From: Mr M Harvey, CA-OPU2 of Department of Health
Subject: HIV BLOOD & TISSUE TRANSFER SCHEME - CASES 072 & 073
Item posted: Mon 10 Jun 96 17:21
To: J. Sibthorpe, NCT001 of Department of Social Security
Cc: Dr A Rejman, CA-OPU2 of Department of Health
Mr P Z Pudlo, CA-OPU2 of Department of Health
Miss Ann Towner, CA-OPU2 of Department of Health

Mrs Edwards(via Ms Sibthorpe)

Further to the meeting held in Ann Towner's office to discuss cases 072 and 073, I attach a draft of a letter we propose sending to the Chairman of the Panel in respect of Paragraph 10 of the Panel's Memorandum dated 26 April 1996.

I should be grateful if you would examine the draft for any legal pitfalls and let me know whether the letter may be sent.

Malo Harvey

Data file: P:\DATA\HIV.005
File type: Wordperfect
Computer: IBM PC
Updated: Mon 10 Jun 96 17:02
Length: 16k

Please copy + draft
& Mrs Edwards Soc.
P.L.
A. Towner
I don't
Comets

~~DRAFT~~ DHSC7

**RESTRICTED - MEDICAL**

Benet Hytner QC
Byrom Chambers
61 Fleet Street
LONDON
EC4 Y 1JU

10 June 1996

Dear Mr Hytner

HIV BLOOD AND TISSUE TRANSFER SCHEME - CASES 072 and 073

As indicated by Ann Towner in her letter of 21 May to you, I am writing in response to Paragraph 10 of your Memorandum dated 26 April 1996.

I have to say at the outset that ~~it is not possible to accede to your request to see the hospital notes~~. Quite apart ~~from the confidentiality which clearly~~ applies to all medical ~~records, I have to say I do not believe any useful purpose would be achieved by your gaining access to them~~.

I look through the hospital notes and copy relevant extracts which on the basis of which the Department advise S of J

As you are aware,
~~At the risk of treading familiar ground, may I remind you that~~ the purpose of the scheme is simply to identify whether or not an individual became infected with HIV as a result of a transfusion of blood or transplantation of an organ or tissue. The existence of other factors which might have caused an infection have only been relevant where there has been a lack of information about the infective potential of the blood or organs or tissues. It would not be appropriate for the Department of Health (or the Panel, for that matter) to prove ~~to investigate in detail~~ other possible causes of HIV infection.

The nature of any
The purpose of my visits to the hospitals, and the checking of hospital notes, was to identify any obvious factor which might have caused HIV infection. It was never intended that applicants be asked in detail about their life style. The suggestion of asking friends, neighbours or relatives about the life style of the couple would ~~not find favour with Ministers~~ be difficult to justify.

I understand it is not uncommon for the secondarily infected individual to have a much speedier demise, since at the time of secondary infection the level of viral load may be extremely high. It is therefore possible that the primary infected individual was not in fact the wife, but it may have been the husband.

In paragraph 7 of your Memorandum, you seemed to question whether the negative results of the tests are conclusive. These would have been performed after introduction of HIV screening in October 1985, that is 1 year after the second of the two transfusions.

In respect of the suggestion that Mrs may have had a transfusion of plasma during one or other operation in 1984, I would make the following points.

The statement

i. If she had been given plasma, this would not have been "pooled" but it would have been individual donations.

These are among the papers copied to the Panel.

ii. I have gone through all the hospital notes, and in particular the operation notes. These were extremely detailed and so it is highly unlikely that transfusion of fresh frozen plasma would not have been noted.

iii. The hospital notes gave no suggestion of any bleeding or liver problems which would have required FFP. It would not be normal practice to give FFP in such a case without good reason.

iv. When I visited the hospital in Swansea I spoke to the local consultant haematologist who had first raised the possibility of a transfusion of FFP. He undertook to check through his files to see whether there was any suggestion that this may have happened. FFP could only have been obtained from the haematology department. Since he did not come back to me over a period of several months, and it was obvious he was interested in the case, I assumed that there was no such evidence.

In summary, we have a case where a husband and wife (the latter now deceased) both have HIV. The detailed notes of the wife's operations, give details of a number of transfusions of blood, but no suggestion or evidence of any other blood products. On going through the hospital notes, there were no comments suggestive of an obvious cause for HIV infection, and according to the usual protocol, I did not mount any sort of thorough investigation beyond this.

I hope my reply will assist the panel in reaching a decision.

Yours sincerely

**Dr A Rejman**

Mr Harvey CA OPU2

From : Ann Towner CA OPU2
Date : 21 May 1996

CASES 072/3

1. As you know, at the meeting yesterday with Dr Rejman, and Ms Edwards of Sol, we agreed that a way round the respective concerns that Dr Rejman and I had expressed might be to ask the panel to promulgate the intermediate material themselves, so that there was no SoS involvement.

2. I spoke to Benet Hytner yesterday afternoon. He agreed to this, although rather surprised at the idea in view of the department's agreement to pass on the panel's suggestions ion in case 045 where an interim memo was also issued. I have now written to Mr Hytner returning the report, see copy letter attached.

3. I am now passing to you what papers I hold and would be grateful if you would ensure that the folders on both cases are properly documented. Would you please now take over action on both cases. It looks as if the next action for us is to ensure that Dr Rejman writes to the panel in response to para 10 of their memo - although the wording may need to be cleared with Sol so that we cannot be accused of trying to influence the panel improperly.

4. If you have any doubts about the handling of the case at any stage, please feel free to consult me.

GRO-C
Ann Towner
CA OPU2
Room 313 EH
Ext GRO-C

Eileen House 80-94 Newington Causeway London SE1 6EF Telephone 071 972 2000
Direct line 071 972 2715

Benet Hytner QC
Byrom Chambers
61 Fleet Street
LONDON EC4 1JU

21 May 1996

HIV BLOOD AND TISSUE TRANSFER SCHEME : CASES 72 AND 73

We spoke yesterday about the memorandum you forwarded to us following the panel's meeting on 26 April.

As agreed, I am returning the memorandum to you. I would be grateful if you would arrange for any material the panel wishes to sent to the appellants to be sent direct to them by the panel. This will avoid any risk of the Secretary of State appearing to be involved in the operation of the panel, which is matter for the panel.

In case you do not already have the details, the solicitor representing the appellants is :

T Marshall Phillips Esq
Douglas-Jones and Mercer
Solicitors
147 St Helen's Road
Swansea
West Glamorgan
SA1 4DB.

We shall write to you as soon as possible in response to paragraph 10 of the memorandum.

We look forward to receiving the panel's decision in due course.

Yours sincerely

GRO-C

Ann Towner
Corporate Affairs Operational Policy Unit

[redacted]
via email
Ms Towner CA-OPU2

Ref: AT145

From: Dr A Rejman CA-OPU2

Date: 14 May 1996

Copy: Mr Guinness CA-OPU
Mrs Edwards SOLB4
Mr Pudlo CA-OPU2
Mr Nash "
Mr Harvey " o/a

**HIV BLOOD/TISSUE SCHEME: CASES 72 AND 73**

1. Thank you for your minute of 14 May.

2. I still believe that it would be useful to have a meeting to discuss the further management of this case as well as to try to avoid similar difficulties in the future.

3. In preparation for this discussion, I would think it worthwhile to collect together the various reports from the panel on previous occasions.

4. As I said in my minute, considerations of other possible causes of HIV infection only played a role where there was doubt over infection from blood transfusion. The cases in particular were those where blood donors were not subsequently tested, or records were not available.

5. In this case we have the information on the blood donors. This is the reason why we in the Department turned down the application rather than sending it to the panel. Allowing the case to go to the panel is in some respects a concession, partly for the panel to consider whether our decision on the basis of the papers that we submitted to the panel, was correct.

6. I personally do not believe that the panel should be making such intrusive enquiries of the applicant. Firstly, they may well lead to distress, and secondly there is no way that the applicant can absolutely prove that neither he nor his wife ever placed themselves at risk of infection, and for that matter there is no way that anyone else could disprove this.

7. Para 8 of the memorandum, suggests that if the applicant states that neither he nor his wife were ever at risk, then his application will succeed. I think this is wrong, and against the whole principle behind the scheme.

8. Although I appreciate your suggestion that the Department should try to distance itself from these questions by stating it is the panel that suggested them, I do not think that this would help us if we had an MP raising this in the House as being an unacceptable application of the scheme. After all Ministers are responsible for its operation and ultimately how the panel acts.

9. <u>In summary,</u> I believe this particular case raises some very fundamental issues and I think a meeting would be appropriate, and we may well have to go for a final decision to even more senior parts of the Department. It would be unfortunate if this case were to damage the good standing which the scheme has enjoyed up until now.

Dr A Rejman
Room 420 Ext GRO-C
EH

Mrs Edward Sol B4
Dr Rejman CA OPU2

From : Ann Towner CA OPU2
Date : 14 May 1996
Copy : Mr Guinness CA OPU
Mr Pudlo CA OPU2
Mr Nash CA OPU2
Mr Harvey CA OPU2 (o/a)

HIV BLOOD/TISSUE SCHEME : CASES 72 AND 73

1. Thank you for your responses to my minute of 7 May.

2. I cannot compete with Dr Rejman's long experience of involvement in these cases. Indeed I only actioned this case to keep it moving in the temporary absence of EO support on this work. Beside this, I have and have only had minor involvement in one previous case.

3. Dr Rejman suggest that we might need to have a meeting about this case. This may well be so. However, I thought it would be helpful if I attempted some preliminary comments and suggestions on handling, albeit providing an easy target for others to knock down ! If this does not prove to allow us to reach agreement by minute, they could form a useful background to any meeting.

4. I am not qualified to assess the detail of the medical arguments, but I appreciate Dr Rejman's concern about aspects of the memorandum from the panel: in particular the doubt they seem to be trying to throw on the conclusiveness on negative tests, and their suggestions for ways the appellant might try to prove there was no other possible cause of infection. However I think we need to be very careful about any suggestion of interfering with the way in which the panel is handling this particular case :

* had they held an oral hearing at the outset, the panel could have made these points then. The Department would not have been aware of it or had an opportunity to intervene;

* the Department has no right to be represented at or to make representations to the panel (Annex B to the scheme) (albeit that in this case we are being invited to provide further facts).

5. It is of course true that referrals to the panel are made by the Secretary of State and that their reports are made to him, although he is bound by their decision (para 8 and annex B to scheme). Never-the-less, I think the arguments in the previous paragraph are sufficient to indicate that it would be wrong for us to try to influence not only the decision itself, but also the process by which it is reached.

6. Sol have suggested that we promulgate only para 2-9 of the panel's memorandum, which the panel suggests as the minimum. I am quite happy with this, which leaves out only a small introductory and closing paragraphs and a paragraph addressed to DH.

7. However, I am not clear that it is possible or necessary to try to avoid identifying the material as coming from the panel, to safeguard the interests of the panel, as I think Sol were suggesting. In any event, this could be at odds with the only suggestion I have to offer as to how we might deal with Dr Rejman's concerns about the panel's approach. It seems to me that all that we can legitimately do about that is make it clear in the covering letter that these proposals are from the panel and not from the Secretary of State. An initial draft of wording to this effect is now included in the attached draft letter.

8. Were we to agree to follow this sort of approach, we should perhaps first check that Mr Hytner sees no objections, and in particular that the panel members too are content for their comments to be promulgated in this way (this may meet Sol's concerns).

9. It seems to me that if we have serious concerns about the panel, or the Chairman's, approach we need to pursue these separately after the present case has been decided. Depending on the seriousness of these reservations, we may need Sol's advice on whether we are entitled to give the panel any general advice on the handling of cases. I suspect that if there were permissible at all some specific provision in the scheme might be necessary. Other than that, we shall need to arrange a change of membership of the panel, with the relevant amendments to the scheme. There may also be other general issues which may need to be pursued. For instance, is the practice of not giving any detailed reasons as part of the formal decision to reject any case - the main consideration having taken place at an internal meeting which is not recorded - appropriate, or could it be partly to blame for the sort of questions the panel are raising in this case ? (As mentioned above, my experience of the scheme so far is very limited.)

10. It would be helpful to have Sol's response to this minute and to Dr Rejman's, including comments on whether a meeting seems desirable. If it does, if it is not until next week Malo Harvey, the EO who will in future be dealing with these cases, would be able to attend, although I think I shall need to go too in view of the policy implications on this occasion.

Ann Towner
CA OPU2
Room 313 EH
EH Ext GRO-C

DRAFT

T Marshall Phillips Esq
Douglas-Jones and Mercer
Solicitors
147 St Helen's Road
Swansea
West Glamorgan
SA1 4DB

STRICTLY PRIVATE AND CONFIDENTIAL

Dear Mr Marshall Phillips

**Re :**

The panel met to consider this case on 26 April, as arranged. I attach material they have asked be directed to the appellant following their meeting. You will see that it suggests that an oral hearing might be helpful, and also highlights issues which the appellants might helpfully address in seeking to demonstrate that infection was caused by blood or tissue transfer and not by other means.

I should stress that the suggestions, eg as to how the appellant might advance his case, are the panel' own suggestions, and not those of the Secretary of State. It is for the appellant to decide whether or not he would find to it helpful to pursue them.

Perhaps when you have had time to consider the memorandum and take instructions from your client you would let us know whether you wish there to be an oral hearing, and whether you propose submitting any further documentation. Could you also please let us know when you would expect to be ready for the panel to reconvene. (Any documentation produced should of course be sent to this office in the first place, and not direct to the panel.)

[You may like to note that John Nash, who had been dealing with this case, will be leaving later this month. Mr Malo Harvey will be taking over this work from 20 May. I will try to help if you have any queries in the meantime.]

Yours sincerely

Ann Towner
Corporate Affairs Operational Policy Unit

[redacted] via email

Ms A Towner CA-OPU2

Ref: AT135

From: Dr A Rejman CA-OPU2

Date: 13 May 1996

Copy: Mr Guinness CA-OPU*
Mrs Edwards SOLB4
Mr Pudlo CA-OPU2*
Mr Nash CA-OPU2
Mr Harvey CA-OPU2 o/a

**HIV BLOOD/TISSUE SCHEME: CASES 72 AND 73**

1. Thank you for your minute of 7 May. I am sorry not to have been able to get back to you by the end of last week, but as you are aware, I was not back in the office until 9 May.

2. It would appear from the memorandum, that the panel have not fully appreciated how the scheme is supposed to operate.

3. The purpose of the scheme is simply to identify whether or not an individual became infected with HIV as a result of a transfusion of blood or transplantation of an organ or tissue. The existence of other factors which might have caused an infection have only been relevant where there has been a lack of information about the infective potential of the blood or organs or tissues. It is not the business of the Department of Health to investigate in detail other possible causes of HIV infection.

4. It would appear that the panel is trying to prove that because the applicants do not admit to any other risk factor, it must be accepted that the infection was as a result of blood transfusion. The purpose of my visits to the hospitals, and to the check through hospital notes, is to identify any <u>obvious</u> factor which might have caused HIV infection. It was never proposed that the applicants be asked in detail about their life style. The suggestion of asking friends, neighbours or relatives about the life style of the couple would not be acceptable to Ministers.

5. I would suggest that copying the memorandum to the solicitors acting for the claimants would result in highly critical correspondence from the solicitors to our Ministers.

6. I am not an expert in HIV myself, but I seem to recall in a previous case, which may in fact have been no 45, discussing the severity of HIV and AIDS in primary and secondarily infected individuals with HIV. I seem to recall an expert at CDSC explaining to me that it is not uncommon for the secondarily infected individual to have a much speedier demise, since at the time of secondary infection the level of viral load may be extremely high. It is therefore possible that the primary infected individual was not in fact the wife, but it may have been the husband.

7. I am not sure how much of this memorandum is Mr Hytner's own version which may not be supported by medical assessors. I would point out in para 7, Mr Hytner seems to question whether the negative results of the tests are conclusive. These would have been performed after introduction of HIV screening in October 1985, that is 1 year after the second of the two transfusions.

8. In respect of the suggestion that Mrs [redacted] may have had a transfusion of plasma during one or other operation in 1984, I would make the following points.

   i. If she had been given plasma, this would not have been "pooled" but it would

have been individual donations.

ii. As I mentioned at our internal meeting in June last year, I had gone through all the hospital notes, and in particular the operation notes. These were extremely detailed and so it is highly unlikely that transfusion of fresh frozen plasma would not have been noted.

iii. The hospital notes gave no suggestion of any bleeding or liver problems which would have required FFP. It would not be normal practice to give FFP in such a case without good reason.

iv. When I visited the hospital in Swansea I spoke to the local consultant haematologist who had first raised the possibility of a transfusion of FFP. He undertook to check through his files to see whether there was any suggestion that this may have happened. FFP could only have been obtained from the haematology department. Since he did not come back to me over a period of several months, and it was obvious he was interested in the case, I assumed that there was no such evidence.

9. In summary, we have a case where a husband and wife (the latter now deceased) both have HIV. The detailed notes of the wife's operations, give details of a number of transfusions of blood, but no suggestion or evidence of any other blood products. On going through the hospital notes, there were no comments suggestive of an obvious cause for HIV infection, and according to the usual protocol, I did not mount any sort of thorough investigation beyond this. Mr Hytner appears to be trying to find in favour of the applicant despite any evidence. It may be that in his eagerness to try to help the applicant, he may do some harm.

10. I would suggest that this may well need some face-to-face discussion with SOL.

**Dr A Rejman**
**Room 420 Ext** GRO-C
**EH**

From: Mrs S Edwards (SOL B4)

Date: 10 May 1996

cc: Dr Rejman (CA OPU2)
Mr Nash (CA OPU2)
Mr Harvey (CA OPU2)

Ann Towner
CA OPU2
Room 313
EH

**HIV BLOOD/TISSUE SCHEME : CASES 72 AND 73**

1. I refer to your minute of 7 May 1996 with enclosures. Mrs James has now moved on secondment to the Department of the Environment. I am replying instead. You will no doubt understand that I have not been able to investigate the large number of files on this subject fully enough to be able to see what previous advice you may have received from SOL on the question of disclosure of the report of the panel to the Secretary of State. Consequently I am making certain assumptions and giving you some very general advice.

2. I am guessing that previous advice was based on the understanding that advice to Ministers is protected by public interest immunity. Documents and material which advise Ministers or relate to the development of policy are protected from disclosure outside the civil service. It is a complicated business where, even where we might consider that it is in the public interest to do so the documents ought to be disclosed. Generally the Minister him or herself has to be involved in that decision.

3. In order to avoid difficulties of disclosure I would suggest that you adopt Mr Hytner's suggestion fully to replicate the contents of paragraph 2-9. In that way although the information itself can be given to the Appellants the document itself would not be disclosed. It may be that your previous adviser considered that the mere fact that the report was to the Minister was sufficient to make it confidential as such. Therefore we are not necessarily protecting the content but only the source. Please do not hesitate to contact me if you wish to discuss further. You may be able to put me more in the picture as to the rationale behind the original advice.

GRO-C

SUE EDWARDS
SOL B4
Room 511
New Court
Ext GRO-C

Mrs James Sol B4
Dr Rejman CA OPU2

From : Ann Towner CA OPU2
Date : 7 May 1996
Copy : Mr Nash CA OPU2
Mr Harvey CA OPU2

HIV BLOOD/TISSUE SCHEME : CASES 72 AND 73

1. Please see the attached memorandum from the panel in this case. You will see that they suggest an oral hearing in due course, and also questions the appellant might usefully address in trying to demonstrate infection by blood/tissue. As this case has apparently not actioned before John Nash's two weeks AL (he then has only another week before he goes on VER), I feel I should try to progress it in the interests of the appellant, before Malo Harvey joins us and takes over dealing with this work on 20 May..

2. Mr Hytner had told me of another case which the panel dealt with in a similar way, and I identified this as case 45 where there was doubt about whether transfusions here or abroad had led to infection. I note that then Sol agreed with my predecessor that the full panel document should not be sent out, the argument being that the report was for the Secretary of State. The attached letter was sent giving only a very brief summary of the panel's concerns.

3. I gather from my conversations with him that Mr Hytner has been surprised that the Department did not send out the full memo from the panel in the previous case - and also that this is not its standard practice generally. I have not time to go into that general question now. However, I see no reason why the full papers should not be copied to the appellants solicitors in this case. It seems fairly clear that this is the panel's preferred approach. And since the panel ask that we in any event "fully replicate" on the content of paras 2-9, very little would be excluded. I think the panel's request overrides the argument that the panels report is to the Secretary of State. And as the conclusions of (final) panel reports are binding on the Secretary of State, there is no potential for the embarrassment where the panel might recommend one way and the Secretary of State decide to the contrary.

4. I attach a draft letter to the appellants solicitors, for comment by the end of the week please.

5. Dr Rejman will wish to follow up the points in para 10 of the memo, which fall to him .

GRO-C
Ann Towner
CA OPU2
Room 313 EH
EH Ext GRO-C

H.I.V. Blood and Tissue Transfer Scheme

Cases 72 and 73

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**MEMORANDUM**

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NHS Executive
Headquarters
Department of Health
Eileen House
80-94 Newington Causeway
London
SE1 6EF.

H.I.V. Blood and Tissue Transfer Scheme

Cases 72 and 73

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MEMORANDUM

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1. In these related cases of a deceased wife and her husband the overwhelming probability is that he contracted the virus from her; she underwent operative treatment on her hip in Swansea in 1984 and in North London in 1988. On both occasions she received transfusions of blood. In 1984 she may have received two further transfusions of plasma.

2. Our provisional views on the material before us, in respect of which we have heard no oral nor seen any written submissions by or on behalf of the applicant, are that it discloses two prima facie but conflicting conclusions: first that all the blood donors having been traced, tested and found H.I.V. negative, the deceased could not have contracted the virus as a result of the transfusions; second that the applicant and the deceased, described as a devoted middle-aged couple, having been exposed to no

identifiable risk factor, neither could have contracted the virus other than as a result, direct or indirect, of the transfusions.

3. These conclusions, provisionally reached, are at present equally balanced and bearing in mind where the burden of proof lies, if they were final ones the applications would fail. We therefore welcome the offer by the applicant's solicitor to attend an oral hearing.

4. It may be helpful if we were to indicate the areas where we would find further evidence and argument helpful. The suggestions made below are not intended either to be mandatory or exhaustive; they have the status only of suggestions.

5. At present we have only the barest outline of the lifestyles of the couple. A very full and detailed statement from the applicant (dealing particularly with his life away from home when working) and indicating what he knows of the deceased's friendships, if any, with men would be helpful. Whether he attends to give oral evidence would be a matter for him. If such a procedure would be too distressing for him we would understand and no adverse inference would be drawn. However, oral evidence might advance his case. His evidence would not be on oath, but he would be expected to tell the truth and answer questions.

6. It might also be helpful to obtain statements from friends, neighbours or relatives relating to the life-style of the couple, particularly dealing with the deceased's activities when (indeed, if, since we do not know that this happened) the applicant worked away from home. The applicant may feel inhibited in complying with this suggestion as he may wish to keep his condition confidential; we would be sympathetic to such an approach, but this would not prevent a very full statement being obtained from his General Practitioner, Dr. Cobbold, and/or the doctor at Singleton Hospital certifying "no risk factors" in the papers before us, (see note dated 13/12/93 signed "RJE").

7. The medical members of the Panel will of course consider, and bring their expertise to bear on, two related questions arising out of the transfusions; first, whether the negative results of the tests can in themselves be regarded as conclusive; second, whether H.I.V. could have been transmitted other than by the transfusions of blood from the identified donors. If, however, other expert evidence were put before us it would be considered with interest.

8. It may be helpful if we were to set out the risk factors which need to be eliminated in order that an application can succeed; these are:

(a) homosexual (or any anal) intercourse;

(b) heterosexual intercourse;

(c) use of an infected needle, usually during the injection of drugs;

(d) iatrogenic or hospital acquired infection.

9. In fairness, in the absence of any other information, we would exclude 8(d). There is no suggestion that any Surgeon was later found to be H.I.V. positive, and such a route to acquired infection is exceedingly rare. Submissions and evidence need therefore only address 8(a)-(c) inclusive.

10. We do not have, as which is usual, the N.H.S. hospital notes, and these, if now available would be of help to us. Furthermore if there is any further information (e.g. Dr. Rejman's suggested visit to Swansea) relating to whether there were or were not two transfusions of plasma in 1984, we should be told of it.

11. We understand that it is not the invariable practice of the Department to send our Determinations to the applicants, but merely to tell them of our recommendation. If this Memorandum is not sent to the applicant's solicitors then we certainly recommend that the views and suggestions set out in paragraphs 2-9 above should be fully replicated.

GRO-C

BENET HYTNER, QC.
26th April 1996.

ON NOTE

072

CODE No.....

SUMMARY

Female died January 1994 aged 55. Transfused 6 units red cells in January 1984 for hip operation in Swansea. Further 3 units transfused in October 1984 for follow-up operation in Swansea. Further operation at Royal National Orthopaedic Hospital, Stanmore in November 1988 when had 11 units of blood and 2 units of FFP.

In November 1993 diagnosed as having AIDS. Husband (073) also found to be HIV positive.

Continued on reverse.

RECOMMENDATION

~~Payment~~ - ~~Category .....~~

- ~~Category to be determined, further information needed~~

Refusal - ~~Not HIV/AIDS~~

- ~~No Blood Transfusion or tissue transfer or treatment with blood products~~

All blood transfusions cleared
All donors identified and negative.

Referral to panel
Not by Department.

GRO-C

A Rejman
8/6/95

DECISION Application refused.

SIGNED GRO-C

Assistant Secretary

Date 21/6/95

donors of blood in Swansea have been tested after 1984 and found to be negative (Flags A, B, C). Suggestion made that may have had FFP in 1984 (Flag D). Operation notes very detailed (See examples E-I) therefore unlikely to have been missed. Also no suggestion of any bleeding or liver problems needing FFP. Additionally very unlikely to have been positive (See Flag C). Donors for 1988 all checked in detail (See J, K) and all negative. CDSC checked - negative

072 and 073 both negative for syphilis. 073 negative for HBsAg. 073 (tanker driver) has remarried - new female partner from April 1994. Partner's son has HIV (homosexual).