

Witness Name: Lee Terence Stay

Statement No: WITN1541001

Exhibits: WITN1541002 - WITN1541012

Dated: September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN1541005

| Date | Clinical Notes |
|---------|---|
| 29/6/83 | Summer Review Assessment |
| | <p>Ⓢ Bloods: Co bloods so far this time:- 3 into Ⓢ Elbow (Knee joint) 2 into Ⓢ Ankle</p> |
| | Ⓢ Haematology - etc. |
| | Ⓢ Biochemistry: Moderate to marked increase - SERT |
| GRO-C | Ⓢ Apphianc nbs |
| GRO- | <p>Ⓢ Prescription 207. AD from 20.5.83 - 17/6/83 for 2 bloods into Ⓢ Elbow - Y52</p> |
| | Drip Ⓢ into Ⓢ Elbow |
| | <p>Ⓢ After Ⓢ no bloods into Ⓢ Elbow so far. [Blood on 5.7.83 29.7.83 12.8.83 20.8.83 31.8.83]</p> |
| | Ⓢ Physiotherapy see report. |
| | Ⓢ AIDS on 6.3.83 |
| | Temp 36.4. No rise in temp for > 4/5 in the past. |
| | No throat pains or difficulty in swallowing for > 4/5 in the past. |
| | No shortness of breath for > 4/5 in the past. |
| | No diarrhea for > 4/5 in the past. |
| | No cough for > 4/5 in the past. |
| | No palpable superficial lymph nodes. |
| | No col. Loss |

BASINGSTOKE AND NORTH HAMPSHIRE HEALTH AUTHORITY

Director:
Dr. A. ARONSTAM, D.M., F.R.C.Path.

TRELOAR HAEMOPHILIA CENTRE
Lord Mayor Treloar College
Holybourne Alton
Telephone No. Alton 88415

AA/SAC
30th June 1983

Dr. G. Crawford,
Haematology Department,
Hammersmith Hospital,
Du Cane Road,
London W.12.

Dear Dr. Crawford,

re: Lee STAY GRO-C 68
GRO-C Middlesex.

For your information, I enclose copies of:

- 1) His bleeding episodes and transfusions so far this term
- 2) Orthopaedic chart
- 3) Laboratory results

He has had a course of prophylaxis for targeting into his right elbow.

AIDS RELATED INVESTIGATIONS:

Clinically he exhibits none of the stigmata of AIDS. Examination of his superficial lymph nodes on 10.3.83 revealed no palpable lymph nodes.

For your information we have undertaken the enclosed AIDS related tests. We are repeating these tests before the end of term and will let you have a copy when they are available.

Yours sincerely,

GRO-C

M. Wassef
S.C.M.O.

ENC.

TREL0000267-150

WITN1541005_0003

NAME

Lee Skay

DATE

15th Oct '83

| | RIGHT SIDE | | | | | | | | | | | | LEFT SIDE | | | | | | | | | | | |
|--------|--------------------|---|---|---|-----------------------|---|---|-------------------|---|---|----------------|---|--------------------|---|---|---|-----------------------|---|---|-------------------|---|---|----------------|---|
| | Chronic Pain score | | | | Axial Deformity score | | | Instability score | | | Crepitus score | | Chronic Pain Score | | | | Axial Deformity score | | | Instability score | | | Crepitus score | |
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 |
| ELBOWS | 0 | | | | 7° valgus | | | 0 | | | 0 | | 0 | | | | 8° valgus | | | 0 | | | 0 | |
| KNEES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | 0 | | | 0 | |
| ANKLES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | 0 | | | 0 | |

Lymphadenopathy = At least 2 nodes greater than 2 cm for at least 3 months

site(s):

- R. Inguinal: shotty
- L. Inguinal: shotty
- R. Axilla: small < 1 cm
- L. Axilla: Nil
- R. Cervical: Nil
- L. Cervical: Nil

NAME

DATE

LCC STAY

9.11.84

| | RIGHT SIDE | | | | | | | | | | | LEFT SIDE | | | | | | | | | | | | | | |
|--------|--------------------|---|---|---|-----------------------|---|---|-------------------|---|---|---|----------------|---|--------------------|---|---|---|-----------------------|---|---|-------------------|---|---|---|----------------|--|
| | Chronic Pain score | | | | Axial Deformity score | | | Instability score | | | | Carpitis score | | Chronic Pain Score | | | | Axial deformity score | | | Instability score | | | | Carpitis score | |
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | | |
| ELBOWS | 0 | | | | 8° Valgus | 1 | | 0 | | | 0 | | 0 | | | | | 5° Valgus | 1 | | 0 | | | 0 | | |
| KNEES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | | 0 | | | 0 | | |
| ANKLES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | | 0 | | | 0 | | |

Lymphadenopathy: At least 2 nodes greater than 2 cm for at least 3 months

site(s): - Inguinal $\left\{ \begin{array}{l} \text{R} - \text{nil} \\ \text{L} - \text{nil} \end{array} \right.$

- Cervical $\left\{ \begin{array}{l} \text{R} - \text{nil} \\ \text{L} - \text{nil} \end{array} \right.$

- Axillary: $\left\{ \begin{array}{l} \text{R} - \text{one gland approx. 1.0 cm} \\ \text{L} - \text{nil} \end{array} \right.$

| Date | Clinical Notes |
|----------|--|
| 9.7.84 | <p><u>Lymph nodes</u>:- Cervical - Nil Epitrochlear - Nil Axillary:- (R) ? approx 1.0 cm. (L) - Nil Inguinal:- (R) - Nil (L) few 0.5 to 1.0 cm.</p> <p>NO Pyrexia, NO Sorethroat, NO Dysphagia. NO SOB, NO cough, NO wt loss.</p> |
| 10.7.84 | <p><u>General Exam Assessment</u>:-</p> <p>⊙ <u>Bleeds</u> - 15 bleeds so far this term. 7 onto muscles: 1cm up at all costs that all 4's bleeds were genuine.</p> <p>⊙ <u>Haemoglobin</u> - 8.</p> <p>⊙ <u>Reflexes</u>: sensibly moderately sens.</p> <p>⊙ <u>Virology</u>: HTS/AS Neg. (Anti HTBc ? weakly pos) on 12.1.84 (Anti HTB5 pos)</p> <p>⊙ <u>Apparatus</u> - none</p> <p>⊙ <u>Prophylaxis</u> - none</p> <p>⊙ <u>Physio Rx</u>: see report.</p> |
| 28/9/84 | 1st specimen of stools for ova and parasites (Eosinophils) |
| 3.10.84 | 2nd specimen |
| 10.10.84 | 3rd specimen |

M. J. G. J.

| Date | Clinical Notes |
|---------|---|
| 13.3.85 | <p><u>Physio Report</u> Lee attends physio regularly & is maintaining the ROM of his elbow.</p> |
| 17/3/85 | <p><u>Spring Term Assessment</u></p> <ul style="list-style-type: none"> ① <u>Bleeds</u> - 17 bleeds for this term. <ul style="list-style-type: none"> Ⓚ ankle 4 bleeds (1st home) Ⓛ ankle 3 bleeds (2nd home) ② <u>Haemoglobin</u> OK. ③ <u>Bio</u> - A&O and XRT mildly raised. ④ <u>Wkdy</u> - Anti H520M positive when H&T taken in 12.1.84 ⑤ <u>Appearance</u> None ⑥ <u>Prophylaxis</u> None this term ⑦ <u>Physio</u> See above report. |

NAME: Lee STAY

Medical Report 30.4.85

Days Absent: Sick Day Hospital Home

Above average number of bleeds -
Less frequent bleeds into both ankles compared to the previous term.
He attends physiotherapy regularly for gaital exercises particularly to his right elbow which has maintained its normal range of movement.
Has had a good term.

SIGNED: GRO-C

810104 MCP SPENSSET © by Moore-Penogon

BASINGSTOKE AND NORTH HAMPSHIRE HEALTH AUTHORITY

Director:

ARONSTAM D.M., F.R.C.Pain.

TRELOAR HAEMOPHILIA CENTRE

Lord Mayor Treloar College

Holybourne Alton

Telephone No. Alton 88415

MW/SAC

19th March 1985

Doctor in Charge of Haemophilia,
Royal Isle of Wight County Hospital,
Swanmore Road,
Ryde,
I.O.W.

Dear Doctor,

Lee Stay, GRO-C 68
GRO-C I.O.W.

For your information, I enclose copies of:-

- 1) His bleeding episodes and transfusions so far this term
- 2) Laboratory results

He was tested for Anti HTLV 3 for the first time on 12.1.84 and was found to be positive.

Lee attends physiotherapy regularly for general exercises particularly to his right elbow which has maintained its normal range of movement.

Yours sincerely,

GRO-C

M. Wassef
S.C.M.O.

ENC.

HISTORY SHEET

Record No.

Surname STAY

Christian Names Lee

| Date | Clinical Notes |
|---------|--|
| 4/7/85 | <p><u>Lymphadenopathy / AIDS</u></p> <p>① <u>Jugular</u> (R) (L) <u>none felt</u></p> <p>② <u>Epitrochlear</u> (R) (L) <u>none felt</u></p> <p><u>Axillary</u> (R) 1-c-w 2-1-5-c 2-diante</p> <p>③ <u>none felt</u></p> <p><u>clavical</u> (R) (L) <u>none felt</u></p> <p>✓ <u>No stigmata of AIDS</u></p> |
| 4/7/85 | <p><u>Physio Report</u></p> <p>Lee attends physio regularly for rec. to his right elbow. he seems to have lost a few degrees of extension this pm & we will get to work on it to regain his normal ROM.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-C</div> |
| 6/7/85 | <p><u>Summer term assessment</u></p> <p>① <u>Biceps</u> - 15 so far the other</p> <p>7 into ① <u>Ankle</u> (easy)</p> <p>5 into <u>muscle</u></p> <p>② <u>Observation</u> OK</p> <p>③ <u>Dist</u> with range (very minor restriction ↑↓)</p> <p>④ <u>Appliances</u> none</p> <p>⑤ <u>Prophylaxis</u> none</p> <p>⑥ <u>Physio</u> - see above</p> |
| 2.12.85 | <p><u>Physio Report</u></p> <p>Lee attends physio 2x weekly for (R) elbow rec. this range remains the same & he works well.</p> |

NAME LEE STAY

DATE 13-11-85

| | RIGHT SIDE | | | | | | | | | | | | LEFT SIDE | | | | | | | | | | | |
|--------|--------------------|---|---|---|-----------------------|---|---|-------------------|---|---|----------------|---|--------------------|---|---|---|-----------------------|---|---|-------------------|---|----------------|---|---|
| | Chronic Pain score | | | | Axial Deformity score | | | Instability score | | | Crepitus score | | Chronic Pain Score | | | | Axial Deformity score | | | Instability score | | Crepitus score | | |
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 |
| ELBOWS | 0 | | | | | 1 | | 0 | | | 0 | | 0 | | | | | 1 | | 0 | | | 0 | |
| KNEES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | 0 | | | 0 | |
| ANKLES | 0 | | | | 0 | | | 0 | | | 0 | | 0 | | | | 0 | | | 0 | | | 0 | |

Lymphadenopathy = At least 2 nodes greater than 2 cm for at least 3 months

site(s): Inguinal (R) None felt
(L) None felt

Supra Axillary (R) } None felt.
(L) }
Axillary (R) }
(L) }
Cervical (R) }
(L) }

No jugular nodes

07 Patient HIV data

26/10/2018

| Unique ID | NHD num | Date Code | Centre | Haemophilia Centre | Sample date | Result | Date form completed | Date last negative | Date first positive | Condition |
|-----------|---------|-----------|--------|----------------------------|-------------|--------|---------------------|--------------------|---------------------|-----------|
| 1868 | GRO-C | 03 | 35 | Hampshire Comprehensive | 06/09/1983 | + | 24/07/1987 | 07/06/1983 | 06/09/1983 | 1 |

Use to report either: i) A newly diagnosed AIDS case: or ii) Death in an HIV-infected person without AIDS:

In completing this form please tick in box or write answer as appropriate. See white part of this form or ring CDSC, (081-200-6868 Ext. 4453) for guidance. Please return the top copy of this form 'in strict medical confidence' to the Director, CDSC using the pre-paid address label.

1. Name of reporting consultant/GP DR. J.M. TOBIN Tel No: GRO-C

Address: Dept of G.U. Medicine
ST MARYS HOSPITAL PORTSMOUTH 30 SEP 1994 013009

2. SOUND EX CODE of Patient's Surname: S-3,0,0 or Surname Lee STAY Initial(s) J21

3. Date of Birth: dd/mm/yy GRO-C 68

4. Sex: Male: Female: 1/11/65 19

5. Marital Status: never married: currently married: widowed/separated/divorced: unknown:

6. Sexuality: homosexual: heterosexual: bisexual: not applicable: unknown:

Occupation of patient: CLERK

8. Residence of patient: Patient's usual address: 27?

Town: PORTSMOUTH Full Postcode: GRO-C

Health district: PORTSMOUTH Local Authority: PORTSMOUTH
(address or full postcode are required to establish DHA & Local Authority of residence.)

9. If patient is an overseas visitor in this country for diagnosis or treatment only, please state country of residence: -

10. If the patient has ever lived abroad, (3 months or more) state country or countries including country of birth, if known, and approximate date:

Country(s): - From (year) - to (year) -

Country(s): - From (year) - to (year) -

11. Ethnic group: White Black-Caribbean Black-African Black-Other Indian/Pakistani/Bangladeshi Other/mixed

| EXPOSURE(S) of patient (tick a box for each of Q12 to 17) | Yes | No | N/K | Dates |
|---|-------------------------------------|----|-----|-------|
| Sexual intercourse between men | | | | |
| 13. Sexual intercourse between men & women: give details below of risk factor(s) of sexual partner(s). If patient exposed abroad give possible country(s) of infection and period(s) of exposure. | | | | |
| 14. Injecting drug use: state below if the person ever injected with a syringe and/or needle previously used by someone else. | | | | |
| 15. Child of HIV infected mother: give mother's date of birth and likely risk factors below. | | | | |
| 16. Haemophilia/congulation disorder: specify <u>Haemophilia</u> | <input checked="" type="checkbox"/> | | | |
| 17. Blood/tissue recipient: state below country as well as date and reason for transfusion. | | | | |
| 18. Please include any further details about likely exposure(s) | | | | |

19. HIV test results: Anti-HIV-1 positive: Yes No Not tested Date of first positive test: mm/yy 6/9, 1983 5555

Anti HIV-2 infected: Yes No Other laboratory evidence of HIV infection: last -ve 7.6.83 0000

21. Please tick all the AIDS indicator diseases that have been diagnosed and give a date of diagnosis.

9/4/09

| AIDS INDICATOR DISEASE NA-not applicable | DIAGNOSIS | | Diagnosis date Month/year | AIDS INDICATOR DISEASE NA-not applicable | DIAGNOSIS | | Diagnosis date Month/year |
|--|--------------------------|--------------------------|------------------------------|---|--------------------------|-------------------------------------|------------------------------|
| | Definitive | Presumptive | | | Definitive | Presumptive | |
| Bacterial infections (multiple) in a child aged less than 13 years | <input type="checkbox"/> | <input type="checkbox"/> | / | Lymphoid interstit. pneum. or pulmon lymphoid hyperplasia in child (<13y) | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Candidiasis: trachea, bronchi or lungs | <input type="checkbox"/> | NA | / | Lymphoma, Burkitt's, or equiv. term | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Candidiasis: oesophageal | <input type="checkbox"/> | <input type="checkbox"/> | / | Lymphoma, immunoblastic or equiv. | <input type="checkbox"/> | NA | / |
| Cervical carcinoma, invasive | <input type="checkbox"/> | NA | / | Lymphoma, primary in brain | <input type="checkbox"/> | NA | / |
| Coccidioidomycosis: extrapulmonary | <input type="checkbox"/> | NA | / | Mycobacterium avium: extrapulmonary | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Cryptococcosis: extrapulmonary | <input type="checkbox"/> | NA | / | M. tuberculosis: pulmonary | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Cryptosporidiosis: with diarrhoea for over 1 month | <input type="checkbox"/> | NA | / | M. tuberculosis: extrapulmonary | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Cytomegalovirus retinitis | <input type="checkbox"/> | <input type="checkbox"/> | / | Mycobacterium of other or unidentified species, disseminated | <input type="checkbox"/> | <input type="checkbox"/> | / |
| CMV disease not in liver, spleen or nodes | <input type="checkbox"/> | NA | / | Pneumocystis carinii pneumonia | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9/94 |
| Encephalopathy (dementia) due to HIV | <input type="checkbox"/> | NA | / | Pneumonia: recurrent within a twelve month period | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Herpes simplex ulcer(s) for over 1 month | <input type="checkbox"/> | NA | / | Prog. multifocal leukoencephalopathy | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Herpes simplex pneumonia, oesophagitis | <input type="checkbox"/> | <input type="checkbox"/> | / | Salmonella septicaemia, recurrent | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Histoplasmosis: disseminated or extrapulmonary | <input type="checkbox"/> | <input type="checkbox"/> | / | Toxoplasmosis of brain | <input type="checkbox"/> | <input type="checkbox"/> | / |
| Isosporiasis: with diarrhoea for over 1 month | <input type="checkbox"/> | <input type="checkbox"/> | / | Wasting syndrome due to HIV | <input type="checkbox"/> | NA | / |
| Kaposi's sarcoma | <input type="checkbox"/> | <input type="checkbox"/> | / | | | | |

22. Does the patient have any cause of immunodeficiency other than HIV infection? Yes No Not known

If yes, please specify: _____

23. Give CD4 lymphocyte count only if taken within 3 months of the AIDS diagnosis date?

CD4 count /µl Date of CD4 count mm/yy /

999/9

0000

24. If the patient had a clinical manifestation of HIV infection prior to an AIDS indicator disease please specify the initial illness and its diagnosis date (see illnesses in classification system on back of form):

Illness Date: mm/yy /

99

0000

25. If the patient has had treatment for at least 3 months at some point within the 2 years prior to the diagnosis of AIDS, please specify the drugs used

| Anti-retroviral drugs: | Drugs for prophylaxis of opportunistic infections: |
|------------------------|--|
| 1. AZT | 1. Nebulised Pentamidine |
| 2. | 2. |
| 3. | 3. |

GRO-C

GRO-C

26. Has the patient DIED: Yes No Not known

If YES, please specify date of death: dd/mm/yy /

Cause of death (if known):

0000

9909

1998

0000

If currently ALIVE, please inform CDSC of date and cause of death should death subsequently occur.

GRO-C

CONSULTANT

Date: 26/9/94