From the Parliamentary Under Secretary of State for Public Health
Melanie Johnson MP

DH Department of Health

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Eddie O'Hara MP

21 MAY 2004

Dear Eddie,

Thank you for your letter of 15 April to John Reid enclosing correspondence from your constituent Mrs Maureen Murphy of GRO-C Liverpool GRO-C about haemophilia patients who were infected with hepatitis C. I hope that Mrs Murphy will accept this reply to the letter she sent to John Reid on 7 April.

I am very sorry that Mrs Murphy's late husband was infected with hepatitis C. The Government takes the issues around haemophilia and blood products very seriously, and has great sympathy for anyone who has suffered harm as a result of NHS treatment. Ministers do understand the hardship and great distress that people with haemophilia and their families have suffered, first from HIV and then from hepatitis C, and deeply regret that so many people were infected through blood products.

Mrs Murphy has asked about 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. In order to make these products successfully, preserving the active clotting factors, the pooling of donated plasma donations was required. This is still the case, and the pool size while it has reduced over time, remains in the thousands. Regardless of the manufacturer or the plasma used, all products were potentially contaminated with the hepatitis C virus, as a result of the need for pooling and the prevalence 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.

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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.

Our understanding is that during the 1970s and 1980s, before clotting factors were virally activated little was known about hepatitis C. Although it was known as "non A, non B" hepatitis, it was not specifically identified as hepatitis C until 1989. The technology to make blood clotting products free from hepatitis C in sufficient quantities to treat people with haemophilia in the UK was not possible until the mid 1980s and it was not until 1987 that there was positive proof of means of eliminating the virus. As soon as the technology became available to make blood products free from hepatitis C, the NHS introduced it.

Mrs Murphy has expressed disappointment that the payment scheme has not been extended to dependants of those who have died following inadvertent infection with hepatitis C. This was not an easy decision to make, but I think it is important to stress that the underlying principle of the payments is that they should be targeted to help alleviate the suffering of people living with the virus.

The payments are not designed to compensate for bereavement, although I fully appreciate the hardship and pain experienced by families who cared for loved ones who have died. I realise that this is little consolation, but I hope that you can understand that the health care budget is not unlimited.

The announcement of a scheme on 29 August 2003 occurred after the Secretary of State had revisited this issue, and heralded the introduction of an exgratia scheme from that date. The difficult decision not to extend the scheme to people who had died before this date meant that it became an unavoidable cut-off point. We realise that these circumstances are not ideal, but have attempted to provide a pragmatic solution.

Best wishes,

GRO-C

MELANIE JOHNSON