

**Prevention of Avian Influenza:
Consultation on Long Term Direction
to Minimize the Risk of Human Infection**

1. The Academy has formed a working group, comprising representatives from colleges of Community Medicine, Pathologists, Paediatricians and Physicians, to study the consultation paper. The Academy was asked to provide views on two very specific questions, namely:
 - a) whether the concept of “cold-chain” should be applied to the sale of poultry meat at retail outlets; and
 - b) whether “freshly slaughtered chickens” should replace the sale of live poultry at retail outlets.
2. The Academy: -
 - a) supports the direction to have a long-term solution to prevent avian influenza outbreak, given that Hong Kong has suffered a lot, in terms of human life and economic loss, in the previous outbreaks.
 - b) supports that protection of public health be considered as the top priority.
 - c) supports sustaining the goal of zero infection and transmission in Hong Kong.
 - d) agrees that there are urgent needs to minimize the contact between people and live poultry and to change the existing modus operandi of the live poultry trade, as chilled and frozen poultry impose relatively lesser risk to human health.
3. In view of (2) above, the Academy supports in principle the concept of applying “cold-chain” to the sale of poultry meat at retail outlets. The Academy believes that centralizing the slaughtering process in one slaughterhouse will facilitate the monitoring of hygiene standard. But it is more important to have a systematic mechanism to monitor the “cold-chain” process, including establishing a code of practice of international standard, monitoring the compliance of such code, and carrying out competence-based training for persons working in the trade. The code should also be applied consistently, to local and imported poultry. There should be regular reviews to ensure effectiveness, and a pilot scheme may help improve the whole process for long-term implementation. If the “cold-chain” process is controlled and implemented properly, it can also reduce incidents on food contamination.
4. The Academy does not favour the “freshly slaughtered chickens” option. According to studies conducted in five countries (US, UK, Germany, Netherlands, India) in the 1990s, the mean Salmonella contamination rate in poultry and poultry products was 42% (range 4 to 100%). It has also been shown that cross contamination of bacteria can occur during scalding, plucking, and evisceration stages of carcass processing. Thus, this option could potentially increase the food-borne hazard for the bacterial pathogens. It will be more

difficult to monitor if the slaughtering process will be conducted in more than one slaughterhouse. And dressed poultry will be more vulnerable to food contamination during the “display” period, since they may not undergo a chilling process.

5. The Academy feels that the precautionary measures as listed in Annex B in the consultation paper should be continued and properly monitored in the future. The Academy does not think that the Government should heavily rely on the strict self-discipline and good practice of the poultry traders. Continuing education, competence-based training and periodic auditing is necessary in order to ensure a successful prevention. And the Academy supports the plan to separate the wholesale markets for local and Mainland chickens, as it will certainly help trace the origin of problems, should they happen.
6. The Academy would like to point out that the consultation paper itself has not provided sufficient data and figures, based on which comments can be made more scientifically. There is no evidence to support the statement that small children are most susceptible to avian influenza infection, and there are no data/figures to reveal how effective some of the precautionary measures as listed in Annex B are (e.g. Annex B, items i and l to p).
7. The Academy also has other comments on the paper as follows: -

Chapter 3

The measures that were adopted since 1998 appears to contribute to the fact that Hong Kong was not affected in the recent H5N1 outbreak in some Asian countries.

Chapter 4

The Academy concurs with the points mentioned on the potential threat of avian influenza to public health.

Chapter 5

5.2 If references have been made to practices in overseas countries, the Academy suggests that further details be provided to support the schematic design as depicted in Annex E.

5.3 The currently recommended biosecurity measures in the local poultry farms should preferably be listed as an Annex.

This section deals mainly with the “hardwares” measures. The Academy believes that equal weight will be given to strengthening the “softwares”, such as compliance rates, education, competence-based training, audit figures, evaluation and also in making these information fully transparent to the public. The impact of any new measures may be mitigated if the existing ones are not adequately followed.

Chapter 6

The relative merits and pitfalls of the two approaches are somewhat difficult to comprehend. Inclusion of appropriate flow-charts and/or tables would be useful.

Not enough information was provided under “sustainability assessment” for specific comments.

Hong Kong Academy of Medicine
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