

Response of Prof Christopher Ludlam to Paragraph 7 of witness W2674's statement dated 20th December 2018

In paragraph 7 the witness refers to a *'list of haemophilia patients who had Hepatitis B and non-A non-B hepatitis kept in a drawer in the consultant haematologist's office, and when the blood samples arrived in the lab we would check the list and mark the samples for special handling if the patients name was on that list'*. She states that *'[in] my time in the department my husband's name was not on that list. He was unaware that a list existed. To my knowledge none of the patients on that list were aware that they had hepatitis'* and she was *'not aware of anyone (else) in hospital telling people at that point that they had non-A non-B hepatitis'*.

Response

The witness worked as a *'lab technician in the haematology department of Edinburgh Royal Infirmary from 1973 to 1975'* (paragraph 1 of her statement).

Although at this time I was working in the Royal Infirmary ward where those with haemophilia were managed, I was not working in the haematology laboratory which was at some physical distance from the ward. I have no recollection of ever knowing of a list of patients with hepatitis. Had there been a list, and had I been aware of it, I think I would remember. My predecessor Dr Davies had a keen concern about the development of hepatitis in those with haemophilia and encouraged his colleagues to assess and report on it [1-3]. If a list of patients did exist I suspect it may have only been those known to have active hepatitis B infection, as specific tests had been established to do this in the early 1970s, and active hepatitis B from some patients' blood was very infectious. Blood from such identified patients was, therefore, specifically handled under extra secure safety arrangements to reduce the risk of accidentally infecting a member of laboratory staff. I do not recall in the mid-1970s whether the blood of patients with non-A non-B hepatitis was handled in the laboratory different from other general hospital patients, as indicated earlier I was not working in the laboratory at this time, but I consider it was not probably handled differently. At this time non-A non-B hepatitis was not considered to pose the same risk to laboratory staff as active hepatitis B infection.

The witness does not recall her husband's name being on this list. He almost certainly had non-A non-B hepatitis, but I do not recall him being infectious for hepatitis B and therefore I suspect this was the reason that he was not on the list if it existed.

The witness is not aware of *'anyone (else) in the hospital telling people on the list ... that they had non-A non-B hepatitis'*. As indicated above I consider it likely that the list (if it existed) was only of those who were actively infected with active hepatitis B and probably not non-A non-B hepatitis. The witness worked in the laboratory and it is not apparent that she was in a position to know everything that had been explained to patients in the ward or when they attended the clinics.

1. Burrell, C.J., et al., *Antibody to hepatitis B antigen in haemophiliacs and their household contacts*. J Clin Pathol, 1974. **27**(4): p. 323-5.
2. Ramsay, D.M. and K.K. Khoo, *A five-year study of a haemophilia reference centre*. J Clin Pathol, 1975. **28**(9): p. 696-700.
3. Stirling, M.L., G.J. Beckett, and I.W. Percy-Robb, *Liver function in Edinburgh haemophiliacs: a five-year follow-up*. J Clin Pathol, 1981. **34**(1): p. 17-20.

Statement of Truth

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

Signed

GRO-C

Dated 17 March 2022