



Your reference
Our reference

DEPARTMENT OF HEALTH

Eileen House Room
80-94 Newington Causeway
London SE1 6EF

Telephone No 071-972 2000 (Switchboard)
GRO-C (Direct Line)
Fax GRO-C
Telex 883669

Lloyd411

STRICTLY PRIVATE AND CONFIDENTIAL

Dr H Lloyd
Director
Northern Region Blood Transfusion Service
Holland Drive
Barrack Road
Newcastle upon Tyne
NE2 4NQ

4 November 1992

Dear Dr Lloyd

SCHEME OF PAYMENTS FOR THOSE INFECTED WITH HIV THROUGH BLOOD OR
TISSUE TRANSFER

MRS GRO-A, GRO-A
GRO-A DOB- GRO-A/65: CODE NO: GRO-A

Thank you for your letter dated 16 October. Your suggestion that Mr GRO-A was probably HIV negative in October 1984 would appear to agree with the finding of Dr Snow, a Consultant Physician at Newcastle, that a small sample from Mr GRO-A was negative in Autumn 1985.

It would appear that the donor who failed to re-attend may be the cause of the HIV infection.

The Department has agreed a protocol with of the AIDS Unit at CDSC to try, if possible, to determine whether donors who have not subsequently given blood were HIV positive. It has been suggested that this procedure be followed in those cases where there is a small number of untraced donors. I outline the procedure below, and if this is agreeable to you I would ask that you contact at CDSC to whom I am copying this letter.

You will be aware of CDSC wishing to maintain confidentiality of their register of reported HIV and AIDS cases but do wish to help ensure that applicants under the Scheme receive a payment whenever it is appropriate. We therefore agreed the following procedure, in an effort to minimise the risk of any breach of confidentiality concerning the donor. You will be aware that in those cases where an application is referred to the Independent Panel, the papers related to the case will be sent to the Panel and a copy will be made available to the applicant or his solicitor.

CDSC will then write to myself at the Department stating whether any of the donors implicated have been reported as being positive for HIV or is suffering

from AIDS. This information would not be transmitted back to the RTC.

If a referral were to go to the Panel, then it would not be possible to obtain information from the papers held by DH as to the identity of the donor.

I would be grateful if you could inform me whether the suggested course of action is acceptable to you.

Thank you for your help in this matter.

Yours sincerely

GRO-C

Dr A Rejman MD MRCP MRCPath
Senior Medical Officer