

**DEPARTMENT OF HAEMATOLOGY**

THE IPSWICH HOSPITAL  
HEATH ROAD WING, IPSWICH  
IP4 5PD

HSE/DK/255932

TEL. IPSWICH 712233 (STD CODE 0473)

3 October 1985

CONFIDENTIAL

Dr M A Knight,  
35 Matfield Road,  
IPSWICH.

Dear Mike,

Alan BURGESS, dob [REDACTED] 58  
[REDACTED]  
GRO C

With the recent publicity about AIDS, it has been recommended nationally that we should check all our haemophiliac patients for the AIDS-associated virus, HTLV III. In accordance with this we have tested Alan Burgess, having explained everything fully to him and doing it with his agreement. We had been hopeful that he would be negative, because he has not had a great deal of commercial dried Factor VIII products. Unfortunately the result has come back proving him to be HTLV III positive and therefore a 'high risk' patient. This obviously has been of some concern to Mr Burgess and to his wife. He has been informed, and Dr Phillip Jones and I had a talk to him and his wife yesterday to try and explain things fully to him, and to answer any of their questions.

The most important point of course that we put to him was the absolute confidentiality of this information and I have stressed this at all points. He has agreed that we should let you know, and we will let Mr Gray know here since he is usually involved with his dental treatment.

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Otherwise, we have in complete confidence notified the Senior Technical Staff here, who have to deal with samples of his blood and are obviously at risk. A note is within his Hospital notes for any medical/nursing staff who may have to deal with blood transfusions, venesection etc. when in Hospital, and I have advised Mr Burgess himself that if he needs to come to the Casualty Department he will ring either me, Dr Simpson, Dr Jones or the Haematology Technician on call to say that he is coming up to Casualty so that we may ensure (a) speedy treatment, and (b) extra care with his blood samples.

The second point raised particularly by Mrs Burgess was the problem of children and whether she was herself infected.

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The Burgess' are members of the Haemophilia Society and have received some extremely helpful documents from there advising them about the problem of AIDS in haemophiliacs. I thought it would be helpful for you to see copies of these publications and enclose these. If there are any other problems that you need explaining please do not hesitate to ring me or Philip Jones as unfortunately there are still so many things unknown about this disease.

Yours sincerely

GRO-C

M S EDWARDS  
Consultant Haematologist.