

Witness Name: Dr Jonathan Wilde

Statement No.: WITN3086010

Exhibits: None

Dated: 9 July 2020

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF JONATHAN WILDE

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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 **W3214** in **witness statement WITN3214001**

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** 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 W3214 in statement number: WITN3214001**

I shall deal with each in turn.

**Paragraphs 8- 9 and 24:**

5. Without access to the medical records, it is difficult to respond fully. What I can say is the witness was invited to attend the newly established joint haematology / hepatology HCV assessment clinic in 1994. The letter exhibited at WITN3214004 is the letter sent by me to invite this patient to the clinic. It is dated 8 April 1994. The reason she was invited to attend was that we were undertaking a review of all our patients who had received coagulation factor concentrate with a view to checking their HCV status and determining the degree of chronic liver inflammation in those with active infection. Without viewing the medical records, I am unable to state with certainty, but it appears her first HCV antibody test was performed in 1992 by one of my predecessors before I took up my post. In addition it appears that she had not been informed of the result of this testing. As she did not have a 'severe' form of haemophilia she would not have been on regular follow up in the bleeding disorders clinic so it is likely I would not have had the opportunity to discuss

the test result with her. Therefore at the time she was sent the new clinic invite letter I did not know whether or not she had been informed of her test result as I was unaware of the circumstances of her initial testing and counselling.

**Paragraph 9:**

6. Without access to the medical records it is difficult to say but it appears that at the time of her HCV joint clinic appointment the clinical assessment undertaken initially suggested that she did not have significant HCV related liver damage. She subsequently took up the offer of a liver biopsy which confirmed this on histological assessment. Her liver 'inflammation' score was only 3 out of 13 and under our criteria at that time meant that she was not considered to require HCV eradication therapy. By 1997 having learned more about the possibility of progression of HCV liver damage in all patients it was decided that all such infected patients should be offered dual eradication therapy. She was therefore offered this and the treatment was successful.

**Paragraphs 10-11 inclusive:**

7. The counselling and advice with regard to HCV infection would have been provided by haemophilia and hepatology unit doctors and nursing staff. I am unable to comment on why the witness was not given specific information with regard to modes of transmission of HCV. I apologise that this information had not been given to her.

**Paragraph 22:**

8. In 2004, the UKHCDO (UK Haemophilia Doctors Organisation) requested that we inform all bleeding disorder patients of their vCJD 'at risk' status. At that time, our unit policy was to notify patients immediately, both by personal letter and a letter to their GP, avoiding anxious waits until their next clinic appointment to inform them of their at risk status in person. This meant that all patients were informed of their at risk status as soon as this was known so

that appropriate health measures relating to dental and surgical instruments could be implemented where necessary. The witness has produced the letter sent to her GP (WITN3214007). It is very likely that her personal letter was generated at the time as the letter to her GP but I have no explanation as to why she never came into possession of it.

**Section 3 : Other Issues**

N/A

**Statement of Truth**

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

Signed \_\_\_\_\_

GRO-C: J Wilde

Dated \_\_\_\_\_ 9/7/2020 \_\_\_\_\_