

hep043

RESTRICTED - POLICY

Mr Hollebon PS/PS(H)

From Roger Scofield

Date 10 January 1995

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Mr Mogfrod
Mr Taylor
Ms Roughton
Ms Probert
Dr Harvey
Dr Metters
Mr Shaw
Dr Rejman
Mr Kelly
Ms Ward

HEPATITIS C - ANNOUNCEMENT OF LOOKBACK

Further to my various recent submissions on the look back exercise I am now able to confirm that all three territorial Health Departments have signed up to the UK-wide approach and have approved the draft PQ.

Lord Fraser will be writing to PS(H) today. There is a letter in the post from Rod Richards MP.

In N Ireland where the SofS is still on leave - he returns on Thursday - the CMO has accepted responsibility for giving the go-ahead.

All three departments will also use our helpline and brief their GPs using substantially the same material as has been produced for England.

We will send copies of the briefing material produced for tomorrow's Press Conference so that all can be singing off the same hymn sheet.

R M T Scofield
CA OPU
EH303 Ext GRO-C

HEPATITIS C - LOOK BACK EXERCISE - LINES TO TAKE

1. We have great sympathy with those who may have been infected with Hepatitis C through NHS treatment. We do not accept that there has been negligence. These patients will have received the best treatment available in the light of medical knowledge at the time. We have no plans to compensate those who may have been infected with Hepatitis C.

2. **For Use prior to 3.30 pm 11 January** - The Secretary of State for Health will announce by way of an inspired PQ (tomorrow) that as a result of advice received from the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation a UK-wide look back exercise will be put in hand to trace people who have been put at risk of HCV infection in this country.

2a. **For Use after 3.30 pm 11 January** - The Secretary of State for Health has (today) announced in answer to a PQ that the Government have accepted the recommendation of the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation that a look-back exercise should be conducted, on a UK wide basis, to identify and follow up people who may have inadvertently been put at risk of HCV infection in this country.

3. Those who may have been inadvertently infected with Hepatitis C through blood transfusions are to be traced, counselled and - if necessary - treated. We shall do all that we can to care for patients who have been infected in this way through counselling and, where appropriate, treatment. We recognise that people may be worried if they received a blood transfusion before 1991 and a freephone helpline has been provided so that people can call for advice."

4. The blood services in the United Kingdom are some of the safest in the world. Since September 1991 all blood donations have been routinely tested for antibodies to the Hepatitis C virus. Prior to that date some recipients of blood transfusions may have been inadvertently infected, although the chances of this in any one case are extremely small.

BULL POINTS

5. The look back exercise is part of a wider programme being considered by the Department of Health to identify a range of potential initiatives to help improve the understanding, management and treatment of Hepatitis C.

6. Hepatitis C is much less severe than HIV. Some individuals carry the virus without any ill effect. Those at highest risk of acquiring the virus now are drug misusers who share blood contaminated needles. The Government has taken action to reduce the number of intravenous drug misusers who share equipment.

7. With the screening of blood and tissue donations and the heat treatment of blood products, transmission by these routes has been largely eliminated. The risk of sexual transmission is thought to be low.

8. Screening of blood donations was introduced in September 1991. The first anti-hepatitis C tests become available in late 1989. Expert advice was that these tests should not be introduced because of their deficiencies. Screening was introduced in late summer 1991 when satisfactory kits became available together with confirmatory test kits.

BACKGROUND NOTE

1. About 3000 people with haemophilia and about a further 3000 people who had blood transfusions prior to September 1991 are believed to have been infected with HCV as a result of NHS treatment. The Department has denied negligence and Ministers have refused calls for compensation.
2. It has been known for at least five years that some people will have been infected through NHS treatment and we have expected at any time a campaign to be mounted along the lines of that for HIV. In recent weeks there has been increased media interest and a series of EDMs, an adjournment debate, and a large number of PQs and PO cases. Writs have been taken out against a former regional transfusion centre and we are aware of others being prepared.
3. Panorama were proposing to screen a programme on HCV and blood transfusions on 9 January 1995. This has been held back, for reasons which are not entirely clear but may be connected with the comprehensive Departmental statement which was issued by PS(H) to the programme makers on 23 December 1994. We understand that the programme may be screened in the next few weeks. For this reason we have continued to treat the subject as highest priority.
4. The Department cannot dispute that a number of people have been infected through NHS treatment but deny negligence. The case does not have the same exceptional circumstances as did the HIV infection where those affected were all expected to die very shortly and were subjected to significant social problems including ostracism. Ministers have therefore made clear that they have no plans to introduce a payments scheme. There are practical steps that can be undertaken to assist those affected and those at risk.
5. In particular both the Departments lawyers and the MSBT advise that there is a duty of care towards those who may be at risk. Ministers have agreed to the MSBT recommendation that procedures should be put in place to identify those patients at risk ("look back") and that this should be done on a UK wide basis. An ad hoc Working Party is to be set up to put together guidance on counselling and treatment options. The look back exercise is to be announced via a press conference and inspired PQ on 11 January.
6. In addition to the identification of patients at risk consideration is being given to other steps which could be taken to ensure for example that: treatment is made available and that any additional research which might be required to improve the understanding, treatment and management of those affected be investigated. The Department is also giving sympathetic consideration to appropriate requests for support from any self help groups which might be able to provide cost effective assistance to their members. A grant has recently been approved to the Haemophilia Society.