



Infected Blood Compensation Scheme summary: Living infected people

This document summarises key information about the Infected Blood Compensation Scheme (the Scheme) relevant to a **person who is living with infection(s) or who has since recovered from their infection(s)**. This should be read in conjunction with the [Scheme Explainer](#).

Category of Award	Core route awards	Supplementary route awards available?
Injury	Level 1 Hepatitis: £10,000 All other infection severity bands: £60,000-£270,000	No
Social Impact	Level 1 Hepatitis: £5,000 All other severity bands: £50,000-£70,000	No
Autonomy	Level 1 Hepatitis: £10,000 All other severity bands: £40,000-£70,000 Autonomy awards are 50% higher for people infected under 18.	Yes, for victims of unethical research
Care	Level 1 Hepatitis: £500 All other severity bands: Approx £50,000- £680,000	Yes, through the Severe Health Condition award and the awards for Exceptional Loss (past care costs).
Financial Loss	Level 1 Hepatitis: £12,500 All other severity bands: £5,931 - £29,657 per annum	Yes through the Severe Health Condition award and the awards for Exceptional Loss (earnings).

A living infected person may also be eligible for compensation as an affected person. Further information can be found in the [Scheme Explainer](#) in the section: Compensation awards where an application has multiple claims.

What is the eligibility criteria for a living infected person?

A person will qualify for the Scheme as an infected person if they are:

A **directly infected person** is someone who through the use of NHS-supplied blood, blood products and/or tissue is or was infected with:

- **HIV;**
- **acute or chronic Hepatitis C;**
- **chronic Hepatitis B;**
- **acute Hepatitis B and died** from acute liver failure within 12 months of the infection (or within 12 months of the reactivation of infection)

An **indirectly infected person** is someone who was infected:

- by a **person who is or was directly infected** (e.g. a person infected by their partner);
- by a **person who was infected by someone who was directly infected** (e.g. a child infected by their mother who was infected by her partner).

An infected person **who has recovered from or 'cleared' their infection** can still apply for compensation.

People who were infected after blood screening was introduced may be asked to provide additional evidence to IBCA. This is because blood screening significantly reduced the risk of getting an infection from a blood transfusion or blood product, so IBCA will need to establish that, on the balance of probabilities, the infection came from NHS blood products rather than another source. The dates when blood screening was introduced for different infections are listed below:

- HIV infection - November 1985;
- Hepatitis C infection - September 1991;
- Hepatitis B infection - December 1972.

People registered on a current UK Infected Blood Support Scheme (IBSS) and those who were in receipt of support payments from one or more of the Alliance House Organisations (AHO)¹ are considered automatically eligible for compensation through the Scheme, but may need to provide some additional information for IBCA to accurately calculate their compensation award.

Infected organs transplant scheme

People who knowingly accepted an infected organ transplant through the [NHS transplant Scheme](#) cannot claim compensation for that infection. They may be eligible if, however, that transplant caused a separate, unexpected infection.

Are living infected people who are currently beneficiaries of Infected Blood Support Schemes (IBSS) eligible?

- Yes. All infected people who are beneficiaries of an IBSS or one or more of the Alliance House Organisations (AHOs) will automatically be considered eligible for the Scheme. When applying to the Infected Blood Compensation Authority (IBCA), IBCA may ask for some additional information so they can accurately calculate the compensation award.
- Infected people registered with IBSS before 1 April 2025 will be able to continue to receive Support Scheme payments for life. These payments will be uplifted each year in line with the Consumer Price Index (CPI).

¹ The Macfarlane Trusts, the Eileen Trust, the Skipton Fund, the Caxton Foundation and MFET Ltd

Do Support Scheme payments have an impact on the compensation available to living infected people through IBCA?

- Any Support Scheme or discretionary payments a person received from IBSS or an AHO before 1 April 2025 will not be deducted from compensation paid by IBCA.
- Support payments made on or after 1 April 2025 will be deducted from the compensation IBCA pays for future financial loss and care costs, with the exception of payments for pre-payment prescription certificates or grants for talking therapy which are not taken into account.
- If a person on IBSS chooses to continue receiving Support Scheme payments for life, IBCA will compare their future Financial Loss and future Care awards with the Support Scheme payments that they could expect to receive through their lifetime. If the infected person would have received more money through the Scheme, a 'top up' award will be given. If the awards under the Scheme would be lower than the amount the person could expect to receive through future Support Scheme payments, this will have no impact and the person will continue to receive Support Scheme payments at the same rate, increasing annually in line with CPI. Bereaved partners are not eligible for this 'top up' award.
- If preferred, an IBSS beneficiary may choose not to continue to receive support payments and to instead receive their future Financial Loss and Care award as part of their total compensation package under the core route in the same way as someone who is not an IBSS beneficiary, payable by lump sum or periodic payments over 5, 10 or 25 years.

What supplementary awards are available to living infected people under the Scheme?

There are three supplementary awards available to living infected people:

Unethical Research award:

- This award gives additional compensation to infected people who have been victims of unethical research practices.
- Anyone who was treated for a bleeding disorder in the UK before 1986 is eligible for this award. People who were adults at the time of treatment will receive an award of £30,000, while people treated as children will receive £45,000.
- Children who were treated for a bleeding disorder between 1970 and 1983 whilst attending Lord Mayor Treloar College are eligible for an award of £60,000.
- People eligible will receive a single unethical research award. This will be the highest award their circumstances makes them eligible for.

Severe Health Condition award

- This award offers higher Financial Loss and Care awards for infected people who have developed specific rare conditions linked to their infection that are not fully compensated in core route compensation.
- To qualify for a Severe Health Condition award, an infected person needs to show they have been diagnosed with one of the qualifying health conditions, listed in Annex D of the Scheme Explainer.

Exceptional Loss award (for financial loss and paid for care costs)

- Exceptional Loss awards give additional compensation to infected people who have suffered higher financial loss and/or care costs than the core route compensates for as a result of their infection.
- Exceptional Loss awards are based on a person's individual circumstances, so IBCA will need to ask for more detailed evidence in order to accurately calculate compensation.
- There are five types of Exceptional Loss award - three to compensate a person for a higher loss of earnings, and two to compensate for higher care costs. The amount a person will get will depend on their specific circumstances.

Can a living infected person 'return to the Scheme' for reassessment?

Yes, an infected person can return to the Scheme for reassessment in two circumstances:

1. **Infection Severity band change:** If an infected person's health deteriorates and they are diagnosed with a new condition that changes their severity band, they will be able to return to the Scheme for reassessment.
 - An infected person can return to the Scheme for reassessment as many times as their condition changes severity band. Return to scheme for a severity band change will result in a further core award payment.

Return to scheme for a severity band change may also enable an infected person to apply for an Exceptional loss supplementary award. After their first application, an infected person will only be able to have their supplementary award reassessed once.

2. **Development of new Severe Health condition:** If an infected person's health deteriorates and they develop a new severe health condition (regardless of whether they were previously assessed to have a severe health condition), they will be able to return to the Scheme.
 - Where an infected person develops a new severe health condition as a result of their infection, they can only return to the Scheme once.

How is compensation awarded through the Scheme paid to a living infected person?

- Compensation will be payable through a single lump sum payment or series of regular payments (instalments) over 5, 10 or 25 years, uplifted annually in line with CPI.
- Individuals are able to, after receiving compensation, switch from their Support Scheme payments to a core award, and from periodic payments to a lump sum, if they wish to.
- If an eligible infected person is in receipt of regular support payments and/or compensation payment instalments at the time of their death, their support payments will stop and the outstanding balance of their total compensation award will be paid to the personal representative of their estate as a lump sum.
- An infected person can choose for some or all of their Care award to be paid directly to the affected people who cared for them.

- All compensation paid through the Scheme is exempt from income, capital gains and inheritance tax, and does not affect a person's eligibility for means tested benefits. This is in line with tax exemptions for the first and second interim payments.

What next?

- The [Infected Blood Compensation Authority \(IBCA\) webpage](#) is updated with the latest information about the Scheme, including how to register.
- Information about [interim compensation payments](#) is available.
- Information on [registering for existing Support Schemes](#) is available.

Case studies for infected people

This document contains case studies to help people understand how compensation awards are calculated for people through the Infected Blood Compensation Scheme. The case studies are example scenarios. The names, dates of birth and other clinical details are fictitious and have been created to show how the Scheme works. Figures are approximate and have been rounded for simplicity. Fuller versions of the case studies can be found in the [Case Study Explainer](#).

Case study 1: Application by an infected person living with Hepatitis C and an autoimmune disorder who is an Infected Blood Support Scheme (IBSS) beneficiary.

Meera was infected with chronic Hepatitis C during a blood transfusion she received following childbirth in 1983.

Meera had one round of interferon treatment for her Hepatitis C infection in 1993. As a result of this treatment, Meera developed an autoimmune disease, Coombs positive haemolytic anaemia.

Meera currently receives IBSS support payments. Due to her autoimmune disease, Meera qualifies for England Infected Blood Support Scheme's Special Category Mechanism (SCM) regular payments.

As a person living with chronic Hepatitis C, Meera is eligible for compensation as an infected person. Meera has already received two interim compensation payments of £100,000 and £210,000. Meera's application to the Scheme was assessed by IBCA in April 2025 and she opted to receive support scheme payments for life.

Summary of application:

Date of birth: 13 August 1960

Date of treatment which led to infection: 15 March 1983

Date of diagnosis with Coombs positive haemolytic anaemia: 4 January 1995

Year of treatment with interferon: 1993

Healthy life expectancy: 88

Infection severity band: Level 2B Hepatitis (chronic Hepatitis C, treated with interferon)

The table below shows Meera's compensation award as an infected person.

Category of infected person award	Value of compensation	Calculation
Injury	£70,000	Award for infected person Level 2B Hepatitis infection
Social Impact	£50,000	Award for infected person Level 2B Hepatitis infection
Autonomy	£40,000	Award for infected person Level 2B Hepatitis infection

Past Financial Loss	£802,004.69	Core award, plus Severe Health Condition award for her autoimmune condition and SCM
Past Care	£206,310.81	Core award, plus Severe Health Condition award for her autoimmune condition and SCM
Interim Payments (deduction)	- £310,000	Interim payments of £100,000 and £210,000 received. This is deducted from compensation awarded by IBCA.
Total (not including support scheme payments)	£858,315.51	This is the amount Meera will receive as either a lump sum or a periodic payment, separate to her support scheme payments
Support scheme payment	£35,997 per year	The value of support payments increases in line with CPI every year. This includes winter fuel payment (£670). She will receive these payments for life.

Case study 2: Application by an infected person living with HIV and chronic Hepatitis C who is an IBSS beneficiary

Henry was born with a bleeding disorder in 1970. He received infected blood products as a child in January 1983 during an unethical research study.

Henry currently lives with HIV and chronic Hepatitis C but has not developed liver cirrhosis. Henry currently receives IBSS support payments for co-infection with HIV and Hepatitis C.

As a person living with an HIV and Hepatitis C co-infection, Henry is eligible for compensation through the Scheme. Henry is also eligible for an additional Autonomy award for unethical research. As a living infected person, Henry has already received interim compensation payments of £100,000 and £210,000. Henry's application to the Scheme was assessed by IBCA in April 2025.

Summary of Henry's application

Date of birth: 1 January 1970

Date of treatment which led to an infection: 8 January 1983

Date of first diagnosis (HIV): 1 May 1985

Date of Hepatitis C diagnosis : 2nd February 1992

Healthy life expectancy date: 2054

Infections severity band: HIV and Level 2 Hepatitis (chronic Hepatitis C)

The table below shows Henry's compensation award as an infected person.

Category of award	Value of compensation	Calculation
Injury	£195,000	Award for infected person with HIV and Level 2 Hepatitis co-infection
Social impact	£70,000	Award for infected person with HIV and Level 2 Hepatitis co-infection
Autonomy	£150,000	Award for infected person with HIV and Level 2 Hepatitis co-infection, uplifted due to infection in childhood. This award also includes an Unethical Research award for treatment of a bleeding disorder as a child before 1986.
Past Financial Loss	£1,171,299.57	50 years of financial loss at working age, plus a flat rate award of £12,500 for miscellaneous costs.
Past Care	£398,884.96	Core care award
Interim Payments (deduction)	-£310,000	Interim payments of £100,000 and £210,000 received
Total (not including support scheme payments)	£1,675,184.53	This is the amount Henry will receive as either a lump sum or a periodic payment
Support scheme payments	£48,622 per year	This is the 2025/26 rate, uprated for CPI every year. This includes winter fuel payment (£670). He will receive these payments for life.

Case study 3: Application by someone who is both an affected partner and an infected person living with Hepatitis B

Sandy was infected with Hepatitis B and diagnosed with a chronic infection in 1971. Sandy contracted chronic Hepatitis B from her partner who has been living with a chronic Hepatitis B infection since he received infected blood during a surgical procedure in 1968. Sandy's partner had a Level 2 infection severity when he applied to IBCA for compensation.

Sandy is not eligible for IBSS support payments. Sandy is eligible for compensation through the Scheme as an infected person, as well as an affected person due to her relationship with her partner who is also living with an infection.

Summary of Sandy's application

Date of birth: 13 August 1952

Date of infection (from partner): 5 August 1971
 Date of application to IBCA: 1 October 2025
 Healthy life expectancy: 89 (based on version 8 of the Ogden Tables)
 Infection severity band: Level 2 Hepatitis (Chronic Hepatitis B)

The table below shows Sandy's compensation award as an infected person:

Category of award	Value of compensation	Calculation
Injury	£60,000	Award for infected person with Level 2 Hepatitis
Social Impact	£50,000	Award for infected person with Level 2 Hepatitis
Autonomy	£40,000	Award for infected person with Level 2 Hepatitis
Financial Loss	£712,417	47 years of financial loss at working age rate and 24 years at pensionable age rate; plus £12,500 flat rate award for miscellaneous costs.
Care	£54,600	Based on 10 years of general support around the home (Level 1 Care)
Total award	£917,017	

The table below shows Sandy's compensation award as an affected person:

Category of award	Value of compensation	Calculation
Injury	£34,000	Injury award for partner of infected person with Level 2 Hepatitis.
Social Impact	N/A	Already received as part of first award
Autonomy	N/A	Already received as part of first award
Financial Loss	N/A	Affected partners are not eligible for Financial Loss awards in their own right where their infected partner is alive.
Care	N/A	Affected people are not eligible for the Care award.
Total award	£34,000	

Case Study 4: Application by a living person infected with Hepatitis B (cirrhosis) whose actual care costs exceeded the value of their care award under the core route.

Elaine was infected with Hepatitis B as a result of an infected blood product received during a blood transfusion. Elaine developed cirrhosis and paid for professional care to help her manage the impact of her infection.

Elaine believes that the actual cost of her past care, specifically relating to care she paid for to give her general support around the home, exceeds the amount of core route care compensation she would receive, according to her infection severity band (£5,460 per year for a period of 10 years).

Elaine therefore decided to make a supplementary route application alongside her core claim. As part of this application, she provided historic care receipts and invoices to apply for an Exceptional Loss award to recover the additional care costs she had incurred.

Summary of Elaine’s application:

Elaine’s date of birth: 2 February 1959

Infection severity band: Level 3 Hepatitis (Hepatitis B, cirrhosis)

Date of infection: 7 July 1978

Year of Healthy Life Expectancy: 2046

Date applied to Scheme: 1 April 2025

The table below shows Elaine’s compensation award as an infected person:

Category of award	Value of compensation	Calculation
Injury	£120,000	Award for someone with a Level 3 infection
Social Impact	£50,000	Award for someone with a Level 3 infection
Autonomy	£40,000	Award for someone with a Level 3 infection
Financial Loss	£730,198	47 years at working age rate and 22 years at retirement rate
Care	£228,556.86	Core award for someone with a Level 3 infection, plus Exceptional Loss award (Excess actual care costs)
Total award	£1,168,754.86	

Case study 5: Return to the scheme application for reassessment due to a health deterioration.

Hayley was infected with Hepatitis C and diagnosed with a chronic infection in 1971. Hayley was awarded a total of £917,017 when she applied to the Scheme for the first time on 1 April 2025 as an infected person. The compensation awards Hayley originally received from IBCA are outlined in the table below.

Category of award	Value of compensation
Injury	£60,000
Social Impact	£50,000
Autonomy	£40,000
Financial Loss	£712,417
Care	£54,600
Total award	£917,017

Following her initial application, Hayley’s condition deteriorated and she was diagnosed with cirrhosis as a result of her Hepatitis C infection. Hayley therefore returned to IBCA on 1 September 2028 for additional compensation due to her change in infection severity and the impact this health deterioration had on her life.

Summary of Hayley’s return to scheme application

Date of birth: 13 August 1952

Date of infection: 5 August 1971

Healthy life expectancy date (calculated from her original application to IBCA): 2041

Infection severity band for original application to IBCA: Level 2 Hepatitis - Chronic Hepatitis C

Date of diagnosis of severity change: 1 October 2026

New infection severity band: Level 3 Hepatitis - Hepatitis C (cirrhosis)

Return to scheme: 1 September 2028

In addition to the original compensation Hayley received (in the table above), the following table shows Hayley’s additional compensation award after returning to the scheme due to a severity band change:

Category of award	Value of compensation	Calculation
Injury	£60,000	Difference between award for someone with a Level 2 and a Level 3 infection

Social Impact	£0	No increase based on infection severity
Autonomy	£0	No increase based on infection severity
Financial Loss	£94,904	Difference between award for someone with a Level 2 and a Level 3 infection
Care	£140,548.32	Difference between award for someone with a Level 2 and a Level 3 infection
Total infected award	£295,452.32	