

5TH INCIDENT MEETING

MONDAY 14TH APRIL 1997 AT 4.30 PM
IN THE BOARDROOM, HAMILTON HOUSE,
LIVERPOOL HEALTH AUTHORITY

PRESENT : Dr Ruth Hussey, DPH, LHA (CHAIR)
 Professor John Ashton, Regional DPH, NWRHA
 Dr Peter Carey, Consultant in Genitourinary Medicine, RLBUHT
 Dr Ian Gilmore, Medical Director, RLBUHT
 Professor Tony Hart, Professor of Medical Microbiology, RLBUHT
 Mr Hugh Lamont, Head of Communications, NWRHA
 Dr Vanessa Martlew, Director, Liverpool BTS
 Dr Robin Macmillan, Medical Director, Whiston Hospital
 Dr Fred Nye, Consultant in Infectious Diseases, Aintree NHS Trust
 Dr Martyn Regan, CCDC, LHA
 Dr Qutub Syed, Regional Epidemiologist, NWCDSC
 Mr Bill Wagstaff, NBS Northern Zone
 Dr Basil Wiratunga, CCDC, St Helens & Knowlsey HA

IN ATTENDANCE: Ms Cathy Lowe, Public Health, LHA

ACTION

1. Welcome & Introductions

Dr Hussey welcomed everyone to the meeting and thanked people for attending.

2. Summary of the Incident Up Until Last Meeting

For the benefit of new members, Professor Hart ran through the chronological order of the HIV blood transfusion incident. He reiterated that, after counselling and as routine screening, a 47 year old woman (Case A) having a bone marrow transplant at the RLUHT, had blood samples taken on 21st February 1997 for Hepatitis B, C and HIV screening. Case A had previously received a total of 111 donations of blood from 110 donors in July 1996. Screening results were received on 25th February and serology indicated possible HIV infection (2 +ve tests, 1 -ve test). Further samples sent to Liverpool and Manchester PHL on 26th February and the same were results received from Manchester PHL on 7th March and it was advised to send samples for PCR. Samples were sent to CDSC, Colindale, on 10th March. On 20th March, it was reported that there was evidence of HIV infection and on 23rd March final confirmation was received that Case A was infected with HIV.

As a result, Professor Hart convened an incident committee.

? | The 111 donations received by Case A were screened and 1 found to be HIV +ve; pointed out that this could not have been picked-up by screening services. Professor Hart confirmed that the donor has been identified and had given blood during August 1996; this had been a single donation which had been split 3 ways. Two other recipients had also been identified who had received this blood; a woman who had attended Fazakerley Hospital (Case B) and a 71 year old woman who had had surgery at Whiston Hospital who had died recently (Case C). Prior to August 1996, the donor had given blood in April 1996; both of these samples need to be tested by PCR. It was thought that the donor may have contracted the infection sometime after April, maybe whilst on holiday, and had given blood during the 'window period'.

3. Notes of the Last Meeting

The notes of the 4th Incident Meeting held on Friday 11th April 1997 at 4.30 pm at the RLUHT were accepted as a correct record subject to the following amendment:

Dr Hussey pointed out that the addresses that were needed were for Cases B and C (not Case A).

In terms of the Chronology Paper previously circulated by Professor Hart, he pointed out that on top of page 2 : 32 should read '39 frequent donor samples'.

4. Matters Arising

(i) Recipient A

Professor Hart reported that Dr Carey and himself had visited Case A to explain to her the results of the investigation, pointing out that the blood donation she had received in August 1996 was the likely source of her HIV infection (now confirmed). The screening procedures had also been explained. Professor Hart pointed out that she seemed ~~relieved~~ that the infection had come from the blood and was handling the situation very well (her ability to cope may be attributed to the fact she is in remission for her AML). Reassurances were also offered in terms of her partner who she was concerned about. She had also enquired about the doctor who had received a needlestick injury (he has not been infected so far). ?

Dr Carey reported that she wants to start HIV therapy treatment straight away and will start Wednesday 16th April.

ACTION

The issue of media interest was also raised with Case A if the incident should break. She stressed that she would not want media interest and Professor Hart confirmed that they would not breach any confidentiality.

Dr Syed and Dr Hussey referred to discussions about the Central Compensation Arrangements and confirmed that Case A would be in a position to claim and she should be made aware of this. Dr Martlew has received some information from the Department of Health with regard to this and agreed that Dr Carey would look at this at the end of the meeting. Highlighted that Case C would also be able to claim compensation.

PC

(ii) Recipient B

Dr Martlew confirmed that she had spoken to Case B's daughter today. Prior to this she had spoken to Case B's GP on Thursday 10th April who did not know the patient well, she had therefore contacted the surgeon who had attended Case B whilst in Fazakerley Hospital who remembered her well. As a result, she confirmed that she would be visiting Case B tomorrow lunchtime with the surgeon and a colleague of Dr Carey's; Case B's daughter would also be present. Confirmed that the results of Case B tests can be available in less than 1 hour if she is antibody +ve.

PC/
VM

Agreed that if she is antibody +ve, she will have the option of being treated at Fazakerley or the RLUHT.

(iii) Recipient C

Dr Martlew reported that she had spoken to Dr Tapin and Dr Saatchi who knew the family. She pointed out that Case C had died about a week ago, she had spoken to the husband who is distressed and of the opinion that it would be best to obtain the HIV status of Case C before advising the husband. The district of residence was confirmed as St Helens & Knowsley. Dr Martlew requested the meeting's opinion in terms of written consent for testing Case C.

Dr Macmillan pointed out that only the person themselves can give consent, no-one can do it on their behalf (even if they are deceased). Confirmed that Case C had been buried and, technically, the body belongs to the Secretary of State. Further discussion with regard to consent and the fact that this is a public health matter and the husband could benefit from treatment if HIV +ve.

1?

ACTION

In terms of the legal position, it was pointed out that this would slow things down and it was agreed not to wait for the legal position before testing the blood samples of Case C.

The meeting agreed that testing of the blood samples held should go ahead without written consent.

Professor Ashton raised the issue of disposal of the body and, if HIV +ve, there are implications as to whether Case C was embalmed or a post mortem was carried out. Dr Martlew agreed to liaise with Dr Saatchi with regard to the clinical details. VM

Dr Macmillan also raised the question of risks to health care staff and whether any multiple invasive procedures had been carried out. Dr Nye pointed out that it would be usual practice to carry out a 'back-track' exercise if a patient was later diagnosed as having HIV in order to establish whether any invasive procedures had been carried out. Confirmed that the 'back-track' exercise should look at a 3-4 week period to be on the safe side. FN

Professor Hart also raised a point regarding nosocomial transmission of HIV and haemophilic patients. Pointed out that there are no known cases.

(iv) Donor Testing for Earlier Donations

Confirmed that the donor blood samples had been sent to CDSC Colindale today for PCR and the results will be available late tomorrow or early Wednesday 16th. Confirmed that the 5 samples were the most recent and therefore included the April 1996 donation.

(v) Contact with Donor

Dr Martlew confirmed that she had written to the donor, but she had not received a reply. She had also been telephoning the donor all day today, but had reached an ansaphone with a recorded message (woman's voice) and had not left a message. Following discussion with Dr Carey, they had agreed to continue trying to make contact by telephone tonight. It was presumed there will be someone at home this evening and Dr Martlew would try to establish contact, through another person if necessary on the pretext of him giving blood.

ACTION

The donor is a student born in 1973 and we do not know whether he had donated again this year. As far as we know, he has always donated in Liverpool during late April and August. The only way to ascertain whether he had donated elsewhere is to ring round other BTS regions and this would be dependent upon him using the same name.

It was agreed that if it was still not possible to contact him by telephone this evening or tomorrow, Dr Martlew and Dr Carey would visit the contact address early evening on Tuesday 15th as it may be that they are screening their calls through the ansaphone.

PC/
VM

Mr Wagstaff highlighted the confidentiality aspect of the BTS and the assurances that are given to donors names or addresses to anyone. Dr Syed pointed out that this is a communicable disease issue and action involving the local CCDC would not be necessarily ruled out by the BTS guidelines. Mr Wagstaff was aware of this but conscious not to "jump the gun" as did not want to create a crisis of confidence in donors. It was agreed that divulging information on the donor to others in an attempt to contact him would be a last resort. Dr Carey would also give consideration to the option of contacting the donor's GP, although this would not happen until after a further meeting of this group. Dr Martlew confirmed that, if a person did not respond to letters, they would follow-up the patient through the COG GP lists.

There is also the concern that the donor is unaware of his HIV status and spreading the infection through non-parental means. It may be that he has been tested through a GUM service elsewhere and he would probably be antibody +ve now. Dr Carey also agreed to check the RLUHT GUM records.

PC

Dr Martlew confirmed that all stocks of the donor's blood has been blocked since 21st March 1997 in the Region; this does not apply to other Regions.

5. Further Action for Recipients

It was agreed that the necessary action was in hand.

6. Further Action for Donor

It was agreed that the necessary action was in hand.

ACTION7. Reassurance & Communication to General Public

Mr Lamont reported that Professor Hart and himself had produced a holding press statement for use over the weekend which became less and less appropriate. Mr Lamont read the statement, which pointed out that it would not be appropriate to release any further information.

It was agreed that there is a need to contact the donor before a proactive statement is issued. Dr Carey pointed out that there would be issues to be addressed to support the donor, particularly in terms of guilt.

Mr Lamont stressed the need to have a combined reactive statement already prepared should the incident reach the press and ensure that all parties are giving the same information. Mr Lamont reported that he had been unable to contact Mrs Cunningham at the National Blood Authority (NBA) at Watford regarding a combined statement. Mr Wagstaff suggested contacting Tom Kelly at the NBA instead. Mr Lamont pointed out that there were both local and wider issues to be addressed and he agreed to try and make contact with the NBA again.

HL

Dr Hussey reported that she had spoken to Dr Robinson at the Central BTS who was of the opinion that if any questions arose, then they should be re-directed for a NBA response.

Dr Macmillan commented that it would be better for the NBA to issue a statement with a nationwide perspective and take it from there. Professor Ashton agreed as it would take the immediate focus off the North West. Mr Lamont pointed out that we can not underestimate the media interest and they will find out it is the North West and the incident group will need to be able to say that required action is in-hand. Highlighted that until the donor is contacted, there is difficulty in making a statement to the press, but the likelihood of the incident breaking increases every day. He highlighted the need to have a holding local reactive statement.

It is understood that the NBA are of the opinion that they will not given any information unless the incident breaks. The meeting did not agree with this stance and it was agreed that Mr Wagstaff should take this back to the NBA and advise them of the opinion of this group. Acknowledged that there has only been 2 recorded cases of HIV transmission through blood products since testing commenced and this is a good record for the NBA. The meeting considered that there is a need to be able to reassure the public's confidence in testing for HIV in blood products, whilst adhering to the NBA's commitment to protecting recipients and donors confidentiality and ensuring their welfare. It was considered that if the NBA do not go public, it may be seen that they are not sharing information and this may cause additional public concern.

BW

ACTION

It was agreed that after the next 48 hours the Incident Team will be better placed to assess the incident. It was acknowledged that the families could break the incident to the press at any time now or in the next few weeks.

The point was made regarding the input to-date from the NBA and the fact that there has been no national senior managerial input although notice of the meetings had been given to the NBA at Watford. Mr Wagstaff pointed out that Dr Martlew was a senior consultant with experience in the field and there would not have been any additional input he could have made.

Dr Hussey reiterated that the consensus of this meeting was that a proactive statement should be issued once all the facts are in-hand, although this is not the opinion of the NBA. Mr Wagstaff to feedback by Tuesday afternoon/early evening as to whether there is a consensus with the NBA as to whether they wish to make a public statement concerning the incident.

BW

Dr Carey pointed out that they would need to know in advance of the NBA issuing any press releases.

Professor Ashton requested that Dr Ken Calman, Chief Medical Officer, and Mr Alan Langland, NHS Executive, are kept informed of the proceedings of this incident and a copy of the notes sent to them.

RH

Dr Martlew reported that she had been looking at the donor's notes and confirmed that 8 donations had been made and made into 13 products for local use. She confirmed that, at the worst scenario, there may be 3 recipients. The April 1996 donation had been split into 2 parts, one of which was sent to Wales and pooled for the purpose of producing fractionated blood products.

living

It was acknowledged that as there are a number of hospitals/districts involved in this incident, a number of people may be contacted by the press. Mr Lamont pointed out that there is therefore a need to be in touch with key personnel on a 24-hour basis to ensure everyone is giving the same message. In the event of the press contacting a member of this group, they should be referred to Mr Lamont in the first instance. He would then ascertain who would be the most appropriate person to handle the call, depending on the nature of the press enquiry (confidential contact list for members circulated).

ALL

Dr Gilmore expressed concern with regard to contacting the donor and the fact that we should be more active in finding him. It may be that we have to proceed with a statement if contact is not made soon.

ACTION

8. Regional & National Implications

Discussion with regard to helplines should they be needed. The meeting considered that the NBA should set-up a national helpline and Trusts need to have procedures in place to deal with local issues and refer people to the national helpline. It was confirmed that Trusts have procedures in place for this facility if necessary, but an agreed statement is needed to ensure a consistent message is given to the public. People may also ring their GPs with local concerns.

Agreed that Mr Lamont, Dr Martlew, Mr Wagstaff and Dr Carey meet at the end of this meeting to produce a statement that would be given if people have to staff a helpline. Dr Regan pointed out that we need to have a contingency national response, as well as a local response, by tomorrow.

PC/HW/
VM/BS

9. Date & Time of Next Meeting

Wednesday 16th April '97 at 8.00 am in the Boardroom, 4th Floor, Hamilton House. Agreed to meet sooner should the incident reach the press.