

Pat Troop

From: Charles Lister HSD2
Date: 20 November 2000

cc: Mike McGovern HSD2
Peter Martin PH-BSE1
Jill Taylor HSD2

vCJD PAYMENTS SCHEME: LETTER FROM BARONESS JAY

1. You asked for advice on Baroness Jay's letter of 23 October to Secretary of State and a draft reply. A draft is attached.
2. Baroness Jay is concerned that a press advertisement reminding people of the deadline for claims under the Irish Republic's Hepatitis C Tribunal might create unwelcome comparative publicity about the decision here to make payments to people with vCJD but not to those infected with hepatitis C through blood/blood products. We are satisfied however that, if this is raised, our position is defensible.
3. The Irish Government set up their hepatitis C compensation scheme in 1997 following evidence of negligence by the Irish Blood Service. Compensation is therefore being given in very specific circumstances which, we can safely say, do not apply in the UK. It therefore does not create any precedent for us. Peter Martin has also looked at the letter and advertisement and doesn't think it has any implications for vCJD compensation.
4. In an adjournment debate on 9 November, Robert Syms MP contrasted the decision to provide payments for people with vCJD with the position of haemophiliacs with hepatitis C. Mr Denham, in response, argued the case against hepatitis C compensation on its own merits – there was no negligence on the part of the NHS – and did not get drawn into making comparisons with CJD.

Background on the Irish Hepatitis C Compensation Tribunal

5. The background to the Irish compensation scheme is that, between 1977 and 1994, a large number of women in the Irish Republic were infected with hepatitis C from contaminated Anti-D immunoglobulin produced by the Irish National Blood Service. An expert group set up by the Irish Government found the Blood Service to have been at fault, and the same conclusion was reached by a later judicial inquiry. The decision to set up a compensation scheme followed these conclusions and the threat of litigation, which the Irish Government believed they would lose. Infection with hepatitis C in this way is unique to the Irish Republic.
6. It was also established that around 100 of the infected women were blood donors, recycling hepatitis C infection through the blood supply until screening was introduced in 1991. The Irish Government therefore decided to extend the compensation scheme to all people infected with hepatitis C through blood products and blood transfusion.

7. The Hepatitis C Compensation Tribunal was set up to assess applications. The total cost – including administration – is expected to reach some £400m (Irish). The biggest single award to an individual to date has been £1.6m (Irish) to compensate for the loss of a number of years' high earnings.

8. A further judicial inquiry is currently under way in Ireland looking at the causes of hepatitis C and HIV infection in haemophiliacs through blood products. Legislation is also before the Irish Parliament to extend the Compensation Tribunal to haemophiliacs infected with HIV through blood products. Haemophiliacs with HIV in Ireland received the same ex-gratia payments as those in the UK in the early 1980s but have successfully campaigned to be included in the more generous hepatitis C scheme.

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