

Witness Name: Christopher Ludlam
Statement No.: WITN3428041
Exhibits: WITN3428042
Dated: 24 November 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHRISTOPHER LUDLAM

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 June 2019. This particular statement is provided in response to the criticisms in the statements of witness W2286 signed on 1 March 2019.

I, Christopher Ludlam, will say as follows: -

Section 1: Introduction

- 1) My full name is Christopher A Ludlam. My date of birth is [GRO-C] 1946. My address is known to the Inquiry. My professional qualifications are B.Sc, M.B.,Ch.B, MRCP, MRCPPath, Ph.D, FRCP, FRCPPath.
- 2) I have set out the positions I have held as a haematologist in the curriculum vitae held by the Inquiry (WITN3428002)
- 3) All past and present memberships of committees and groups relevant to the Inquiry's Terms of Reference are set out in my curriculum vitae (WITN3428002).

Section 2: Responses to criticism of W2286

1. Ms Wright states in paragraphs 11 and 14 of her statement that I led her and her husband Mr Wright to believe his hepatitis would "eventually disappear".

- 4) So far as I recall Mr Wright attended the Royal Infirmary clinic alone for his follow up appointments after being discharged in 1986. Ms Wright would therefore have learned from Mr Wright what was said and discussed. My recollection is that after his discharge he developed symptoms of nausea and malaise when the hepatitis became apparent biochemically but these symptoms settled as did the liver test abnormalities. I certainly did not intentionally give the impression to Mr Wright that the hepatitis might not have long term consequences.
- 5) Before Mr Wright went to live in Manchester his hepatitis had been regularly followed at out-patient clinics in Edinburgh and I do not recall being asked by Mr Wright about the prognosis. Had he inquired I am likely to have said that it was uncertain but that his hepatitis could become persistent and in the long term might give rise to serious difficulties

2. Ms Wright in paragraph 12 states that I had never warned her or Mr Wright of the risk of transmission by sexual intercourse or other modes of transmission of hepatitis and that she only learned about it in Manchester.

- 6) Non-a non-B hepatitis had been a feature of haemophilia for many years. It was not generally believed to be sexually transmissible and therefore there was no general recommendation to use condoms. There was contemporaneous evidence that non-A non-B hepatitis was not sexually transmitted (Bamber et al, 1983 Gut 24, 561) (WITN3428042). There was no general recommendation that people with haemophilia and non-A non-B hepatitis should use condoms or take care not to share toothbrushes or razors. In 1985 condoms were being recommended to people with haemophilia primarily to reduce the risk of HIV transmission.

3. Ms Wright in paragraph 14 states 'I think Dr Ludlam was scared of criticism about the issues (for non-A non-B hepatitis) and played down the implications'.

- 7) I was not "scared" of criticism. As I have set out in my response to Mr Wright's evidence, I was sorry Mr Wright went on to develop Hepatitis C from a transfusion given to him without him having had the full information. Although I believe he was likely to have had the same treatment had I been involved, I would have approached the situation differently.

Statement of Truth

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

Signed GRO-C

Dated 24/4/20

Table of Exhibits:

Date	Notes/ Description	Exhibit number
1983	Bamber et al, 1983 Gut 24, 561	WITN3428042