SNBTS DOCUMENT REQUEST No:

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C3 Witness Statement (HIV AIDS)

Updated Version: 21 October 2010

Schedule
Issue in respect of which a statement is sought

AIDS/HIV

The use of commercial products in Scotland, including the continuation of such use after:

(a) international realisation that these carried a risk of AIDS:
(b) the proposal by Dr Galbraith of the Public Health Laboratory Service in May 1983 that use in the UK should be stopped; and
(c) significant progress towards self sufficiency in the manufacture of blood products by the NHS in Scotland had been made.

Sections of Preliminary Report which may assist when preparing statement

Chapter 8 HIV and AIDS

Matter to be included in the statement

Snapshots and Landmarks

1. The first point at which the topic can really be focussed is at the beginning of the 1983, when there was a meeting at St Andrews House of the directors of SNBTS and the Haemophilia directors (see para 8.17 of Preliminary Report and copy minutes attached). By this point in relation to increasing awareness of AIDS there are three specific reference in the Preliminary Report.

i) The MMWR of 16 July 1982 in which an editorial note commented in relation to 3 cases of AIDS in heterosexual haemophiliac patients (see para 8.12 and copy articled attached)

"the occurrence among the three haemophiliac cases suggests the possible transmission of an agent though blood products...."

ii) the reference to these cases at the congress in Budapest in August 1982, which Dr Foster attended. He subsequently prepared a report which we do not have in full (see para 8.14)

the meeting of UK Haemophilia Centre Directors (UKHCDO) in Manchester on 13 September 1982 at which the condition was mentioned along with a reference to the possibility of involvement of commercial blood products (see para 8.16)

In the minutes of the joint meeting on 21 January 1983 is recorded the following passage:

> "6 (a) Acquired Immune Deficiency Syndrome (AIDS) Dr Cash drew members attention to recent articles in the united States and also in the Observer and the Lancet about this problem. An MMWR extract (CDC, Atlanta) had been circulated with his paper. Dr Ludlam informed members that in the UK a letter and questionnaire had been sent out to haemophilia directors"

In relation to the continuing use of commercial products the previous joint meeting of the Directors of SNBTS and the Haemophilia Directors on 30 January 1981 (copy of minutes attached) had discussed the use of commercial products. There had been reference to a Council of Europe recommendation that member states should be self- sufficient.

Page 5 of the minutes of the meeting of UKHCDO on 13 September 1982 refers to an "encouraging rise" in the amount of NHS factor used in the figures for 1981 but there had been no change in commercial use.

There was continuing use of commercial products in Scotland in the face of approaching self-sufficiency (achieved in 1983 – see attached copy of memo of 18 November 19830 By the beginning of 1983 was there any recognition that the arrival re-assessment of the risks/benefits associated with the use of commercial rather than NHS Product? Why was there no discussion about the possible connection between AIDS and commercial blood products?

(1. These are questions which are best directed toward the prescribing physicians in the early 1980s.

(2. However, as I recall, the first public warning in the UK concerning the potential dangers of commercial concentrates came from the SNBTS (BMJ 24 January 1976 page 221). I quote: 'There is no doubt that the import into the UK of factor VIII concentrates derived from external sources, however well screened for viruses, represents an unequivocal pathway by which the level of a potentially lethal virus into the whole community is being deliberately increased. Thereafter, further and similar SNBTS exhortations emerged (Lancet 4 June 1988 page 1270; BMJ 6 April 1991 page 849; BMJ 22 June 1991 page 1538). But it should be noted that, Forbes and Lowe (two SHS prescribing physicians) 6 years later concluded that whilst their studies suggested an increased risk from commercial factor VIII compared to NHS factor VIII, no firm conclusion could be drawn until prospective studies had been carried out (Proceedings of International Symposium on Unresolved Problems in Haemophilia 1982 page 5-14).

(3. I believe it may be relevant to emphasise that it was myself, on behalf of the SNBTS Directors, who ensured that the topic of HIV/AIDS was discussed at the joint meeting with the SHS HCDs on 21 January 1983. I'm quite certain that the Minute note of this item (6a) does not reflect the extent of the discussions which took place nor the sense of dark foreboding, which was further expressed in June 1983 at the SNBTS factor VIII safety sub-committee.

(4. It should also be added that this dark foreboding in January 1983 must have been shared by the UK HC clinical teams. Members of the UK HCDO met to discuss the topic of AIDS - on 13 May 1983 but concluded that, in terms of risk/benefit, the benefit of commercial concentrates outweighed the risks. It is not known to me whether these conclusions were based on quantitative risk management studies. However, there is little doubt that this conclusion, which was widely circulated, was difficult to challenge in England and Wales where almost 60% of the concentrate used was sourced commercially. The same did not apply in Scotland. Here the NHS supplier dominated and it had significant surpluses. It is not known to me whether the SHS HCDs distanced themselves from this UKHCDs decision nor whether SHHD ensured SHS Regional and Hospital Pharmacists were appropriately briefed of the SNBTS surpluses.)

(5. It was the SNBTS Directors who first (1981) initiated concern at the amount of commercial factor VIII being purchased in Scotland (see joint meeting Minutes item 3c). This was re-iterated at the joint meeting in 1983 (see Minute item 4a)

(6. During the preparation for the joint meeting on 13 January 1983 I had asked Dr AE Bell (the meeting Chairman) whether the CMO (Scotland) might be prepared to issue a letter to Health Boards, prescribing physicians and patient interest groups, drawing attention to the increased risk of virus infections in patients receiving commercial plasma products and advising that whenever possible the safer SNBTS products should be preferred. I should add that I don't take much credit for generating this proposal; it emerged as a consequence of my contact with European colleagues who were advising their governments in a consultation process by the Council of Europe Committee of Ministers on the prevention of the possible transmission of AIDS from affected blood donors to patients receiving blood or blood products. Dr Bell requested my proposal was not included in the meeting briefing paper, but advised he would discuss it with the CMO (Dr John Reid).

(7. By the time the meeting took place on 13 January 1983 Dr Bell had not yet spoken to the CMO but during the meeting he commented thus: 'The

Chairman stressed that .....in terms of national policy the purchase of commercial products should be avoided so far as possible' (Minute 4(a))

(8. Some weeks later Dr Bell advised me that he had spoken to the CMO and my proposal did not enjoy the CMO's support.)

(9. In the early summer of 1983 I put my proposal to the CMO in his office. By that time I was able to remind the CMO that the Council of Europe Committee of Ministers had adopted recommendations (No. R (83) 8) which included a recommendation of governments to ' inform attending physicians and selected recipients, such as haemophiliacs, of the potential hazards of haemotherapy and the possibilities of minimising these risks.' Dr Reid advised that my proposal would not enjoy the support of DHSS and was therefore unacceptable to him and his administrative colleagues. I have to confess this was one of the darkest days of my tenure as NMD and contributed greatly to subsequent events, which included my resignation as SHHD Adviser in blood transfusion. There followed a number of acrimonious and distressing exchanges on this topic which went on until 5 September 1987 on the occasion of the Annual Scientific Meeting of the British Blood Transfusion Society meeting in Stirling.

2. The further developments which had taken place since the meeting of 21 January (all referred to in the preliminary report0 included:

i) the meeting at Heathrow Airport on 24 January 1983 at which there was discussion of AIDS (see para 8.18 and 8.19). By this time there were said to have been 10 cases in patients with haemophilia in the USA.

ii) the article in the New Scientist in February 1983 again linking AIDS and blood products (see para 8.20 and copy article attached)

iii) articles in the Lancet of 29 January (see para 8.21) and 2 April 1983 (see para 8.23 and copy articles attached)

(iv) the UKHCDO meeting of 13 May 1983 at which it was in effect recognised that some restriction of the use of concentrates was warranted (see para 8.26). It is noteworthy that there appears to have been no Scottish representation at this meeting Glasgow and Edinburgh were supposedly reference centres by this time – should they not have been invited? Was there in fact reluctance to involve them (see comments in letter dated 8 August 1985 referred to in paragraph 8.36, footnote 55 regarding their status)?

(This question would best be directed to representatives of the Scottish Haemophilia Centre Directors. However, I do recall that an issue arose as to

whether the SHS Haemophilia Centres qualified for membership of the UKHCDO. I remember that after communications between SHHD and DHSS, Edinburgh and Glasgow only were admitted (see Minute item 3 of joint SNBTS HC Directors' meeting 21 January 1983)

(v) The meeting of the SNBTS co-ordinating group on 24 May 1983 at which precautionary steps were again discussed (see Para 8.28)

(vi) Dr Galbraith of the Public Health Laboratory Service specifically recommended on 9 May 1983 that blood products from the USA should cease to be used (see para 8.24). In his letter to the DHSS he said:

"I have reviewed the literature and come to the conclusion that all blood products made from blood donated in the USA after 1978 should be withdrawn from use until the risk of AIDS transmission by these products had been clarified. Appended is a paper in which I set our my reasons for making this Proposal"

There must have been knowledge in Scotland of this recommendation from Dr Galbraith. It was referred to at the English Directors meeting of 18 May 1983, which was attended by Dr Ruthven Mitchell. He prepared a note of the meeting (see copy attached) which must have been circulated within SNBTS. Presumably it was sent to Dr Cash whose apologies were tendered at the meeting? Moreover Dr Gunson attended the next Scottish Directors meeting on the 14 June (see para8.33) and must have known of the proposal, albeit he had not been present at the English meeting. Was there ever any thinking along these lines in Scotland?

There were meeting of the directors on 14 June and the Factor VIII Safety subcommittee on 15 June (see para 8.34). AIDS was discussed at both in terms which imply an acceptance that a blood borne infectious agent was involved. Was there any recognition that cessation of use of products from the USA would eliminate the risk from that source? If not, why not?

(1) (I regret I am unable to recall whether we discussed Dr Galbraith's proposal (contained in a letter to DHSS, dated 9 May 1983) to ban the importation of all commercial factor concentrates from the USA. I have been advised that there is no evidence available (from records of SNBTS Directors' Meetings) which demonstrates that either I and/or the SNBTS Directors were ever briefed by either Dr Gunson or SHHD officials on Dr Galbraith's proposals. Dr Mitchell's note (see SNB.001.3500). makes no mention of Dr Galbraith or the impending deliberations of the CSM subcommittee.

(2) **Of no less relevant is to note that the SNBTS had no involvement in any part of the purchasing process for commercial products for the two big centres**

(Glasgow and Edinburgh). Moreover, where it did (Aberdeen, Dundee and Inverness) product choices were strictly left to the prescribing physicians.

(3) **It is not known to me whether DHSS officials, despite the fact that Dr Galbraith's proposals had yet to be discussed by the CSM, had briefed the Chairman and Secretary of the UK HCDO on these proposals and had agreed a line to take in advance of the UKHCDOs meeting on 13 May .1983. What I think is certain are that for very pragmatic supply reasons the English HCDs would have been hostile to Dr Galbraith's proposal and that this would have found strong support from the DHSS).**

(vii) on 24 June Professor Bloom and Dr Rizza wrote to Dr Ludlam with recommendation (see para 8.36). in essence these prioritised the protection of mildly affect haemophiliacs and children. Did Dr Ludlam disseminate this advice round the haemophilia centres in Scotland? Was there any gathering of Scottish haemophilia clinicians to discuss the situation? Was there any different advice issued in Scotland? What specifically was the practice in relation to the treatment of children in Scotland? Is it the case that large amounts of commercial concentrate were used at Yorkhill?

In retrospect it is probably the case that the risk of infection correlated with the amount of concentrate received. Was any attempt made to formulate strategies for reducing the amount of concentrate particularly commercial concentrate, used by moderately or severely affected haemophiliacs? What use was made in Scotland of DDVAP?

(1 **I regret I am unable to respond to most of these questions and would suggest they are directed to Professor Ludlam and those fellow SHS haemophilia centre directors who are still alive.**

(2 **I do recall, as you are aware, that the Yorkhill Haemophilia Centre Director preferred commercial factor concentrates to the PFC/NHS product. I do not recall the Director of this Centre ever being challenged but am fairly certain that when he was replaced his successor immediately transferred to PFC/NHS products. It is my understanding that Dr Aileen Keel, currently deputy CMO in the Department of Health, Scotland, worked in the Yorkhill haemophilia centre at this time and may be able to provide some explanation on their product selection policy thinking.**

(3 **Lest I get no another opportunity; I should advise that the seminal studies which led to the introduction of DDAVP in the management of mild and moderate haemophila A patients, worldwide, were made by an SNBTS research team. A subsequent claim that these were made in Milan is false! Should Lord Penrose wish to challenge this then copies of relevant correspondence between the SNBTS and Milan Teams can be made available. It might also be noted that because of SNBTS efforts (and others) the UK was the first country in the world (by several years) to**

license DDAVP for haemophilia A treatment. A license was obtained in the UK in 1978 and as a consequence we believe may have made significant contributions to reducing the exposure of moderate and mild haemophilia A patients to HIV and HCV in the UK. It is interest to note that DDAVP was not licensed in the USA until 1984 and in Germany until 1998).

(viii) Which Scottish haemophilia clinicians attended the WFH & ISTH meeting in Karolinska between 27 and 29 June 1983 (see para 8.37)? Was Dr Foster's report of the meeting distributed beyond PFC?

(I have no knowledge of the answers to both these questions and suggest Drs Ludlam and Foster may be able to help)

(ix)Dr Galbraiths paper was discussed at the Biologicals sub-committee of the Committee on the Safety of Medicines in London on 13 July 1983 (see para 8.41). Was there any Scottish representation at this meeting? Were its proceedings notified to anyone in Scotland?

(1. I regret that your reference (DHF.002.8865) is redacted. Clearly a complete non-redacted copy of this Minute is required to answer the first and important question posed. The wider issue of redaction needs to be challenged.

(2. I have no knowledge that the proceedings of this meeting were conveyed to SHHD. No doubt this can be clarified by communication with DOH (Scotland) and/or the acquisition of a non redacted copy of the Minutes.

3. In the second half of 1983 there was the first WHO Europe conference on AIDS, entitled "AIDS in Europe Status Quo 1983" in Aarhus, Denmark between 19 and 21 October (see para 8.57 and copy note of meeting). There was also a meeting of UK Haemophilia Centre Directors (UKHCDO) in Manchester on 17 October 1983 (see para 8.61) and the Who Conference in Geneva 22-25 November 1983 (see para 8.65)

(i) who attended the Aarhus conference from Scotland?

(I regret I have no knowledge of who attended the meeting in Aarhus, nor the WHO Geneva Conference in 1983.)

(ii) was information from the Geneva conference in 1983 disseminated beyond SNBTS?

(I regret I have no recollection of whether the information from the meeting in Geneva was disseminated within or beyond the SNBTS)

(iii)In relation to the UKHCDO meeting and various communications from or relating to the Haemophilia Society around this time the emphasis appears to have been strongly on maintaining the use of commercial concentrates. Is this an accurate impression? Did haemophilia clinicians from Scotland agree that patients should not be encouraged to revert to cryoprecipitate for home therapy?

(1. May I suggest these questions will be best answered by the SHS clinicians involved?

(2. That said I'm reminded that the Directors of the Haemophilia Centres in Aberdeen, Dundee and Inverness had no locus in these UK deliberations and it was not known to me how well they were consulted/briefed by their colleagues in Glasgow and Edinburgh and how well they were kept up to date with the outcomes of the deliberations of the UKHCDOs meetings

(3. (As far as I can recall the SHS Haemophilia Centre Directors were not in favour of the SNBTS developing a major programme directed towards freeze dried cryoprecipitate production –though this was on offer and was discussed)

(iv) Did haemophilia clinicians in Scotland follow the advice from the Geneva conference to avoid non-essential use of blood or blood products?

(I have no knowledge to answer this question and suggest it be directed to those leading the clinical teams at that time.)

(v) More generally was there an awareness of Scottish patients with AIDS? We are aware of a comment from an unnamed GU specialist to the effect that in 1983 patients were arriving in his/her clinic with symptoms of AIDS (copy of part of thesis by Bennett/Pettigrew attached). From the BMJ article dated 11 February 1984 it appears that the fist Scottish AIDS death was December 1982 (copy of article attached).

(I regret I am not competent to answer this question and am uncertain where to direct you for appropriate information.)

4. By the early part of 1984 there appears to have been caution in Scotland in relation to the use of commercial products from abroad. But "small amounts" of commercial products were still purchased. Why was this necessary? We also

need to ascertain what happened in practice re the use of heated concentrates in Scotland in 1984. When were physicians able to begin using heat treated commercial concentrate?

(1.) (I would suggest these questions are also directed to the relevant clinicians.)

(2) (From an SNBTS perspective there appeared, at this time, to be a major concern throughout UK Haemophilia Centres that, despite all the political exhortations supporting clinical freedom, at some time in the future the Heamophilia Centre Directors might be forced by government to rely exclusively on NHS products. For those clinicians who had practiced in the early 1970s this perceived threat was a cause of considerable concern. NHS products were viewed by many HCDs as intrinsically unreliable, both in terms of supply and quality of product. Moreover, unlike their commercial counterparts, NHS products were manufactured under the aegis of Crown Immunity which was viewed in some clinical quarters as an opportunity for inferior manufacturing practices.)

(4) (Hence, I believed that even in Scotland, there was a view that it was unwise, to rely too heavily on an NHS supply monopoly but rather to retain some sort of the market place

(5) .(I had reason to believe this view (floreat res market place) enjoyed the support of the some Health Board officials in Edinburgh and Glasgow and officials in SHHD, notably the Chief Pharmaceutical Officer (Dr Graham Calder). It follows that the notion that the continued importation in to Scotland of commercial coagulation factor concentrates in the early 1980s was solely promoted by the SHS Haemophilia Centre Directors under the guise of clinical freedom is, in my view, simplistic and misleading. It was part of what was viewed as an emerging government inspired NHS market place culture.)

(6) (As I recall, all physicians in Scotland were able to prescribe the first available heat treated concentrates from PFC soon after 10 December 1984. It should be emphasised that whilst PFC may have been a little behind BPL in developing the heat treatment process programme, because the strength of the SNBTS plasma procurement programme was so great, access for all patients in Scotland to heat treated products preceded by many months those in England and Wales. Moreover, as far I can recall, such was the strength of our stock position that the total conversion to the use of heat treated products was achieved throughout Scotland within 24 hours of the first issues.)

(7) Information on the first use of heat treated commercial concentrates in Scotland is not known to me but may be available from Health Boards.

However, we should note that some of the first commercial heat treated products were shown to transmit HIV (further information on this can be made available from Dr Peter Foster (SNBTS).)

(8) **The race to provide patients with heat treated products revealed to SNBTS managers the impact of operating under Crown Immunity. This revelation gave rise to increasing concern as to who had the legal duty of care with regard to the safety of blood and blood products in Scotland. In 1988 SHHD/CLO guidance was requested on this matter.**