PARLIAMENTARY WRITTEN QUESTIONS

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APPENDIX 49

Parliamentary Written Questions

1989 – 2007

22 Mar 2007

Blood: Contamination

Jenny Willott: To ask the Secretary of State for Health what trials were conducted in the UK between 1984 and 1986 to ascertain the efficacy of heat treatment for *(a)* commercial and *(b)* non-commercial VIII blood products; and if she will make a statement.

Caroline Flint: Heat treated Factor VIII and Factor IX produced by Bio Products Laboratory (BPL) in the mid 1980s were evaluated in several haemophilia centres in England and Wales. The results from these studies have been published by the investigators in medical journals.

BPL developed 8Y in 1985 and studies on the efficacy of BPL's heat treatment undertaken after 1986 showed that the process was very efficacious. Clinical trials and laboratory studies reported in 1985 had previously demonstrated the safety and clinical efficacy of the heat treated product made by the Plasma Fractionation Laboratory of Churchill hospital Oxford, which was destined to become the BPL heat treated factor VIII product (8Y).

The report "Self Sufficiency in Blood Products in England and Wales" provides a section on heat treatment which contains information on trials undertaken by a number of commercial companies. The supporting references are all in the public domain.

Jenny Willott: To ask the Secretary of State for Health (1) if she will place in the Library a copy of the Department's internal audit report referred to in the answer of 23 May 2006, *Official Report*, column 1742W, on destroyed documents/blood products; and if she will make a statement;

(2) by what date she expects her Department to finish its identification and review of all the documents currently held relating to the safety of blood products between 1970 and 1985; and if she will make a statement.

Caroline Flint *[holding answer 19 March 2007]*: The report on the internal review of documents held by the Department relating to the safety of blood products between 1970 and 1985 is being finalised. This report will also take account of missing documents. We expect to complete the report shortly, and a copy will be placed in the Library.

The internal audit report will be referenced in the internal review of documents and we will make all reference documents available.

Haemophilia

Jenny Willott: To ask the Secretary of State for Health how many transplant operations have been carried out since 2000 in people with haemophilia who had been informed they were at risk for public health purposes in relation to vCJD; and if she will make a statement.

Ms Rosie Winterton: The information is unavailable as it is not recorded on the national transplant database.

Haemophilia: Blood Transfusions

6 Mar 2007

Jenny Willott: To ask the Secretary of State for Health what assessment was made of the likely effect on affected people with haemophilia of receipt of the information before the decision was taken to write to

them informing them of their at risk status for public health purposes in relation to vCJD; and what alternatives were considered before it was decided to write to them in the terms which were used.

Caroline Flint: No such specific assessment has been made. Patients have been notified through the clinicians who treat them for haemophilia and bleeding disorders. Those specialist clinicians are best placed to identify the specific needs of their patients.

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Caroline Flint: No such specific assessment has been made. Patients have been notified through the clinicians who treat them for haemophilia and bleeding disorders. Those specialist clinicians are best placed to identify the specific needs of their patients.

Haemophilia

Jenny Willott: To ask the Secretary of State for Health what expert advice was received by the Department of Health about the psychological impact of informing people with haemophilia *(a)* of their increased risk of developing vCJD and *(b)* that they were considered an at risk group for public health purposes; what steps were taken to ensure that psychological support would be available to those affected; and if she will make a statement.

Caroline Flint: The notification exercise by the Health Protection Agency was delivered through the clinicians who treat people with haemophilia and bleeding disorders. These specialist clinicians are the best placed to advise their patients, to counsel them and to present information about risk.

In advance of the notification exercise the United Kingdom haemophilia doctors association, in consultation with the haemophilia patients' association, were asked and provided their views on the handling of the notification exercise.

Mr. Stephen O'Brien: To ask the Secretary of State for Health how many meetings officials have had with strategic health authority chief executives on the service level agreement applied to the provision of Recombinant Factor VIII to haemophiliacs; and whether the service level agreement has been finalised.

Caroline Flint: On 12 February 2003 the Government announced an extra £88 million over three years to extend the availability of recombinant (synthetic) clotting factors for adult haemophiliacs in England. To help extend the availability of recombinant the Government provided the following additional funding:

	£ million
2003-04	13
2004-05	21.7
2005-06	53.4

This funding was made available following a long campaign by the haemophilia lobby groups. Funding was available from the programme budget.

The roll-out programme for recombinant began in January 2004, and all haemophilia patients in England are now eligible for treatment with recombinant products.

Funding is now allocated to strategic health authorities through the national health service bundle and will be managed through a service level agreement.

Jenny Willott: To ask the Secretary of State for Health when the first adverse liver result related to the use of blood products with haemophilia was reported under the terms of the Medicines Act 1974 and subsequent legislation; and if she will make a statement.

Caroline Flint: Reports of adverse reactions to medicines are collated by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Commission on Human Medicines (CHM) through the voluntary spontaneous reporting scheme, the yellow card scheme.

The first report of hepatitis (liver inflammation) associated with the use of a factor VIII product was received by the MHRA via the yellow card scheme in 1976.

Before 1986, some blood clotting factor preparations were contaminated with hepatitis C virus, because blood clotting factors were derived from pooled blood received from many different blood donors. Some people with haemophilia who received blood clotting factor concentrates before 1986 were infected with the hepatitis C virus. However, commercial heat-treated factor VIII products became widely available in 1984 and from the beginning of 1986 all commercial factor VIII products authorised for use in the United Kingdom were made from screened plasma and heat treated to prevent transmission of hepatitis and HIV viruses.

22 Feb 2007

Jenny Willott: To ask the Secretary of State for Health whether blood taken from people with haemophilia has been used at any time since 1977 to measure the pathogenic potential of the UK blood supply; and if she will make a statement.

Caroline Flint: We are unaware of such assessments.

Donor screening for HIV was introduced in 1985 and donor screening for hepatitis C was introduced in September 1991. Both these microbiological tests were introduced as soon as practicable.

Jenny Willott: To ask the Secretary of State for Health on which dates her Department sought legal advice on the extent of its liability for the administration of contaminated blood products to people with haemophilia and subsequent infection with hepatitis C and HIV; and if she will make a statement.

Caroline Flint: We regret that patients were infected with HIV and hepatitis C through treatment with plasma products, prior to the introduction of heat treatment in the mid-1980s. However, the Department has not admitted liability for the tragic infection of patients with haemophilia.

Legal advice would have been sought prior to the HIV litigation in the late 1980s and early 1990s, and the hepatitis C litigation which commenced in 2000.

Jenny Willott: To ask the Secretary of State for Health which body in her Department *(a)* funded and *(b)* carried out research into haemophilia blood products prior to the introduction of viral inactivation technology including the taking of liver enzyme samples; for what purpose this research was carried out; and if she will make a statement.

Caroline Flint: The Department does not undertake research activity. The main agency through which the Government supports medical and clinical research is the Medical Research Council (MRC).

Officials are unable to establish specific research projects relating directly to this issue. However, we know of a study at the Oxford Haemophilia Centre, in the late 1970s and early 1980s, which was funded by the Department, into the epidemiology and chronic sequelae of factor VIII and IX associated hepatitis in the United Kingdom. Papers in connection to this study have been released under the Freedom of Information Act.

In February last year, the Department published the report "Self Sufficiency in Blood Products in England and Wales", which provides a summary on the issue of infected blood products and is available from the Department's website:

Haemophilia: Blood Transfusions

Jenny Willott: To ask the Secretary of State for Health (1) how many documents held in Government records which relate to the infection of haemophiliacs by contaminated blood products and which were thought to have been inadvertently destroyed have been rediscovered; and if she will make a statement;

(2) what records her Department holds of meetings conducted in 1976 on the need for or production of factor XIII for people with haemophilia in the UK; and if she will make a statement.

Caroline Flint: In February 2006, the Department published a report "Self-Sufficiency in Blood Products in England and Wales". This report considered the issue of self sufficiency in Factor VIII during the 1970s and 1980s, including the issues around the production and usage of Factor VIII. Reference 92 and reference 93 contained in the report are minutes of meetings held in 1976. This information is in the public domain.

In addition we have released papers which were returned to the Department from Blackett Hart and Pratt solicitors. Some of these papers date back to 1976, and refer to self-sufficiency in blood products.

Officials have been working on identifying and reviewing all the documents currently held by the Department relating to the safety of blood products between 1970 and 1985. This will assist officials in establishing the full position in relation to departmental papers on this issue.

Haemophilia

Jenny Willott: To ask the Secretary of State for Health (1) how many and what proportion of documents relating to the infection of haemophiliacs with contaminated blood products which have been returned to the Department of Health by Blackett, Heart and Pratt Solicitors have *(a)* undergone independent legal examination and *(b)* been passed to the Haemophilia Society;

(2) how many documents relating to the infection of haemophiliacs with contaminated blood products have been returned to the Department by Blackett, Heart and Pratt solicitors; and if she will make a statement.

Caroline Flint: In May 2006, Blackett Hart and Pratt solicitors returned 623 documents to departmental solicitors. All the documents were reviewed by independent counsel, before they were sent to officials in the Department. The vast majority of these documents (604 in total) were released in line with the Freedom of Information (FOI) Act. The documents were sent to a number of individuals at their request and to the Haemophilia Society.

Some documents were withheld under FOI. However, officials are further reviewing these papers with a view to releasing them if possible.

Haemophiliacs

Mr. Letwin: To ask the Secretary of State for Health what estimate she has made of the number of surviving haemophilia sufferers who have been infected with contaminated blood. [109464]

Caroline Flint: The information requested is provided in the table:

8 Jan 2007 : Column 35W

	(1) *Hepatitis C*	(2) *HIV*
Estimated number of haemophilia patients infected through contaminated blood	2,538	361

products who are alive

(1) Estimated data from the United Kingdom Haemophilia Centre Directors' Organisation National Haemophilia Database
(2) Data from the Macfarlane Trust

Contaminated Blood Products

7 Dec 2006

Mr. Hollobone: To ask the Secretary of State for Health pursuant to the answer of 23 November 2006, *Official Report*, column 225W, on contaminated NHS blood products, what assessment she has made of the merits of undertaking a public inquiry into the supply of contaminated NHS blood products to people with haemophilia in relation to HIV and hepatitis B. [107372]

Caroline Flint *[holding answer 4 December 2006]:* We regret that patients were infected with HIV and hepatitis B through treatment with plasma products, prior to the introduction of heat treatment in the mid 1980s.

These heat treatments were developed to inactivate HIV. HIV was much more sensitive to heat treatment than hepatitis C and hepatitis B. From the mid 1980s a range of heat treatments for plasma products were developed that eliminated HIV, hepatitis B and hepatitis C.

Donor screening for HIV was introduced in 1985 and donor screening for hepatitis B was introduced by 1972. Both these microbiological tests were introduced as soon as practicable. In view of these actions, we do not consider a public inquiry is justified.

In February this year, the Department published the report on "Self Sufficiency in Blood Products in England and Wales" which is available at:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4130917&chk=c91C7q

This provides a summary on the issue of infected blood products.

NHS Blood Products

Mr. Hollobone: To ask the Secretary of State for Health what new procedures and practices have been implemented by the NHS as a result of the lessons learned from the supply of contaminated NHS blood products.

Caroline Flint: Bio Products Laboratory, part of NHS Blood and Transplant, supplies a range of plasma products to the NHS, along with a number of commercial organisations. Organisations producing plasma products are highly regulated, and have to conform to high standards and strict regulations, like any pharmaceutical organisations.

In addition, blood safety issues are considered by the committee on the microbiological safety of blood, tissues and organs for transplantation. Where there is significant uncertainty, the committee has adopted a highly precautionary approach towards minimising the risk of infection through treatment. In relation to the possibility of variant Creutzfeldt-Jakob disease (vCJD) transmission through blood and blood products, we have introduced a range of precautionary measures to prevent transmission between patients. For example, plasma derivatives such as clotting factors are obtained from the United States. In addition, we provided funding to extend the availability of synthetic clotting factors to adult haemophilia patients.

Since the identification of HIV and hepatitis C in the 1980s practice in terms of communications between health professionals and patients, and assessing and communicating the risks of medical treatment has changed significantly.

Our primary focus is to ensure that we adopt the precautionary principle where there is scientific uncertainty, and to balance the need to communicate information about possible risks and protect public health.

23 Nov 2006

Mr. Hollobone: To ask the Secretary of State for Health (1) what estimate her Department has made of the cost of holding a public inquiry into the supply of contaminated NHS blood products to haemophiliacs;

(2) what assessment she has made of the merits of undertaking a public inquiry into the supply of contaminated NHS blood products to haemophiliacs.

Caroline Flint: The Government have great sympathy for those infected with hepatitis C and has considered the call for a public inquiry very carefully.

However, as previously stated, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the United Kingdom in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.

The cost of holding a public inquiry would vary depending on the scope and length of any inquiry.

HEALTH

Blood Products

4th May 2006

Jenny Willott: To ask the Secretary of State for Health whether her Department has carried out an internal review into the use of blood and plasma products infected with HIV and hepatitis C; and if she will make a statement. [65513]

Caroline Flint: The Department has not carried out an internal review into the use of blood and plasma products infected with HIV and hepatitis C. However, on 27 February the Department published a report, 'Self-Sufficiency in Blood Products in England and Wales'. This report was the result of an internal review of papers on self-sufficiency in blood products.

The review was commissioned following suggestions that the policy of self-sufficiency in blood products during the 1970's and early 1980's might have prevented haemophilia patients being treated with infected blood products. The report makes clear that self-sufficiency in blood products would not have prevented the infection of haemophilia patients.

Imported Blood Products

Jenny Willott: To ask the Secretary of State for Health whether her Department *(a)* asked and *(b)* required individuals with haemophilia to sign a waiver in 1991 intended to block legal redress in the event of infection with hepatitis C from NHS blood products after a hepatitis C test was completed; and if she will make a statement.

Caroline Flint: In 1988, a special payments scheme was introduced for haemophiliacs infected with HIV through blood products. This scheme is administered by the Macfarlane Trust. In 1991, as part of a settlement of court proceedings a further lump sum payment was made under the scheme for haemophilia patients infected with HIV. From that time, all beneficiaries of the Trust have been required to sign a waiver undertaking not to take legal action against the Department or any other public body in respect of infection

from HIV, or hepatitis viruses. It is usual in litigation that when a settlement is reached, claimants cannot then reopen the proceedings.

We deeply regret that so many people with haemophilia were infected with HIV and hepatitis C through blood products. In 2004, the Government set up the Skipton Fund to administer the ex-gratia payment scheme for people infected with hepatitis C from national health service blood or blood products.

Hepatitis C

31 Jan 2006

Dr. Gibson: To ask the Secretary of State for Health what recent assessment she has made of the health of patients who contracted hepatitis C in the 1970s and 1980s from infected blood.

Caroline Flint: A study from the Royal Free Hospital published in 2000 [1] reported on the natural history of hepatitis C in a cohort of around 300 patients with haemophilia infected between 1961 and 1985.

In April 1995, a lookback exercise was undertaken to identify and trace patients who had received blood before September 1991 (when routine screening of blood donations was introduced) from donors subsequently shown to be positive for hepatitis C. The majority of patients, who were identified from the lookback exercise, form the basis of the National Hepatitis C Register. This includes a record of patients with a known date of acquisition. The National Hepatitis C Register is held by the Health Protection Agency (HPA) and funded by the Department. Clinicians are asked to provide follow-up data anonymously for registered patients every two to three years, and the HPA has produced papers on the cohort [2 3] . This study is on-going. Details of the register are available on the HPA website at www.hpa.org.uk/infections/topics_az/hepatitis_c/menu2.htm.

Notes:

[1] Yee TT, Griffioen A., Sabin C:A. et al. The natural history of HCV in a cohort of haemophilia patients infected between 1961 and 1985. *Gut* 2000; 47: 845-851. [2] Harris H.E., Ramsay R.E., Andrews N. et al. Clinical course of hepatitis C virus during the first decade of infection: cohort study. BMJ 2002; 324: 450-3. [3] Harris H.E., Ramsay M.E., Andrews N.J. Survival of a national cohort of hepatitis C virus infected patients, 16 years after exposure. *Epidemiol Infect*—in press. [E-pub ahead of print 28 October 2005.]

Haemophilia

Mr. Stephen O'Brien: To ask the Secretary of State for Health what the cost is of controlling the bleeding of people with haemophilia *(a)* using recombinant factor VIII and factor IX and *(b)* using plasma derived products.

Caroline Flint: The information requested is not held centrally.

Haemophilia

16. Michael Connarty: To ask the Secretary of State for Health what progress has been made with the provision of recombinant clotting products for people with haemophilia.

Caroline Flint: The final phase of the roll out of recombinant clotting products for all haemophiliac patients commenced on 1 April 2005 and will be completed by 31 March 2006.

12 September 2005

Contaminated Blood Products (Ex-gratia Payments)

Michael Connarty: To ask the Secretary of State for Health if she will estimate the cost of making payments to the families of people with haemophilia who have died of hepatitis C.

Caroline Flint: It is not possible to provide an estimate on the cost of extending the hepatitis C ex-gratia payment scheme to the families of people infected with hepatitis C through national health service blood products and who have since died.

Haemophilia

18 Jul 2005

Laura Moffatt: To ask the Secretary of State for Health whether haemophilia patients with inhibitors and patients with factor VII (7) deficiency are eligible for treatment with recombinant products; and whether *(a)* primary care trusts and *(b)* haemophilia centre directors have been informed accordingly.

Caroline Flint: All haemophilia patients are now eligible for treatment with recombinant products. This includes patients with inhibitors and patients with factor VII deficiency. The chairman of the United Kingdom Haemophilia Centre Doctors' Organisation wrote to all haemophilia centre directors in England on 10 February 2004 to inform that they should start to make arrangements to treat remaining haemophilia A and B patients with recombinant products from 1 April 2005.

Information has been collected on patients with inhibitors or congenital factor VII deficiency who are eligible for recombinant products, and allocations have
been made so that these patients are included in this final year of the roll out of recombinant. Due to the difficulty in predicting usage for inhibitor patients, further data will be collected to allow a six month review.

Primary care trusts receiving funding were informed about their allocation through the limits report sent to them on Tuesday 28 June.

10 Feb 2005

Women's Bleeding Disorders

18 Jan 2005

Mr. Connarty: To ask the Secretary of State for Health what *(a)* activities and *(b)* methods his Department is adopting to make (i) women and (ii) the medical profession aware of the possibility that the von Willebrand's form of haemophilia can be the cause of women's bleeding disorders. [210126]

Dr. Ladyman: I refer my hon. Friend to the reply that I gave on 18 January 2005, *Official Report*, columns 873-74W.

Bleeding Disorders

18 Jan 2005

Mr. Connarty: To ask the Secretary of State for Health (1) what measures are being taken to raise awareness among *(a)* health care professionals and *(b)* the wider public of bleeding disorders affecting women;

(2) what steps he plans to ensure that those affected by von Willebrand disease are correctly diagnosed.

Miss Melanie Johnson: The Department provides core funding to the Haemophilia Society. In November last year the Haemophilia Society held a conference for health care professionals on women's bleeding disorders to help raise awareness.

The United Kingdom haemophilia centre doctors organisation working parties have published new peer reviewed guidelines, for the treatment and diagnosis of von Willebrand disease and for rare inherited haemostatic disorders, in 2004.

Skipton Fund

16 Dec 2004

Pete Wishart: To ask the Secretary of State for Health (1) what the appeal procedures for the Skipton Fund are with regard to *(a)* the number of lay people and *(b)* the number of medical members on the appeal panel; what qualifications are expected of them; and how members of the panel are selected;

(2) what criteria are used to select lay members of the appeal panel for the Skipton Fund;

(3) how many members of the appeal panel of the Skipton Fund are from the legal profession;

(4) where in Scotland appeal panels for the Skipton Fund sit;

(5) whether legal members of the appeal panel for the Skipton Fund are selected from within the Scottish Justice System when hearing appeals from Scottish applicants;

(6) whether appellants of the Skipton Fund are able to attend panel hearings;

(7) whether appellants of the Skipton Fund have access to expert opinion to challenge the decision of the medical pane;

(8) whether the documents used by the Skipton Fund in reaching decisions are made available to the appellant;

(9) whether applicants are entitled to *(a)* legal representation and *(b)* legal aid when appealing Skipton Fund decisions;

(10) whether the funding for the appeals panel for Skipton Fund decisions comes from the Skipton Fund;

(11) how many unsuccessful applicants to the Skipton Fund have requested an appeal; and how many unsuccessful applicants have had an appeal heard;

(12) what his estimate is of the percentage of those who apply for an appeal to the Skipton Fund whose appeal is heard;

(13) how many appellants to the Skipton Fund have been successful in their appeal.

Miss Melanie Johnson: Patient groups have been consulted and have commented on an initial proposal for the appeals process and membership of an independent appeals panel. The United Kingdom health departments are now considering arrangements for the appeals process and the appointment of the panel.

Appointments will be made through the public appointments process. Funding for the appeals panel will be made available from the central departmental budget allocated to the Skipton Fund.

In England and Wales, decisions on the granting of legal aid are a matter for the Community Legal Service. The Skipton Fund will not meet any legal or other expenses incurred by an applicant.

Pete Wishart: To ask the Secretary of State for Health what additional funding is given to the MacFarlane Trust to enable it to administer the Skipton Fund; and where the additional funding comes from.

Miss Melanie Johnson: The Macfarlane Trust does not administer the Skipton Fund.

Three trustees and the chairman and chief executive of the Macfarlane Trust were asked to take on the role of directors and company secretary for the Skipton Fund on an interim basis. This decision was made so that we could make progress with establishing the Skipton Fund. The trustees have a background in management, administration and working with haemophilia patients.

Pete Wishart: To ask the Secretary of State for Health (1) how many people have made an application to the Skipton Fund for compensation;

(2) how many applicants to the Skipton Fund have received the first stage payment of £20,000; and how many applicants have gone on to receive the further stage payment of £25,000;

(3) how many applicants to the Skipton Fund have had their *(a)* Stage 1 and *(b)* Stage 2 applications (i) declined and (ii) accepted;

(4) how many applicants to the Skipton Fund have applications outstanding for *(a)* Stage 1 and *(b)* Stage 2 compensation payments;

(5) if he will estimate the total sum paid to date for *(a)* Stage 1 and *(b)* Stage 2 compensation from the Skipton Fund.

Miss Melanie Johnson: Information on the number of number of stage one and stage two applications received by the Skipton Fund and their status is shown in the table.

16 Dec 2004 : Column 1329W

	Stage one applications	Stage two applications
Application forms dispatched[39]	4,526	382
Total completed applications received	3,139	137
Number of applications paid	2,560	112
Number of applications declined	146	[40]4
Number of applications which have not been fully completed and have been returned to the applicants clinician	281	10
Number of applications being processed	152	11
Total amount paid to claimants (£)	51,200,000	2,800,000

[39] Figures as at 6 December 2004.
[40] A small number of stage two applications have been deferred because the claimants do not yet meet the criteria.

Skipton Fund

3 November 2004

Pete Wishart: To ask the Secretary of State for Health what assessment he has made of the ease of access for applicants to information about the progress of their applications from the Skipton Fund; and if he will make a statement.

Miss Melanie Johnson: Since the Skipton Fund became operational on 5 July, a key priority for the fund has been the despatch and process of stage 1 application forms.

Each applicant who has registered with the Skipton Fund may telephone the Skipton Fund helpline to inquire about progress with their application. The Haemophilia Society website, at www.haemophilia.org.uk, provides an update on the range of applications that are being processed.

Contaminated Blood Products

Mr. Cousins: To ask the Secretary of State for Health how many deaths from *(a)* HIV/AIDS, *(b)* hepatitis C and *(c)* co-infection from AIDS and hepatitis C as a result of using NHS-supplied contaminated blood products have so far occurred; and how many victims remain alive.

Miss Melanie Johnson: Information is not collected on the number of people who acquired infections through contaminated blood products and who have died.

The number of haemophilia patients infected with HIV/AIDS from national health service blood products registered with the Macfarlane Trust and who have died are shown in the table.

	Number of deaths[22]
1988[23]	88
1989-97	661
1998	22
1999	19
2000	24
2001	13
2002	12
2003	11
2004	2
Total	852

[22] The Macfarlane Trust does not collect information on the cause of death.
[23] Prior to 1988.

The Macfarlane Trust currently has 391 registrants, and 40 infected intimates (wives and partners).

Information on the total number of patients who have died from hepatitis C as a result of infection through NHS blood products and the number who remain alive and the figure for the number of patients co-infected with HIV/AIDS and hepatitis C who have died are not collected.

13 Jul 2004

Haemophiliacs

David Taylor: To ask the Secretary of State for Health what improvements to the services available to haemophiliacs on the National Health Service have been made since 1997. [174642]

Miss Melanie Johnson: In 1998 the Government provided funding to place all haemophilia patients under 16 on synthetic clotting factors. These patients have continued to receive synthetic products as they have grown older. In February last year we announced additional funding of £88 million over three years to extend the availability of these products to adult haemophilia patients. The Government's aim is that by March 2006 the vast majority of haemophilia patients will be receiving synthetic clotting factors.

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David Taylor: To ask the Secretary of State for Health when haemophiliacs who contracted hepatitis C through contaminated blood will receive the ex gratia payment offers from the Department of Health that he has announced.

Miss Melanie Johnson: I refer my hon. Friend to the reply I gave to my hon. Friend the Member for Falkirk, East (Mr Connarty) on 4 May 2004, *Official Report*, column 1464W.

Free Prescriptions

Mr. Baron: To ask the Secretary of State for Health what recent representations he has received on the categories of patients eligible for free prescriptions in England.

Ms Rosie Winterton *[holding answer 18 March 2004]*: Representations received since 1 January 2004 have been identified in respect of the following groups: *Medical Conditions:*

Alopecia
Alzheimer's disease
Arthritis
Asthma
Autoimmune condition
Cancer
Chronic illness (unidentified)
Coeliac disease
Crohn's disease
Cystic Fibrosis
Downs Syndrome
Haemophilia
Heart condition
Hormone replacement treatment (male and female)
Hyperpituitarism
Hypertension
Incontinence
Kidney dialysis
Leg Ulcers, dressings
Lupus
M.E. (Chronic Fatigue Syndrome)
Mental Health (various)
Multiple sclerosis
Muscular Dystrophy
Parkinson's Disease
Pleurisy
Spleen removed
Ulcerative Colitis
Other circumstances:
Apprentices
Day Case Patients
Private Patients

24 Mar 2004 : Column 919W

Recipients of:
Carer's Allowance
Disability Living Allowance
Incapacity Benefit
Students

Haemophilia

25 Feb 2004

Nick Harvey: To ask the Secretary of State for Health how many patients with haemophilia there are in *(a)* England and *(b)* the South West; and if he will make a statement. [154578]

Miss Melanie Johnson: Information provided by the United Kingdom Haemophilia Centre Doctors Organisation shows that there are 5,019 haemophilia patients in England and 297 patients in the South West. These figures include patients affected by severe and mild haemophilia.

Haemophilia

23 Feb 2004

Nick Harvey: To ask the Secretary of State for Health (1) what access patients in the South West have to treatment that is in accordance with national standards

for haemophilia care published in the National Service Specification for Haemophilia and Related Conditions in 2001; and if he will make a statement;

(2) what plans he has for the provision of a comprehensive care centre for haemophilia in the South West; and if he will make a statement.

Ms Rosie Winterton: Our policy, "Shifting the Balance of Power", means that the local national health service has responsibility for planning and developing health services according to local needs and demands.

In 2001, The Haemophilia Alliance produced a National Service Specification for a service that allows people with haemophilia the best care that can be made available. The Government welcomed this model service specification, which sets out clear standards of care for patients with inherited bleeding disorders. NHS commissioners of haemophilia services will find the document an invaluable resource when planning and developing services for patients.

I understand that there are 10 haemophilia centres throughout the South West region, which provide a good range of services between them. The United Kingdom Haemophilia Centre Doctor's Organisation (UKHCDO) is the body responsible for designating comprehensive care centres, and I am informed that the haemophilia centre directors in the South West are in regular contact with the chair of the UKHCDO about the provision of services in the South West.

The following is a list of the Haemophilia Centres in the South West:

Bath, Bristol (Infirmary and Children's) for the Avon, Gloucestershire and Wiltshire Strategic Health Authority (SHA) area

Bournemouth/Poole, Dorchester, Taunton/Yeovil for the Dorset and Somerset SHA area

Barnstaple, Exeter, Plymouth, Torquay, Truro for the South West Peninsula SHA area.

Contaminated Blood Products

Mrs. Calton: To ask the Secretary of State for Health how many haemophiliacs in the United Kingdom have been treated in each year since 1975 for *(a)* hepatitis C and *(b)* CJD acquired from contaminated blood products. [146985]

Miss Melanie Johnson: The number of haemophilia patients who have been treated for hepatitis C is not collated. There are no haemophilia patients who have been diagnosed with vCJD acquired from blood products.

Mrs. Calton: To ask the Secretary of State for Health how many haemophiliacs died from blood product acquired infections in each year from 1975 to 1987. [146986]

Miss Melanie Johnson: Information on the number of haemophilia patients who have died from Hepatitis C from blood products is not collected. Information from the United Kingdom Haemophilia Centre Doctors Organisation show 212 patients with haemophilia have died from liver disease to January 2000.

Viral inactivation of blood products and screening for HIV were first introduced in 1985. Information on the number of haemophilia patients who have died from HIV from blood products is not collected centrally. Figures provided by the Macfarlane Trust are only available from 1981, and are shown in the table.

	Number of patients
1981	1
1982	0
1983	1
1984	2
1985	13
1986	31
1987	40
Total	88

5 Feb 2004 : Column 1064W

In my response to a question from the hon. Member on Monday 5 January 2004, *Official Report,* column 191-92W, the number of haemophilia patients infected with HIV/AIDS from infected national health service blood products, registered with the Macfarlane Trust and who died pre-1988 was listed as 87. The Macfarlane Trust has recently advised that the correct figure is in fact 88.

Haemophilia

Mrs. Calton: To ask the Secretary of State for Health (1) how many haemophiliacs were diagnosed in each year since 1975; [143397]

(2) how many haemophiliacs died from blood product acquired infections in each year since 1975; [143398]

(3) how many haemophiliacs in the UK have been treated in each year since 1975 for *(a)* HIV, *(b)* hepatitis C and *(c)* CJD acquired from contaminated blood products. [143399]

Miss Melanie Johnson: The United Kingdom Haemophilia Centre Doctors Organisation estimate that 40 new Haemophilia A cases and three to four Haemophilia B cases are expected each year. The number of expected mild haemophilia cases is not available.

Viral inactivation of blood products and screening for HIV were first introduced in 1985. The number of haemophilia patients infected with HIV/AIDS from infected national health service blood products, registered with the Macfarlane Trust, who have died before and since 1988 when the Trust was set up, is shown in the table.

	Number or patients infected with HIV/AIDS
Pre 1988	87
1988	39
1989	54
1990	64
1991	72

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1992	78
1993	88
1994	95
1995	90
1996	48
1997	33
1998	22
1999	19
2000	24
2001	13
2002	12

The latest information from the United Kingdom Haemophilia Centre Doctors Organisation show 212 patients with haemophilia have died from liver disease.

Contaminated Blood Products

9 Dec 2003

Mr. Cousins: To ask the Secretary of State for Health how many people died in each of the last five years as a result of contamination by blood products *(a)* from HIV/AIDS, *(b)* from hepatitis C and *(c)* co-infected with HIV/AIDS and hepatitis C; and how many who were found to be suffering from each such contamination in each of those years remain alive. [142588]

Miss Melanie Johnson: The number of haemophilia patients infected with HIV/AIDS from infected national health service blood products registered with the Macfarlane Trust who have died in the last five years are shown in the table.

	Number
1998	22
1999	19
2000	24
2001	13
2002	12

The total number of registrants who remain alive is 397.

Information on the total number of patients who have died in each of the last five years from hepatitis C as a result of infection through NHS blood products and the number who remain alive in each of those years is not collected.

The figure on the total number of patients co-infected with HIV/AIDS and hepatitis C who have died in each of the last five years is not collected. The latest information from the United Kingdom Haemophilia Centre Doctors Organisations shows the total number of co-infected patients alive at 1 January 2000 is 469.

Mr. Laurence Robertson: To ask the Secretary of State for Health (1) if he will make a statement on deaths of people with haemophilia from hepatitis as a result of receiving contaminated transmissions of blood within the NHS; [143115]

(2) if he will make a statement on the levels of compensation payments offered to people who have contracted hepatitis as a result of receiving contaminated blood; [143116]

(3) what plans he has to compensate the relatives of patients who have died through having received contaminated blood on the NHS. [143117]

Haemophilia

8 Dec 2003

Mr. Brady: To ask the Secretary of State for Health what action he has taken to ensure that recombinant treatment is made available to adults with haemophilia who live in *(a)* England and *(b)* Northern Ireland. [141249]

Miss Melanie Johnson: We have been working with key stakeholders, including the Haemophilia Society, clinicians, primary care trusts and others to put in place a strategy to roll out access to recombinant products. We aim to begin the roll out as soon as possible. More information about the issues that the working group has had to consider prior to the roll out can be obtained from www.doh.gov.uk/blood/rcfwg.

Recombinant clotting factors have been made available for all adult haemophilia patients in Northern Ireland, except for a small group of adult patients with severe haemophilia. It is expected that these patients will receive recombinant early in 2004.

Contaminated Blood

4 Dec 2003

Mr. Brady: To ask the Secretary of State for Health whether his Department's ex-gratia payments to people with haemophilia infected with hepatitis C will extend to

(a) those co-infected with HIV, *(b)* those who have cleared the virus through treatment and *(c)* the families of those who have died from hepatitis C.

Charles Hendry: To ask the Secretary of State for Health how the money allocated to compensate victims of contaminated blood will be spent; and if he will make a statement.

Miss Melanie Johnson: The details of the hepatitis C ex gratia payment scheme are being worked out. We expect to announce the scheme's eligibility criteria and payment structure shortly.

Contaminated Blood

19 Nov 2003

Mr. Hancock: To ask the Secretary of State for Health how many people suffering from haemophilia have *(a)* died and *(b)* suffered illness as a result of contaminated blood products from the NHS in each of the last five years; and if he will make a statement. [138790]

Miss Melanie Johnson: The number of haemophilia patients registered with the Macfarlane Trust who have died in the last five years, after infection with HIV from infected national health service blood products, is shown in the table.

	Number of deaths
1998	22
1999	19

2000	24
2001	13
2002	12

Information on the number of haemophilia patients with HIV who have suffered illness is not available.

The latest information from the United Kingdom Haemophilia Centre Doctors Organisation show 212 patients with haemophilia have died from liver disease. The number of haemophilia patients with hepatitis C who are demonstrating signs of serious liver disease is 2,645, from a total 2,829 patients who are living with hepatitis C, as at January 2000.

Mr. Hancock: To ask the Secretary of State for Health if he will make it his policy to compensate *(a)* the dependants of those who have died from hepatitis due to infected blood products and *(b)* those who contracted hepatitis by such means, but recovered after treatment. [138791]

Miss Melanie Johnson: The details of the hepatitis C ex gratia payment scheme are still being worked out. We expect to announce the scheme's eligibility criteria and payment structure shortly.

Mr. Hancock: To ask the Secretary of State for Health what research his Department *(a)* has commissioned and *(b)* is evaluating in order to determine the level of compensation for people infected with hepatitis C due to infected blood products; and if he will make a statement.

Miss Melanie Johnson: The following independent resources are being considered as part of the on-going deliberations to determine the level of payments made under the proposed hepatitis C ex gratia payment scheme:

the scheme of payments implemented by the Macfarlane Trust;

the scheme of payments implemented by the Eileen Trust;

the report of the Hepatitis C Working Party to the Haemophilia Society; and

the report of the Scottish Executive's Expert Group on Financial and Other Support chaired by Lord Ross.

Mr. Hancock: To ask the Secretary of State for Health if he will make a statement on the steps that he is taking to ensure that contaminants are not present in NHS blood products.

Miss Melanie Johnson: The safety of blood and blood products used in the national health service is of paramount importance. Every reasonable step has been taken to minimise any risks during blood transfusion. The current high levels of safety are achieved by screening out potential high risk donors and then further testing of every unit of donated blood for HIV, hepatitis B, hepatitis C and syphilis before it is released to hospitals.

As a precautionary measure against the theoretical risk that vCJD can be transmitted through blood, since 31 October 1999 all blood used for transfusion has had the white cells removed (a process called leucodepletion), and in 1998, we stopped using United Kingdom plasma in the manufacture of blood products.

New blood safety initiatives, including technologies to remove pathogens in blood, are kept under review by the National Blood Service's Blood and Tissue Safety Assurance Group and the Department's Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation.

Haemophilia

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Diana Organ: To ask the Secretary of State for Health how many haemophilia patients there are in England.

Ms Blears: Figures from the United Kingdom Haemophilia Centre Doctors Organisation indicate that there are 5,804 haemophilia patients in England.

Diana Organ: To ask the Secretary of State for Health how many suppliers of recombinant clotting factor for haemophilia patients there are in the UK.

Ms Blears: There are five global companies which supply recombinant clotting factor products to the national health service in England. The companies are Bayer PLC, Wyeth/Genetics Institute, Baxter Healthcare Corporation, Novo Nordisk Limited and Aventis Behring.

Haemophilia

11 Apr 2003

Diana Organ: To ask the Secretary of State for Health what the underspend was on last year's budget for recombinant clotting factor for haemophilia patients in West Gloucestershire Primary Care Trust.

Ms Blears: I have been advised by West Gloucestershire Primary Care Trust that during the 2002-03 financial year, as part of a consortium commissioning arrangement, West Gloucestershire has incurred costs of £598,000, of which £512,000 relates to recombinant products, against estimated expenditure of £696,000 (based on costs in 2001-02).

Expenditure can vary significantly between financial years based on the number of patients receiving treatment, the number of units of blood products provided, and the costs of the products themselves.

Diana Organ: To ask the Secretary of State for Health (1) what factors are preventing targets for the required amount of recombinant clotting factor for haemophilia patients being met;

(2) what the budget is for 2003-04 to provide recombinant clotting factor for haemophilia patients.

Ms Blears: Haemophilia patients up to the age of 21-22 are already receiving recombinant clotting factors. Extra funding will begin the process of extending these products to the remaining haemophilia patients aged over 21-22. The extra funding has been allocated over three years. In 2003-04, there is £13 million available.

We are working with key stakeholders including the Haemophilia Society, clinicians, primary care trusts and others to put in place a strategy to roll out access to these products. We aim to begin the roll out as soon as possible.

Haemophilia

6 Mar 2003

Mrs. Gillan: To ask the Secretary of State for Health pursuant to the statement of 12 February 2003, *Official Report*, column 51WS, on Haemophilia (Recombined Clotting Factors), how much will be allocated to *(a)* Chesham and Amersham and *(b)* Buckinghamshire.

Ms Blears: Over the coming months we will be working with key stakeholders including the Haemophilia Society, clinicians, primary care trusts (PCTs) and others to put in place a strategy to implement the availability of recombinant clotting factors. The amounts to be allocated to each PCT will be determined once a strategy is agreed.

Bob Russell: To ask the Secretary of State for Health what plans he has to monitor the use of the allocation of money to NHS haemophilia treatment centres in England for treating patients with genetically engineered

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recombinant instead of products made from human blood; when the first patients will receive the new treatment; how long it will take for all patients to be offered it; how much funding will be allocated in the first year; for how many years the funding will last; and if he will make a statement.

Ms Blears: Haemophilia patients up to the age of 21 are already receiving recombinant clotting factors. The £88 million will begin the process of extending these products to the remaining haemophilia patients aged over 21. The extra funding has been allocated over three years—£13 million in 2003-04, £21.7 million in 2004-05 and £53.4 million in 2005-06.

The Government's aim is that by March 2006 the vast majority of haemophilia patients should be receiving recombinant clotting factors. The Government will work with key stakeholders including the Haemophilia Society, the United Kingdom Haemophilia Centre Doctors Organisation, primary care trusts and others to put in place a strategy to roll out access to these products. This will include plans to monitor the implementation of this strategy. We aim to begin the roll out as soon as possible in the next financial year.

Specialised Services Commissioning

Dr. Richard Taylor: To ask the Secretary of State for Health if he will make a statement on the progress primary care trusts in England are making with preparations for the commissioning of specialised services, with particular reference to those for *(a)* genito-urinary medicine and *(b)* haemophilia.

Ms Blears: Since April 2002 primary care trusts have been responsible for securing health services for their local populations, including the commissioning of specialised services. Regional specialised commissioning groups, whose former health authority members have now been replaced by PCT members, are continuing to exist during 2002-03, to ensure stability and continuity, as are existing consortia arrangements including previously agreed financial commitments and programmes of service reviews.

Responses to the ministerial review on specialised services are now being considered and guidance will be issued shortly on commissioning arrangements for 2003-04 onwards. Haemophilia and HIV treatment and care services will be covered by these arrangements. Genito-urinary medicine (GUM) services are not covered by regional specialist commissioning groups as they are not specialised services. However we have recently issued a Sexual Health and HIV Commissioning Toolkit to support those commissioning and providing sexual health and HIV services including GUM.

Haemophilia

Mr. Connarty: To ask the Secretary of State for Health whether recombinant treatment products will be made available this year to all haemophilia sufferers in *(a)* England and *(b)* Northern Ireland.

Ms Blears: In England, all haemophilia patients up to the age of 21 years receive recombinant clotting factors. The Government are considering the case for extending provision to all other haemophilia patients. A decision will be made shortly.

Recombinant clotting factors have recently been made available for all haemophilia patients in Northern Ireland.

Haemophilia

28 Oct 2002

Mr. Connarty: To ask the Secretary of State for Health if he intends to make a decision before the end of 2002 on whether to make recombinant available to all people with haemophilia.

Ms Blears: We hope to announce our decision on the availability of recombinant before the end of 2002.

Brian Cotter: To ask the Secretary of State for Health what recent further consideration he has given to making recombinant clotting factors available to all haemophilia patients in England.

Ms Blears: The Government is still considering whether to make recombinant clotting factors available to all haemophiliacs in England taking full account of representations made by the All Party Parliamentary Group on haemophilia, the haemophilia society, the United Kingdom haemophilia centre doctors organisation and others. We hope to announce our decision before the end of 2002.

17 Jul 2002

Mr. Hancock: To ask the Secretary of State for Health if he plans to extend the availability of recombinant drugs to all haemophiliacs in England; and if he will make a statement.

Ms Blears: The Government are considering whether to make recombinant clotting factors available to all haemophiliacs in England taking full account of representations made by the All Party Parliamentary Group on Haemophilia, the haemophilia society, the United Kingdom haemophilia centre doctors organisation and others. A decision will be taken later this year.

Hepatitis C

9 Jul 2002

Stephen Hesford: To ask the Secretary of State for Health if he will make a statement on the Government's policy on making financial arrangements for sufferers, and their families, of Hepatitis C caused by infected blood products. [64262]

Ms Blears: We deeply regret that so many people with haemophilia were infected with hepatitis C through blood products. But the fact is that as soon as a technology became available to make blood products free from hepatitis C the national health service introduced it. There is therefore no legal liability to justify compensation for people with haemophilia and hepatitis C.

This Government and their predecessor have held that compensation is only paid to patients when the NHS has been at fault and that an exception to this rule is not justified in the case of haemophiliacs infected with hepatitis C.

We met the haemophilia society and members of the all party group on haemophilia on 12 June to discuss the 'Report of the Hepatitis C Working Party' which was produced for the haemophilia society and published by them on 17 June. We will respond to this report when we have given it our full consideration.

Haemophilia

11 Jun 2002

Brian Cotter: To ask the Secretary of State for Health (1) if he will instigate an investigation into the change of treatment for haemophilia patients in the 1970s from a cryoprecipitate treatment originating from a single donor to an unheated treatment derived from large donor pools; [56024]

> (2) what plans he has had to hold a public inquiry into how haemophiliac patients in the 1980s contracted hepatitis C and the HIV virus. [56026]

Ms Blears: There are no plans to hold a public inquiry or to investigate haemophilia treatment practices in the 1970s.

We understand that treatment with cryoprecipitate carried a number of disadvantages compared to pooled clotting factors. It required the patient to be treated in hospital, it could not be given to children, it was unsterilised and carried the risk of a number of side effects.

Pooled plasma products did not carry these disadvantages and were therefore keenly received by patients and clinicians. It was not until the mid to late 1980s that the risks from hepatitis C were fully understood by which time viral inactivation of pooled plasma products had been introduced.

Mr. Heald: To ask the Secretary of State for Health, pursuant to his answer of 14 May 2002 to the hon. Member for Falkirk East (Mr. Connarty), *Official Report*, column 618W, on haemophilia, if he will make a statement on the length of time the Government are taking to make a decision on whether to make recombinant clotting factors available to all haemophiliacs.

Ms Blears: We have nothing further to add to our earlier response. We are still considering the provision of recombinant clotting factors for all haemophilia patients in England and will make a decision later this year.

Haemophilia

10 June 2002

Mr. Connarty: To ask the Secretary of State for Health what clotting factors are available in recombinant products for people with haemophilia; and what assessment he has made as to whether all clotting factors with the least side effects are available to all haemophilia sufferers.

Ms Blears: The full range of recombinant clotting factors for patients with haemophilia are available for purchase by national health service trusts. Patients who develop antibodies against clotting factors, known as inhibitors, can be treated with a range of products including recombinant factor VIIa. The United Kingdom haemophilia centre doctors organisation has produced guidelines for clinicians for treatment on inhibitors. Treatment is a matter for individual clinical decision.

Haemophilia

14 May 2002

Mr. Connarty: To ask the Secretary of State for Health if he will set out the process by which the Government will determine whether to make recombinant available to all people with haemophilia; if he will outline the considerations being taken into account in coming to this decision; and if he will indicate when he expects this process to be complete.

Yvette Cooper: The Government is considering whether to make recombinant clotting factors available to all haemophiliacs in England taking full account of representations made by the All Party Parliamentary Group on Haemophilia, the Haemophilia Society, the United Kingdom Haemophilia Centre Doctors Organisation and others. A decision will be taken later this year.

Haemophiliacs

7 May 2002

Paul Goggins: To ask the Secretary of State for Health if he will make a statement on the availability of recombinant treatment to adults with haemophilia.

Yvette Cooper: Recombinant clotting factors are provided in England for new haemophilia patients and children under 16 (from April 1998). The United Kingdom Haemophilia Centre Doctor's Organisation has advised that recombinant clotting factors are available to those who are eligible to receive them.

Haemophilia

30 Apr 2002

Mr. Connarty: To ask the Secretary of State for Health whom his Department has consulted as part of its consideration of whether to make recombinant available to all people with haemophilia.

Yvette Cooper: The Department has had formal meetings with the United Kingdom Haemophilia Centre Doctor's Organisation (UKHCDO) and the Haemophilia Society and more informal discussions with other groups from the haemophilia community.

The Government are considering extending the provision of recombinant clotting factors to all haemophilia patients in England. Recombinant clotting factors are provided in England for new haemophilia patients and children under 16 (from April 1998). The UKHCDO has advised that recombinant clotting factors are available to those who are eligible to receive them.

Haemophilia

13 March 2002

Phil Sawford: To ask the Secretary of State for Health (1) how many haemophiliacs have not received compensation for blood borne diseases which they may have contracted as a result of blood transfusions; and in what circumstances claims are rejected;

(2) how many haemophiliacs have received compensation for blood borne diseases contracted as a result of blood transfusions; and what criteria are used to determine *(a)* entitlement and *(b)* the level of compensation.

Yvette Cooper: In 1988, a special payments scheme was established through the MacFarlane Trust for haemophilia patients infected with HIV before the technology existed to eliminate the virus from blood products. To date, 1,240 haemophilia patients have received payments through the trust.

Under the special payments scheme, each registrant received £20,000 in 1990 and a further sum in 1991, depending on their status:

Single adult—£43,500

Married adult without dependent children—£52,000

Adult with dependent children—£80,500

Children under 18—£41,000.

In addition, each registrant has received since 1 October 1990 regular payments, which range between £255 and £650 depending on whether partners are also infected and on the number of dependent children.

A copy of the MacFarlane Trust handbook, with the full details of the scheme, has been placed in the Library.

Haemophilia

Laura Moffatt: To ask the Secretary of State for Health if it is his policy to provide recombinant (synthetic) clothing factors for new haemophilia patients and children under 16; and if it applies to the provision of Factor VIIa to patients with inhibitors, who are resistant to Factor VIII and IX.

Yvette Cooper: In 1998 we notified health authorities that from 1998-99 all children under the age of 16 and new patients with haemophilia A should receive recombinant factor VIII. From April 1999 this policy was extended to recombinant factor IX for patients with haemophilia B. We have not issued any advice to health authorities on the treatment of patients with inhibitors, of which recombinant factor VIIa is one of a range of possible treatments. Guidance on overall management of these patients, including the use of recombinant factor VIIa, has however been issued by the United Kingdom Haemophilia Centre Doctors Organisation. A copy of these guidelines is available in the Library.

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Haemophilia

25 Feb 2002

Mr. Heald: To ask the Secretary of State for Health (1) what assessment he has made of the number of persons who have contracted viral infections in the last 12 months which could have been avoided if they had been prescribed recombinant factor VIII; [16625]

(2) what assessment he has made of the number of persons who have avoided viral infections as a result of the prescription of recombinant factor VIII; [16626]

Yvette Cooper *[holding answer 22 November 2001]:* We are not aware of any viral transmissions from the use of plasma-derived clotting factors for haemophiliacs in the United Kingdom in the last 12 months.

Heat treatment was introduced for UK-plasma products in the mid 1980s, and they have since had an excellent safety record. In addition, throughout this period, there have been increasingly sophisticated screening tests on the plasma, to improve the safety margin.

Mr. Heald: To ask the Secretary of State for Health (1) what assessment he has made of the *(a)* availability and *(b)* level of supply from manufacturers of recombinant factor VIII;

(2) what plans he has to permit the provision of recombinant factor VIII to persons over the age of 16 years in England free of charge. [16627]

Yvette Cooper *[holding answer 22 November 2002]:* Patients with haemophilia up to age 20 (approximately 43 per cent. of all haemophilia patients) are eligible to receive recombinant clotting factors. There are no plans to allow haemophiliacs over age 16 to be exempt from prescription charges

These patients may not currently be receiving recombinant clotting factors due to the recent worldwide shortage. However, supplies are returning to normal and patients up to age 20 will receive recombinant clotting factors as soon as possible. We are giving active consideration to the case for providing recombinant clotting factors for all haemophilia patients in England.

Haemophilia Drugs

13 February 2002

Mrs. Lawrence: To ask the Secretary of State for Health when sufficient supplies of rcFVIII will be available to match demand from United Kingdom-resident patients requiring this treatment. [22327]

Yvette Cooper: In England and Northern Ireland, the policy is to provide recombinant clotting factors for new haemophilia patients and children under 16. Scotland and Wales are committed to providing recombinant products for all haemophilia patients. We are actively considering extending the provision of recombinant clotting factors to all haemophilia patients in England when supplies allow.

Because of the current world shortage of recombinant clotting factors, some patients across the United Kingdom have been switched from recombinant to plasma derived clotting factors as a temporary measure but this situation is improving. The Department is working with the United Kingdom Haemophilia Centre Doctors Organisation and with industry to manage available supplies.

11 February 2002

Mr. Sanders: To ask the Secretary of State for Health when he expects to reply to the letter of the hon. Member for Torbay of 10 September 2001 on behalf of the Haemophilia Society of Devon. [29272]

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Yvette Cooper: A reply was sent on 28 January.

Recombinant Factor 8

7 Feb 2002

Dr. Fox: To ask the Secretary of State for Health what proportion of haemophiliacs *(a)* over 16 years and *(b)* in (i) England, (ii) Wales, (iii) Scotland and (iv) Northern Ireland receive recombinant Factor 8.

Yvette Cooper: The latest information from the United Kingdom Haemophilia Centre Doctors Organisation shows that in England patients aged 20 or younger (approximately 43 per cent. of all patients) are eligible to receive recombinant clotting factors. These patients may not currently be receiving recombinant clotting factors due to the recent world wide shortage but supplies are returning to normal and they will be put back onto

recombinant clotting factors as soon as possible. Questions relating to Wales, Scotland and Northern Ireland are matters for the devolved Administrations.

We are giving careful consideration to the case for providing recombinant clotting factors for all haemophilia patients in England.

Haemophilia

18 January 2002

Mr. Todd: To ask the Secretary of State for Health what recent representations he has received concerning the availability of recombinant clotting factors to haemophilia patients in England; and if he will make a statement.

Yvette Cooper: Departmental officials discussed the availability of recombinant clotting factors with the Haemophilia Society on 30 November 2001.

We are actively considering extending the provision of recombinant clotting factors to all haemophilia patients in England when supplies allow. Currently the policy is to provide recombinant clotting factors for new haemophilia patients and children under 16.

Dr. Fox: To ask the Secretary of State for Health if he will list the health authorities and trusts in England which provide recombinant clotting factors to haemophiliac patients aged over 16 years.

Yvette Cooper: The information requested is not collected centrally.

Contaminated Blood Products

11 Jan 2002

Mr. Connarty: To ask the Secretary of State for Health what recent discussions he has had with the Haemophilia Society; and what action he plans to take in respect of people who have contracted HIV and Hepatitis C from contaminated blood products. [21975]

Yvette Cooper: Officials met with the Haemophilia Society on 30 November 2001. Issues discussed included the Society's 'Carpet of Lilies' campaign, the CJD Incident Panel's consultation document "Management of possible exposure to CJD through medical procedures" (issued on 10 October 2001) and the role of primary care trusts in commissioning haemophilia services.

A special payment scheme (The Macfarlane Trust) for those infected with HIV through national health service blood products was set up in 1988. We have also set up a multi-disciplinary steering group to assist

in the development of a strategic approach to hepatitis C as a public health issue. As a result, we will be publishing a consultation paper early this year.

Haemophilia Drugs

Mrs. Lawrence: To ask the Secretary of State for Health how many UK-resident patients over the age of 16 are being treated with rcFVIII.

Yvette Cooper: The latest information from the United Kingdom Haemophilia Centre Doctors Organisation shows that 43 per cent. of patients aged 20 and over in the United Kingdom are receiving recombinant clotting factors.

All health authorities and national health service trusts in England have been asked to provide recombinant (synthetic) clotting factors for new haemophilia patients and children under 16. We are giving careful consideration to the case for providing recombinant clotting factors for all haemophilia patients in England.

Haemophilia

17 December 2001

Mr. Connarty: To ask the Secretary of State for Health whether a safer recombinant treatment product will be made available to haemophilia sufferers in England and Northern Ireland.

Mr. Hutton: We are actively considering extending the provision of recombinant clotting factors to all haemophilia patients in England when supplies allow. Currently the policy is to provide recombinant (synthetic) clotting factors for new haemophilia patients and children under 16.

Questions relating to Northern Ireland are a matter for the devolved Administration.

Blood Products

Mr. Cousins: To ask the Secretary of State for Health whether products are derived from blood donations from outside *(a)* the United Kingdom and *(b)* western Europe.

Mr. Hutton *[holding answer 6 December 2001]:* No plasma from United Kingdom donors is used in the manufacture of fractionated blood products. All blood products manufactured by the national health service-owned Bio Products Laboratory are made from plasma sourced in the United States of America. Some commercially manufactured blood products used by the NHS are derived from blood donations collected in western Europe. However, all licensed blood products must comply with European Committee for Proprietary Medicinal Products requirements on selection and testing of blood donors.

Mr. Cousins: To ask the Secretary of State for Health how many deaths have occurred as a result of the supply of contaminated blood products to haemophiliacs in the past 10 years; and how many of these deaths were from *(a)* AIDS alone, *(b)* hepatitis C alone and *(c)* from co-infection.

Mr. Hutton *[holding answer 5 December 2001]:* All haemophilia patients registered with the Macfarlane Trust are co-infected with HIV and hepatitis C. 588 of these have died in the past 10 years.

Information from the United Kingdom Haemophilia Centre Doctor's Organisation shows that since 1969, 212 people with haemophilia have died from liver disease which may be related to hepatitis C infection (figures for the last 10 years are not available).

MacFarlane Trust

3 Dec 2001

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Mr. Streeter: To ask the Secretary of State for Health how many HIV sufferers have received compensation under the MacFarlane Trust since its establishment. [17380]

Ms Blears: Since its establishment, the MacFarlane Trust has made special payments to 1,240 registrants with haemophilia and HIV and 62 others, who are either infected partners or infected children.

Contaminated Blood Transfusions

14 Nov 2001

Brian Cotter: To ask the Secretary of State for Health what assessment he has made of the recommendations of the Scottish Executive's Health and Community Care Committee regarding financial assistance to haemophilia sufferers infected with hepatitis C as a result of receiving contaminated blood transfusions.

Mr. Hutton *[holding answer 12 November 2001]:* The devolved Administration in Scotland is considering these recommendations. We currently have no plans to compensate haemophiliacs who become infected with hepatitis C through national health service blood products.

Haemophiliac Patients

Mr. Lepper: To ask the Secretary of State for Health if he will make a statement on the provision by NHS trusts of recombinant clotting factors to haemophiliac patients. [10733]

Mr. Hutton: We asked health authorities and national health service trusts to provide recombinant clotting factors for new patients and children under 16 from April 1998 and are considering the case for providing these products, subject to availability, for all haemophilia patients.

Haemophilia

2 November 2001

Brian Cotter: To ask the Secretary of State for Health what action he is taking to combact the shortage of recombinant clotting factors that are provided to haemophiliac patients. [9500]

Jacqui Smith: The Department is working with the professionals, organisations and industry to help ensure that the needs of haemophilia patients are met, and that those for whom recombinant coagulation factors are required are able to get them.

Haemophiliacs

Sandra Gidley: To ask the Secretary of State for Health when recombinant genetically engineered haemophiliac treatment will be available to all patients in England. [306]

Yvette Cooper *[holding answer 26 June 2001]:* We have already instructed National Health Service trusts to provide recombinant clotting factors to new haemophilia patients and those under 16. Earlier this year we met representatives from the Haemophilia Alliance to discuss the case for extending this provision to all haemophilia patients in England and we are giving this careful consideration. However there is currently a worldwide shortage of recombinant clotting factors and, while this continues, it will not be possible to increase the availability of these products.

Haemophilia Services

26 Jun 2001

29. Paddy Tipping: To ask the Secretary of State for Health when he plans to meet the Haemophilia Society to discuss service improvements.

Yvette Cooper: There are no plans for such a meeting, nor have the Haemophilia Society requested one. However, departmental officials are meeting members of the Haemophilia Alliance, which includes the Haemophilia Society, on Friday 13 July to discuss the Alliance's draft National Service Specification for Haemophilia and Related Conditions.

Hepatitis C

1 May 2001

Mr. GRO-A To ask the Secretary of State for Health which Minister has responsibility for the policy issue of haemophilia patients infected by NHS products with hepatitis C. [159764]

Ms Stuart *[holding answer 30 April 2001]:* The Parliamentary Under-Secretary of State, Lord Hunt of Kings Heath, has this responsibility.

Hepatitis C
5th April 2001

Dr. Naysmith: To ask the Secretary of State for Health if he will pay compensation to patients with haemophilia and other blood disorders who have contracted hepatitis C through infected blood transfusions; and if he will make a statement.

Mr. Denham: We have reviewed the previous Government's decision not to offer financial assistance to haemophilia patients infected with hepatitis C through blood products. We concluded that an exception could not be made to the general rule that compensation or financial help is only given when the National Health Service, or individuals working in it, have been at fault.

Haemophilia

2 April 2001

Dr. Tonge: To ask the Secretary of State for Health what advice he is giving haemophilia patients regarding the safety of human plasma-derived factor 8 with respect to *(a)* hepatitis A, B, C, *(b)* Aids and *(c)* CJD.

Mr. Denham: Since the mid 1980s, blood products for haemophiliacs have been treated to destroy hepatitis C and HIV as well as a range of other viruses. The United Kingdom haemophilia centre doctors organisation guidelines state that all patients who are not immune to hepatitis A or B and who receive blood products should be vaccinated. There is no evidence world-wide that CJD of any type has been transmitted via blood or blood products, although the possibility cannot be ruled out entirely. All blood products used by the National Health Service in England are made from imported plasma.

Dr. Tonge: To ask the Secretary of State for Health what plans he has to obtain supplies of synthetic Factor VIII for the treatment of haemophilia in the United Kingdom while the Bayer plant in the USA is closed. [156359]

Mr. Denham: The Department has been advised by Bayer that the rate of supply of their synthetic Factor VIII has been curtailed for a limited period following an inspection of their manufacturing facility in the United States by the Food and Drugs Administration. During this period officials are working closely with the United Kingdom haemophilia centre doctors organisation and other suppliers of clotting factors to manage the situation in a way that best meets the needs of haemophilia patients.

Haemophiliacs

Mr. Jim Cunningham: To ask the Secretary of State for Health if he will make it his policy to grant special payments to haemophilia sufferers who have contracted the hepatitis C infection as a result of treatment with the human derived blood product factor 8. [154221]

Mr. Denham: We have reviewed the previous Government's decision not to offer financial assistance to haemophilia patients infected with hepatitis C through blood products. We concluded that an exception could not be made to the general rule that compensation or financial help is only given when the national health service, or individuals working in it, have been at fault.

Mr. Jim Cunningham: To ask the Secretary of State for Health what plans he has to extend the provision of recombinant factor 8 to treat haemophilia patients of all ages. [154220]

Mr. Denham: We are continuing to give careful consideration to this issue and will make an announcement in due course.

Mr. Denham: Based on figures provided by the United Kingdom Haemophilia Centre Doctors Organisation, we estimate that approximately 13 per cent. of adult haemophilia A patients and 4 per cent. of haemophilia B patients in England are currently receiving recombinant clotting factors. We estimate the additional cost of providing all adult haemophilia patients with recombinant clotting factors at around £50 million per annum.

27 Feb 2001

Dr. Naysmith: To ask the Secretary of State for Health what differences there are between the provision of recombinant genetically engineered haemophilia treatment products for *(a)* adults and *(b)* children in (i) England, (ii) Scotland, (iii) Wales and (iv) Northern Ireland.

Mr. Denham: In England, all new haemophilia patients and children under 16 are treated with recombinant clotting factors. Scotland, Wales and Northern Ireland provide, or are in the process of providing, recombinant clotting factors for all haemophilia patients.

Dr. Naysmith: To ask the Secretary of State for Health what counselling and advice his Department has made available to haemophilia patients who have received treatment products which are traced to a blood donor who has died of vCJD.

Mr. Denham: The United Kingdom Haemophilia Centre Doctors Organisation, in consultation with the Department, has agreed a policy of giving all haemophilia patients information about such incidents and offering them a choice to know if they or their children received implicated clotting factors. Counselling and advice to patients will be provided by haemophilia centres.

31 Jan 2001

Mr. Pollard: To ask the Secretary of State for Health if he will make it his policy to enable adults with haemophilia to be offered treatment with genetically engineered recombinant and to establish a no-fault compensation scheme for people with haemophilia who have been infected with hepatitis.

Mr. Denham: We have already instructed National Health Service trusts to provide recombinant clotting factors to new haemophilia patients and those under age 16. We have recently met representatives from the Haemophilia Society, the United Kingdom Haemophilia Doctors Association and the Haemophilia Nurses Association to discuss the case for extending this provision to all haemophilia patients in England, and are giving careful consideration to the points they made.

We have reviewed the previous Government's decision not to offer financial assistance to haemophilia patients infected with hepatitis C through blood products. We concluded that an exception could not be made to the general rule that compensation or financial help is only given when the NHS, or individuals working in it, have been at fault.

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Haemophilia

31 Jan 2001

Dr. Naysmith: To ask the Secretary of State for Health what plans he has to provide genetically engineered recombinant treatment products in place of blood products for people with haemophilia in the United Kingdom.

Mr. Denham: We have already instructed National Health Service trusts to provide recombinant clotting factors to new haemophilia patients and those under age 16. We have recently met representatives from the Haemophilia Society, the United Kingdom Haemophilia Doctors Association and the Royal College of Nursing Haemophilia Nurses Association to discuss the case for extending this provision to all haemophilia patients in England, and are giving careful consideration to the points they made.

Dr. Naysmith: To ask the Secretary of State for Health if he will hold a public inquiry into the infection of people with haemophilia, HIV and hepatitis through contaminated blood products; and if he will make a statement.

Mr. Denham: The technology to make blood products free from HIV and hepatitis C in sufficient quantities to treat all haemophilia patients in the United Kingdom was not available until the mid 1980s. Once it was, the National Health Service introduced it. All this information is in the public domain and we do not believe that anyone's interest would be best served by a public inquiry.

Mr. Pollard: To ask the Secretary of State for Health if he will make it his policy to enable adults with haemophilia to be offered treatment with genetically engineered recombinant and to establish a no-fault compensation scheme for people with haemophilia who have been infected with hepatitis.

Mr. Denham: We have already instructed National Health Service trusts to provide recombinant clotting factors to new haemophilia patients and those under age 16. We have recently met representatives from the Haemophilia Society, the United Kingdom Haemophilia Doctors Association and the Haemophilia Nurses

Association to discuss the case for extending this provision to all haemophilia patients in England, and are giving careful consideration to the points they made.

We have reviewed the previous Government's decision not to offer financial assistance to haemophilia patients infected with hepatitis C through blood products. We concluded that an exception could not be made to the general rule that compensation or financial help is only given when the NHS, or individuals working in it, have been at fault.

Haemophiliacs

9 January 2001

Mr. Cousins: To ask the Secretary of State for Health how many haemophiliac patients have died of HIV/AIDS following the use of contaminated blood products; and how many of these have been co-infected with hepatitis. [143854]

Mr. Denham: 1,240 United Kingdom haemophiliacs were infected with HIV as a result of National Health Service treatment. Of these 813 have died. 99 per cent. of these patients were co-infected with hepatitis.

Mr. Cousins: To ask the Secretary of State for Health for what reasons it is his policy that haemophiliac patients should not be entitled to have recombinant factor VIII.

Mr. Denham: We have instructed health authorities to provide recombinant products to new patients and children under 16 with haemophilia.

Ministers will be meeting with the Haemophilia Society and the United Kingdom Haemophilia Centre Doctors Organisation in January to discuss the case for provision of recombinant clotting factors for all haemophilia patients in England.

Hepatitis C
30th June 1999

Mr. Win Griffiths: To ask the Secretary of State for Wales what estimate he has made of the cost of introducing a scheme to provide financial assistance for people who contracted hepatitis C through their haemophilia treatment; over how many years the scheme would last; and how many people would be eligible for such assistance. [89035]

Mr. Jon Owen Jones: In Wales, we believe there about 105 haemophiliacs who have been infected with hepatitis C through NHS treatment. We estimate that the cost for a special payment scheme for haemophiliacs would be in the region of £7m-£8m based on UK estimates.

Government policy remains that those infected with hepatitis C through NHS treatment should not receive special payments, as the same considerations would apply to patients infected with another illness or otherwise harmed as a result of medical or surgical procedure not resulting from negligence.

Following the transfer of functions, this issue will be a matter for the National Assembly for Wales.

Mr. Win Griffiths: To ask the Secretary of State for Wales how many people with haemophilia were infected with hepatitis C through their NHS treatment before 1986; and how many are still alive.

Mr. Jon Owen Jones: The information requested is not available centrally.

Following the transfer of functions, this issue will be a matter for the National Assembly.

Mr. Win Griffiths: To ask the Secretary of State for Wales what assessment he has made of financial assistance schemes for people who contracted hepatitis C through contaminated blood products in *(a)* Canada, *(b)* Ireland and *(c)* Italy; and if he will assess the benefits of introducing similar schemes in Wales. [89036]

Mr. Jon Owen Jones: It continues to be Government policy that compensation or other financial help to particular patients or groups of patients is paid only where the NHS or individuals working in it have been at fault. We are aware of compensation schemes in other countries, but these relate to the specific policy and operational circumstances in those countries and a direct comparison would not be appropriate.

Following the transfer of functions, this issue will be a matter for the National Assembly.

Hepatitis C
30 June 1999

Mr. Godsiff: To ask the Secretary of State for Health for what reason the study tracing people who might have contracted hepatitis C from blood transfusions did not also trace those people with haemophilia who contracted hepatitis C through blood product treatments. [82885]

Mr. Hutton: The study to trace people who might have developed hepatitis C following blood transfusion focused on those who were unlikely to have remained under clinical care and who could benefit from treatment which had then become available. As haemophiliacs are in constant contact with their clinicians, the need to include them in the tracing exercise did not arise as they would have already been known to the

service. It was implicit in the hepatitis C exercise that anyone who was concerned about their hepatitis C virus status could request a test.

Haemophilia and Hepatitis C
30th April 1999

Sir Geoffrey JohnsonSmith: To ask the Secretary of State for Health on what number of people with haemophilia and hepatitis C the assumptions are based on which his estimate of the cost of a financial assistance scheme is founded; if his estimate of the costs of such a scheme includes amounts of money for *(a)* payments for all and *(b)* a hardship fund; and how much he has assumed would be applied for each; over how many years such expenditure would be spread; what are the estimated costs in the first year; and what figure for first year start up costs he has included in his estimate.

Mr. Hutton: The estimate was based on approximately 3,000 people and the overall expenditure to date on the special payment scheme for those with haemophilia infected with HIV through national Health Service treatment with blood products. The estimates did not include start-up costs or the costs of managing the process.

Hepatitis C
29th April 1999

Mr. Berry: To ask the Secretary of State for Health (1) what estimate he has made of the number of people with haemophilia infected with hepatitis C by contaminated blood products who are now suffering *(a)* chronic liver disease and *(b)* other significant health problems as a result of their infection;

(2) what estimates he has made of the number of people with haemophilia who were infected with hepatitis C as a result of their NHS treatment before 1986 and the number of these who are alive today.

Mr. Hutton: We estimate that 4,000 people with haemophilia were infected with hepatitis C through their National Health Service treatment with blood products before the introduction of viral inactivation processes in 1985. The Haemophilia Society assesses that more than ninety patients have died. We do not have information on the number of people with chronic liver disease or other significant health problems, but all identified cases of hepatitis C infection through blood or blood products are referred to a specialist for further assessment, and drug therapy as appropriate. We believe that 6 or 7 people with haemophilia are on the United Kingdom Transplant Support Service Authority's list of people awaiting liver transplants.

Hepatitis C
15th March 1999

Mr. Wigley: To ask the Secretary of State for Wales how many people in Wales are currently suffering from hepatitis C; and of these, how many have contracted the condition as a consequence of receiving contaminated blood products in the course of NHS treatment.

Mr. Jon Owen Jones: It is not known how many people in Wales are currently suffering from hepatitis C. However, data are available on newly diagnosed cases reported from laboratories although cases may not be identified until years after the infection is acquired. 1,030 newly identified cases of hepatitis C were reported to Communicable Disease Surveillance Centre Wales (CDSC) from laboratories in Wales between 1995 and 1997. Of these 28 were reported where blood transfusion or blood product receipt was a possible risk factor (although other risk factors may have also been present). The Haemophilia Society reports that there are 105 people infected with hepatitis C through their National Health Service treatment with blood products. A number of NHS patients other than haemophiliacs will have acquired hepatitis C infection.

Following the transfer of functions, this issue will be a matter for the National Assembly.

Contaminated Blood Products (Compensation)

12 Mar 1999

Mr. Wigley: To ask the Secretary of State for Health if he will make a statement on the basis of the compensation entitlement for those suffering from *(a)* the AIDS virus and *(b)* hepatitis C through contaminated blood products.

Mr. Hutton: As a general rule, compensation or other financial assistance is paid only when the NHS, or individuals working in it, has been at fault. This is not the case with infection by HIV or hepatitis C through blood products before viral screening tests and inactivation processes were available. An exception to this general rule was the special payment scheme for people infected with HIV through NHS treatment with blood or blood products. This reflected the widespread public fear of the disease at the time, when the infection was rapidly fatal and associated with sexual transmission.

Mr. Wigley: To ask the Secretary of State for Health how many people in the United Kingdom are currently suffering from hepatitis C; and how many of these have contracted their condition as a consequence of receiving contaminated blood products in the course of NHS treatment.

Mr. Hutton: The exact number of people with hepatitis C in the United Kingdom is not known. Estimates suggest that around 250,000 to 300,000 may carry the virus. We estimate that 4,000 were infected with hepatitis C through their National Health Service treatment with blood products, mainly for haemophilia, before the introduction of viral inactivation processes in 1985.

Haemophilia Society

2 Mar 1999

Sir Alastair Goodlad: To ask the Secretary of State for Health what projects he intends to promote with the Haemophilia Society; and if he will make a statement.

Mr. Hutton: We are currently funding the Haemophilia Society's Hepatitis C Youth Information and Support project. We have indicated that we are willing to assist the society in other forward looking initiatives, and officials are working with them on potential projects.

11 February 1999

Audrey Wise: To ask the Secretary of State for Health how many people with haemophilia are suffering from hepatitis C through receiving infected blood products through the NHS prior to 1986; and if their condition is being monitored.

Mr. Hutton: We estimate that 4,000 people with haemophilia were infected with hepatitis C through their National Health Service treatment with blood products before the introduction of viral inactivation processes in 1985. All patients infected in this way are referred to a specialist for further assessment, observation and treatment as appropriate.

Hepatitis C

18 Nov 1998

Mr. Skinner: To ask the Secretary of State for Health, pursuant to his answer to the hon. Member for Gedling (Mr. Coaker) of 28 July 1998, *Official Report*, column *179*, what the basis was for his statement that haemophiliacs suffering from hepatitis C infected through contaminated blood products during NHS treatment do not suffer the same stigma as haemophiliacs suffering from HIV virus infected in the same way.

Mr. Hutton: There was widespread public fear of HIV in the 1980s when the infection was rapidly fatal and associated with sexual transmission. This is not the case with hepatitis C.

Mr. Skinner: To ask the Secretary of State for Health if he will reconsider his decision not to provide a financial assistance scheme to haemophiliacs suffering from the hepatitis C virus infected through contaminated blood products during NHS treatment; and if he will make a statement.

Mr. Hutton: We continue to hold the view that it would not be right to single out people with haemophilia infected with hepatitis C through National Health Service treatment by establishing a special payment scheme. Our general policy is that financial assistance of this kind is only paid where the NHS, or individuals working in it, have been at fault.

Mr. Skinner: To ask the Secretary of State for Health, pursuant to his answer to the hon. Member for Gedling (Mr. Coaker) of 28 July 1998, *Official Report*, column *179*, what steps he has taken since to ensure that haemophiliacs suffering from the Hepatitis C virus contracted through infected blood products during NHS treatment will receive adequate social security benefits.

Mr. Hutton: People with haemophilia who have been infected with hepatitis C through National Health Service treatment with blood products are assessed for their entitlement to assistance under the benefits system in the same way as other people. We have agreed funding for the Haemophilia Society's youth information and support project aimed at providing information to and improving the education and employment prospects of young people with haemophilia who are infected with hepatitis C.

Mr. Skinner: To ask the Secretary of State for Health if he will make a statement on the most recent medical evidence regarding the risks of hepatitis C transmission in families *(a)* between partners and *(b)* between parent and children.

Mr. Hutton: Limited information is available about the risk of household contact but it is generally thought to be low. Current information indicates that sexual transmission of hepatitis C occurs but that the virus is inefficiently spread in this manner. Prevalence rates for antibodies to hepatitis C of less than 5 per cent. have been found in regular sexual partners of infected individuals. A similar rate of transmission has been found among infants born to mothers with hepatitis C antibodies.

Mr. Skinner: To ask the Secretary of State for Health how many haemophilia patients *(a)* were infected with hepatitis C virus through contaminated blood products during NHS treatment prior to 1985, *(b)* await liver transplants as a result of this disease, *(c)* are being treated for this virus within the NHS and *(d)* have died as a result of liver disease to date.

Mr. Hutton: The Department estimates that 4,000 people with haemophilia were infected with hepatitis C through their National Health Service treatment with blood products before the introduction of viral inactivation processes in 1985. All patients found to be infected in this way are referred to a specialist for further assessment, observation and treatment as appropriate. The Haemophilia Society assesses that 90 patients may have died. The United Kingdom Transplant Support Service Authority's list of people awaiting liver transplants includes 26 whose primary liver disease is post hepatitis C cirrhosis. While not identified separately on this database, 6 or 7 are believed to have haemophilia.

Mr. Skinner: To ask the Secretary of State for Health if he will estimate the costs of providing a hardship fund for haemophiliacs suffering from hepatitis C infected through contaminated blood products during NHS treatment; and what the cost is of the scheme already operating for haemophiliacs suffering from the HIV virus infected in the same way.

Mr. Hutton: Approximately £90 million has been paid since 1988 in special payments to people with haemophilia who were infected with HIV through National Health Service treatment with blood or blood products. We estimate that a comparable scheme for hepatitis C infection would cost in the region of £220 million.

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Hepatitis C

Mr. Coaker: To ask the Secretary of State for Health if he will respond to representations made on behalf of people infected with hepatitis C by blood products.

Mr. Dobson: I have today written to the Haemophilia Society explaining that, after lengthy and very careful consideration, we have concluded that haemophiliacs who have been infected with hepatitis C through National Health Service treatment should not receive special payments.

Government policy is that compensation or other financial help to particular patients or groups of patients is paid out only where the NHS or individuals working in it have been at fault. The needs of people whose condition results from inadvertent harm is met from benefits available to the population in general. On that basis, we have decided not to make an exception to the general rule in the case of haemophiliacs infected with hepatitis C.

Whilst the Society makes a special case for haemophiliacs because the infection comes on top of a pre-existing serious long term medical condition, the same considerations apply to other individual patients and groups of patients, whether inadvertently infected with another illness or harmed as a result of another medical or surgical procedure who can obtain compensation only if there has been negligence. The Society also argued that, as Government provides financial help to haemophiliacs infected with HIV, this scheme should be extended to cover people with hepatitis C. However, our view is the circumstances were different: the stigma around HIV at the time the original decision was taken, the fact that it was generally considered a sexually transmitted disease and that haemophiliacs could inadvertently infect their partners were all important considerations which do not apply to hepatitis C.

The Society was particularly concerned that young people were fearful of the possibility of passing on hepatitis C. That is a concern we share. The Department is therefore working with the Society to develop a project aimed at helping young people with haemophilia and related disorders who are infected with hepatitis C to understand their condition and so improve their future health, education and employment prospects. We will help with funding for this project.

In an earlier decision, we have already agreed that recombinant Factor VIII is made available to children under 16 and to new patients.

28 Jul 1998 : Column: 180

Haemophiliacs

Mr. Wigley: To ask the Secretary of State for Health how many of the United Kingdom haemophilia population receiving NHS treatment before 1986 were infected with HIV; and what plans his Department has to make financial assistance available to those who were infected with hepatitis C.

Mr. Boateng: Around 1,200 members of the United Kingdom haemophilia population were infected with HIV as a result of National Health Service treatment before 1986.

We have received a number of representations on the issue of special payments for haemophiliacs infected with hepatitis C through NHS treatment. The issues involved are complex and we are exploring them fully before reaching a decision.

Hepatitis C

20 July 1998

Mr. Nicholas Winterton: To ask the Secretary of State for Health what plans his Department has to provide financial assistance for people with haemophilia infected with the hepatitis C virus.

Ms Jowell: We are considering the representations which have been made to us on this subject and will announce the outcome as soon as we are in a position to do so.

Haemophiliacs

Mr. Canavan: To ask the Secretary of State for Health when he plans to respond to the request for financial assistance for people with haemophilia who are infected with hepatitis C as a result of their NHS treatment.

Ms Jowell: We will be responding as soon as we are in a position to do so.

Hepatitis C

16 Jul 1998

Mr. Stunell: To ask the Secretary of State for Health (1) what treatment is available to people with haemophilia infected with hepatitis C through the NHS; what is the success rate; and what are the side effects;

(2) if he will make a statement on the *(a)* treatment available, *(b)* success rate of treatment and *(c)* side effects of treatment for people with haemophilia with hepatitis C infection.

Ms Jowell: People infected with the hepatitis C virus may remain symptom free for many years but a proportion will eventually develop chronic hepatitis, cirrhosis or even liver cancer. At present the only drug licensed in the United Kingdom for the treatment of any patient with hepatitis C is alpha interferon. Some haemophiliacs infected with hepatitis C may benefit from treatment and should be offered it when appropriate. However, current experience shows that alpha interferon will only produce a sustained response, that is clear the virus on testing, in 20-25 per cent. of patients. Current research is examining how best to use alpha interferon and testing other antiviral drugs that either alone or in combination with alpha interferon, could give better results.

Alpha interferon is not well tolerated by some people. Most will have a mild reaction including influenza-like symptoms; in others the side effects will be more severe ranging from nausea, influenza-like symptoms and lethargy to depression, cardiovascular problems and hypersensitive reactions. Some will be unable to continue with the treatment. A history of certain types of health problems, for example depression, may be a contra-indication for treatment with the drug.

The Department has commissioned £1 million research into hepatitis C, and a further £0.5 million will be commissioned shortly. It is also supporting the Royal College of Physicians and other professional bodies in the preparation of clinical guidelines on the treatment of hepatitis C with alpha interferon. The guidelines should be ready later this year.

Mr. Nicholas Winterton: To ask the Secretary of State for Health how many representations he has received calling for financial assistance on behalf of people with haemophilia infected with the hepatitis C virus; and if he will make a statement.

Ms Jowell: I refer the hon. Member to the reply I gave to the hon. Member for Hazel Grove (Mr. Stunell) on 15 July 1998, *Official Report,* column 222.

Haemophiliacs

Mr. Stunell: To ask the Secretary of State for Health how many representations he has received calling for financial assistance for people with haemophilia infected with hepatitis C; and if he will make a statement.

Ms Jowell: Since 2 May 1997, hon. Members have asked fourteen Parliamentary Questions (in addition to this one) and we have received 275 letters about the issue of special payments for people with haemophilia infected with hepatitis C through National Health Service treatment.

Hepatitis C

21 May 1998

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Ms Walley: To ask the Secretary of State for Health what estimate he has made of the number of people with haemophilia in the United Kingdom infected with the hepatitis C virus; and if he will make a statement.

Ms Jowell: The Department estimates that around 4,000 people with haemophilia were infected with hepatitis C through blood products prior to the introduction of viral inactivation processes in 1985.

The latest figure quoted by the Haemophilia Society shows that they now assess.

Haemophiliacs (Hepatitis C)

12 May 1998

Mr. Nicholls: To ask the Secretary of State for Health how many people with haemophilia in the United Kingdom are currently infected with hepatitis C as a result of their treatment in the NHS with contaminated blood products. [33612]

Mr. Boateng: The Department estimates that around 4,000 people with haemophilia were infected with hepatitis C through blood products prior to the introduction of viral inactivation processes in 1985.

The latest figure quoted by the Haemophilia Society shows that they now assess the total number of haemophiliacs infected with hepatitis C at 4,800.

Hepatitis C

Judy Mallaber: To ask the Secretary of State for Health when he expects to be able to make an announcement on the claim for recompense by haemophiliacs infected with hepatitis C as a result of treatment with contaminated blood products; and when he will be writing to the Haemophilia Society on this matter.

Mr. Boateng: We fully recognise that those who have made representations on this subject are disappointed that we have not as yet announced our conclusions on the matter. This is, however, a very complex issue which we are still considering. We will announce the outcome of our deliberations, and write to the Haemophilia Society, as soon as we are in a position to do so.

Hepatitis C

11 May 1998

Judy Mallaber: To ask the Secretary of State for Health when he expects to be able to make an announcement on the claim for recompense by haemophiliacs infected with hepatitis C as a result of treatment with contaminated blood products; and when he will be writing to the Haemophilia Society on this matter.

Mr. Boateng: We fully recognise that those who have made representations on this subject are disappointed that we have not as yet announced our conclusions on the matter. This is, however, a very complex issue which we are still considering. We will announce the outcome of our deliberations, and write to the Haemophilia Society, as soon as we are in a position to do so.

Haemophiliacs

Ms Roseanna Cunningham: To ask the Secretary of State for Health when he last met representatives of haemophilia sufferers to discuss their concerns.

Mr. Boateng: My right hon. Friend the Secretary of State for Health met the Haemophilia Society on 10 September last year.

Hepatitis C

10 Mar 1998

Mr. Gerrard: To ask the Secretary of State for Health what assistance is currently available from his Department for people with haemophilia infected with hepatitis C through their NHS treatment; and what are his plans for future assistance. Ms Jowell: The Department provides financial support to the Haemophilia Society, whose work includes assisting those with haemophilia who are infected with hepatitis C. The grants to the Society (which this year total £200,000) include support for a specific project to look into the best ways for the Haemophilia Society to support those of its members who are infected with hepatitis C and their families.

We are currently considering the level of future support for the Haemophilia Society, including their bid for additional funds to enable them to offer further practical help to those infected with hepatitis C.

The Department has also made a total of £1.5 million available over a two year period to aid research into hepatitis C, its natural history and optimal treatment. While primarily geared to improve the understanding of hepatitis C generally, any developments from this will be important to haemophiliacs infected with the hepatitis C virus.

Hepatitis C

Mr. Jenkins: To ask the Secretary of State for Health what research his Department has evaluated on the impact of infection with hepatitis C on people's lives.

Ms Jowell: We are not aware of any studies on the overall impact of infection with hepatitis C on individuals' lives.

Reports on clinical aspects of hepatitis C infection indicate that the natural history varies widely. About 20 per cent. of those infected may recover completely; the others develop chronic infection. Some of those with chronic infection are asymptomatic and some experience vague symptoms such as fatigue. Some of those with chronic hepatitis C will progress to severe liver disease, including cirrhosis and hepatocellular carcinoma, but these complications may take 20 to 30 years to develop.

In February 1996, the Haemophilia Society produced an unpublished report relating the experiences of people with haemophilia who are infected with hepatitis C. Copies of this report are available from the Haemophilia Society.

6 Mar 1998 : Column: 824

Haemophiliacs (HIV)

Mr. Jenkins: To ask the Secretary of State for Health how many people with haemophilia have received financial compensation for being infected with HIV through the use of contaminated blood products given as part of NHS treatment; and how much has been paid.

Ms Jowell: I understand that, as at 31 January 1998, 1,239 haemophiliac patients had received a total of some £90 million since the beginning of such payments in 1988.

Hepatitis C

Mrs. Ewing: To ask the Secretary of State for Health how many representations calling for financial assistance he has received on behalf of people with haemophilia infected with Hepatitis C through their NHS treatment.

Ms Jowell: Since 2 May 1997 hon. Members have asked six Parliamentary Questions (in addition to this one) and we have received approximately 135 letters about the issue of special payments for haemophiliacs infected with hepatitis C through National Health Service blood products.

We have also met with the Haemophilia Society to hear their representations on the matter direct.

Hepatitis C

Mrs. Ewing: To ask the Secretary of State for Scotland how many representations calling for financial assistance he has received on behalf of people with haemophilia infected with Hepatitis C through their NHS treatment.

Mr. Galbraith: Departmental records show that since 2 May 1997 eleven representations (four of these from hon. Members) concerning financial assistance have been received by the Secretary of State on behalf of people with haemophilia who have been infected with Hepatitis C through their NHS treatment

Haemophiliacs (Contaminated Blood Products)

6th February 1998

Mr. Goggins: To ask the Secretary of State for Health when he expects to be able to make an announcement with regard to the claim for recompense by haemophiliacs infected with Hepatitis C as a result of treatment with contaminated blood products.

Ms Jowell: My right hon. Friend the Secretary of State expects to be able to write to the Haemophilia Society on all the issues they have raised in the course of the next few weeks.

Haemophiliacs

3 Feb 1998

Mr. Syms: To ask the Secretary of State for Health (1) what representations he has received in respect of compensation for haemophiliacs who have been infected with hepatitis C through contaminated blood products;

(2) if he will make a statement on Government policy towards haemophiliacs infected with hepatitis C by contaminated blood products.

Mr. Boateng: Since 2 May 1997 there have been five Parliamentary Questions, in addition to this one, and Ministers have received approximately 70 letters about the issue of special payments for haemophiliacs infected with hepatitis C through National Health Service blood products. Ministers have also met representatives of the Haemophilia Society to discuss the issue.

This is a complex matter which needs full and careful consideration. My right hon. Friend the Secretary of State has promised to write to the Haemophilia Society about it, and he hopes to be in a position to do so shortly.

Haemophiliacs

Dr. Harris: To ask the Secretary of State for Health (1) if he will make a statement on the Government's policy regarding compensation for haemophiliacs infected with Hepatitis C;

(2) when he intends to respond to *(a)* the Manor House Group and *(b)* the Haemophilia Society in respect of his recent meeting to discuss compensation for haemophiliacs infected with Hepatitis C.

Mr. Dobson *[holding answer 10 December 1997]:* I wrote to the Haemophilia Society on 28 November to assure them that we are giving full and careful consideration to this complex issue. I hope very shortly to be in a position to send them a full reply, which will be copied to the Manor House Group.

Dr. Harris: To ask the Secretary of State for Health what safety measures are in place to ensure that haemophiliacs are not infected with *(a)* Hepatitis C and *(b)* HIV as a result of blood transfusions.

Mr. Dobson *[holding answer 10 December 1997]:* All reasonable steps are taken to ensure the safety of blood and blood products for all patients. These include the careful questioning of donors to exclude those likely to represent a risk of transmitting infection, and the testing of donations for Hepatitis B and C, HIV 1 and 2 and syphilis. Pools of plasma from which blood products are to be made are tested again. Wherever possible, as with blood products used in the treatment of haemophilia, they also undergo additional manufacturing processes to remove or inactivate viruses. All batches of blood products are separately tested for viral markers of infection by the independent National Institute for Biological Standards and Control.

These arrangements fully meet the requirements laid down by the relevant European Union regulatory authority, the European Committee on Proprietary Medicinal Products. In addition, the safety of blood and blood products is kept under regular review by the expert Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation, which gives advice to Health Ministers.

Haemophilia

Mr. Steen: To ask the Secretary of State for Health what is his policy towards the provision of recombinant factor VIII for the treatment of haemophilia sufferers. [18249]

Mr. Boateng: We take the same sound and fair approach to all treatments, namely that they should be clinically effective and based on sound evidence.

Concerns have been raised about access to this particular treatment. We are actively addressing them.

Hepatitis C
24th June 1997

Mr. Marshall-Andrews: To ask the Secretary of State for Health what plans he has for compensation for haemophiliacs infected with Hepatitis C as a result of treatment by the national health service.

Shona McIsaac: To ask the Secretary of State for Health what plans he has to pay compensation to people infected with Hepatitis C contracted through blood transfusions in NHS hospitals.

Mr. Goggins: To ask the Secretary of State for Health what representations he has received since 2 May with regard to people with haemophilia who have been infected with Hepatitis C via contaminated blood products; and what plans he has to review their claim for financial recompense.

Mr. Syms: To ask the Secretary of State for Health if he will make a statement on his proposals to set up a hardship fund for the haemophiliacs who may have been infected with Hepatitis C through blood supplied by the national health service.

Ms Jowell: Since 2 May, in addition to these Parliamentary Questions, Ministers have received 19 letters on the subject of financial recompense for patients, both haemophiliacs and others, infected with hepatitis C through National Health Service treatment.

We have agreed to give this matter our most careful consideration.

Factor 8
20th March 1997

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Mr. Alfred Morris: To ask the Secretary of State for Health what recent representations *(a)* he and *(b)* the Parliamentary Under-Secretary of State, the hon. Member for Orpington (Mr. Horam), have received from the Haemophilia Society in regard to (i) the availability of recombinant factor 8 for children with haemophilia and (ii) the risks for children not receiving recombinant factor 8; what reply he has sent; what action he is taking; and if he will make a statement.

Mr. Horam: Earlier this month the chairman of the Haemophilia Society, Rev. Alan Tanner, wrote both to me and to my right hon. Friend the Secretary of State for Health about a number of issues relating to recombinant factor 8. I shall be replying shortly.

Hepatitis C

Ms Walley: To ask the Secretary of State for Health how many haemophiliacs have been infected with hepatitis C.

Mr. Horam: The figure of just over 3,000 for haemophiliacs infected with hepatitis C through blood products which has been quoted by the Haemophilia Society is substantially in line with the Department's own estimates.

Hepatitis C

18 Jul 1996

Mr. Redmond: To ask the Secretary of State for Health what plans his Department has in respect of haemophilia and the hepatitis C virus to increase the resources for *(a)* treatment and support services for those infected, *(b)* research, *(c)* core funding to the Haemophilia Society to provide services and support on a continuing basis and *(d)* funding for recombinant products.

Mr. Horam: I refer the hon. Member to the reply that I gave to the hon. Member for Nottingham, East (Mr. Heppell) on 15 July, *Official Report*, columns *376-77.*

Contaminated Blood Products

Mr. Heppell: To ask the Secretary of State for Health what he has done to increase funding for *(a)* treatment and support services for haemophiliacs infected with hepatitis C through NHS treatment with contaminated blood products, *(b)* research into this problem, *(c)* recombinant products and *(d)* core funding for the Haemophilia Society to provide services and support on a continuing basis.

Mr. Horam: The Department does not allocate money to support specific treatments for particular patient groups. National health service funds are allocated to purchasers of health care who are in the best position to decide what services (including treatments) they wish to purchase to meet local needs.

An additional £1 million has been made available by the Department's research and development division to fund research into improving our understanding of hepatitis C.

The Haemophilia Society receives grants totalling £155,000 from the Government in the current year. This compares with £126,900 in 1995-96.

Haemophilia

Mr. Gallie: To ask the Secretary of State for Scotland what consideration has been given to the use of synthetic factor 8 for the treatment of haemophilia; and if he will make a statement.

Mr. Michael Forsyth: Synthetic, or recombinant, factor 8 is a new treatment considered appropriate for some patients with haemophilia. The treatment is an alternative to the plasma-derived factor 8 currently in use and supplied free of charge to the NHS by the Scottish national blood transfusion service. To assist with the

costs involved in the acquisition of the new product, which is available only from commercial sources, I have agreed to make available funding of £1.1 million in the current year. Future arrangements will depend on the speed and extent of the transition from plasma-derived factor 8 to recombinant. This will be kept under review.

Contaminated Blood Products

8 July 1996

Mr. Heppell: To ask the Secretary of State for Health (1) if he will offer ex gratia payments to people with haemophilia who have been infected with hepatitis C through NHS treatment with contaminated blood products;

(2) what plans he has for providing long-term financial help to people with haemophilia who were infected with HIV through NHS treatment using contaminated blood products.

Mr. Horam: The Government's view remains that, while they have great sympathy for those infected with Hepatitis C in this way, as no fault or negligence on the part of the national health service has been proved, we have no plans at present to make special payments. We are always ready to listen to further evidence, but the best way that the Government can help at present is to encourage research and the best treatment for those infected, as well as supporting voluntary groups with them. This we are doing.

Mr. Heppell: To ask the Secretary of State for Health what money is spent annually on *(a)* treatment and support services for haemophiliacs infected with hepatitis C through NHS treatment with contaminated blood products, *(b)* research into this problem and *(c)* recombinant products at (i) national and (ii) regional level.

Mr. Horam: This information is not available centrally.

Haemophilia

7 Jun 1996

Ms Harman: To ask the Secretary of State for Health in relation to haemophilia, what guidance he issues in respect of *(a)* a patient's consent to blood tests for hepatitis C and *(b)* a patient being told about positive results.

Mr. Horam: The Department of Health issued general guidance in 1990 on consent for examination and treatment. Doctors treating patients with haemophilia will be aware of the risk of infection with hepatitis C in the case of patients treated with blood products before they began to be heat treated to destroy viruses in 1985. The majority of patients at risk have already been tested and advised of the results as part of the management of their condition.

Ms Harman: To ask the Secretary of State for Health (1) what is *(a)* the number of haemophiliacs and *(b)* the number who have been infected with hepatitis C;

(2) if he will list the percentage of partners of haemophiliacs who have been infected with hepatitis C;

(3) if he will list the percentage of children of haemophiliacs who are infected with hepatitis C.

Mr. Horam: This information is not available centrally.

Ms Harman: To ask the Secretary of State for Health what is the rate of hepatitis C infection in haemophiliacs in each European country.

Mr. Horam: We have no information about the rates of hepatitis C infection in haemophiliacs in other European countries.

Ms Harman: To ask the Secretary of State for Health if he will list the countries that have given compensation to haemophiliacs infected with hepatitis C.

Mr. Horam: No.

Hepatitis C

Mr. Alfred Morris: To ask the Secretary of State for Health what further representations he has had from the Haemophilia Society in regard to people with haemophilia who were infected with hepatitis C by contaminated blood products supplied to them by the NHS; what reply he gave; what action he is taking; and if he will make a statement. [23803]

Mr. Horam: I met representatives of the Haemophilia Society on 26 March to discuss its report on haemophilia and hepatitis C which was published in February. The meeting covered a range of issues concerning haemophiliacs infected with hepatitis C and I outlined the action that the Government are taking, including research and support for voluntary organisations working in this field.

Factor 8

21 March 1996

Mr. Barron: To ask the Secretary of State for Health what is the quantity of (i) recombinant factor 8 and (ii) plasma-derived factor 8, *(a)* produced and *(b)* used annually in the national health service.

Mr. Horam: This information is not collected by the Department of Health. Figures collected by the United Kingdom haemophilia centre directors, which may be incomplete, show that some 158 million units of factor 8 were used in the UK in 1994. Of the total, 4 per cent. were recombinant, 64 per cent. plasma-based products produced by the national health service and 32 per cent. plasma-based imported products.

Hepatitis C

12 Mar 1996

Mr. Alfred Morris: To ask the Secretary of State for Health what recent further representations his Department has had from, or on behalf of, people with haemophilia who, in the course of NHS treatment were infected with hepatitis C; what plans he has to compensate them or in cases where the patient has died from infection, their dependents; and if he will make a statement.

Mr. Horam: I refer the right hon. Member to the reply I gave my hon. Friend the Member for Hendon, South (Mr. Marshall) on 5 December 1995, columns *130-31*, since when, Ministers have received 34 further letters about payments to people who have developed hepatitis C through blood or blood products. Not all these letters were necessarily concerned solely or primarily with haemophiliacs.

As we have made clear in recent debates and in response to questions, the Government have great sympathy with those who may have been inadvertently infected with hepatitis C through national health service treatment, but as no fault or negligence on the part of the NHS has been proved, we have no plans to make special payments. Our view remains that the best way for the Government to help is to encourage research, and best treatment for those infected as well as supporting voluntary groups working with those infected. This we are already doing.

Mr. Morris: To ask the Secretary of State for Health what was the number of deaths among people with haemophilia who in the course of NHS treatment were infected with hepatitis C at the latest date for which figures are available.

Mr. Horam: Figures for deaths of people with haemophilia infected with hepatitis C are not collected centrally by Government. I understand from the United Kingdom Haemophilia Centre directors that the cause of death of 14 out of the 159 haemophilia patients known to have died in 1994, was shown as liver disease, of which hepatitis C may have been the cause.

Factor 8

8 Mar 1996

Mr. Barron: To ask the Secretary of State for Health what representations he has received, and from whom, concerning the VAT status of recombinant factor 8 and plasma-derived factor 8.

Mr. Horam: My Department has received six representations--principally--about the value added tax status of factor 8 since September 1995. Three were from hon. Members writing on behalf of constituents, one from the Haemophilia Society, one from a clinician and one from a member of the public. In addition, three parliamentary questions have been asked on the subject. VAT is a matter for my right hon. and learned Friend the Chancellor of the Exchequer.

HIV/AIDS

8th June 1995

Mrs. Beckett: To ask the Secretary of State for Health how much compensation has been paid to people who contracted HIV from contaminated blood products; how

many people have received compensation; and how many were haemophiliacs.

Mr. Sackville: Payments totalling £87 million have been made to those who contracted HIV from infected blood and blood products, and to their families. Of 1,511 people who received payments, 1,238 were haemophilia patients.

Hepatitis C

4th April 1995

Mr. Burden : To ask the Secretary of State for Health if she will make a statement on the policy of her Department regarding compensation for haemophiliacs infected with hepatitis C through contaminated blood concentrates.

Mr. Sackville: The Government have no plans to make payments to haemophilia patients who have been infected with hepatitis C through blood products.

Mr. Merchant: To ask the Secretary of State for Health, pursuant to her answer of 11 January, Official Report , column 145 , when she expects the ad hoc working party of experts to produce guidance on procedures for the look-back exercise for identifying those at risk of hepatitis C.

Mr. Sackville: The guidance, including counselling guidelines and treatment options, is being issued to the national health service under cover of a letter from the Chief Medical Officer. Copies will be placed in the Library.

This phase of the exercise is to trace, counsel and, where appropriate, treat those identified as being at risk. It will primarily concern hospital consultants in a number of specialties, those working in blood transfusion centres, and general practitioners. We shall do all that we can by way of counselling and, where appropriate, treatment to care for those who may have been infected.

Hepatitis

27th March 1995

Mr. Alex Carlile: To ask the Secretary of State for Health how many died as a result of infection with the hepatitis C virus in the NHS for (a) 1992, (b) 1993, and (c) 1994.

Mr. Sackville: The current international classification of diseases, 9th revision, does not allow us separately to identify the hepatitis C virus.

Mr. Alex Carlile: To ask the Secretary of State for Health how many people currently have the hepatitis C virus in the United Kingdom.

Mr. Sackville: There have been no large population seroprevalence studies in the United Kingdom which could give precise estimates of the numbers infected.

Small studies in transfusion centres at the time of introducing HCV testing estimated the prevalence in blood donors to be 0.06 per cent. This would be an underestimate of the numbers in the United Kingdom population as a whole because the group at most risk of infection, those who have injected drugs, are asked to self-defer from blood donation. There is evidence to suggest that perhaps between 50 and 80 per cent. of intravenous drug users have been infected with hepatitis C. Rates vary with geographical area.

Mr. Alex Carlile: To ask the Secretary of State for Health how many people with haemophilia died as a result of infection with the hepatitis C virus in the NHS in (a) 1992, (b) 1993 and (c) 1994.

Mr. Sackville: We understand from the United Kingdom haemophilia directors that, of 119 haemophilia patients known to have died in 1992, 10 showed the cause of death as liver disease of which hepatitis C may have been the cause. In respect of the 1993 figures, I refer the hon. and learned Member to the reply I gave the hon. Member for Liverpool, Mossley Hill (Mr. Alton) on 1 December 1994, column 830 . I understand that figures for 1994 are not yet available.

Haemophilia

Mr. Alex Carlile: To ask the Secretary of State for Health what research her Department carried out since 1989 on haemophilia; and if she will make a statement.

Mr. Sackville: The Department has not carried out any such research. The main agency that the Government support for biomedical and clinical research is the Medical Research Council, which receives its grant in aid from the office of my right hon. Friend the Chancellor of the Duchy of Lancaster.

Hepatitis C

31 January 1995

Mr. Hinchliffe: To ask the Secretary of State for Health, pursuant to her answers of 21 November to the right hon. Member for Manchester, Wythenshaw (Mr. Morris), Official Report, column 29 , and of 11 January to the hon. Member for Windsor and Maidenhead (Mr. Trend), Official Report , column 145, how haemophiliacs who may have received blood contaminated with hepatitis C will be traced for counselling and treatment if information is not centrally available to identify them; and if he will make a statement.

Mr. Sackville: Blood products used in the treatment of haemophilia patients have been virally inactivated since 1985. Doctors treating these patients are aware that prior to this date blood products carried the risk of transmission of hepatitis C. We understand that the majority of haemophilia patients have been counselled and tested as part of the management of their condition.

Hepatitis C

1st December 1994

Mr. Alton: To ask the Secretary of State for Health how many haemophiliac patients are known to have contracted hepatitis C as a consequence of contaminated blood; how many are known to have died; what representations she has received from relatives; how she has replied; and if she will make a statement.

Mr. Sackville: Figures are not available centrally for haemophilia patients who have contracted hepatitis C through contaminated blood, or for those who have died. I understand from the United Kingdom haemophilia directors that, of 126 haemophilia patients known to have died in 1993, 12 showed the cause of death as liver disease, of which hepatitis C may have been the cause. Some representations have been received seeking payments to haemophilia patients who may have been infected with hepatitis C. We have responded that the Government have no plans to make such payments.

Hepatitis C
21st November 1994

Mr. Alfred Morris: To ask the Secretary of State for Health how many people with haemophilia have contracted hepatitis C in consequence of being given contaminated blood supplied under the NHS; how many have since died of the condition; what action she is taking in regard to compensation; and if she will make a statement.

Mr. Sackville: These figures are not collected centrally. There are methods of transmission of hepatitis C other than the use of blood and blood products. I understand from the United Kingdom haemophilia centre directors that, of 126 haemophilia patients known to have died in 1993, 12 showed the cause of death as liver disease of which hepatitis C may have been the cause.

We have no plans to make payments to haemophilia patients who may have been infected with hepatitis C.

Blood Donors
21st November 1994

Mr. Wareing : To ask the Secretary of State for Health what categories of person are prevented from donating blood for the national blood transfusion service.

Mr. Sackville : People wishing to donate blood but who consider themselves to be in the following categories are asked not to give blood :

anyone who has AIDS, is HIV positive or thinks they may need an AIDS test

anyone who has ever injected themselves with drugs

any man who has ever had sex with another man

anyone who has ever worked as a prostitute

any man who has had sex with a woman he knows has AIDS or is HIV positive

any woman who has had sex with a man she knows has ever had sex with another man

anyone who has had sex with a man or woman who they know has ever injected themselves with drugs

any woman who has had sex with a man who she knows has haemophilia.

People who consider themselves to be in the following categories are asked not to give blood if in the last two years they have had sex with :

a male or female prostitute

any man or woman of any race living in Africa--but not Morocco, Algeria, Tunisia, Libya or Egypt--or any man or woman who has had sex in the last two years with anyone living there.

Others may be deferred from giving blood, either permanently or for a period if

they have had an infectious disease in the last two years, or if they have been in contact with an infectious disease in the last six months

they have visited or lived abroad other than in Europe

they have received any innoculations or vaccinations in the last six months or ever been treated with human growth hormone they have had any of the following : anaemia ; asthma ; brucellosis (undulant fever) ; cancer ; diabetes ; epilepsy (fits) ; glandular fever ; hay fever ; heart disease ; high blood pressure ; hospital admission ; jaundice (including contact with a case during the past six months) ; kidney disease ; malaria ; stroke ; tuberculosis.

Haemophiliacs
9th February 1993

Mr. Alfred Morris : To ask the Secretary of State for Health what representations she has had in regard to compensating people with haemophilia who have contracted hepatitis in the course of treatment under the NHS ; what reply she is sending ; what action she will be taking ; and if she will make a statement.

Mr. Sackville : I shall be writing to the right hon. Member in response to his representations soon.

The Government recognised the special case for making payments to haemophiliacs and recipients of blood or tissue infected with HIV through medical treatment within the United Kingdom. There are no plans to extend these special payments.

Haemophilia
2nd July 1992

Mr. Elletson : To ask the Secretary of State for Health (1) what representations she has received from the United Kingdom Regional Haemophilia Centre directors' committee about the licensing of pharmaceutical products used in the treatment of people with haemophilia ; if she will make it her policy that all people with haemophilia A should be treated with licensed monoclonal high purity products ; and if she will make central funds available for this purpose ;

(2) if she will make it her policy not to allow unlicensed factor 8 products for the treatment of haemophilia to be imported or used within the United Kingdom.

Mr. Sackville : We have received no such representations from the United Kingdom Regional Haemophilia Centre Directors' Committee. It is normal practice in the United Kingdom for clinicians to use licensed medicinal products. It is also possible for clinicians, under sections 9 and 13 of the Medicines Act, to prescribe an unlicensed product on a "named patient" basis.

It is for clinicians to decide the most appropriate product indicated for the treatment of each individual patient.

HIV (Blood Transfusions)
17th February 1992

Mr. Strang : To ask the Secretary of State for Health (1) how many non-haemophiliacs in England, Wales and Northern Ireland who have contracted HIV as a result of contaminated national health service blood/tissue trans-fers (a) remain alive, (b) have developed AIDS and remain alive and (c) developed AIDS and have since died ; (2) how many non- haemophiliacs in England, Wales and Northern Ireland have contracted HIV infection as a result of national health service transfers of (a) blood, (b) blood products and (c) tissue ; and how many of each of these groups became infected before the introduction of screening of donations in October 1985.

Mrs. Virginia Bottomley : There have been 61 reports in England, Wales and Northern Ireland of HIV infection in people who received blood in the United Kingdom. All of these reports related to the period prior to October 1985. In addition, there has been one report of HIV infection in a patient who received a tissue transfer after October 1985 from a donor who was subsequently found to be HIV positive.

The total number of infected people thought to be alive is 30. The number of people reported with AIDS is 29, of whom 23 are known to have died.

Sir Michael McNair-Wilson : To ask the Secretary of State for Health what is the total number of people who received national health service transfusions of blood contaminated with the HIV virus ; how many have subsequently been diagnosed HIV positive ; and how many have died.

Mr. Waldegrave *[pursuant to the reply, 14 November 1991, c. 656]* : I have decided that the special provision already made for those with haemophilia and HIV is to be extended to those who have been infected with HIV as a result of national health service blood transfusion or tissue transfer in the United Kingdom. The payments will also apply to any of their spouses partners and children to whom their infection may have been passed on. The rates of payments are shown in the table. Similar help will be available throughout the United Kingdom.

The Government have never accepted the argument for a general scheme of no fault compensation for medical accidents, as such a scheme would be unworkable and unfair. That remains our position. We made special provision for those with haemophilia and HIV because of their very special circumstances. It has been argued that this special provision should be extended to include those who have become infected with HIV through blood or tissue transfer within the United Kingdom. I have considered very carefully all the circumstances and the arguments which have been put to us. I have concluded that it would be right to recognise that this group, who share the tragedy of those with haemophilia in becoming infected with HIV through medical treatment within the United Kingdom, is also a very special case.

The circumstances of each infected transfusion or tissue recipient will need to be considered individually to establish that their treatment in the United Kingdom was the source of their infection. A small expert panel is being set up to consider cases where necessary. I am pleased that Mr. Benet Hytner QC has agreed to chair this panel and I shall shortly appoint two medical assessors to assist in this work. Further detailed work needs to be done on the machinery for handling individual claims for these payments ; but payments will be made as soon as possible. Parliamentary authority for making these payments will be sought through supply estimates and the confirming Appropriation Act. On the basis of the reported cases the estimated cost could be £12 million. However, I cannot be certain about the cost, as numbers of valid claims are not known.

I share the great sympathy which is universally felt for the blood and tissue recipients who have tragically become infected through their treatment. Money cannot compensate for this, but I hope that the provision we are making will provide some measure of financial security for those affected and their families.

Table

The amounts of payments to be made to the HIV infected NHS

blood and tissue transfer recipients are:

	|□£□
-Infant	|41,500 each
-Single adult	|43,500 each
-Married adult without dependant children	|52,000 each
-Infected person with dependant children	|80,500 each

and to the infected spouses and/or children of the above:

Adult infected spouse or partner of the blood or

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tissue recipient	£23,500 each
Infected child who is married	£23,500 each
Unmarried infected child	£21,500 each

These are the amounts already paid to people with HIV and haemophilia.

Haemophiliacs
25th April 1991

Mr. Barry Jones : To ask the Secretary of State for Wales (1) how many haemophiliacs there are in each of the area health authorities in Wales ;

(2) how many haemophiliacs in each of the area health authorities in Wales will receive the most pure form of factor 8 ; and if he will make a statement.

Mr. Nicholas Bennett : Information on the number of haemophiliacs in each of the district health authorities in Wales is not held centrally. Central funds have been provided for the purchase of high purity factor VIII to treat patients under the care of the haemophilia reference centre at the university hospital of Wales. Its prescribing is a matter for the clinicians concerned and I am unable to provide information on the number of patients treated.

Haemophilia
19th February 1991

Mr. Bellotti : To ask the Secretary of State for Health what plans the bio products laboratory has to import unlicensed high purity Factor VIII products from abroad for the treatment of haemophilia A patients ; and if he will make a statement.

Mr. Dorrell : The bio products laboratory--BPL--is responding to the demand from clinicians for high purity Factor VIII made from plasma provided by United Kingdom unpaid voluntary donors as recommended in World Health Organisation and EC guidelines. It has licensed the appropriate manufacturing technology and is modifying its production facility to manufacture the product locally. For a limited period while those modifications are carried out, and in the interest of meeting the demands as quickly as possible, the BPL has contracted Kabi of Sweden to undertake part of the manufacturing process from an intermediate material supplied by the BPL. This work will be undertaken under the supervision of BPL staff.

The BPL is not at present covered by the licensing requirements of the Medicines Act because of Crown immunity. However, some of its products and facilities are already so licensed and it will be seeking licences for other products, including high purity Factor VIII, under the arrangements leading to the removal of Crown immunity. For many years the BPL has been inspected by the medicines inspectorate and its product have been tested by the National Institute of Biological Standards and Control, as are similar licensed pharmaceutical products.

Mr. Bellotti : To ask the Secretary of State for Health what recent guidelines he has issued with regard to treatment of haemophilia A patients ; and what representations he has received.

Mr. Dorrell : Several representations have been received concerning the use of high purity factor VIII for the treatment of haemophilia A patients. The Department has not issued guidance on this matter ; decisions whether this treatment is appropriate for individual patients rest with the clinicians within the arrangements and protocols set locally for determining priorities among patient services, including prescribing costs.

Blood Products
14th February 1991

Rev. Martin Smyth : To ask the Secretary of State for Northern Ireland how many people with haemophilia in Northern Ireland who require factor VIII infusions are being treated with the high-purity monoclonal products ; how many are being treated with the intermediate purity concentrates ; if he will break the figures down by product manufacturer ; if he will break the figures down in terms of the number of units of each product prescribed in the latest year for which data are available ; and if he will break down the figures for each health and social services board.

Mr. Hanley *[holding answer 7 February 1991]* : The available information is as follows. In 1989 three patients who were allergic to intermediate purity Factor VIII were treated with 34,210 units of high purity monoclonal products manufactured by Baxter Health Care Ltd. In the same year approximately 100 patients were treated with intermediate purity Factor VIII concentrate manufactured by the Scottish National Blood Transfusion Service (1.6 million units) and by Alphatherapeutic (UK) Ltd. (1.6

million units). As treatment for haemophilia patients in Northern Ireland is provided on a regional basis at the Royal Victoria hospital the figures for each health and social services board are not readily available.

Blood Products

Mr. Wigley : To ask the Secretary of State for Wales how many people with haemophilia in Wales who require factor VIII infusions are being treated with high purity monoclonal products ; how many are being treated with the intermediate purity concentrates ; and if he will break the figures down according to (a) product manufacturer, (b) the number of units of each product prescribed in the latest year for which data is available and (c) for each health authority.

Mr. Nicholas Bennett : This information is not held centrally.

AIDS
14 January 1991

Mr. Alfred Morris : To ask the Secretary of State for Health, pursuant to his written reply of 12 December, Official Report, columns 364- 65, to the hon. Member for Peckham (Ms. Harman), when he will publish further details of the proposed settlement of the dispute between the Government and people with haemophilia who were infected with the AIDS virus by contaminated blood products supplied by the national health service ; and if he will make a statement.

Mrs. Virginia Bottomley : The detailed provisions of the proposed settlement are under discussion with the lawyers representing the plaintiffs. It would be inappropriate to publish further details until all plaintiffs and the court have had an opportunity to consider the full terms of the settlement and to approve them.

Factor VIII
20 December 1990

Mr. Chris Smith : To ask the Secretary of State for Health whether he will consider increasing HIV-AIDS funding to regional health authorities to cover the cost of high-purity factor VIII for haemophiliacs.

Mrs. Virginia Bottomley : There are no plans to increase HIV-AIDS funding to the regional health authorities to take account of the prescribing of high purity factor VIII for haemophiliacs. The haemophilia treatment centres are funded by the appropriate health authority for the treatment of haemophiliacs and high purity factor VIII is one type of treatment which clinicians may prescribe.

Haemophiliacs
18th December 1990

Mr. Alfred Morris : To ask the Secretary of State for Health what recent consideration his Department has given to the call for an out-of- court settlement for people with haemophilia who were infected by the AIDS virus in the course of national health service treatment.

Mr. Waldegrave : I refer the right hon. Member to the reply I gave the hon. Member for Peckham (Ms. Harman) on 11 December at columns 364-65.

15th October 1990

Mr. Alfred Morris : To ask the Secretary of State for Health why he withheld from the courts documents that are wanted by the legal representatives of people with haemophilia who contracted the AIDS virus in the course of National Health Service treatment ; and if he will make a statement.

Mr. Kenneth Clarke : A number of documents were withheld because the Department of Health considered that a claim for public interest immunity applied to them. This immunity cannot be waived by the Crown.

The documents in question related to the period of office of both the previous Labour Government and the present Conservative Government.

Public interest immunity is a principle of law that prevents the dislosure of documents on the grounds that production of those documents would be injurious to the public interest. The immunity prevents the disclosure of, for example, documents which concern the inner workings of the Government machine or policy making within Departments. In the course of his judgment in the Court of Appeal on 20 September 1990 Lord Justice Ralph Gibson said :

"The Department of Health has raised the matter of public interest immunity so as to prevent the disclosure of *[certain documents]*. The Department does not do that in order to put difficulty in the way of plaintiffs, or to withhold from the Court documents which might help the plaintiffs. The Department raises the matter because it is the duty of the Department in law to do so in support of the public interest and the proper functioning of the public service, that is the executive arm of the Government It is not for the Department but for the Court to determine whether the documents should be produced. The plaintiffs acknowledge the validity of the claim to public interest immunity but ask the Court to order production notwithstanding the existence of a valid claim to immunity. It is essential that the aspect of these proceedings should be clearly understood.

The valid claim to immunity to be overridden by the order of the Court if the law requires that it should be overridden. The task of the Court is properly to balance the public interest in preserving the immunity on the one hand, and the public interest in the fair trial of the proceedings on the other".

Haemophiliacs (AIDS)

Mr. Alfred Morris : To ask the Secretary of State for Health what is the total cost to the Government to date of the legal case in which people with haemophilia, having been infected with the AIDS virus in the course of national health service treatment, are suing the Government.

Mr. Kenneth Clarke : The cost of the time spent by civil servants on this litigation and other administrative expenditure is not separately identified. So far, £25,961 has been paid in legal fees, and £10,495 in fees to expert witnesses. This does not include the costs of legal aid, which are a charge on the Lord Chancellor's Department.

Mr. Alfred Morris : To ask the Secretary of State for Health, if he will make a statement on his reaction to Mr. Justice Ognall's appeal to both sides in the legal case in which people with haemophilia, having been infected with the AIDS virus in the course of national health service treatment, are suing the Government, to

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give anxious consideration to a compromise solution and the judge's offer to arbitrate in a speedy settlement of the case.

Mr. Kenneth Clarke : I have carefully considered the points put forward by Mr. Justice Ognall in his statement handed down on 26 June 1990. The text of the Department's response was as follows: Thank you very much for providing me with a copy of the note handed down by Mr. Justice Ognall on 26 June 1990.

The Secretary of State has carefully considered the points put forward by the Judge, together with the advice given previously by Counsel in the light of the overall situation concerning the tragic effect on haemophiliacs of the use of Factor VIII containing the HIV virus.

The Government has recognised that the plight of haemophiliacs and the fact that the treatment which led to their infection was intended to help them to lead as near a normal life as possible, makes their case wholly exceptional. Accordingly, and in recognition of their unique position, the Macfarlane Trust was set up following an announcement by the Minister of Health in November 1987 and was provided with £10 million, to make payments on an ex-gratia basis to affected individuals and their families throughout the United Kingdom. Since then, many payments have been made out of the fund, on the basis of financial need, and this continues.

When announcing the establishment of the Macfarlane Trust, the Government made it clear that, while it considered the sum of £10 million to be appropriate at that time, it would nevertheless keep open to review the question of what funds were required. Following an announcement by the Secretary of State on 23 November 1989, a further sum of £24 million was made available for haemophiliacs. The aim was first, to make individual payments of £20,000 to each haemophiliac infected with AIDS virus as a result of treatment with blood products in the United Kingdom or the family of such a person who has died; and second, to enable the Macfarlane Trust to continue on a more generous scale to help families in particular need.

So the Government has already made available a total of £34 million to mitigate the effects of this tragedy on all haemophiliacs with HIV and their families and not just the litigants in this action. Some £24 million of this total has been distributed to individuals affected, irrespective of means, whilst the remainder has been and continues to be made available on the basis of need. None of these payments is taken into account for the purposes of social security or indeed of legal aid.

The Government proposes to keep the sums available to the Macfarlane Trust and the needs of haemophiliacs under regular review.

All these sums are of course paid on an ex-gratia basis. They are intended to provide the resources to respond positively to the particular needs of affected haemophiliacs and their families. They are not however intended to be a substitute for litigation of the issues presently before the Court.

Mr. Justice Ognall has suggested that there are actions which should perhaps be settled on the basis of moral obligation rather than on a strict assessment of legal liability. The Secretary of State has already recognised the moral argument and the strong compassionate arguments in favour of providing assistance to haemophiliacs affected by HIV in the setting up of the Macfarlane Trust and in providing resources for their treatment. In the Secretary of State's view, the fact that the affected haemophiliacs have chosen to pursue their legal claim does not raise any fresh moral obligation beyond that already recognised by the Government. And, of course, he has the general duty to weigh up the claims for assistance of this particular group as against the claims of other groups of sick or disabled people, within the resources voted by Parliament.

Ministers are always and understandably faced by an array of competing demands for highly desirable objectives within the inevitably finite resources available. Spending more on one group, whatever the reason for doing so, inevitably means spending less on others. The haemophiliacs with HIV infection have attracted public attention and quite rightly won the nation's sympathy, but there are many other examples of people suffering severe disability with the prospect of premature death also through no fault of their own--for example, patients with advanced cancer ; patients with end-stage renal failure ; or children born with severe congenital heart defects. It is the responsibility of Ministers and their advisers to weigh up these difficult choices and to arrive at a reasonable ordering of priorities.

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Ministers are, of course, and rightly, accountable to Parliament for their decisions on policies and priorities. As you know it is the Secretary of State's case in this litigation that such decisions do not and should not give rise to a duty of care to individual members of the public such as to enable those individuals to bring a claim for damages. This is an important principle and one which would have far reaching repercussions if compromised. There are strong public policy reasons why this is so. First, it would make the process of policy formation very much less effective if every decision were subject to the risk of legal challenge in the courts. Second, if it were accepted in this particular action that Ministers did owe such a duty of care this would be likely to lead to very large numbers of costly and time-consuming claims against the Department, Licensing Authority and CSM. There is nothing unique about this aspect of the present claim.

The Secretary of State fully recognises the force of the argument that the resources likely to be taken up by this litigation would be better used to alleviate suffering. However, it would not achieve this purpose if the likely consequence of compromising these actions were to encourage other expensive litigation in future. The Secretary of State considers that the existence of this litigation on its own is not a sufficient reason to adopt different criteria from those which govern the decisions which regularly have to be made where the competing demands of many pressing and deserving causes have to be balanced in the light of the resources that are actually available. The Secretary of State is satisfied that the best and indeed the proper way of meeting the need referred to by Mr. Justice Ognall is through the machinery of the Macfarlane Trust or similar means. The Government remains committed to pursuing that course and will ensure that the needs of all affected haemophiliacs and their families are kept under review. That resolve will not be affected by the progress or outcome of the litigation.

It is recognised that it would be in the interests of everyone that the present litigation should be brought to a speedy conclusion. Apart from the anguish which it inevitably causes to plaintiffs and their families, it has placed a heavy burden on the resources of the Legal Aid Fund and of the Department and Health Authorities. That inevitably involves the diversion of scarce resources from elsewhere. It must be a matter for individual Plaintiffs and their advisers as to whether they wish to continue to pursue their allegations against the Central Defendants in the expectation or hope that they will be able to establish liability. However, whilst the Secretary of State will continue to review the position from time to time, until or unless you advise that there is a real likelihood of the Plaintiffs or any of them succeeding in establishing liability, his view is that these actions should continue to be defended firmly. Meanwhile, I know that you and Counsel will do everything possible to adhere to the timetable set by the Court.

I would be grateful if you would express the Secretary of State's thanks to the Judge for his observations and make him aware of the matters set out in this letter. A copy of this letter may be provided to the Judge if you consider this appropriate.

Mr. Alfred Morris : To ask the Secretary of State for Health why he withheld from the courts documents that are wanted by the legal representatives of people with haemophilia who contracted the AIDS virus in the course of National Health Service treatment ; and if he will make a statement.

Mr. Kenneth Clarke : A number of documents were withheld because the Department of Health considered that a claim for public interest immunity applied to them. This immunity cannot be waived by the Crown.

The documents in question related to the period of office of both the previous Labour Government and the present Conservative Government.

Public interest immunity is a principle of law that prevents the dislosure of documents on the grounds that production of those documents would be injurious to the public interest. The immunity prevents the disclosure of, for example, documents which concern the inner workings of the Government machine or policy making within Departments. In the course of his judgment in the Court of Appeal on 20 September 1990 Lord Justice Ralph Gibson said :

"The Department of Health has raised the matter of public interest immunity so as to prevent the disclosure of *[certain documents]*. The Department does not do that in order to put difficulty in the way of plaintiffs, or to withhold from the Court documents which might help the plaintiffs. The Department raises the matter because it is the duty of the Department in law to do so in support of the public interest and the proper functioning of the public service, that is the executive arm of the Government It is not for the Department but for the Court to determine whether the documents should be produced. The plaintiffs acknowledge the

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validity of the claim to public interest immunity but ask the Court to order production notwithstanding the existence of a valid claim to immunity. It is essential that the aspect of these proceedings should be clearly understood.

The valid claim to immunity to be overridden by the order of the Court if the law requires that it should be overridden. The task of the Court is properly to balance the public interest in preserving the immunity on the one hand, and the public interest in the fair trial of the proceedings on the other".

HIV

13th June 1990

Mr. Ron Davies : To ask the Secretary of State for Scotland when the first known sero-conversion to HIV took place in a person with haemophilia as a result of using Scottish factor concentrates.

Mr. Michael Forsyth : This information is not available.

AIDS

2nd March 1990

Mr. Alton : To ask the Secretary of State for Health whether he will review compensation payments for HIV patients who contracted the AIDS virus as a direct result of blood transfusions made during the course of surgery ; what are the latest estimates of the number of patients involved ; what would be the total cost if they were treated on a par with haemophiliac HIV victims ; and if he will make a statement.

Mrs. Virginia Bottomley : The additional ex-gratia payment made to the Macfarlane Trust enabling lump sum payments of £20,000 to each haemophiliac with HIV was not compensation.

It recognised the wholly exceptional circumstances which haemophiliacs and their families face, that their insurance, employment and mortgage prospects were already affected by their serious disability, and the hereditary nature of haemophilia can mean that more than one member of a family may be affected. The situation of someone who has contracted HIV as the result of a blood transfusion is, therefore, not directly comparable.

The position at the end of January 1990, as reported to the communicable disease surveillance centre, is that in England, Wales and Northern Ireland there have been 18 cases of AIDS in people known to have been transfused in the United Kingdom, of whom 13 are known to be dead (not necessarily directly as a result of AIDS). The comparable figure on HIV seropositive transfused in the United Kingdom was 17.

Compensation is a matter for the courts.

AIDS

21st February 1990

Mr. Alfred Morris : To ask the Prime Minister if, pursuant to her reply to the right hon. Member for Manchester, Wythenshawe, on 18 January, Official Report, column 382, she will state the proportion of people with AIDS who are eligible for payments from the Macfarlane trust ; and if she will make a further statement.

The Prime Minister : At 31 December 1989, approximately 6 per cent. of people in the United Kingdom reported to have AIDS were haemophiliacs who may qualify for payments from the Macfarlane trust. The trust was set up with an ex-gratia payment from the Government in recognition of the wholly exceptional circumstances of people with haemophilia and HIV.

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HIV
13th February 1990

Mr. Alfred Morris : To ask the Secretary of State for Health, pursuant to the answer to the right hon. Member for Manchester, Wythenshawe of 8 February, what steps have been taken to obtain evidence on the disadvantage after the infection has been discovered in respect of employment prospects and ability to obtain life insurance and mortgages, suffered by people who became infected with HIV via blood transfusions ; and what comparisons have been undertaken between the situations of such people in the post-infection phase and that of haemophiliacs in the post- infection stage.

Mrs. Virginia Bottomley : We do not believe that any useful purpose would be served by such a survey of the financial circumstances after infection of any particular group with HIV. Our ex-gratia payments to haemophiliacs recognise their wholly exceptional circumstances whereby they were doubly disadvantaged by their pre-existing haemophilia as well as the HIV infection. We have no plans to extend these special arrangements to other groups.

The full facilities of the National Health Service and a range of social security benefits are available to all those infected with HIV who suffer illness, unemployment or loss of earnings.

AIDS
8th February 1990

Mr. Alfred Morris : To ask the Secretary of State for Health, pursuant to his reply of 1 February, if he will now provide information on the employment prospects, insurance and mortgage status of people who acquired AIDS from blood transfusions under the National Health Service.

Mrs. Virginia Bottomley *[holding answer 6 February 1990]* : In my reply of 18 January 1990 to the right hon. Member at column 405 I pointed out that haemophiliacs are a group of people who by virtue of their haemophilia are already disadvantaged in respect of their employment prospects and their ability to obtain mortgages and life insurance. We have no evidence to suggest that those people who have become infected with HIV via blood transfusion were similarly disadvantaged before the illness or accident leading to the need for transfusion.

Macfarlane Trust

Mr. Ashley : To ask the Secretary of State for Health how many haemophiliacs who have contracted AIDS through contaminated blood transfusions are expected to qualify for the £20,000 payments allocated through the Macfarlane (Special Payments) Trust ; and what steps are being taken to ensure that all those who qualify apply.

Mrs. Virginia Bottomley : The payments from the Macfarlane (Special Payments) Trust are available to haemophiliacs infected with HIV as the result of treatment with blood products in the United Kingdom, or the dependant or beneficiary of such a person who has died. We estimate that around 1,200 people may qualify. Some 1,150 cases are already known to the trust and through the haemophilia treatment centres it is trying to ensure that any other haemophiliacs who may be eligible know of the payments.

AIDS

Sir Michael McNair-Wilson : To ask the Secretary of State for Health how many potential cases of HIV-2 virus have so far been tested as part of the screening process.

Mrs. Virginia Bottomley : The communicable disease surveillance centre is aware of nine HIV-2 positive reports in the United Kingdom.

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Mr. Alfred Morris : To ask the Secretary of State for Health, pursuant to his reply of 18 January, Official Report, column 405, to the right hon. Member for Manchester, Wythenshawe, what information his Department has on the employment prospects, insurance and mortgage status of people who acquired AIDS from blood transfusions under the National Health Service ; and whether the ex gratia payment of £20,000 to people with haemophilia who contracted the virus will be paid in each case of infection if more than one member of a family is infected.

Mrs. Virginia Bottomley *[holding answer 31 January 1990]* : The Government's decision to make ex gratia grants to people with haemophilia who are also infected with the AIDS virus was a recognition of their unique position. I refer the right hon. Member to the reply my right hon. and learned Friend the Secretary of State gave my hon. Friend the Member for Salisbury (Mr. Key) on 23 November 1989 at columns 11-12. A £20,000 lump sum payment will be made to each haemophiliac infected with HIV. In co-operation with the trustees of the MacFarlane Trust a new discretionary trust has been set up and is now making payments.

AIDS

Mr. Alfred Morris : To ask the Secretary of State for Health if he will set out in the Official Report the terms in which his Chief Medical Officer stated recently that the outcome for HIV carriers is likely to be the same irrespective of cause ; and what consideration he has given to its relevance to the claim for financial help for people who acquired the virus from blood transfusions equal to that given to people with haemophilia who contracted the virus after the injection of contaminated blood products under the National Health Service.

Mrs. Virginia Bottomley : There is no known difference in the proportion of people developing AIDS at any given time interval following infection when comparing the different routes of transmission of sexual intercourse, and receipt of infected blood or blood products. This issue has been explored in a number of scientific articles including the Journal of the American Medical Association(3 February 1989, pp 725-727) and AIDS 1988,2 (supplement 1, S57-63). Apparent differences may be due to the effect of age on the rate of progression to AIDS. The ex-gratia payments given to provide help for haemophiliacs with HIV and their families recognised their wholly exceptional circumstances. Haemophiliacs were already suffering from a disability which affected their employment prospects, insurance and mortgage status. Also the hereditary nature of haemophilia means that more than one member of the family may be infected with HIV.

Mr. Alfred Morris : To ask the Secretary of State for Health when he will be replying to the letter from the right hon. Member for Manchester, Wythenshawe, of23 December 1989, on people who have acquired AIDS from blood transfusions under the National Health Service.

Mr. Freeman : My right hon. and learned Friend has now written to the right hon. Member.

Blood Products

13 December 1989

Mr. Cousins : To ask the Secretary of State for Trade and Industry what is the quantity and value of imported blood products, distinguishing between factor 8 and other blood products, in each year since 1980.

Mr. Freeman : I have been asked to reply.

The information held centrally relates only to the usage of imported factor 8 concentrate and is given in the table. Information on the value of these imports is not held centrally.

United Kingdom usage of

imported Factor 8

concentrate (millions

of

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international units).

|Number

1980 |<1>35.1

1981 |<1>35.5

1982 |<1>45.6

1983 |<1>39.5

1984 |<1>38.5

1985 |50.9

1986 |53.8

1987 |59.2

1988 |55.2

<1> Does not include

users with acquired

haemophilia.

Haemophiliacs (AIDS)
4th December 1989

Mr. Galbraith : To ask the Secretary of State for Health when he expects the recent award to haemophiliacs to be paid to individuals.

Mr. Alfred Morris : To ask the Secretary of State for Health if he will give an assurance that the ex-gratia payments of £20,000 to people with haemophilia who have been infected with the AIDS virus in the course of National Health Service treatment will be made to them before Christmas.

Mrs. Virginia Bottomley : We are urgently considering with the Macfarlane Trust the best method of implementing these payments and we intend that they should be made as soon as possible.

Haemophiliacs (HIV)

Mr. Wigley : To ask the Secretary of State for Health how many representations he has received subsequent to the recent statement on additional aid to haemophiliac

Haemophiliacs
4th December 1989

106. Mr. Aitken : To ask the Attorney-General what

representations he has received on the current litigation brought by haemophilia patients against health authorities and other Government agencies.

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The Attorney-General : Apart from those made by the hon. Member, no representations have been made to me on the current litigation.

Haemophiliacs (AIDS)

Q81. Mr. Ashley : To ask the Prime Minister when she intends to reply to the letter she received from an all-party group of hon. Members requesting an immediate out-of-court compensation payment for AIDS-infected haemophiliacs.

28th November 1989

Q113. Mr. Alfred Morris : To ask the Prime Minister what representations she has received about the plight of people with haemophilia who, in the course of National Health Service treatment, have been infected with the AIDS virus ; and what reply she has sent.

The Prime Minister : My right hon. and learned Friend the Secretary of State for Health announced on 23 November that we have offered an additional £19 million to the Macfarlane Trust to provide ex gratia payments to haemophiliacs who contracted the AIDS virus in the course of treatment. I refer the right hon. Members to the reply my right hon. and learned Friend gave to my hon. Friend the Member for Salisbury (Mr. Key) on 23 November at columns 11-12. Over 300 representations in support of people with haemophilia and HIV infection have been received. Replies will be sent shortly. As court proceedings have now begun, it would be inappropriate to comment on the question of an out-of-court settlement.

Haemophiliacs (AIDS)
27th November 1989

Mr. Alfred Morris : To ask the Prime Minister when she will be replying to the letter sent to her by the right hon. Member for Manchester, Wythenshawe on 25 October about the urgent need for an out-of-court settlement of the compensation claims of people with haemophilia who, in the course of National Health Service treatment, were infected with the AIDS virus.

The Prime Minister : As court proceedings have now begun it would not be right for me to comment on the question of an out-of-court settlement.

However, my right hon. and learned Friend the Secretary of State for Health announced on 23 November that we have offered an additional £19 million to the Macfarlane trust, again on an entirely ex-gratia basis. For the details I refer the right hon. Member to that reply.

Haemophiliacs
23rd November 1989

Mr. Key : To ask the Secretary of State for Health if he will make a statement on the financial support available for haemophiliacs who have become infected with HIV.

Mr. Kenneth Clarke : The Government share the universal sense of shock at the unique position of haemophiliacs who have been infected by the AIDS virus, as a result of NHS treatment which they require in order to survive. It was for this reason that the Government made an ex gratia grant to the Haemophilia Society to enable them to establish a special trust fund, now called the Macfarlane Trust, so that special payments could be made to meet the needs of the individuals affected and their families throughout the United Kingdom.

When my right hon. Friend the Secretary of State for Social Security, who was then the Minister for Health, announced the grant in 1987 he explained that the Government had chosen this course of action because we thought that it would enable help to be given with greater flexibility than could be achieved in any other way. He also made it clear that while the Government regarded the sum involved as appropriate at the time,

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it would be kept open to review. The trust has been able to give significant and valuable help to a large number of infected haemophiliacs and their families. But the time has now come to reassess the total sum available to it. The true nature and extent of the needs

of the infected haemophiliacs have become much clearer now that the trust is in operation and has been able to examine individual cases in detail. I am satisfied that the Government should now make extra resources available to the trust.

The Government are therefore proposing to make an additional ex gratia payment totalling £19 million bringing to £29 million the total payments made. The House will appreciate that, as before, this is not compensation but a payment which responds to a particular and tragic situation.

In making this new allocation the Government have two objectives in mind :

First, to enable the trust, if the trustees see fit, to make individual payments of £20,000 this year. These would go to each person with haemophilia who is infected with the AIDS virus as a result of treatment with blood products in the United Kingdom or to the family of such a person who has died.

Secondly, to enable the trust to continue on a more generous scale its help to families in particular need.

The Government accept the need to ensure that the fund has adequate resources both to meet its existing commitments and to give more generous help to families in particular need. We will be discussing further with the trust how these objectives should be met.

The ex gratia payment of £19 million is being charged to the Reserve this year. Subject to parliamentary approval of the necessary Supplementary Estimate, the cash limit for Department of Health administration, miscellaneous health services and personal social services, England will be increased accordingly.

Payments from the trust will continue to be completely disregarded for the purposes of social security. So any social security payments will be on top and may add significantly to the overall financial support available to particular families.

I am sure that hon. Members will be very grateful, as the Government are to those serving on the Macfarlane Trust for agreeing to serve on the trust and for their excellent work as trustees.

Haemophiliacs
15th November 1989

Mr. John Marshall : To ask the Secretary of State for Health whether his Department now has a clearer idea regarding the proportion of people with haemophilia with HIV who are subsequently likely to contract full-blown AIDS.

Mrs. Virginia Bottomley : The current assessment is that 75 per cent. or more of HIV-infected haemophiliacs are likely to develop AIDS.

Haemophiliacs

Mr. John Marshall : To ask the Secretary of State for Health what assessment he has made of the efficacy of the heat treatment of both imported and home-produced blood products as a means of preventing people with haemophilia from contracting HIV through their use.

Mr. Freeman : The efficacy of heat treatment of all kinds of blood products is continually being assessed by the manufacturers who submit their results to the licensing authority and in addition, are reviewed by the Committee on Safety of Medicines.

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Mr. John Marshall : To ask the Secretary of State for Health whether the Government have considered applying the vaccine damage payments scheme to the position of people with haemophilia who have contracted HIV through the use of blood products prescribed by the National Health Service.

Mr. Freeman : The Government have already provided an ex-gratia payment of £10 million to set up the Macfarlane Trust to meet the special needs of haemophiliacs infected with HIV and their dependants. Claims for compensation are now being pursued through the courts and I am advised these matters are sub judice.

Haemophiliacs (AIDS)

Mr. Ron Brown : To ask the Secretary of State for Health if he has received recent representations from the Haemophilia Society regarding compensation to haemophilia sufferers who contracted AIDS as a result of contaminated blood supplied to them through the National Health Service ; and if he will make a statement.

Mr. Freeman : Representations have been received from the Haemophilia Society about compensation for people with haemophilia and HIV infection-AIDS.

Some haemophiliacs are now pursuing compensation through the courts and I am advised that this matter is now sub-judice.

Haemophiliacs

Mr. Vaz : To ask the Secretary of State for Health (1) how many haemophiliacs have been infected with HIV due to contaminated blood products for the period (a) since 1979, (b) since 1985 and (c) in the current year ;

(2) how many haemophiliacs have died as a result of having been infected with HIV due to contaminated blood products for the period (a) since 1979, (b) since 1985 and (c) in the current year.

Mr. Freeman : I refer the hon. Member to the reply I gave to the hon. Member for Linlithgow (Mr. Dalyell) and the right hon. Member for Stoke-on-Trent, South (Mr. Ashley) on 7 November which gives the information currently available for the numbers of haemophiliacs reported as HIV-antibody positive. The latest information available on the numbers of haemophiliacs with AIDS known to have died in the United Kingdom is given in the table. No reliable figures are available for years before 1983.

	Number
For the period 1983-85	14
For the period 1986-88	71
For 1989 up to 31 October 1989	22
Total	107

Mr. Vaz : To ask the Secretary of State for Health what measures are now being taken to ensure that all blood, imported or otherwise, and blood products, used by the National Health Service for treatment of haemophiliacs in Britain is not contaminated by HIV.

Mr. Freeman : The safety of the blood supply in this country is maintained in two ways. First, since August 1983 potential donors have been given a leaflet which asks those at risk of HIV infection not to give blood. Secondly, since October 1985 all blood donations have been tested for antibodies to HIV-1. In addition,

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since June 1988 all donations from donors who have visited certain specified west African countries where HIV- 2 is more common have been tested for antibodies to HIV-2.

All blood products (home-produced or imported) used in this country, including Factor VIII which is used in the treatment of haemophilia, are now made from screened plasma, and are treated to inactivate HIV. All products concerned are also tested by the National Institute of Biological Standards Control under its batch release system.

Haemophiliacs (HIV)

71. Mr. Ashley : To ask the Secretary of State for Health what is the latest number of haemophiliacs who have been infected with the AIDS virus following a National Health Service blood transfusion ; and how many have died.

Mr. Dalyell : To ask the Secretary of State for Health if he has readily available figures as to how many haemophiliacs have been diagnosed as HIV positive over any convenient period in the last five years ; and if he will make a statement on policy towards help for such patients.

Mr. Freeman : The available information is shown in the tables. The Government provided £10 million to set up the Macfarlane trust to meet the special needs of people in the United Kingdom with haemophilia and HIV infection, and their dependants.

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1. Numbers of haemophiliacs reported as HIV-antibody positive to the Communicable Diseases Surveillance Centre (Colindale) and the

Communicable Diseases (Scotland) Unit.

	1985	1986	1987	1988	1989	Cumulative Total
England, Wales and Northern Ireland	495	371	76	44	34	<1>1,020
Scotland<2>	n/a	n/a	n/a	n/a	n/a	76
United Kingdom Total						1,096

<1>The actual number of known HIV-1 infected haemophiliacs may be greater as some may have been included in the undetermined exposure category.

<2>Yearly figures not available centrally.

2. Cumulative number of haemophiliacs with AIDS known to have died in the United Kingdom by 30 September 1989

Number
102

Haemophiliacs

Mr. Butcher : To ask the Secretary of State for Health if he will implement a scheme of compensation over and above the £10 million granted in November 1987, for haemophilia HIV positive people who have contracted the virus from infected imported blood products during National Health Service treatment.

Mrs. Virginia Bottomley : The £10 million that the Government provided to set up the Macfarlane Trust was an ex-gratia payment and not compensation. I understand that the trust funds are not yet fully committed, but, as we made clear when the £10 million grant was announced, we shall not be closed to any representations about further funding which may be made at a later date.

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Some haemophiliacs who are HIV positive are now pursuing compensation through the courts and I am advised that this matter is now sub judice.

Haemophiliacs

Miss Emma Nicholson : To ask the Secretary of State for Health (1) what further consideration he has given to the settlement of compensation claims by haemophiliacs infected by the HIV virus through National Health Service blood transfusions : and what plans he has for an early out-of- court settlement with these victims ; (2) what further representations he has received regarding financial compensation for haemophiliacs infected by the HIV virus through National Health Service blood transfusions.

Mr. Alfred Morris : To ask the Secretary of State for Health what study he has undertaken of compensation arrangements made by other Governments for people with haemophilia who, in the course of medical treatment, have been infected with HIV virus ; and if he will now facilitate an out-of-court settlement of the claims of the British victims ; and if he will make a statement.

Mrs. Virginia Bottomley : We have received 30 further representations from members about compensation for people with haemophilia and HIV infection since my hon. and learned Friend replied to the right hon. Member for Manchester, Wythenshawe (Mr. Morris) on 23 October at column 318. We understand that a variety of schemes have been adopted in other countries, although some have made no special arrangements.

I am advised that the current legal action relating to haemophiliacs is sub -judice and it would therefore not be appropriate for me to comment further.

Haemophiliacs

Mr. Alfred Morris : To ask the Secretary of State for Health what recent representations he has received in regard to settling out of court the claims of haemophiliacs who have been contaminated with the HIV virus by the injection of blood products supplied under the National Health Service ; what replies have been sent ; and if he will make a statement.

Mr. Mellor *[holding answer 19 October 1989]* : We have received 19 representations from Members on the subject of compensation for people with haemophilia and HIV infection and two from the Haemophilia Society. To date seven replies have been issued to Members and one to the Haemophilia Society. The others will be replied to shortly.

Blood Products

8th May 1989

Mr. Cousins : To ask the Secretary of State for Health what is (a) the volume and value of blood products imported and (b) the percentage of the total blood products supply in the United Kingdom that comes from imports in each year since 1983 ; and whether any checks are made as to whether such products originate from blood that is sold rather than donated.

Mr. Freeman : The information held centrally about the level of imported blood products relates only to factor VIII concentrate and is given in the table.

Blood products imported into the United Kingdom are sourced from both blood that has been donated and purchased. The manufacturing sites of overseas manufacturers of licensed blood products (imported into the United Kingdom) are routinely inspected by or on behalf of the medicines inspectorate of the medicines control agency. One aim of these inspections is to ensure that the blood used is of good quality and is acceptable for use in the manufacture of the products concerned. Furthermore, samples of all commercially imported batches of blood products are routinely submitted to the national institute for biological standards and control for testing to ensure that they conform to laid down standards of quality.

|1983<1>|1984<1>|1985 |1986 |1987

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United Kingdom usage of imported factor VIII concentrate (millions of international units	39.5	38.5	50.9	53.8	59.2
Percentage of total United Kingdom usage of factor VIII concentrate	56.8	48.9	68.8	63.1	69.5

<1> Does not include users with acquired haemophilia.

AIDS

Mr. Butler : To ask the Secretary of State for Health if he will now update his estimate contained in his answer of 16 November 1987, Official Report, column 433, of the proportion of people infected with HIV who will go on to develop AIDS in the light of the Cox report on HIV infection.

Mr. Mellor : We accept the statement in the Cox report that "The proportion of people infected with HIV who will eventually develop AIDS is uncertain. Some of the recent evidence suggests it is higher than originally thought and may be as high as 80 per cent., or even greater".

The previous reply of 16 November 1987 was in respect of people with haemophilia and HIV infection. It is still not known what proportion of these people with HIV infection will develop AIDS.

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