

## RESTRICTED - POLICY

Mr Scofield

From: PS/Permanent Secretary

Date: 25th November 1994

Copy: Dr Metters  
Mr Roberts SOL  
Mr Brown HSSC

### HEPATITIS C

This note is to record the meeting held by Mr Hart this morning at which you, and all the copy recipients were present.

2. Mr Hart had called the meeting to discuss the line currently being taken by Ministers that the Government would not be making payments to haemophiliacs infected with Hepatitis C through blood transfusions.

3. There was considerable discussion about how this line compared with:

- the scheme for payments to haemophiliacs (and others) infected with HIV through blood transfusions;
- the line being taken with people who have contracted CJD through taking the human growth hormone;
- the scheme for people suffering from vaccine damage.

4. Dr Metters pointed out that, in the latter case, we had made payments because although people had been administered the vaccine partly for their own benefit, it was principally for the benefit of the community. In the other cases, the treatments had been administered for the benefit of the individual. It was noted that all these cases dealt with the transfer of human (or human-based) products, not pharmaceutical drugs.

5. It was agreed that you would submit to Ministers (probably as part of the briefing for the oral PQs on the subject) a reasoned argument as to why we regard the case of those infected with Hepatitis C through blood transfusions differently from those infected with HIV in a similar manner. Of significance would be the prognosis for those with the disease, the stigma attached to it and the extent to which it affects one's lifestyle. Mr Roberts noted that SOL still needed to explore whether the Government had been negligent, although it was sensible in the meantime to assume it had not been negligent.

6. It was agreed that we needed to pursue immediately a positive strategy in respect of haemophiliacs and others who might have been infected with Hepatitis C. This would take the form of looking back to try and identify who might have been infected, so as to administer pre-emptive treatment if possible.

7. In the longer term, it was also agreed you would consider the elements that might make up a fall-back position.

Rosamond Roughton

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