

Your Ref: **GRO-B**
Our Ref: **GRO-B**



5th May 2005

Private & Confidential

Dr Christopher Tibbs MA FRCP
Consultant Physician & Gastroenterologist
Department of Gastroenterology
St George's Hospital
Blackshaw Road
London
SW17 0QT

National Blood Service
75 Cranmer Terrace
Tooting
London
SW17 0RB

Tel: 020 8258 8300
Fax: 020 8258 8453
www.blood.co.uk

RECEIVED

- 9 MAY 2005

Dear Chris,

Re: **GRO-B** D.o.B: **GRO-B** 1970
GRO-B London, **GRO-B**

You wrote to me in October 2004 concerning the above gentleman, about whom we had some correspondence in 1999.

Firstly, I must apologise for not acknowledging or responding to your letter of 5th October 2004. It has only recently come to light following an office move. I do apologise for this.

It appears that Mr **GRO-B** has applied for funding from the Skipton Fund in relation to his hepatitis C infection.

In your letter, you refer to an admission to St Helier Hospital in 1991. You have noted that he was a patient in ITU from 21st September, where it is stated that he received 4 units of blood and a number of units of HAS. You then refer to further transfusions on 24.02, 06.03, 23.03 and further dates in May and April. Mr **GRO-B** was subsequently referred to St George's Hospital and had a lobectomy, without any evidence of blood transfusion.

You have provided copies, I assume from the St Helier notes, of the labels attached to the units of blood as evidence of his blood transfusion. I admit to certain confusion, as none of these relate to September 1991. As far as I can see, there is evidence of blood transfusion on 9/3/90, 13/3, 23/3, 27/3, 2/4, 6/4/90 and 9/4. There are also some records relating to transfusion of human albumin solution over the same time period. Although most of the records do not include a year of transfusion, I think it has to be assumed that the transfusions were all over one period, which spans 9/3/1990 – 9/4/1990. One of the labels relates to a unit of fresh frozen plasma. It is assumed that the remainder relate to red cells.

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It appears to me that Mr [GRO-B] was exposed to at least 17 blood components during the period of March/April 1990. These would not, of course, have been anti-HCV tested as routine screening of blood donations was introduced only in September 1991. This being the case, it is possible that Mr [GRO-B]'s hepatitis C infection originated from unscreened blood transfused prior to the onset of routine screening. We would not, in this situation, attempt to carry out any investigation into the donors, for more than 15 years has elapsed since these donations were given. If any of the donors had returned after the introduction of routine screening, they would have been identified and a Lookback carried out for recipients of previous donations. As Mr [GRO-B] has not been identified through the hepatitis C Lookback, we can assume that if any of the donors were infected with HCV they have not returned to give blood and therefore their status remains unknown to us. There is very little to be gained now from attempting to contact such donors, considering the long amount of time that has elapsed since the donations were given.

I hope this information is of help.

Once again, I do apologise for not responding sooner. Please do feel free to pass the information to Mr [GRO-B] if you feel this would be helpful.

With kind regards.

Yours sincerely,

[GRO-C]

Dr P E Hewitt

Lead Consultant in Transfusion Microbiology

Direct Tel: [GRO-C] Fax: [GRO-C]
e-mail: [GRO-C]