THE PENROSE INQUIRY

Bulletin 3 – July 2011

MESSAGE FROM LORD PENROSE

I am pleased to advise that we have now completed three blocks of hearings since the start of the public sessions in March. We have covered a number of the topics for investigation, as detailed below. The transcripts of the hearings are available on the website.

45 witnesses have given oral evidence to the Inquiry during 40 days of hearings. I am particularly grateful to those patients and relatives who gave evidence in closed sessions.

The hearings focusing on the remaining topics for investigation will commence on 6 September and are expected to run until 16 December 2011. Further details will be provided on the Inquiry website in due course.

The Right Honourable Lord Penrose

PROGRESS OF THE INQUIRY

The following topics have been covered during the hearings that have taken place between March and June:

PART A

The deaths of Reverend David Black, Mrs Eileen O'Hara, Alexander Black Laing and Victor Tamburrini, with particular reference to the circumstances in which they became infected with the Hepatitis C virus, HIV or both.

PART B

B1) The efforts made to discourage 'higher risk' donors from giving blood (by the dissemination of information, including leaflets); whether these efforts went far enough and began early enough.

B2) The use of ***blood product concentrates* in Scotland, *including any perceived disadvantages of such products, from their introduction in or around 1974;*** the continuation of ***the use of commercial concentrates in particular*** after:

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

B5A) The information given to patients (or their parents) about the risk of AIDS before their treatment with blood or blood products;

B5B) the tracing and testing of patients who might have been exposed to the virus through their treatment with blood or blood products; and

B5C) the information given to patients who might have been infected, or who were found to be infected, and their families

B5D) ***in particular, the circumstances in which those patients known collectively as the Edinburgh Cohort became infected with HIV, the testing of such patients for HIV and the information given to them about their infection.***

B6) The effects of infection with HIV, including the effects of treatment on patients and their families.

PART C

C1) The acceptance of blood from 'higher risk' donors, in particular:

C1A) prisoners; and

C1B) donors who had a history of jaundice, and who were negative for Hepatitis B when the existence of Non-A Non-B Hepatitis was known and its presence could not be excluded.

The following topics will be covered in the next session of hearings, which will commence on 6 September 2011:

PART B (CONT)

B3) The implementation of heat treatment against LAV/HTLV-III by the Protein Fractionation Centre in Scotland in December 1984, and the technological background to such implementation, including the history and exploration of methods of heat inactivation by the Scottish National Blood Transfusion Service.

B4) The decision not to use kits from the United States of America for testing donated blood for the virus as soon as they became available but, instead, to follow a process of evaluation of the kits before any such use.

PART C (CONT)

C2) The non-introduction in Scotland of surrogate testing for Non-A Non-B Hepatitis.

C3) The implementation of heat treatment sufficient to inactivate Hepatitis C in blood products by the Protein Fractionation Centre in Scotland in 1987, and the technological background to such implementation, including the achievement of this objective by the National Blood Transfusion Service in England and Wales in 1985.

C4) The interval between the availability of tests for the Hepatitis C virus in 1989 and the introduction of screening of donated blood for the virus in the United Kingdom in September 1991.

C5A) The information given to patients (or their parents) about the risk of Non- A Non-B Hepatitis ***and the severity of the condition*** before their treatment with blood or blood products;

C5B) the tracing and testing of patients who might have been exposed to the virus through their treatment with blood or blood products; and

C5C) the information given to patients who might have been infected, or who were found to be infected, and their families.

C6) The effects of infection with Hepatitis C, including the effects of treatment on patients and their families.

VENUE

The venue for the Oral Hearings is the Clydesdale Bank Plaza, 50 Lothian Road, Edinburgh, EH3 9BY.

Hearing days usually commence at 9.30am and typically finish at 4pm, but there can be variation due to the time required for individual witnesses. Members of the public are welcome to come and go at their own discretion. There is no requirement to stay for any particular length of time.

Please note that some sessions are closed to the public, to protect the anonymity of witnesses. Details of sessions open to the public will be given on the website in due course.

Further details can be found on the Inquiry website: www.penroseinquiry.org.uk

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