WQ.241/2019

WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY I. GARDINER OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 4th JUNE 2019

Question

In view of the Infected Blood Inquiry being undertaken in the United Kingdom, will the Minister advise whether any Jersey patients were affected by infected blood transfusions, either in Jersey or through treatment received in the U.K.; and if so, will the Minister explain how they were affected and what action, if any, has been taken as a result?

Answer

I am constrained in answering this question owing to the need to ensure that no patient identifiable information is disclosed and in light of the very low number of occurrences in Jersey.

Hepatitis C virus remained undiscovered and therefore no diagnostic test had been developed to identify Hepatitis C infection in otherwise healthy blood donors until 1991/1992. Roll-out of routine Hepatitis C testing for Jersey blood donors occurred a few months ahead of roll-out in the UK.

In the UK the majority of patients who became infected with the blood-borne viruses Hepatitis B, Hepatitis C and/or HIV did so between 1965 and 1992. The majority of those patients were infected via elements of donor blood used to treat the often severe bleeding disorder termed Haemophilia.

The situation in Jersey for Haemophilia patients mirrored that of the UK, as the Island shared with the UK the only readily available treatment for serious bleeding in patients with Haemophilia. A minority of batches of treatment were subsequently shown to have been infected. The manufacturer of Haemophilia treatment materials used in Jersey was primarily the UK National Blood Transfusion Service (NBTS) and its associated manufacturing arm called BioProducts Laboratory (BPL). Both NBTS and BPL were covered by Crown Immunity until 31st March 1991, meaning that these organisations were protected from legal proceedings.

Obstacles to Haemophilia patients securing redress in the past included difficulty in establishing which batch of Haemophilia treatment was responsible for infection, out of hundreds or thousands of batches used to treat an individual over 20-plus years, plus the issue that the primary sources of infected material used by both UK and Jersey patients held Crown Immunity at the relevant time.

In these circumstances in 2004 the UK NHS set up a scheme termed The Skipton Fund to provide one-off or recurring payments to patients infected with Hepatitis C. Whether this compensation mechanism was appropriate or sufficient are aspects that the current UK Infected Blood Inquiry will consider.

My Department will of course give careful consideration to the eventual outcome(s) of the continuing UK Public Inquiry.

As to what actions have been taken in Jersey:

a) **Prevention** As a preventative measure the Island made a very significant early investment in Bio-Engineered Factor 8 and Factor 9 concentrates. These materials are not derived from human blood and are therefore regarded as “virus-free”. Jersey patients with Haemophilia A have benefitted from this treatment strategy since 1996 and patients with Haemophilia B from around 1999 – ie as soon as recombinant Factor 9 became available. Universal access to “virus-free” Factor 8 and Factor 9 in Jersey occurred many years ahead of universal availability to UK patients.

b) **Gene therapy** The next advance in Haemophilia is gene therapy, whereby the malfunctioning gene causing Haemophilia is replaced by a functioning one. Over the next 5 years we expect the first Jersey Haemophilia patient to have his underlying Haemophilia cured through Gene Therapy.

c) **Hepatitis B vaccination** Effective vaccination to prevent Hepatitis B infection was first licensed in the USA in 1981 and has been routinely used to protect Haemophilia patients from infection with that agent. Development of vaccines to prevent establishment of Hepatitis C or HIV infections has proved more difficult and no effective vaccines are available as yet.

d) **Antiviral clearance therapy** Patients in Jersey with Haemophilia are routinely screened for blood-borne virus infection and have been offered up-to-date anti-viral therapy. Later generations of these therapies are highly effective and most surviving Jersey Haemophilia patients have already been cured of their infection. Regrettably, however not all infected patients lived long enough to benefit fully from the more advanced anti-viral treatments.

e) **Assistance with Skipton Fund claims** Consultant Medical staff in Jersey have assisted a number of Jersey Haemophilia patients in securing payments from the NHS-linked Skipton Fund.

Neither the number of individual Jersey Skipton Fund claimants nor the number of Haemophilia patients infected through their treatment have been recorded centrally in Jersey.