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**Preuss, Monika**

**From:** Stupple, Yvonne <Yvonne.Stupple@GRO-C>  
**Sent:** 05 September 2016 14:10  
**To:** Preuss, Monika  
**Subject:** RE: Confidential

Dear Monika

Thank you for your further enquiry I have now written to everybody twice and received absolutely no response. It is obviously with no attribution on top the emails, easier to talk frankly. I think while the individual may have given medial permission, I think it is quite likely that he has been subsequently advised by the people who are actually involved in discussing the case that he could well open himself up to a criminal prosecution for having transmitted HIV infection without telling his partner. I think in terms of the matter as to whether or not she is entitled to compensation, what would be relatively important to show if possible was that she was HIV negative before, that her virus was similar in terms of genotype and lack of resistance and that the man involved did have a detectable viral load and was not on treatment at the time period in question. Mas Chapondra, from Liverpool is an old friend of mine and I will be meeting him fairly shortly in which case I can certainly discuss in general terms whether further information is likely to be available, but I thought I would write to you to explain why I think this information may just not come to very much. With the information that is available on the balance of probabilities the lady was infected by him and so is entitled to compensation. Clearly the back up evidence of this is woefully incomplete and would, I think not stand up in court. Sorry not to be more helpful and I am myself a little doubtful that we are going to get much further in this matter.

Kind regards

Yvonne on behalf of Professor Brian Gazzard

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**From:** Preuss, Monika [<mailto:Monika.Preuss@GRO-C>]  
**Sent:** 26 August 2016 18:46  
**To:** Stupple, Yvonne  
**Subject:** RE: Confidential

Dear Yvonne

I wonder whether Brian has had any more luck? As I understand it, the main issue would be to establish that the primary infectee and the infected intimate have the same "type" of infection (ie serotype etc) and perhaps we can't go further than that? Could you check with Brian for me?

Thanks so much and we really appreciate all your work and help on these difficult cases

Monika

Dr Monika Preuss  
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**From:** Stupple, Yvonne [mailto:Yvonne.Stupple@] GRO-C  
**Sent:** 21 July 2016 09:36  
**To:** Preuss, Monika  
**Subject:** RE: Confidential

Dear Monika

Sorry I have been sick for a few days I will bring this to Profs attention as soon as he is in the office.

Best wishes

Yvonne

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**From:** Preuss, Monika [mailto:Monika.Preuss@] GRO-C  
**Sent:** 19 July 2016 13:36  
**To:** Stupple, Yvonne  
**Subject:** RE: Confidential

Hi Yvonne

Apologies to write again, I just wondered whether Brian has had any further information on the case of GRO-A? I also wanted to update Brian on our thinking about how to process applications in future (as we seem to be receiving a number of enquiries from potential claimants). Your advice please – shall I write to Brian directly or shall I put this into an email to you? Whatever works best!

Thanks Yvonne and all the best

Monika

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**From:** Preuss, Monika  
**Sent:** 11 July 2016 11:02  
**To:** 'Stupple, Yvonne'  
**Subject:** RE: Confidential

Dear Yvonne,



Further to the email exchange below, you may remember that Brian had kindly offered to follow up on the application from Ms [GRO-A] formal partner of Mr [GRO-A]. I understand that Brian was in correspondence with clinicians to follow up on this, and I was wondering whether there has been any progress?

Thanks so much!

Monika

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**From:** Preuss, Monika  
**Sent:** 20 May 2016 13:53  
**To:** 'Stupple, Yvonne'  
**Subject:** RE: Confidential

Dear Yvonne

Great, thank you. My thoughts to Brian below.

Dear Brian,

First of all, thank you so much to agreeing to continue to help us with these cases. This is complicated stuff not only because of the scarcity of the information provided (which the new application form hopefully will help with) but also because the schemes are so complicated, the drafting of which were a product of their time and not much thought was given to future-proofing them (for understandable reasons).

To clarify, the legal advice we had on the scheme for non-haemophiliacs (the "Eileen Trust scheme") is that there is no legal time cut-off for applications in any legal sense but of course we can consider applications on the "balance of probability". In the case of [GRO-A] and [GRO-A], your advice is that it's unlikely that the HIV infections came from NHS-provided blood transfusions (1990 and 1998). Given that safety measures were introduced so many years earlier, I would be surprised if that were not accepted. Nevertheless, we're also checking with Pat Hewitt at NHSBT should she be in the position to add even more intelligence to that. If anything surprising turns up, of course I'll let you know.

The eligibility criteria in the scheme for people with haemophilia (the Macfarlane Trust scheme) is a little different. I'm checking with lawyers at the moment just to make sure from a legal standpoint – there are 2 such applications for potential consideration.

Finally, regarding the outstanding case on [GRO-A], very good points - this is clearly very delicate. Should any costs arise in collecting the information, yes absolutely, of course we will cover that.

Thanks so much for your help, I really do appreciate it.

Monika

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**From:** Stupple, Yvonne [mailto:Yvonne.Stupple@GRO-C]

**Sent:** 18 May 2016 16:24

**To:** Preuss, Monika

**Subject:** FW: Confidential

**Importance:** High

Dear Monika

Prof has made a few changes, sorry should have waited before I sent the last copy.

Best wishes

Yvonne

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**From:** Stupple, Yvonne

**Sent:** 18 May 2016 13:54

**To:** 'monika.preuss@GRO-C'

**Subject:** Confidential

**Importance:** High

Dear Monika

Thank you for your further correspondence I am happy to go on helping.

I must say I am a little confused, you did tell me last time we discussed on the phone you had had legal advice that any blood transfusion could be construed as the cause for the transmission and they would be eligible to apply to the MacFarlane Trust. This worried me greatly as it seemed to me would open the flood gates to everybody claiming, and it would be very difficult indeed to know whether there were other more likely sources of such infection. I assume you have had the contrary legal advice now hence the letter and I agree with its content. This will presumably be the same format as the one that will be sent to Mr Ingram.

With regard to the outstanding case this worries me in the sense that Mr GRO-A by potentially laying himself open to a very serious criminal charge that of grievous bodily harm caused by potential transmission of HIV to his partner. It would be important to know whether or not he had been diagnosed at the time he was having sex with his partner according to her he did not disclose the fact that he was HIV positive, following this diagnosis he would have been warned of the risks of sexual transmission. If she did acquire HIV from him then very unusually if he had not had treatment resistance was present and therefore the single most likely state of affairs is that he had stopped therapy, had become resistant but knew that he was HIV positive. This would also have occurred probably at a time when he was on treatment but was not taking it or alternatively was not on treatment but warned very strongly by all in GUM clinics of the important possibility of HIV transmission. Clearly hopefully GRO-A will not be making a complaint but unravelling all these issues may have unseen consequences for Mr GRO-A.

I have written rather cautious letters to the medical groups involved. They may well want money for photocopying notes etc if they cannot give a short reply is there some funding for pay for this?.

Kind regards

Yvonne on behalf of Professor Brian Gazzard

Consultant Physician

HIV/GUM Research & Education Administrator

Tel: GRO-C

Fax:



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