	2,835	685	550		780	18,298
	Grams/Episode	33	49	23	35	34	20		60	30
	Grams per 1,000 Population	0	0	1	1	0	1		2	1
Lymphoproliferative syndromes (e.g. XLP1, XLP2, CD27 def)	Patients	<5	<5		<5	<5	<5			<15
	Average Age	46	33		24	17	44			36
	Average Weight	78	78		55	52	64			69
	Grams	745	320		255	32	512			1,864
	Grams/Episode	31	9		17	3	19			16
	Grams per 1,000 Population	0	0		0	0	1			0
Memory B cell deficiency secondary to haemopoietic stem cell transplantation (HSCT)	Patients	135	94	109	35	15	17		>5	<406
	Average Age	52	56	58	54	59	57		38	55
	Average Weight	75	76	73	73	71	78		61	74
	Grams	26,894	15,979	27,646	6,928	2,322	3,177		928	83,874
	Grams/Episode	22	19	17	20	16	18		8	19
	Grams per 1,000 Population	3	2	5	4	1	6		2	3
Multifocal motor neuropathy with or without persistent conduction block	Patients	206	112	133	43	42	13	6	27	569
	Average Age	59	60	63	62	61	66	54	57	61
	Average Weight	82	82	82	90	87	86	78	86	83
	Grams	152,105	86,305	94,070	39,180	35,800	8,475	6,230	23,242	445,407
	Grams/Episode	55	55	30	61	55	31	21	65	46

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	18	12	17	21	12	15	24	48	16
Multiple myeloma (MM)	Patients	1,069	936	736	280	239	71	11	35	3,342
	Average Age	71	69	71	71	70	71	67	72	70
	Average Weight	78	77	79	80	77	82	82	78	78
	Grams	266,014	243,305	205,745	74,437	55,082	20,423	1,430	7,995	874,430
	Grams/Episode	25	20	22	18	18	23	19	20	21
	Grams per 1,000 Population	31	35	37	39	18	35	5	17	32
Myasthenia gravis (MG)	Patients	488	412	418	65	173	37	7	47	1,620
	Average Age	64	64	64	62	65	69	55	62	64
	Average Weight	81	81	85	84	82	88	80	84	83
	Grams	207,443	178,553	182,183	22,935	102,515	20,005	3,275	21,595	738,503
	Grams/Episode	38	41	25	38	43	34	18	44	35
	Grams per 1,000 Population	24	25	32	12	34	35	12	45	27
Necrotising autoimmune myopathy (NAM)	Patients	97	96	88	33	53	9	14	9	397
	Average Age	66	64	64	70	62	60	59	64	64
	Average Weight	78	79	82	80	83	82	82	78	81
	Grams	41,303	52,923	39,535	17,405	32,065	5,900	5,835	4,610	199,575
	Grams/Episode	38	54	23	40	47	63	20	45	37
	Grams per 1,000 Population	5	8	7	9	11	10	22	10	7
Neonatal alloimmune thrombocytopenia (NAIT)	Patients	6	6	<5	<5	5	<5		<5	<30
	Average Age	25	28	23	-	-	-		-	23
	Average Weight	63	48	85	3	3	3		1	57
	Grams	940	950	1,190	10	35	15		5	3,145
	Grams/Episode	24	27	41	5	5	5		5	27
	Grams per 1,000 Population	0	0	0	0	0	0		0	0
Neonate with haemochromatosis	Patients	<5	6	<5	<5	<5				<24
	Average Age	-	27	-	-	-				19
	Average Weight	3	48	2	2	3				35
	Grams	10	1,420	15	10	25				1,480

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode	5	42	5	5	4				31
	Grams per 1,000 Population	0	0	0	0	0				0
Newly Diagnosed Immune thrombocytopenic purpura (ITP)	Patients	361	301	235	117	90	28	6	10	1,144
	Average Age	59	63	60	58	58	62	41	45	60
	Average Weight	78	81	81	84	81	83	70	76	80
	Grams	44,450	33,045	34,490	15,680	9,900	3,340	495	1,430	142,830
	Grams/Episode	53	55	38	60	57	27	22	48	48
	Grams per 1,000 Population	5	5	6	8	3	6	2	3	5
Non-Hodgkin lymphoma (NHL)	Patients	993	752	870	281	258	105	20	38	3,275
	Average Age	70	68	69	69	69	71	65	67	69
	Average Weight	77	79	79	80	78	79	79	75	78
	Grams	236,712	193,761	240,482	68,435	62,409	29,714	4,137	10,221	845,870
	Grams/Episode	22	20	22	20	21	20	12	21	21
	Grams per 1,000 Population	28	28	43	36	21	52	16	21	31
Other haematological malignancy	Patients	216	104	150	25	28	22	<5	6	<550
	Average Age	67	59	70	58	57	62	64	72	65
	Average Weight	77	79	74	94	73	77	92	100	78
	Grams	47,520	23,181	39,441	6,957	5,776	6,049	70	1,606	130,600
	Grams/Episode	24	21	20	19	17	19	12	18	21
	Grams per 1,000 Population	6	3	7	4	2	11	0	3	5
Persistent Immune thrombocytopenic purpura (ITP)	Patients	180	136	85	45	34	6		8	493
	Average Age	58	59	59	54	56	64		58	58
	Average Weight	79	79	84	77	79	89		79	80
	Grams	30,175	22,635	13,095	9,795	5,195	750		1,150	82,795
	Grams/Episode	47	57	32	67	61	19		88	48
	Grams per 1,000 Population	4	3	2	5	2	1		2	3
Polymyositis (PM)	Patients	151	100	82	21	24	5	<5	12	<398
	Average Age	62	62	61	64	58	60	55	59	62
	Average Weight	76	75	82	77	79	74	99	77	78

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	60,083	54,980	38,460	10,655	14,440	1,710	240	6,180	186,748
	Grams/Episode	37	52	27	42	49	30	17	41	39
	Grams per 1,000 Population	7	8	7	6	5	3	1	13	7
Possible common variable immune deficiency (CVID) - below normal serum IgG but normal serum IgA level	Patients	437	152	120	29	50	7	<5	27	<814
	Average Age	60	51	60	59	44	51	19	48	57
	Average Weight	77	70	75	73	64	67	67	77	74
	Grams	155,383	49,184	40,466	9,109	14,529	2,080	325	10,199	281,275
	Grams/Episode	24	20	24	18	15	17	13	23	22
	Grams per 1,000 Population	18	7	7	5	5	4	1	21	10
Pregnant woman with previous fetal loss	Patients	<5	<5							<10
	Average Age	24	34							32
	Average Weight	70	82							80
	Grams	770	2,860							3,630
	Grams/Episode	70	70							70
	Grams per 1,000 Population	0	0							0
Severe combined immunodeficiency (SCID)	Patients	15	12	9	<5	<5				<46
	Average Age	23	34	25	34	17				27
	Average Weight	46	63	55	93	51				56
	Grams	4,432	3,359	2,963	750	336				11,840
	Grams/Episode	27	16	14	42	6				18
	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	38	45	28	8	13		<5	<5	<140
	Average Age	31	32	27	20	13		33	38	27
	Average Weight	65	61	63	46	35		63	70	58
	Grams	14,381	14,998	9,944	2,678	4,069		534	832	47,436
	Grams/Episode	24	21	21	17	10		4	27	19
	Grams per 1,000 Population	2	2	2	1	1		2	2	2
Severe reduction in at least two Ig isotypes with	Patients	510	253	264	92	113	30	7	42	1,282
	Average Age	48	49	53	46	45	48	63	43	49

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
low/normal B-cells (e.g. CVID)	Average Weight	75	75	77	69	75	79	74	78	75
	Grams	182,995	93,034	97,248	32,340	37,842	10,903	2,629	15,059	472,048
	Grams/Episode	23	22	23	20	17	23	6	25	21
	Grams per 1,000 Population	21	13	17	17	13	19	10	31	17
Severe reduction in serum IgG and IgA with normal/elevated IgM (e.g. CD40L def)	Patients	20	6	13	6	<5				<50
	Average Age	35	41	44	48	68				42
	Average Weight	62	75	68	82	84				70
	Grams	5,609	2,795	4,335	2,634	1,257				16,630
	Grams/Episode	15	27	19	17	23				18
	Grams per 1,000 Population	1	0	1	1	0				1
Stiff person syndrome	Patients	75	20	31	<5	20	<5		7	<160
	Average Age	61	57	60	46	65	54		49	60
	Average Weight	79	79	81	67	73	85		83	79
	Grams	44,058	11,180	17,790	3,235	14,615	2,025		3,980	96,883
	Grams/Episode	44	45	26	55	46	22		43	39
	Grams per 1,000 Population	5	2	3	2	5	4		8	4
Transient hypogammaglobulinaemia of infancy	Patients	<5	<5	<5	<5	<5	<5		<5	<21
	Average Age	4	1	13	1	-	8		3	5
	Average Weight	13	10	24	10	6	20		15	15
	Grams	143	56	307	61	5	104		10	686
	Grams/Episode	2	8	11	2	2	8		5	5
	Grams per 1,000 Population	0	0	0	0	0	0		0	0
Total - Has an established therapeutic role	**Patients**	**7,999**	**5,346**	**5,238**	**1,554**	**1,804**	**568**	**132**	**441**	**22,780**
	Average Age	**63**	**63**	**64**	**63**	**60**	**67**	**53**	**59**	**63**
	Average Weight	**78**	**78**	**80**	**79**	**77**	**81**	**73**	**80**	**79**
	Grams	**2,707,739**	**1,770,340**	**1,861,858**	**484,987**	**708,449**	**203,474**	**39,353**	**189,543**	**7,965,742**
	Grams/Episode	**31**	**29**	**25**	**27**	**31**	**25**	**14**	**36**	**28**
	Grams per 1,000 Population	**317**	**253**	**331**	**256**	**235**	**353**	**150**	**394**	**291**
Has an emerging therapeutic role										

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Autoimmune haemolytic anaemia	Patients	41	45	31	11	<5	<5		<5	<143
	Average Age	63	67	66	46	72	80		33	64
	Average Weight	69	75	79	85	62	90		71	76
	Grams	6,495	7,915	7,485	1,480	95	130		200	23,800
	Grams/Episode	46	53	31	51	32	65		100	42
	Grams per 1,000 Population	1	1	1	1	0	0		0	1
Bullous Pemphigoid	Patients	12	23	18	<5	<5	<5		<5	<70
	Average Age	67	68	67	40	79	71		78	66
	Average Weight	91	79	81	136	112	112		68	87
	Grams	10,325	16,825	11,365	2,770	300	420		2,055	44,060
	Grams/Episode	59	59	49	43	38	42		64	55
	Grams per 1,000 Population	1	2	2	1	0	1		4	2
Cicatricial pemphigoid (CP)	Patients	<5	<5	13	<5					<24
	Average Age	73	80	70	70					71
	Average Weight	69	75	77	70					76
	Grams	2,525	270	10,320	1,050					14,165
	Grams/Episode	62	30	30	29					33
	Grams per 1,000 Population	0	0	2	1					1
Drug-induced pemphigus foliaceus	Patients		<5							<5
	Average Age		62							62
	Average Weight		61							61
	Grams		480							480
	Grams/Episode		60							60
	Grams per 1,000 Population		0							0
Encephalitis associated with antibodies to AMPA receptor	Patients	<5								<5
	Average Age	60								60
	Average Weight	66								66
	Grams	480								480
	Grams/Episode	34								34

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	0								0
Encephalitis associated with antibodies to CASPR2	Patients	9	<5	5	<5	<5			<5	<27
	Average Age	56	73	52	71	75			70	62
	Average Weight	83	83	71	107	89			50	80
	Grams	3,880	1,690	1,695	200	1,860			520	9,845
	Grams/Episode	46	56	27	40	40			40	41
	Grams per 1,000 Population	0	0	0	0	1			1	0
Encephalitis associated with antibodies to DPPX	Patients	<5		<5	<5	<5				<14
	Average Age	59		41	66	17				47
	Average Weight	70		80	92	47				78
	Grams	840		780	160	45				1,825
	Grams/Episode	70		26	40	45				39
	Grams per 1,000 Population	0		0	0	0				0
Encephalitis associated with antibodies to GABA (A or B) receptor	Patients	<5		<5						<10
	Average Age	38		78						55
	Average Weight	76		77						76
	Grams	270		155						425
	Grams/Episode	34		26						30
	Grams per 1,000 Population	0		0						0
Encephalitis associated with antibodies to glycine receptor	Patients			<5						<5
	Average Age			60						60
	Average Weight			72						72
	Grams			1,233						1,233
	Grams/Episode			16						16
	Grams per 1,000 Population			0						0
Encephalitis associated with antibodies to LGI1	Patients	17	10	12	<5	9			<5	<58
	Average Age	66	56	65	79	73			63	66
	Average Weight	74	73	86	88	78			112	79
	Grams	7,433	2,645	2,935	365	5,530			735	19,643

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode	39	28	20	52	43			57	34
	Grams per 1,000 Population	1	0	1	0	2			2	1
Encephalitis associated with antibodies to NMDA receptor	Patients	44	15	23		<5	<5	<5	<5	<99
	Average Age	45	40	43		32	30	22	38	42
	Average Weight	80	79	83		86	53	80	90	81
	Grams	14,725	3,380	5,840		1,370	455	315	1,250	27,335
	Grams/Episode	37	32	19		49	57	15	74	31
	Grams per 1,000 Population	2	0	1		0	1	1	3	1
Encephalitis associated with antibodies to VGKC	Patients	8	<5	5		<5				<23
	Average Age	54	73	58		69				59
	Average Weight	62	87	83		54				75
	Grams	2,615	810	1,925		715				6,065
	Grams/Episode	31	30	14		55				23
	Grams per 1,000 Population	0	0	0		0				0
Endemic pemphigus foliaceus	Patients		<5							<5
	Average Age		79							79
	Average Weight		62							62
	Grams		250							250
	Grams/Episode		31							31
	Grams per 1,000 Population		0							0
Evans syndrome child - with significant ITP	Patients	<5								<5
	Average Age	9								9
	Average Weight	42								42
	Grams	135								135
	Grams/Episode	45								45
	Grams per 1,000 Population	0								0
Evans Syndrome with significant AIHA	Patients	<5	<5			<5			<5	<14
	Average Age	56	31			2			29	44
	Average Weight	98	72			13			68	83

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	615	75			15			265	970
	Grams/Episode	47	75			8			88	51
	Grams per 1,000 Population	0	0			0			1	0
Existing patient - authorisation for IgG subclass deficiency	Patients	<5	10	<5	<5	<5		<5		<26
	Average Age	70	70	61	42	78		6		54
	Average Weight	128	80	83	52	74		16		71
	Grams	1,935	4,320	375	783	722		159		8,294
	Grams/Episode	27	24	18	16	14		2		17
	Grams per 1,000 Population	0	1	0	0	0		1		0
Haemophagocytic lymphohistiocytosis	Patients	34	29	9	<5	5				<82
	Average Age	49	55	48	62	52				51
	Average Weight	72	78	78	80	83				75
	Grams	4,020	4,155	1,340	160	850				10,525
	Grams/Episode	41	68	36	80	47				49
	Grams per 1,000 Population	0	1	0	0	0				0
Heart and kidney transplant	Patients		<5							<5
	Average Age		68							68
	Average Weight		87							87
	Grams		1,030							1,030
	Grams/Episode		47							47
	Grams per 1,000 Population		0							0
Heart and lung transplant	Patients		<5						<5	<10
	Average Age		26						44	35
	Average Weight		68						75	72
	Grams		300						360	660
	Grams/Episode		27						30	29
	Grams per 1,000 Population		0						1	0
Heart transplant	Patients	10	13	5		<5	<5			<38
	Average Age	47	50	38		36	40			45

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	70	73	70		62	62			70
	Grams	820	2,970	1,795		275	270			6,130
	Grams/Episode	13	39	29		46	30			29
	Grams per 1,000 Population	0	0	0		0	0			0
Hypogammaglobulinaemia following B cell depletion therapy	Patients	262	264	186	31	84	19	<5	12	<857
	Average Age	57	59	60	42	57	62	63	59	58
	Average Weight	75	77	77	60	73	77	61	68	75
	Grams	60,988	60,095	53,220	6,223	21,639	4,765	136	2,251	209,316
	Grams/Episode	19	19	20	15	17	22	10	23	19
	Grams per 1,000 Population	7	9	9	3	7	8	1	5	8
Hypogammaglobulinaemia following solid organ transplantation	Patients	128	119	98	8	9	8		8	370
	Average Age	58	61	58	53	47	47		58	57
	Average Weight	65	68	72	70	62	76		67	68
	Grams	23,725	25,562	19,664	1,329	2,097	3,405		2,297	78,079
	Grams/Episode	19	23	15	10	11	19		15	18
	Grams per 1,000 Population	3	4	3	1	1	6		5	3
Idiopathic opsoclonus-myoclonus ataxia	Patients	6	<5	<5	<5	<5	<5			<24
	Average Age	23	18	46	33	28	5			25
	Average Weight	46	44	51	51	56	25			46
	Grams	1,280	740	190	1,445	755	260			4,670
	Grams/Episode	20	25	21	40	33	19			27
	Grams per 1,000 Population	0	0	0	1	0	0			0
IgM paraproteinaemic demyelinating neuropathy	Patients	26	26	22	5	6	<5		<5	<95
	Average Age	77	74	71	71	79	72		60	74
	Average Weight	75	81	90	84	71	86		75	82
	Grams	12,415	10,800	8,735	1,905	3,625	1,625		420	39,525
	Grams/Episode	41	38	27	37	46	18		47	35
	Grams per 1,000 Population	1	2	2	1	1	3		1	1
ITP - child - chronic	Patients	5	6	<5	<5	<5				<26

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Age	7	4	8	8	6				6
	Average Weight	28	24	25	25	27				25
	Grams	285	290	90	75	95				835
	Grams/Episode	26	15	15	25	24				19
	Grams per 1,000	0	0	0	0	0				0
ITP - child - newly diagnosed	Patients	24	23	12	8	6	<5	<5	<5	<87
	Average Age	5	4	8	5	8	6	-	12	6
	Average Weight	23	20	36	28	32	23	6	55	27
	Grams	740	520	625	305	180	20	5	55	2,450
	Grams/Episode	19	16	17	25	23	20	5	55	19
	Grams per 1,000 Population	0	0	0	0	0	0	0	0	0
ITP - child - persistent	Patients	7	5	<5	<5	<5		<5		<27
	Average Age	7	5	6	5	2		15		7
	Average Weight	27	22	33	28	14		69		32
	Grams	635	250	130	205	10		140		1,370
	Grams/Episode	26	17	19	23	10		18		21
	Grams per 1,000 Population	0	0	0	0	0		1		0
Kidney transplant	Patients	150	314	81	30	32	21	12	5	639
	Average Age	55	54	46	46	50	57	44	54	52
	Average Weight	72	78	79	82	72	88	80	78	78
	Grams	22,750	128,390	18,660	11,905	7,610	14,945	3,840	1,765	209,865
	Grams/Episode	27	37	15	37	48	56	16	33	32
	Grams per 1,000 Population	3	18	3	6	3	26	15	4	8
Liver and kidney transplant	Patients	5	<5		<5	<5				<14
	Average Age	52	21		58	54				52
	Average Weight	69	55		93	78				75
	Grams	340	55		-	160				555
	Grams/Episode	43	55		-	20				29
	Grams per 1,000 Population	0	0			0				0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Liver transplant	Patients		<5	<5	<5					<12
	Average Age		43	43	69					44
	Average Weight		67	55	80					66
	Grams		175	75	40					290
	Grams/Episode		4	13	40					6
	Grams per 1,000 Population		0	0	0					0
Lung transplant	Patients	40	103	6	10	13	5	<5	<5	<183
	Average Age	49	52	52	51	59	66	63	72	53
	Average Weight	69	71	85	61	73	77	80	87	71
	Grams	6,680	18,240	1,775	2,130	3,960	1,480	90	490	34,845
	Grams/Episode	28	23	27	23	32	35	15	38	25
	Grams per 1,000 Population	1	3	0	1	1	3	0	1	1
Macrophage activation syndrome	Patients	9	8	<5	<5					<27
	Average Age	31	43	67	46					40
	Average Weight	69	77	60	50					69
	Grams	1,375	970	215	100					2,660
	Grams/Episode	57	51	43	20					50
	Grams per 1,000 Population	0	0	0	0					0
Monophasic acute disseminated encephalomyelitis (ADEM)	Patients	30	7	<5	<5	<5	<5			<52
	Average Age	23	41	37	36	35	5			30
	Average Weight	44	58	78	90	83	20			57
	Grams	2,645	760	370	230	415	40			4,460
	Grams/Episode	30	36	11	46	38	40			28
	Grams per 1,000 Population	0	0	0	0	0	0			0
Mucous Membrane Pemphigoid (MMP)	Patients	7	6	10		<5	<5			<33
	Average Age	71	71	74		67	53			72
	Average Weight	91	85	73		70	72			77
	Grams	3,350	4,095	6,940		1,565	1,885			17,835
	Grams/Episode	45	43	23		26	145			33

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	0	1	1		1	3			1
Multiphasic acute disseminated encephalomyelitis (ADEM)	Patients	<5			<5	<5				<12
	Average Age	51			36	32				45
	Average Weight	81			90	98				86
	Grams	1,090			220	495				1,805
	Grams/Episode	47			55	62				52
	Grams per 1,000 Population	0			0	0				0
Other hypogammaglobulinaemia unrelated to haematological malignancies or haemopoietic stem cell transplantation (HSCT)	Patients	303	130	240	15	41	21		12	753
	Average Age	66	63	64	66	60	60		69	64
	Average Weight	76	74	75	83	70	73		92	75
	Grams	79,632	33,018	73,166	5,086	9,390	7,962		2,692	210,945
	Grams/Episode	21	23	23	20	15	21		16	21
	Grams per 1,000 Population	9	5	13	3	3	14		6	8
Other transplant	Patients		<5							<5
	Average Age		37							37
	Average Weight		67							67
	Grams		310							310
	Grams/Episode		44							44
	Grams per 1,000 Population		0							0
Pancreas and kidney transplant	Patients	<5	14	<5	<5	<5	<5			<29
	Average Age	41	44	40	33	48	30			43
	Average Weight	68	73	81	74	92	49			73
	Grams	340	2,880	100	165	270	240			3,995
	Grams/Episode	21	32	9	41	90	40			30
	Grams per 1,000 Population	0	0	0	0	0	0			0
Paraneoplastic associated breast cancer	Patients	<5				<5	<5			<12
	Average Age	79				86	60			78
	Average Weight	55				85	50			69
	Grams	110				965	160			1,235

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode	16				60	20			40
	Grams per 1,000 Population	0				0	0			0
Paraneoplastic associated neuroblastoma	Patients	<5	<5	<5		<5				<13
	Average Age	3	2	2		2				2
	Average Weight	14	13	14		17				15
	Grams	195	25	70		260				550
	Grams/Episode	13	13	6		12				11
	Grams per 1,000 Population	0	0	0		0				0
Paraneoplastic associated other tumour type	Patients	<5		<5		<5				<11
	Average Age	61		52		68				58
	Average Weight	55		64		104				79
	Grams	20		230		560				810
	Grams/Episode	20		12		47				25
	Grams per 1,000 Population	0		0		0				0
Paraneoplastic associated small cell lung cancer	Patients	<5								<5
	Average Age	63								63
	Average Weight	74								74
	Grams	135								135
	Grams/Episode	15								15
	Grams per 1,000 Population	0								0
Pemphigus erythematosus	Patients		<5							<5
	Average Age		66							66
	Average Weight		61							61
	Grams		615							615
	Grams/Episode		34							34
	Grams per 1,000 Population		0							0
Pemphigus vulgaris	Patients	6	19	8	5	<5			<5	<48
	Average Age	63	53	67	65	64			64	60
	Average Weight	85	71	72	61	82			60	73

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	3,980	13,805	5,015	2,690	3,030			585	29,105
	Grams/Episode	50	66	38	51	63			65	55
	Grams per 1,000 Population	0	2	1	1	1			1	1
Post-transfusion purpura (PTP)	Patients			<5	<5					<10
	Average Age			35	73					44
	Average Weight			71	75					72
	Grams			195	150					345
	Grams/Episode			28	75					38
	Grams per 1,000 Population			0	0					0
Recurrent acute disseminated encephalomyelitis (ADEM)	Patients	15		<5		<5	<5			<30
	Average Age	37		80		19	6			37
	Average Weight	50		79		48	21			50
	Grams	3,375		290		100	240			4,005
	Grams/Episode	27		21		20	17			26
	Grams per 1,000 Population	0		0		0	0			0
Sero-negative autoimmune encephalitis	Patients	102	30	24	<5	10	<5		5	<180
	Average Age	44	54	45	59	51	19		45	45
	Average Weight	72	77	76	76	72	52		60	72
	Grams	32,100	9,090	8,425	340	1,865	1,110		1,575	54,505
	Grams/Episode	37	46	24	28	36	14		37	34
	Grams per 1,000 Population	4	1	1	0	1	2		3	2
Sero-negative limbic encephalitis	Patients	22	<5	17		<5	<5			<54
	Average Age	55	19	53		56	48			51
	Average Weight	86	69	71		77	83			77
	Grams	7,680	1,500	5,915		740	910			16,745
	Grams/Episode	34	34	22		49	35			29
	Grams per 1,000 Population	1	0	1		0	2			1
Specific antibody deficiency	Patients	227	87	77	28	107	5	<5	16	<543
	Average Age	56	50	57	56	41	68	35	46	52

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	69	73	74	68	59	73	48	77	68
	Grams	62,909	23,989	22,314	6,823	26,453	1,346	32	5,111	148,977
	Grams/Episode	17	18	21	15	14	16	16	29	17
	Grams per 1,000 Population	7	3	4	4	9	2	0	11	5
Staphylococcal TSS	Patients	27	26	19	12	8	<5	<5	<5	<107
	Average Age	51	52	38	50	31	62	17	53	45
	Average Weight	103	92	71	85	69	117	69	110	87
	Grams	4,175	3,290	2,615	1,615	1,015	200	160	315	13,385
	Grams/Episode	116	106	59	90	127	20	23	158	86
	Grams per 1,000 Population	0	0	0	1	0	0	1	1	0
Stevens–Johnson syndrome / toxic epidermal necrolysis overlap (SJS/TEN)	Patients	15	19	<5	<5					<44
	Average Age	42	36	57	31					40
	Average Weight	69	72	77	110					74
	Grams	2,215	2,395	405	380					5,395
	Grams/Episode	57	63	45	63					59
	Grams per 1,000 Population	0	0	0	0					0
Streptococcal TSS	Patients	84	114	51	26	38	12	<5	10	<340
	Average Age	44	46	54	41	51	62	53	51	49
	Average Weight	84	79	83	69	89	87	155	84	82
	Grams	11,675	15,245	7,260	3,345	6,070	1,720	20	1,230	46,565
	Grams/Episode	82	100	64	101	124	28	10	77	82
	Grams per 1,000 Population	1	2	1	2	2	3	0	3	2
Suspected autoimmune encephalitis	Patients	125	88	58	17	20	6	<5	15	<329
	Average Age	49	56	55	51	58	38	10	54	53
	Average Weight	74	69	77	73	79	48	24	90	74
	Grams	35,660	18,120	14,060	2,810	9,320	565	60	5,020	85,615
	Grams/Episode	39	37	22	38	37	24	8	48	34
	Grams per 1,000 Population	4	3	3	1	3	1	0	10	3
	Patients	34	17	22	<5	5	<5		<5	<92

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Suspected autoimmune limbic encephalitis	Average Age	53	66	53	60	53	71		67	55
	Average Weight	73	71	73	78	68	83		66	73
	Grams	8,295	3,530	7,045	430	1,215	1,135		315	21,965
	Grams/Episode	36	45	24	27	35	41		39	32
	Grams per 1,000 Population	1	1	1	0	0	2		1	1
Thymoma-associated hypogammaglobulinaemia (Goods syndrome)	Patients	12	<5	5	<5	6				<33
	Average Age	65	62	66	65	72				66
	Average Weight	71	72	77	91	64				74
	Grams	3,800	991	1,969	870	1,195				8,825
	Grams/Episode	26	10	26	13	16				19
	Grams per 1,000 Population	0	0	0	0	0				0
Toxic epidermal necrolysis (TEN)	Patients	5	6	<5		<5	<5			<21
	Average Age	60	51	63		46	41			53
	Average Weight	56	53	58		85	100			66
	Grams/Episode	570	465	120		170	220			1,545
	Grams per 1,000 Population	44	52	60		34	44			45
Total - Has an emerging therapeutic role	**Patients**	**1,838**	**1,562**	**1,072**	**239**	**436**	**122**	**24**	**102**	**5,337**
	Average Age	**57**	**57**	**59**	**52**	**52**	**56**	**33**	**57**	**56**
	Average Weight	**73**	**75**	**76**	**73**	**68**	**76**	**62**	**78**	**74**
	Grams	**452,276**	**427,325**	**307,125**	**57,784**	**117,001**	**45,508**	**4,957**	**29,506**	**1,441,481**
	Grams/Episode	**25**	**30**	**22**	**25**	**22**	**29**	**12**	**31**	**25**
	Grams per 1,000 Population	**53**	**61**	**55**	**31**	**39**	**79**	**19**	**61**	**53**
Has application in exceptional circumstances only										
Acquired bleeding disorder, other coagulation factors (Prothrombin, factor V, factor VII, factor X, factor XI, and factor XIII)	Patients	<5	<5	<5						<15
	Average Age	54	64	64						63
	Average Weight	90	90	95						93
	Grams	90	180	190						460
	Grams/Episode	90	60	24						38
	Grams per 1,000 Population	0	0	0						0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Acquired haemophilia A	Patients	<5	<5							<10
	Average Age	55	57							56
	Average Weight	88	75							78
	Grams	265	635							900
	Grams/Episode	88	71							75
	Grams per 1,000 Population	0	0							0
Acquired von Willebrand syndrome	Patients	<5	<5	7	7	<5				<29
	Average Age	70	78	63	73	68				68
	Average Weight	69	81	89	78	101				83
	Grams	1,670	1,150	4,960	3,485	570				11,835
	Grams/Episode	51	61	41	66	114				51
	Grams per 1,000 Population	0	0	1	2	0				0
Anti-neutrophil cytoplasmic antibody (ANCA) (PR3 or MPO)-positive idiopathic rapidly progressive glomerulonephritis	Patients	<5	<5	<5						<15
	Average Age	58	78	49						57
	Average Weight	71	90	90						81
	Grams	240	180	135						555
	Grams/Episode	30	90	19						33
	Grams per 1,000 Population	0	0	0						0
Ataxic sensory neuronopathy	Patients	5	<5			<5		<5	<5	<19
	Average Age	62	63			88		78	73	76
	Average Weight	95	70			70		68	69	77
	Grams	2,905	135			770		870	865	5,545
	Grams/Episode	59	34			14		22	62	34
	Grams per 1,000 Population	0	0			0		3	2	0
Atypical rolandic epilepsy	Patients	<5	<5	<5						<15
	Average Age	9	9	16						12
	Average Weight	48	33	56						49
	Grams	810	295	800						1,905
	Grams/Episode	31	25	30						29

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population	0	0	0						0
Autoimmune neutropenia	Patients	8	7	6		<5		<5		<30
	Average Age	49	73	58		62		86		67
	Average Weight	72	71	72		90		86		76
	Grams	770	1,205	685		160		255		3,075
	Grams/Episode	41	60	36		32		12		37
	Grams per 1,000 Population	0	0	0		0		1		0
Autoimmune retinopathy	Patients	8	6	5						19
	Average Age	69	67	67						68
	Average Weight	74	72	73						73
	Grams	4,305	3,335	1,970						9,610
	Grams/Episode	54	67	25						46
	Grams per 1,000 Population	1	0	0						0
Autonomic neuropathy	Patients	5	<5	<5						<15
	Average Age	61	79	63						62
	Average Weight	71	60	88						75
	Grams	2,020	240	525						2,785
	Grams/Episode	42	60	29						40
	Grams per 1,000 Population	0	0	0						0
Catastrophic anti-phospholipid syndrome	Patients	8	<5	<5	<5	<5	<5	<5		<28
	Average Age	55	46	60	44	53	56	39		52
	Average Weight	90	99	71	117	66	69	56		83
	Grams	2,140	100	385	420	120	140	120		3,425
	Grams/Episode	42	20	19	70	40	140	9		35
	Grams per 1,000 Population	0	0	0	0	0	0	0		0
Confirmed autoimmune congenital heart block in a fetus	Patients		<5							<5
	Average Age		34							34
	Average Weight		70							70
	Grams		615							615

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode		56							56
	Grams per 1,000 Population		0							0
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss Syndrome)	Patients					<5				<5
	Average Age					43				43
	Average Weight					66				66
	Grams					350				350
	Grams/Episode					22				22
	Grams per 1,000 Population					0				0
Epidermolysis bullosa acquisita	Patients	<5	<5		<5	<5				<17
	Average Age	26	65		39	77				59
	Average Weight	100	102		75	94				89
	Grams	200	400		300	1,005				1,905
	Grams/Episode	67	40		17	48				37
	Grams per 1,000 Population	0	0		0	0				0
Granulomatosis with polyangiitis (Wegener Granulomatosis)	Patients	<5	<5	<5		<5				<20
	Average Age	54	48	17		29				39
	Average Weight	81	104	80		111				95
	Grams	900	1,180	310		630				3,020
	Grams/Episode	60	118	39		42				63
	Grams per 1,000 Population	0	0	0		0				0
Graves ophthalmopathy	Patients	<5								<5
	Average Age	65								65
	Average Weight	54								54
	Grams	100								100
	Grams/Episode	33								33
	Grams per 1,000 Population	0								0
Haemolytic disease of the fetus	Patients	8	<5		<5	<5			<5	<25
	Average Age	35	28		32	36			34	34
	Average Weight	85	73		61	67			60	79

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams	9,220	225		1,045	65			1,200	11,755
	Grams/Episode	68	45		50	33			55	63
	Grams per 1,000 Population	1	0		1	0			2	0
Heparin Induced Thrombocytopenia (HIT)	Patients	9	<5	<5	<5	<5				<29
	Average Age	68	60	73	63	64				67
	Average Weight	81	79	88	99	98				84
	Grams	1,535	300	290	200	195				2,520
	Grams/Episode	38	60	32	67	49				41
	Grams per 1,000 Population	0	0	0	0	0				0
Hyperhaemolysis syndrome	Patients	<5	<5							<10
	Average Age	26	60							47
	Average Weight	57	78							70
	Grams	170	335							505
	Grams/Episode	57	67							63
	Grams per 1,000 Population	0	0							0
Landau Kleffner syndrome	Patients	<5	<5							<10
	Average Age	28	11							17
	Average Weight	81	41							56
	Grams	1,120	900							2,020
	Grams/Episode	70	33							47
	Grams per 1,000 Population	0	0							0
Lennox-Gastaut syndrome	Patients	6	<5	<5					<5	<19
	Average Age	16	6	8					12	11
	Average Weight	39	19	29					48	36
	Grams	1,440	60	1,005					1,115	3,620
	Grams/Episode	36	20	15					40	26
	Grams per 1,000 Population	0	0	0					2	0
LETMs	Patients	8	<5		<5	<5	<5			<22
	Average Age	59	16		74	3	10			51

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Average Weight	85	93		50	18	30			76
	Grams	1,555	320		100	120	60			2,155
	Grams/Episode	26	80		33	15	60			29
	Grams per 1,000 Population	0	0		0	0	0			0
Microscopic polyangiitis	Patients	<5				<5				<10
	Average Age	69				43				51
	Average Weight	88				72				77
	Grams	475				1,145				1,620
	Grams/Episode	34				38				37
	Grams per 1,000 Population	0				0				0
NMOSD-AQP4 ab positive	Patients	7	5	<5		<5				<23
	Average Age	55	49	69		7				56
	Average Weight	64	92	89		17				76
	Grams	2,420	2,060	315		35				4,830
	Grams/Episode	36	54	12		18				36
	Grams per 1,000 Population	0	0	0		0				0
NMOSD-MOG ab positive	Patients	35	19	7	6	12		<5	<5	<89
	Average Age	38	40	41	58	18		10	56	39
	Average Weight	80	76	64	83	67		38	101	76
	Grams	14,440	8,520	2,375	4,775	4,390		235	1,410	36,145
	Grams/Episode	46	44	28	51	41		14	41	43
	Grams per 1,000 Population	2	1	0	3	1		1	3	1
NMOSD-seronegative	Patients	38	9	<5	<5	5	<5	<5		<72
	Average Age	56	39	43	10	51	16	38		50
	Average Weight	78	77	68	47	75	60	106		78
	Grams	9,065	2,365	260	140	1,315	120	480		13,745
	Grams/Episode	37	31	15	47	41	24	37		35
	Grams per 1,000 Population	1	0	0	0	0	0	2		1
	Patients	28	<5	<5		<5		<5		<43

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Paediatric acute neuropsychiatric disorders (PANS)	Average Age	11	15	15		16		10		12
	Average Weight	46	76	72		91		44		54
	Grams	13,975	1,905	1,875		1,355		130		19,240
	Grams/Episode	51	46	38		104		16		50
	Grams per 1,000 Population	2	0	0		0		0		1
Paediatric autoimmune neuropsychiatric disorder (PANDAS)	Patients	5	<5	5						<15
	Average Age	14	10	14						14
	Average Weight	58	46	62						60
	Grams	1,805	365	3,060						5,230
	Grams/Episode	48	46	34						39
	Grams per 1,000 Population	0	0	1						0
Painful small fibre neuropathy	Patients	11	<5	5	<5			<5	<5	<35
	Average Age	65	52	64	65			79	54	64
	Average Weight	74	62	73	80			80	84	74
	Grams	2,995	695	1,755	1,220			880	910	8,455
	Grams/Episode	29	26	29	36			37	61	32
	Grams per 1,000 Population	0	0	0	1			3	2	0
Pure red cell aplasia - associated B19 infection	Patients	<5	9	<5	<5	<5	<5		<5	<34
	Average Age	40	38	15	82	53	67		40	47
	Average Weight	46	56	40	86	88	85		51	68
	Grams	320	1,175	80	170	875	170		205	2,995
	Grams/Episode	29	53	40	57	38	28		41	42
	Grams per 1,000 Population	0	0	0	0	0	0		0	0
Pure red cell aplasia - autoimmune mediated	Patients	<5	<5	6						<16
	Average Age	72	56	58						60
	Average Weight	75	96	89						88
	Grams	455	535	925						1,915
	Grams/Episode	91	67	66						71
	Grams per 1,000 Population	0	0	0						0

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Pyoderma Gangrenosum	Patients	8	40	25	<5	5	<5		<5	<93
	Average Age	67	58	57	51	52	58		24	58
	Average Weight	91	92	100	87	71	82		70	91
	Grams	6,145	40,745	13,385	3,780	3,585	2,545		90	70,275
	Grams/Episode	54	68	34	69	41	19		8	50
	Grams per 1,000 Population	1	6	2	2	1	4		0	3
Rasmussen encephalitis	Patients	5	7	5	<5	<5			<5	<32
	Average Age	24	34	35	42	13			40	31
	Average Weight	72	68	70	106	44			52	68
	Grams	3,240	3,510	1,575	715	1,260			915	11,215
	Grams/Episode	50	43	18	51	42			35	37
	Grams per 1,000 Population	0	1	0	0	0			2	0
Relapsing remitting multiple sclerosis	Patients	25	10	6					<5	<46
	Average Age	44	49	61					51	50
	Average Weight	76	80	77					63	77
	Grams	6,440	2,580	2,670					210	11,900
	Grams/Episode	37	30	30					18	33
	Grams per 1,000 Population	1	0	0					0	0
Scleromyxedema - skin and systemic disease	Patients	5	<5		<5	<5				<20
	Average Age	68	71		80	73				71
	Average Weight	75	64		48	74				67
	Grams	2,040	1,240		665	1,490				5,435
	Grams/Episode	31	28		28	93				36
	Grams per 1,000 Population	0	0		0	0				0
Scleromyxedema - skin involvement only	Patients				<5	<5	<5			<15
	Average Age				38	71	42			63
	Average Weight				104	64	77			70
	Grams				600	3,315	1,305			5,220
	Grams/Episode				75	64	131			75

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams per 1,000 Population				0	1	2			0
Sensorimotor axonal neuropathy	Patients	9	<5	<5	<5			<5		<25
	Average Age	70	77	60	71			75		70
	Average Weight	75	50	78	128			84		75
	Grams	3,305	260	765	220			450		5,000
	Grams/Episode	35	20	45	55			25		34
	Grams per 1,000 Population	0	0	0	0			2		0
Susac syndrome	Patients	12	5	7		<5				<29
	Average Age	42	46	48		59				47
	Average Weight	98	67	78		68				84
	Grams	8,875	1,645	4,045		2,225				16,790
	Grams/Episode	50	35	27		40				39
	Grams per 1,000 Population	1	0	1		1				1
Systemic capillary leak syndrome	Patients	6	<5	8	<5	<5			<5	<34
	Average Age	48	65	49	50	43			74	51
	Average Weight	71	84	79	80	76			75	78
	Grams	1,680	1,950	8,870	1,560	1,435			450	15,945
	Grams/Episode	29	40	30	58	53			90	35
	Grams per 1,000 Population	0	0	2	1	0			1	1
Vaccine associated myocarditis	Patients	<5	<5							<10
	Average Age	57	52							54
	Average Weight	65	90							79
	Grams	130	240							370
	Grams/Episode	26	40							34
	Grams per 1,000 Population	0	0							0
West syndrome	Patients			<5						<5
	Average Age			10						10
	Average Weight			24						24
	Grams			360						360

Specific Condition		NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
	Grams/Episode			12						12
	Grams per 1,000 Population			0						0
Total - Has application in exceptional circumstances only	**Patients**	279	170	118	33	59	8	10	18	686
	Average Age	45	51	48	57	48	55	61	42	48
	Average Weight	75	80	79	80	71	81	72	69	77
	Grams	109,260	81,580	53,570	19,395	26,410	4,340	3,420	7,370	305,345
	Grams/Episode	45	53	30	53	43	28	22	43	42
	Grams per 1,000 Population	13	12	10	10	9	8	13	15	11
Use is not supported										
Sepsis	Patients		<5		<5					<10
	Average Age		1		65					22
	Average Weight		10		75					32
	Grams		10		140					150
	Grams/Episode		5		140					50
	Grams per 1,000 Population		0		0					0
Total - Use is not supported	**Patients**		**<5**		**<5**					**<10**
	Average Age		**1**		**65**					**22**
	Average Weight		**10**		**75**					**32**
	Grams		**10**		**140**					**150**
	Grams/Episode		**5**		**140**					**50**
	Grams per 1,000 Population		**0**		**0**					**0**
Total	**Patients**	**10,048**	**7,035**	**6,404**	**1,824**	**2,286**	**698**	**166**	**558**	**28,649**
	Average Age	**62**	**61**	**63**	**62**	**59**	**65**	**51**	**58**	**62**
	Average Weight	**77**	**77**	**79**	**78**	**75**	**80**	**71**	**80**	**78**
	Grams	**3,269,275**	**2,279,254**	**2,222,553**	**562,306**	**851,860**	**253,322**	**47,730**	**226,418**	**9,712,717**
	Grams/Episode	**31**	**30**	**24**	**27**	**29**	**26**	**14**	**35**	**28**
	Grams per 1,000 Population	**383**	**325**	**396**	**297**	**283**	**440**	**182**	**470**	**355**

Note: All patient counts are distinct counts. A patient may appear in more than one state or territory and may have more than one condition, so state, territory and condition totals may exceed 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	IDMS
Table 3: Grams recorded in the different systems held by the NBA	IDMS & BloodSTAR
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 & STARS
Table 10: Ig grams dispensed by speciality and state and territory for 2024-25	BloodSTAR
Table 11: Patients dispensed Ig by speciality and state and territory for 2024-25	BloodSTAR
Table 12: New patients dispensed Ig by speciality and state and territory for 2024-25	BloodSTAR
Table 13: Grams dispensed by states and territories and medical condition for 2024-25	BloodSTAR
Table 14: Patients dispensed by SCIg/NHIg/IVIg medical conditions and product for 2024-25	BloodSTAR
Table 15: Grams dispensed by SCIg/NHIg/IVIg medical conditions and product for 2024-25	BloodSTAR
Table 16: Patients dispensed by SCIg medical conditions, and state and territory for 2024-25	BloodSTAR
Table 17: Grams dispensed by SCIg medical conditions, and state and territory for 2024-25	BloodSTAR
Figure 1: Snapshot	All
Figure 2: Per cent Issued 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 2024-25	BloodSTAR