

Witness Name: Annette Hill-Stewart
Statement No.: WITN1001001
Exhibits: WITN1001002 - WITN1001019
Dated: 12 July 2019

INFECTED BLOOD INQUIRY

WITN1001004

0410

CLINICAL NOTES (Each entry must be signed)

27.2.81

von Willebrand's disease; main problem recurrent epistaxes. Transferred from COS 1978. Cryo approx. one month since at least 1978. Changed to NHS concentrate because of previous transfusion reactions.

Doses of NHS concentrate 1.12.80 (HL2706) and 20.1.81 (HL2644). AET followed prospectively. Became abnormal 20.1.81, peaked on 2.2.81. Symptomatic from approx. 30.1.81.

Urethra negative up to 16.2.81. Viral antibody results pending. PT a few seconds prolonged - always has been.

Conclusion: 7 week incubation HAV hepatitis

Plan:

See weekly for LFT check at present, then extend interval to monthly. Needs second sample for viral antibodies. Assess for chronicity at 6 months.

2/3/81

Pretty well, although occasional mild ache in abdomen. LFTs still fluctuating wildly. To resume school again next week. Continue attending at weekly intervals for routine LFTs. Viral antibody result still not available. Hb, Hg still negative.

11.12.81

Flare up of symptoms around 23.11.81 i anorexia, nausea, vomiting about two weeks after dose of NHS concentrate (HL2654). His first dose for eight months. Symptoms accompanied by raised AET, which had fallen to normal by 1.12.81. Overall, this probably represents another attack of post-transfusion hepatitis, although LFTs never really normalised following his first attack in January 1981. Full blood workup in February/March 1981 was negative, and rate Hb, Hg still negative.

Plan:

See before Christmas for review (PK) Will need repeat full blood screening including autoantibodies at that time. Probably should have LFTs checked at monthly intervals, with baseline Ha swallow and ultrasound. Although he 'seems like concentrate', there seems to be little alternative to carrying on with this because he has had bad reactions to cryo.

Kersoff

Hepatitis/Liver Clinic

D. of B. 19/3/38

DATE

CLINICAL NOTES (Each entry must be signed)

Diagnosis: von Willebrand's disease. Factor VIII - 20%
Main clinical problem - recurrent epistaxes requiring frequent treatment with cryo.

TREATMENT:

Cryo only until January 1980 when became allergic to it.
BPL HL 2644 - 1st dose on 11/1/80.

LIVER FUNCTION TESTS:

Serum AST slightly elevated 1975 and 1978. Marked rise; 28/2/80, approximately 6 weeks after first exposure to BPL.

HBs Ab Positive 11/1/80 before treatment with BPL

4/3/80

PLAN:

Asymptomatic at present. To have weekly LFT's over next four weeks. Needs full screen.

17/3/80

For last seven days: generally off colour, easily tired, off his food, intermittent nausea with one episode of vomiting after whisky, intermittent epigastric ache, urine 'stronger' than usual. Liver doubtfully tipped on inspiration. No splenomegaly. Presume non-A non-B acute hepatitis. To rest at home and come up for twice weekly blood tests.

11.12.81

Flare up of symptoms around 23.11.81 (anorexia, nausea, vomiting) about two weeks after dose of NHS concentrate (HL2854). His first dose for eight months. Symptoms accompanied by raised AST, which had fallen to normal by 1.12.81. Overall, this probably represents another attack of post-transfusion hepatitis, although LFTs never really normalised following his first attack in January 1981. Full blood workup in February/March 1981 was negative, and note HBs Ag/Ab still negative.

PLAN:

See before Christmas for review (PK) Will need repeat full blood screening including autoantibodies at that time. Probably should have LFTs checked at monthly intervals, with baseline Ba swallow and ultrasound. Although he doesn't like concentrate, there seems to be little alternative to carrying on with this because he has had bad reactions to cryo.