Witness Name: Dr Jonathan Wilde
Statement No.: WITN3086007
Exhibits: None
Dated: 9 July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JONATHAN WILDE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 20 May 2020 in response to criticisms made by **W1567 in witness statement WITN1567001**

I, **Dr Jonathan Wilde**, will say as follows: -

Section 1: Introduction

1. My name is Dr Jonathan Thornton Wilde MA, MB, BChir, MRCP, FRCPath, MD of GRO-C Somerset, GRO-C I was born on GRO-C GRO-C 1954. I retired from all clinical practice in August 2016.

2. **Previous positions.**
   -Registrar in Haematology, Northern General Hospital, Sheffield Nov 1984 to Oct 1986.
   -Lecturer in Haematology, Royal Hallamshire Hospital, Sheffield Oct 1986 to Oct 1988.
   -Senior Registrar in Haematology, Royal Liverpool Hospital, Nov 1988 to Nov 1992.

-Consultant in Haematology with specialism in Haemostasis and Thrombosis and director of the Haemophilia Service, Queen Elizabeth Hospital Birmingham, Nov 1992 to Aug 2016.

3. I was a member of the UK Haemophilia Doctors Organisation from 1992 to 2016 and a member of the UKHCDO transfusion transmitted infection working party throughout the life of this group from about 1996 to 2010.

4. Unfortunately, as these alleged incidents/events occurred many years ago (some nearly 30 years ago) I have no specific recollection of them. I have not been provided with any of the relevant medical records by the Inquiry. For that reason, I should like to reserve the right to make a supplemental statement, should the medical records be made available, and should that be necessary.

Section 2: Responses to criticisms made by Witness W1567 in statement number: WITN1567001

I shall deal with each in turn.

Paragraph 18 + 19 inclusive (read together with exhibits) inclusive :

5. As I mentioned above, without access to the medical records, it is exceptionally difficult to provide meaningful comment, since it is impossible to recollect individual patient contacts after such a prolonged period of time with any certainty. Nevertheless, I can see from the exhibit WITN1567004 that the HCV test in July 1992 was requested by one of my predecessors, and reported prior to me taking up my post in November 1992. While I cannot say with any certainty, it appears from the patient's statement that the requestor did not inform him of the test result. I am unable to comment any further in relation to that. I have no explanation as to why there was a delay between the test and my informing him that the test was positive in 1994. As the witness himself states, we had very little knowledge about HCV infection in the early 1990s and had little understanding of the consequences of a positive antibody result. As far as I can recollect we were not aware at that time of the

possibility of household / sexual transmission and therefore we were not counselling patients on specific safety measures.

Paragraph 22 :

6. In relation to what the witness describes as my 'habit of just filling patients up with factor FVIII and sending them home the next day', I would refute that suggestion and respond accordingly: Giving haemophilia patients factor concentrate prior to having a liver biopsy was part of the routine management. The liver is a vascular organ and bleeding is a common complication even in individuals with normal blood clotting. As a result, it is necessary to ensure patients who have a greater propensity to bleed, such as those with haemophilia, are provided with the requisite factor replacement therapy so that their clotting function is normalised. Therefore, it was routine management in all haemophilia cohorts to ensure replacement clotting factor was given prior to and following liver biopsy and we followed this practice in accordance with our standard unit protocol at that time. Patients were kept in hospital overnight for close observation and discharged the following day after a further dose of Factor administration provided there was no evidence of bleeding from the biopsy site. Factor treatment was continued at home for two further days to ensure sustained normal blood clotting whilst liver tissue underwent repair at the site of the biopsy. We performed dozens of liver biopsies on my haemophilia A and B cohort using this management regimen and to my recollection the witness was unfortunately the only individual to have suffered a bleed following a biopsy requiring readmission. This was unlikely to be due to inadequate clotting factor replacement as his circulating factor VIII levels would have been sufficient to prevent haemophilia related bleeding. Post liver biopsy bleeding is a recognised side effect of the procedure even in patients with normal blood coagulation. For instance, it may occur due to accidental injury to a liver blood vessel and I suspect that unfortunately this was the case in this patient.

Section 3 : Other Issues

7.

N/A

Statement of Truth

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

Signed _____GRO-C_____

Dated _____9/7/2020_____