

31 Mar 2009: Column 1101W

Hepatitis: Blood Transfusions

Bob Spink: To ask the Secretary of State for Health if he will make it his policy to establish a public inquiry into the transmission of hepatitis C and HIV through blood and blood products; and if he will make a statement. [267049]

Dawn Primarolo: The Government have great sympathy for those affected in this way, and are deeply sorry that this happened as a result of national health service treatment that was given in good faith. However, these events have been the subject of long-concluded legal proceedings, and the Government have established three schemes to provide financial assistance to those affected.

Lord Archer of Sandwell has recently issued the report of his independent inquiry into these issues. I have met with Lord Archer to discuss his report, and will consider his conclusions and recommendations very carefully.

6 Mar 2009: Column 1867W

HEALTH

Blood: Contamination

Danny Alexander: To ask the Secretary of State for Health if he will make it his policy to pay compensation to haemophiliacs infected with hepatitis C and HIV following the use of contaminated blood by the NHS. [261081]

Dawn Primarolo: The Department has set up three ex gratia payment schemes for those infected with Human immunodeficiency virus (HIV) or hepatitis C through national health service treatment—the Macfarlane Trust, the Eileen Trust and the Skipton Fund Ltd.

The Macfarlane Trust was set up in 1988 to establish a hardship fund to assist haemophiliacs who contracted HIV following treatment with blood products on the NHS.

The Eileen Trust was set up in 1993 as a charitable trust to assist people other than those with bleeding disorders, who had contracted HIV through NHS treatment with contaminated blood products.

The Skipton Fund Ltd was set up in 2004 as an ex gratia payment scheme for patients infected with hepatitis C through NHS contaminated blood and blood products, provided the patient was alive on 29 August 2003.

The Department is giving Lord Archer's report the consideration it deserves and will respond as soon as it has done so.

10 Feb 2009: Column 1932W

Hepatitis

Mr. Amess: To ask the Secretary of State for Health in what proportion of patients with (a) chronic hepatitis, (b) cirrhosis and (c) hepatocellular carcinoma their condition is due to chronic infection with hepatitis B virus; and if he will make a statement. [254998]

Dawn Primarolo: It is not possible to use Hospital Episode Statistics to provide data on chronic hepatitis, cirrhosis or hepatocellular carcinoma due to hepatitis B virus. Although there are disease codes to describe these conditions individually, it is not possible to show that one condition has been caused by the other.

However, it is generally accepted that hepatitis B is a significant cause of chronic hepatitis, and that about 20 to 25 per cent. of individuals with chronic hepatitis B infection world-wide are at increased risk of developing cirrhosis and hepatocellular cancer.

Mr. Amess: To ask the Secretary of State for Health (1) if he will make additional funding available to primary care trusts for the use of pegylated interferon for the anti-viral treatment of chronic hepatitis B; and if he will make a statement; [254999]

(2) how much and what percentage of the 2008-09 budget of each (a) health authority and (b) primary care trust is allocated for the treatment of hepatitis B; and if he will make a statement. [255112]

Dawn Primarolo: Funding for hepatitis B treatment is included within the revenue allocations for primary care trusts (PCTs). The allocations also fund the costs of meeting recommendations from the National Institute for Health and Clinical Excellence. The 2008-09 PCT allocations represent £74.2 billion investment in the national health service, a total increase in funding of £3.8 billion. PCTs have also been informed of their 2009-10 and 2010-11 allocations, a total of £164 billion investment over the two years, a cash increase of £8.6 billion.

The Department does not break down PCT allocations by policies, at either a national or local level. It is for PCTs to decide their priorities for investment locally, taking into account both local priorities and the NHS Operating Framework.

Responsibility for providing services for the treatment of chronic hepatitis B lies with PCTs and their local partners, as they are best placed to assess what is needed in their areas. Information about local expenditure on hepatitis B services is not available centrally.

10 Feb 2009: Column 1933W

Mr. Amess: To ask the Secretary of State for Health (1) what studies have been (a) commissioned and (b) evaluated by his Department into the likely incidence of chronic hepatitis B over the next (i) five and (ii) 10 years; and if he will make a statement; [255002]

(2) what studies have been (a) commissioned and (b) evaluated by his Department on monitoring the changes in the epidemiology of hepatitis B infection following the introduction of an anti-viral treatment with interferon and ribvarin since 1997; and if he will make a statement. [255113]

Dawn Primarolo: The Department has not commissioned or evaluated any studies into the incidence of chronic hepatitis B over the next five or 10 years in England or into the effect of antiviral therapy on the epidemiology of chronic hepatitis B since 1997.

Surveillance of hepatitis B suggests that the incidence of both chronic and acute hepatitis B in this country remains low. The Health Protection Agency monitors epidemiological trends in hepatitis B infection and published in 2004 a review of the incidence of hepatitis B in England and Wales from 1995-2000⁽¹⁾.

Ribavirin is used (in combination with pegylated interferon) for the treatment of chronic hepatitis C, not chronic hepatitis B, as recommended by the National Institute for Health and Clinical Excellence.

⁽¹⁾ Hahne S, Ramsay M, Balogun K, Edmunds WJ and Mortimer P. (2004). Incidence and routes of transmission of hepatitis B virus in England and Wales, 1995-2000: implications for immunisation policy. *Journal of Clinical Virology* 29:211-20.

9 Feb 2009: Column 1759W

Hepatitis

Mr. Amess: To ask the Secretary of State for Health (1) what steps he plans to take to reduce the number of undiagnosed cases of hepatitis C; and if he will make a statement; [255000]

(2) what plans he has to increase public awareness of the modes of transmission of hepatitis C; and if he will make a statement. [255001]

Dawn Primarolo: The Department is continuing to run a hepatitis C awareness campaign for health care professionals and the public that uses a range of channels of communication such as press, radio and ambient advertising, leaflets and guidance, a campaign website, and a confidential and free telephone line to provides information about modes of transmission.

The campaign aims to encourage those at risk of infection to seek testing and to assist health care professionals in identifying patients who may be at risk so that they can be referred for specialist care.

In addition, the Department and the National Treatment Agency for Substance Misuse (NTA) launched a joint harm reduction campaign last year for injecting drug users and those working with them that includes information about the prevention, diagnosis and treatment of hepatitis C. The campaign supports implementation of the

joint departmental and NTA action plan on reducing drug-related harm. A copy of the plan has been placed in the Library.