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Thank you for your email of 1 November forwarding correspondence from your constituent Mr Mark Ward about contaminated blood and blood products.

Firstly, please convey my profound apologies to Mr Ward, that he was treated with contaminated blood products.

Mr Ward makes a number of statements about the events that led to this tragedy. Those events were the subject of litigation brought in 1988 by a group of haemophilia patients who had been infected with HIV by their treatment. Their own solicitors advised them that their chances of success were only "about 20%". They recommended that the litigants settle the case, and a settlement of £42 million was subsequently agreed.

I cannot comment on the specific details of Mr ward's treatment but it is certainly true that inadequate information was given to some patients by their clinicians, I deeply regret that this occurred. It is a reflection of the accepted norms of clinical practice at that time. The medical profession now takes a different approach to the assessment of relative risk, and communication of those risks to patients.

I have attached a copy of the note that I placed in the library of the House regarding the estimated cost of £3billion that Mr Ward refers to. The estimate only covers haemophilia patients who have been infected with HIV and/or hepatitis C by contaminated blood or blood products.

I am not aware of any studies that have been undertaken to show the long term benefits to haemophilia patients from anti-viral therapies. Although there have been plenty of studies and trials in other patient groups.

In respect of vCJD Mr Ward argues that he was not given recombinant therapy until in 2006. However, he is overlooking a whole range of other measures that the Department has put in place since 1997 to protect the blood supply from vCJD. These measures started to be introduced well before it was proven that vCJD could be transmitted via blood. The Department has therefore not ignored the potential risks to haemophilia patients. Compensation is provided to all individuals who contract clinical vCJD, but this does not include patients who have been notified as being at risk of having been infected. I understand that those patients might experience anxiety as a result of being notified, so as part of the review into the support available to those affected by contaminated blood, I will be considering the current provision for counselling.

I understand that Mr Ward's has written separately to my officials about the Xenotropic Murine Leukaemia Virus-Related Virus (XMRV), so I will not address them here.

I have written to MPs recently with details of an open meeting in Westminster Hall on 11 November, where I will be available to discuss this issue with MPs. If you have any further questions, I will be happy to discuss them then.

ANNE MILTON