

via email

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### HIV AND HCV INFECTION IN FINLAND

1. Thank you for your minute of 18 July. I said I would try to obtain more information.
2. During the conference in Helsinki, I spoke to Professor Leikola, who is head of the Finnish Blood Transfusion Service about the incidence of HIV and hepatitis C in Finland in recipients of blood and blood products.
3. He stated that there are known to be 2 HIV positive haemophiliacs in Finland and 6 HIV positive blood recipients in Finland. The number of haemophiliacs positive for HCV is probably between 50-60%. The population of Finland is 5 million compared to 56 million for the UK.
4. The reason for the low incidence of HIV in Finnish haemophiliacs, is that prior to 1985 most of the patients were being given cryoprecipitate. Since this involved pooling approximately 20-30 individual donations of cryoprecipitate on any occasion, then even in severe haemophiliacs who might need to be treated 2 or 3 times each week, the overall number of donations to which a haemophiliac was exposed was likely to be less than in the case of Factor VIII concentrate. As you know, Factor VIII concentrate is made from 10,000-20,000 donations.
5. Additionally, Finland did not import Factor VIII concentrate from paid donors in the US, where HIV incidence was much higher. In the UK we did import from the US. Most UK haemophiliacs received both commercial and NHS Factor VIII concentrate, and so it is difficult to be 100% sure whether the amount of HIV positivity would have been the same in the UK even if we had not imported from the US. One only needs to look at the incidence of HIV in France, which claimed to import virtually no Factor VIII from the US.
6. There were a small number of cases where only NHS derived Factor VIII concentrate was used, and even in some of these there was HIV positivity.
7. It would appear that hepatitis C positivity in the general population in Finland may be slightly higher than in the UK, despite the fact that in Finland there is much less intravenous drug misuse than in the UK, which leads not only to low hepatitis C but also low HIV levels. Some of the patients in Finland who were mild haemophiliacs and were treated only with cryoprecipitate prior to 1995 are hepatitis C negative, since it is primarily the regular users of cryoprecipitate that are most at risk of getting hepatitis C.
8. This would confirm the DH and RHA defence in the HIV haemophilia litigation, which confirmed some earlier publications that use of cryoprecipitate in severely infected haemophiliacs, led to them developing hepatitis C (or non-A, non-B hepatitis as it was then known) whether the donors were unpaid or paid. The only difference

was that they became infected slightly later if using unpaid donations only.

9. I would be grateful if Anne Hackett could pass this information on to our contacts in the British Embassy in Helsinki and ask for their comments. I would suggest that it is important that they amend their files to take account of this information.

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