

Witness Name: Penelope Rae

Statement No.: WITN1962001

Exhibits: WITN1962002-

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EXHIBIT WITN1962009



Laboratories at Dorchester, Poole,
Portsmouth, Salisbury, Southampton

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GRO-D

GRO-D

Consultant Physician,
Medical Directorate,
Royal South Hants Hospital,
Southampton.

7th December, 1998

Dear GRO-D

Paul Le Bourn. GRO-C
DoB 17.03.1950; Hospital Number 0297145

Thank you for your letter. The most common routes for acquisition of hepatitis C in the UK are from blood/blood products prior to the onset of screening in 1991, and from injecting drug use (shared needles, etc.). We have not received any blood for hepatitis C screening from Mr. Le Bourn. I suggest that we confirm his hepatitis C antibody status, check for viral RNA detection and also arrange for LFTs to be checked. Most patients who are hepatitis C antibody positive have active hepatitis C infection. This may cause chronic active hepatitis.

Our usual practice is to refer patients with active hepatitis C to the hepatology clinic for more detailed assessment, as there may be indications for active treatment (interferon \pm ribavirin). Mr. Le Bourn's case is more than usually complicated, with the possibility of lung transplant and need for immunosuppressive drugs and I would strongly recommend a hepatology opinion.

Best wishes
Yours sincerely,

GRO-C

Dr. GRO-D

Plan file prominently for

12.1.99.