

## Hong Kong under WHO spotlight after flu outbreak

Jane Parry *Hong Kong*

The World Health Organization is monitoring an outbreak of influenza in Hong Kong after it occurred in two homes for elderly people and two hostels for people with learning difficulties. A total of 31 people were admitted to hospital, including two who were admitted to intensive care. By 1 August, six were still in hospital in a stable condition.

Initial fears that it might be another outbreak of severe acute respiratory syndrome (SARS) have, however, proved unfounded. The Hong Kong government's virus unit isolated two viruses from the outbreak, both similar to the reference strain A/Panama/2007/99 (H3N2).

"The reason this outbreak was drawn to our attention was because there were questions

early on as to whether it could be severe acute respiratory syndrome," said Iain Simpson, spokesman for WHO in Geneva. "Clearly it's not, but any outbreak of respiratory disease is something we want to know about because all the indications are that we are living on borrowed time and are due a flu pandemic," he added.

Hong Kong is at particular risk from a new flu strain because of its proximity and close links to Guangdong province—the most likely source of a future global flu pandemic. It is also because of local preferences for buying freshly slaughtered rather than chilled or frozen poultry, according to Professor Yuen Kwok-yung, head of the department of microbiology and chairman of infectious diseases at the University of Hong Kong.

"There are more than 500 retail markets in Hong Kong selling live poultry, and there is a concentration of animals—each chicken has a caged floor area the size of a piece of A4 paper. There is also a lot of animal excreta and dirty water on the ground, and people are carrying



Freshly slaughtered chicken increases the risk of infection

freshly slaughtered chickens home with them. Any infection can spread rapidly," he said.

If more than one virus is present in the poultry population at any one time, such markets provide an ideal breeding ground for a mutant virus. "They create the environment for genetic mutation, re-assortment, and recombination, and the higher the number of viruses the higher the chance mutation will occur," said Professor Yuen.

The idea of banning the sale of live chickens was mooted in

Hong Kong in the wake of the 1997 bird flu outbreak, which resulted in the slaughter of the city's entire poultry population. But the idea was shelved in the face of public and industry opposition. "Eating habits are one of the deep-seated traits of Chinese culture, and to change them causes a lot of dissatisfaction among the locals. But centralised slaughtering, either in Hong Kong or over the border in China, would make it very easy to control hygiene conditions," said Professor Yuen. □

## "Yellow card" announcement used to head off concerns, experts claim

Lynn Eaton *London*

Two leading experts in drug safety and efficacy claim that their calls for a major review of the United Kingdom's "yellow card" system for monitoring drug safety were headed off by a government announcement that an inquiry into the system was under way.

Andrew Herxheimer, emeritus fellow with the UK Cochrane Centre, and Charles Medawar, director of the consumer research group Social Audit, presented evidence to the Committee on Safety of Medicines in July. This followed a survey they had carried out for the BBC after its screening in October 2002 of a *Panorama* programme on the selective serotonin reuptake inhibitor paroxetine (Seroxat). The programme had highlighted concerns with the drug. A second *Panorama* programme in May 2003 reported the survey results. Dr Herxheimer and Mr Medawar subse-

quently reviewed the adverse reactions reports filed by doctors under the yellow card scheme.

But the evening before they gave evidence, the Department of Health announced it was to review the yellow card system, taking the wind out of the experts' sails.

Dr Herxheimer and Mr Medawar carried out a study of 1374 emails that had been sent to *Panorama's* website after the programme's broadcast in October 2002 and to Social Audit's website from January 2000 to October 2002.

They then asked for copies of the anonymised yellow cards that reported suspected withdrawal problems and suicidal behaviour linked with paroxetine. These, according to Dr Herxheimer and Mr Medawar, highlighted "serious inadequacies" in the quality of the data submitted, processing of the reports, and follow up. The full

results of the study are to be published in September in the *International Journal of Risk and Safety in Medicine*.

Dr Herxheimer told the committee that the yellow card reports underlined "our concern that the changes in drug concentration in the body... can precipitate potentially dangerous mental turmoil, a finding previously missed and in need of urgent consideration."

Dr Herxheimer claims that his analysis showed flaws in the reporting system: "The adverse effects got translated from patient language into doctor's language and then into a coding language. It's a bit like Chinese whispers," he said. He added that drug companies would send in a large proportion of the cards. "They tend to classify the same things under different names so it won't look so alarming."

For example, he says, they would put "restlessness," "anxiety," and "akathisia" in separate categories, although they could be regarded as the same complaint, and reports of "non-accidental overdose" would not be classified as attempted suicide.

Dr Herxheimer and Mr Medawar also argue that the yellow card reports show that many patients were receiving too high a dose of the drug and that doctors were all too ready to increase dosages when patients initially felt worse on the treatment.

The review of the yellow card scheme was announced on 21 July, the day before Dr Herxheimer and Mr Medawar called for such a review in their evidence to the Committee on Safety of Medicines' working group on selective serotonin reuptake inhibitors.

However, a Department of Health press spokesman said the review was more concerned about who should receive detailed analysis of the cards, which normally name a patient, than about the way the data were collated. He said they had had a number of requests for such data and that the request for the information made by Dr Herxheimer and Mr Medawar was one of many similar requests.

"No one request has driven this review," he said. Drug companies believe the data could provide genetic reasons for adverse reactions. □