Witness Name: Sean Martin Ryan
Statement No: WITN3321001
Exhibits: **WITN3321002 - 5**
Dated: 05/11/2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SEAN MARTIN RYAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21 June 2019.

I, Sean Martin Ryan, will say as follows: -

Section 1. Introduction

1. My name is Sean Martin Ryan. My date of birth is GRO-C 1968 and my address is GRO-C I am happily married with two children.

2. I intend to speak about my infection with the Hepatitis C virus (HCV), which I contracted as a result of being given a blood transfusion after one, or both, of two separate medical procedures carried out under the NHS.

3. In particular, I intend to discuss the nature of my illness, how the illness affected me, the treatment that I received and the impact it had on my life.

4. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement.

Section 2. How Infected

5. There are potentially two occasions on which I could have contracted HCV, as a result of being given a blood transfusion during medical procedures at an NHS hospital.

6. On GRO-C 1972 at the age of three I had a bleed caused by a perforated duodenal ulcer – a leak/hole in the stomach lining that occurs from a build-up of too much stomach acid. I was emergency admitted for a 'stitch and cover' operation during which I was given a blood transfusion.

7. The operation corrected the symptoms but not the cause and I experienced regular stomach pain throughout my childhood.

8. Effective anti-acid medication was not available throughout my childhood and a cure for the build-up of acid, in the form of eradication therapy, was not available until my teenage years; the condition therefore stayed with me, on and off, until my early twenties.

9. With symptoms being largely managed but with the underlying cause still being present and active, I had a recurrence of an ulcer bleed when I was aged 23 on 30 June 1991: again, an accumulation of acid in the stomach had burst a blood vessel – this time in the stomach lining rather than a complete perforation – with the result that collapsed due to accumulated blood loss. My mother found me, called the emergency services and I was blue lighted to hospital. I was given three packs of blood due to the blood loss caused by the prolonged internal bleeding / blood loss. It seems much more likely that I received the infection on this occasion (as opposed to the operation when aged three) especially when considering the information publicly available.

10. I exhibit the discharge summary from the chronic duodenal ulceration dated 4 July 1991 as **WITN3321002**. It states that on examination my Hb was 10.1, but after 24 hours it dropped to 8 and so I was transfused with 3 pints of blood.

11. Further medical records, which I exhibit as **WITN3321003** and **WITN3321004**, provide evidence of the blood transfusion and including the blood pack reference numbers.

12. At the time of the second procedure I was a postgraduate temporarily living back at home as I was saving money to purchase my first home.

13. Therefore, both operations and both blood transfusions were conducted at the Queen Elizabeth II NHS Hospital in Welwyn Garden City.

14. I found out that I was infected with HCV after donating blood via the South Thames Blood Transfusion Service during the summer of 1992. I volunteered to give blood via the blood donation scheme at a mobile unit and received a letter from the Transfusion Service on 17/08/1992 advising me that I had been in contact with the Hepatitis C infection and asking for my GP details. In summary, after a short appointment with my GP I was referred to the Institute of Liver Studies at Kings College Hospital (Denmark Hill, London).

15. Alarm bells started to ring upon receipt of the letter – straight away I started to worry and think what is wrong with me and what is Hepatitis C? At the time HIV was all over the news and the idea of blood infection made me start to fear the worst.

16. During the first appointment at Kings College Hospital (October 1995), Dr. Naoumov informed me that I was HCV positive. He explained that there was a sliding scale of the virus, but that I could have a reduced life expectancy. It was a huge shock and devastating to be told that I had a potentially life limiting disease.

17. It felt like I had come 'out of the frying pan and into the fire' – a cured lifelong stomach acid / ulcer condition had now in turn lead to a potentially life-limiting HCV infection. It was exasperating, I was young and just wanted to be healthy but through no fault of my own I had contracted something even worse than the original condition. I think I was more upset than angry at the time.

18. There were follow up letters – customary updated letters between Kings College Hospital and my GP – but the diagnosis was given verbally.

19. A letter from Dr Naoumov to Dr Moore at the Oakhill Health Surgery dated 23 October 1995 confirms my diagnosis with HCV. I exhibit this document as **WITN3321005**. He states that the infection was most likely acquired during blood transfusion 6 months previous to the blood donation, because of a haemorrhage from peptic ulcer. Dr Naoumov confirms that there is no stigmata of liver disease, that the hepatitis markers HBS antigen is negative and hepatitis c virus RNA is positive. The results indicate a mild hepatic inflammation and he discussed the need for a liver biopsy. Within the letter he states that I am a suitable candidate for antiviral treatment, which will be discussed after the liver biopsy.

20. My recollection is that this was the first time I had donated blood – certainly it was since the blood transfusion in 1991. My reason for giving blood was because that I felt that it was a moral obligation to donate.

21. Blood tests and liver biopsies carried out at Kings College Hospital confirmed the HCV diagnosis and inflammation to my liver.

22. The way in which I was diagnosed seemed to be to be 'cold' and dispassionate. I received a letter from the GP to arrange an appointment to be told I had been infected with HCV and was then referred onto the specialist straight away. I was advised at this early stage that the blood transfusions were the likely cause of transmission. No consideration was

made about my mental well-being after the diagnosis and no counselling was offered; no one ever asked me if I was alright. Both my GP and the liver specialist at Kings were medically very competent but they were also very matter of fact.

23. Much later on, my consultant did explain the different genotypes of HCV and the treatments available but this information should have been provided earlier / as soon as known in my view. I also wonder why hospitals were not asked to track down patients that had been given infected blood packs?

24. Once I was referred on to the specialist, little information was given to help me understand and manage the infection. Little was known about the virus at the time, apart from the fact that it was highly infectious, could result in reduced life expectancy and I would have to be regularly monitored with blood tests and liver biopsies. My recollection is that almost all of the information was given verbally.

25. I was told that I could infect others, so I was instructed, for example, not to share toothbrushes, to use barrier method contraception and to be extremely careful about any blood spills and use disinfectant straight away. Some of this advice did change over the time I was infected.

26. No information was provided before either of the blood transfusions about the risk of being exposed to infection.

27. To clarify, I have never had any tattoos or piercings and have not been an intravenous drug user (or drug user of any sort). I am asked this question all the time by medics, in such a way that they presume I have been an intravenous drug user at some point – in fact I came to assume from this repeat line of questioning that the vast majority of Hepatitis C carriers must have been intravenous drug users. There is no way I could have received HCV by any other means than the blood transfusions when aged three and/or when aged 23.

Section 3. Other Infections

28. To my knowledge I have not received any infection other than HCV as a result of being given infected blood.

Section 4. Consent

29. I do not believe that I have been tested or treated without my knowledge, consent or without being given adequate information. I was not explicitly aware that my donated blood would be tested, but it seems logical and right that it would be.

30. My parents gave consent for the operation I had when aged three year old – which probably included receiving a blood transfusion if necessary.

31. I feel quite sure I would have given consent for my second transfusion when aged 23 but I had no distinct recollection of doing so; I did sign a consent form.

32. I do not believe that I have been tested or treated for the purposes of research.

Section 5. Impact

33. In regard to the mental effects of being infected with HCV, now that I am cured I am acutely aware of how lucky I am compared to others who have been infected. Nevertheless it was not easy to hear in the initial diagnosis, that I could have a fatal infection that could lead to disease, reduced life expectancy and death. Nor was it easy to tell my girlfriend (now wife) of my infection – I feared it could affect or even end our relationship.

34. My latter consultant (Dr. Rowlands, Gastroenterology, QE2 Hospital, Welwyn Garden City) advised me that certain genotypes were easier to

treat than others and also that patients who were not seriously affected by the virus, would only be treated as and when government guidance permitted treatment and once those more adversely affected were treated. It was clear from this advice that the treatment was only initially available for those most severely affected and the treatment was not available to every HCV carrier.

35. I was a little surprised when my consultant advised me that I would have to 'wait in line' for the treatment because I was not severely affected – I wanted to be rid of the virus and as the years went on, perhaps especially in light of the fact that I had became a father, I was very keen to have the treatment. He explained that new treatments were coming up and that it would be protocol to treat those adversely affected first.

36. Prior to starting any treatment attended annual blood tests and regular liver biopsies – my condition was stable and the deterioration was very low level and linear.

37. I was given oral tablets of ribavirin to eradicate the HCV infection over a 4-month period, between December 2017 and March 2018, as my genotype was then able to receive treatment. I did not have to administer any injections. The treatment was uncomfortable in the fact that I felt unwell for the entire duration. I passed out on more than one occasion, one of which was on a rare night out with my wife and friends where an ambulance was called. This caused some worry and concern.

38. Ribavirin caused most of the side effects as it was severely depleting my red cell blood count – although this is what it is designed to do. The specialist nurse (Mailis Burton, East & North Herts NHS Trust) did state to me the side effects before I commenced the treatment but she did not expect for me to suffer quite as badly as I did; she responded immediately by amending my dose and a better balance was largely struck for the remainder of the eradication treatment.

39. I did not have to take any time off work during the treatment, but I was constantly lethargic and the medication took its toll on me. I did not feel well at all for the duration of the treatment. There were periods when I felt so light-headed that I would pass out.

40. There were regular blood tests throughout the treatment, at the end of the treatment and a couple of months after to ensure complete eradication of the virus.

41. Whilst I found the regular blood tests relatively straightforward to attend, the liver biopsies were more challenging to arrange. The liver biopsies were painful. The first biopsy was not long after the diagnosis (so would have been late 1995) and I estimate that I had approximately four biopsies in total. To try to convey what a liver biopsy is like, imagine a large thick knitting needle being pierced into your internal organ and you will have an understanding of the procedure. The local anaesthetic helped but certainly did not eradicate the pain and discomfort and the insertion could be clearly and painfully felt. I imagine that it was a little like being stabbed.

42. The procedure took place in a surgical theatre, which also added to the distress. Being put in a gown and going into an operating theatre environment was not a terrible shock because I have been used to hospitals, but I was still being operated upon. Pain to one side, the experience of undergoing surgery is one where you must relinquish control which is not easy for me and for many others I am sure.

43. As mentioned, the biopsies were painful, highly uncomfortable and long in duration as you are required to lie on your side for several hours, often for a full day after the procedure. You are just left there with all your thoughts, which brings everything all back to you. Full physical recovery from a liver biopsy took some weeks.

44. I would then attend an outpatient's appointment around 2-3 weeks after the biopsy for the results. Progression of damage to the liver was very minimal, so I count myself very lucky.

45. I am now free of HCV and am 100% healthy – which I have not been since the age of 3. I am very pleased that the treatment worked. I feel very lucky to have had the treatment and I would go through the side effects 10 times over to ensure I continue to be free of HCV. Thankfully I have no known cirrhosis of the liver. I am now discharged, as there is no need for any further treatment.

46. I do think that counselling should have been offered alongside taking the treatment. I found that dealing with the physical affects re-surfaced all of the mental ones.

47. To my recollection my infected status has not impacted any other medical treatment or dental care. I was told to inform my dentist, but I do not recall if I ever passed on the diagnosis.

48. No one has ever treated me any differently in the medical context (loaded life assurance premiums to one side) and the only notables times I felt different was with the 'HIGH RISK' stickers marked on my notes as mentioned in further detail below.

49. Of course I had to tell my girlfriend Susie about the infection, but I was very wary of doing so as I did not want it to affect our relationship. I knew from an early stage that I wanted to be with her long term, but I felt I had to tell her about the HCV before I proposed or we became any more involved and committed. I absolutely hated having to tell Susie because of how it made me feel. To me it was a very big deal to open up, but she took it very well. We eventually married in 1999. HCV could have broken the relationship with the woman I felt destined to marry, but fortunately she has been amazing throughout.

50. According to my wife I was highly ashamed to talk about the HCV infection, as I thought of myself as dirty and not good enough for her. She recognises that I have carried this through my life. My wife would describe me as a self-deprecating person and my experience of having the infection has compounded this.

51. I am a reasonably sensitive person, but I am also typically male in the fact that I hid it all and I did not tell (and still have not told) anyone apart from my now wife and just one of my five siblings (although of course, I was forced to declare my infection status for medical reasons). I found it distressing to tell my sister and I did shed a few tears. It is never discussed, unearthed, unpacked or has been subsequently worked through. Perhaps now that I am HCV free it does not need to be, but there were periods when talking to someone who may have been able to help me would certainly have been of benefit.

52. It was not nice to keep a secret from my parents. I chose not to tell my brothers either, despite being very close to them.

53. It is difficult to know how much my lack of confidence and feelings of acute guilt are due to my firm catholic upbringing coupled with the loss of two of my siblings (I was one of triplets) or being infected by contaminated blood, but the HCV has certainly exacerbated it and made me feel worse. The infection fed into the feeling of unworthiness and I questioned whether I should really be here – I felt tainted and dirty.

54. I have a faith in God and I worship in a local church which helps counter a self-deprecating nature. However, I do still struggle with my own self-worth, even though I know I am of worth to God.

55. I have always been greatly concerned about passing on the infection to my wife and children. It is a horrible feeling that has always just been under the surface – a permanent tainting and feeling of being diseased and risking passing that onto my family. I have been a very cautious

parent and would worry if I cut myself shaving etc. I would be very quick to clean up blood.

56. I was told that I had to be careful with alcohol and have therefore been wary of alcohol intake since the diagnosis. I regularly nominated myself as the nominated driver on nights out. I never felt that I could or should have too much to drink, so I guess I was more aloof from the activities of a night out than I would have been. Undoubtedly this had effects on my social life.

57. I do not recall being given any dietary advice.

58. I now choose to concentrate on the positives in life because of certain events. I believe that all things happen for a reason and that being infected with HCV has made me more of an empathetic person.

59. As mentioned, I found it particularly distressing to see the 'HIGH RISK' stickers on my notes and blood forms in the phlebotomy clinics – which never seemed to be handled sensitively or privately. These clinics were packed with people, so I would fold over the stickers so that no one else could see them. I did this because of the perception the sticker would give – I felt as though 'HIGH RISK' may as well have been stamped on my head. I can cope privately, but to wear that on your sleeve was uncomfortable and distressing. It made me feel dirty and infected. For me, this has been one of the worst mental aspects of being infected – a sort of public humiliation exacerbated by the fact that I do not have a high sense of self-worth.

60. I found it insensitive that my forms were just put in a tray and left there for people to see who were queuing up. I thought that anyone who saw the stickers would think of me as a drug user.

61. Some of the nurses in the phlebotomy clinics were standoffish, but I did not know whether it was their character or because of the stickers marked on my forms.

62. I hated how my infection came to the surface when my notes were marked with the stickers, as I had previously successfully suppressed it as much as possible. I am extremely grateful that I was so minimally affected and that the virus did not limit my day-to-day activities and if my primary issue is one of potentially reduced mental health well-being then I should consider myself more than lucky.

63. However, I continually felt as though I was classified as a drug user or HIV sufferer, and the question of whether I was or had been an intravenous drug user was invariably and repeatedly asked by so many medics. I found this particularly upsetting and stressful – I felt dirty, infected, inferior, distressed and judged.

64. There has been no bearing on education as a result of being infected. I went to university in Kingston Upon Thames and achieved a degree in Applied Physics with Microelectronics and Computing before the diagnosis. I went travelling for a year post graduation. I missed studying after finishing the course, so took up an A level in English literature, which I did in the evenings. Again this was not affected by the HCV infection.

65. I did have time away from work for the initial ulcer bleed and then to attend hospital appointments. It is difficult to know if this affected my performance, but it is likely that this was not perceived well by my employer. Taking regular time off to attend appointments would not be viewed favourably (especially so as I was not prepared to be open as to why unless I absolutely had to). Perhaps related, I reflect that I would have to be extremely ill to ever consider think of taking a day off work due to ill health, which I have not done for well over 15 years.

66. At the time of the diagnosis my work would have been affected to a degree, as it was quite shocking to be told I had contracted a chronic infection that could have detrimental impacts.

67. I never told any employers of my infection unless I absolutely had to.

68. Apart from attending appointments, I was never unable to work. At one point I did consider applying to the RAF – I had always had a keen interest aircraft and I ran my university's airsports / parachuting club – but I quickly dismissed this after being aware of the infection and knowing of the rigorous medical testing the organisation requires. It was a road I felt I could not even attempt to walk down. It is therefore possible that the infection changed my career choice.

69. It is difficult to know whether I was passed up for any promotion owing to time off work or if it was perceived that I was not a confident person, and what financial affect this could have had. It is just as difficult to know if I would have taken a different career path.

70. Certainly my confidence and sense of self-worth has definitely been affected by the infection – both of which I guess are needed to forge ahead in any commercial position these days.

71. There have been direct financial implications as a result of being infected with HCV, including the increased loading of insurance policies. When we moved to our current house two years ago (January 2017), I had to go through the mortgage application process again: there is now a specific section on HCV for life insurance purposes (life assurance is customary with a mortgage). Before I was cleared the infection, our life insurance policy was 100% loaded / doubled – equating to an additional £40 a month. This was the case even though I had minimal liver deterioration.

72. The provider of my life assurance (Royal London) have reduced the premium since I cleared the virus, but it is still not what it should be.

73. My wife found it distressing to see me affected by the virus, but she does not know what kind of person I would have been without it.

74. Everything of mine had to be kept separate to Susie's and I found it hard that the person I love the most was at the greatest risk of being infected by me with HCV. Despite this she says that she never worried about becoming infected.

75. My wife told no one about my infection, not even her sister who she speaks with everyday and she had not done out of respect. This is down to how I presented the diagnosis to her – as dirty and on par as having HIV and swearing her to secrecy. I felt so much shame about having HCV.

76. If I had never donated blood I would not have known of my infection and may have passed this onto my wife or children, but there has been no adverse impact on my children as far as I am aware, for which I am very grateful. I do not think I will ever talk about it with them.

77. GRO-C

Section 6. Treatment/Care/Support

78. To my knowledge I have not faced any difficulties or obstacles in obtaining treatment, care and support in consequence of being infected with HCV. I am grateful that I have been, eventually, treated.

79. The last two years excepted, I do not think medical professionals gave advice regularly enough and I was never signposted or referred on to any organisations that would have been of benefit (until very recently).

80. On the whole the information given was scant and in the 23 years from diagnosis to being successfully treated, I was only told about the infection risks twice and once or perhaps twice given an information leaflet. The advice about risk and infection could have been clearer – particularly in regard to cross infection.

81. I found that appointments with medical professionals were always rushed. Dr Rowlands never had the longest appointments because the virus so minimally affected me and because all good health care professionals are busy, but he spoke to me at a level that was right – from professional to professional – and so information was relayed effectively and quickly.

82. The only person who provided information on available support was Mailis Burton, the specialist nurse responsible for managing the eradication treatment. I was under her care for a couple of years whilst being prepared for and during the treatment. She referred me onto the Hepatitis C Trust and I phoned them four months ago – the work of the Inquiry triggered me to follow up on the referral. From the news I realised that the Inquiry was not just focused on those who were significantly impacted, and that I fell within its terms of reference.

83. No counselling or psychological support has ever been offered to me for the entire time since I was made aware of my infection, some 26 years ago.

84. I believe that counselling is something that should have been offered and I would have attended the sessions. I am open and sensitive so I would have found counselling helpful.

85. I have not sought any professional counselling privately.

86. I feel that I no longer need counselling and I have the advantage of a faith, which you could say has acted my non-professional counselling practitioner for many years.

Section 7. Financial Assistance

87. I was never advised or made aware of any fund or financial assistance. Only recently (within the last 1-2 years) I was referred to the Hepatitis C Trust and they were the first to mention that financial support available. Samantha May from the trust forwarded some links to the EIBSS website where I came across an application form for infected people.

88. I became aware of the financial assistance available for those infected by contaminated blood but I presumed it would not be for a person physically affected in the way I was with no significant cirrhosis. Nevertheless, I phoned up to see if I was entitled to claim any compensation.

89. I do not recall a medical professional explaining any recourse to financial assistance, but if they had I would have jumped at the opportunity to try to recoup my financial losses.

90. I have not received anything from any trust or fund.

91. I am only now submitting an application to the EIBSS, as I thought I might be entitled to something for the increased insurance premiums. This has taken some time, owing to errors and omissions made on the form by my consultant, the subsequent need to request medical records, and then re-working the form again.

92. I filled out the first part of the form, but there was section to be completed by my consultant. I attended an outpatient clinic and thought he would be able to fill it out there and then but he was unable to. Some weeks later he then sent me the completed form. The consultant put down that I

received a blood transfusion in 1972 but failed to include the blood transfusion I received in 1991. To me this was a glaring omission given it was this second transfusion that was most likely to be the cause of infection.

93. I did not want to go back to the consultant without any evidence, so requested my medical records from the East & North Herts NHS Trust. I wrote to the consultant requesting him to include the additional information, but he then mistakenly ticked the box on the form stating that I contracted the virus from someone else. This was finally amended, but it did take some time. He returned a photocopy of the form, but EIBSS require 'a wet copy' (i.e. the original signed copy) causing another delay. I have now finally submitted the application and heard back from the EIBSS that they have received it.

94. The consultant also failed to provide medical evidence that I was HCV positive as the form clearly stated he should do, so I have since reverted back to him to ask for this. Even though my application has been submitted it is on hold until the consultant responds to this request.

95. It is three months since I first signed the form. Whilst frustrating, I do understand that almost everyone in the NHS is under pressure at the moment.

96. As I did not have any significant liver damage caused by HCV, I had absolutely no idea that I would have any eligibility to make the application. I do not feel worthy of consideration of any compensation payment –bar the extra money I have had to pay out for life insurance, for which I think it is reasonable that I should be compensated. I presume that any award has some apportion for physical and emotional distress also.

97. As well as the above-mentioned errors and omissions made on the form by my consultant, he returned the form back to me and not directly to the

EIBSS, as the form instructed. In all, my application has been delayed by around three months in total.

98. To my knowledge no preconditions have been imposed on the making of an application for financial assistance.

99. It would be useful to advise applicants whether or not any award will be made on a 'sliding scale' based on how the applicant has been affected and the duration of any reward for financial planning purposes.

Section 8. Other Issues

100. It seems to have taken so long for the contaminated blood scandal to be addressed. I was likely to have been one of the last people to be infected, and I have carried the infection both physically and emotionally for over 26 years.

101. In some ways I feel affected by the contaminated blood scandal, but in other ways it just feels like a regular, long-standing, part of my life. The emotional effects of knowing that I had the infection dovetailed into my personality so well in a way that it had a great impact – perhaps it would not have done on someone more confident.

102. A question I have is that as hospitals have records of who received blood during the period in which it was imported and prior to it being screened, why did they not contact those who received blood in this timeframe and instruct them to be tested for HCV?

103. I wonder whether the blood was screened as soon as it was realised it could have been contaminated; I wonder if there were delays that could have been avoided. If they had I probably would not have been infected.

104. I would like the Inquiry to unpack why the screening of blood took so long to be introduced. I do not understand why infected blood was still being

imported and being administered to patients so long after the issue came to light.

105. I feel that those who have been severely impacted by the contaminated blood scandal – by which I mean loss of life, loss of loved ones, those who still carry the disease, who are severely physically and mentally affected – should be the focus of the Inquiry and receive truly right and proper compensation.

106. Other than one occasion recently (within the last 1-2 years) medical professionals seem to be unaware or were not inclined to think of where to sign-post victims for information, counselling, or how to make a financial claim. The possibility of making a financial claim was never once mentioned to me – the suggestion of counselling still hasn't been.

107. My medical consultants have been great – bright and dedicated professionals – but the only one of them to direct me onto further support has been the specialist nurse.

108. I had assumed that the public inquiry was only for those who had suffered reduced life expectancy or loss of life. I had no idea there was any route open to me who is no longer carrying the disease. In addition, I further assumed this was the case as I had never been contacted to suggest I should participate in the enquiry or to urged to seek financial compensation. As previously mentioned, this all changed after calling the Hepatitis C Trust.

109. I have found the Inquiry team to be highly communicative and it has made me feel that it was right to provide a witness statement – previously, given my experience and outcome, I did not think my testimony would be relevant or of interest. I have now come to accept the wrongdoing towards me. The Inquiry has given me confidence to pursue a level of justice.

110. I have obtained copies of my medical records, which detail that I had blood transfusions and when I had them.

Statement of Truth

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

Signed GRO-C

Dated 05/11/2019

Exhibits:

Exhibit number	Description	Date
WITN3321002	Discharge summary re chronic duodenal ulcer	4 July 1991
WITN3321003	Evidence of blood transfusion including blood and batch numbers	30 & 31 June 1991
WITN3321004	Evidence of blood transfusion including blood and batch numbers	29 & 30 June 1991
WITN3321005	Letter from Dr Naomov to Dr Moore, Oakhill Health Surgery, confirming HCV diagnosis	23 October 1995