

# HISTORY SHEET

Hospital No.  
Surname  
First Names  
D. of B.

GRO-B

GRO-B

GRO-B 59

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

20-12-81 Attending for general review. Age 23 yrs.  
Haemophilia 3% - diagnosed soon after birth.

No specific treatment needed over last few years. Bruises a bit more than average after knocks. Occ. epistaxis.

21/11/82

Months ago: severed tendons & nerves in R hand (put hand through pane of glass).  
Stayed at Edgware after ? cryo cover. Then

Sent to GRO-B Hospital, where surgical repair was done — had ? cryo for several days. No problem with bleeding.

Is under follow-up at GRO-B — still has sutures in R. hand & will be having physio — forearm & hand at present immobilised in back slab.

- Works as GRO-B company

(GRO-B) — been there

4 yrs. Mainly office work: light.

- General health fine. No current medication. No other on-going illness.  
Keeps fit: plays football, water skiing, cycling, weight training.

- 4 days ago: flu-like symptoms — now improving

Normally attends Edgware general  
if he has a problem.

Attends local dentist 6 monthly —  
no extractions necessary for many years.

No joint disability.

WT 70.7 kg BP 115/75.

FBC

LFT

AP<sub>3</sub> A<sub>3</sub> / A<sub>3</sub>

AT

VIII complex

Issue new card when  
results available.

GRO-C

24/1/02 Neutropenia 29% of 1.9  $30,500 \times 10^9$  Neut  
(probably viral induced)  
Write for refert-

GRO-C

24/12/02 Bloods taken  
FBC & diff WBCs A<sub>3</sub> LFTs

22/11 injury to medial aspect (L)  
Knee 10 1/2 ago  
now steadily improving  
but under the medial surface

2/6 Tibial swelling  
tender and  
no bruising  
movement → 1150:

Plan: Do well H&A } X-ray review  
LFT } independent



1.4.85

Received 24 vials Arulan factor III concentrate  
batch no W92508, + 20 bags of cryo  
to cover surgical repair of severed  
tendons + nerve (R) hand. on 30.11.82.  
noted to be severely neutropenic +  
flu like symptoms in Dec 82.  
HTLV III positive Feb 85.  
T4/T3 ratio 0.56 7/1/85.

GRO-C

17/6/85

Review last on right ankle Oct. 1984, no wound, not much  
bleeding, looked well.  
Injured left wrist on Good Friday (1982) playing game where a rugby  
ball is hit with an American baseball bat, felt "something gave"  
the wrist as he hit the ball. Left wrist became swollen + then  
red, experienced burning, settled gradually + recovered full  
movement but feels an occasional twinge when lifting things.  
General health very good.

Attends own dentist last visit about 9 months ago, requested  
appointment as he did not have usual 6/2 appointment.

Social

Still working for GRO-B as a GRO-B trying to get into  
GRO-B. Worked as a gardener when he first left school.

Partnership in small P.O. + lighting company, works on spare time (has  
equipment so groups do mostly buy in the evening)  
lives in rented accommodation (not Council owned)

AIDS diagnosed - made of seroconversion, note to other. Told that  
he is HTLV III pos, probably acquired Ab +ve R in 1982, also  
probably had attack hepatitis in 1982. No regular sexual partners.  
Informed about 3DMP for virus prevention.  
No R<sub>1</sub> since 1982.

Wt. 71.5 kg. B.P. 120/60 Pulse 60 regular.

No lymphadenopathy. Mouth healthy.  
Chest clear.  
Lungs - clear not palpable. Abdomen normal on palpation.  
All joints normal - full range. Good muscle tone + power.

Patient reports that he had "routine screening" at the  
**GRO-B** Hospital in early 1986 after working with goats thought  
 to be contaminated (he does not know type of contamination)  
 Screening involved examination, chest X-ray, ECG & blood test.  
 He will ask the nurse at work to send us copies of reports.

Blood samples for: Fbc & diff count  
 LFT's & uricoglutelin  
 Hg Ab + antibody  
 VHA Absence + PT  
 Sample for storage.

Noted to be Hg Ab neg. (not sure but not 65)  
 Hepatitis B vaccination discussed.  
 First done today.

11.6.86

6 monthly review v. well. no bleeds at all.

never had a gut bleed

dentist - own dentist due for check up.

job - ex. administrative

social - being evicted from flat as was **GRO-B** from brother  
 whose now moved away **GRO-B** wasn't supposed to  
 be there - **GRO-B** ? must stay in.

ADS - remembers talking about it last yr c66 but no knowledge  
 of Antibody test / heat rx / blood donation changes. Says  
 he doesn't know result of his antibody test (was told &  
 positive by c66) n.b. since then has become negative. Advice  
 of blood spillage precautions  
 all discussed. Told that his Ab is currently ⊖

2/3 v. well w/ 71.1kg. no nodes

p70  
 Bp 118/71

chest clear

Ht 1.74m

abds soft.

guts look ok not formally  
 examined

→ bloods

+ Hb1 Ab - to check response to  
 vaccination.

review 6/11

**GRO-C**



## HISTORY SHEET (Continuation)

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15.11.86 Review.

No Hx & no treatment  
 General health excellent.  
 Now working as clerk in office.

Neg. response to HBVax — for booster.  
 Told that a certain proportion of  
 people don't respond for antibody reasons.

Not w/c of any GP at present — so  
 HIV request (now pos) not to be  
 included in summary letters at present.


Significance of anti-HIV discussed in outline  
 — methods + transmission. No sexual  
 partner at present, but girl friend  
 a nurse — not discussed with her.

of E looks well. Wt 71. kg  
 No clinical, oxidizing adipsopathy  
 P 60  
 BP 120/75  
 Cholesterol  
 No: liver/spleen not felt.

Note FBC: low granulocytes  
 T<sub>4</sub> 0.37  
 T<sub>4</sub>/T<sub>8</sub> 0.36

For: further counselling with Mrs Miller  
 & see for review in 6 m.

No clinical evidence AIDS/AEC at present  
 but probably seropos since 1982.

DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. <span style="border: 1px solid black; padding: 2px;">GRO-B</span> Surname <span style="border: 1px solid black; padding: 2px;">GRO-B</span> First Names <span style="border: 1px solid black; padding: 2px;">GRO-B</span>
29/6/18	Haemophilia A 3%.	
	"fit as a fiddle"	
	Bruised on the leg skiing holiday.	
	Knees were O.K.	
	Otherwise well. No other jt problems.	
	Infections	
	Hx ?	
	Appt "Indigestion" "Dandruff"	
	Heavy fever. "Smoking"	
	Librarian in drawing office.	
	Hired car recently.	
	Leaving.	
	Going to sell marble tiles. Stock controller.	
	Starts 3/12.	
	Don't know about haemophilia; hasn't had	
	any form about health etc.	
	Rents a flat.	
	Wt 71.8 Kg.	
	Well	
	"An G. A. J."	
	"W"	
	P 90	
	BP	
	Chest clear	
	Hs 1 + 11	
	Abdo  "L.K.K.S."	
	Jts all (N)	
	Grogs on knee.	
	Dismissed implications of falling Tx "we are worried" + possibility of asymptomatic AZT trial. Seemed completely new news	



DATE

(Each entry must be signed)

to him "Am I a carrier?"

9/12

or sooner for trial

Told to return if wanted clarif. / more info

Related 18.7.88

GRO-C

18/11/88

2846.5

Dx: Haemophilia A 5%  
HIV free.

Rx: None.

Sx: Going very well.  
Occ. Acne rash but clear at the moment.Bleeds: Last factor VIIIc infusion was back in 82.  
Since then no problems & bleeding.Tries to "keep clear head regarding" HIV positivity  
Informed pt. re AZT trial.O/z: Old Foster note on Rt side of chest (4 cm diameter)  
→ cleared in mid August latest 2/88No adenopathy  
Ex adenopathy  
Visceral adenopathy.

GRO-C

7960

ovs	} Clin.
RS	
Cnt	

DATE

(Each entry must be signed)

to him "Am I a carrier?"

9/12

or sooner for trial

James

Told to return if wanted clarif. / more info

dictated 18.7.88

18/11/88

2846.5

Dx: Haemophilia A 5%  
HIV free.

Rx: None.

Sx: Going very well.  
Occ. acne rash but clear at the moment.Bleeds: Last factor VIIIc infusion was back in 82.  
Since then no problems & bleeding.Tries to "keep clear head regarding" HIV positivity  
Informed pt. re AZT trial.O/z: Old Foster note a R<sup>t</sup> site of chest (4 cm diameter)  
→ cleared in mid August latest 2/siNo adenopathy  
Ex adenopathy  
Visceral adenopathy.

GRO-C

ovs	} clear.
RS	
Chl	



## HISTORY SHEET (Continuation)

Hospital No.

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Temp: Low  $T_4$  (.3).  
One episode of herpes zoster.  
Otherwise doing reasonably well

Plan: Reassured pt.  
To see Dr. Lim re. AZT trial.  
Otherwise to see in 9/12.  
Screen.

GRO-C

12/1/89 AZT/MRC Trial Day 0.  
Decided to enter study. Well. No problems.  
Some concern about relationships (none at moment)  
In process of getting a new GP

On mouth - skin ✓  
necks. chest - CUS H14  
Abdo. NAD.  
CNS NAD.

WT 72.5 kg Ht 175 cm

① Start trial today that No AR4300y  
bloods ✓  
interview ✓  
forms ✓  
Should see Riva at some stage.

GRO-C

## HISTORY SHEET (Continuation)

Hospital No.

Surname

GRO-B

First Names

DATE

(Each entry must be signed)

Temp: Low  $T_4$  (.3).  
One episode of herpes zoster.  
Otherwise doing reasonably well

Plan: Reassured pt.  
To see Dr. Lim re. AZT trial.  
Otherwise to see in G.C.  
Screen.

GRO-C

12/1/89 AZT /MRC Trial Day 0.  
Decided to enter study. Well. No problems.  
Some concern about relationships (none at moment)  
In process of getting a new GP

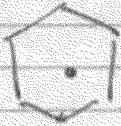


06 month - skin ✓  
neuro. chest - CUS H14  
Abdo. NAD.  
CNS NAD.

WT 72.5 kg Ht 175 cm

① Start trial today that No AR4300y  
bloods ✓  
interview ✓  
forms ✓  
Should see Riva at some stage.

GRO-C



DATE	(Each entry must be signed)
4.3.85	<p>AZT Trial week 8</p> <p>Returned from ski trip recently - good snowfall the last 3 days. Did not use any <math>\gamma</math>. VII</p> <p>No problems - Has only missed 1 tab</p> <p>OLE nodes<sup>o</sup> month ✓ skin ✓</p> <p>CNS Hitz chest clear</p> <p>Abdo</p>  NAD. <p>① RV 2/52</p> <p>AZT trial caps ✓</p> <p>bloods ✓</p> <div data-bbox="954 789 1151 919" style="border: 1px dashed black; padding: 5px; text-align: center;">GRO-C</div>
6.4.85	<p>AZT Trial week 12</p> <p>Well. No problems. Quiet cancer</p> <p>OLE month ✓ skin - mild folliculitis</p> <p>CNS Hitz chest clear nodes</p> <p>Abdo</p>  NAD <p>① RV 1/12</p> <p>Full bloods incl T<sub>4</sub> count</p> <p>AZT tabs</p> <p>interview</p> <div data-bbox="950 1356 1180 1478" style="border: 1px dashed black; padding: 5px; text-align: center;">GRO-C</div>
30.6.85	<p>AZT Trial week 24</p> <p>Continued to be well. Bored with current job selling marble.</p> <p>OLE month ✓ skin ✓ nodes<sup>o</sup></p> <p>CNS Hitz chest clear</p> <p>Abdo</p>  NAD <p>Fundi ✓</p> <p>Bloods - T<sub>4</sub>/Fbc/biochem/sure x 3</p> <p>RV 1/12 - 28/7/85.</p> <div data-bbox="1049 1808 1245 1898" style="border: 1px dashed black; padding: 5px; text-align: center;">GRO-C</div>

# HISTORY SHEET

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D. of B.

GRO-B 59

DATE

CLINICAL NOTES (Each entry must be signed)

30/6/89

Claims to have filled in forms re GP.

Age 29.

Review.

Self made.

FVIII 5%.

Last treatment 12/1/89. Knee joint.

N.B. HBVax - no response was ID.

Had booster today.

? acquired HIV 1982

Arrows F VIII  
30-11-82

On asymptomatic AZT trial.

T4 = 0.38 6/4/89.

Probably seropositive 6 1/2 years.

FE. Good health.

° chest pain.

° indigestion.

° haematuria.

No arthropathy.

Last Wbc - 3.11 Lymph - 1.2 Hb 12.8.

SH. Rents flat with two men. They

do not know HIV situation.

Parents do not know about HIV

Has brother

GRO-C

- does not know)

A few close friends know HIV status.



Examination performed by Dr. LHM  
(trial)

Routine blood done.

Suggest we contact Liz Boyd re. Macfarlane Trust.

28.7.89 AZT Trial week 28

Well. Some concern with rate of progression after 10 yrs (after seeing Dr. Lee).  
Thinking of going to US this summer

One month skin ✓ nodes

CVS H/H Chest clear

Abdo C



Ⓟ RV 1/12 : 25.8.89 ✓

Bloods: FBC/Biochem/Serum X 2 ✓

Trial Caps ✓

GRO-C

24.8.89 AZT Trial week 32

Still bored with current job. Looking for a change? Photography.  
Otherwise well

One month ✓ skin ✓ nodes

CVS H/H Chest clear

Abdo NAD.

Ⓟ RV 1/12 : 22.9.89

Bloods: FBC/Biochem/Serum X 3

Trial Caps

GRO-C

Examination performed by Dr LHM  
(trial)

Routine blood done.

Suggest we contact Liz Boyd re. Macfarlane Trust.

28.7.89 AZT Trial week 28

Well. Some concern with rate of progression after 10 yrs (after seeing Dr. Lee).  
Thinking of going to US this summer

One month skin ✓ nodes

CVS H/H Chest clear

Abdo C



Ⓟ RV 1/12 : 25.8.89 ✓

Bloods: FBC/Biochem/Serum X 3 ✓

Trial Caps ✓

GRO-C

24.8.89 AZT Trial week 32

Still bored with current job. Looking for a change? photography.  
otherwise well

One month ✓ skin ✓ nodes

CVS H/H Chest clear

Abdo NAD.

Ⓟ RV 1/12 : 22.9.89

Bloods: FBC/Biochem/Serum X 3

Trial Caps

GRO-C



## HISTORY SHEET (Continuation)

Hospital No.

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(Each entry must be signed)

22.9.89

AZT Trial week 36

well. No problem. Going skiing this winter.

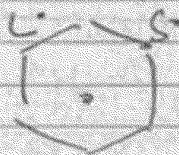
O/E mouth - skin - some creases

② middle finger

nodes

CVS HtH Chest clear

Abdo



①

RV 1/2 : 20/10/89

Bloods : Ty / FBC / Biochem / Save x3

Trial Caps

hydrocort cream ✓

GRO-C

13.10.89

AZT Trial week 40

well. No problems.

O/E mouth ✓

skin - folliculitis A back (mild)

nodes

CVS HtH Chest clear

Abdo



①

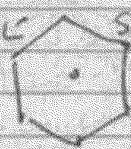

RV 5/52 : 17.11.89 ✓

Bloods : Ty / FBC / Biochem / Save x3 ✓

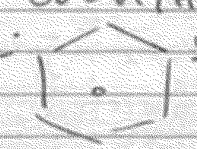
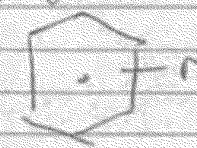
Trial Caps ✓

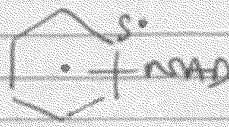

hydrocort cream ✓

GRO-C

DATE	(Each entry must be signed)
10/11/89	AZT Trial week 44 Influenza 4/7. Swabs, malaise, dry cough Now improving. otherwise OK
	One month - skin ✓ CVS Hitz Chest clear Abdo 
	(P) RV 5/52: 15.12.89 ✓ Discussed pentamidine ✓ Bloods: FBC/T4/Biochem (same x3) ✓ AZT Trial Caps ✓ <div data-bbox="1068 898 1222 993" style="border: 1px dashed black; padding: 2px; display: inline-block;">GRO-C</div>
15/12/89	AZT Trial week 48 well. no problems Recovered from flu 1/12 ago Promotion at work - manager on better pay. Good social life
	One month ✓ skin - v. mild folliculitis <del>RV 7/52: 2.2.90</del> Chest clear CVS Hitz Abdo 
	(P) RV 7/52: 2.2.90 Trial Caps: 2/12 Bloods: FBC/T4/Biochem (same x3)



DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. Surname <b>GRO-B</b> First Names
2.2.90	<p>AZT Trial week 54</p> <p>Very busy at work. Otherwise well health-wise. Had the one Christmas - now recovered.</p> <p>One month ✓ Skin - mild folliculitis. nodes. CVS H<sub>2</sub>H<sub>2</sub> chills clear Abdo L:  S:</p>	
	<p>⑤ RV 6/52 : 16.3.90 Bloods: T4 / FBC / Biochem / save x3 AZT Trial caps 180.</p>	<div data-bbox="1235 863 1409 951" style="border: 1px solid black; padding: 5px; text-align: center;">GRO-C</div>
16.3.90	<p>AZT Trial week 60</p> <p>Went skiing last week - had v. good time. A few breaks on bottom but no treatment. Otherwise well.</p> <p>One month ✓ Skin ✓ nodes CVS H<sub>2</sub>H<sub>2</sub> chills clear Abdo  NAD</p>	
	<p>⑤ RV 6/52 : 27.4.90 Bloods: T4 / FBC / Biochem / save v3 AZT &lt; 180 Sugar test 27.4.90.</p>	
27.4.90	<p>AZT Trial week 67</p> <p>well. Just returned from holiday in Devon. Was skiing earlier in the year. No medical probs - no headaches, nausea, diarrhoea. eating well. Some probs at home - flatmate flooded the office downstairs. NOT entirely happy at work.</p>	<p>Copy made on: 17/06/2022</p>

DATE	(Each entry must be signed)
	<p>Ole month - skin - nodes            WS H<sub>2</sub> chest clear  <del>Abdo</del> L<sup>o</sup>  S<sup>o</sup></p> <p>(P) RV 6/12 : 8.6.90            Sugar TGA : 18.5.90            Bloods : Tx/Fbc/Biochem (same)            AZT 180</p> <div data-bbox="1024 663 1214 758" data-label="Text">GRO-C</div>
7.6.90	<p>AZT Trial week 73            well. NO problem.            Bought a 3 BR house in            Thinking of a relationship with friend</p> <div data-bbox="992 936 1166 978" data-label="Text">GRO-B</div> <p>Ole month - skin - nodes            WS H<sub>2</sub> chest clear            Abdo L<sup>o</sup>  S<sup>o</sup></p> <p>(P) RV 6/12 : 20.7.90            Trial Bloods : Tx/Fbc/Biochem/same x 3            Trial Caps 180.</p> <div data-bbox="964 1409 1151 1514" data-label="Text">GRO-C</div>
20.7.90	<p>AZT trial week 79            Well. No problems - health reasonably good.            Worried about grid living in house            - feels getting emotionally involved            - asked her to move out.</p>
wt 72.9	<p>Ole month - skin - nodes            WS H<sub>2</sub> chest clear</p>



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Abdo 1cm liver S-  
NAD

(P) RV 3/12 : 12.10.90

Total bloods : Tx / FBC / Bio chem / tunc x3  
AZT 360

GRO-B

11.10.90 AZT total week 91

Well - No problems. Work going well,  
No fever/sweats/Headaches (otherwise)

12/X/90 Annual review.

Factor VIII 5%.

Age 31  
Manager of

GRO-B

Haemophilia - no bleeds during  
past year.

? probable seroconversion 30.11.82  
when had Rx for cut finger.

20.7.90 CD4 0.52.

11.10.90 21% (unchanged)

AST normal.

Has dermatitis through marble.

HIV disease.

In Concorde trial. (12/1/89)

No symptoms.


Discussion about Rx / AZT etc.


Engaged to a secretary: has seen Mrs Miller.  
Coming in March again. Has been tested.

Has had HBVax.


\* Needs referral to dermatologist.




DATE	(Each entry must be signed)
12/16/80	<p>73.9</p> <p>°CN</p> <p>Mouth ✓</p> <p>Skin - Sealing lesions @ hand</p> <p>Chest - clear</p> <p>Abd - no masses.</p> <p>3/11 - concordance</p> <p>1y Review. <span style="border: 1px solid black; padding: 2px;">GRO-C</span></p>
15/3/91	<p>12.12.90 0.273</p> <p>Has ulcer on mouth.</p> <p>Athletes foot @ foot. due to mottle.</p> <p>I referred to dermatologist in Dec:</p> <p>appt. was changed by him x1: by dermatologist x2.</p> <p>New appt. end of May.</p> <p>To try &amp; expediate.</p> <p>Came with girlfriend. Long discussion about relationship/marriage etc. see Ruth Squires.</p> <p>O/E</p> <p>Wt 10.04 wt.</p> <p>Mouth? wart on lower lip. refer Dermatologist.</p> <p>Hands - still has dermatitis.</p> <p>3/12</p>
10.5.91	<p>ART review</p> <p>well. No probs except for skin complaints</p> <p>- acne ++</p> <p>- infection of ear canals</p> <p>Has had x3 night sweats in 1wk but also had URTI</p> <p>Off ART 2/12 - ran out of caps</p> <p>O/E mouth ✓ skin - acne ++ nodules</p> <p>C/S H/Lt chest clear</p> <p>Abdo</p>  <p>cutch - finger @ side - ring shaped - raised edges, v. itchy.</p>

DATE	(Each entry must be signed)
12/11/80	<p>73.9            °CN            Mouth ✓            Skin - Sealing lesions @ hand            Chest - clear            Abd - no masses.</p> <p>3/12 - concord            1y review. <span style="border: 1px solid black; padding: 2px;">GRO-C</span></p>
15/3/91	<p>12.12.90 0.273            Has ulcer on mouth.            Athletes foot @ foot. due to mottle.            I referred to dermatologist in Dec:            apppt. was changed by him x1 : by            dermatologist x2.            New apppt. end of May.            To try &amp; expediate.</p> <p>Came with girlfriend. Long discussion about            O/E relationship/marriage etc. see            Ruth Squires.</p> <p>Wt 10.04 wt.            Mouth ? wart on lower lip. refer Dermatologist.            Hands - still has dermatitis.</p>
10.5.91	<p>3/12            AZT review</p> <p>well. No probs except for skin complaints            - acne ++            - infection of ear canals            Has had x3 night sweats in 1wk but            also had URTI            Off AZT 2/12 - ran out of caps            O/E mouth ✓ skin - acne ++ nodu°            CVS H/Lt clear            Abdo</p>  <p>cutch - finger @ side - ring shaped -            raised edges, v. itchy.</p>



DATE	(Each entry must be signed)
12/11/80	<p>73.9</p> <p>°CN</p> <p>Mouth ✓</p> <p>Skin - Sealing lesions @ hand</p> <p>Chest - clear</p> <p>Abd - no masses.</p> <p>3/12. concord</p> <p>1y Review. <span style="border: 1px solid black; padding: 2px;">GRO-C</span></p>
15/3/91	<p>12.12.90 0.273</p> <p>Has ulcer on mouth.</p> <p>Athletes foot @ foot. due to muck.</p> <p>I referred to dermatologist in Dec:</p> <p>appt. was changed by him x1: by dermatologist x2.</p> <p>New appt. end of May.</p> <p>To try &amp; expediate.</p> <p>Came with girlfriend. Long discussion about relationship/marriage etc. see Ruth Squires.</p> <p>O/E</p> <p>Wt 10.04 wt.</p> <p>Mouth? wart on lower lip. refer Dermatologist.</p> <p>Hands - still has dermatitis.</p> <p>3/12</p>
10.5.91	<p>ART review</p> <p>well. No probs except for skin complaints</p> <p>- acne ++</p> <p>- infection of ear canals</p> <p>Has had x3 night sweats in 1wk but also had URTI</p> <p>Off ART 2/12 - ran out of caps</p> <p>O/E mouth ✓ skin - acne ++ nodu°</p> <p>CVS H/Lt clear</p> <p>Abdo</p>  <p>cutch - finger @ side - ring shaped - raised edges, v. itchy.</p>

DATE	(Each entry must be signed)
12/11/80	<p>73.9            °CN            Mouth ✓            Skin - Sealing lesions @ hand            Chest - clear            Abd - no masses.</p> <p>3/11 - concord            1y Review. <span style="border: 1px solid black; padding: 2px;">GRO-C</span></p>
15/3/91	<p>12.12.90 0.273            Has ulcer on mouth.            Athletes foot @ foot. due to mottle.            I referred to dermatologist in Dec:            apppt. was changed by him x1: by            dermatologist x2.            New apppt. end of May.            To try &amp; expediate.</p> <p>Came with girlfriend. Long discussion about            O/E relationship/marriage etc. see            Ruth Squires.</p> <p>Wt 10.04 wt.            Mouth? wart on lower lip. refer Dermatologist.            Hands - still has dermatitis.</p>
10.5.91	<p>3/12            AZT review            well. No probs except for skin complaints            - acne ++            - infection of ear canals            Has had x3 night sweats in 1wk but            also had URTI            Off AZT 2/12 - ran out of caps            O/E mouth ✓ skin - acne ++ nodu°            CVS H/Lt clear            Abdo</p>  <p>cutch - finger @ side - ring shaped -            raised edges, v. itchy.</p>



# HISTORY SHEET

Hospital No.

GRO-B

Surname

GRO-B

First Names

GRO-B

D. of B.

GRO-B 59

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

(P)

Clotrimazole cream  
Triminac cream

Tissue bloods: T4 / FBC / Biochem / Sone x3

AZT 360

Review 5.7.91

GRO-C

28.6.91

Trial  
AZT/Review

Well. No probs

1x mouth ulcer

1x night sweat

Otherwise no SOB / cough / chest pain

no headache / usual AS / anorexia

wt loss / diarrhoea.

Getting married

GRO-B

Honeymoon in US - Florida 2/92

then 1/92 in St. Lucia.

V. busy at moment

OK mouth / nodules skin /

CVS Htz chest clear

Abdo



(P)

Bloods taken last week

Rv 3/92: 20.9.91 - final review

AZT 360

6/8/91

Review

- dermatitis (D) hand playing up, even in Florida - needs more cream
- stubbed (R) 2nd toe on door on Sun - v painful? broken.

O/E eczema (L) hand - aggravated by mounds dirt & work  
(R) 2nd toe - not broken but bleed into joint - swollen, a little tender

(P) No Rx for bleed (2/1 old)  
Betnovate cream for eczema  
RV 20/9

GRO-C

20/9/91

Review

Mild haem A 5%  
HIV+.

Worth i  
mettle.

Dermatitis. Rx by dermatologist  
through work.

Saw dermatologist here: Rx with  
liquid N<sub>2</sub> and lesion on lip went.  
Griseofulvin prescribed for hand  
and has helped.

Haemophilia. No bleeds

HIV Discussion about Concorde  
+ combinat<sup>n</sup>. trials.

CD4 0.345.



## HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F  
M/S/W

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

Data about HBVax not clear.  
Anti HBs neg.  
Has had HBVax.

HCV ALT normal 26 21/6/91  
Anti C100 neg

Social. Married

GRO-B

Wife is secretary.  
Now owns flat + house

New address

Under old GP in

GRO-B

Wt 75.2

BP 120/70

Mouth ✓

°LN.

6/12.

20/7/91 Review & C100 alone.  
Fed HIV says worried don't relate  
to "that" Not sleep well  
No back probs.  
HCV not properly discussed,  
but talked + Hep B  
Sex Recently had had  
Foul concerns relate to  
relationship b/w wife & ex-  
flat partner who is kept in

stem. Had made financial  
plans for wife "anything  
shd happen to me" he invested  
in properties.

GRO-B

GRO-C

23.12.91

Concord trial

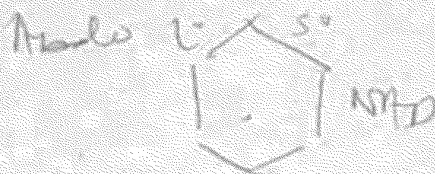
well. No major probs - wiggling dry  
cough for 2 1/2 but improving. No  
SOBT fever / sweat patches.

Skin improved + but some itching  
under armpits

— on out of Criscofalin — await  
dermatologists

06 month — skin — "not"

W & H & chest clear



(P) FU 3/12: 16.3.92

AZT trial blood

AZT 380

GRO-C



HISTORY SHEET (Continuation)		Hospital No.
DATE	(Each entry must be signed)	Surname <b>GRO-B</b> First Names <b>GRO-B</b>
6/2/92	Cascade blood ✓ AZT + ODS x 360 3/12	<b>GRO-C</b>
27/4/92	Dr. RUSTIN ✓	
10/9/92	mild thrombocytopenia A Last seen 9/2 :- Interviewed for - Job in food industry → Wife now working as a secretary in NHS school * No bleed in interval. No nose bleed on no trace Rx or Prophylaxis → On THE concrete / PLACEBO TABLE - Now GP * - Her had 3 courses of Hepatitis vaccination. No x-lls to date need for Boosters.	
Wt 73.3	Parent medication - Vitamin tablets * Protecting "life sav" in 1 wife just married 1 year. No issues Does not plan to have kids yet.	
Key 1.75	Many for test mostly - "useful".	
	9/2 -	

DATE

(Each entry must be signed)

over line repair

(R)

(L)

R + +

+ +

A + +

+ +

P L

↓

at lower level to (L) under ground

Imp disc for other than a bloodMem see home

no markings

check if work or not calling

GRO-C

16-3-92

Lancaster for

well

No problems

Good compliance &amp; medication

need to register new address

GRO-B

GRO-B

Tel

GRO-B

OE

Mild ligament &amp; hand

nodes

75.7

kg

Mouth free

Check clear

Also NAD

Copy made on: 17/06/2022

WITN0644185\_0029



# HISTORY SHEET

Hospital No.  
Surname  
First Names  
D. of B.

GRO-B

15/6/92

DATE

CLINICAL NOTES (Each entry must be signed)

15/6/92

No notes available.  
Conclude trial & n.

- Recently lost his job unexpectedly.  
Seeking legal advice possibility of  
job in the trade, or do  
something else for time-being

- long period otherwise well  
- hope working. No immediate financial  
crisis.

PE Well wt 75.3 Kg.  
Skin, eyes, ears, nose, mouth, otherwise  
NAD. no nodes -  
Chest clear.

Dismissed Conclude trial. happy to continue  
in trial as long as deemed necessary.  
No side-effects from tabs

A Well.  
P Trial bloods  
Continue cap 1 QDS  
See 3/12 for general review

GRO-C

DATE	(Each entry must be signed)
3/12/52	Concorde trial run Well
	<div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div>
	New job - working in from Boss kitchen about 10:00 AM but not to get well looks in at Discontinued epigastric pain. Last episode $\frac{3}{12}$ ago. Dismissed 74 counts 60 trial Delta trial
OE	Well
2	Wt 74.6 kg
	* nodes Skin - a few scattered papules Mouth ✓ Chest ✓ Abdo neg
	Trial bloods - continue 4 cups/day $\frac{3}{12}$ <div>GRO-C</div>
9/1/53	Concorde trial
	Very well same work. no clinical problems since last time.
74's	Continuing to take Concorde tabs
kg	OE Well
	Skin - mouth - * nodes



# HISTORY SHEET

Hospital  
Surname

GRO-B

M/F  
M/S/W

First Name

GRO-B

D. of B.

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

8/3/93

Chest clear  
Hx no NAD

Trial bloods ✓

Draws Apt for 3/12 i formal review

GRO-C

7.6.93  
kg

7.6.93

(FVIII 5%  
HIV +ve  
HCV Negative)

- Haemophilia A

- \* No bleeding
- \* No dental problems
- \* last time few years ago
- \* No joint problems
- \* Vaccinate (HBs Ag)

- HIV : CD4 : 0.35

- \* off Contraception  
(capsule - not AZT)
- \* No skin lesions any more
- \* No headache
- \* No mouth ulcers
- \* No chest infections

AC 122  
AS 55 ✓  
✓ Married for 2 years  
wife checked for HIV - ve  
pregnant now,  
✓ working for food company

P.E

Mouth: clear, no thrush

L.N. 0

lungs: C+R

heart: w/ S<sub>1</sub> + S<sub>2</sub>, no w

abdomen: no hepatosplenomegaly

joints: normal

✓ G.P. address  
DU in 1 year  
DU w/ Dr. Patel  
for other tests.

GRO-C



# HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

M/F

M/S/W

GRO-B

GRO-B

GRO-B

DATE

CLINICAL NOTES (Each entry must be signed)

6/4/23

Mild Haem. A. HIV+

Blocked, running nose. worse this  
summer. Awake at night.

No night sweats No probs E haemophilia  
still working at natural foods warehouse  
wife working

No medication

75.9 kg

Wife would like children, but  
mainly constrained by financial considerations  
would hate risk natural conception.  
Discussed possibilities of washing sperm etc  
in the longer term. Wife currently  
seeing gynaecologist for irregular periods.  
Uses condom.

OG  
2

Well  
Mark - 0 nodes

Chest clear

Rash<sup>m</sup> part of chest.

Copy made on: 17/06/2022

Tric / Bialery / Talls / Stone  
See 3/12.

GRO-C

6/12/93

Review

At 1st port ② port. General remarks

Chronic nasal congestion: Not sleeping well. Trying to nose at age 9 - may have deviated septum.

Work: ~~was~~ GRO-B business  
Wife working with him in GRO-B

Hb.6

kg

CS4 270 /mm<sup>3</sup> in Sept.

Dismissed prophylaxis at 200

Wife wants children. He feels finances aren't adequate at present - dismissed possible HIV transmission by sexual intercourse + possibility of becoming ill with a young family - offered counselling to wife. Will think about it.  
V/Sing barrier contraception

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Tric / Bialery / Talls / Stone  
See 3/12.

GRO-C

6/12/93

Review

At 1st port ② port. General remarks

Chronic nasal congestion: Not sleeping well. Trying to nose at age 9 - may have deviated septum.

Work: ~~was~~ GRO-B business  
Wife working with the GRO-B

H6.6

kg

CS4 270 /mm<sup>2</sup> in Sept.

Dismissed prophylaxis at 200

Wife wants children. He feels finances aren't adequate at present - dismissed possible HIV transmission by sexual intercourse + possibility of becoming ill with a young family - offered counselling to wife. Will think about it.  
V/Sing barrier contraception

Copy made on: 17/06/2000

# HISTORY SHEET

Hospital No.

GRO-B

Surname

GRO-B

First Names

GRO-B

D. of B.

GRO-B 59

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

OE  
Z

well  
marks - nodes

Chest -

Abdo -

mild softening of skin n.b. big  
toe between 3rd + 4th toe: 7 fungal  
infection T<sub>1</sub> canesten

F<sub>1</sub>C / Broken / T<sub>1</sub> / F<sub>2</sub>M / store / p24  
3/12 will phone for T<sub>4</sub> result

GRO-C

31/XII/93

Review of notes: remains asymptomatic HIV Δ.

GRO-C

21/3/94

Routine review

Mild haemoglobin A - 5%

No bleeding problems -

No dental work planned

No operations required



# HISTORY SHEET

Hospital No.

GRO-B

M/F

Surname

GRO-B

M/S/W

First Names

GRO-B

D. of B.

GRO-B 59

DATE

CLINICAL NOTES (Each entry must be signed)

OE  
Z

well  
munk - nodes  
chest -  
Abdo -

mild softening of skin m.b. big  
toe between 3rd + 4th toe: 7 fungal  
infection T<sub>1</sub> canesten

F3c/Bracken/Talk/F2M/store/124  
3/12 will phone for T<sub>4</sub> result

GRO-B

31/XII/93

Review of notes: remains asymptomatic HIV Δ.

GRO-C

21/3/94

Routine review

Mild haemoglobin A - 5%

No bleeding problems -

No dental work planned

No operations required

Virology

HIV pos  
CD 0.36

HepC neg

OH/ Nil

SH/ GRO-B business.

Married no children

Requests counselling with regard to having  
a family.

G/E well

P-60mg BP  $\frac{120}{80}$  JVP →

HSL  $\frac{1}{1}$  NAS  
oedema

Chest clear

Abdo -



ovules

Mouth & fingers clear.

No joint abnormalities.

Impression/ well

No medical problems at present.



20/6/94 Review - Ruth Miller.

Vine 5/

Wt.

hiv serops csc II

hiv serology

no major bleeding problems

needs dental appt. Tiltmigs need report

Needs new Green Card

hiv infection -

general health good. \*coughs/colds/

appetite good

Occasional night sweats. Long-term

v. occasional

Wink 2 yrs with same company

Company knows about haemophilia, but not

hiv. Ruth working in Personnel dept.

needs maternity gas leave

interested in update groups. Would

volunteer for clinical trials.

# HISTORY SHEET

Hospital No.

GRO-B

M/F

Surname

GRO-B

M/SW

First Name

GRO-B

D. of B.

GRO-B

19

DATE

CLINICAL NOTES (Each entry must be signed)

OE WMI

2

SKIN

Mouth

Nodes

Chest clear

Abdo NAD

75.7 kg

Routine review samples

Dental a/wt

Green card

See 3/12

GRO-C

20/6/94 Son E.P.T. + wife

Food Home + last care

restricted "considering history  
rule" has "taken care of  
himself" Discussed:

- out of hours

- treatment of bloods / DDAMP

- Green card

- Dentist

HIV proph. treatment described  
+ reasons for opp. Pt OK  
at last count

GRO-B



HIV neg.  
 Sex No / just difficulties  
 wife pregnant (found HIV  
 sero neg 22/6/98)  
 Impression: wife engaged in  
 carter: of wife - expressed  
 on him. wife have of work  
 e have. wife despite  
 feel back.

GRO-C

3/9/94

Review

CD4 390

seen to Ruth

Breast / Eye OK

Both well

GRO-B

26 wks pregnant. No major

problems: Some nausea

Blocked nose. No other probs

76.6 kg

OE

well

mark / nodes

Chest clear

Also NAD

Books: Review

Dental appt /

3/12

# CONSULTATION SHEET

Under Care of D. CALEE

Ward H/C

Hospital No.

GRO-B

Surname

GRO-B

First Names

GRO-B

D. of B.

Address

GRO-B

59

Date 12/9/94

By Mr. Laws

Will you please see the above patient, and give your opinion regarding treatment/prognosis/diagnosis?

Clinical Notes and investigations:

Dr. mild hemiplegia A  
his legs are fine

I would be grateful if you could see this man who has intermittent botulism and is concerned about his feelings for dental work may require further work covered

14 SEP 1994

Signed

GRO-C

894

(Reg)

House Physician/Surgeon

OPG

Reply

1201

24/10/94

9.00

Will consultant, if he thinks fit, undertake the further care of this case?

Signed

Copy made on: 17/06/2022

HIV neg  
 Sex No / just difficulties  
 wife pregnant (found HIV  
 sero neg 22/6/98)  
 Impression: wife engaged in  
 carter: of wife - depressed  
 on him. wife has a lot of work  
 & has a. wife despite  
 feel back.

GRO-C

3/9/94

Review

CD4 390

seen to Ruth

Breast / Eye OK

Both well

GRO-B

26 wks pregnant. No major

problems: Some nausea

Blocked nose. No other probs

76.6 kg

OE

well

mark / nodes

Chest clear

Also NAD

Books: Review

Dental appt /

3/12



5/12/94  
2100

Moderate

① Mild <sup>Moderate</sup> Haemophilia A VIII = 5%

② HIV seropositive

③ Mallet injury to

④ little finger  
distal phalanx

✓  
Yesterday pm.

→ sub ungual haematom  
sensation ✓

DIP it not ✓

→ DDAVP + Xray

review HC man

GRO-C

28/xii/94

Review of notes.  
Asymptomatic.

GRO-C

## HISTORY SHEET

Hospital No.

GRO-B

M/F

Surname

GRO-B

M/SW

First Names

GRO-B

D. of B.

GRO-B

19

DATE

CLINICAL NOTES (Each entry must be signed)

11/10/95  
3:30pm

Met GRO-B + wife + son re.

Anabolic Trial

Has a positive attitude  
towards being in a trial.

Will think over + let us know.

Previous CD4 counts &lt; 350 but -

Sept 15<sup>th</sup> '95 → 390 if agreedon trial + -4 + -2 weeks CD4  
> 350 - then will not be eligible to

enter.

GRO-C

31/10/95

Phone call from ph

Have decided not to enter the trial as yet.  
Feels good at the moment. Doesn't want to be  
bothered with S/E at this period.

GRO-C

29/11/95

Review HIV disease: Sept. 95 CD4 390/pl.  
Asymptomatic.

GRO-C

# HISTORY SHEET

Hospital No.

Surname

First Name

D. of B.

GRO-B

M/P  
JSM

DATE

CLINICAL NOTES (Each entry must be signed)

29/8/96

- mild haemophilia A -  
baseline level 3% factor VIII  
- seropositive HIV

→ had currtage to work on @ thumb and hygoe.  
yesterday by GP.

not oozing

no other superficial bruising  
no muscle joint bleed.

asymptomatic splenomegaly

check: clear

also soft in tender

plan: factor VIII - 35.0/kg (2700)

tranexamsic acid

- R/O after holiday in Ireland.

GRO-C



Transfusion Transmitted Disease:

HIV

Medication

CD4 0.28 P2A +

wt 4'10" App →  
No symptoms

CLB5 Δ32/WT

Hepatitis (including vaccination)

HAV NEZ → vac.

HBV NEZ → boost.

HCV NEZ PCR NEZ

Social

Alcohol: low intake

Non-smoker

Health food business  
fine

O/E

Height (children) =

CVS  
RS } nad.  
Abdo }

No L/NS

Sant B 15Q

Weight = 78.8 kg

Conclusion

Depression intermittently → Riva to tx initially  
Otherwise OK

Plan

See 9/12

GRO-C

11/6/97: Review of HIV disease 1996-7: no additional  
HIV related illness.

GRO-C

Copy made on: 17/06/2022

23.6.98

Seen wife +  
Mrs Miller

## REVIEW

NAME:

GRO-B

HOSP NO:

GRO-B

Haemophilia

143 u vml/dl.

Age

GRO-B

59

Age 38

HIV POS

Occupation

Health food  
shop.

HCV

PCR neg  
? cleared.

### Haemophilia

Present treatment:

last Rx with Replata  
for a while now 97.

Prophylaxis:

Demand:

Annual use:

Can treat himself  
but does not keep  
treatment at home

Planned treatment:

Prophylaxis:

Demand:

### FE-general health

May 96 - small erosion. On  
amitridine since (has run out  
2/12 ago)

Otherwise well.

12.6.98.

Tetanus booster : had one with



Transfusion Transmitted Disease

HIV

Mar 98 HIV 95,000

259/pml Mar 98

Seen: conjunctivitis.

Hepatitis (including vaccination)

HAV Neg

HBV Neg

HCV  $<0.2 \times 10^6$  i.e. pos neg.  
? cleared 2/1/97

Medication

Advised triple  
therapy (? 3TC, ZDV +  
zidovudine)

Put on hold until  
having a baby  
decided.

? see Dr Johnson.

AST - 16

ALT - 25 } 5/11/97

Social

GRO-B

born after

GRO-B

GRO-B

16-65 y.

GRO-B

Age 28

GRO-B

O/E

Normally use a condom.

Last time took with x2, mid cycle and

Height (children) = got pregnant.

Weight =

Emergency caesarean: child had meconium  
aspiration → ventilator.

Conclusion

Mr Miller came in - long discussion  
about having another baby: discussed  
options AID etc.

Plan

Check HIV load + CD4 + Review bloods.

Check wife's HIV test.

See again in 3/52.

Refer in meantime to Dr Johnson.

GRO-C

3/52  
Copy made on: 17/06/2022



HISTORY SHEET		<div>GRO-B</div> <div> <div>Hospital No.</div> <div>Surname</div> <div>First Name</div> <div>D. of B.</div> </div> <div> <div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div> <div>GRO-B</div> </div> <div> <div>M/F</div> <div>M/S/W</div> </div>	
		<div>59.</div> <div>22.7.98</div>	
DATE	CLINICAL NOTES (Each entry must be signed)		
25/11/98	<p>Came to start HIV treatment.</p> <p>Plan is to Rx <i>combivir</i> + <i>nelfinavir</i> 1250 BD.</p> <p>No plans for partner to get pregnant at present - plan to ↓ viral load.</p> <p>1/12</p> <p>Advised drug season ticket.</p> <div>GRO-C</div>		
30.11.98	<p>Has not started yet ∴ delay in prescribing.</p> <p>Confused about medication.</p> <p>Has <i>combivir</i> (300mg 20V BD 3TC 150 BD)</p> <p><i>nelfinavir</i> 1250 mg BD.</p> <p>1/12</p> <p>No folliculitis → <i>trimovate</i> cream.</p> <p>has lesion around nail bed (R) toe nail - big toe. ? allergy to penicillin.</p> <p>erythromycin 1G BD.</p> <p>I have advised start anti-viral therapy after antibiotics.</p> <div>GRO-C</div>		

HISTORY SHEET		Hospital No.	GRO-B	M/F
		Surname	GRO-B	M/S/W
		First Name	GRO-B	
		D. of B.	GRO-B	
			59.	22.7.98
DATE	CLINICAL NOTES (Each entry must be signed)			
25/11/98	<p>Came to start HIV treatment.</p> <p>Plan is to Rx combivir + nelfinavir 1250 BD.</p> <p>No plans for partner to get pregnant at present - plan to ↓ viral load.</p> <p>1/12</p> <p>Advised drug season ticket.</p> <p>GRO-C</p>			
30.11.98	<p>Has not started yet ∴ delay in prescribing.</p> <p>Confused about medication.</p> <p>Has combivir (300mg 20V BD 3TC 150 BD)</p> <p>nelfinavir 1250 mg BD.</p> <p>1/12</p> <p>GRO-C</p> <p>No folliculitis → trimovate cream.</p> <p>has lesion around nail bed (R) toe nail - big toe. ? allergy to penicillin.</p> <p>erythromycin 1G BD.</p> <p>I have advised start anti-viral therapy after antibiotics.</p> <p>GRO-C</p>			

10/2/99

REVIEW

NAME: GRO-B  
HOSP NO: GRO-B

Haemophilia *5u/dl VIII*

Age GRO-B 59  
*Age 39*

HIV POS *Acquired at time of surgery* GRO-B *1992 Dec.*

Occupation  
*Welder in steel* GRO-B

HCV *cleared*

Haemophilia

Present treatment: *Last treatment Nov. 97. Ankle joint.*

Prophylaxis:  
Demand:

Annual use:

Planned treatment:

Prophylaxis:  
Demand:

FE-general health



Transfusion Transmitted Disease

HIV > 750,000 HIV  
CD4 124/μl

Medication

Mid October 98 started,  
Combivir (300 ZDV  
150 3TC

Nelfinavir 1250 mg BD

Hepatitis (including vaccination)

HAV Neg

HBV Neg

HCV Infected 1982 <sup>Normal</sup> transaminases  
 $< 0.2 \times 10^6$  2/1/97  
 $1 \times 10^4$  23/6/97

Rash immediately cleared up  
Took tablets irrationally for 6/52  
Caused nausea.  
Found best to take tablets  
during meals.  
No medication since end of  
November.

Would like to restart  
and take medication  
during meals.

Social

Relationship going well.

Not planning pregnancy at present  
age 44.

GRO-B

O/E

Height (children) = Seborrhoeic dermatitis  
→ trimovak

Weight =

Conclusion

To restart HIV combination therapy.  
Prescription for 2/12, but see 1/12.

Plan

GRO-C

4.V.99

Follow-up.

Has been taking HIV drugs. occasional miss of dose.

Combivir 300 200 150 3TC

Nelfinavir 1250 mg BD

Now 3/12 of treatment.

Still getting rashes

Gets upper abdominal discomfort - particularly at night if late eating

H pylori - negative Ab. test 1994

Endoscopy - 12/5/96 pyloric erosion & ranitidine  
Biopsy test was planned not done.

Not on ranitidine at present.

Refer to Dr Hamilton.

Cach HIV

CD4 today is 3/12 of Rx.

No prophylaxis at present.

Results to patient.

3/12 review.

GRO-C



19/x/99

## REVIEW

NAME:

GRO-B

HOSP NO:

GRO-B

Haemophilia

5u/dl VIII.

Age

GRO-B

59

3/40

HIV

Pos

Occupation

GRO-B

HCV

Pos

shop

### Haemophilia

Present treatment:

Last Rx 1997  
for ankle bleed.

Prophylaxis:

Demand:

Annual use:

Planned treatment:

Prophylaxis:

Demand:

### FE-general health

1994 H. pylori Ab negative  
Endoscopy 1996 May = pyloric erosion Rx ranitidine  
No breath test.

Under Dr Hamilton - to have endoscopy this  
Friday 22<sup>nd</sup>.  
Needs FVIII



Transfusion Transmitted Disease

**HIV**

HIV 149,000 }  
CD4 58/ $\mu$ l } 4/5/99

Medication

On anti HIV Rx 1y.  
Combivir 300 ZDV  
150 3TC  
Nelfinavir 1250mg BD

Hepatitis (including vaccination)

?  $\rightarrow$  MAS clinic  
? compliance  
HAV Neg

HBV Neg.

HCV 10/2/99  $0.6 \times 10^6$  }  
Infected 1982 } HCV  
AST 16  
ALT 31

Social

Health for  
moving to Bedford

O/E

Height (children) =

Weight =

Conclusion

1. Endoscopy 22<sup>nd</sup> Oct. c Fri. (review \* bloods please)
2. CD4/HIV load 22<sup>nd</sup> Oct.  
?  $\rightarrow$  Dr MAS if not low.

Plan

6/12

GRO-C

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# HISTORY SHEET

Hospital No.  
Surname  
First Names  
D. of B.

GRO-B

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

6.6.00

was due review in combined clinic but unfortunately had not received message to arrive early ∴ missed Dr Johnson.

Well.

only problem → injured @ knee yesterday  
→ Bruise appearing upper aspect @ knee (superficial)  
thin. tender. From knee. No ↑ swelling  
past 24°.

Plan / watch. Don't need to be at present.  
Advised return if ↑ swelling or pain in  
movement knee.

Further prescription for Combivir +  
Nelfinavir

Rebook appt at combined clinic for review

GRO-C

5/a/00 On Combivir T.b.d.  
Nelfinavir 1250 mgs.  
last seen in 4/00 CD4 36  
VL 115,000.

Compliance was poor best until  
last few weeks.  
Now very compliant for past  
few weeks.  
Dislikes the Nelfinavir tablets.  
Not taking Septrin at present.

Plan

① Bloods today  
VL if detectable needs re-eval  
assess then change therapy  
? ART / DHP IV<sup>2</sup> / DHP<sup>2</sup> / DHP<sup>3</sup>

② High dose Septrin

③ Reinforced importance of  
compliance.

GRO-C

12/11/00

Attended HC

Injury to Dangle whilst playing football  
Bruising to Dangle

Plan: H to 50% → 2000u replace

GRO-C

GRO-B

GRO-B

26/10/00

Phone call from wife  
warning to assess if  
was co-infected with HCV/  
HIV : of test at H.S. on  
30/10/00.

"Asked if he knew I was call  
she said he did 'I would  
do anything he didn't know'"

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Seen c wife r Mrs Miller

REVIEW

NAMES: [GRO-B] DATE: [GRO-B] 00

HOSP NO: [GRO-B] AGE: [GRO-B] 59, OCCUPATION:

Haemophilia 5u/ML FVIII  
(NR 50/50)

4ly age

Works in health  
food store

HIV Pos

HCV Pos

Haemophilia

Present treatment:

Prophylaxis:

Had treatment 2000u  
replenish 12/11/00 - had  
ankle injury playing football.

Annual use:

Demand: 8

Planned treatment:

Prophylaxis:

Demand:

FE - general health

Well

CVS - NAD

Resp - NAD

GI tract - had endoscopy Oct 99 - but still symptomatic.  
Using alkaline drink. In general symptoms  
less. Saw Dr Hamilton. Report was  
normal 22/10/99

GI tract - NAD

Transfusion Transmitted Disease

On 2y

HIV / Lymphocyte count 1.23  
CD4 NA (wrong tube)

Medication

6/9/00 HIV 41,800

Combivir - ZDV 300<sup>2</sup>  
3TC 150<sup>2</sup>

Cf. April 2000 115,000.

Nelfinavir 1250<sup>2</sup>mg

Hepatitis (including vaccination)

Has been taking  
medication regularly  
since 5/9/00 when  
saw Dr Johnson

HAV Neg

Started back on co-trimoxazole

HBV Neg

960mg x 3 weekly  
\*Needs 28/x1/00 appt. →  
Dr Johnson

HCV Feb 1999

0.6 x 10<sup>6</sup> AST 18 }  
ALT 19 } 5/9/00

Social

1982 1st exposure.

Problems with PM that PCR was neg. in 1987  
However viral load 0.6 x 10<sup>6</sup> Feb 1999.

O/E Came w wife - very worried about  
risk of infection.

Height (children) =

Weight =

Actually wife was tested for  
HIV + HCV June 1998. Negative.

Conclusion

I have explained that their child  
age 6. should not have  
HCV because mother negative.

Plan

1. To provide photocopy of notes  
(ing for collection)
2. To meet to discuss + WFM  
monograph.
3. ?? Repeat HIV/HCV testing wife)  
??
4. Dr Johnson 28/x1/00.

GRO-B

Copy made on: 17/06/2022



HISTORY SHEET		Hospital No. Surname First Names D. of B.	M/F M/S/W
		GRO-B	
DATE	CLINICAL NOTES (Each entry must be signed)		
31/X/00	<p>1/11/97            was treated c Replenate FHE 45448 - this            had been contributed to by a blood            donor with nvCSD.            Would like to have more information            about the blood donor.            I have suggested I will write            to BPL.            Would like to have nFVIII - would have            avoided nvCSD if given this.</p> <p>GRO-C</p>		
3/01/01	<p>Telephoned by Mrs [GRO-B]            She wanted a copy of fax from BPL for            MP - I explained that the original was            faded &amp; that the photocopy was better.            She explained that [GRO-B] had FVIII on            1/11/97 and fax was dated 4/11/97.            I explained that all UK haemophilia            centre directors had informed patients            and did <u>not</u> agree with the statement            of the Lothian ethical committee            contained in the fax.            I also explained that there was            currently a shortage of nFVIII.</p> <p>Copy [GRO-C]</p>		



<b>HISTORY SHEET</b>		Hospital No. <b>GRO-B</b>	MF
		Surname <b>GRO-B</b>	MSW
<b>Special Combined Clinic Johnson/Lee</b>		First Name <b>GRO-B</b>	
		D. of B. <b>GRO-B/52</b>	

DATE	CLINICAL NOTES (Each entry must be signed)
9.1.01	<p><b>Combined HIV/Haemophilia Clinic – 9<sup>th</sup> January 2001</b>  <b>Consultants: Dr Margaret Johnson - Consultant Physician</b>  <b>Professor Christine Lee - Consultant Haematologist</b></p> <p><b>GRO-B</b> from an HIV point of view, he is well. He has had no problems and has been very compliant with his drugs. The only side-effect is that he does have some diarrhea some of the time. However, his appetite is good and he has not lost any weight. As you know, in the past, compliance has been an issue and I had hoped having gone back to taking his therapy regularly that his viral load would have come down to undetectable levels. However, in September he was still detectable with a viral load of 41,800 and a CD4 count of only <math>0.0233 \times 10^9/l</math>. However, those bloods were taken only a few weeks after going back on regular therapy and, therefore, we are repeating them today. If his viral load is not detectable, I do think that we should now change therapy and I have, therefore, arranged to see him again next month to discuss this further.</p>
20.2.01	<p><b>Special Combined Clinic – 20<sup>th</sup> February 2001</b>  <b>Dr Margaret Johnson/Professor Christine Lee</b></p> <p><b>GRO-B</b> has been on Combivir and Nelfinavir but his viral load has been detectable and he really has not had a CD4 rise on treatment. Compliance has been an issue and he says to me he has been taking his pills at 8.00 in the morning and 4.00 in the afternoon, as that is the way that it fits in with his day. We have discussed that continuing on a failing regimen will almost certainly result in further resistance and I have suggested to him that now is the time to change treatment but it is going to be very important that we get a regime that he can comply with. I discussed with him today the possibility of DDI/D4T with either Ritonavir/Indinavir or Ritonavir/Saquinavir. He has gone away with one of the nurses to discuss this in further detail. I am waiting the results of his resistance profile and we will make a decision on his new regime.</p>
24.4.01	<p><b>Special Combined Clinic – 24<sup>th</sup> April 2001</b>  <b>Dr Margaret Johnson/Professor Christine Lee</b></p> <p>We reviewed Mr <b>GRO-B</b> in the Combined HIV/Haemophilia Clinic on 24<sup>th</sup> April 2001. He is doing very well on the Maximin trial taking Ritonavir 100 mg bd; Indinavir 800 mg bd; DDI 400 mg od; D4T 40 mg bd. His compliance has been very good having missed only one dose and the results show that his CD4 has increased to <math>0.097 \times 10^9/l</math> and viral load is &lt;400 copies/ml. However, his lipids are abnormal with a raised cholesterol at 8.4mmol/l and raised triglycerides at 8.34 mmol/l which are almost certainly drug related. I have asked him to see the dietician and come in for fasting lipids on his next visit. I have again reinforced the importance of compliance and we will review Mr <b>GRO-B</b> in one months time.</p>

## HISTORY SHEET

Hospital No.

Surname

First Name

D. of B.

GRO-B

M/F  
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

30/01/01

Seen Dr ThynnThynn Yee

Came to discuss notes: (with wife)

1. HCV 1/4/85 R. HTLV III Pos from 7/2/85.

Exposed at GRO-B 30.11.82

Batch W92508? recall Armour.  
? tested

HCV

2. 10.2.99  $0.6 \times 10^6$

23.6.98  $1 \times 10^6$

2.1.97  $< 0.2 \times 10^6$  i.e. not detected

1982 exp.

1993 Antibody negative.

1997 PCR neg. 2/1/97

Jun 98  $1 \times 10^6$ Feb 99  $0.6 \times 10^6$ 

18y.

31.10.00 Antibody negative

Arrange appt. c Prof Dulheiko

Send results to Prof. Griffiths.

3. Discussion about m CJD

Did not have the implicated batch.

HIV

4. VL 31,800 10.1.01 CD4 23/pl

Needs to come to Dr Johnson 20<sup>th</sup> Feb.