

Witness Name: Maria Mooraby

Statement No.: WITN6155006

Exhibits: **WITN6155007 - 015**

Dated:

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF MARIA MOORABY

I provide this supplementary statement in furtherance of my first written statement (**WITN6155001**), which was provided in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22 August 2022.

I, Maria Mooraby, will say as follows: -

Section 1. Additional Information

1. I have received additional information which I would like to exhibit to the Inquiry in conjunction with my first written statement (**WITN6155001**).
2. I enclose as exhibit **WITN6155007** a letter from Jess Ballard of the NHS Business Services Authority dated 27 January 2023 informing me that my stage 1 English Infected Blood Support Scheme ("EIBSS") application had been declined. This reads: "Our assessors have reviewed the evidence provided and agree that you had chronic hepatitis C which led to cirrhosis in 2008. However, they do not believe that the hepatitis was received from NHS blood or blood products. No evidence was provided to show a blood transfusion had taken place, or any other blood products had been used. The assessors do feel that it is likely that while you lived in Spain, where hepatitis C is more

common, you may have received injections or dental treatment with non-sterile tools or needles. They also feel this is a more probable outcome as cirrhosis develops slowly in women. If you had a blood transfusion in the United Kingdom, this means you would have developed cirrhosis in less than 20 years, which is an unusually short time for a non-alcohol drinker."

3. I enclose as exhibit **WITN6155008** the letter that my family and I submitted as part of our appeal against the EIBSS decision. This letter sets out my responses to the points raised in **WITN6155007** in conjunction with supporting evidence where possible, some of which I will exhibit below.
4. I enclose as exhibit **WITN6155009** a letter from Professor Stephen Ryder (Consultant Hepatologist at Nottingham University Hospitals NHS Trust and Honorary Professor at University of Nottingham, School of Medicine) dated 16 March 2023. Professor Ryder wrote: "I have been asked to provide further evidence about the probable route of transmission of hepatitis C for Mrs Mooraby. I can confirm that at the time of our initial assessment we carried out a detailed assessment of risk factors. She confirmed to me that she had never had hospital in-patient treatment or indeed out-patient based treatment as a child in Spain before she came to the UK in 1962. There is no family history of hepatitis C or indeed liver disease of any sort. There was however, a clear history of transfusion given after a ruptured appendix associated with sepsis in the UK. We did not ask for any records from Hull at that time and believe the records have been destroyed however, the history of transfusion was clear."
5. Professor Ryder continued: "I would accept that the rate of progression to cirrhosis in Mrs Mooraby's case is relatively rapid but assuming her transfusion in the UK in 1989 is the origin of her HCV infection it would still be within a range which I would not consider unusual."

6. Professor Ryder concluded: "Personally I feel her UK transfusion is more likely the route of acquisition than any childhood treatment which did not involve hospitalisation in Spain."
7. I enclose as exhibit **WITN6155010** a discharge letter from Beverley Westwood Hospital dated 16 August 1989 and exhibit **WITN6155011** a patient identification sheet evidencing my 7 day stay in Beverley Western Hospital between 10 August and 16 August 1989. I believe these documents support the fact that this was a significant and complex procedure, which explains the need for a blood transfusion.
8. I have so far been unable to retrieve any further records pertaining to my treatment in 1989 in order to provide evidence of having received a blood transfusion. I enclose as exhibit **WITN6155012** a letter from Sharon Kemp (Subject Access Manager at Hull University Teaching Hospitals NHS Trust) confirming that the records relating to treatment at Beverley Westwood Hospital in 1989 have been destroyed.
9. I also enclose as exhibits **WITN6155013** and **WITN6155014** written statements from my husband Raouf and daughter Sarah respectively. Both these statements detail their recollections of my treatment following the emergency appendectomy. Sarah recalls seeing me after the operation with a bag of blood attached via a drip. Raouf remembers being told by a nurse that my surgery had taken longer than expected and I had lost a lot of blood, which had necessitated me receiving a blood transfusion.
10. To confirm, all of the documents exhibited in this statement were sent to EIBSS in support of my appeal against the decision to decline my stage 1 application for financial support.
11. I received a response to my appeal from EIBSS on 29 March 2023, which I enclose as exhibit **WITN6155015**. This letter, from Megan Larrinaga (Chair of Appeal Panel, EIBSS), refused my appeal.

12. In this letter, Megan Larrinaga wrote: "Based on the evidence before it, the Panel was satisfied that you required an emergency appendectomy in 1989. It was also satisfied that you have previously been infected with hepatitis C and that infection persisted for more than six months. However, there was no evidence before the Panel that you have ever received a blood transfusion. In the expert view and experience of the Panel, an appendectomy, even an emergency one or where there is a suspected sepsis infection, is unlikely to require a blood transfusion. The Panel noted there was no reference either in your discharge letter or the summary of your GP records there was any evidence that you had ever received a blood transfusion."

13. Continued: "The Panel noted your submission that approximately 30% of major abdominal surgeries require a blood transfusion. This statistic on its own would be insufficient to satisfy the Panel on the balance of probabilities that you required a blood transfusion during or following her [sic] appendectomy. However, the Panel coupled this evidence with the evidence of the statements from you, your husband and your daughter. The Panel noted that you remembered being hooked up to the bag of blood after your surgery and your husband remembered being advised by a nurse that you had received a blood transfusion. The Panel was not satisfied that this evidence coupled with the statistics provided was sufficient to persuade it on the balance of probabilities that you received a blood transfusion either during or following your appendectomy."

14. Continued: "The Panel considered that on the basis of the evidence before it, there was insufficient evidence to demonstrate that you required or have ever received a blood transfusion, particularly in light of the absence of any reference to you ever having received one. The unlikelihood of your appendectomy requiring a transfusion coupled with the lack of any evidence of your ever needing any blood transfusion or any record of your ever having being transfused meant that the Panel was unable to conclude that it was more likely than not that you

contracted hepatitis C from treatment with infected blood or blood products provided by the NHS as required by the Scheme. Accordingly, we regret that we must refuse your appeal.”

15. I am grateful for the opportunity to exhibit these documents and for it to form part of the Inquiry's body of evidence.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed

GRO-C

Dated

28 June 2023