

**立法會**  
***Legislative Council***

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**Panel on Health Services and  
Panel on Food Safety and Environmental Hygiene**

**Minutes of joint meeting  
held on Monday, 14 March 2005 at 8:30 am  
in Conference Room A of the Legislative Council Building**

<b>Members present</b>	<b>: <u>Panel on Health Services</u></b>
	<ul style="list-style-type: none"><li>* Hon Andrew CHENG Kar-foo (Chairman)</li><li>* Dr Hon KWOK Ka-ki (Deputy Chairman) Hon Albert HO Chun-yan Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon CHAN Yuen-han, JP</li><li>* Hon Bernard CHAN, JP Dr Hon YEUNG Sum Hon LI Fung-ying, BBS, JP</li><li>* Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH</li><li>* Dr Hon Joseph LEE Kok-long Hon Albert Jinghan CHENG</li></ul>

**Panel on Food Safety and Environmental Hygiene**

Hon Fred LI Wah-ming, JP (Chairman)  
Hon WONG Yung-kan, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, JP  
Hon WONG Kwok-hing, MH

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<b>Members absent</b>	: <u>Panel on Health Services</u>  Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  <u>Panel on Food Safety and Environmental Hygiene</u>  Hon TAM Yiu-chung, GBS, JP
	(* Also member of the Panel on Food Safety and Environmental Hygiene)
<b>Public Officers attending</b>	: <u>Items II and III</u>  Dr York CHOW, SBS, JP Secretary for Health, Welfare and Food
	Miss Susie HO, JP Deputy Secretary for Health, Welfare and Food (Health)
	Mr CHAN Yuk-tak, Eddy, JP Deputy Secretary for Health, Welfare and Food (Food & Environmental Hygiene)
	Mr CHAN Chun-yuen, Thomas, JP Director of Agriculture, Fisheries and Conservation
	Mr LEUNG Wing-lup, Gregory, JP Director of Food & Environmental Hygiene
	Dr LAM Ping-yan, JP Director of Health
	Dr LEUNG Pak-yin, JP Controller, Centre for Health Protection
<b>Clerk in attendance</b>	: Ms Doris CHAN Chief Council Secretary (2) 4
<b>Staff in attendance</b>	: Mr Paul WOO Senior Council Secretary (2) 3

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## I. Election of Chairman

Mr Andrew CHENG was elected Chairman of the joint-meeting.

## II. Preparedness plan for Influenza Pandemic

(LC Paper Nos. CB(2)1019/04-05(04) and CB(2)1089/04-05(01))

2. Secretary for Health, Welfare and Food (SHWF) briefed members on the paper provided by the Administration. The paper explained, inter alia, the Administration's proposal to increase the stockpile of antiviral for dealing with a possible influenza pandemic from 3.7 million capsules to 20 568 000 in phases, having regard to the Framework of Government's Preparedness Plan (the Preparedness Plan) for Influenza Pandemic with particular reference to avian influenza. Raising the antiviral stockpile would cost around \$254 million. Subject to the views of the Panel, the Administration would submit the proposal to the Finance Committee for consideration.

### Issues raised

3. Mr WONG Kwok-hing expressed support for increasing the antiviral stockpile. Regarding vaccination against influenza, he asked whether the Administration would consider providing free vaccination for the elderly aged over 65, including the elderly living on Comprehensive Social Security Assistance (CSSA), at public hospitals and clinics.

4. The Chairman and Dr YEUNG Sum pointed out that the Democratic Party had proposed in its submission to the Panel that the Administration should act in accordance with the advice of the World Health Organization (WHO) that people aged over 65 should receive vaccination against pandemic influenza. The Democratic Party had estimated that the provision of free vaccination to people within the age group (about 814 000 in number) would involve an additional public expenditure of about \$17.5 million.

5. Dr KWOK Ka-ki supported the proposal to increase the antiviral stockpile. He said that he had learned from healthcare workers that more people had received vaccination in the past year and the number of patients hospitalised because of influenza had dropped. This indicated that vaccination could help prevent influenza. He considered that the Administration should strengthen public education on the proper use of vaccination.

6. SHWF explained that under the existing influenza vaccination programme,

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free vaccination was provided to high-risk groups such as the needy chronically ill, the institutionalised elderly and elderly (aged over 65) with chronic diseases attending public clinics. He agreed to consider the suggestion to provide free vaccination to the elderly above the age of 65.

7. SHWF further said that vaccination alone would not be adequate to fully protect a person from contracting influenza. Other measures such as improved personal protective equipment and practices were also important. The decision whether or not to receive vaccination should be left to the individuals. He added that under the Preparedness Plan, health education activities and advice on prevention of influenza would be provided through various means. For example, the Government would issue public announcements where necessary on precautionary measures which should be taken by members of the public and on the Government's action on prevention of influenza pandemic.

8. Mr WONG Kwok-hing opined that the Government should step up publicity, through the Social Welfare Department, to inform elderly people, particularly those living on CSSA, that they could receive vaccination at public clinics and hospitals.

9. Dr KWOK Ka-ki pointed out that about 80% of the patients in Hong Kong presently sought primary medical care services from private practitioners. He opined that as the Government was the biggest buyer of drugs and medicine from major drug suppliers and the current supply of the antiviral was limited, in the event of a serious pandemic outbreak, the Government should assist in ensuring an adequate of supply of the antiviral to the private practitioners for the use of both their patients and healthcare workers.

10. SHWF responded that antiviral drugs had a shelf life of about five years. Under the Preparedness Plan, the antiviral would be delivered by phases of six to 12 months. Taken into account the stock situation, the Administration did not expect that there would be a sudden depletion of antivirals during normal circumstances. He added that the Government was continuously exploring whether other effective antiviral agents were available. SHWF further explained that in case of a major outbreak and where demanded by the circumstances, the Government would mobilise the antiviral stockpile and closely monitor the territory-wide utilisation of public hospital services and facilities in collaboration with practitioners and healthcare workers in the private sector in providing treatment to the patients. He assured that the Government would provide appropriate assistance to medical practitioners and healthcare workers in the private sector if they experienced an acute shortage of drugs.

11. Director of Health (DH) supplemented that private medical practitioners and non-government healthcare organisations had been advised to carefully

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monitor their stock of drugs to cater for the needs of both the patients and the medical staff. In the worst case scenario of a global pandemic outbreak, the division of health services provided by the public and private sectors would be removed and all-out strategies involving the concerted efforts of all parties would be mapped out to deal with the situation.

12. The Chairman considered that the Administration should explain clearly to private practitioners and healthcare organisations in the private sector how they could seek assistance from the Government in the emergency situation of a major pandemic.

13. In response to similar concerns expressed by Dr Joseph LEE and Mr Albert HO, SHWF said that in an emergency situation where there was a great demand for the antiviral, priority would be given to the infected persons and those who had close contact with the patients, such as their family members and the frontline healthcare workers. DH advised that based on certain assumptions and depending on the degree of the seriousness of an influenza attack, out of the increased stockpile of 20 568 000 capsules, about 10 million capsules (i.e. covering approximately 15% of the total population) would be used for treatment; eight million capsules would be used on medical and healthcare workers handling the patients; and one million capsules on the institutionalised persons and medical staff if the pandemic occurred in institutions. Where mass culling of live poultry had to be carried out in the event of an avian influenza outbreak, an additional 100 000 capsules would be used on those who executed the culling operation. In total, the antiviral stockpile would cover about 30% of Hong Kong's population which was comparable to the situation in the United Kingdom, where about 25% of the population was covered. The actual coverage would be broader taking into account the stockpile kept by private medical practitioners and in the private hospitals.

14. Ms LI Fung-ying also supported increasing the antiviral stockpile. She pointed out that as the antiviral had a limited shelf life, the Government should monitor the use of it to avoid wastage.

15. Mr LI Kwok-ying expressed concern about possible adverse side-effect of the antiviral on the patients and asked whether the Government would promulgate guidelines on the administration of the drug for reference of medical practitioners. SHWF replied that the antiviral might have side-effect on patients suffering from liver diseases. In treating the patients, it was important that the attending doctors had full knowledge of their patients' conditions and medical history so that medication could be administered most effectively.

16. Ms LI Fung-ying and Mr LI Kwok-ying opined that the Government should also enlist the assistance of Chinese medical practitioners in dealing with

pandemic influenza, pointing out that the use of Chinese medicine was being actively developed in Hong Kong and there were ample case examples showing that traditional Chinese medicine was effective in the prevention and treatment of influenza. Mr LI Kwok-ying added that having regard to the previous experience in dealing with the Serious Acute Respiratory Syndrome (SARS) and the problems encountered, the Government should respond quickly to any emergency situation. He opined that the Government should make full use of the valuable services of Chinese medical practitioners and solicit their assistance at the earliest stage.

17. SHWF explained that to date there was absence of clinical studies confirming the efficacy of traditional Chinese medicine in the treatment of influenza, in particular the H5 influenza. He said that the Government was actively promoting the development of Chinese medicine, and was aware of the important role played by Chinese medical practitioners in the provision of healthcare services in Hong Kong. He noted the view that assistance from Chinese medical practitioners should be sought in dealing with influenza pandemic and said that members of the medical profession, including Chinese medical practitioners, should work closely together in the endeavour.

18. In response to Miss CHAN Yuen-han's question concerning the three-level response system under the Preparedness Plan, SHWF said that the responsibility for activating or changing any of the response levels would vest in the Secretary for Health, Welfare and Food, upon the advice of the Director of Health, Director of Agriculture, Fisheries & Conservation (DAFC) or Director of Food and Environmental Hygiene as appropriate and based on all information available with regard to the latest situation. At the Serious Response Level, a Steering Committee chaired by the Secretary would be set up to steer Government response. At the Emergency Response Level, the Steering Committee would be chaired by the Chief Executive.

19. In response to the Chairman's enquiry on port health measures, DH said that temperature check conducted at immigration control points for inbound travellers from affected areas as well as outbound and transit travellers was mainly for prevention of SARS but it was not a reliable measure for the detection of influenza-like illnesses. The Administration was reviewing the necessity of continuing the measure and whether other new port health measures should be introduced.

20. On the notification mechanism which was in place, Controller, Centre for Health Protection (C/CHP) informed members that the latest round of discussion on measures to prevent and deal with pandemic influenza was held in early March between the Administration and the Guangdong and Macao health authorities. It was agreed in principle that notification between the authorities concerned should be expedited in the event of an outbreak, and there should be more effective

exchange of medical expertise and enhanced laboratory support for the treatment of the disease. He added that arrangements had been made for health personnel from Guangdong to come to Hong Kong in the coming few months to take part in a local training and exchange programme.

21. The Chairman opined that direct point-to-point communication between Hong Kong, Macao and the local health authorities on the Mainland without going through the Mainland Ministry of Health was preferred for more speedy notification in case of a pandemic. Dr KWOK Ka-ki asked whether notification between the authorities through electronic means would be introduced, particularly in respect of H5 influenza and other highly infectious diseases.

22. C/CHP replied that an electronic platform for the instantaneous notification between Hong Kong, Macao and Guangdong had yet to be put in place, but the matter was being actively considered by the authorities and it was hoped that some marked progress could be achieved in the near future. He added that direct point-to-point communication between the authorities on emerging infectious diseases such as H5 influenza and SARS via telephone and/or fax had been established.

#### Consideration of the Finance Committee

23. In reply to the Chairman, SHWF said that the Administration would put the proposal of increasing the stockpile of antiviral to the Finance Committee (FC) for consideration in May 2005.

24. Admin The Chairman said that members of the Panel supported the proposal. He considered that having regard to the views of the Panel, the Administration should explain in more detail to the FC its position on -

- (a) how prioritisation of the high-risk groups for the use of the increased stockpile of the antiviral would be decided; and
- (b) provision of free vaccination against influenza to all the elderly people above the age of 65 to comply with the recommendation of the WHO.

### **III. Comprehensive plan of action to deal with the global problem of avian influenza**

(LC Paper Nos. CB(2)1019/04-05(04) and CB(2)1042/04-05(01))

25. Deputy Secretary for Health, Welfare and Food (Food & Environmental Hygiene) (DSHWF) gave a Powerpoint presentation on the Administration's

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comprehensive plan to reduce the risk of avian influenza outbreaks in Hong Kong. With regard to the relevant funding requests necessary for implementing the overall plan, the Administration intended to seek approval from the FC in the current legislative session.

26. Mr Tommy CHEUNG, Mr WONG Yung-kan and Mr Vincent FANG expressed dissatisfaction at the late submission by the Administration of its paper, which only reached members on 11 March 2005. Mr CHEUNG and Mr WONG said that the late arrival of the paper had left them with insufficient time to study the complex issues involved and consult members of the affected trades and professions. Mr CHEUNG suggested that thorough discussion on the plan should be deferred to another meeting of the Panel on Food Safety and Environmental Hygiene (FSEH Panel), which should invite deputations to give views on the subject matter.

27. The Chairman said that this joint meeting of the two Panels was held at the suggestion of the Administration and the Panels agreed that there was an urgency in discussing the issue of avian influenza in view of WHO's serious concern about the possibility of a major global outbreak. The Chairman and Dr YEUNG Sum considered that members of the two Panels could take the opportunity to exchange views with the Administration on a preliminary basis, based on the paper provided by the Administration, and the FSEH Panel could then follow up on the relevant issues. Mr Fred LI, Chairman of the FSEH Panel, said that the FSEH Panel would hold a special meeting at an early opportunity to follow up on the subject matter.

(*Post-meeting note* : A special meeting of the FSEH Panel was held on 7 April 2005 to further discuss the Comprehensive Plan.)

The overall action plan

28. Mr WONG Yung-kan said that the operators and workers in the live poultry and related trades cared very much about measures to guard against avian influenza and the need to protect public health. He expressed strong reservation about the necessity to introduce the proposed measures as no cases of human-to-human transmission of avian influenza had occurred in Hong Kong. In his view, the measures proposed by the Administration would cause unnecessary panic among members of the public and seriously threaten the livelihood of members of the trades. He also expressed dissatisfaction at the lack of consultation with the trades on the proposed measures, particularly in relation to the voluntary scheme for live poultry farmers and wholesalers to surrender their licences/tenancies, which would permanently kill the trades and put operators and workers in great hardship. Mr Vincent FANG said that the Administration should have carried out thorough consultation before formulating the proposals.

29. Miss CHAN Yuen-han said that the Federation of Trade Unions (FTU) supported that the Government should adopt better risk management measures and take swift actions to prevent the spread of an avian influenza epidemic in Hong Kong, in order to avoid the disastrous consequences of the Government's handling the SARS outbreak two years ago. In deciding the appropriate approach and measures to take, however, the Administration should fully assess the adverse impact on members of the trade and relevant stakeholder groups and address their concerns.

30. SHWF explained that the decision to take actions to reduce the risk of avian influenza outbreaks in Hong Kong was made after careful consideration by the Administration, taking into account the current worrying outbreak situations in countries in Southeast Asia such as Thailand and Vietnam, which indicated that the avian influenza virus was becoming more pathogenic and causing higher fatality. The increasing risk of a global outbreak was also supported by the fact that more and more wild birds and water fowls had been found carrying the avian influenza virus. He said that based on the present epidemiological situation, the WHO was extremely concerned that the virus might reassort its genes with those from the human influenza virus, thus acquiring the ability to move easily from human to human and triggering a pandemic. In the light of the regional development and the warnings issued by the WHO that ingredients for a pandemic were abundantly available, the Administration considered that there was an urgent need to put in place a comprehensive plan of action to deal with the problem.

31. SHWF further advised that on various previous occasions he had met with representatives of the live poultry trades and discussed with them about their concerns. The Administration considered that there was sufficient time for the trades and other stakeholders to prepare themselves for the new measures, and the Administration would take further steps to explain to them the details of the plan before actually implementing the measures. He added that the Administration would do the best it could to minimise the impact of the measures on the livelihood of operators and workers in the trades. He stressed that in any case, protection of the public health should prevail, and the full cooperation of all concerned was required in order to minimise the risk of a local pandemic.

32. Referring to the situation under the Serious Response Level where there were confirmed human cases in Hong Kong but without evidence of efficient human-to-human transmission, Miss CHAN Yuen-han questioned the need to isolate and treat the cases in designated hospitals as there might not be enough manpower to handle the cases in such hospitals. She asked whether the persons should be treated in nearby hospitals instead.

33. SHWF responded that different from SARS where the risk of spread of the

epidemic was highest four or five days after the infected persons had been hospitalized, influenza-like illnesses could spread very fast at the very early stage and might affect multiple communities in the population within a very short time. Therefore, depending on the actual situation, it might be necessary to isolate the affected persons and treat them in designated hospitals. SHWF further said that at the Serious and Emergency Response Levels, it was necessary to treat the affected persons in designated hospitals with Intensive Care Units. At present, there were hospitals with intensive care facilities in every major district of Hong Kong.

#### Reducing live poultry population in Hong Kong

34. Mr Vincent FANG noted that the Administration intended to reduce the total live chicken population in order to reduce the risk of an epidemic outbreak, and to maintain the maximum licensing capacity in local chicken farms at half the existing chicken population. At present, the capacity in local chicken farms was 3.7 million, as compared with 1.2 million in 1997 during the avian influenza outbreak. Mr FANG asked about the reason for the increase.

35. DAFC replied that under existing legislation, while DAFC was vested with the authority to issue poultry farm licences, he had no authority to refuse the issue of a licence if the applicant was able to fully comply with the required licence conditions. To achieve the goal of reducing the live poultry population, further conditions would be incorporated in the existing farm licences. He further advised that the actual chicken population in local farms at present fell short of 3.7 million.

36. DSHWF supplemented that under the Government's action plan to deal with avian influenza, a consideration would be given to the need to put forward legislative proposal to empower the DAFC and the Director of Food and Environmental Hygiene to stop issuing poultry farm licences and fresh provision shop licences with endorsement to sell live poultry.

37. Mr Tommy CHEUNG queried the need to stop issuing new poultry farm licences even to farm operators who could satisfy the requisite health standards. DSHWF replied that the Administration considered that the measure was justified on public health grounds, in view of the increasing global threat of an avian influenza outbreak.

38. In reply to Dr KWOK Ka-ki, DAFC said that with the experience gained in the mass culling operation in 1997 during which 1.2 million chickens were killed in a week, it was expected that a similar culling operation conducted currently could effectively handle over 2 million chickens per week. He added that in the case of an epidemic outbreak which necessitated a mass culling operation, for

health reasons, it was not worthwhile to enlist the assistance from inexperienced and unprofessional private sector workers in carrying out the culling operation.

Voluntary surrender scheme for live poultry farmers and wholesalers

39. Mr WONG Kwok-hing said that he could not accept the Administration's proposal on financial assistance for live poultry farm and wholesale workers as only full-time workers would be protected. He pointed out that by virtue of the nature of the trade, many workers were employed as piece-rated casual workers and hence could not meet the qualifying requirement for the assistance. He said that the FTU and members of the trades had made numerous petitions urging the Administration to provide financial assistance under the scheme to cover also casual workers but it was disappointing that the Administration still turned a blind eye to their requests. Mr WONG asked how many workers had been assisted under the existing scheme for live poultry retailers. He further opined that assistance should also be provided to workers laid off by their employers who did not surrender their licences/tenancies.

40. DSHWF explained that the present proposed assistance scheme for live poultry farmers and wholesalers followed the retraining and financial assistance package currently offered to live poultry retail workers who became unemployed as a result of the surrender of licences/tenancies by live poultry retailers. Under the scheme for live poultry retail workers, to be entitled for the assistance, a worker had to be working a minimum of 18 hours per week for the same employer, and proof of an employer/employee relationship between the retail operator who ceased permanent business and the worker had to be established. The Administration considered that the requirement was necessary to ensure prudent use of public money and to avoid abuse of the scheme. He said that in cases where workers were dismissed by their employers who retained their licences/tenancies, the workers could seek assistance from the Government through the existing means available to retrenched employees.

41. Director of Food & Environmental Hygiene said that some workers might concurrently work for more than one employer. If one of the employers gave up the licence/tenancy and ceased operation permanently, the Administration would consider offering financial assistance under the scheme to the worker, provided that the qualifying working hour requirement was fulfilled. He advised that to date, about 200 live poultry retail operators had given up their licences/tenancies, and the average number of workers affected was in the region of 1 per retail operator. So far, 45 unemployed workers had attended the retraining courses under the scheme, of whom 43 successfully completed the courses and received the one-off grant of \$10,000. DSHWF added that at present, about 600 live poultry retail outlets with workers were still in operation.

42. DSHWF further advised that the total number of workers affected by the surrender schemes, inclusive of workers working in live poultry farms, the wholesale workers and workers in retail outlets as well as the live poultry transporters, was estimated to be about 6 500. If solely confined to poultry farm workers and wholesale workers, the figure was about 1 200.

43. Dr YEUNG Sum said that he did not support closing down the remaining live poultry retail outlets all at once as this would have an adverse impact on employment. Dr Joseph LEE opined that the Administration should take steps to ensure that poultry farmers and live poultry wholesalers who had received the ex-gratia payment from the Government for ceasing operation permanently would pay compensation to their workers who were rendered unemployed.

44. In response to Dr KWOK Ka-ki, DAFC said that the Administration had provided assistance to poultry farmers who had surrendered their licences in changing business, such as offering advice on how to convert the existing farm facilities for other uses.

45. Mrs Selina CHOW said that the Administration should appreciate the hardship faced by the affected live poultry operators and workers and should take proactive steps to assist them in transforming to new business or finding new employment. She asked how the Administration was acting in that direction. SHWF replied that the Administration would be holding a series of meetings to consult members of the trades and relevant parties with a view to addressing their concerns. He undertook to revert to the FSEH Panel on the arrangements and seek the Panel's views in that regard.

#### Regional slaughtering

46. SHWF informed members that together with the voluntary surrender scheme, the Administration proposed to implement regional slaughtering for poultry farmers and live poultry wholesalers. Under this proposal, it would be possible for regional slaughterhouses to provide freshly slaughtered chickens because of the shorter travelling time between the slaughterhouses and restaurants and households, in addition to chilled/frozen chickens. The Administration had identified a suitable location adjacent to the central slaughtering facilities for live ducks and geese in the Western Wholesale Food Market for the development of a medium sized slaughterhouse on a pilot basis. It was intended that there would eventually be three or more such regional slaughterhouses in the territory. With the setting up of the regional slaughter hubs, the sale of live chickens in retail markets and fresh provision shops would be phased out over a period of time, and all live poultry would ultimately be channeled through the regional slaughter hubs and slaughtered before reaching the retail outlets.

47. DSHWF supplemented that the Administration had consulted the Central and Western District Council on the proposed use of the site for the pilot regional slaughterhouse and the District Council raised no objection to the proposal provided that there would be more than one regional slaughterhouse.

48. In response to Mr Fred LI, SHWF said that if the option of regional slaughterhouses was adopted, the slaughterhouses would be funded, built and operated by the private sector. It was likely that private sector participation would be invited by open tender. The Administration was conducting a financial feasibility study to ascertain the scope for private sector participation and Members of the Legislative Council would be consulted in due course as to how the proposal was to be taken forward.

49. Dr YEUNG Sum asked how the Administration could ensure that the regional slaughterhouses would operate in a way that could achieve the Administration's objective. SHWF said that barring unforeseen circumstances, it would take at least three years for the regional slaughterhouses to come into operation. The Administration was conducting a detailed study on issues related to the operation of regional slaughter hubs, taking into account overseas experiences and practices. He further advised that a regional slaughterhouse could handle approximately 20 000 freshly slaughtered chickens per day. The daily consumption of chickens in Hong Kong was 100 000 to 120 000, of which about half were chilled/frozen chickens. Hence, it was anticipated that three regional slaughterhouses of the same capacity, one each on Hong Kong island, in Kowloon and the New Territories, would be enough to meet the demand.

50. In response to Mr Fred LI and Mr Tommy CHEUNG, SHWF said that although the Administration had introduced measures to improve the live poultry stalls and the conditions in the markets, problems created by the sale of live poultry, such as those relating to effective disposal of live poultry wastes, could not be satisfactorily solved. He said that the long-term objective of the Administration's plan was to segregate humans from live chickens leading ultimately to absence of live chickens in the local markets.

Compulsory termination of the live poultry trade in the event of an avian influenza outbreak in Hong Kong

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51. Ms LI Fung-ying and Mrs Selina CHOW opined that the Administration should consult live poultry operators and workers thoroughly on the impact and consequences of compulsory termination of the live poultry trade.

52. DSHWF responded that the Administration had given careful consideration to the policy and had concluded that it was necessary for the safe protection of public health. He pointed out that Hong Kong was a densely populated city with

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limited land resources, thus posing considerable constraints for the sustainable development of livestock farming including poultry farming. Given that all live chickens available for sale in the local market were vaccinated against H5 avian influenza, the occurrence of a local avian influenza outbreak in the future would strongly suggest that either the vaccine currently used in live chickens had ceased to be effective or that the virus had undergone mutation or reassortment to become more pathogenic than before, or that the virus was already circulating in the local community. Under such circumstances, there was a real danger that the measures that were already in place were no longer effective in protecting public health. The Administration therefore considered it appropriate to introduce a compulsory termination scheme for all existing live poultry farmers, wholesalers and retailers following the occurrence of a local avian influenza outbreak, for the avoidance of a pandemic situation.

53. SHWF remarked that compulsory termination of the live poultry trade was the least the Administration would like to see but it would have to be implemented if warranted by the circumstances.

54. Mrs Selina CHOW said that the Administration should exercise utmost caution in implementing the compulsory termination policy which should be treated as a measure of last resort in extremely serious circumstances. SHWF noted the view and assured that there would be adequate consultation in the community before implementation.

55. There being no other business, the meeting ended at 10:55 am.

Council Business Division 2  
Legislative Council Secretariat  
4 May 2005