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DEPARTMENT OF HEALTH

Richmond House 79 Whitehall London SW1A 2NS Telephone 0171 972 3000

*From the Parliamentary Under Secretary of State*

Your ref: JC/SD/hepatitis

POH(3)4416/147

14 MAR 1996

Jim Cousins Esq MP

GRO-C

Dear Jim,

12 MAR 1996

Thank you for your letter of 16 February to Stephen Dorrell enclosing correspondence from your constituent Ms C A Grayson of GRO-C about the Haemophilia Society's campaign on behalf of those patients with haemophilia who have been infected with hepatitis C.

I enclose, as requested, a copy of the reply sent to Mrs Grayson by an official on behalf of the Secretary of State. That reply sets out the Government's position which has also been explained in recent debates in the House.

Your letter raised some further specific questions. The first anti-hepatitis C tests did not become available until late in 1989. These first tests had too large a number of false positive and false negative results and no satisfactory confirmation tests were available. Expert advice at that time was that these tests should not be introduced because of these deficiencies. Before any reliable test for hepatitis C was available, the only way to safeguard blood was to limit those from whom blood was taken by a system of self deferral. The expert committee which advises Ministers on the safety of blood monitored the course of action pursued in other countries at the time; the committee was aware that screening tests for hepatitis C had been introduced in some other European countries during 1990, but their view was that neither the screening test nor the confirmatory test should be introduced in the UK until they were reliable enough. The Department of Health funded several trials of the first and second generation anti-hepatitis C test kits. Routine screening of all blood donations was introduced in late summer 1991 when satisfactory kits became available together with confirmatory tests. The screening tests now available are even more accurate than the second generation kits.

You also asked a question about the payments made to patients who were inadvertently infected with the HIV virus. I would point out that blood products such as Factor VIII used for haemophilia patients have been subjected to viral inactivation steps which destroy HIV, hepatitis B and hepatitis C since 1985; that is four years before the first tests for hepatitis C became available.

Although it is correct that more information on the natural history of hepatitis C is becoming available, at the time of the HIV haemophilia settlement it was known that in some cases non-A non-B hepatitis, as hepatitis C was then known, could lead to serious liver disease and some deaths had already occurred in UK haemophilia patients.

It is true that haemophilia patients infected with HIV, who accepted payment under the Government's scheme, were required to give an undertaking not to bring any proceedings at any time against the Health Departments, health authorities or any other body involving any allegations about matters of policy or operational concerns concerning the spread of HIV or hepatitis viruses through blood or blood products.

Finally, the HIV payment scheme specifically includes payment for those individuals who have died. If Mrs Grayson's brother-in-law's family have not received payment and he was unfortunately infected with HIV, then they should make a claim to the Macfarlane Trust (Alliance House, 12 Caxton Street, London, SW1H 0QS, telephone 0171 233 0057) for the appropriate payment.

GRO-C

JOHN HORAM