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# NEWS RELEASE

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For J B  
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## BLOOD TRANSFUSION SERVICE BLUNDER LED TO HUNDREDS CONTRACTING HEPATITIS C PANORAMA REPORTS

The British Blood Transfusion Service failed to test donated blood for the Hepatitis C virus for two years between 1989 and 1991, despite there being a test available, Monday's 'Panorama' reports ('Bad Blood' 9.30pm BBC-1). The Blood Transfusion Service's own estimates indicate that over 3600 bags of infected blood were made available to patients during this time.

The first test for the virus was available in 1989 and used widely in other countries. However for nearly two years the two and a half million bags of blood donated in Britain every year were not tested, although a study conducted at the North London Transfusion Centre showed that one in 1,300 blood donors could pass on the Hepatitis C virus: this is around 35 donors a week throughout Britain.

Dr John Barbara, a Consultant at the National Blood Authority, tells 'Panorama' that he did not want to start screening blood for the virus when the first test was available because of the size of the task and because the test over-reported the positive results, with seven false results for every truly positive one. This meant good blood would be wasted.

"Seven a day when you have to contact them, when you have to make files on them, when you have to ensure that the blood is safely disposed of, removed from the inventory. When you then have to do follow ups, you have to collate the results of those follow ups, you then have to talk to the donors, you have to get repeat samples from the donors, test those again to make sure that the results are consistent. That on a cumulative basis, seven a day, is 35 a week. And that is a tremendous load."

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"I personally didn't want to start screening with the test at any cost, until I knew what that actually meant. Because I have had a lot of experience of mass screening. You have to remember that we are talking about doing a thousand tests a day at this one centre, every day, day after day. So any problems there are with the test, too much complications, too much blood wastage, you could perversely get into a situation where you were doing more harm than good.

"If you were receiving blood you would be looking at it from the point of view of yourself as a patient. We would be looking at it as how could we provide this service without damaging the rest of the service, without causing other problems and frankly I think if you were a patient, you would be happy to know that you got a good supply of donors rather than have the risk of alienating your blood donor population because you were laying off quite large numbers and really not being able to tell them what it all meant."

However other medical professionals disagree. Dame Sheila Sherlock, Professor at the Royal Free Hospital School of Medicine, says:

"Even if you pick up one bottle of blood that's carrying the virus, you're going to prevent the recipient developing liver disease which is probably going to be with them all their life. I must emphasise that this is a very serious virus once you contract this disease it's difficult to get rid of it and over ten, twenty years in many instances, perhaps 60%, you have incurable chronic liver disease and a strong chance of getting a liver cancer. So it's not a joke virus."

Dr Geoffrey Dusheiko, Hepatologist at the Royal Free Hospital, tells 'Panorama' that feelings within the profession ran high over the issue of screening.

"Hepatologists and liver specialists were at loggerheads with services responsible for the provision of blood and we were adamant that Hepatitis C screening should be introduced. From that time on, blood transfusion practices could never be the same again.

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"That blood would have to be screened. And I thought that that moment had arrived once a test was authorised in several countries and that this country should do the same.

"In medicine decisions are often made when you weigh up the risks and the benefits and the disadvantages and in this case although the test was not specific and it was going to be expensive to introduce Hepatitis C screening, I have no doubt, and I had no doubt at the time, that it was important to err on the side of censoring blood so that the individual could not be at risk of receiving blood infected by Hepatitis C. The infection is probably most important in those who acquire Hepatitis C at a young age, in childhood or in their teens, because there is a greater probability and in fact quite a high probability that by mid life such an individual will have developed cirrhosis, and those are the individuals who are at risk of premature death."

'Panorama' reports that a second test, called a Polymerase Chain Reaction (PCR) test was used successfully in Belgium to identify the "false positives" from the first test and prevent the loss of blood donors that the British Transfusion Service were so concerned about. Belgium began screening for Hepatitis C in January 1990 and in the first year found 49 carriers of Hepatitis C but did not lose any healthy donors. Dr Paul Waumans of the Belgian Blood Transfusion Service tells 'Panorama':

"Here in Belgium we have always had a policy of prudence. We knew Hepatitis non A non B [ie Hepatitis C] was something very dangerous. There were 49 people suffering from Hepatitis C without knowing it and if the blood had been used we would have transfused contaminated blood to 49 people who could be having Hepatitis C. So we think we prevented a major disease."

GRO-A who contracted Hepatitis C through a blood transfusion, tells 'Panorama' the Blood Transfusion Service should have acted when a test became available.

"I am just shattered that I got it in the first place when there was already a treatment to prevent me from having got contaminated blood. After we had all this thing about Aids and everything else and now I discover this particular virus can be just as elusive as Aids. I'm shattered that we go through another scenario of another virus. .../cont.

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"They have been dragging their feet when they've had the information and when other countries have been doing it. Why on earth have we not been to the forefront instead of the rear end of it?"

In September 1991 when the Blood Transfusion Service started testing for Hepatitis C, a national policy decision was made not to trace recipients of infected blood, a decision which was reversed last Wednesday (11 February) in a Department of Health announcement in response to 'Panorama's programme. Dr Angela Robinson, Medical Director of the National Blood Authority, justifies the original decision on the programme.

"If you go back and contact those recipients they may or may not be infected. They may at the moment be experiencing a very high quality of life and have a good sense of well being. If we go back and contact them now with the possibility that in ten, twenty, thirty years time they may or may not suffer from a serious liver condition, one has to consider the ethical implications of doing this and disturbing those patients who have already had an operation for an underlying disease."

However Dr Dusheiko tells the programme that the delay in informing patients is serious as early treatment is vital. Once the liver is damaged, nothing can be done.

"I think it's important to realise that for most individuals with chronic Hepatitis C, there is a window of opportunity to treat the condition. It doesn't result in cirrhosis very rapidly. There is a great deal of research in many countries which is targeted at improving treatment responses. We are going to be examining critically and closely in the next year or two combinations of anti-viral therapy and I think that for most individuals time will be on their side."

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#### NOTES TO EDITORS

A free and confidential helpline will be set up after the programme on 0800 767800. Lines will be open after 'Panorama' on Monday from 10.10pm until Midnight, and on Tuesday and Wednesday from 10am - 6pm.

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Issued by Gill Webber

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