

14th June 1995

Dr GRO-B

GRO-B

Dear Dr GRO-B

RE: GRO-B DOB GRO-B 80
GRO-B Co DOWN GRO-B
HOSPITAL No: GRO-B

DIAGNOSIS: HAEMOPHILIA A

Further to my previous letter I saw Mr & Mrs GRO-B in the Children's Hospital on 5th June 1995.

I explained that GRO-B was positive for antibodies to hepatitis C and this meant in all probability he was a carrier of the virus. Mr & Mrs GRO-B understand that over a period of time hepatitis C may cause liver inflammation and eventually sclerosis in a proportion of patients. We have checked liver function tests on GRO-B on a number of occasions and they are not at present significantly deranged.

I have explained Interferon can be used to treat hepatitis C but that at present the results associated with this therapy are less than wholly satisfactory in that only 25% of patients so treated respond in the long-term. Should there be a deterioration in liver function tests undoubtedly GRO-B would require treatment with Interferon.

I also discussed with Mr & Mrs GRO-B how hepatitis might spread and the precautions that the rest of the family should take. It is likely that hepatitis C would only be transmitted by sexual means or alternatively blood, either by needle stick injury or by falling on open cuts.

The family are understandably worried. They are welcome to come back to talk to me again should they wish to do so. We are arranging to see GRO-B toward the end of July for a hepatitis B vaccine booster dose.

Mr & Mrs GRO-B did ask me what GRO-B should know about his condition and I did explain that they should be

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reasonably frank and explain that he has a virus in his blood stream resulting from previous exposure to Factor VIII. Should the problem give rise to liver inflammation then treatment might be required. At this stage I do not feel that any fuller explanation should be offered.

Yours sincerely

Dr S I Dempsey
Consultant Haematologist

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