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Our Ref: AFP/FKM

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Ms Tracy Turnbull
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Dear Ms Turnbull

Re: The Penrose Inquiry, Dr Anna Pettigrew, Topic B5

I refer to the Inquiry's letter of 31 March 2011 and now provide my written responses to the questions posed in relation to Topic B5.

Topic B5:

- a) A number of patients were established on home therapy treatment with factor 8 concentrate before I started working at Yorkhill Hospital and before the risk of AIDS being transmitted through blood and blood products had been confirmed. During the period where there was increasing concern that a transmissible infectious agent was present in blood and blood products (1982/83) we would advise parents of this concern but at that time there was no definite proof.

I cannot recall giving initial counselling to parents of newly diagnosed haemophiliacs.

The parents had been encouraged to join the Haemophilia Society (leaflets were given and were available in the Day Bed area) and the Haemophilia Society also sent regular AIDS bulletin updates to members.

- b) As answered in my statements in Topic B2, question 12 – When a test for the HTLV3 virus became available, initial testing was carried out retrospectively by Dr Follett of the Regional Virology Laboratory on stored serum samples. I do not know who initiated this testing but subsequently both positive and negative patients were retested to confirm results.

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- c) Parents of those children who tested positive were informed as soon as possible, either opportunistically when they attended the Day Bed area or at the Haemophilia Clinic. The information given to parents was based on the state of knowledge at the time. They were informed of the positive result and that, although the reliability of the test had not been fully assessed, it indicated that the child had been infected by the virus thought to be associated with the development of AIDS. At that time the natural history of the disease was not known and therefore we were unable to advise them as to whether all patients found to be positive for the virus would develop AIDS and, for those patients that did develop AIDS, we did not know the length of time between being found to be positive for the virus and the development of AIDS. We advised parents that the evidence indicated that the virus was transmitted through blood and blood products and sexual intercourse. There was no evidence of it being acquired through household contacts but we reinforced the advice previously given regarding prevention of infection such as hepatitis B in household contacts.

We advised parents that we would refer the children to the Infectious Disease Unit, at that time based at Ruchill Hospital, for continued monitoring.

Topic B5: Further Questions 1&2

As answered in statement B5 (a), and as detailed in Chapter 8 of the preliminary report, during 1983/84 there were concerns that a transmissible infectious agent was present in blood and blood products. Parents would be advised of these concerns but also that, until 1984, there was no definite proof that AIDS was transmitted through blood and blood products, and there were conflicting opinions among the experts regarding the risk of transmitting AIDS through blood and blood products. As answered in statements relating to Topic B2, cryoprecipitate was not practical for home therapy use and, in addition, any policy decision regarding change of treatment would have to be taken by the Haemophilia Centre Director and not by a junior member of staff, such as myself.

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I note the anonymous statement given by one of the parents that she was informed in a corridor that her son was HIV positive and that no additional information had been given to her. I have no recollection of this event and I do not think that I would have responded in that manner in that situation.

Yours sincerely

DR ANNA F PETTIGREW