

From Brian McClelland
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Dear Bob,

[a] ESTIMATE OF NUMBER OF INDIVIDUALS WHO MAY HAVE BEEN INFECTED WITH HCV BY BLOOD COMPONENTS.

Here is a progress report, as promised. I hope that this may meet the present requirements. If further refinement is required, I think we need to be very specific about the information sought, so we can brief an appropriate expert.

Meantime, I attach:

- 1 A summary estimate for Scotland prepared by Dr Kate Soldan, Epidemiologist, PHLS CDSC/ National Blood Service.
- 2 A copy of Dr Soldan's manuscript in which the methods used to develop estimates for England are described in detail. As this is about to be submitted for publication I would be grateful if copies of this could be restricted as far as possible.

The estimates for Scotland were prepared using the same method used for the English estimates, but modifying the model to reflect the data from the Scottish HCV lookback programme and also the higher observed prevalence of HCV in the Scottish donor population.

The estimate of 1612 individuals possibly surviving in 1995 with HCV due to transfusion is certainly an overestimate of the number surviving at 2002 since the median age of the individuals would now be around 80 years or more, and from other studies, one would anticipate a less than normal life expectancy, simply due to the fact that this is by definition a population with underlying conditions severe enough to merit transfusion. An actuarial estimate of survivors at intervals after 1995 could be prepared, but I am not sure how much better this would be than a guess. I think it would be reasonable to use the same assumption we used in the earlier estimate, ie 50% surviving now. This would indicate about 800 individuals possibly still alive with HCV related to transfusion and I suspect will still prove to be an overestimate

You will note that this figure is higher than the "back of an envelope" estimate done in June 2000: the latter did not take account of the data from the Scottish HCV lookback, but merely adjusted the final conclusion from an earlier draft of the paper on estimates for England.

As we discussed briefly this morning, it will be important for SNBTS and also for our legal advisers to note that if the possibility of compensation was to be available to this wider population, there may be a substantial amount of work required to research each case. Furthermore, since SNBTS holds archive samples of donors back to about 1986, there could be issues about the interpretation of HCV tests on stored archive samples, especially negative results. I have alerted the director of our reference lab to this possibility so that he can review the evidence we have on the validity of results on archived samples.

[b] ESTIMATE OF NUMBER OF INDIVIDUALS WHO MAY HAVE BEEN INFECTED WITH HCV BY COAGULATION FACTOR CONCENTRATES

I think we have to assume that that data provided by the UK Haemophilia Directors is likely to be the most accurate estimate available. I am not the right person to comment on the survival estimates published by Darby et al [Lancet 1997;350: 1425].

For specific estimates for these patients in Scotland I would ideally contact Professor Christopher Ludlam who chairs the Scottish haemophilia directors' group. He is on leave till August 8, and I am pursuing Dr Henry Watson in Aberdeen in the hope that he can assist.

Please let me know if [and when] you need any more on this

With kind regards

Yours sincerely

Brian McClelland