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Dead pigs scandal questions China’s public health policy

More than 16 000 dead pigs were found floating in Shanghai Huangpu River last month.1 It was unbelievable.

After investigations, the public and the media focused their attention on Jiaxing, 60 miles southwest of Shanghai, which was thought to be the source of the problem. With the large increase of the pig industry in the area, local farmers have difficulties in disposing of more than 300 000 carcasses every year, so one explanation is that some farmers threw dead pigs into the rivers just “for convenience.”1,2

China Central Television has proposed another explanation. For many years, illegally processed pigs have been brought onto the market by black market dealers without being sent to processing pits. Since some such butchers have been sentenced to prison recently, black market traders have stopped buying these illegally processed pigs, and farmers have had to get rid of these dead pigs.1

Sadly again, this scandal has highlighted some issues in China regarding public health, food safety, environmental protection, and regulation.2

First, we should improve the management, organisation, structure, and distribution of farms. Second, although China has a comprehensive set of laws for public health and food safety regulations, it seems that relevant authorities often fail to uphold them. In the future, local governments should establish and strengthen effective supervision, enforcement of regulations, and legislation.3 Third, anyone who violates the regulation or law should be much more severely punished than it is today to prohibit similar incidents from happening again.2 Finally, public awareness of public health and environmental protection issues should be promoted.

As recently recognised at the 18th National Congress of the Communist Party of China, we should promote sustainable development, rather than economic growth at the expense of environmental protection and public health.2 This recent dead pigs scandal suggests that China has still a long way to go; as the Chinese saying goes: “While the prospects are bright, the road has twists and turns.”

We declare that we have no conflicts of interest.

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1 Davison N. Rivers of blood: the dead pigs rotting in China’s water supply. http://www.guardian.co.uk/world/2013/mar/29/dead-pigs-china-water-supply (accessed Mar 29, 2013).
2 The Lancet. Food safety in China: a long way to go. Lancet 2012; 380: 7.
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Emerging risk of H7N9 influenza in China

4 years after the global pandemic of H1N1 influenza, a new type of avian influenza, H7N9, is emerging in mainland China. It was first reported in Shanghai on Feb 19, 2013. As of April 17, 2013, a total of 77 cases of H7N9 human infection have been confirmed, including 16 deaths. 30 cases, including 11 deaths, have been confirmed in Shanghai; 20 cases, including two deaths, in Jiangsu province; 21 cases, including two deaths, in Zhejiang province; three cases, including one death, in Anhui province; one case in Beijing; and two cases in Henan province.1,2

The H7N9 virus is a new influenza virus subtype, and it has not been included in the statutory infectious disease surveillance reporting system of China. No vaccine has been launched yet. The source of H7N9 human infections is unclear, but based on past experience and epidemiological investigation, H7N9 virus might be carried by poultry, in their secretions or excretions. About 40% of the patients have not been in contact with poultry before. China’s official media, quoting Gregory Hartl (a WHO spokesperson), stated that although transmission of H7N9 virus between human beings has not been reported yet, there is a risk that mutations in the virus could ease the spread. Moreover, men who are smokers are a susceptible group because of their pulmonary dysfunction associated with smoking.3

The incubation period of the H7N9 virus is generally less than 7 days. Patients usually present with flu-like symptoms, such as fever, and cough with little phlegm, which can be accompanied by headache, muscle aches, and general malaise. Patients with severe progression of the disease manifest severe pneumonia, with body temperature over 39°C and difficulty breathing. The disease can progress rapidly, accompanied by acute respiratory distress syndrome, mediastinal emphysema, septic shock, disturbance of consciousness, and acute kidney injury. H7N9 virus has attracted much attention. Chinese officials have actively responded to the infection, and introduced prevention and control measures. Shanghai, Nanjing, and some other places have suspended live poultry transactions and prohibited the

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entry of exotic live poultry. However, it is still a great challenge for the Chinese Government to control the infection. Unlike the SARS (severe acute respiratory syndrome) epidemic 10 years ago, H7N9 virus does not show signs of human-to-human transmission, and isolation of patients would not limit the transmission. Immediate culling of infected poultry is an effective measure. But more efforts must be made to prevent further spread of the infection.

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2 No epidemic link among H7N9 infection. http://www.chinadaily.com.cn/china/2013-04/08/content_16583585.htm (accessed April 8, 2013).

3 H7N9 deceased mostly male smokers. http://www.macaodaily.com/html/2013-04/07/content_792500.htm (accessed April 7, 2013).

Children’s heart surgery in Leeds, UK

I am writing to formally question your Editorial on children’s heart surgery in Leeds, UK (April 13, p 1248).1 Readers need to be fully aware of the inaccuracies on the issue of the mortality and safety of children’s heart surgery in Leeds.

It is stated, in the second paragraph, that during the review of the 11 surgical units in the UK that “the future of the unit in Leeds was in doubt, principally, when data seemed to show that death rates were high”. This is totally untrue. The Safe and Sustainable review of children’s cardiac services in the UK found that all units providing cardiac surgery were safe, and were operating within acceptable mortality margins with no statistical difference in survival between any unit. The decision to select Newcastle over Leeds by the Safe and Sustainable committee was indeed controversial but was based on criteria that had absolutely nothing to do with mortality rates, as you suggested.

Subsequently you state that “a vociferous campaign was staged in support of the hospital with a subsequent judicial review. The campaigners won in the short term. The conclusion of the judge was that there was insufficient opportunity given to contest the mortality data”. Again this is totally untrue, the case was contested on the fact that the review of services had not been transparent in the criteria it had used to assess service provision and had nothing to do with mortality rates.

In the third paragraph, you state “but these arguments do not change the underlying message: given the uncertainty raised by the incomplete data, a proactive response was the safest course of action”. This is the line that has been taken since the pause in surgery of the Leeds service. The service has been fully assessed, and it has been demonstrated that it is a safe service with no concerns around mortality rates. In this instance it would have taken a matter of hours to show that there were serious inaccuracies in the data which when corrected fully resolved the mortality concerns.

Finally, in the fourth paragraph, you state “Ultimately, judgments on how to achieve the best outcomes for patients must be based on finely balanced assessments of the data and not political grandstanding”. I would fully concur with this position and it is, therefore, disappointing that your Editorial failed to follow this approach by reporting significant factual inaccuracy.

Most importantly, as you indicated, it is the children and families who will be impacted by the constant misinformation appearing in the press (medical and lay), and we, in the medical profession, have a moral and ethical duty to protect them.

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1 The Lancet. Children’s heart surgery in Leeds, UK. Lancet 2013; 381: 1248-9.