



## NORTHERN REGION BLOOD TRANSFUSION SERVICE

The Transfusion Centre Holland Drive Barrack Road Newcastle upon Tyne NE2 4NQ



A CLINICAL AGENCY OF THE

NORTHERN REGIONAL HEALTH AUTHORITY

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Your Ref:

Our Ref:

VHI^2902/HLL/sb

## STRICTLY PRIVATE AND CONFIDENTIAL

16 October 1992

Dr A Rejman MD MRCP MRC Path Senior Medical Officer Department of Health Eileen House Room 80-94 Newington Causeway London SE1 6EF

Dear Dr Rejman

Dear Di Rejina	111		
Re: Schem Mrs	e of Payments for tho GRO-A ,	se Infected with HIV Through Blood or Tissue Transfer GRO-A	
I have checked the file relating to the Transfusion of Mrs GRO-A No new information has come to light since the original investigation. I enclose for your information a copy of the report I wrote in 1986 which identifies the donations originally transfused to GRO-A and the related investigations. One of the two units transfused to GRO-A came from a donor who subsequently donated and was found to be HIV Negative. The other donation came from a donor who left our area and to the best of our knowledge transferred into the West Midlands. At the time the Transfusion Centre based at Birmingham had no record of this donor donating and I have again checked with the Donor Service Department at the Birmingham Transfusion Centre and they still have no record of this individual donating. Therefore this leaves the possibility that this donation came from a donor who was HIV Positive. On the other hand there is no evidence to suggest that the individual is infectious.			
The other part of the story is that Mrs GRO-A 's husband, Mr GRO-A donated blood in 1984. The unit he donated in October 1984 was transfused and almost two years later in September 1986 the recipient of that unit was alive and well and was HIV Antibody Negative. This would suggest that Mr GRO-A was not HIV Positive in late 1984. I do not know how this fits into other parts of the clinical picture with regard to this family but no doubt all of these facts will be taken into account in due course.			
If there are any	further items that you	would like me to pursue then please do let me know.	
Yours sincerely			
	GRO-C		
Dr H L Lloyd			
DIRECTOR/G	ENERAL MANAGER	ξ	

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A request was received on 8.2.82 for the cross-matching of two units of packed cells for GRO-A, d.o.b. GRO-A 65, a patient in the Princess Mary Maternity Hospital, Newcastle upon Tyne. Two units of packed cells were cross-matched:

Donation Number .089 732, collected on 3.2.82. Donation Number 089 751, collected on 3.2.82.

Both these units were issued on 8.2.82.

## Donation History:

1) Donation No 089 732 - 3.2.82

This unit was donated by donor number GRO-C

It was this donor's fourteenth donation and the donor has subsequently made a further three donations.

Donation No 673 461 was made on 30.4.86 and was tested for the HIV Antibody and was found to be negative.

No further investigations have been carried out and recipients of this donor's other donations have not been tested.

2) Donation No 089 751 - 3.2.82

This unit was donated by donor number GRO-C

It was the donor's second donation and the donor has subsequently made one further donation on 14.9.83.

This donation was HB Ag negative but no HIV testing was available.

The donor has left the factory at which the donations were made and has not replied to call-up requests made in 1984 and 1985. One further request to attend a donor session is being made (3.12.86).

what havings to make ?

Follow-up of other donations made by this donor:

- (i) Donation No 032 725, collected on 15.7.81

  Recipient: A patient with Acute Myeloid Leukaemia, who

  died shortly afterwards (The Friarage Hospital, Northallerton Hosp. No. GRO-C)
- Recipient: A patient who had a hip prosthesis. The patient left hospital but died a few months later (Cumberland Infirmary, Carlisle Hosp. No. GRO-C).

  She was admitted to the Cumberland Infirmary, Carlisle, from Garlands Hospital, Carlisle (a mental health hospital).

  She returned there post-operatively and eventually died there on GRO-C 84.

The report indicates that the cause of death was a Haemopericardium due to a ruptured coronary artery aneurysm.

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REPORT ON BLOOD DONATED BY GRO-A d.o.b. GRO-65.

Donor Number 0047997 N7.

GRO-A , who is now GRO-A , attended blood donor sessions on 27.4.83 and 10.1.84. On 10.1.84 she failed the haemoglobin screening test and no donation was taken.

On 27.4.83 a donation was taken - Donation No 296658.

Fate of Donation No 296658 - 27.4.83

This donation remained as whole blood. Although cross-matched twice, it was not transfused. The unit was returned to the Transfusion Centre. The red cells were destroyed. The plasma was despatched to the Blood Products Laboratory in a 5 litre pool of time-expired plasma A/5557/TE. Blood Products Laboratory have been informed. The donation was made before HIV testing was available.

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REPORT ON BLOOD DONATED BY GRO-A d.o.b. GRO-A 55

Donor Number 0102364 NO, husband of GRO-A

GRO-A attended blood donor sessions on 10.1.84 and 30.10.84.

Donations were taken on both occasions.

10.1.84. Donation No 379912. 30.10.84. Donation No 502917.

Fate of Donation No 379912 - 10.1.84

This donation was separated into packed cells and fresh frozen plasma in an IPP pack. The plasma was despatched to the Blood Products Laboratory in a batch of IPP plasma packs No A/O878/SPP. Blood Products Laboratory have been informed.

The packed cells were transfused.

Recipient: A patient with a bleeding duodenal ulcer. The patient was alive and well for her age when seen in November 1986.

She is to have blood taken for HIV testing.

(North Tees General Hospital, Stockton, Hospital No GRO-C 4).

Fate of Donation No 502917 - 30.10.84

This donation remained as whole blood and was transfused.

Recipient: A patient undergoing surgery for a uterine fibroid.

The patient is well. A sample was taken for HIV testing on 30.9.86. The sample is HIV negative (Report from Newcastle P.H.L.S. Ref. No. 13570 1.10.86). (Royal Victoria Infirmary, Newcastle. Hospital No 377559).

SUMMARY:

GRO-A now GRO-A , received two units of blood in February 1982 for 'post-natal anaemia.'

The donor of one of these two units has continued to donate blood and the most recent donation made in April 1986 was HIV antibody negative.

The donor of the second unit is no longer an active blood donor and we believe he is no longer resident in the Northern Region. This donor made two other donations, the last being in September 1983, which was before HIV testing was available. This donor has not responded to requests to attend sessions since that time. Both of these two donations were used. One recipient had Acute Myeloid Leukaemia and died shortly after the transfusion from complications of the Leukaemia. The other recipient died about seven months after the transfusion from a haemopericardium due to a ruptured coronary artery aneurysm. This is not related to any known effects of the HIV virus.

GRO-A donated a unit of blood in April 1983 but it was not transfused.

The husband of GRO-A (nee GRO-A), Mr GRO-A, also donated blood. He donated two units of blood in 1984. One unit donated in January 1984 was transfused to an elderly person who is still alive (3.12.86) and, for her age, is well. A sample is going to be taken from this recipient for HIV testing. The other unit, donated in October 1984, was also transfused. The recipient is alive and well and was HIV antibody negative when tested on 30.9.86.

GRO-C

4/12/56