



SCOTTISH EXECUTIVE

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Dear Euan

Thank you for your letter of 14 October on behalf of Mrs GRO-A GRO-A 6 St Mary's Court, St GRO-A who has been greatly offended by recent announcements in relation to the results of the risk assessment undertaken into the potential for the transmission of vCJD through plasma products. Mrs GRO-A also sent her letter to other Scottish Executive Ministers, and officials have been asked to respond directly to her on their behalf.

I have every sympathy with Mr and Mrs GRO-A and realise the devastating effect infection with HIV and Hepatitis C must have had on their whole family. However, the announcement by UK Health Ministers on the vCJD risk assessment was made in the spirit of openness and to ensure that those who may have received implicated products were aware of the results of the assessment, the implications and of the precautions that would be taken. I can understand that some of the 'public health' language used may have caused concern and this is regretted but I also feel that it is important to remember that there has been criticism in the past that those involved have not been kept fully informed.

The announcements by John Reid and Malcolm Chisholm in December 2003 made people aware of the first case of possible transmission of vCJD through blood transfusion. Since then, a second case of probable infection with the vCJD agent via blood transfusion has been identified. Prior to this the risk was considered to be theoretical, although various important precautionary measures had already been put in place. There are as yet no known cases of vCJD transmission via plasma products such as clotting factors. Nonetheless, our national expert advisors are agreed that we have to take additional public health precautions for those who have received significant amounts of vCJD-contaminated plasma products.

There is no cure for haemophilia, a bleeding disorder in which one of the essential clotting factors is deficient, and it is a life long condition. However, the development of clotting factor concentrates made from plasma has meant that it can be managed effectively and more recently recombinant (synthetic) clotting factor products have been made available in Scotland.



During the 1970s and 1980s many Haemophiliacs were infected with HIV and Hepatitis C through the use of blood products when there was no way of knowing that these viruses were present in the blood donation.

The Scottish Executive report *Hepatitis C and the Heat Treatment of Blood Products for Haemophiliacs in the mid 1980s* available at <http://www.show.scot.nhs.uk/publicationsindex.htm> gives details of the development of screening and heat treatment procedures to make the clotting factor concentrates safer.

The question of a public inquiry has been considered by Ministers. It is our view that there is nothing to be learned from a public inquiry that has not already been learned. We have, however, stated that should any new evidence come to light that this would be reconsidered.

I hope this clarifies the position.

All the Best

GRO-C

ANDY KERR