

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN2781001

Exhibits: WITN2781002 - 004

Dated: MARCH 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2781002

ANONYMOUS

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GRO-B

28th September 1992

Mr Morton
Bullock, Worthington & Jackson
Solicitors
1 Booth Street
Manchester M2 2HA

Dear Mr Morton

re: **GRO-B: W** - Aids
Your reference **GRO-B**

Thank you for your letter of the 28th August. I apologise for the delay in replying but unfortunately I was initially on holiday and then there was some delay in making contact with you over the telephone.

W was admitted under my care as matter of urgency on the 20th September 1984 for a cadaver renal transplant. She had been in chronic renal failure for approximately 13 years. Her primary disease was pyelonephritis complicated by hypertension. She had been treated on dialysis for three months prior to admission. She received the right kidney from **GRO-B** aged 23 years who had died as the result of a road traffic accident and a head injury on the 19th September 1984. Prior to removal of the kidney **GRO-B** was tested for hepatitis, HIV and cytomegalovirus and found to be negative for all three. The transplant took place on the 20th September. The match was almost perfect with only one measured mismatch at A3 on the HLA locus. **W** was also tested for hepatitis, cytomegalovirus and HIV and was negative.

Post operatively her transplant functioned extremely well. She had two episodes of acute rejection, both of which responded to treatment with steroids and her progress was complicated by a viral infection with herpes simplex. Subsequently she made excellent progress, was discharged from hospital and followed-up in the Transplant Clinic for three months and then referred back to Dr Ackrill at Withington Hospital who was her referring Physician.

Approximately two years later whilst under the care of Dr Ackrill she developed an unspecified illness with enlargement of lymph glands in her neck and tested positive to HIV. Exact details of the diagnosis and management are best obtained from Dr Ackrill at Withington Hospital.

Suffice it to say we then went back to look at the donor to see

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Continuation - 2 - re: **W**

whether or not that was the source of infection and it transpired that one of the Units of blood given to **GRO-B** during the course of his resuscitation had subsequently been shown to come from an HIV positive donor. This was one Unit of blood in a transfusion of 15 Units of blood, necessitated by his injuries caused in his road traffic accident.

We then reviewed the other recipients of **GRO-B**'s organs and found that the recipient of the other kidney, one of our patients, had also converted to HIV positivity and the recipients of his liver and heart respectively had also converted to positivity.

In conclusion there is absolutely no doubt that Mrs **W** HIV infection was transmitted via her kidney transplant from the donor **GRO-B** and that the origin of the infection was from a positive blood transfusion given to him in resuscitation. During the course of **W** HIV illness she was under the care of Dr Ackrill who will provide you with the most accurate information with respect to the positivity of the HIV tests, the date of the tests and the other data.

I hope this information is sufficient for your needs. Should you require any further information I should be happy to provide it.

Yours sincerely

GRO-C

GRO-D MS FRCS
Consultant Surgeon