

**Infected Blood Inquiry**  
**Statement**  
**Robert Arlott**

**Section 1. Introduction**

1. Robert Francis John Arlott

GRO-C

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I have been married to Sophie since 1998. We have two sons Max (22) and Freddie (19) both of whom are at university. I was working as a pilot for DHL until December 2020.

**Section 2. How Infected**

2. In June 1985, because I was intending to travel to India; I visited my GP to ensure that I had the recommended vaccinations. My medical record states that, I was given vaccinations for Yellow Fever, Typhoid, Cholera and Polio. My record also states "20/06/85 - Gamma to be done. Prescription given." The GP had none in stock and he advised me to go to The British Airways Travel Centre in Regent Street where I had an injection of gamma globulin.
3. (Not Applicable)
4. No information or advice was provided to me about the risk of being exposed to infection from blood products.
5. As a result of being given this gamma globulin I was infected with hepatitis C.
6. In early 1998 I attended a job interview and medical in Taiwan. After returning to the UK, I received a telephone call from Taiwan advising me to get a test for hepatitis C. I told my GP, and was referred to Dr Joan Trowell at John Radcliffe Hospital, Oxford. I was tested and diagnosed with hepatitis C.  
Dr Trowell discussed the infection with me at length and gave me plenty of information. Including telling me that sexual transmission was possible but unlikely, any blood to blood contact was very dangerous and, having discussed my medical history at length, that the injection of gamma globulin in 1985 was the "stand-out" likely cause of infection.

**Section 3. Other Infections**

7. I currently do not believe that I have received any other infections other than hepatitis C as a result of being given infected blood products.

#### Section 4. Consent

8. I do not believe that I have been treated or tested without my knowledge, consent or adequate information.  
I have, twice, had treatment for hepatitis C. First was 48 weeks of Pegylated Interferon/Ribavirin between September 2007 and August 2008, which was unsuccessful. Second was 12 weeks as part of a clinical study with ABT-450/Ritonavir/ABT-267 and ABT-333 with Ribavirin (RBV)-(TOPAZ-1) between June and September 2015 which was successful. I was confirmed cured of Hepatitis C in November 2015.

#### Section 5 Impact

9. For many years I was able to live a normal life with Hepatitis C. The Interferon/Ribavirin treatment was very hard on the whole family. I felt generally unwell. I was very difficult to live with and extremely angry and irrational; my wife says that if it had continued, she would have had to leave me. In the first couple of months after the treatment as the virus level built-up I suffered from confusion (brain fog) and anxiety. Because of this I lost my professional flying licence (Feb 2009) and sought psychological help through my GP.  
I retrained as a building surveyor and worked as one until November 2015. I was able to regain my flying licence after being cured of hepatitis C and returned to flying. In November 2020 I was diagnosed with BCLC stage C hepatocellular carcinoma driven by my previous hepatitis C infection. I have had an extremely good response to my Sorafenib treatment. I have also had radiotherapy (50Gy in 5 fractionations). My treatment is on-going.
10. The impact of hepatitis C on my private life has been less significant. I am lucky to have a supportive and loving family and many good friends. I have been required to give up alcohol for many years. The Interferon/Ribavirin put a very large strain on those relationships and the time since my HCC diagnosis has been very frightening and hard for everybody.
11. My hepatitis C infection forced me to give up what had been a successful career as an airline pilot with Monarch Airlines in 2008. I worked hard to start a new career as a building surveyor and then to restart my flying career in 2016. I am currently unable to work as a pilot and it seems very unlikely that I ever will again. I have calculated that hepatitis C will cost me approximately £1.2 million in lost earnings. I have fully contributed to my state pension which I am unlikely to draw. I have been forced into early retirement and have been rejected by the EIBSS for any payment.
12. Hepatitis C has had a severe impact on my family over the last 35 years; there is always a black cloud of worry every day. The worst times have been during the initial diagnosis, Interferon/Ribavirin treatment, career and employment worries and the recent liver cancer diagnosis and treatment. It is certain that living with serious health concerns is uncertain and destabilising at its worst it is extremely frightening and highly emotional. I have had many years of fatigue which has certainly had a large effect on family life. The shock of a sudden cancer diagnosis takes a huge toll on everybody concerned and we all continue to live with this.

## Section 6. Treatment/Care/Support

13. It seems that there is little follow-up of patients who have been “cured” of hepatitis C. I am certain that a more efficient system would have found my liver carcinoma at an earlier and curable stage.
14. When I felt unwell after the Interferon/Ribavirin treatment I sought psychological help from my GP and was referred for Cognitive Behavioural Therapy which I found wholly inadequate.

## Section 7. Financial Assistance

15. I have made claims for to The Skipton Fund and to EIBSS. Both have been rejected.

**The Skipton Fund:** I applied to The Skipton Fund in 2005 after reading about it on-line. I first telephoned, gave an outline of my claim and asked if my claim was fitted the criteria for the payment. I was told that it did so I filled in the required application. After two months I was told that my claim was ineligible because the injection had been given “by British Airways Health Service”. This was something I was very clear about during my initial telephone conversation.

**The EIBSS:** I applied to The EIBSS in August 2021. My application included a report from my previous hepatologist Dr Collier indicating that I contracted hepatitis C from an intravenous injection of gamma globulin in 1985 and a letter from my Oncologist Dr Rao confirming that “it is highly likely and highly probable that his primary liver cancer was driven by his previous hepatitis C virus infection” and “was thought to be related to a contaminated blood product transfusion in the 1980s”. I also explained that I believe that I had an intravenous injection because I had a long wait for my injection because there was only one person who could administer intravenous injections.

I received an email informing me that my application had been declined and that “Our medical assessors have stated that there is no evidence that intramuscular immunoglobulins produced by the NHS have ever been associated with the risk of viral transmission.” The email made no reference to the fact that my claim was based upon an intravenous injection.

There is little research into the risk of hepatitis C from gamma globulin injections in the 1980s. The EIBSS say that they require 51% probability to approve a payment.

- When I was first diagnosed Dr Joan Trowell, Hon. Consultant Physician at John Radcliffe Hospital, told me that it was the “stand-out” cause in my medical history.
- Dr Jane Collier, Consultant Hepatologist at John Radcliffe Hospital, ticked the box on the application form confirming that I had intravenous immunoglobulin plasma/FFP before 1 September 1991.
- Dr Rao, Consultant Medical Oncologist at Nottingham University Hospitals, in the letter I included with my application, said that my previous hepatitis C infection “was thought to be related to a contaminated blood product transfusion in the 1980s”.
- I have no other significant risk factors.
- I did have an injection of a product known to be contaminated with hepatitis C in 1985. It is on my medical record.

This, to me, represents significantly more than 51% probability. I understand that the fund administrators are trying to save paying out money but they are not really listening to my case.

If I had suffered a needle-stick injury I assume my application would have been approved but I was injected with a product known to be contaminated and my application has been declined.

Hepatitis C has ruined my life and it is now killing me. I am annoyed that I have wasted my time making this application when it has not even been assessed properly.

#### Section 8. Other Issues

16. I would like to draw the inquiry's attention to the following:

**A case-control study of risk factors for hepatitis C infection in patients with unexplained routes of infection** by M. Karmochkine, F. Carrat, O. Dos Santos, P. Cacoub and G. Raguin for the GERMIVIC Study Group in 2006 which states "*Among the 66 items considered, multivariate analysis identified 15 independent risk factors for HCV infection: nosocomial admission to medical (odds ratio, OR . 2.1) or surgical ward (OR . 1.7), digestive endoscopy (OR . 1.9), abortion (OR . 1.7)], outpatient treatments [cutaneous ulcer and wound care (OR . 10.1), diathermy (OR . 3.0), gamma globulin (OR . 1.7), intravenous (OR . 1.7) or intramuscular (OR . 1.4) injections, varicose vein sclerotherapy (OR . 1.6), acupuncture (OR . 1.5)] and lifestyle associated [intranasal cocaine use (OR . 4.5), practice of contact sports (OR . 2.3), beauty treatments (OR . 2.0), professional pedicure/ manicure (OR . 1.7)]. These factors could explain 73% of community-acquired hepatitis C. In conclusion, for patients with unexplained routes of HCV infection, our data incriminate previously unidentified risk factors (abortions, some dermatological procedures, outpatient injections, contact sports, beauty treatments, professional pedicure/ manicure) and confirm those already recognized (hospitalization, digestive endoscopy, acupuncture and intranasal cocaine use).*"