



THE
HAEMOPHILIA
SOCIETY

52B Borough High Street
London
SE1 1XN

Tel: 020 7939 0780

Email: info@haemophilia.org.uk

Web: haemophilia.org.uk

14th April 2020

Nadine Dorries MP
39 Victoria St,
Westminster,
London
SW1H 0EU

Dear Ms Dorries,

I write on behalf of the contaminated blood community, specifically those with haemophilia. Following on from our meeting on 28th January 2020, I know you are acutely aware of the plight of our community both in terms of physical health and the ongoing struggle with mental health that our community endures.

The specific issue I wish to raise with you is the current Department of Health and Social Care advice with respect to people with HIV and whether they should be “shielding”. When initial letters were sent out, this cohort of our community did not receive such letters. However, this week, our community are now beginning to receive correspondence advising them to shield. The delay in receiving this correspondence is causing consternation amongst our members, partly due to the delay, but partly because it is in direct variance with expert advice.

Both the Terrance Higgins Trust (THT) and the British HIV Association (BHIVA) have issued guidance from the country’s leading experts in HIV. As stated on the THT website, the guidance is as follows:

*“COVID-19 infection is likely to be worse in those with a ‘weakened immune system’. This does not mean that all people with HIV are considered at increased risk. Those on HIV treatment with a good CD4 count and an **undetectable viral load** are **not** considered to have weakened immune systems. A ‘good’ CD4 count means anything over 200. If your CD4 count is less than 200, if you’re not on treatment or if you have a detectable viral load, then it’s particularly important that you follow the guidance to reduce the risk of catching the virus.*

For everyone affected by a genetic bleeding disorder

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Public Health England has now identified people who are extremely vulnerable to COVID-19. They are being advised to 'shield' themselves from the virus, which means staying at home at all times and avoiding face-to-face contact for at least 12 weeks (although this time may change). Although people living with HIV are not included in this list, the British HIV Association (BHIVA) is advising that those with a CD4 count less than 50 or those diagnosed with an opportunistic infection in the last six months should also follow this advice"

On behalf of our community, I would be very grateful if you could clarify what the DHSC and NHS England's advice is in relation to "shielding" with regard to those who are HIV+?

Is the advice that people with HIV generally, should be shielding; or is your advice in line with that of the THT & BHIVA?

If your advice is that all those with HIV should be shielding, I'd be grateful if the DHSC and NHS England could clarify why, and explain why it is at variance with the country's leading experts.

Yours sincerely,

C. Smith

Clive Smith
Chair of the board of trustees

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