DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. GRO-B Surname GRO-B First Names GRO-B

15/8/96 Severe Haemophilia A

12:45 FCIV GRO-B

HVC.

Given (T) when necessary at home

C/O pain across bases of toes + lat aspect of foot - (R).

R ankle synovectomy scar (+).

O/E

boggy swelling (+) (- ecchymosis)

slight swelling lat aspect + just below the base of toes -

tenderness + +.

? twist + injury ? # tarsal bones

Xrays - pt doesn't want it done.

(M) would be the same

Plan (T) with 8/52 ↓ level

- Rest - sick leave note

- Analgesics.

- Crepe bandage.

- Review bloods + appt for review GRO-C date.

RF 47A

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THE ROYAL FREE HAMPSTEAD
Royal Free Hospital
NHS TRUST

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Director: Dr Christine A Lee MA MD FRCP FRCPath
Consultant: Dr K John Pasi MB MRCP MRCPath

TEL NO: GRO-C
Fax No:

Out of hours: 071 794 0500 bleep 811

GRO-B

Dear Dr GRO-B

Re: GRO-B

Diagnosis:

This patient attended the Haemophilia Centre today. 10.8.94

Problem: small bleed (R) lat aspect of foot.

Action: (T) given. Adv RSI + Analgesia + Rest from work

Comments: Review bloods taken and new appt to be given

Yours sincerely,

GRO-C

Christine Lee

GRO-C

John Pasi

c:\BLINDA\WP\PASI\MISC\DIAG

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GRO-B

G.P.
14 DEC 1994

Transferred out
NS 11-2-91

Dear Dr GRO-B

Re: GRO-B

Diagnosis:

This patient attended the Haemophilia Centre today. ~~15/9/94~~ 9.12.94

Problem: Haemophilia A.

Action: To collect factor VIII treatment

Comments: Hepatitis A vaccine given (1st)
Needs Hep. B Booster next visit.

Yours sincerely,

GRO-C

Christine Lee

GRO-C

John Pasi

c:\BLINDA\WP\PASI\MISC\DIAG

DATE	(Each entry must be signed)
30·XII·94	Has attended only once in previous year. HIV & asymptomatic. GRO-C
12/1/95	Telephoned - has acute abscess on back - 'base of spine' I have advised to come up this p.m. He is worried about holiday booked for 10 weeks. GRO-C
	HC
12/1/95	Severe Haemphilia A HIV +ve — CD4 ·57 x10⁹/L
	Pdonidal ~~Sinus~~ abscess May 94 - discharged spontaneously Recurrence 6/7 ago - on antibiotics + past 4/7 much less painful since starting antibiotics no discharge no pain on defaecation no fevers fluclox 250mg qds amoxyl
	O/E large fluctuant abscess ~ 3 x 2 cm above natal cleft No site of discharge
	For surgical opinion Continue antibiotics — ↑ fluclox. to 500mg qds / Stop amoxil Add metronidazole 400mg tds GRO-C
12/1/95	S/R On call surgical team — continue on antibiotics as symptomatically better Needs treatment on Mr Lewis WR GRO-C

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Tel No: GRO-C
Fax No:

Out of hours: 071 794 0500 bleep GRO-C

GRO-B

Dear Dr GRO-B

Re: GRO-B

Diagnosis:

This patient attended the Haemophilia Centre today. 31-1-95

Problem: Haemophilia

Action: F VIII given, pic dressing change.

Comments:

Yours sincerely,

GRO-C

Christine Lee

GRO-C

John Pasi

c:\BLINDA\WP\PASI\MISC\DIAG

DATE	(Each entry must be signed)
26.1.95	WR SR No change for home sat wound to be packed by DN GRO-C
15/2/95	(1) Severe Haemophilia A = 0% no particularly problem points just treats as required uses prophylaxis only prior to events which may cause bleed - has hardly required Rx in last 6/12 - Discussed Rx prophylaxis Recovering from Abscess drainage, o/k work still as GRO-C GRO-C
	(2) HIV disease - CD4 570 - Dec 95 - has come to terms ? Hum - Regular partner since bx chickenpox → uses condoms
	(3) Has had hep B booster Hep A Vacc course - due last one 5/12 Hep C ~~negative~~ POSITIVE → LFTs (N) Occasional
	1/E NAD → Review bloods / Hep. Immunology in Dec ⇒ Virology / LFT / FBC → 5/12 → will need final Hep GRO-C

347 C4
Patrick
McKenzie
PLE 13

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Tel No:
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Out of hours: 071 794 0500 bleep GRO-C

GRO-B

Dear Dr GRO-B

Re: GRO-B

Diagnosis:

This patient attended the Haemophilia Centre today 15-2-95

Problem: Haem A.

Action: Blood tests to Dr Mackie

Comments:

Yours sincerely,

GRO-C

Christine Lee

GRO-C

John Pasi

c:\BLINDA\WP\PASI\MISC\DIAG

HISTORY SHEET

Hospital No. GRO-B
Surname GRO-B
First Names GRO-B
D. of B. GRO-B

M/F
M/S/W

DATE	CLINICAL NOTES (Each entry must be signed)
	Will need Jonal Kep A vacc GRO-C
11.4.95	Seen as follow up. Now fit to return to work. Letter given. GRO-C
27/XII/95	Review of notes. Pilonidal sinus Jan. 95. Not reviewed since Jan 95. Last CO4 Aug 94 0.57. GRO-C
22/1/97	H/C Hurt back '/52 ago - boxes (heavy) fell on to it Treated himself at home Pain better but not completely O/E/ SI tenderness over T 11 P analgesia stay off work this wk GRO-C

RF 47

GRO-B

REVIEW

NAME: GRO-B

HOSP NO: GRO-B

Haemophilia <2 u/dl factor VIII

Age GRO-B

Age (nearly) 25.

HIV Pos.

Occupation

GRO-B

HCV Pos.

Haemophilia

Wt. 76 kg.

Present treatment: Treats on demand

30u/kg - uses 2500u for bleed which is appropriate (30 u/kg)

Prophylaxis:

Demand: ✓

Annual use:

Replenate - I think he should have 1000u vials.

Planned treatment:

Prophylaxis:

Mother does Rx sheets.

Demand:

(Febs Mar missing) reviews + monthly

Encouraged twice yearly return of Rx sheets.

FE - general health

Well

CVS ^chest pain Smokes 10/day Alcohol - very little

GI tract ^indigest^. / diarrhoea

CR tract NAD

Arthropathy NAD

Transfusion Transmitted Disease:

HIV **Medication**

Aug 94 CD4 570/µl
Explained about treatment.
Has girlfriends, but always uses a condom.
Does not tell about HIV.

Hepatitis (including vaccination)

HAV Neg - not vaccinated. - advise to start.

-HBV Feb 95 >100 (Vaccinated)

HCV Jan 95 AST 24 PCR neg.
1st exposure unknown.
→ send PCR today.

Social Lives at home.
Job seems secure.

Needs full medical examination.
Company know about haemophilia / not HIV.

O/E

Height (children) = 120/80 Weight = 70kg

Mouth ✓
Skin ✓
Chest clear
Abd NAD.

Conclusion

1. Haemophilia - Rx on demand.
2. HIV - CD4 + = 440/µl.
3. HCV AST 21 : pcr repeated.

Plan

→ 6/12

GRO-C .

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Senior Lecturer: Dr David J Perry MD PhD MRCP FRCPath

Tele No:
Fax No: GRO-C

CAL/MJ/ GRO-B

2 April 1996

GRO-B

Dear Dr GRO-B

GRO-B GRO-B

This 25 year old man who works as GRO-B, came for his review on 26th March. He has severe haemophilia A, with a factor VIII of > 2u/dl and he is both HIV and HCV positive.

He treats his haemophilia on demand and he weighs 76 kg and therefore, he uses 2500 units for a bleed, which is appropriate for his weight. I have encouraged him to return his treatment sheets but, he should continue to treat his haemophilia on demand.

On functional enquiry, he smokes 10 cigarettes a day, he drinks very little alcohol, he is generally well, he has had no chest pain, no indigestion or diarrhoea and, no problems related to the GU tract or arthropathy.

He is infected with HIV but, he maintains normal immunity with a CD4 count of 440 per/ml. Thus he is on no medication. He has had many girlfriends but, he always uses a condom, although he doesn't tell them about his HIV.

He has no antibody to hepatitis A and I advised vaccination. He has got good antibody against hepatitis B. He is infected with hepatitis C but, has a normal transaminase of 21 and I have sent off his blood for viral quantitation and PCR.

He lives at home, his job seems secure but, he came requiring a full medical report, which I have given him.

On examination his blood pressure was 120/80, his weight 70 kg, his mouth and skin were healthy, his chest was clear and his abdomen was normal.

Thus, his haemophilia is under good control - he treats on demand. Although he is infected with HIV, he has normal immunity and although he is infected with hepatitis C, his transaminases have been within normal limits.

Yours sincerely

GRO-C

Christine A Lee

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Tele No:
Fax No: GRO-C

CAL/MJ/ GRO-B

2 April 1996

GRO-B

Dear Dr GRO-B

GRO-B

GRO-B

I examined Mr GRO-B on 26th March and enclose the medical report as requested, along with a copy of the investigations performed on that date.

Yours sincerely

GRO-C

Christine A Lee

Encs

REVIEW

NAME: GRO-B

GRO-B

HOSP NO: GRO-B

30.9.97

Haemophilia < 2u/dl FVIII

Age 26y

HIV POS

Occupation

GRO-B

HCV POS.

Haemophilia

Present treatment: 70.5 Kg.
Using 30u/Kg ie. 2000u.
Most bleeds in upper

Prophylaxis:

Demand:

Annual use: atm.

Planned treatment:
29 bleeds/year.
70,000u / year.
On replenate.

Prophylaxis:

Demand:

FE - general health

Well.
CVS
Resp - casual smoker
GI tract.

} NAD.

Due to see Mr Goddard in 1/12 re. (L) hand.

Transfusion Transmitted Disease:

HIV

Medication

January 97 429/µl

B_2m 1·3 mg

Need check HIV viral load.

Hepatitis (including vaccination)

HAV Pos.

HBV 97 14/L.

HCV 0·5 X 10⁶ Jan 97 AST 20 /L

Genotype unknown. ALT 23/L

Advise about Alcohol.

Social Moving today!

Francesca is secretary to CE. Waterskis!

Discussion about pregnancy : Advised no.

advise further appointment ...

O/E HIV test in Jan - advised annual check.

Use precaution.

Height (children) =

Weight =

Conclusion

1. Continue Rx on demand 30iu/kg
   ie. 2000 u.
2. Check HIV viral load.
3. Genotype HCV - (send to Edinburgh)

Plan

4. Due for orthopaedic review in 1/12.

6/12 GRO-C

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CAL/DY/ GRO-B

2 October 1997
(dictated 30 September 1997)

GRO-B

Dear Dr. GRO-B

Re: GRO-B
GRO-B

I saw this 26 year old GRO-B on the 30th September for his review, he came with his wife. He has severe haemophilia A, and is HIV and HCV positive. He weighs 70 kg, he uses 30 u/kg i.e. 2000 units to treat a bleed. Most of his bleeds are in the upper arm. He has had 29 bleeds in the past year, and is using 26 70,000 units. He is on replanate On functional enquiry he is well, he is due to see Mr. Goddard regarding the injury to his left hand.

He is infected with HIV, his last CD4 count was over 400 with a low Beta 2 microglobulin. We are checking his HIV viral load today.

He has antibody hepatitis A and B, he has normal transaminases but he has a viral load of 0.5×10^6 as of January '97. I have given him advice about alcohol. He does not need treatment for the present, but we will try and genotype his hepatitis C.

He came with his wife, he is moving house today. His wife GRO-B is a secretary to a Chief Executive, we had a discussion about pregnancy issues, and I have advised a further appointment when we can discuss these in detail. GRO-B had a HIV test in January of this year. I have advised that we check this annually. Thus in conclusion, he should continue on demand treatment, we will check his HIV viral load, we will try and organise a genotype of his hepatitis C, and he is due for orthopaedic review in a month.

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia

4.8.98

REVIEW

NAME: GRO-B

HOSP NO: GRO-B

Haemophilia A FVIII <2u/dl

Age GRO-B 27

HIV Pos

Occupation GRO-B

HCV Pos.

Haemophilia

Present treatment: 2000u Replenate.

Prophylaxis:

Demand: ✓

Annual use: No target joints.

Planned treatment: Discussed nvCJD Importing American plasma.

Prophylaxis:

Demand:

FE-general health

Exhausted from job. Left job 18 h. ago.
Has started own business, GRO-B
Advised see Liz Boyd.

Otherwise well.

Transfusion Transmitted Disease

HIV 8,600 HIV load 30·9·97

CD4 461/μl 1/10/97

Medication

Hepatitis (including vaccination)

HAV POS

HBV POS

HCV AST 21 0.5×10^6
ALT 21 Doesn't drink excessively.

Social works as managing director for Fiancée
Live together. Bought house.
Girlfriend has been GRO-B tested

O/E 23/1/97 < HIV neg / HCV neg

Height (children) =

Weight =

Conclusion

1. Continue with replenate.
2. See Liz Boyd.
3. CD4/HIV and transaminases +pcr.

Plan Fiancée would like to be retested.

6/12 review.

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CAL/MJ GRO-B

7 August 1998

Dear

GRO-B
GRO-B

I saw this patient who has severe haemophilia A, on 4th August for this review. He is aged 27 and has just given up his job as GRO-B He is co-infected with HIV and hepatitis C. He uses treatment with replenate on-demand, 2000 units. He hasn't any target joints. We discussed the fact that as from the autumn, factor VIII concentrate will be made from imported American Plasma because of the perceived risk of new variant CJD.

On functional enquiry, he says he is exhausted. He was working an 18 hour day and he has now started his own business GRO-B - I have arranged an interview with our Welfare Rights Officer.

He is infected with HIV, the last HIV viral load we have on him was 8600 on 30 September 1997, with a CD4 count of 461. At the present time, he does not need treatment for his HIV. He has got antibody to hepatitis A and B; he is infected with hepatitis C but has a very low HCV viral load of 0.5×10^6 and he has normal transaminases. His fiancée works as a PA for a managing director, they live together and bought their own house, but they are not married as yet. His fiancée is called GRO-B and she was tested for HIV and HCV on 23rd January 1997, when these were negative. She would like to be re-tested and we have offered this.

He will be reviewed in six months' time.

Yours sincerely

GRO-C

Christine Lee
Professor of Haemophilia

15.12.99

REVIEW

NAME: GRO-B

Hosp no: GRO-B
Cons: KJP

HOSP NO: GRO-B

Date:

Haemophilia < 2n/dl FVIII. **Age** 28y

HIV Pos **Occupation**

Runs own business -

HCV Pos (cleared?) GRO-B

Haemophilia

Present treatment: **Prophylaxis:**

No problem joints.

Uses replenate **Demand:**

Annual use:

Advise 2000 u to Rx

Planned treatment: a bleed **Prophylaxis:**

Demand:

FE-general health

Well

CVS } Has mild asthma
Resp }.

GITract - Had episode stomach discomfort Oct 99.
Resolved.

GUTract - No haematuria.

Transfusion Transmitted Disease

HIV 30/9/97 8,600
4/8/98 398/μl
11 BmM 1·8 mg

Medication

long conversation about treatment.

Check HIV load + CD4 today

Hepatitis (including vaccination)

HAV POS Sept. 97

HBV 48 4/8/98

HCV Sept 97 HCV pcr neg. AST 20)
ALT 21) 4·8·98

Social

Engaged.
She knows about haemophilia + HIV.

O/E

Height (children) =

Weight =

Conclusion

1. Continue on replenate 2000 u on demand.
2. Advise testing of girlfriend at least annually.
3. Check HCV pcr.

6/12

Plan

–

GRO-C

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Royal Free Hospital
GRAY'S INN DIVISION

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CAL/alb/ GRO-B

15th December 1999

GRO-B

Dear Dr GRO-B

GRO-B
GRO-B

I saw this 28 year old man, who has severe haemophilia, on the 15th December. He is now running his own business as an GRO-B He is infected with HIV and was infected with hepatitis C although it looks as if he may have cleared this naturally. He has no problem joints. I have advised him to treat his bleeds with 2000 units of Replenate. On function enquiry, there are no major problems. He has mild asthma and in October this year he had an episode of stomach discomfort for which he presented at the Haemophilia Centre, but this is now resolved.

He is infected with HIV and the last viral load we have on file was over two years ago, when it was 8,600. The last CD4 count we have on file was in August of 1998, and it was 328/microlitre. I have had a long conversation about HIV treatment and we will check his CD4 count and viral load today and if necessary we may bring him back to the joint HIV clinic to discuss treatment.

He has got antibodies to hepatitis A and B; he has not been vaccinated. Rather remarkably, his last hepatitis C PCR was negative in September 1997 with normal transaminases in August 1998. It looks, on the face of it, as if he might have cleared his hepatitis C infection. If this is so, it is remarkable in the face of HIV infection.

Continued/2..

He has a steady girlfriend, to whom he is engaged. She knows about his hepatitis and HIV and has been tested in the past, when she was negative.

Thus in conclusion, he will continue on Replenate 2000 units on demand. I have advised the testing of his girlfriend, at least annually, for HIV and we will check his hepatitis C PCR today and see him in six months' time.

Yours sincerely

GRO-C

Christine Lee
Professor of Haemophilia

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CAL/RM
5th April, 2001

GRO-B

Dear Mr GRO-B

EFFECTS OF BAYER CEASING TO RELEASE RECOMBINANT FACTOR VIII

The Pharmaceutical Company Bayer have suspended product release for Kogenate FS and Aventis-Behring'S Helixate. The information is that the suspension will be for 90 days followed by 45 days for product release in Europe. This results in a short fall of recombinant factor VIII in United Kingdom of approximately 6.1 million units per month. At the Royal Free children are treated with recombinant factor VIII for prophylaxis and we use approximately half a million units per month. It is therefore, likely that even with some modification of their prophylactic regimen some children may have to change back to plasma derived product and thus there will be a greater demand for this. As you can see from the enclosed paper at a meeting of the UKHCDO Advisory Committee certain recommendations were made in order to manage the shortage through the next few months. It is therefore, likely that the amount of plasma derived factor VIII that can be released for home treatment will be reduced and it would be helpful if you could review your treatment and see if any reduction in amount could be made in the short term without causing excessive break through bleeding.

Yours sincerely

Christine A Lee
Professor of Haemophilia

Advice from the UKHCDO Advisory Committee on
Managing Shortfall in Recombinant and Plasma Derived Factor VIII Products

The UKHCDO Advisory Committee recommend that Haemophilia Centres (in conjunction with patients and families) begin developing contingency plans for decreasing use of recombinant Factor VIII **for the period of time for which we have a shortfall** in Factor VIII supplies.

It is recommended that:-

1. Haemophilia Centre staff review infusion practices (ie. rVIII units/dose) being used by individual patients with a goal of potential reduction in dosage if possible.

2. Priority for recombinant Factor VIII be given to children who have always received rVIII (ie. those who have never received plasma derived concentrate) and newly diagnosed severely affected patients who have not been previously treated. Older patients who have not been previously treated or only received rVIII previously should be considered on an individual basis.

3. Those patients for whom there is insufficient recombinant Factor VIII for treatment should be switched to plasma derived Factor VIII (use UKHCDO Treatment Guidelines for selecting products).

4. Treatment Centre staff should consider increasing the interval between doses on an individual basis and using an individual dose of 25 units/kg. for children on long-term prophylaxis with rVIII Such modifications to prophylaxis must be accompanied by advice on sporting and life style activities. For adults it should be considered on an individual basis if prophylaxis can be stopped in the short term.

5. Non-urgent surgery should be postponed with immediate effect.

6. Starting patients on immune tolerance induction should be postponed until supplies are available to guarantee continuation of such treatment.

7. Patients on high dose immune tolerance be switched from recombinant to high purity plasma derived Factor VIII to ensure the continuation of their immune tolerance treatment.

8. Patients currently on plasma derived should not be switched to recombinant Factor VIII until there is a more secure supply.

9. Product usage in all patients should be decreased by considering the greater use of continuous infusion for urgent surgery and serious haemorrhages.

29 March 2001

Royal Free Hampstead NHS
NHS Trust

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CAL/gs GRO-B

14th August 2001

GRO-B

Dear GRO-B,

The last time you have been reviewed in the Haemophilia Centre was on 15th December 1999, which is now nearly one-and-a-half years since we have last seen you. We received a letter from your GP, Dr GRO-B in December 2000 requesting us to see you for upper-abdominal discomfort but you never came to the Centre for a proper review.

We would really like you to make an appointment to be seen in one of the Review Clinics on a Tuesday morning. You have also missed so many of the Special Combined Clinics. We need to measure your CD4 count and viral loads as well.

Yours sincerely

GRO-C

Christine Lee
Professor of Haemophilia

HISTORY SHEET

Hospital No. GRO-B M/F
Surname GRO-B M/S/W
First Names GRO-B
D. of B. GRO-B

Special Combined Clinic
Johnson/Lee

DATE	CLINICAL NOTES (Each entry must be signed)

20.11.01

Special Combined Clinic – 20th November 2001
Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist

We reviewed Mr GRO-B in the Combined HIV/Haemophilia Clinic on 20th November 2001. He has not attended haemophilia review clinics or the combined HIV/haemophilia clinics for quite a lengthy time. Currently, he is feeling unwell, generally rundown with no energy. He also has gingivitis and a sore tongue. On examination there is fungal infection of his mouth and also a coldsore was noted. He has been having poor appetite for the past few weeks as well. He has never been on any medications for his HIV. We explained to him that the time had come for him to get treatment for his HIV and he has been seen by the HIV clinical nurse to discuss treatment options. We have rechecked his CD4 count and viral load and a few other blood tests. Mr GRO-B will be seen as soon as the results are available to start combination therapy.

12.11.02

Special Combined Clinic – 12th November 2002
Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist
Dr Thynn Thynn Yee – Associate Specialist in Haemophilia

We reviewed Mr GRO-B in the Combined HIV/Haemophilia Clinic on 12th November 2002. He is doing very well on Combivir; Ritonavir; Saquinavir; and Septrin. He does have some gastrointestinal problems and I have suggested that he changes the Saquinavir soft gel to hard gel, which as less gastrointestinal toxicity.

Mr GRO-B will continue on his present medication and we will review him again in the combined clinic in three months time.

2.9.03

Special Combined Clinic - Tuesday, 2nd September 2003
Dr Margaret Johnson/Dr Thynn Thynn Yee

We reviewed Mr GRO-B in the Combined HIV/Haemophilia Clinic on 2nd September 2003. He, apart from some tiredness, is well. His CD4 count is 0.177 x 10^9/l and his viral load is <50. I have continued him on Combivir 1 bd; Ritonavir 100 mg bd; and Saquinavir 1000 mg bd.

We will see Mr GRO-B for review in the combined clinic in the next few months.

cont..

Royal Free Hampstead NHS
NHS Trust

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Pond Street
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THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath
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INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

MJ/gs GRO-B 20th November 2001

PRIVATE AND CONFIDENTIAL

GP: Dr

Dear Dr

Patient: GRO-B **RFH** GRO-B **- DOB:** GRO-B
GRO-B

Special Combined Clinic – 20th November 2001
Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist
Dr Thynn Thynn Yee – Research Registrar in Haemophilia

We reviewed GRO-B in the Combined HIV/Haemophilia Clinic on 20th November 2001. He has not attended haemophilia review clinics or the combined HIV/haemophilia clinics for quite a lengthy time. Currently, he is feeling unwell, generally rundown with no energy. He also has gingivitis and a sore tongue. On examination there is fungal infection of his mouth and also a coldsore was noted. He has been having poor appetite for the past few weeks as well. He has never been on any medications for his HIV. We explained to him that the time had come for him to get treatment for his HIV and he has been seen by the HIV clinical nurse to discuss treatment options. We have rechecked his CD4 count and viral load and a few other blood tests. Mr GRO-B GRO-B will be seen as soon as the results are available to start combination therapy.

Yours sincerely

GRO-C

Dr Margaret Johnson
Consultant Physician in HIV/AIDS

Professor Christine Lee
Consultant Haematologist

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INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

MJ/gs GRO-B /12th November 2002

PRIVATE AND CONFIDENTIAL

GP:

GRO-B

Dear Dr GRO-B

Patient: GRO-B **RFH** GRO-B – **DOB:** GRO-B
GRO-B

Special Combined Clinic – 12th November 2002
Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist
Dr Thynn Thynn Yee – Associate Specialist in Haemophilia

We reviewed GRO-B in the Combined HIV/Haemophilia Clinic on 12th November 2002. He is doing very well on Combivir; Ritonavir; Saquinavir; and Septrin. He does have some gastrointestinal problems and I have suggested that he changes the Saquinavir soft gel to hard gel, which has less gastrointestinal toxicity.

GRO-B will continue on his present medication and we will review him again in the combined clinic in three months time.

Yours sincerely

GRO-C

GRO-C

Dr Margaret Johnson
Consultant Physician in HIV/AIDS

Professor Christine Lee
Consultant Haematologist

Dr Thynn Thynn Yee
Associate Specialist

GRO-B

Surname :
GRO-B
Forename :
GRO-B
GRO-B
GRO-B
M

REVIEW

DATE: 28/1/03

OCCUPATION: GRO-B

Haemophilia < 2u/dl FVIII (50-150)

HIV POS

HCV Cleared naturally

Haemophilia

Present treatment:

About 2 bleeds/month.

Prophylaxis:

Demand: 2000u Replenate

Annual use:

?? experiencing bleeds associated c PI – advise try prophylaxis 2000u x2/week.

Planned treatment:

As above

Prophylaxis:

Demand:

Uses 2000u per bleed.

FE – general health

Had chest infections → before Rx
∴ maintain on septrin until CD4 300/μl

CVS
Resp
GI tract
GU tract
} NAD

Transfusion Transmitted Disease

HIV

HIV viral load < 50

CD4 · repeated today.
150 in Nov. 2002

Hepatitis (including vaccination)

HAV Pos 97 } Vaccinated

HBV 298 iu/L }

HCV PCR negative 23/11/01

Cholesterol 5·7
*Triglycerides 3·0 ↑ 28·5·02

AST 23
ALT 19

Social

Ended relationship with GRO-B (tested at Luton)

New relationship c GRO-B who has been not tested : we will do this when she comes

O/E up c GRO-B

Height (children) =

Weight =

Medication

Combivir BD

Ritonavir 100mg 2

Saquinavir 1000mg 2

Started 2001 Nov. (15/12)

Still on co·trimoxazole 960mg

Adherence good - incentive ∴ improved health.

↑ lipids

Conclusion

1. · started prophylaxis to cover bleedings Replenate.
2. Continue anti·HIV drugs.
3. Keep triglycerides under review.

Plan

6/12 Review

3/12

(under HIV unit for 3/12 review)

GRO-C

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Our Ref: CAL/SR/ GRO-B

Dictated-Clinic: 28.01.03
Typed: 28.01.03

28 January 2003

GRO-B

Dear Dr. GRO-B

Re: GRO-B
GRO-B

I saw GRO-B for his haemophilia review today the 28th of January. He works as GRO-B GRO-B He has severe haemophilia A with the factor VIII level of < 2 u/dl (NR 50-150). He is infected with HIV, but he has cleared hepatitis C naturally.

He is currently experiencing about two bleeds per month; he uses 2,000 units of Replenate on demand. However, he does give a history of experiencing unusual bleeds, for example into the side of his leg and in his hands and I have suggested these may be associated with protease inhibitor treatment and, therefore, he should consider prophylaxis with Replenate 2,000 units twice a week.

On functional enquiry he is well. He did have chest infections before starting his HIV therapy and he has had asthma in the past and, therefore, we will maintain him on co-trimoxazole until the CD4 count increases to about 300.

He has been on antiretroviral therapy since November 2001 and he is on Combivir b.d, Ritonavir 100 mg twice a day and Saquinavir 1,000 units twice a day. He has a viral load of < 50 and the last CD4 count in November was 150/μL. Once his CD4 count is increased we will consider stopping the co-trimoxazole prophylaxis. He does have a slight elevation of his triglycerides and cholesterol, which would be associated with the protease inhibitor treatment and we will keep an eye on that, it may necessitate treatment in the future.

..... continued on page 2

Our Ref: CAL/SR/ GRO-B

Dictated-Clinic: 28.01.03
Typed: 28.01.03

28 January 2003

Re: GRO-B

He has got antibody to hepatitis A and B, having been vaccinated. He is PCR negative for hepatitis C and has normal transaminases.

He ended his relationship with GRO-B who was tested negative for HIV at Luton Hospital. He is in a new relationship with GRO-B who works in computers, as yet she has not been tested for HIV and we are encouraging that.

Thus in conclusion he may consider starting prophylaxis with his Replenate. He will continue on his anti-HIV medications and we will keep his triglycerides under review.

He is seen in the HIV clinic every three months and we, therefore, will keep our reviews down to a haemophilia review every six months.

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia

Cc ✓ Dr. Margaret Johnson, Consultant Physician in HIV/AIDS, Research Department, 10th Floor, Royal Free Hospital

HISTORY SHEET

Hospital No. GRO-B
Surname GRO-B
First Names
DOB GRO-B
Date:
D. of B.

M/F
M/S/W

DATE	CLINICAL NOTES (Each entry must be signed)
16/3/05	Found out that PCR negative 31/8/05. Antibody +ve (? 1st Rx 1980s) PCR negative Was upset :. he did not realise he was a 'natural clearer' Explained & reassured. Not worried about the money. GRO-C

RF 47
HHA4

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Our Ref: CAL/SR GRO-B

Dictated-Clinic: 16.03.05
Typed: 17.03.05

17 March 2005

GRO-B

Dear Dr. GRO-B

Re: GRO-B
GRO-B

I saw GRO-B today the 16th of March. He had come because he was very concerned about hepatitis C infection. He had been reviewed on the 31st of August by Dr. Yee and had understood apparently for the first time that he was PCR negative although antibody positive. He was extremely upset about this because he says that he had never realised he was a "natural clearer".

I have discussed this further with him and I think he now has a clear understanding that he is one of the very few patients who were co-infected with HIV and HCV who have been fortunate enough to clear the hepatitis C completely and to be persistently PCR negative.

Yours sincerely

GRO-C

Christine A Lee
Professor of Haemophilia

Cc GRO-B