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From the Secretary of State for Health

The Rt Hon Roy Hattersley Esq MP
House of Commons
London
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7th February 1996

Dear Roy

As promised I am writing to follow up a few points that we were unable to deal with at the time when you came to see me with the Manor House Group on 19 December. I thought it was a very useful meeting and I was particularly grateful for the opportunity to learn first hand about the experiences of people suffering from the effects of Hepatitis C.

Firstly Mrs GRO-A wanted to know why her children GRO-A and GRO-A apparently had been refused alpha interferon treatment. We have made enquiries of the Birmingham Children's Hospital, where they are being cared for. I am very pleased to be able to say that the Trust have confirmed that both GRO-A and GRO-A began treatment with alpha interferon from 17 January. I understand that there had been a problem in obtaining clearance from the ethics committee but that this has now been obtained and that their parents were informed on 9 January.

I also promised to write about the evident delay in informing Mr Tonkin that he had been diagnosed as positive for Hepatitis C. Having investigated, I understand that the decision about when to inform Mr Tonkin was made purely on clinical grounds. There is no evidence whatever of an administrative error or oversight. This is a local decision involving patient confidentiality and in the circumstances Mr Tonkin may wish to seek a full explanation from the consultant in charge of his case.

I was concerned that some of the patients with haemophilia were anxious about the possibility of viral infection when using currently available virally inactivated blood products. One of the members of the Group made available to my officials the minutes of the Health Intergroup on Safety of Blood Products held in October 1995. They referred to a table on page 7. My officials were very surprised to see the suggestion that following testing with third generation

hepatitis C tests it was considered possible that there might still be a risk in some countries of 1 in 100 from hepatitis C. We are not aware of anywhere in the world where such a risk would still be present today. In the UK it is thought that the risk of the "window period" is approximately 1 in 13,000. However, this refers to whole blood transfusion as opposed to fractionated blood products such as Factor VIII which have undergone validated viral inactivation procedures.

We are not aware of any transmissions of hepatitis C using the currently available inactivation methods applied to plasma which has already been tested for the relevant viruses.

Finally, following the meeting Mr GRO-A asked about a recent press release regarding the combined use of Thymosin and Alpha Interferon for Hepatitis C, showing favourable results. My officials have looked into this. Although the results appeared encouraging, we gather that the number of patients studied was too small to provide conclusive evidence. I understand that a clinical trial using a form or thymosin in the treatment of chronic hepatitis C is about to start in the UK. I have no doubt that we still have much to learn about this virus to inform future decisions about treatment. To this end you may wish to know my Department's R&D Division are currently looking to fund research into three areas of Hepatitis C virus infection, namely prevalence, transmission routes and the natural history of infection. A total of £1 million has been made available for research into all these three areas.

STEPHEN DORRELL

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