

# The Infected Blood Inquiry weekly summary

The  
Haemophilia  
Society

## A summary of inquiry hearings: Week of 9 May 2022

Dr Andrzej Rejman worked as a senior medical officer responsible for haematology at the Department of Health (DoH) 1989-1997. He was heavily involved in preparing the DoH's defence against HIV litigation which was eventually settled in 1992. A year earlier, he wrote to colleagues stating: 'I believe that any that are HIV positive would have to agree not to raise hepatitis in

any further litigation'. He said this was not his idea, but one put forward by legal counsel and other advisers that he was passing on. He also objected to the inclusion of the clause that people with HIV got the 'best possible' treatment, arguing this could lead to 'absurd demands' for 'fancy drugs'. Dr Rejman said that by 1989 the DoH was aware of

the serious long-term risks of hepatitis C. Both he and his boss, Dr Hilary Pickles, who worked at DoH from 1982-1994, gave evidence about confidential meetings of the Advisory Committee on the Virological Safety of Blood which took over a year to approve hepatitis C blood screening. It was finally implemented in September 1991.

## Inquiry focus: National Prion Unit

Witness Professor John Collinge set up the UK's first specialist prion unit in 1996 which became a national service. In the early 2000s, it was established that vCJD – a prion disease – could be transmitted through blood and in 2003 the Health Protection Agency wrote to people who'd had a blood transfusion or received blood products from donors who'd developed vCJD, notifying them of the exposure. It said the risk of developing vCJD was low, but Prof Collinge argued the risk for people who'd received whole blood was high. For those who'd had blood products, it was 'substantially lower'. His Prion Research Unit developed a way of decontaminating surgical instruments used on patients at risk of vCJD which reduced the prions on a metal surface by about a millionfold, but it was never adopted by the NHS. His team developed a blood test which diagnosed vCJD, but failed to get funding to carry out a test which could have established the prevalence of vCJD in the UK population.

## Quotes of the week

'As regards hepatitis C virus antibody testing, the case for screening is very strong...if we do not act fairly quickly and cases of post-transfusion hepatitis attributable to HCV arise I think we shall be in a weak position.'

Dr Mortimer, Public Health Laboratory Service, October 1989

'We advised the difficult, if not impossible task of finding a haemophilia centre director untouched by the litigation and who could give independent testimony supportive of the Department's [of Health] case.' Dr Rejman's memo on finding expert witnesses in HIV litigation case. August 1989.

'My general view was Crown Immunity was an excuse for poor practices and had to go..' Dr Pickles

'The committee's view is that with the existence of the current test procedures, to continue a policy of not screening poses an unacceptable risk to the health of recipients of blood and plasma.' Dr Metters, chair of the Advisory Committee for the Virological Safety of Blood, December 1990.