

Witness Name: Dr Nicola Curry

Statement No.: W3063001

Exhibits: **W3063002-5**

Dated: 11 October 2019

## INFECTED BLOOD INQUIRY

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Statement of Dr Nicola Curry on behalf of Oxford University Hospitals NHS Foundation Trust

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 September 2019, received by Oxford University Hospitals NHS Foundation Trust by letter dated 23 September 2019.

I, Dr Nicola Curry, will say as follows: -

### **Section 1: Introduction**

1. My name is Dr Nicola Curry and I am a Consultant Haematologist and Head of Department for the Oxford Haemophilia and thrombosis Centre at Oxford University Hospitals NHS Foundation Trust (the "Trust"). I am, duly registered with the General Medical Council in relation to my clinical role.
2. I have been asked to review and respond to the issues raised by letter dated 23 September 2019, pursuant to a request under Rule 9 of the Inquiry Rules 2006.
3. I do this as a suitably senior person in the Trust having been provided with information by colleagues.

### **Section 2: Response to Criticism of (W009)**

4. The Inquiry team has provided us with a statement from a witness with Inquiry

reference number W009 which raises criticism of the treatment received whilst under the care of the Churchill Hospital between 1987 and the mid-1990s. Reference in the following paragraph numbers, correlate to paragraph numbers from a statement prepared for the Infected Blood Inquiry by witness W009 in March 2019, which has been shared with us as part of the Rule 9 request.

5. The Trust has reviewed the medical records of W009 held by the Trust to clarify the care that this patient received whilst in Oxford. This review was undertaken by Dr Chris Conlon and Dr Nicola Curry. In summary, we note that his severe haemophilia was managed at the Hammersmith Hospital from early childhood. He was diagnosed with Hepatitis B and HIV whilst in London where he received treatment until 1988.
6. He was first seen in the Oxford Haemophilia Centre (OHC) in 1987. He was reviewed approximately every 6 months at the Haemophilia Centre in Oxford. His CD4 count (or T-cell test), which is a measure of the immune system and tracks the impact of the HIV virus which attacks those cells, was at a good level (>400) until 1994.
7. In October 1994 patient W009's CD4 count dropped to 210 (from 430 in May 1993). His CD4 count was not measured on his next visit in April 1995. It was checked in the next review in November 1995, when it was noted to have fallen to 50.
8. In November 1995 the patient's GP referred him to the local GUM (genito-urinary medicine) clinic in Slough (the Garden Clinic) for HIV care and he was started on retroviral therapy in January 1996.
9. In relation to paragraphs 19-22 of the statement of W009, I can confirm that the records indicate he was tested for Hepatitis C whilst he was under Oxford's care, with a positive antibody result in March 1992. Patient W009 was antibody negative in January 1990 which was the first time he was tested in Oxford. Patient W009 suggests that he may not have consented to that testing. Patient W009 was subsequently tested using the polymerase chain reaction ("PCR") test on 25 May 1993 and has persistently tested as negative since this date. This means that the virus is not active and does not need treating. The written

clinic letter states Patient W009 is Hepatitis C positive for the first time in November 1995, but there is a document stating that on 24 April 1995 one of the doctors verbally discussed his result with him and Patient W009 was recorded as knowing this result already. No documentation states a date when he first found out.

10. Patient W009 continued to receive haemophilia care in Oxford until January 2014. He was seen approximately every 6 months during this period.
11. Patient W009 was reviewed by Dr Chris Conlon (Consultant in Infectious Disease) and Dr Jane Collier (Consultant Hepatologist) in Oxford in early 2005 regarding his hepatitis. At that point his CD4 count was 360 and his HIV viral load was undetectable on treatment (which was lamivudine, tenofovir and ritonavir). He had chronic hepatitis from hepatitis B and delta virus but had spontaneously cleared hepatitis C at some point prior to 25 May 1993 as the PCR result was persistently negative from that point. A Liver biopsy was conducted in January 2005 in order to look for evidence of liver disease due to the co-infections Hepatitis B and HIV. The results showed only mild inflammation (2/6 fibrosis) which did not require treatment as the drugs he was on for HIV (lamivudine and tenofovir) which are also active against Hepatitis B and were the best treatments available at that time. A repeat biopsy was performed in December 2011 which showed 3/6 fibrosis and again no treatment was required.
12. Subsequently I understand this patient was followed up in Slough for his HIV infection and subsequently his hepatitis care was transferred to Guy's and St Thomas' NHS Foundation Trust.
13. It is suggested that *"Doctors at the Oxford Haemophilia and Thrombosis Centre let his immune system become dangerously low and did not put him on medication for pneumocystis pneumonia. He also claims that he was not being observed for his HIV by the Centre despite his immune system being weakened significantly."*
14. This Trust agrees with the patient that between October 1994 and November 1995 he should have had his CD4 count rechecked as a matter of routine at his appointment in April 1995 and, if the count was below 200, he would then have

been prescribed prophylactic co-trimoxazole and he should have been referred to a specialist HIV clinic, as occurred in November 1995 when the reduced CD4 count was identified. We are very sorry indeed that the CD4 count was not rechecked at that April 1995 appointment.

15. Save for this missed CD4 count in April 1995, the haemophilia team at Oxford were monitoring his HIV through regular CD4 counts, between 1988 and 1995. We understand that despite the delay in starting co-trimoxazole prophylaxis, this did not lead to any infection with pneumocystis (PCP) or toxoplasmosis.

### **Section 3: Other Issues**

16. In paragraph 32 of his statement, patient W009 indicates that he received a letter from this Trust in the early 1990s regarding a risk of CJD infection. We can confirm that patient W009's notes contain a number of letters regarding the risk of CJD infection. These letters were sent on the following dates:
  - a. On 3 December 1997 a routine letter was sent to patients outlining the risk of CJD infection. Patients were invited to attend a meeting to discuss this further. A copy of this letter is attached as W3063002.
  - b. On 22 December 1997 a letter was sent by one of the consultants following a discussion regarding the risk of CJD infection. As a result of this conversation, patient W009 advised that his preference would be to change treatments. A copy of this letter is attached as W306003.
  - c. On 22 January 2001 a further letter was sent regarding the risk of CJD infection and that patient W009 had received implicated batches of factor concentrate. A copy of this letter is attached as W3063004.
  - d. On 18 October 2004 a letter was sent that confirmed that patient W009 had received UK sourced plasma between 1980 and 2001. The letter requested confirmation of whether the patient would like to know if he had received any implicated batches. It is not clear from the information on file whether a response to this letter was received. However, the patient's notes indicate that he did receive implicated batches. A copy of this letter is attached as W3063005.

**Statement of Truth**

**I believe that the facts stated in this statement are true**

**Signed**

GRO-C

**Position  
or office  
held**

**Consultant  
Haematologist,  
Oxford University  
Hospitals NHS  
Foundation Trust**

**Print Full  
Name**

Nicola Curry

**Date**

14/10/2019

**Table of exhibits:**

<b>Date</b>	<b>Notes/ Description</b>	<b>Exhibit number</b>
3 December 1997	Letter	W3063002
22 December 1997	Letter	W3063003
22 January 2001	Letter	W3063004
18 October 2004	Letter	W3063005