From the Parliamentary Under Secretary of State
Lord Hunt of Kings Heath

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Carol Grayson
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Dear Ms Grayson

At the end of our meeting on 9 May I said that I would consider the issues that you raised and would write to you. I hope you will accept my apologies for the delay in responding to you

One of the main areas of discussion concerned the use of imported blood products from the USA in the early 1970s and the impact on the transmission of blood borne viruses, in particular hepatitis C, in people with haemophilia. You will know that in order to make these products successfully, preserving the active clotting factors, required the pooling of donated plasma donations. This is still the case, and pool size while it has reduced over time, remains in the thousands. No matter who made these products or what plasma was used, the risk of hepatitis C from them was almost 100% because of the need for pooling and the incidence of the virus in blood donor populations around the world. This was a universal problem in countries with well developed haemophilia services where freeze dried pooled blood products were widely and rapidly adopted in clinical practice. By the time viral inactivation technology was introduced in the mid 1980s, almost all people with haemophilia receiving treatment had unwittingly been infected.

Since 1971 all products made in or imported to the UK for medicinal use, including clotting factors from the US, require a product licence under the Medicines Act 1968. Advice on the quality, safety, and efficacy from the Committee on the Safety of Medicines is given to the Health Secretary, and this is the basis for any product licence. It is therefore not the case that these products were, for their time, not the best products available.

We discussed the Government's position concerning a public inquiry. I do understand that people with haemophilia who were infected with hepatitis C want to know how it happened. However, the facts have been set out clearly on numerous occasions through debates in both Houses, meetings with Department of Health Ministers and in correspondence. Whilst the Government has great sympathy for those infected with hepatitis C and has considered the call for a public inquiry very carefully, they do not think it is the way to go forward.

You raised the issue of the public inquiry in the Irish Republic. Briefly the facts are that between 1977 and 1994, a large number of women in the Irish Republic were infected with hepatitis C from contaminated anti-d immunoglobulin produced by the Irish National Blood Service. Infection with hepatitis C in this way is unique to the Irish Republic. The Irish government set up their hepatitis C compensation scheme following evidence of negligence by the Irish Blood Service. Compensation is therefore being given in very specific circumstances, which do not apply in the UK, and it does not create any precedent for us.

The Government has met many representatives of the Haemophilia community since 1997 and listened to their arguments for a special payments scheme for people with haemophilia and hepatitis C similar to that in place for HIV. After long and careful consideration at the time, we came to the same conclusion reached by the previous Government - that a special payments scheme should not be established.

Succeeding Ministers have reviewed this decision and reached the same conclusion. It has also been debated on numerous occasions in both Houses. It is not a view we have come to lightly. The Government position has long since been that as a general rule compensation should not be paid when there has not been negligence. We will continue to review the position.

During the meeting it was pointed out that those haemophiliacs who were infected with HIV through NHS blood products and who took up the offer of financial; assistance were required to sign a waiver in 1991 that they would not make any further claims against the Department for compensation. I understand that this was a legal decision taken at that time and cannot be changed.

Turning to the provision of recombinant clotting factors, the Government is currently giving careful consideration to the case for extending the provision of recombinant clotting factors to all haemophiliac patients in England. As you know there is a world-wide shortage of recombinant products, and current concerns are about ensuring there are sufficient supplies for those new patients and those aged under 16. The Department of Health is working with the professionals, organisations and industry to help ensure that the needs of haemophilia patients are met, and that those for whom recombinant clotting factors are required are able to get them.

You have asked for guidance on how haemophiliacs might get access to dental and NHS treatment in the light of current concerns of the theoretical risk of vCJD. The CJD Incidents Panel is an expert Committee set up by the Department of Health to advice health authorities and NHS Trusts on how to manage incidents involving possible exposure to CJD in health care settings.

The Panel is considering the possible risk of transmission of CJD as a result of treatments with products derived from plasma that included a donation from an individual who subsequently developed CJD. The possible risk of transmission from a person incubating CJD through instruments used for dental surgery is still unclear and further assessments are underway to allow firm advice to be provided.

The key action to minimise the risk of transmission of CJD is to ensure that the highest standard of decontamination is observed and that single use instruments are used where this is practicable. The Panel will provide specific advice on particular incidents once they have completed their assessment of the risks. I should emphasise that steps are taken to minimise the risks of transmission as a precautionary measure and should not compromise the access of the patients to the treatment they require.

A copy of this letter has been sent to Jim Cousins MP. Following the General Election responsibility for this health area has now passed to Yvette Cooper, who is currently on maternity leave, but in her absence any issues will be dealt with by other Ministers.

GRO-C

PHILIP HUNT