

6th June 1995

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Richmond House
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Dear Jeremy

## Re: HCV Look Back Exercise

The Bristol situation (and possibly others that I'm not yet aware of, is as follows) - 2 cases so far where: -

- 1. The Blood Bank and Hospital Haematologist have traced a contaminated unit to the patient's records.
- 2. The LBF1 form has been returned to the transfusion centre -
  - (i) in 1st case the comment is:- patient/recipient known to be HCV positive and under the care of the Hepatologist
  - (ii) in 2nd case the comment is: patient already under the care of the hepatologist.

I.e. the assumption is that both patients have HCV liver disease but a possible transfusion link has not formally been recognised at this point in time and the Transfusion Centre had not been notified at the time the patient/recipient had been diagnosed.

The HCV Lookback exercise has now identified that both these patients received HCV infected blood in the past.

I would like your advice on the best action to take.

/Continued.....

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## Questions

- 1. Do we formally notify the consultant hepatologist about the transfusion of a HepC positive unit of blood to his patient?
- 2. If we do so this will require a different form of letter from the standard letters we have so far designed.
- 3. Do we need a different type of questionnaire response re the status of the HCV liver disease or will our counselling questionnaire be adequate?
- 4. Should we advise the consultant hepatologist to inform his patient that he/she has been identified as a recipient of HCV contaminated blood as a result of the HCV Look Back exercise?

These 2 cases may be the tip of the iceberg as this just confirms our feeling that in the past cases of hepatitis post blood transfusion have been under-reported because the possible link between past transfusion and the later development of hepatitis has been forgotten. I would therefore appreciate your advice on how best to handle these type of cases.

Sorry to trouble you.

Best wishes

Yours sincerely

GRO-C

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