



**WESSEX REGIONAL TRANSFUSION CENTRE**  
**NATIONAL BLOOD TRANSFUSION SERVICE**

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FEB/1158/AMH

15th October 1992

STRICTLY PRIVATE AND CONFIDENTIAL

Dr. A. Rejman,  
 Senior Medical Officer,  
 Eileen House,  
 80-94 Newington Causeway,  
 LONDON.  
 SE1 6EF

Dear Dr. Rejman,

**RE: SCHEME OF PAYMENT FOR THOSE INFECTED WITH HIV THROUGH BLOOD OR TISSUE TRANSFER**

1. MRS. [GRO-A] [GRO-A]  
 [GRO-A] : DOB - [GRO-A]42 - DIED 05/03/89: CODE NO: [GRO-A]  
 LETTER OF 5 AUGUST 1992
2. MR. [GRO-A] [GRO-A]  
 [GRO-A], [GRO-A] : DOB - [GRO-A]43: CODE NO: [GRO-A]  
 LETTERS OF 16 JULY 1992 AND 10 SEPTEMBER 1992

Thank you for your letter of 12th October 1992, requesting information regarding the above patients. I apologise for the lack of response to this matter so far; we have received your previous letter of 16th July (about Mr. [GRO-A]); and your letter of 10th September 1992 (as well your letter of 12th October). I have no record of receiving your letter of 5th August 1992 about Mrs. [GRO-A]. I do appreciate, however, that you should have received at least an acknowledgement of receipt of those letters which did reach us.

We instituted a search of our records concerning Mr. [GRO-A] shortly after receiving your first letter on the 20th July; and indeed my predecessors had kept a detailed file. However, the information is very incomplete and I cannot state with any certainty from the records that are now available to me, that any of the four unit numbers involved - namely 3415, 30577, 3393, 3358 - which were transfused in April 1984, can be traced with certainty to a donor subsequently found to be HIV positive. There is strong circumstantial evidence in the records that are available to me, that a donation collected on 27th March 1984, and transfused to Mr. [GRO-A] on 2nd April, was collected from a man who died of HIV related disease in November 1984. It seems that this man gave blood on about 25th September 1984, we were subsequently notified that he clinical AIDS, that donation was tested and found positive for "HTLV3 antibody", and that this same person was one of the donors from whom blood was collected on 27th March, and was transfused to Mr. [GRO-A] on 2nd April 1984. There is, however, no clear cut documentation that this was so. It is now impossible to make the link. The putative donor of the unit which infected Mr. [GRO-A], can be identified, but there is no record of the donation number of the donation of 27th March, transfused on 2nd April, and it is not even possible to say with certainty that this donation was any of those referred to above and in your letter of 16th July 1992.

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However, my personal feeling is - and this is obtained after discussion with members of staff currently in the Centre who recollect the general circumstances of this episode - that it is very likely that one of those four units came from the donor who died from AIDS related disease on 5th November 1984.

With regard to Mrs. **GRO-A**; we are even less able to make a link. Dr. Hyde's letter to Dr. Smith of 26th September 1988, apparently crossed with one written by Dr. Smith to Dr. Hyde on 30th September, and I enclose a copy of this. For your convenience I also enclose a photocopy of Dr. Hyde's letter to Dr. Smith, as the units are listed in almost the same order (although you will see there is a probable transcription error in Dr. Hyde's letter of unit 76033(1) )

It appears reasonable to conclude from Dr. Smith's letter that all the efforts at that time failed to confirm any clear cut evidence of anti HIV 1 positivity in any of the units transfused to Mrs. **GRO-A**, although one unit gave an equivocal result in 1988, which I think is almost bound to be insignificant particularly as four previous units were negative for the antibody

You will see from Dr. Smith's letters that there were four donors who were to be traced but did not attend again; it appears as if one of them was anti HIV-1 negative but the other three have not been traced.

There is no evidence of further investigations having been conducted, and it would now be extremely difficult, if not impossible, so to do.

I think you will appreciate that this has been an extremely difficult investigation; our time since the receipt of your first letter in July has been spent exhaustively combing through our files for further evidence which has been entirely unrewarding. I feel that some of the difficulties have arisen through a desire to maintain confidentiality of records of the donors, and indeed some of the documents which would have enabled us to provide the link have gone missing. Also, there has been no storage of any blood samples taken from donors in 1984, which could now be tested.

There is a very slight possibility that some data may exist in our archive storage maintained on a hospital site some ten miles distance from the Centre; but I would be very reluctant to ask our staff to go through those files at present, particularly as in my view it is highly unlikely that any significant data could be obtained.

You or the Departmental solicitors are very welcome to go through the records that we do have at the moment such as are available.

Yours sincerely,

**GRO-C**

Dr. F. E. Boulton, B.Sc., M.D., F.R.C.Path.,  
Director

c.c. Mr. K. Jarrold

Enclosed..