

ANONYMOUS

Witness Name

GRO-B

Statement No.: WITN0010001

Exhibits: WITN0010002 – WITN0010016

Dated: 10 October 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN001007

ANONYMOUS
UNIVERSITY OF MANCHESTER
MANCHESTER

Director:

C G Geary

Consultants:

R T Wensley

J G Chang

E M Love

J A Liu Yin

G S Lucas

K M Shwe

K I Cinkotai (Associate Specialist)

Top Grade Clinical Scientist:

Dr K Hyde



DEPARTMENT OF
CLINICAL HAEMATOLOGY
THE ROYAL INFIRMARY
MANCHESTER
M13 9WL

Hospital Tel: 061 276 1234
Haematology: 061 276 4812/13
FAX Nos: Laboratory:
061 276 4088
Clinical:
061 276 4814

MB/KJ/92/10630

letter sent 13.3.93 to R w.m.

28 July 1993

5 AUG 1993

Dr. **GRO-B**
GRO-B

Dear Dr **GRO-B**

RE: **GRO-B** DOB: **GRO-B** 1958
GRO-B

P	
J	✓
H	✓
M	✓
N	
Pa	
A	✓
B	

Am -
would son
live to
enjoy him
along?

pre please.

This is the
first
evidence
I have
of having
been tested
positive
for Hep C
even though
all blood
donations
were
screened for
Hep C from
1991

I am writing to inform you of the following blood test results obtained on your patient.

Hepatitis A - Your patient is not immune to this infection. As there is a slight risk of contracting hepatitis A from blood products, we recommend all haemophiliacs and people with bleeding disorders should be immunised with hepatitis A vaccine eg. HAVRIX by **subcutaneous injection**. We would be grateful if this could be arranged for your patient, and you could inform us when the course is complete.

Hepatitis B - Your patient has had infection with hepatitis B in the past and is now immune.

Hepatitis C - Your patient is hepatitis C positive by a second generation test. This means he is probably a chronic carrier of hepatitis C. There is a slight risk of transmitting the infection through blood, and possibly semen. Hepatitis C carrier state confers an increased risk of long term liver disease such as chronic active hepatitis, cirrhosis or hepatoma, over a time span of 20+ years. Those most at risk seem to have a higher than average alcohol intake.

Liver enzyme results on your patient are moderately elevated. If drinking alcohol he should reduce his intake to decrease the risk of chronic liver disease.

might be
my
imagin-
ation
but this
seems like
a strange thing

(11)

ANONYMOUS
UNIVERSITY OF MANCHESTER
MANCHESTER

Director:
C G Geary
Consultants:
R T Wensley
J G Chang
E M Love
J A Liu Yin
G S Lucas
K H Shwe
K I Cinkotai (Associate Specialist)
Top Grade Clinical Scientist:
Dr K Hyde



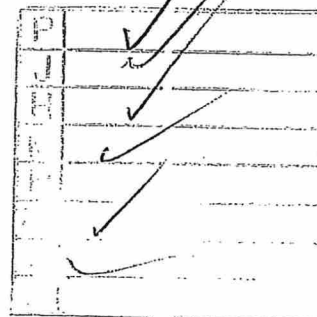
DEPARTMENT OF
CLINICAL HAEMATOLOGY
THE ROYAL INFIRMARY
MANCHESTER
M13 9WL

Hospital Tel: 061 276 1234
Haematology: 061 276 4812/13
FAX Nos: Laboratory:
061 276 4088
Clinical:
061 276 4814

GL/KJ/92/10630

8th November 1993
(clinic 20.10.93)

Dr **GRO-B**
GRO-B



11 NOV 1993

Dear Dr **GRO-B**

RE: **GRO-B** DOB: **GRO-B** 1958
GRO-B

I saw **GRO-B** in the Haemophilia Centre on 20th October 1993. He has had a good year, and his left knee is his only troublesome joint. We have given him some further advice about appropriate physiotherapy to try and help stabilise the joint. I talked to him about his recent liver function tests. He knows that he has serological evidence of past infection by hepatitis C, and that his liver function tests are borderline abnormal. Mr **GRO-B** appreciates that my current policy is to observe, checking liver function once or twice a year, and to consider a referral for some form of treatment such as Interferon therapy if there should be significant signs of deterioration. I would like to see him again in 6 months time.

Yours sincerely

GRO-B

Dr Guy Lucas
ACTING HAEMOPHILIA DIRECTOR