

## **Methodology for provision of data on HIV infection from Aberdeen haemophilia centre.**

Data were requested from the UKHCDO database on all patients who were known ever to be HIV positive and who had been treated in Aberdeen Haemophilia Centre. The source of infection for these patients was not necessarily known and the patients could have become infected within or outside Scotland.

What was received included the details of the patients ID number date of birth, severity of haemophilia and date of first known positive HIV test as recorded by the UKHCDO database based on annual returns and other data submitted by centres relating to HIV infection. The database also provided details of the treatments received by each patient in each calendar year.

Patients who had received any treatment with factor VIII or IX or cryoprecipitate – which could potentially have been the source of HIV infection, in the period before their first positive HIV test were considered at risk of having been infected in Aberdeen Centre.

Patients who had only been treated in the Aberdeen Centre or who had received minimal treatment elsewhere were considered to have acquired their HIV infection from treatment received in Aberdeen Haemophilia centre (n=3)

Three patients who had received treatment in Aberdeen that might have been linked to their HIV infection were known to be considered infected in Edinburgh and to be included in their data by the Edinburgh Centre (n=3)

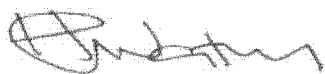
Patients who had received treatment in the Aberdeen Centre which could have been responsible for their HIV infection but had received extensive other treatment with concentrates at other centres which were more likely to have caused their HIV infection were considered as unlikely to have been infected as a result of treatment in Aberdeen (n=5). Among these patients A4 is a man who had severe haemophilia A and had been treated extensively in the USA prior to arriving in Aberdeen. It was felt most likely therefore that he was HIV infected before arriving here. However, it is worth noting that he may have received concentrate from one of the batches of concentrate implicated in the infection of some of the Edinburgh cohort in that he was provided with the concentrate but there is no record of whether he used it or returned it to the centre unused. Therefore he is classified as possibly infected in Scotland although on the balance of probabilities this is not the case.

Patients who upon review could not have received treatment in Aberdeen which contributed to their HIV infection were considered definitely not to have been infected as a result of treatment received in the Aberdeen Centre (n=5)

These data were passed on to the HPA who added details on the status of the patients (alive or dead) and recorded causes of death. Based on these ICD codes we determined whether deaths were likely to be directly due to AIDS or not.

There were no accurate data relating to HIV infection in the partners of infected patients.

These data were discussed with Dr Audrey Dawson and Sister Joan Rae who unlike the author were staff members during the time period under consideration.



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