

1 of 2

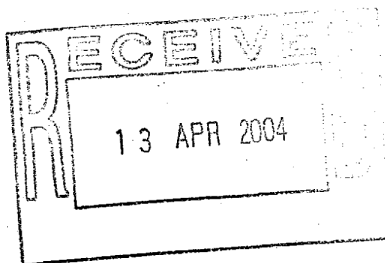
Brian Gibbons AM/AC
Minister for Health and Social Services
Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Our ref: BG/00313/05
Your ref:

Jenny Randerson AM
National Assembly For Wales
Cardiff Bay
Cardiff
CF99 1NA



Bae Caerdydd
Caerdydd CF99 1NA
Switsfwrdd: 029 2082 5111 GTN: 1208
Ffacs: 029 2089 8522

Cardiff Bay
Cardiff CF99 1NA
Switchboard: 029 2082 5111 GTN: 1208
Fax: 029 2089 8522

11 April 2005

Dear Jenny

Thank you for your letter of 1 February asking me to support a public inquiry into the transmission of infections to haemophiliacs through contaminated blood products. My sincere apologies for the delay in responding.

Firstly let me assure you that I take the issue of blood safety very seriously. I have the greatest sympathy for those people who have developed Hepatitis C, HIV, or vCJD from blood or blood products and I appreciate the suffering that these illnesses bring to them and their families.

A great deal of effort and investment goes into trying to ensure that every donation of blood undergoes strict precautionary screening and treatment measures, to ensure that the products needed and used by people are as safe as possible. Blood transfusions and treatment with blood products however, can never be completely free from some degree of risk. My officials work very closely with officials in other UK health departments, the blood transfusion services, the National Public Health Services here in Wales and the Health Protection Agency to minimise the risks as far as we possibly can.

As you are aware, UK health administrations accept that, regrettably, a number of people were infected with HIV and /or Hepatitis C as a result of NHS blood or blood products prior to the development and introduction of viable screening processes to prevent the transmission. In recognition of the suffering endured by these people, we have set up schemes to provide financial assistance, which we hope, will make their lives a little more comfortable.

Since December last year, two instances have been reported where vCJD is suspected to have been passed on by blood transfusion. Blood donated by a small number of people who went on to develop vCJD has been traced. As a consequence, people who received direct, one-to-one transfusion of 'whole blood' from these donors were contacted and told about any additional risk they may face. In September of last year selected groups of patients started to be notified that in the past they received batches of blood plasma products which were derived from someone who has later gone on to develop vCJD.



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INVESTOR IN PEOPLE

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This exercise was done as a highly precautionary and protective measure to reduce any possible further patient-to-patient transmission of vCJD. The Assembly is continually committed to communication between clinicians and patients, especially on issues concerning risk.

Whilst I can understand why there have been requests for a public inquiry to be held, I am satisfied that all of the information available is already in the public domain. A public inquiry would therefore not provide any additional information, and I remain of the view that a public inquiry is not justified. *Minutes please from 1976 Doh/BTS/ Dr H. Dodsworth*

It is quite clear from examining the reports of the public inquiry in the Republic of Ireland that the circumstances that were the cause of criticism are not applicable to Wales. We do not believe that there are any lessons to be learned that have not already been learned. In particular, risk management and the precautionary principle are now key issues for the Health service. The Assembly is committed to better communication between clinicians and patients – especially on risk. None of the available evidence indicates that anyone in Wales acted wrongly in the light of the facts that were available to them at the time.

I appreciate that you will be disappointed with my decision regarding the need for a public enquiry, but I do hope that this letter may help to explain our reasons for this.

Yours sincerely

GRO-C

Brian Gibbons AM/AC

*Please!
Can you show me
evidence to prove this to me?*