

Witness Name: Kathleen Stewart

Statement No.: WITN1002001

Exhibits: WITN1002002 – 046

Dated: 27 September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN1002007

WILLIAMSON/STONER CLINIC

D. B. GRO-C/30

DATE

CLINICAL NOTES (Each entry must be signed)

Diagnosis: von Willebrand's disease. Factor VIII - 20%

Main clinical problem - recurrent epistaxes requiring frequent treatment with cryo.

TREATMENT:

Cryo only until January 1980 when became allergic to it. BPL BL 26/4 - 1st dose on 11/1/80.

LIVER FUNCTION TESTS:

Serum AST slightly elevated 1975 and 1978. Marked rise 28/2/80, approximately 6 weeks after first exposure to BPL.

HBs Ab Positive 11/1/80 before treatment with BPL

4/3/80

PLAN:

Asymptomatic at present. To have weekly LFT's over next four weeks. Needs full screen.

17/3/80

For last seven days: generally off colour, easily tired, off his food, intermittent nausea with one episode of vomiting after whisky, intermittent epigastric ache, urine 'stronger' than usual. Liver doubtfully tipped on inspiration. No splenomegaly. Presume non-A non-B acute hepatitis. No rest at home and come up for twice weekly blood tests.

11.12.81

Flare up of symptoms around 23.11.81 (anorexia, nausea, vomit 1/2), about two weeks after dose of NHS concentrate (HL2854). His first dose for eight months. Symptoms accompanied by raised AST, which had fallen to normal by 1.12.81. Overall, this probably represents another attack of post-transfusion hepatitis, although LFTs never really normalised following his first attack in January 1981. Full blood workup in February/March 1981 was negative, and note HBs Ag/Ab still negative.

PLAN:

See before Christmas for review (PK) Will need repeat full blood screening including autoantibodies at that time. Probably should have LFTs checked at monthly intervals, with baseline Bx swallow and ultrasound. Although he 'doesn't like concentrate' there seems to be little alternative to carrying on with this because he has had bad reactions to cryo. Kernoff