Witness Name: Glenn Wilkinson

Statement No.: WITN2050001

Exhibits: WITN2050002 – WITN2050114

Dated: 14 August 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN2050032

OXFORDSHIRE AREA HEALTH AUTHORITY (TEACHING)

OXFORD HAEMOPHILIA CENTRE

Tel: Oxford (0865) 64141
Ext. GRO-C

Churchill Hospital,
Headington,
Oxford OX3 7LJ.

24th June, 1983.

Dear Dr. Ludlam,

Acquired Immune Deficiency Syndrome

A Meeting of Reference Centre Directors was held on May 13th, 1983 to discuss this problem in haemophilia, its implications and our recommendations. So far one possible case has been reported to our organisation. This patient (A/1) conforms to the definition published by the CDC in Atlanta, Georgia but cannot be considered as a definite case. We are not aware of any other definable patients amongst the U.K. haemophilic population.

At the above mentioned meeting on May 13th the following general recommendations were agreed.

1. For mildly affected patients with haemophilia A or von Willebrand's disease and minor lesions, treatment with DDAVP should be considered. Because of the increased risk of transmitting hepatitis by means of large pool concentrates in such patients, this is in any case the usual practice of many Directors.

2. For treatment of children and mildly affected patients or patients unexposed to imported concentrates many Directors already reserve supplies of NHS concentrates (cryoprecipitate or freeze-dried) and it would be circumspect to continue this policy.

It was agreed that there is as yet insufficient evidence to warrant restriction of the use of imported concentrates in other patients in view of the immense benefits of therapy but the situation will be constantly reviewed. Following the meeting on 13th May, the Licensing Authority was asked to consider any implications for us of the revised recommendations of the American Food and Drug Administration which were made on March 24th, 1983 to American plasma collecting agencies.

Two additional points have been drawn to our attention since the meeting of May 13th.

1. The first concerns the treatment of patients with haemophilia B. The evidence to incriminate factor IX concentrates in AIDS is even less than with factor VIII and it seems logical to continue to use our normal supplies of NHS concentrate.

2. Another point concerns the proposed trials of "hepatitis reduced" factor VIII concentrates. There is no evidence that the processes involved in the manufacture of these inactivate any other hypothetical viruses. However it is

still important that the effectiveness of imported "hepatitis reduced" concentrates vis-à-vis hepatitis is subjected to formal clinical trials in mild haemophiliacs notwithstanding our general recommendations above. Directors are urged not to use these concentrates randomly on a "named patient" basis.

If you have any other queries or suggestions please write to us or telephone.

Yours sincerely,

GRO-C

A.L. Bloom
Chairman, Haemophilia Centre Directors Organisation

GRO-C

C.R. Rizza
Secretary, Haemophilia Centre Directors Organisation

Dr. C. Ludlam,
The Royal Infirmary,
Edinburgh.