# NHS to intensify screening for undiagnosed victims of UK infected blood scandal



Efforts to identify individuals affected by the UK infected blood scandal are set to intensify, driven by a national inquiry's report highlighting the alarming number of potential victims still living undiagnosed. Around 400,000 new patients registering with General Practitioners (GPs) each year will now be asked about their history with blood transfusions prior to 1996. This initiative is part of broader measures put into place by NHS England in response to recommendations from the Infected Blood Inquiry, which uncovered the scandal that led to over 30,000 individuals becoming infected with HIV and hepatitis through contaminated blood products between the 1970s and 1990s.

The inquiry's findings, spearheaded by Sir Brian Langstaff, revealed that many might not even be aware of their infections, particularly women who contracted Hepatitis C during childbirth. The scandal has been declared "the biggest disaster in the history of the NHS", underscoring the profound and lasting impact on patients and their families. Notably, it emerged that some victims could pass away before receiving the compensation they are owed, which has stirred outrage and calls for immediate action.

In light of these findings, NHS England has begun proactive measures, starting a process from 16 June to identify potential Hepatitis C patients during the routine registration of new patients. Individuals born before 1996 will be directly asked about any previous blood transfusions. If a transfusion occurred, patients will be offered testing for Hepatitis C, which can lead to serious liver damage if left untreated. The virus is primarily transmitted through blood-to-blood contact, making transfusion recipients particularly vulnerable.

Professor Sir Stephen Powis, NHS national medical director, expressed remorse over the scandal’s ramifications, noting the hospital system's accountability in the pain endured by many. He emphasised that the introduction of this simple amendment to the GP registration process is a crucial step towards ensuring that nobody linked to contaminated blood remains undiagnosed.

Support measures will also include the availability of self-testing kits for Hepatitis C that patients can use at home, alongside options for testing at GP surgeries or sexual health clinics. With effective antiviral treatments resulting in cure rates exceeding 90% for patients, the importance of early detection cannot be overstated. Partners within the healthcare system, including the UK Health Security Agency (UKHSA), have reiterated their commitment to ensuring ongoing testing, particularly for vulnerable populations who may still be at risk.

The government's response also underlines the necessity of monitoring patients who have already been diagnosed with conditions such as cirrhosis or fibrosis due to infected blood. Innovative technologies such as fibroscan are now being rolled out to assess liver damage, and regular clinical reviews are being planned to meet the needs of those affected.

In parallel, both the Welsh and Scottish governments are aligning their healthcare strategies to respond to the inquiry's recommendations, reinforcing the wider commitment to identify undiagnosed patients across the UK. This unified approach highlights a concerted effort to restore trust in the health system and provide comprehensive support for those suffering from the consequences of contaminated blood.

Ultimately, the implications of the Infected Blood Inquiry extend far beyond immediate health concerns; they touch upon fundamental issues of accountability, justice, and the ethical responsibilities of healthcare providers. As the NHS and associated health boards implement these new guidelines, they aim not only to detect and treat the infections of the past but also to ensure that similar tragedies do not recur in the future.

The broader commitment from health authorities across the UK signals a vital turnaround in the lingering legacy of the infected blood scandal, with intensified efforts to ensure that those affected receive the acknowledgment and care they deserve.

### Reference Map

1. Paragraphs 1, 2, 3, 4, 5, 6, 7
2. Paragraph 5
3. Paragraph 5
4. Paragraph 5
5. Paragraph 6
6. Paragraph 6

Source: [Noah Wire Services](https://www.noahwire.com)

## Bibliography

1. <https://www.independent.co.uk/news/health/infected-blood-scandal-hepatitis-c-b2753207.html> - Please view link - unable to able to access data
2. <https://www.gov.uk/government/publications/government-response-to-the-infected-blood-inquiry/government-response-to-the-infected-blood-inquiry-html> - The UK government's official response to the Infected Blood Inquiry outlines the acceptance of recommendations, including monitoring liver damage for Hepatitis C patients. It details the implementation of regular scans and clinical reviews for those diagnosed with cirrhosis or fibrosis due to infected blood. The response emphasizes the use of fibroscan technology and the involvement of consultant hepatologists in patient care. Additionally, it highlights the commitment to ensuring that health services meet the specific needs of individuals harmed by NHS treatments.
3. <https://www.gov.wales/infected-blood-inquiry-carrying-out-recommendations-8a-and-8b-whc2024050-html> - This Welsh Government document addresses recommendations 8a and 8b from the Infected Blood Inquiry, focusing on identifying undiagnosed patients who received blood transfusions before 1996. It instructs health boards to offer Hepatitis C testing to patients with a history of such transfusions and to routinely inquire about this history from new patients registering at GP practices. The aim is to ensure that individuals who may have been infected are identified and provided with appropriate testing and support.
4. <https://www.gov.scot/publications/infected-blood-inquiry-report-oversight-and-assurance-group-minutes-june-2024/> - The Scottish Government's Oversight and Assurance Group minutes from June 2024 provide an update on implementing recommendations from the Infected Blood Inquiry. Specifically, they discuss monitoring liver damage in Hepatitis C patients, including the use of fibroscan technology and the involvement of consultant hepatologists. The document outlines steps being taken to ensure that health services in Scotland meet the needs of individuals affected by infected blood, reflecting a commitment to improving patient care and monitoring.
5. <https://www.nhs.uk/conditions/support-for-people-who-may-have-been-affected-by-infected-blood/> - The NHS provides information and support for individuals who may have been affected by infected blood. It advises those who received blood transfusions before 1996 to contact their GP surgery to discuss Hepatitis C testing. The page also offers details on obtaining a free home test for Hepatitis C and emphasizes the importance of early diagnosis and treatment to prevent liver damage. Additionally, it provides links to support services and further information about the Infected Blood Inquiry.
6. <https://www.nhs.uk/conditions/hepatitis-c/> - The NHS outlines the causes, transmission, and treatment of Hepatitis C. It explains that the virus is primarily spread through blood-to-blood contact, including sharing unsterilized needles and, in rare cases, unprotected sex. The page highlights the risk for individuals who received blood transfusions before 1996 and advises them to seek testing. It also details the availability of free home testing kits and the effectiveness of antiviral treatments, noting that more than 90% of patients are usually cured with appropriate therapy.
7. <https://www.imperial.nhs.uk/our-services/liver-services/get-your-free-nhs-hepatitis-c-home-test> - Imperial College Healthcare NHS Trust offers a free, easy, home finger-prick test for Hepatitis C as part of NHS England's commitment to eliminating the virus. The page provides information on who should get tested, including individuals who had blood transfusions before 1996. It details how to order a free at-home testing kit, which includes a simple finger-prick blood test. The results are typically available within two weeks, and if positive, further assessment and treatment options are provided.