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Jenny Willott: To ask the Secretary of State for Health (1) how much her Department spent on the production of blood products in the UK for use b y
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haemophiliacs in *(a)* 1977, *(b)* 1978 and *(c)* 1979; and if she will make a statement; [134901]

(2) how much her Department spent on the production of blood products in the UK for use b y haemophiliacs in *(a)* 1980, *(b)* 1981, *(c)* 1982, *(d)* 1983 and *(e)* 1984; and if she will make a statement; [134912]

(3) how much her Department spent on increasing blood donations at regional tr ansfusion centres in *(a)* 1985, *(b)* 1986, *(c)* 1987, *(d)* 1988 and *(e)* 1989; and if she will make a statement; [134905]

(4) how much her Department spent on increasing blood donations at regional tr ansfusion centres in *(a)* 1977, *(b)* 1978 and *(c)* 1979; and if she will make a statement. [135279]

Caroline Flint: This information can be provided only at a disproportionate cost However, in 1975 up to £500,000 (about half of which would be recurring) was allocated to Regional Transfusion Centres to increase plasma supplies to Blood Products Labor atory. This funding was allocated to enable the United Kingdom to achieve self sufficiency in blood products. Further information is a vailable in the report "Self Sufficient in Blood Products in England and W ales" which is available in the Library. The supporting references to the report are in the public domain.

Jenny Willott: To ask the Secretary of State for Health (1) how much her Department spent on imported blood products from the US in *(a)* 1977, *(b)* 1978 and *(c)* 1979; and if she will make a statement; [134902]

(2) what volume of factor VIII blood product was imported from the US into the UK in *(a)* 1977, *(b)* 1978 and *(c)* 1979; and if she will make a statement; [134903]

(3) what volume of UK-sourced blood was fractionated to develop blood products for use by haemophiliacs in *(a)* 1980, *(b)* 1981, *(c)* 1982, *(d)* 1983 and *(e)* 1984; and if she will make a statement; [134907]

(4) what volume of cryoprecipitate was available for use in the NHS in *(a)* 1980, *(b)* 1981, *(c)* 1982, *(d)* 1983 and *(e)* 1984; and if she will make a statement; [134908]

(5) how much and what proportion of blood products given to haemophiliacs in *(a)* 1985, *(b)* 1986, *(c)* 1987, *(d)* 1988 and *(e)* 1989 was sourced from the US; and if she will make a statement; [134909]

(6) how much and what proportion of blood products given to haemophiliacs in *(a)* 1980, *(b)* 1981, *(c)* 1982, *(d)* 1983 and *(e)* 1984 was sourced from UK donors; and if she will make a statement; [134910]

(7) how much her Department spent on imported blood products from the US in *(a)* 1985, *(b)* 1986, *(c)* 1987, *(d)* 1988 and *(e)* 1989; and if she will make a statement; [134911]

(8) what volume of factor VIII blood product was imported from the US into the UK in *(a)* 1985, *(b)* 1986, *(c)* 1987, *(d)* 1988 and *(e)* 1989; and if she will make a statement; [135267]

(9) what volume and proportion of blood products given to haemophiliacs in *(a)* 1977, *(b)* 1978 and *(c)*
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1979 were sourced from USA donors; and if she will make a statement. [135277]

Caroline Flint: During the 1970s and 1980s the Department did not purchase imported blood products. At the time, Blood Products Laboratory (BPL) made plasma products from plasma collected from British blood donors. From 1999 BPL has obtained plasma from the United States as a precautionary measure against vCJD transmission by United Kingdom plasma. All US plasma collection centres are highly regulated and conform to a strict code of practice.

Clinicians have been able to directly procure blood products from other sources and data on their use is not collected centrally. However, the report "Self Sufficiency in Blood Products in England and Wales" contains information on the annual consumption of factor VIII in the UK (table two) for the years 1969-1987. In addition, further information on the consumption of both the BPL and commercial blood products is contained in two articles "Treatment of Haemophilia in the United Kingdom 1981-1996", by Rizza CR et al Haemophilia (2001) 7, 349-359; and "Treatment of haemophilia in related disorders in Britain and Northern Ireland during 1976-80", by Rizza CR et al British Medical Journal (286) 1983. Copies of these articles have been placed in the Library.

Jenny Willott: To ask the Secretary of State for Health what the Government's policy is on self sufficiency in blood products; and if she will make a statement. [136644]

Caroline Flint: We are not self sufficient in plasma products. Bio Products Laboratory (BPL) produces a range of plasma products for the national health service and customers abroad. BPL operates in a competitive market, and the NHS has always been able to source plasma products from a range of suppliers. Recombinant clotting products are now available for the treatment of haemophilia patients.BPL originally made plasma products from plasma collected from British blood donors. From 1999 BPL has obtained plasma from the United States as a precautionary measure against variant Creutzfeldt-Jakob Disease transmission by United Kingdom plasma. All US plasma collection centres are highly regulated and conform to a strict code of practice.

Blood: Contamination

Andrew Rosindell: To ask the Secretary of State for Health (1) many patients were given blood contaminated with *(a)* HIV and *(b)* hepatitis C while being treated by the NHS in each year since 1997; [135032]

(2) what steps are being taken by her Department to prevent contaminated blood reaching patients in the NHS. [135033]

Caroline Flint: The National Blood Service (NBS) is aware of one case of HIV transmission to a blood recipient since 1997. There have been no documented cases of transmission of hepatitis C through blood collected by the NBS since 1997.

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All blood provided for blood transfusion is screened for evidence of infection with HIV, hepatitis B, hepatitis C, human T cell lymphotropic virus and Syphilis before being released for issue to hospitals. In addition, the NBS has put in place a number of precautionary measures against the risk vCJD, such as excluding people who have received blood transfusion from donating blood.

Jenny Willott: To ask the Secretary of State for Health how many requests her Department has received for original copies of legal waivers signed by haemophiliacs undertaking not to take legal action against the Department or any other public body in respect of infection with HIV or hepatitis viruses as a result of infected blood products; how many such documents the Department has provided following those requests; and if she will make a statement. [132464]

Caroline Flint: In the period April 2006 to March 2007 the Department received three requests for copies of waivers signed by haemophiliacs infected with HIV through blood products. The Department has been unable to satisfy these requests. There is no requirement for such waivers in relation to infection with hepatitis.

Jenny Willott: To ask the Secretary of State for Health how many haemophiliacs infected with HIV or hepatitis C or both via contaminated blood products received compensation from out of court settlements in *(a)* 1989 and *(b)* 1991; and if she will make a statement. [132465]

Caroline Flint: This information is not available in the form requested. Most of the registrants of the Macfarlane Trust are haemophiliacs infected with HIV. There is also a smaller number of their infected intimates, and some female carriers who were infected with Von Willebrands disease.

On 31 March 1989 there were 700 registrants of the Trust and on 31 March 1991 there were 970 registrants.

There were no out of court settlements for the period concerned in relation to infection with hepatitis C.

Jenny Willott: To ask the Secretary of State for Health how many legal waivers were recorded by her Department as being signed by haemophiliacs undertaking not to take legal action against the Department or any other public body in respect of infection with HIV or hepatitis viruses as a result of the use of infected blood products; how many original copies of such documents the Department holds; and if she will make a statement. [132479]

Caroline Flint: All new registrants of the Macfarlane Trust are routinely required to sign a Deed of Undertaking at the time of their registration, which indemnifies the Government against any further litigation.

The Department currently hold 90 original waivers. A number of signed waivers, going back to 1989, were inadvertently destroyed with the files in which they were held. There is no requirement for such waivers in relation to infection with hepatitis.

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Mr. Lansley: To ask the Secretary of State for Health what assistance her Department *(a)* has given and *(b)* expects to give to the independent public inquiry into the supply of contaminated NHS blood to haemophilia patients. [135885]

Caroline Flint: Officials met with members of the inquiry team on 25 April 2007 to discuss what information the Department may be able to provide to the inquiry. It was agreed that officials would provide a copy of a report, "Review of Documentation Relating to the Safety of Blood Products 1970-1985", which is due to be issued shortly and will be placed in the Library. Officials also agreed to provide some additional information regarding the chronology of certain events.

Mr. Lansley: To ask the Secretary of State for Health what estimate she has made of the overall cost to the public purse of providing ex gratia payments to the relatives of those who died before 2003 as a result of infection with blood products contaminated with hepatitis C. [135916]

Caroline Flint: The Skipton Fund was established in 2004, to administer the ex-gratia payment scheme for people infected with hepatitis C following national health service treatment with blood or blood products. It has no commitment to make payments to the relatives of those infected.

Campylobacter

Mr. Stephen O'Brien: To ask the Secretary of State for Health what recent assessment she has made of the effectiveness of *Campylobacter* tests. [133232]

Caroline Flint: The *Campylobacter* detection methods used by official food testing laboratories are to either national or international standards. *Campylobacter* detection methods used by the Food Standards Agency's contractors in its surveys are also to national or international standards. These methods are fit for purpose to compare against requirements of food regulations and guidelines.

Mr. Stephen O'Brien: To ask the Secretary of State for Health what reports she has received on identifications of *(a)* Helicobacter pullorum and *(b)* other unusual Campylobacter-like isolates from poultry products. [134239]

Caroline Flint: There have been no reports received on identifications of unusual Campylobacter like isolates or Helicobacter pullorum from poultry products in the United Kingdom.

Casualty Plus

Mr. Hoban: To ask the Secretary of State for Health what funds from *(a)* her Department's central budget and *(b)* the NHS were provided to Casualty Plus Ltd. in the last two years; and what the (i) date and (ii) purpose was of each payment. [120385]

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Andy Burnham: The Department has not made any payments to Casualty Plus Ltd in the last two years. Information on payments made by the national health service is not held centrally.

Childbirth: Research

Mr. Baron: To ask the Secretary of State for Health (1) how the funding figure of £3.7 million allocated in the past year for medical research into preventing premature birth was decided; [132220]

(2) what factors will be taken into account in determining the level of future funding for medical research into preventing premature birth. [132837]

Caroline Flint: The estimate of expenditure on research into premature birth is the total cost in 2004-05 of relevant national research programme activity funded by the Department and the Medical Research Council (MRC) projects. It does not include expenditure from the research and development allocations made in that year to research active organisations in the national health service. That information is not held centrally.

Neither the Department nor the MRC ring fence funds for expenditure on particular topic areas. Both organisations welcome applications for support into any aspect of human health and these are subject to peer review and judged in open competition. Implementation of the Department 's research strategy "Best Research for Best Health" is introducing significant new funding opportunities through expansion in the number and size of our national research programmes.

Mr. Baron: To ask the Secretary of State for Health what representations she has received from Action Medical Research on concerns regarding the funding of medical research on premature birth; and what steps she is taking to address those concerns. [132492]

Caroline Flint: The chief executive of Action Medical Research wrote to my right hon. Friend the Secretary of State on 21 December 2006 enclosing a petition calling for an increase in the public funding of research into premature birth. My noble Friend the Minister of State, Lord Hunt, replied on 29 January 2007.

Chlamydia Infection: Screening

Mr. Amess: To ask the Secretary of State for Health (1) what assessment she has made of the long-term impact on *(a)* health and *(b)* fertility of not reaching the target for the number of young people to be screened for chlamydia in 2006-07; [130757]

(2) what estimate she made of the *(a)* cost and *(b)* future cost to the NHS of fertility treatment made necessary by the consequences of chlamydia infection. [130752]

Caroline Flint: The Chief Medical Officer's (CMO's) expert Advisory Group on "chlamydia trachomatis" was set up in November 1996 to advise on the issues associated with screening for genital chlamydial
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infection. Its report, published in 1998, concluded that screening and effective management of chlamydial infection would result in considerable health benefit. The annual cost of chlamydia and its consequences in the United Kingdom is estimated to be more than £100 million. We are not aware of any updates on this estimate.

As a result of the findings in this report a phased multi-faceted opportunistic strategy began in England in April 2003. Mathematical modelling has since confirmed the effectiveness of this approach. Other countries which introduced screening activities before England have seen reductions in both the prevalence of chlamydia and its complications (pelvic infection rates and ectopic pregnancies) highlighting the huge potential of the national chlamydia screening programme on the sexual health of young people.

No target has been set for chlamydia screening in 2006-07. For the first time a local delivery plan target has been introduced for 2007-08. Strategic health authorities have submitted plans to screen at least 15 per cent. of their population aged 15-24 by March 2008.

Chronic Fatigue Syndrome: Medical Treatments

David Lepper: To ask the Secretary of State for Health what assessment her Department has made of the likely effects of implementation of the draft guidance produced by the National Institute for Health and Clinical Excellence on the effective treatment of myalgic encephalomyelitis/chronic fatigue syndrome; and what representations she has received on the draft guidance. [129469]

Caroline Flint: The National Institute for Health and Clinical Ex cellence (NICE) is currently working to produce clinical guidance on chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME). It is expected that this guidance will be published in A ugust 2007. It would be inappropriate to mak e an assessment on the effect of implementation until the guidance is finalised.

The Department frequently receiv es representations from individuals and groups with an interest in CFS/ME. As the Department is not responsible for the content of the clinical guidance, correspondents mentioning the guidance are made a ware of the consultation process organised b y NICE.

Contraceptives: Young People

Mr. Amess: To ask the Secretary of State for Health whether there is a legal requirement on pharmacists to sell emergency hormonal contr aception on request to patients under the age of 16 y ears on request; and if she will mak e a statement. [135708]

Caroline Flint: There is no legal requirement on pharmacists to sell emergency hormonal contr aception (EHC) to women under 16 y ears of age. It is only licensed as a pharmacy medicine for women aged 16 and o ver.

However, women under 16 can obtain EHC through a prescription written b y a qualified prescriber. It can also be supplied through a patient group direction to

women under 16 years of age provided this is specified in a patient group direction, signed off b y a senior doctor and pharmacist.

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