

via email

Ref: Scof134

RESTRICTED POLICY

Mr Scofield CA-OPU

From: Dr A Rejman HCD-SCS

Date: 13 April 1995

Copy: Mr Blake

Mrs A James

Mr Kelly

Mr Burrage

HEPATITIS C

1. Thank you for your minute of 12 April. I am limiting this minute to the copy recipients of your minute of 12 April. We have discussed previously, but you will forgive me if I reiterate my views for the benefit of copy recipients.
2. I believe a fundamental difference exists between legal vulnerability for the period autumn 1989 to September 1991, the so called "window period" where some very poor tests were available, and the ACVSB advised that HCV screening should not be introduced in the UK. I will not rehearse all the various arguments, but suffice to say that donor interests, availability of blood, public perception etc are all relevant in the UK, and we are aware that in other countries these may well have been disregarded for political reasons.
3. The situation with the haemophiliacs is entirely different since there was no hepatitis C test available prior to late 1985, when all the blood products both for haemophilia A and haemophilia B were being heat-treated. The arguments about hepatitis in respect of haemophilia were presented in the HIV haemophilia litigation. The impression I have obtained, though I stress I am not a lawyer, is that legal aid might be extremely difficult to obtain if the plaintiffs had to show the Legal Aid Board the expert witness reports in respect of hepatitis that were submitted for the HIV haemophilia litigation.
4. The paper I prepared on 22 December resulted from a full day's work going through the ACVSB files. I concentrated primarily on the minutes of the various meetings together with the most important papers that I had available which had been provided as background for those meetings.
5. To do a full analysis in respect of hepatitis C, including analysing not only the minutes, but also Chairman's briefs and all the papers that were available to us at the time, will require more than the two days that you suggest.
6. You will be aware that at any ACVSB meeting, several topics would be considered including CJD/HGH, HTLV, Yersinia and others. It would be impractical to try to summarise actions on these at the same time as looking at hepatitis C. Each topic would need to be looked at separately and followed through the various meetings.

7. I would be loath to go down this avenue of revisiting work from ACVSB and MSBT without a formal instruction from Dr Metters.
8. Happy to discuss.

Dr A Rejman
Room 420 Ext GRO-
EH