

Witness Name: Debra Pollard
Statement No: WITN3094029

INFECTED BLOOD INQUIRY

EXHIBIT WITN3094034

This is the exhibit marked "WITN3094034" referred to in the statement of Debra Pollard no. WITN3094029.

HAEMOPHILIA/LIVER CLINIC HAEMOPHILIA 'A' F VIII less than 1%	Surname	SQUIRES	M/ M/S/A
	First Name	Peter	
	D. of B.	GRO-C 61	

DATE	CLINICAL NOTES (Each entry must be signed)
1.2.80	<p>Haemophilia diagnosed at age 7/12</p> <p><u>Treatment:</u> Treated at Great Ormond Street, Lord Mayor Treloar College and Royal Free Hospital.</p> <p>Known to have had commercial concentrate at least as far back as 1974. Has had Kryobulin, Hemofil, Factorate, Koate, BPL and Cryo.</p> <p>On one occasion (9.7.75) received a dose of Kryobulin (09M6575) which was subsequently found to be HB_s Ag positive by R.I.A. Peter was noted at that time to be HB_s Ab positive.</p> <p>No history of jaundice.</p> <p><u>Investigations:</u></p> <p>HB_s Ag neg at all times HB_s Ab pos several times but neg 29/11/79</p> <p>AST 53u in July 1974 and has remained elevated since that time.</p> <p>November, 1979 Full liver work-up, Ba Swallow and U/S normal SMA pos ANF1/10</p> <p>26.2.80</p> <p><u>Liver biopsy:</u> architecture is intact. Portal tracts are somewhat expanded and infiltrated with lymphoid cells. These are also seen in considerable numbers in sinusoids, although liver cell damage is mild and focal. There is no cholestasis or siderosis, no ground-glass cells are seen, and a stain for HBsAg is negative. There is mild fatty change.</p> <p><u>COMMENT:</u> The changes in Peter Squires' liver biopsy are compatible with chronic persistent hepatitis. The lobular infiltrate and fat suggests that the cause may be non-A non-B hepatitis rather than type B. He remains negative for HBsAg and at present his mild liver disease requires no specific therapy.</p> <p>8/4/80. See in liver clinic at yearly intervals. Full panel of tests, including ultrasound and Ba swallow, on those occasions. No need for routine LFT's unless he attends Centre for some other reason or something new develops.</p>
14/4/80	<p>Asymptomatic. AST is now only minimally elevated at 20iu/l. Liver biopsy showed chronic persistent hepatitis with a lobular component. There was very little liver cell necrosis. Fat was a prominent feature. These lesions constitute a mild form of liver disease and the patient has been reassured of a good prognosis. He will be followed at 6 monthly intervals., the next appointment being on the 13th October. He apparently attends at 2 monthly intervals for replenishing his factor VIII supplies and at these times blood should be taken for LFTs and a clotted specimen to the Department of Medicine</p>

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1.2.80	<p>Haemophilia diagnosed at age 7/12</p> <p>Treatment: treated at Great Ormond Street, Lord Mayor Treloar College and Royal Free Hospital</p> <p>Known to have had commercial concentrate at least as far back as 1974. Has had Kryobulin, Hemofil, Factorate, Koate, BPL. and Cryo.</p> <p>On one occasion (9.7.75) received a dose of Kryobulin (09M6575) which was subsequently found to be HBs Ag positive by RIA. Peter was noted at that time to be HBs Ab positive.</p> <p>No history of jaundice.</p> <p>Investigations:</p> <p>HBs Ag negative at all times HBs Ab positive several times but negative 29.11.79.</p> <p>AsT 53 units in July 1974 and has remained elevated since that time November 1979, full liver work-up; Ba swallow and ultrasound normal; SMA positive ANF 1:1</p>
8.4.80	<p>See in liver clinic at yearly intervals. Full panel of tests including ultrasound and Ba swallow, on these occasions. No need for routine LFTs unless he attends Centre for some other reason, or something else develops.</p> <p>Comment after liver biopsy 'architecture is intact. Portal tracts are somewhat expanded and infiltrated with lymphoid cells. These are also seen in considerable numbers in sinusoids, although liver cell damage is mild and focal. There is no cholestasis or siderosis, no ground-glass cells are seen, and a stain for HBs Ag is negative. It is mild fatty change'</p> <p>Comment: The changes on Peter Squires' liver biopsy are compatible with chronic persistent hepatitis. The lobular infiltrate and fat suggests that the cause may be non-A, non-B hepatitis rather than type B. He remains negative for HBs Ag and at present his mild liver disease requires no specific therapy.</p>
14.4.80	<p>Asymptomatic. AsT is now only minimally elevated at 20 iu/l. Liver biopsy showed chronic persistent hepatitis with a lobular component. There was very little liver cell necrosis. Fat was a prominent feature. These lesions constitute a mild form of liver disease and the patient has been reassured of a good prognosis. He will be followed at 6 monthly intervals, the next appointment being on the 13th October. He apparently attends at two monthly intervals for replenishing his factor VIII supplies and at these times blood should be taken for LFTs and a clotted specimen to the department of medicine.</p>

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Date	Peter Squires. Hepatitis summary
13.10.80	Remains asymptomatic. AsT now 15 iu/l. He will be kept under review at 6 monthly intervals. In the meantime, when he attends clinic for factor VIII supplies, liver function tests will be done. See 6.4.81
6.4.81	<u>Haemophilia/Hepatitis Clinic - Howard Thomas, May Bamber, Eleanor Goldman</u>
	Well. AsT mildly abnormal. For ultrasound studies at Royal Marsden. Continue annual follow-up. Howard Thomas
5.4.81	Asymptomatic. Liver and spleen not palpable. AsT raised - 145 units. WBC and platelets at lower limit of normal. HBs Ag negative. SCAT 1:40 with trace agglutination at 1:80. ANA Negative AMA Negative GPCA Negative SMA 1:10 Auto-antibodies C3 & C4 normal Review in 6/12 For ultrasound and Barium meal at next review. GOLDMAN

DATE	(Each entry must be signed)
2/5/90.	<p>Review (Understand)</p> <p>Total of 30 bleeds in 12 months. Arthritis - Right knee target joints. 1 dose of aspirin usually enough to stop bleeds. No problems with venous access.</p> <p>General health good. No night sweats. No ES GI or GU symptoms. Occasional headaches but no more than in the past.</p> <p>Own car. Mobility allowance.</p> <p>Dismissed hepatitis C. Knew that he had had A+B + therefore not surprised to learn that he was hep C Ab pos. Understands that we do not know status as not he is infectious. Says he would always use a condom because he is HIV pos.</p> <p>at Home situation unchanged. Parents would like to come to another meeting (came to AZT meeting)</p> <p>Wt: 55.9 kg. Mouth clean</p> <p>BP 130/90 sitting.</p> <p>Fulvous right side of neck, soft fluctuant mass under sternocleidomastoid. No clearly defined margins. Does not appear to be thyroid. ? lipoma. Observe man of any change.</p> <p>Not clinically significant on general clinical examination.</p> <p>Routine blood samples.</p> <p>Review 3/12</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;">GRO-C</div>

3/9/90	<p>Review 6/12 Age 29</p> <p>last neg 4.2.80 Working</p> <p>pos 14.4.80 i.e. Seroconversion Mar 80. on respirameters</p> <p>CD4 0.32 2/5/90 12yrs. with same fixon.</p> <p>Haemophilia - No problems. Rx as + when bleeds occur. Using NMS 8Y</p> <p>Mobility - Has own car. 1-year old.</p> <p>Social - Lives at home Has one sister - 26 : lives away from home.</p>
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DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. Surname <i>Squires</i> First Names <i>Peter.</i>
	<p>FE. wt. OK — Appetite OK. GI tract - NAD. GI tract - NAD Joints - Pain R. knee when no bleed. Was reviewed 2 yrs ago orthopaedic clinic.</p>	
	<p>Anti MBS 7.9.89 > 30 IU. Anti MCV 30.1.90 Pos 2.5.90 Neg AST 61 35</p>	
	<p>Discussion about HIV. Actually CD4 is very stable: slow slope 0.3 Talked about what happens at 0.2.</p>	
	<p>If his mother wanted information, he would like to be with her.</p>	
	<p>51.3 140/80. Skin ✓ °LN. L°S° No masses.</p>	
		6/12
		GRO-C