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From the Secretary of State for Health

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I am very sorry that it is taking so much longer than I anticipated to write to you about the issues which we discussed at our meeting on 10 September, namely special payments for haemophiliacs infected with hepatitis C through NHS treatment, and the provision of recombinant Factor VIII. As I explained in my letter of 28 November to Tony Wilson, the issues are complex, and the emergence of concerns relating to new variant CJD have led us to revisit certain aspects of both issues before responding. I am afraid that I can only respond to you on one issue at the moment.

On the matter of the provision of recombinant Factor VIII, you know the Department of Health does not accept that the clinical case has been made for the general use of the recombinant, rather than the plasma-derived product, and that remains the position. I am, however, also very much aware that the haemophilia community's stated preference for recombinant Factor VIII arises not from any particular belief in its clinical benefits over the plasma-derived product, but from the experience of past problems with blood borne infections, specifically HIV and, more recently, hepatitis C.

It is clear from the representations I have received that concern about a new threat from some as yet unknown virus continues to run high, and that the latest developments in relation to nvCJD have fuelled those fears. The Haemophilia Society, amongst others, have highlighted in particular the devastating effect which such anxieties have on haemophilia families with children.

In the light of all that, we have decided that, while the risk of nvCJD transmission is hypothetical, nevertheless the fear of it is clearly very real to such families. We have therefore decided that recombinant Factor VIII should be made available to all children under the age of 16 and new patients. These were, as you know, the priority groups highlighted in the guidelines produced by the UK Haemophilia Centre Directors (UKHCCDO).

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There is one further matter of which you will wish to be aware. In the light of the advice which I received today from the Committee on Safety of Medicines on the hypothetical risk of transmission of nvCJD through blood products I have decided to allow the Bio Products Laboratory to import non-UK plasma to manufacture a range of blood products, including Factor VIII.

I cannot give you an answer yet on the question of a special payments scheme for haemophiliacs infected with hepatitis C through NHS treatment. I realise that this will be disappointing but I will write to you again as soon as possible.

I am copying this letter to the Manor House group.

GRO-C

FRANK DOBSON

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