

The campaign in the media

The media campaign for people with haemophilia infected with hepatitis C was launched in 1995 following media coverage, originally in the Independent, of the number of deaths from hepatitis C among the haemophilia community in that year.

The report in the Independent brought down a media storm on the Society. All media wanted the Society's reaction; they wanted to know whether a campaign would be launched; they pushed the Government for comment.

However, at that time the Society was largely unprepared. It did not have the information it needed on hepatitis C and had not considered launching a campaign. As a result, the Society took the cautious route and made holding comments.

With hindsight, this was a major opportunity missed by the Society. Had it been in a position to jump on the media bandwagon it is quite possible that a campaign with limited objectives could have been successful within a few short weeks.

The campaign was launched at a press conference at St Barts Hospital. By this time media attention had shifted from the subject of hepatitis C and it was perceived as 'old news'. The launch was not widely reported in the press, but did achieve coverage on the BBC Six 'O' Clock and Nine 'O' Clock news.

The media activity in 1995 focused on the objectives of the campaign: more equitable treatment financially between those infected with HCV and those with HIV – seeking an ex-gratia payment and access to a hardship fund; the best possible treatment to be made available; resources for research; and a public education campaign.

Once the objectives had been set these were communicated to the media through press releases and media briefings, together with the Society's intention of having an early meeting with Government.

The media campaign tied in closely with the work of the Society's lobbying organisation – GJW – which was instrumental in organising a series of debates in the House of Commons and the House of Lords as well as Early Day Motions being put down in the House of Commons.

Releases were drafted and issued on all of this activity, together with information on a meeting with Stephen Dorrell, then Secretary of State for Health and the Manor House Group in December of 1995. Most achieved widespread media coverage, however, media interest tended to slacken between 'events' as there was little new to report in the gap between news hooks.

Also in 1995, the Society's interim report on the impact of hepatitis C was published, and supplied to the media and MPs. Together with details of the campaign and how hepatitis C affects people with haemophilia.

In 1996, there was a new Health Minister – John Horam – and the thrust of the campaign was to seek a meeting with him. Once again, this was pursued through a combination of media and parliamentary pressure. In media terms, this was through further exploitation through the media of the results of the interim research report from the Society, and through the publicising of questions and debates in the House of Commons and House of Lords.

It was during this year that Myriad successfully involved the World In Action Programme in the campaign, and a documentary on hepatitis C was produced in October.

At the same time an announcement from John Horam showed that the Society had achieved at least some of its aims – he made £1million available for hepatitis C research and made a commitment that interferon would be made available for the treatment of people with haemophilia and hepatitis C. However, he also said that there was no question of any financial assistance for people with haemophilia and hepatitis C.

At the end of that year, there was a lobby of the House of Commons and the presentation of a petition which coincided with an adjournment debate at the House of Lords on hepatitis C. Both achieved coverage in the media. However, there was difficulty in organising the lobby, different factions within the Society wanted different messages conveyed. There were threats to disrupt the lobby. Media releases to publicise the event were only issued at the last minute due to the uncertainty surrounding it.

In 1996 there were severe problems experienced in the campaign. This was due to a split within the Society and GJW began to be marginalised and missed out from Society meetings. Unwieldy arrangements for the clearance of press releases were introduced – they had to be cleared through every single member of the campaign task group before they could be issued, which often caused delays of days and caused them to lose their topicality.

Conflicting messages began to be sent to the media and MPs. This was because not only was the Society issuing media releases, but so was the Manor House Group – and often there was no knowledge by one group of the content of the releases issued by the other.

This often had the effect of media contacts becoming confused as to the aims of the campaign and who was representing the haemophilia community. This, understandably, had a detrimental effect on the media coverage achieved, as the mixed messages led to a reduction in the credibility of the campaign.

Following adverse comments from within the Society and its exclusion from most meetings, GJW left the campaign. This left the Society lacking a major resource in parliament.

The election provided new opportunities and the Labour party was targeted closely, with the immediate aim of obtaining a meeting with the new Health Minister. During the run up to the election, a commitment was obtained from Chris Smith – then Health Spokesman – that he would meet with the Society to review the situation should Labour come into power.

Labour did come into power, and Frank Dobson was made Health Minister. He met with the Society in September of that year. The meeting was widely covered in the media and Frank Dobson promised a swift reply.

The reply was more than a year in coming and was unfavourable. By then media interest had faded in the issue and it received little coverage.

In the meantime the Society attempted to put pressure on the Government through a mass lobby of parliament, timed to put pressure on Frank Dobson before the parliamentary recess. Once again, the event was subject to disruption from rival factions within the Society, in spite of meetings to ensure that all stayed on message.

Coach loads of Manor House Group supporters descended on the lobby, there was a service organised by the same group, which was held outside the House of Commons and also some of the Manor House Group members chained themselves to the railings in front of the House of Commons.

Not only did this endanger the whole event and risk it losing credibility in the eyes of the politicians whose support it was designed to canvass, but also, media attention was diluted. They had been receiving conflicting press releases in advance of the lobby from the Society and the Manor House Group before the event, with the Society being unaware of the content of the Manor House Group's press releases, but second hand information via the media suggests that they were as critical of the Society as they were of the government.

1999 saw a further round of activity, again focusing on the political situation. The devolution of the Scottish parliament provided a major opportunity to target that country, and widespread coverage was achieved of discrepancies in the dates when blood products were free of hepatitis C in England and Scotland.

There were also press releases on debates in the House of Commons and House of Lords, as well as publicising meetings with ministers. Additionally, releases were issued opportunistically to different sectors of the media on human interest stories about people with haemophilia with hepatitis C.

The year saw possibly the most successful activity in terms of media coverage for the Society in the whole campaign. The days of action held concurrently in England and Scotland achieved extremely wide coverage in national and regional media, and also succeeded in getting the Observer newspaper to publicly back the campaign.

The success of this event was largely due to the fact that adequate preparation could be made for it – the number of Society representatives was small, they were all briefed and media trained, they had all been interviewed and press releases sent to their local media on the event. There was no worry that the event would be disrupted by other protesting groups and there was had a simple and effective mechanism for conveying the scope of the problem caused by hepatitis C – one white lily representing each person that had died.

However, this activity, although it achieved more than 100 million hear see reads in coverage, was the subject of criticism from some sectors of the Society membership as it was seen as misrepresenting the case – most of those who had died had been coinfectd with HIV and HCV.

Complaints began to be voiced that the campaign was not taking into account the needs of people infected with HIV. As a result, plans for future use of the lilies have been shelved.

2000 sees the activity continuing, with the main thrust again being in Scotland, where a report on the hepatitis C infection of the haemophilia community is awaited, which will provide further media opportunities for the campaign.

Also in Scotland, there has been considerable media interest in the legal aid issue and its lack of availability.

In England, there has been opportunistic seizing of media attention as events come up, for example, tying in with results of the Irish Tribunal wherever possible and inclusion in features on blood safety, such as a feature currently being prepared by the FT magazine. Also in England, there has been considerable interest raised by Society members in Newcastle for the man who has successfully challenged the waiver he had to sign to obtain financial help for his HIV. Further media opportunities exist in Scotland and England for coverage of the New Zealander who was infected with HIV and hepatitis C during a visit to Scotland many years ago. He is due to visit the UK in the very near future.

Problems with the campaign

There are four main difficulties with the media campaign for hepatitis C.

1. While it is possible to obtain media 'spikes' it has proved extremely difficult to obtain sustained coverage. Even when we have media who publicly support the campaign, such as the Observer, they need new stories. The Observer coverage petered out after a few short weeks because there was nothing new we could feed the newspaper apart from human interest. They then saw the story as old news.

There is a need for a constant flow of topical information and research about hepatitis C so that news hooks can be identified and a steady flow of stories developed, rather than having to rely on opportunistic and reactive media coverage.

2. Lack of communication within the Society.
While the Society nationally tries to keep its members informed of what is happening in the campaign, this is not a two way street overall. For example, in Wales there is a great deal of activity which has been very successful and is ongoing. However, very little information on what is happening is made available. This is potentially causing opportunities to be missed in spinning the activity wider in the UK, where developments in Wales could be used to put pressure on the Westminster and Scottish Governments.

3. Lack of clarity of the aims of the campaign.

The Society appears to still be split over the aims of the campaign. Within the last two weeks Myriad has been asked by the media why the campaign does not represent people who are coinfectd. The agency has also been asked why the Society is giving up the campaign. Apparently the questions were being raised as a result of comments to the media from a local member of the Society. This is very damaging to the campaign. If comments like this are printed or broadcast it can only weaken the thrust of the campaign. To avoid this problem the aims of the campaign should be made completely clear to the membership and their agreement obtained.

4. Lack of lobbying capability.

Since the loss of GJW, the Society has had no specific lobbying capability. This has meant that, although the staff at the national office have done an excellent job, there is not someone in parliament every day pushing forward the campaign. Equally, thought should be given to a dedicated lobbying agency in Scotland.

Opportunities

For the campaign to be successful, further impetus is needed and new news hooks are required, otherwise the difficulty of sustaining coverage will continue to be experienced. Good representation at parliament is also required, as a media campaign on its own will be insufficient to sway parliament, particularly Westminster, where the Labour majority is so strong.

Additionally, there is a need to ensure that all those taking part in the campaign remain 'on message' and that communications with the media and MPs are consistent in what they say and what they are calling for.

Finally, the Society needs to define once again what it sees as a successful outcome and to obtain agreement from its membership on what that outcome is to be, otherwise it will continue to suffer from mixed messages and conflicting aims, which make the probability of success far less likely.

Media Activity Summary

During the course of the campaign, the Society has:

- Drafted and issued more than 100 press releases on hepatitis C and haemophilia. Each release has been accompanied by an extensive media support campaign, where each targeted journalist is contacted both prior to issue of the release and subsequent to its issue to ensure they have all the facts they need and fully understand the issues involved.
- Placed articles on the subject appear in virtually all national newspapers including:
 - The Times
 - The Telegraph
 - The Mirror
 - The Independent
 - The Guardian
 - The Mail
 - The Observer
- Had articles appear in most Scottish newspapers including:
 - The Daily Record
 - The Scotsman
 - The Glasgow Herald
 - The Scottish Daily Mail
- Obtained public statements of support from:
 - The Observer
 - The Mirror
- Obtained coverage in three major TV documentaries:
 - Panorama
 - World In Action
 - The Cruel C (Northern region only)
- Obtained broadcast coverage nationwide, including:
 - BBC radio national
 - IRN national
 - BBC TV national
 - ITV national
 - Channel 4 national
 - Channel 5 national

Additionally, items on hepatitis C have appeared in virtually every regional radio station in the UK.

**SOME EXAMPLES OF MEDIA
COVERAGE**
From the very start to current



Contaminated blood kills 12

Doctors believe 5,000 adults and children have caught liver disease from transfusions and clotting agents

BY CELIA HALL
Medical Editor

Twelve British men with haemophilia have died from the liver disease hepatitis C after they were given contaminated concentrates of blood.

All 12 men died last year. At least 2,000 more people are infected, and four have had liver transplants as a result.

Another 3,000 adults and children, who are not haemophiliacs but did receive fresh blood transfusions before 1991, may also have been infected, according to the Blood Transfusion Service, but are unaware of their condition.

The emergence of these previously unreported deaths echoes the case of hundreds of haemophiliacs who caught the Aids virus from contaminated blood. Haemophilia is an inherited disease whose major symptom is the failure of the blood-clotting mechanism. Haemophiliacs, who are always male, often have to be given blood-clotting agents — called "factors" — which are produced from donated blood.

Doctors say 90 to 95 per cent of haemophiliacs who used factors regularly before May 1985 have contracted hepatitis C.

Now the Haemophilia Society is considering seeking redress from the Department of Health. The society is organising meetings to inform haemophiliacs and is in contact with the department.

The National Blood Authority is also considering what ac-

tion to take. Dr Fereydown Ala, chairman of the Standing Advisory Committee on Transfusion Transmitted Infections, said: "Those working in the field believe we have a duty of care of patients and that we should be open about this. We are deciding how we can best proceed." At the same time, the consultants who head the regional haemophilia centres around the country have their own working party on haemophilia and hepatitis.

The hepatitis C virus (HCV) was only identified in 1989. Before that, it was recognised as non-A, non-B hepatitis. It is a slow, chronic condition leading to cirrhosis of the liver in 20 per cent of cases. Ten per cent of these go on to liver failure in five years. Symptoms of liver disease can take 10 to 20 years to develop. Doctors admit they still do not know enough about the progress of the disease.

Hepatitis C is transmitted by blood-to-blood contact, mostly via transfusions and injections. In 1985, blood products, including the clotting agent Factor VIII, were subjected to anti-viral heat treatment designed to eradicate HIV. However, fresh whole blood or fresh parts of blood cannot be treated in the same way.

In June 1991, the Department of Health paid out a total of £42m to 1,200 haemophiliacs who caught HIV from factors made from infected blood.

In September 1991, on advice from the Department of Health, the Blood Transfusion

Service began to screen donors for hepatitis C to protect the blood supply. Haemophilic boys up to the age of 10 who use factor are not, therefore, at risk. No cases of hepatitis C in this group have come to light for the past nine years.

Simon Taylor, vice-chairman of the Haemophilia Society, said: "At this stage, because the information about hepatitis C is so slight we are not sure which way we should proceed."

"The difficulty is the vast majority of haemophiliacs have no hepatitis symptoms because the disease could take 30 years to show itself. There is no medical consensus on diagnosis, treatment or prognosis. One thing we are considering is seeking compensation when people become ill."

Haemophilia experts say the true number of patients infected with hepatitis C is not known but 2,000 is a reasonable estimate.

There are 10,000 men and boys with haemophilia in the UK. Of these, 2,500 — including 500 boys aged under 10 — need factors regularly, the rest intermittently. Mr Taylor said most of the 2,000 adults had contracted hepatitis C.

The infection rate is very high because between 20,000 and 30,000 donations are pooled to produce the factors.

Dr Ala, who is also director of the West Midlands Blood Transfusion Centre, said they were able to arrive at the estimate of the 3,000 transfusion patients with hepatitis C by checking the records of blood donors who were subsequently found to have hepatitis C.

"What we now have to consider is whether we identify the recipients and contact them. These people may have no symptoms at all. These are very difficult issues," said Dr Ala.

A spokesman for the Department of Health said: "We have the greatest sympathy for these people. There are no plans to extend the settlement scheme for haemophilia patients who are HIV-positive to patients who have been infected with hepatitis C. The Government does not have a policy of no-fault compensation. Patients received the best available treatment in the light of medical knowledge at the time."

Background, page 3

GRO-A

GRO-A "It really seems to be a miracle. I am having a marvellous time. I can barely believe it" Photograph: Andrew Haxson

Hepatitis C may bring repeat of haemophiliacs' Aids battle

By the time the NHS introduced the screening of blood products in 1985, 1,200 haemophiliacs had been infected by the Aids virus, writes Mary Brad.

It was 1990 before the Government reached a £42m out-of-court settlement with affected haemophiliacs or their families. By then victims were dying at the rate of one a week. More than 150 adults and children had died of Aids-related illnesses and 210 had developed full-blown Aids. Most had been infected by the anti-clotting agent Factor VIII.

after Margaret Thatcher and Kenneth Clarke, the then Health Secretary, had ruled it out. But William Waidegrave, Mr Clarke's successor, said he had "seldom seen a stronger humanitarian case".

The deal meant £60,000 for married haemophiliacs with children, £32,000 for married childless couples, £23,000 for single men and £21,000 for each of 175 infected children. People infected by haemophilic partners received £23,000. But the Haemophilia Society argued it was too little, too late. It had demanded £90m on top of £34m ex-gratia payments already made.

Transplant gave victim a new life

To describe [GRO-A] as a happy man misses the mark by a mile. He is ecstatic, writes Celia Hall.

Mr [GRO-A] 46, a company director who lives in Brighton, has been a haemophiliac all his life. For 12 years he suffered from hepatitis C, infected by a contaminated supply of the blood-clotting agent Factor VIII.

Until this June, five months ago, extremely ill from a failing liver caused by the hepatitis, Mr [GRO-A] had a successful liver transplant. The transplant "cured" his haemophilia and treatment with the drug Interferon cured his hepatitis.

"It really seems to be a miracle. I am having a marvellous time. I am eating well, walking the dog, staying awake all day and going out at night. I am stronger. I don't know what to do with all my energy," said Mr [GRO-A].

As a boy he coped reasonably well with his haemophilia. "I was always covered in bruises, I looked like a battered child and I had nosebleeds at night," he said.

In 1982 he needed to have a tooth extracted and was given Factor VIII before the surgery. "About a month later I became very ill with hepatitis but I got over it. Then in 1990 it all

started coming back." He was admitted to the prestigious liver unit at King's College Hospital, London. Again he recovered, but not fully.

For more than three years his liver disease progressed. "I was yellow (jaundiced). I was tired, I was weak, I couldn't keep food down. I had always maintained a good level of fitness. It was difficult."

Facing liver failure, Mr [GRO-A] was offered a transplant operation. "I was absolutely terrified. All my life I knew haemophiliacs could not have operations. Two brothers died because they could not have surgery. I absolutely be-

lieved I would not survive it," he said.

But medicine had moved on his physician, Dr Christophe Tibbs, a hepatitis specialist at the liver unit, explained.

Mr [GRO-A]'s blood was boosted with large amounts of Factor VIII before his surgery so that his blood would clot. Afterwards his new liver took over. Dr Tibbs said that because Factor VIII is made in the liver, the donor liver from a non-haemophiliac removes the symptoms.

Mr [GRO-A] said: "At my last test my blood was clotting normally. I still keep pinching myself. I can barely believe it."

6 BRITAIN *

Hepatitis C victims call for extra help

By Craig Seton

THE GOVERNMENT is to be pressed to give financial aid to the families of haemophiliacs who have died and to individuals suffering illness after contracting the liver disease hepatitis C from contaminated blood products.

The call came after a meeting in Coventry yesterday of the executive of the Haemophilia Society and other key members from throughout the country.

A statement issued by the Society said it was seeking "the maximum help" for people affected by hepatitis C as a result of treatment they received on the NHS. It also said that it would make talks with the Government a priority, to press for financial aid for those most affected, including the families of those who had died.

It was the first time the executive had met since last week's publication of the results of an independent review highlighting the infection of haemophiliacs. It found that 2,000 haemophiliacs had been infected with hepatitis C from contaminated Factor VIII clotting agent before 1985 — after which the blood product was sterilised by heat treatment — and that 12 British men who contracted the liver disease had died in the last year.

Another 3,000 non-haemophiliacs who received transfusions of fresh blood before 1991 are also believed to be infected.

The Government last week resisted cross-party calls to pay compensation to haemophiliacs who were infected by hepatitis C before 1985, saying it would be an unwelcome step if the

NHS moved to a position of "no fault" liability.

Some haemophiliacs are already taking their own legal action to win compensation for contracting the disease during medical treatment.

Simon Taylor, the society's vice-chairman, said there was still considerable uncertainty in the prognosis and treatment of hepatitis. He added that while there may be individual circumstances which warranted legal action there was consensus at the meeting that legal action as a group was "certainly inappropriate at the moment".

He added: "We want a dialogue with the Government first. It is far too early for confrontation."

Mr Taylor denied there were any splits in the society about the best way to proceed. Some society members are believed to think the best solution will be to win a deal similar to that in 1991 when the government agreed to pay £42m to 1,200 haemophiliacs who contracted the Aids virus, HIV, through contaminated blood products. However, the Government did not admit any fault and did not acknowledge the payments as compensation. Mr Taylor added that "the situation may take years to resolve".

Alison Rogers, director of the British Liver Trust, said yesterday that the organisation was concerned that hepatitis was being perceived as mainly an issue for haemophiliacs when there were some suggestions that one in a hundred of the general population could be affected.

She called on the Government to finance an urgent survey to discover the prevalence of the disease.

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Cruel irony in haemophiliac's death

INDEPENDENT

19/11/94

Celia Hall reports on the case of a man who fell victim to hepatitis C after 'luckily' avoiding the Aids virus

The premature death 10 weeks ago of **GRO-A**, a haemophiliac, was a savage irony.

Mr **GRO-A**, 59, an accountant from Liverpool, died of liver failure brought on by the hepatitis C virus. He was infected by doses of the blood clotting agent Factor VIII.

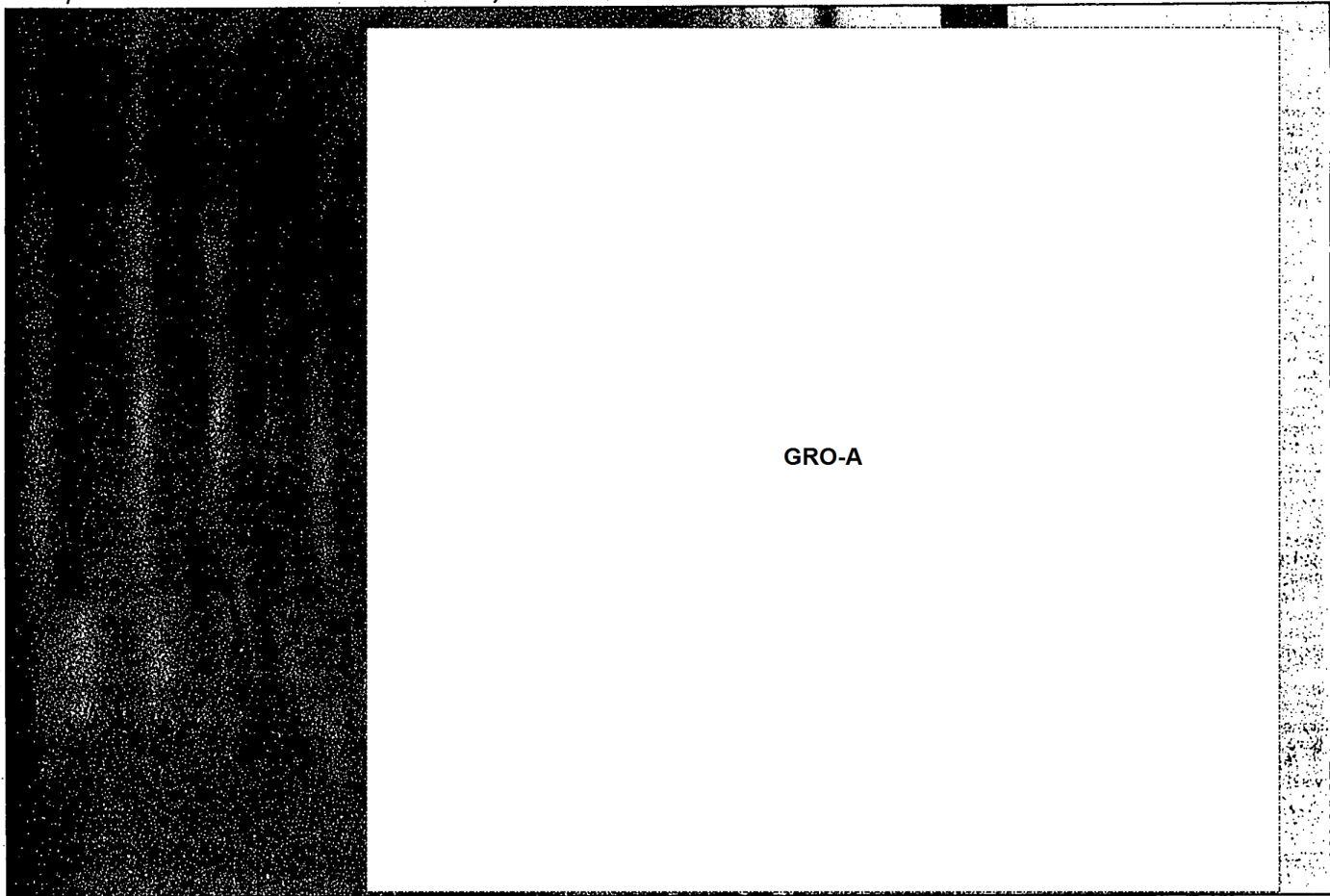
His two brothers, also haemophiliacs, died in 1989 and 1990 from HIV infection caught from infected Factor VIII. Mr **GRO-A** was assured after repeated tests that he was free of the Aids virus. His doctors told him he was lucky.

His son **GRO-A**, 27, said yesterday: "At the time my father always said it would not be the end of it, that he could not believe he was all right. We just said it was Dad being pessimistic."

Now **GRO-A**, his mother **GRO-A**, and his sister, who has a three-year-old son with haemophilia, are determined to seek compensation. "My father discussed this with us in the weeks before he died. He said that we should, but that we must not become obsessed by it."

On Wednesday, the *Independent* revealed that 2,000 haemophiliacs had been infected with hepatitis C from contaminated Factor VIII before 1985 when the blood product was heat-treated. Another 3,000 non-haemophiliacs, who received transfusions of fresh blood before 1991, are also believed to be infected.

Hepatitis C can remain undetected, without producing symptoms for 30 years. However, doctors believe that in haemophiliacs the course of the liver disease may be faster. It appears to have been so in Mr **GRO-A**'s case.



GRO-A

GRO-A whose father **GRO-A**, a haemophiliac, died from liver failure after contracting hepatitis C from infected blood products Photograph: Howard Barlow

Mr **GRO-A**'s family believes the blame lies squarely at the door of the Department of Health. They do not accept the department's line that the blood products were used unwittingly.

"We don't accept that on two counts. First, most of that blood came from the USA which, during the 1960s and 1970s and the early 1980s operated a 'buck-a-time' donation tempter which attracted junk-

ies, street alcoholics and other desperate people," Mr **GRO-A** said.

"It should have been obvious to anyone with an ounce of common sense that the blood would have been riddled with all kinds of things.

"But the Government saw fit to distribute it to haemophiliacs who were only too grateful for anything to control their condition.

"Second, the Government

has already set a precedent for settling cases of haemophiliacs who acquired HIV."

He said his family had decided to draw attention to their case — after years of silence because of the social stigma attached to HIV.

"We have taken so many blows that this latest refusal from the Government is too much," he said.

GRO-A who needed regular supplies of

Factor VIII was, his family believes, infected with hepatitis C in 1981 when he needed emergency surgery for a stomach ulcer. People with haemophilia who need surgery are usually given large amounts of clotting factor before their operation.

"That was in November. In December, he had hepatitis. I remember being home for Christmas and my father was very yellow with jaundice, very unwell," Mr **GRO-A** said.

Then between 1981 and 1992, when he had the diagnosis, it progressed. He had chronic cirrhosis of the liver.

"At one stage he was on the list for a liver transplant and all the tests went well. Then in August, more tests showed that he had developed a tumour on the liver so he came off the transplant list.

"We were told that an infected liver is fertile ground for cancer.

Hepatitis C victims ready to sue

18/11/95

BY CELIA HALL
Medical Editor

More than 60 haemophiliacs have instructed solicitors to seek compensation from the Government after they were infected with the hepatitis C virus from contaminated blood products.

According to Graham Ross, one of the solicitors, more are expected to join the litigation since the *Independent* revealed that thousands have been infected with the virus which causes liver disease.

"We have received many calls in the past two days," said Mr Ross, who led the haemophiliacs' case against the Gov-

ernment over HIV infection. This resulted in a £42m settlement in 1991.

However, the claims for damages in the hepatitis cases could face a legal difficulty. Mr Ross said that in 1991, as part of the HIV settlement, the clients agreed to a Government clause "whereby haemophiliacs would not pursue any claims for hepatitis infection prior to the settlement".

He said: "On the basis of present knowledge it is questionable whether haemophiliacs would have accepted at that time the condition attached to the settlement.

"The Government claims in the *Independent* that 'patients

received the best available treatment in the light of medical knowledge at the time'.

"It has to be acknowledged that at the time the HIV settlement was reached the state of medical and scientific knowledge of the relative effects of HIV and hepatitis infections were markedly different to what they are today.

"At the time HIV was by far and away the most serious condition and was felt to lead to early death. Hepatitis C was felt to be something that could be lived with.

"We now have a situation where HIV is no longer an early death sentence. On the other hand hepatitis C is being

seen to be more dangerous than at first felt with 12 haemophiliacs dying last year."

About 2,000 haemophiliacs who used the blood-clotting agent Factor VIII, and 3,000 patients who are not haemophiliacs who received transfusions of fresh blood, are said to be infected with Hepatitis C. This happened before the blood transfusion service took steps to protect blood supplies.

The Government said yesterday that it did not intend to offer financial settlements to the people who were infected. Mr Ross said: "They said exactly the same thing about haemophiliacs who got HIV, and then they said exactly the

same thing about the people who had transfusions and got HIV."

Mr Ross also said that hepatitis infection in blood products was known about before the HIV problems came to light. "It was an important part of our case. We argued that they were negligent because they knew about hepatitis B and about non-A non-B hepatitis [later identified as hepatitis C]. Had they stopped importing these blood products from the United States then the HIV infections would not have happened."

Hepatitis C causes chronic liver disease which may not show itself for up to 30 years.

HAEMOPHILIA SOCIETY MEDIA COVERAGE
REPORT FOR HEPATITIS C CAMPAIGN DAYS OF ACTION
NOVEMBER 1999

Newspaper

Source	Date	Readership
The Observer	07/11/99	1,200,888
The Observer	21/11/99	1,200,888
The Scottish Sunday Express	21/11/99	360,000
Press & Journal (Aberdeen)	22/11/99	313,500
Evening Gazette (Middlesborough)	22/11/99	195,000
The Observer	22/11/99	1,200,888
Cambridge Evening News	22/11/99	494,418
The Guardian	22/11/99	1,175,724
The Independent	22/11/99	673,689
The Daily Telegraph	22/11/99	3,126,006
The Journal (Newcastle)	22/11/99	156,000
The Evening Gazette (Blackpool)	22/11/99	116,700
Metro (London)	22/11/99	1,050,000
The Northern Echo	22/11/99	211,200
The Birmingham Post	22/11/99	81,300
Northampton Chronicle & Echo	22/11/99	83,400
West Cumbrian News & Star	22/11/99	76,200
Worcester Evening News	22/11/99	69,300
The Irish News	22/11/99	150,900
Heartland Evening News	22/11/99	37,800
The Herald (Glasgow)	22/11/99	303,300
Kent Today	22/11/99	64,800
Hull Daily Mail	22/11/99	253,800
Evening News (Norwich)	22/11/99	119,700
Yorkshire Evening Post	22/11/99	301,800
Express & Echo (Exeter)	22/11/99	93,000
Leicester Mercury	22/11/99	325,500
Rugby Evening Telegraph	22/11/99	247,200
Evening Post (Bristol)	22/11/99	237,900
The Citizen	22/11/99	101,400
Edinburgh Evening News	22/11/99	242,100
The Evening Telegraph (Peterborough)	22/11/99	83,400
Colchester Evening Gazette	22/11/99	84,600
Evening Mail (Black Country)	22/11/99	562,800
Daily Post (Merseyside-Liverpool)	22/11/99	216,300
Lancashire Evening Post	22/11/99	146,400
Eastern Daily Press	22/11/99	236,100
Daily Post (Liverpool - Welsh edition)	22/11/99	142,200
Walsall Express & Star	22/11/99	561,000
Wolverhampton Express & Star	22/11/99	561,000

Birmingham Evening Mail	22/11/99	562,800
Kent Today	23/11/99	64,800
The Courier & Advertiser (Dundee)	23/11/99	286,500
Evening Standard	23/11/99	1,319,388
Scunthorpe Evening Telegraph	23/11/99	72,900
Evening Courier (Halifax)	23/11/99	88,200
Wolverhampton Express & Star	23/11/99	561,000
Morning Star	24/11/99	27,000
The Guardian	24/11/99	1,175,724
Birmingham Evening Mail	24/11/99	562,800
The Northern Echo	24/11/99	211,200
News Shopper (Eltham)	24/11/99	65,700
East Grinstead Observer	24/11/99	55,500
Aberdeen Evening Express	25/11/99	198,600
The Guardian Weekly	25/11/99	21,600
Express – Moston, Middleton	25/11/99	156,000
Walsall Express & Star	26/11/99	561,000
Aberdeen Press & Journal	26/11/99	313,500
Kentish Express	26/11/99	314,400
Daily Echo (Bournemouth)	30/11/99	135,300
Evening Herald (S E Cornwall)	30/11/99	160,800
Evening Herald (Plymouth City)	30/11/99	160,800
Manchester Evening News	1/12/99	520,200
The Observer	5/12/99	1,200,888
Total		25,654,701

Radio

Programme	Broadcast date/time		Listenership
BBC Radio 5 Live	22/11/99	7:30-8:00	5,948,000
BBC West Midlands News	23/11/99	7:00-7:10	302,000
BBC West Midlands News	23/11/99	8:00-8:10	302,000
BBC West Midlands			
Breakfast Show	23/11/99	7:20	302,000
BBC West Midlands (Dtime)	23/11/99	16:00-19:00	302,000
BBC Radio Merseyside	23/11/99	11:30-14:00	480,000
BBC Lincs News	23/11/99	08:00	137,000
BBC Lincs News	23/11/99	10:00	137,000
BBC Lincs News	23/11/99	11:00	137,000
BBC Lincs News	23/11/99	12:00	137,000
BBC Lincs News	23/11/99	13:00	137,000
ILR Century 106 News	23/11/99	10:00	207,000
ILR Century 106 News	23/11/99	11:00	207,000
ILR Century 106 News	23/11/99	12:00	207,000
ILR Century 106 News	23/11/99	13:00	207,000
ILR Capital Gold	23/11/99	7:00-7:10	174,000
ILR Capital Gold	23/11/99	8:00-8:10	174,000
ILR Capital Gold	23/11/99	9:00-9:10	174,000
ILR Capital Gold	23/11/99	10:00-10:10	174,000
ILR Capital Gold	23/11/99	11:00-11:10	174,000
ILR Trent FM News	23/11/99	8:00	279,000
ILR Heart FM	23/11/99	7:00-7:05	838,000
ILR Heart FM	23/11/99	8:00-8:05	838,000
ILR Leicester Sound	23/11/99	16:00	196,000
ILR Leicester Sound	23/11/99	13:00	196,000
ILR Mercia FM News	23/11/99	11:00	194,000
ILR Mercia FM News	23/11/99	12:00	194,000
BBC Stoke	23/11/99	7:00-7:30	219,000
97.3 News Direct	23/11/99	12:00	454,000
BBC Radio 4 You & Yours	23/11/99	12:04-12:30	2,000,000
BBC Radio 4	23/11/99	17:00	3,500,000
LBC 1152AM	23/11/99	7:00	400,000
ILR The Bear	23/11/99	17:00-17:05	58,000
ILR XL 1296	23/11/99	17:00-17:10	75,000
RAM FM News	23/11/99	11:00	173,000
RAM FM News	23/11/99	13:00	173,000
ILR Jazz FM News	24/11/99	17:00	58,700
Total			19,864,700

Television

Programme	Broadcast date/time		Viewing Figure
BBC Online News	21/11/99		3,500,000
GMTV News Hour	22/11/99	6:00-7:00	5,100,000
GMTV News Hour	22/11/99	6:00-7:00	5,100,000
GMTV	22/11/99	7:00-9:25	5,100,000
GMTV	22/11/99	7:00-9:25	5,100,000
GMTV	22/11/99	7:00-9:25	5,100,000
GMTV	22/11/99	7:00-9:25	5,100,000
BBC Breakfast News	22/11/99	7:00-9:00	1,500,000
ITV Lunchtime News	23/11/99	12:30-1:00	2,500,000
Meridian News	23/11/99	12:15	600,000
Meridian News	23/11/99	3:00	600,000
Meridian News	23/11/99	6:00	600,000
Meridian News	23/11/99	11:20	600,000
Carlton Central News	23/11/99	12:20	600,000
Teletext	23/11/99		20,000,000
BBC South	23/11/99		600,000
	Total		60,200,000

Total Newspaper Coverage	25,654,701
Total Radio Coverage	19,864,700
Total Television Coverage	60,200,000

Grand Total	105,719,401
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