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Chair

Mr. Paul Steckle

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● (1530)

[*English*]

The Chair (Mr. Paul Steckle (Huron—Bruce, Lib.)): Ladies and gentlemen, we're going to bring this meeting to order. The order of business today brings us to the subject matter of avian flu.

We have before us this afternoon a number of people from the CFIA who are no strangers to the committee: first of all, Brian Evans, chief veterinary officer of Canada; Judith Bossé, vice-president of science; Krista Mountjoy, vice-president of operations. Welcome. It's nice to have you with us.

From the Public Health Agency of Canada, we have Paul Gully, deputy chief public health officer, infectious disease and emergency preparedness branch. That's a long handle. Welcome, Paul.

From the Canadian Cooperative Wildlife Health Centre, we have Frederick—I'll call you Ted—Leighton, executive director.

Welcome, all.

I presume, Dr. Evans, you will be first. The time that is left after you're finished we will devote to questions; therefore, the less time you take, the more time for questions.

This is a very timely subject matter, and something we feel it is appropriate that we conclude before we have other things take over our time. Thank you very much for coming.

You're on, Dr. Evans.

Dr. Brian Evans (Chief Veterinary Officer of Canada, Canadian Food Inspection Agency): Thank you very much, Mr. Chair.

Thank you, committee members, for the invitation to appear before you this afternoon. We very much respect the work of the committee and the opportunity for you to pose questions. We'll try to be as brief as possible in our information session, so that we can answer the concerns the committee has.

Mr. Chair, I'd like to open with a bit of background on avian influenza. I think it's very important that we're all well grounded to the extent possible in the various understandings of the terminology and the science as it exists.

Avian influenza has been an issue of significant discussion in the media, both nationally and internationally, over an extended period of time now. It's important to recognize that influenza viruses circulate in a vast number of animal species. While there are influenza type-A viruses among avian influenza viruses that affect poultry and other birds, equally there are strains that circulate in horses, in the dog population, and in the swine population. It's very important that we have a broad understanding that the avian influenza circumstance is, in and of itself, not an unusual issue relative to poultry's having a host range of species for various types of the avian influenza virus.

We're always confronted with the issue of communication when dealing with such a complex issue. I believe a number of the members in this committee have been briefed, through parliamentary efforts, on the fact that there are 16 H types and 9 N types of influenza viruses. These viruses are designated by both an H factor and an N factor.

It's important, when we get into this discussion, that we also recognize when dealing with certain strains that have become quite infamous at the global level, such as H5N1, that we are talking about a specific strain of H5N1 or an Asian strain of H5N1. In the same way as you can have different combinations of H and N, you can also have, within a designation of H and N, a series of various other subtypes of that type of virus by genetic makeup.

Many of you are aware through recent press information in Canada—and we benefit from Dr. Leighton's presence here today—of a wildlife survey undertaken in Canada, partly in response to recommendations arising from this committee following the Abbotsford situation two years ago. We were encouraged to look at what the migratory pathways were and the pathways by which avian influenza could threaten Canada's circumstances. I'll leave it to Dr. Leighton to provide the context and background on that wildlife survey.

Normally wild birds are natural reservoirs for a wide variety of avian strains of influenza. In the vast majority of cases, these strains circulate rather ubiquitously within that population without causing significant harm to the wild bird population.

A1 viruses in birds, it's important to note, are classified in two primary categories that describe their ability to cause disease, or pathogenicity. There are low pathogenic strains that exist in the population on an ongoing basis, and in most circumstances there are very few, if any, clinical signs or loss of production capacity in the birds. But these viruses in certain types, particularly H5 and H7, have a propensity to become highly pathogenic, meaning they can become more virulent over time as they circulate in the bird populations. As such, they can cause very high mortality and problems with the bird populations, and as a consequence of that, they have a higher propensity to cause issues at the international level from a trade perspective.

As I've indicated, at the CFIA, in response to our colleagues at the international level, we pay particular attention to those strains that are designated by H5 and H7 subtypes of the virus. That is based on the historic predisposition of these subtypes to mutate in birds from low pathogenic to highly pathogenic strains. As I've indicated in dealing with the issue today, it's important that we don't focus on any H or N combination, but that we differentiate between the Asian strain and the measures being taken to deal with it both internationally and by Canada at our own border, and those that may be found as natural background in the populations.

We have seen the expression and extension of this Asian strain of H5N1 within the Asian community over the past three-year period. Obviously as this disease continues to spread, either through migratory patterns of wild birds or otherwise, it has the potential to infect other communities. As the broader number of communities becomes infected, the level of risk to all communities begins to increase.

The Asian strain of this virus is now recognized to be endemic in birds in a number of Asian countries and has spread to previously uninfected areas, particularly of Eurasia, including Russia and Turkey. It is possible that the virus will spread further, through migratory and other means—we'll talk about those later as well—into the Middle East and eastern Africa by known migratory flyways.

● (1535)

It is important to recognize that of course this virus can move around the globe through a number of means. The migration of wildfowl is one that has received significant interest in recent time. The normal movement of birds and their products through natural commerce is certainly another area. Increasingly around the world we focus on issues dealing with the illegal movement of products that may be the result of any number of factors of socio-economic consequence. Of course, they can also be carried by individuals, on their clothing or boots, giving rise to some of the border measures that are important in terms of ensuring that people who are returning to Canada do not bring with them certain products, or, if they have visited farms and potentially affected regions, that they take careful note on their declaration card and deal with those issues at point of presentation in Canada. We work very carefully and closely with the Canadian Border Services Agency to provide alerts to them for targeting of flights from areas originating from those parts of the world.

Certainly we recognize fully that a domestic outbreak of the Asian strain of H5N1 could have significant public health, economic, social, and international implications for our country. As with BSE or even SARS, that impact could potentially be out of proportion to the actual true level of risk or number of cases of animal or human illness. We live in a world where vigilance is important, but equally are caution and concern.

The international capacity to deal with avian influenza, quite frankly, is uneven at best. The great concern we do have is that as the risk moves to other countries, we in Canada see ourselves not only rallying to provide the highest level of protection to known risk within our borders but also needing to make additional investments to manage the risk at source in other countries by the sharing of expertise, technology, and capacity. To contribute to that capacity-building is a very important contribution by the Government of Canada, because it's always better to deal with it before it's reached your shores than after it's reached your shores.

In terms of the overall state of readiness, certainly I would be very open to share with the committee over the course of the afternoon a full report, for the consideration of your recommendations, arising from the standing committee report of the 2004 B.C. outbreak, as well as our own internal lessons learned review, and the review that did take place with industry and provinces. As a result, we have worked very hard over the ensuing period to strengthen the four-pillar influenza response plan.

First, dealing with prevention, a number of measures have been taken to help prevent an outbreak of A1 in domestic poultry in Canada. This includes strengthening our working relationship with provincial and industry partners, primarily in the area of enhancing bio-security protocol at the farm level. We continue to work with our Canadian Border Services Agency colleagues on our ability to strengthen our border controls by more targeted inspections coming in, more broad use of our detector dog programs, and other tools available to us in terms of early warning systems.

It's important as well that we continue to progress on the surveillance of domestic poultry in abattoirs for the H5 and H7 subtypes. As we said earlier, some of these could start as low pathogenic strains, not demonstrating any clinical evidence in the birds but with the propensity to become highly pathogenic over time.

Part of what we've been doing over the past period of time, through the benefit of the early warning system that the wildlife efforts are beginning to provide to us, is to work with our provincial partners in terms of making sure that there's an ongoing review of poultry disease records and any trends that would develop over that period of sampling, and that there is a retrospective, ongoing assessment of all pathological submissions to ensure that nothing is left undetermined or unconfirmed.

The wildlife survey under way, which started in August with the sampling program with provinces and with the wildlife organizations, is primarily directed to establishing a baseline understanding of the presence of what strains of avian influenza are present in migratory birds in Canada. We in Canada are home to three primary migratory flyways. Again, I'll leave it to Dr. Leighton to provide you further detail should the committee wish.

In the area of preparedness, we've moved forward in terms of expanding the laboratory network across the country to accredit additional laboratories and to move new technology into the hands of provincial first responders. The foreign animal disease emergency support plans have been updated with all of our provincial partners.

● (1540)

In addition, in recognition of the fact that certain catastrophic events can always overwhelm available capacity, we have finalized and put into place an international veterinary reserve agreement with six other countries. It allows Canada, or any of the five other member countries, to access highly trained technical experts to respond to emergency disease outbreaks on 24-hour notification to the other countries.

The Canadian Animal Health Network is working on real-time exchange of animal disease information among all laboratory systems within the country. We are also working hand in hand with our colleagues at the Public Health Agency of Canada who are present today, recognizing that animal and human interface is fundamental to public confidence, and that public confidence is fundamental to the best interests of Canadian society and to our industry.

Should an outbreak occur, in terms of the response pillar, a number of plans are in place to facilitate a rapid deployment. Detailed operational protocols are in place now for quarantining, testing, and ensuring humane depopulation. A number of disposal options are being further catalogued and put in place in addition to the composting or bio-heat treatment aspect that was established in Abbotsford. Research continues in other areas of disposal.

In the areas of recovery, of course it's very important that we are in a position to assure our international colleagues at the highest possible level that we are able to limit the spread of the disease through policies for movement control—being able to zone, regionalize, or even compartmentalize within an infected zone. Other countries must be able to recognize the disease is not pervasive, that it has not spread throughout the entire geography of Canada, and to that extent as well, that there are recovery initiatives specifically in place for industry. We've learned very clearly at the global level, in the absence of compensation to the direct producer, there's not much incentive at various times to be seen as part of a problem. So it is very important that we continue our work and integrate our compensation efforts in dealing with the health of animals authorities with those of the line department at AAFC.

I would conclude my remarks at this point, Mr. Chair, and ask, with the indulgence of the committee, to have Dr. Gully speak to some of the public health interfaces we are actively pursuing.

The Chair: Dr. Gully.

Dr. Paul Gully (Deputy Chief Public Health Officer, Infectious Disease and Emergency Preparedness Branch, Public Health Agency of Canada): Thank you, Mr. Chair and members of the committee.

I appreciate being here on behalf of the Public Health Agency of Canada, and also especially we're working closely with the Canadian Food Inspection Agency. As you may know, the CFIA and we ourselves presented in front of the Standing Committee on Health last week, and it indicates the close working relationship we have.

We just want to clarify some of the terms used. Whereas you've had the description of avian influenza, human influenza essentially runs usually in parallel. Therefore, seasonal influenza is what occurs in humans each year in Canada, in the winter, and it is a disease we encourage everyone to be immunized against.

A pandemic occurs when we have a human population with no immunity to the circulating influenza virus. This would occur if that influenza virus that is circulating has changed markedly, either as a result of a mixture of an animal virus and a human virus in humans or in swine, for example, or as a result of a total change—an avian virus, for example. I will come back to that.

I just want to also note the difference between vaccines and antivirals. Vaccines, as you well know, were used for immunization programs—injections to produce antibodies for protection against a disease. We require annual immunization against influenza because the circulating virus for influenza changes each year, unlike other diseases such as measles, for example, where the virus remains stable.

Antivirals, on the other hand, are used for either prevention of acquisition of an infection or, more commonly, for treatment of individuals who actually acquire the infection, and they are shown to be effective in terms of influenza if given within 48 hours of the development of symptoms. At this point in time, antivirals are usually used in this country for outbreak control, especially in situations such as long-term care facilities.

The human health issue at the present time with avian influenza is the transmission of the H5N1 virus to humans in a limited number of situations in Southeast Asia. There have been 125 cases of H5N1 in Vietnam, Cambodia, Thailand, and Indonesia, resulting in 64 deaths as of November 9.

With the increased spread of H5N1 in Asia, there is an increased risk of change in that virus that might make it more pathogenic—virulent for humans—but also there is an increased risk of it mixing with human virus, either in swine or actually in humans. At this time there is no evidence that the current H5N1 avian flu virus would spread efficiently from human to human. As I have said, it has spread to humans, but not from humans to humans.

The H5N1 virus first affected humans back in 1997 and then has been in Southeast Asia more predominantly in the last two years. It has been there since then, to a greater or lesser extent.

There have been three previous pandemics of influenza in this century: the swine flu pandemic, the one in the 1950s, and the one in the 1960s. We feel that a pandemic of influenza in humans is inevitable, but when that would occur we cannot say.

So we feel that preparation for a human pandemic is appropriate. There is a Canadian pandemic influenza plan in place. This was published in February 2004. In fact, that plan had been developed over a number of years before that, and Canada was one of the first countries, in fact, to publish their plan. It includes the roles and responsibilities for all levels of government, and it is developed by the federal, provincial, and territorial governments as a model for national health emergency response plans in terms of preparedness, response, and recovery sections.

It is currently being updated for two reasons: one, because the World Health Organization has changed their classification of pandemic phases; but secondly, we're adding to the plan, and in particular, the plan that will come out next month will have an added section on other public health aspects and means of preventing the spread apart from vaccine and antivirals.

● (1545)

Most provinces and territories have developed their own plans and some have published them. Health Canada is, in particular, working with the first nations and the provinces to ensure that the plans for first nations on reserve and for the provinces are integrated.

You'll be aware that the U.S. two weeks ago published their plan, which is in fact comparable to the Canadian plan. In fact, we had meetings with them before they developed and published their plan.

In terms of the state of readiness, we do have a strategy for the production of a pandemic influenza vaccine. Such a vaccine can only be developed and made at the time of a pandemic because we would not know what the appropriate strain is to make a vaccine against it until a pandemic occurs.

We do have a contract with a domestic manufacturer to produce a vaccine. On the current capacity, the infrastructure, which has been paid for by the Government of Canada, as of now that infrastructure could produce six million doses a month. As of next year we could produce eight million doses a month, and if we had the resources available, we could actually produce a good deal more than that. We were recently made aware of that by the manufacturer. So we have a domestic manufacturer, which is a very important component.

In addition, we hope to be able to develop a contract with the manufacturer to develop what we call a mock vaccine or a prototype vaccine against H5N1, because all the viruses are different, and all the vaccines produced for these viruses would be different. We think it's appropriate to at least fund the manufacturer to look at the issues in creating that vaccine—perhaps numbers of doses, the formulation of that virus. We do not think it's appropriate to spend resources in producing a stockpile of that vaccine; however, other countries have decided differently.

Antivirals are different. We believe we should have a strategy for antivirals, but as a stop-gap before a vaccine is available. It will take a number of months before a vaccine is available because of the production technology used these days. At the moment, as a result of advice from the Pandemic Influenza Committee, we have approximately 35 million doses of antivirals available in this country, and we're considering looking for funds to purchase more.

We're also improving our surveillance capacity both domestically and internationally, as you will know from Dr. Evan's report and through Dr. Leighton. We're involved in the surveillance of domestic poultry to look at whether that could possibly pose a risk to humans.

We also are developing what's called the emerging infectious disease research network, so that, unlike the situation that we were presented with during SARS, where we did not have a capacity to immediately respond to questions that arose at the time of SARS, we would not be in that situation in the future. We will be better prepared.

We are also working with the provinces and territories and with the Council of Health Emergency Management directors and the emergency social services directors to work in line with the national emergency response system to further develop plans across the country and assist development plans across the country. We're prepared at the borders in terms of quarantine services. We have supplies in the national emergency stockpile system.

Communication will be an important part of the readiness, both in terms of informing public health colleagues and animal health colleagues of situations as they develop, but also then to communicate, before a pandemic, with Canadians in terms of explaining our policies in terms of antivirals and vaccines, which we feel is particularly important. Then we will work with professional associations to ensure that front-line health care providers are also informed and also have the ability to inform us of what is going on.

● (1550)

There are a number of activities internationally that are, you might say, increasing for us: working with other countries, in particular Vietnam, in supporting their laboratory diagnostic facilities; supporting the World Health Organization in line with the way CFIA is working with the OIE and the Food and Agriculture Organization; working with the Global Health Security Action Group, made up of the G-7 plus Mexico, which has a ministerial level meeting this week in Rome; and working with APEC. We are also working with the U.S. and Mexico under the Security and Prosperity Partnership of North America, with a plan to produce North American shared plans, or consistency of plans across North America for pandemic preparedness. There's also a CIDA-funded project to assist countries in particular areas of Southeast Asia to improve their preparedness. On that issue, as you are aware, there was a recent international meeting of ministers of health, and there's a long communiqué from that, outlining clearly the areas in which countries are interested to work internationally.

So the priority areas continue to be a coordinated approach across the government, and in that respect we are working closely with the PSEPC, who do have a role in coordinating other government departments, not only in terms of emergency preparedness, but also in terms of business continuity, and working with our colleagues in the agricultural sector, continuing to build surveillance and other parts of capacity-building, including antivirals and vaccine capacity, risk assessment and risk communications, and integrating with plans in the agricultural sector.

Thank you, Mr. Chair.

● (1555)

The Chair: Thank you very much.

Dr. Leighton, have you anything to add before we move on to questions?

Dr. Frederick Leighton (Executive Director, Canadian Co-operative Wildlife Health Centre): I have a brief presentation on the wild bird situation. I think I can be quite brief, because some of the material has already been covered.

The Chair: We've only got an hour and a half left.

Dr. Frederick Leighton: Would you prefer that I...?

The Chair: I think you should make a statement if you have something you want to say; we're not trying to deny you that, but we have to keep it brief so we have time for questions.

Dr. Frederick Leighton: I'll be guided by you. I'm here at your disposal.

The Chair: Sure. Just give us a brief summary of what you have there.

Dr. Frederick Leighton: We have some notes, so I'll just briefly cover what's in here and skip material that's already been covered.

There's a lot of interest in the role of wild birds in avian influenza viruses worldwide. I'll just point out that wild birds really have two particular roles with respect to avian influenza virus. One is as reservoirs of many thousands of different strains and varieties of those viruses, the vast majority of which are not known to cause any disease at all in either wild birds or other species. There are also occasional situations where wild birds actually suffer disease from avian influenza.

Dr. Evans has covered the issues of strains and the meaning of H and N. I would just emphasize that knowing that a virus is H5N1 tells us nothing about whether or not it can cause disease. There is other information that must be known before you can make that judgment. So it's important to recognize how vague and general that kind of classification is.

Influenza viruses are very widespread in wild birds. To date, about 100 different species have been tested and found to be secreting some form of influenza virus. That's worldwide; it's not restricted to any part of the world. But of the birds that are known to carry these viruses, wild ducks by far seem to be the greatest single reservoir. If you go into a population of wild ducks and sample them, you'll find between 60% and 1%—depending on the age, time, location, etc.—infected with some influenza virus. Viruses are present in all combinations, and as I mentioned previously, all of the viruses isolated from wild birds that are healthy and just flying around and happen to have these viruses have not been disease-causing forms of influenza viruses, either for poultry or for the wild birds themselves.

I think one of the reasons I was asked to come here was to tell you briefly about the survey that has recently been conducted and is still ongoing for avian influenza in wild birds in Canada. This survey was undertaken, not specifically as an early warning device to see if we're going to have the Asian strain and pick it up through this survey, but for background information. In order to improve our capacity to assess the bio-security of the poultry industry, we have to know which viruses are on each side of the wall so we can know whether the wall is leaky. The survey can help us assess a variety of health risks associated with avian influenza in animal and human health; build up a national archive of these viruses, which can be useful in the future in selecting virus strains that may be useful for vaccines and this sort of thing, as Dr. Gully has mentioned; and test and put into practice Canada's laboratory capacity to identify viruses across the country—Canada's avian influenza virus laboratory network.

We sampled healthy ducks across the country this fall, from August to October. We targeted six general migration corridors. If you're not familiar with migration corridors, there is a map here that gives you a general sense of how ducks migrate from north to south. There is another map of Canada, and the stars show exactly where the various samples for this survey were taken across the country, from coast to coast.

We tried to get 800 ducks at six different locations, sampling six migration corridors. We came close to that in the end. The object was to identify all the viruses that were there.

I want to emphasize that this was a very efficient inter-agency program. The samples were collected by the Canadian Wildlife Service, Ducks Unlimited, and the Ontario Ministry of Natural Resources. The actual testing for viruses in the first instance is being done at six different provincial veterinary diagnostic laboratories. This is in part to turn the wheels of the avian influenza network with some real samples and challenge that system to test it out. So that's in British Columbia, Alberta, Manitoba, Ontario, Quebec, and one laboratory covering the Atlantic region.

The detailed identification of these viruses, beyond H and N, is being carried out by the Canadian Food Inspection Agency and the Public Health Agency of Canada in their specialist laboratories in Winnipeg. The survey coordination is by my own organization, which is itself a partnership between federal and provincial government organizations and Canada's four veterinary colleges.

● (1600)

I've given you the results to date—this is public knowledge—and we're only about halfway through the initial detection, but you can see we've collected about 4,400 samples. We've done the preliminary tests on 2,845, of which 40% contain at least one influenza virus. We've tested them for the H5 group and found great variation across the country—47% in British Columbia versus 5% in Manitoba, 7% in Quebec. No H7 viruses have been found thus far. We anticipate that this preliminary virus work will be finished at the end of this week.

The last point I would make, on panel 5, is to answer a couple of questions that I think are foremost in people's minds when they think about the current situation in Europe and Asia and wild birds, and that is whether wild birds could bring this highly pathogenic Asian H5N1 to North America. The answer is that nobody knows. But to evaluate that, I think we have to, first of all, think what the requirements of doing that would be and what the evidence is, and whether those requirements could be met.

First of all, wild birds have to maintain this infection. They have to remain infectious for some period of weeks or months to really move a virus from Asia up north and then back down into Canada. So far it appears that's possible but unlikely. Experimentally, with this virus the wild birds that have been tested shed virus for less than 10 days. So one can't rule it out, but it seems like a low-probability event.

Second, Asian and European and North American birds must mix if they're going to exchange viruses. Does that happen? Yes, it does, to a small extent. I've provided you with a Food and Agriculture Organization map that shows raw general migration patterns, and if you look, you'll see that there are corridors of migration along western Africa and Europe that overlap with the Canadian Arctic, and from Asia that overlap with the Canadian far north.

So yes, there are places where those birds overlap. However, genetically, when these viruses in North America and Asia and Europe have been looked at, it appears that there's actually very little exchange of genes—some, but very little—suggesting that there's probably not much exchange, but there probably is some.

Again, based on experience in Asia and Europe, so far it appears much more likely this virus will move around in the legal and illegal transport of goods rather than in the movement of wild birds. In terms of probability, it's much higher for the movement of goods, much lower for wild birds.

The last question was, supposing H5N1 were to come to North America in wild birds, are we in any position to detect it and to respond to it? The survey we just did is not really intended for that. It has a different purpose. Canada does have a program called the national wildlife disease surveillance program. That's really a primary reason for the Canadian Cooperative Wildlife Health Centre's establishment in 1992, to undertake that kind of work, to look at causes of death and disease in wild animals, to record this and to analyze that kind of information. It's a modest, low-capacity program. It doesn't really meet current needs very well.

But Canada also has quite a sophisticated plan—the envy of some nations, such as our friends to south—called the national wildlife disease strategy. You have a copy of that. Implementation of this plan would really be Canada's best means of protecting society against agents like the H5N1 strain and similar diseases. So if there's a direction to go with respect to that kind of preparedness, we have a terrific plan, but it does need implementation.

Thank you, Mr. Chairman.

The Chair: Thank you, Dr. Leighton.

Now, we'll move to questions.

Mr. Ritz, seven minutes.

● (1605)

Mr. Gerry Ritz (Battlefords—Lloydminster, CPC): Thank you, Mr. Chairman.

That's a lot of information to take in for half an hour and then try to get back to you with things.

Is it Dr. Leighton?

Dr. Frederick Leighton: Sure, yes.

Mr. Gerry Ritz: Okay, great. It doesn't say on your name tag, and usually I like to be right.

I understand you're out of Saskatoon.

Dr. Frederick Leighton: Yes.

Mr. Gerry Ritz: Yet I look at the map and I see that Saskatchewan is a breeding ground for hundreds of millions of ducks, and we don't have any samples from there.

Dr. Frederick Leighton: That's right. There's a reason for that, and it has to do with—

Mr. Gerry Ritz: It's too close to home.

Dr. Frederick Leighton: No, it's not because Saskatchewan wouldn't play ball. It has to do with the fact that the migration corridors used by ducks in Saskatchewan are, on the west, the same as in Alberta and, on the east, the same as Manitoba. Wishing, in a first cut, to try to get a survey done well in a limited number of places with the laboratory capacity currently available, we chose to use six locations that would cover all the corridors, but it misses Saskatchewan.

Mr. Gerry Ritz: Great. But your colleague Dr. Evans is saying that the laboratories have been expanded and we have laboratories that are the envy of the world, yet you're telling me there's not enough lab capacity to even do 4,400 samples.

Dr. Frederick Leighton: No, there is lab capacity to do those 4,400 samples, and it is being done.

Mr. Gerry Ritz: You're also saying we need a lot more samples than that.

Dr. Frederick Leighton: No, not for this survey. If I gave that impression, that's not what I meant. In terms of being prepared to really get the maximum information we can out of the occurrence of diseases in wildlife, be it for influenza, be it for the next version of SARS, be it for whatever comes out of wild animals—and that's where most of the emerging diseases are coming from these days—we need a somewhat expanded system from what we have.

With respect to this influenza survey—

Mr. Gerry Ritz: How long are we away from that expanded system that we need?

Dr. Frederick Leighton: I think we have a terrific plan there, the national wildlife disease plan that was approved by resource ministers in October. I think approval is a fishing licence to find funding.

Mr. Gerry Ritz: How long? That's my question.

Dr. Frederick Leighton: That could be fully established in a five-year timeframe.

Mr. Gerry Ritz: Do we have five years?

Dr. Frederick Leighton: I think we certainly have five years.

Mr. Gerry Ritz: Okay, so this isn't an emergency, then.

Dr. Frederick Leighton: The influenza situation around the world, the pandemic threat, is certainly something we need to pay attention to. The emergence of wildlife diseases is something we need to pay attention to, but we have to ramp up to it. I don't think we can get there any quicker.

Mr. Gerry Ritz: Okay, great.

I have a general question. When it comes to government intervention in anything, there's always a contest between who's in charge. Basically, I'd throw that out to you. This question came before us in the health committee, too, Dr. Evans.

Who is in charge? We talk about emergency preparedness for this type of thing, and we have the provinces with their own plans, the aboriginals with their own plans, and the territories with their own plans. How are you going to integrate this without having all these fights that we saw in Abbotsford that really contributed to the flash flood we saw in the avian crisis out there? Who's in charge?

Dr. Brian Evans: I thank the honourable member. I think it is a legitimate question, because we're dealing with events that cross multiple jurisdictions. The economic impacts are across multiple jurisdictions, federal and provincial, multiple departments. Therefore, in developing these plans it is important that there is a primary sense of accountability that starts at the top of the organization.

I would ask if you would give me the opportunity to have Krista Mountjoy speak a little bit about the changes we've made in the emergency response.

Mr. Gerry Ritz: I just need a name. I just need a department. Who's in charge? Is it the Deputy Prime Minister in Emergency Preparedness? Is it Health Canada? Is it Agriculture Canada? Who do we go to?

Dr. Brian Evans: It's fair to say it would depend on the nature of the emergency. If you're dealing with an animal disease, there's no doubt that the CFIA has the lead responsibility as it relates to an animal disease. When you're talking about a zoonotic disease that can affect both animals and humans, we have the lead as it relates to the animal level, in close collaboration with the Public Health Agency to direct us and inform us, and vice versa, in terms of its progression and the early identification should it jump from domestic to humans.

Mr. Gerry Ritz: Okay, but who is going to order the vaccine? Who's going to say, okay, this is the crisis; here we are, and here's the plan of attack. We're going to order the vaccine. We're going to distribute it across the country. Who's going to make that call?

Dr. Brian Evans: My best answer to the honourable member is, if you're asking me who would order for animal vaccine, we would; if you're asking me who would order human vaccine—

● (1610)

Mr. Gerry Ritz: I'm talking about the human side of it here. That's what we're preparing for.

Dr. Brian Evans: I would leave it to the Public Health Agency, then, to speak to the organization as it deals with the human vaccine component. But again, I think it's important when we look at emergencies to recognize that within any emergency there are a number of planning cells that have to work well together, and within that structure in Canada, we do have the broader issue where it does cross jurisdictions, which would be managed then by PSEPC. But at the same time, any emergency response starts at the first level of response, and at that point, it's that early assessment that dictates very quickly who ultimately has to make the decisions. It's that early assessment capacity to determine if this is restricted in this area, if this is a regional problem—

Mr. Gerry Ritz: Part of your plan, then, has clear-cut rules of engagement on, if this is the scenario, this is how it comes down, and you have that agreement with the provinces and the aboriginals and everything right now; you have it in writing and you're ready to go.

Dr. Brian Evans: Well, I can speak from the CFIA perspective. We have identified the triggers with our provincial colleagues that allow us to say, at this point of detection, at this point of trigger, it is now our jurisdiction, our primary lead.

Mr. Gerry Ritz: You have agreement at the provincial level that they're okay with that, the aboriginals are okay with that, everybody...this is seamless.

Dr. Brian Evans: In the face of emergency, nothing is seamless. You can be prepared to the extent that you can be, but the nature of an emergency is that you will always have to deal with untoward events. The reality, as we have seen in Canada....

I don't underestimate at any level our competency and capacity in this country to respond effectively at the animal level.

Mr. Gerry Ritz: That's not my question. The question is this. It takes 24 hours a day, 7 days a week, somebody making the calls to say this is what's needed, or that is what's needed, and it happens. I see in here where the Government of Canada emergency operations centres are maintained on a 24/7 basis. That's the same agency that the captains of the ships that were loading to go to New Orleans were calling and couldn't get an answer. So I guess we already have some weak links in the chain and we're making some changes in that regard.

I still have some major concerns as to who's going to make the call and how it's going to come down. I'm probably out of time. My colleagues will continue with that line of questioning.

That's my biggest concern. We can have the best plan in the world, but unless someone is there to make the call, it's not going to happen and you're going to end up with infighting. It just slows everything down and goes off the rails, and then you have to put all that back together again before you get back to this plan.

The Chair: Dr. Gully, very quickly, and then I think we'll continue on with the next questioner.

Dr. Paul Gully: In terms of purchasing the vaccine, first of all, we would wait for the WHO, essentially, to say there is a pandemic—and we have to do that. The reason for this is that the vaccine capacity would have to switch from seasonal vaccine to pandemic, and that's a big decision. Once that occurs, the Minister of Health would actually then implement the pandemic contract, which we have, and essentially request, under that contract, that the manufacturer start manufacturing the vaccine.

Mr. Gerry Ritz: On that point, what would the timeframe be?

Dr. Paul Gully: Which timeframe?

Mr. Gerry Ritz: The WHO is going to say, okay, we've got a pandemic. How soon can we start putting needles in arms and attacking it?

Dr. Paul Gully: There are things that we have to wait for. We have to wait for the seed strain of the vaccine, which would have to come, in our case, from the WHO reference laboratory in Atlanta. There are four in the world. Once we get this, that would go to the manufacturer, and it could take, as we've estimated, two, three, or four months to actually produce the vaccine. That is the timeline that we're trying desperately to reduce as far as possible, especially working with the regulator. In fact, that's a technological timeline; it's because we're doing it on eggs. If, in fact, we had better technology, future technology, cell-based, for example, which at the moment doesn't seem to be feasible, then it could be much shorter. That's a timeline that is no different in Canada than it is for any other country in the world.

The Chair: Mr. Bellavance.

[*Translation*]

Mr. André Bellavance (Richmond—Arthabaska, BQ): Thank you, Mr. Chairman.

Thank you for coming and presenting your briefs to us.

I think we are very aware that the situation is disturbing, because more and more cases of Avian flu are being reported throughout the world, even in Europe.

The real question is whether the government and the Canadian Food Inspection Agency have learned any lessons from the epidemic that occurred in British Columbia in 2004.

In a very devastating report, this committee noted a number of problems in the work done by the Canadian Food Inspection Agency at the time of the crisis in 2004. A BC government report also pointed out some problems. So we have to wonder whether any lessons have been learned from this outbreak. One of the problems mentioned was a lack of leadership on the part of the agency.

In a crisis, I don't think we should be wasting time quarrelling about who is responsible for what or wasting time because of uncertainty caused by poor coordination of resources or the fact that responsibilities were not clarified before the crisis happened.

The federal government, like the Government of Quebec and that of other provinces, does have a plan. Are you now prepared to harmonize the federal plan with the plans in place in Quebec and the other provinces so that action can be taken in cooperation with the industry and the local authorities?

We want decisions about the jurisdiction and responsibility of all players made as quickly as possible and with no ambiguity. We are also wondering whether any exercises have been planned.

I recently visited a poultry operation in my region. The biosecurity standards were excellent, and they were in the process of setting up a plan for practical exercises, because certain approaches were developed following the incident in British Columbia.

I am sure there is a desire to improve the situation, but are you prepared now to work with the provinces and local authorities to establish theoretical tests?

There were a number of parts to my question, but I would like you to go into some detail on the matter I just mentioned.

● (1615)

[*English*]

Dr. Brian Evans: It is certainly a very important question, and it's certainly a question that has a number of facets associated with it.

Let me say up front that again, as I've indicated on several occasions, the agency very much values the recommendations that were brought forward by the standing committee. We have taken extreme note of those, and we've diligently worked to the full extent of our capacity to try to address them, not only within the agency but outside the agency, with other jurisdictions. I would ask Krista Mountjoy to speak specifically to that.

I would close with two other comments.

We had a meeting last week with all of the provinces on federal and provincial preparedness for avian influenza. All the provinces left that meeting with a very high degree of confidence and a high degree of respect, both for interprovincial jurisdictional capacity at this point in time and for the level of collaboration and support that they felt they were getting across the board.

The final point I would make very quickly, before I ask Krista to talk about the adjustments that have been specifically made based on the committee recommendations.

I think it's important that we are critical of ourselves. It's important that we take criticism and we turn it into positive action. As I've said before, no country in the world can be fully prepared, but you can always strive to be better prepared to deal with any emergency circumstance. In that regard, I welcome the criticism, from the Canadian perspective, that we can do better, and we will do better in the future.

It's also important to recognize how we're seen by the rest of the world. We live in a global community. It's important that there's international confidence in what we do from the economics of our trade, from the economics of our industry, and from the economics of tourism. Any of those factors play very heavily in Canada if we've lost international confidence in how we control disease.

I would again point out to the committee that all the international reviews that were conducted of Canada, following the avian influenza outbreak, noted three things.

First and foremost, unlike other countries that have dealt with H7 outbreaks, we did not suffer public health losses; we did not have deaths in the human population. I think that speaks to the relationships. Although maybe not perfect, they did achieve what they were intended to achieve. We did not have a public health consequence beyond some mild conjunctivitis in exposed workers. To the international community, that speaks volumes.

At the same time, we maintained the infection within the defined controlled zone, which allowed countries to make decisions that did not impact on all of Canada. To a large extent, 90% of our poultry industry did not suffer economic consequences because of the reporting and finding of that disease in Abbotsford. That's again very important to our industry in terms of its international competitiveness and its ability to sustain the confidence of international marketplaces.

At the same time, as this committee well knows, we were dealing with some 800 farms within a very concentrated area of Abbotsford, where people were moving and there were issues around containment associated with that, and where industry has taken great strides to introduce new bio-security measures in Abbotsford that approach and parallel those in existence in other provinces. Even so, we maintained the positive findings to less than 7% of the farming poultry operations within that jurisdiction.

I think that international assessment is as valid as our domestic ability to say that we can do better.

I would ask Krista to outline how we have responded to a number of the points you have raised. These are points that the provinces are supporting at this point in time as well.

[*Translation*]

Mr. André Bellavance: You give an almost positive report on what happened in Abbotsford. I'm sure you would nonetheless agree that there were some serious problems and that the area affected could have been much smaller than it actually was.

Some inspectors went around from place to place either in a vehicle or on foot and may have spread the contamination.

The agency also seems to be holding back some information. There was not enough information shared with the province and the local authorities. As a result, people in the field were doubtless in the best place to determine exactly what to do. In other words, there could have been a much more specific dialogue on what should have been done.

A number of investigations have revealed some problems after all.

● (1620)

[*English*]

Dr. Brian Evans: I appreciate that. We acknowledge that fact.

As I said, we respect the findings of both the review of this committee that was done simultaneously with industry and the review that was done with the provinces and other jurisdictions. We've reviewed this from many perspectives, and there were lessons learned.

There is room for improvement, and we are working hard to do that. I would ask that you would grant the opportunity for Krista to explain some of the progress that has been made, because it really is important.

Again, for those types of issues, particularly with bio-security, there needs to be ongoing recognition that there is a collective community dealing with these issues as well. One is not simply saying that it's the role of government to make sure this can't move from this farm to that farm, when you have to deal with issues of ventilation and you have to deal with other issues that are beyond regulatory control. That's why I again think that in our report, you will find that the issue of bio-security is fundamental to controlling any disease that can be spread by aerosol, water, or any number of materials.

Ms. Krista Mountjoy (Vice-President, Operations, Canadian Food Inspection Agency): Thanks. I'm pleased to respond to your question. In fact, I echo Dr. Evans' comments in the sense that the agency did listen carefully to the feedback that we received post-Abbotsford, and we have worked very hard and diligently on the lessons learned document, the recommendations that were presented to us.

This committee in fact did present a recommendation to us to look at the creation, the enhancement, of a special animal disease response team, which responds in part to these questions of how do we respond, how quickly can we respond, and who's in charge.

And I'm happy to be able to tell you that such a team exists. It exists at the local level and can be augmented not only with CFIA experts but also provincial experts, other local experts, academia within Canada, and as well, we can draw upon international experts through an international veterinary reserve agreement, which my colleague Dr. Evans can speak to. We have supplemented that team with the equipment they need, not only in terms of personal protective equipment and occupational safety and health protocols, but also other heavier type equipment that's needed to do our jobs in the face of an outbreak.

With respect to your question around plans—plans with provinces and other stakeholders—we call these our foreign animal disease emergency support plans. And we have been working on these FADES plans for years in both the agency and, prior to it, Agriculture and Agri-Food Canada. What we learned in Abbotsford is that we have to make sure we're inclusive in these plans, not only from an animal disease perspective, but in working with our colleagues in the public health arena, to make sure we have well respected and engaged that animal-public health interface.

So for ourselves at the federal government level, and for the provinces...and we've had extensive discussion with the provinces around working not only with provincial colleagues in the agriculture arena, but also health and the new dimension of emergency management at the provincial level. They are now all part of our discussions with respect to these plans. We all understand how we're going to work together. In fact, in many instances we have moved forward to exercise these plans. And it's not only a government exercising of the plans; we have engaged industry as well, particularly in some cases the poultry industry, which, as we have seen, was affected in the front of the—

[*Translation*]

Mr. André Bellavance: Have any simulations...?

[*English*]

The Chair: Your time has grossly expired, Mr. Bellavance.

Mr. Easter.

Hon. Wayne Easter (Malpeque, Lib.): Thank you, Mr. Chair.

Thanks for the fairly extensive information you provided. Dr. Evans, I really believe, when you look at it from a global perspective, that under the circumstances you did reasonably well on the avian influenza problem we had in Canada. And I think the rest of the world recognizes that. Yes, there was some criticism, and the committee found that, and I'm pleased to see you're acting on it.

Dr. Gully, you said in your remarks that most provinces were part of the plan. I believe that is what I heard. Are there some that are not?

Dr. Paul Gully: What I did say was in terms of the national plan that was agreed to by all the provinces and territories. But what I said in terms of the preparation of plans specifically for provinces and territories is that most provinces and territories have a plan. They've not all published them. Some are available on the website, some we know are draft, and some we know are being done. So it varies across the country. I can get back to you with our tally. I don't have it right in front of me, but I could do that.

Hon. Wayne Easter: I think what's important here—and I think Mr. Ritz's question was a good one—is who is in charge. And to make sure everything falls into place should there be an emergency, everyone needs to know what their responsibilities are right off the bat, and the provinces should have their plans in place.

● (1625)

Dr. Paul Gully: The national plan lays out the roles and responsibilities. What the provincial, territorial, and then municipal plans would do is expand on the areas of essentially jurisdiction. So they would be integrated and they would work together. But it is a challenge in terms of differential public health capacity across this country to actually ensure that those plans exist at all levels.

Hon. Wayne Easter: This may or may not be a fair question, but I ask it because of my previous experience as Solicitor General on a different kind of issue. Are there problems with some provinces over the turf war aspect? We certainly don't want to find ourselves in the situation where there's a turf war—provincial responsibility, federal responsibility—taking place on an issue such as this. We need to cut to the chase and get the job done.

Dr. Paul Gully: I don't believe there's a turf war; however, there is undoubtedly some variation in capacity across this country in terms of the level of planning.

Hon. Wayne Easter: Then if that is the case, how do we as a committee help you get at that? If there are some jurisdictions not coming up to speed on this issue, then how can we assist in getting them there?

Dr. Paul Gully: I don't believe there's any problem with willingness to try to do this. As I said, it's a question of capacity, and therefore if it's provincial, territorial, or municipal capacity to actually spend time and energy and actually have the expertise to develop plans, that we know is a challenge. I think there have been numerous reports in terms of public health capacity across this country, and it does vary from place to place, and therefore the time that a public health unit, for example, would be able to spend on a pandemic would depend on who is available to do this and not to do other things, other disease control issues or chronic disease prevention issues, for example.

Planning for the future is always a challenge when you've got issues presented to you. So we've never felt there's any lack of willingness, but there is a differential, and it's been well laid out, in terms of the number of medical health officers, the number of health units without medical health officers, and so on and so forth across this country. There is a large variation, and there are reports to the Canadian Health Network to that extent.

In terms of assistance, I think the federal government has to decide whether more resources should be put in federally or if it is a question of encouraging provinces and territories to put in more resources, both at the provincial and territorial level, and encouraging municipalities to do the same thing.

Hon. Wayne Easter: Thanks for that point.

On the communications side, I think one of the most difficult things, especially for central governments, to do is to keep the facts separated from the speculation and hype of the media and those who have other axes to grind in society, and to avoid the headlines. Is the communications strategy in place, in terms of the plan and the coordination, to try to achieve...the fact that the headlines become the facts rather than the speculation? Once you get into a pandemic—and we've seen it on some other issues—the speculation takes over and then you have panic, you have fear, you have people doing the wrong things based on the speculation. So what's key is communications in the initial instance.

Dr. Paul Gully: Much of what we are doing lies in terms of educating citizens, and we have made attempts to give information to parliamentarians as well. The more information that's spread around before a pandemic, then the easier it will be in fact for those kinds of stories not to come out, because the media will understand it as well.

However, it is a challenge, and it's a challenge even to get a balance between the story from the agricultural side to the human side. Clearly—and we find this internationally—the wish is for the agricultural sector to get resources to control what's happening right now in Southeast Asia, but unfortunately a lot of the media coverage relates to preparations for a pandemic, whereas it has to be balanced between the two.

Anyway, we are making efforts to produce communication information, which will be available, as I said, to parliamentarians and also citizens. But also, we're going to have to give that to the provinces, territories, and local health units, because they're going to have to distribute it and spread it and spread the word in their own way in their local jurisdictions. We are going some way toward doing that, but we certainly have more to do.

● (1630)

Hon. Wayne Easter: Do I still have some time, Mr. Chair?

The Chair: It's very short.

Hon. Wayne Easter: Dr. Leighton, you said a moderate, low-capacity program was Canada's national wildlife disease strategy, and I think you all indicated that this is an important strategy. But I take it from your comments that we're not there, for one reason or another. Is it lack of resources, human and financial? How come we're not further along with this strategy, which you all seem to agree is a good one, on getting it implemented? What needs to be done to get there?

Dr. Frederick Leighton: I think we have a good plan now. It needs to be implemented. We got to that plan by trying out, essentially, a partnership with the veterinary colleges and the federal and provincial governments, which worked very well. This national wildlife disease strategy essentially builds on that experience in terms of having a multi-agency national program that just needs to be ramped up as the issues around the world involving wild animal diseases ramp up.

The program we have right now was designed in 1992 to meet the needs of 1992. For 10 years it has functioned very well, but it has run into a capacity problem. The national wildlife disease strategy is very much a planning document to show what the next step could be, providing that the governments agree that it's an appropriate use of public funds for the priorities that the governments themselves would set.

It's an excellent plan, I think. It's been used as a template for Mexico and for the United States. Several European countries have looked at it. Australia and New Zealand have looked at it as a template that they themselves would like to implement, using similar plans based on its design.

So all we have to do is do it, really. It's gone through a political approval process to the point where now I think it can go forward for implementation. That requires agreements between various levels of governments and, ultimately, money, but a lot of planning has gone into it. I think we're very well set with respect to plans. Now the trick is implementation. But the route to implementation is fully developed. It's all laid out on a five-year timeframe and costed.

The Chair: We'll move to Ms. Skelton for five minutes.

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, CPC): Thank you, Mr. Chair.

I have a question for Dr. Gully and Dr. Evans. Last week in Halifax, the Minister of State for Public Health, at a conference, said that all agencies—health, business, labour, and medical—have to work together to create a plan for a future pandemic. Now you're telling me that we have plans in place.

You were asked by my colleague here who was in charge. I want to know which department is in charge. If there is a pandemic tomorrow in Canada, which department is in charge?

Dr. Paul Gully: If there is a pandemic tomorrow, the lead will be the Minister of Health. However, lots of other consequences will have to be dealt with across the Government of Canada, at least, and across the country, because there will be agricultural aspects, there will be aspects of business continuity across the Government of Canada, there will be aspects of trying to ensure that other government departments—be it Transport Canada, Canada Border Service, and so on and so forth—

Mrs. Carol Skelton: I understand that.

Do you have a written plan, Dr. Gully?

Dr. Paul Gully: We have a national pandemic influenza plan, which is published. That is correct.

Mrs. Carol Skelton: Does each department have a written plan? Dr. Evans, do you have one?

Dr. Brian Evans: CFIA? Yes, we have a written avian response plan.

● (1635)

Mrs. Carol Skelton: Last year, after the whole SARS episode in Canada, we passed Bill C-12 to try to get a new quarantine act in place so there'd be compensation for people and everything else. That bill is not in effect now because there are no regulations written, and they're saying that it's going to be 2006 before those regulations are written. Why is it taking so long?

Dr. Paul Gully: The first thing I should say is that, as you know, the quarantine act that existed before is still in effect. Now, the new quarantine act would give us different powers. One, it would be charter friendly, but second, it would give us different powers. However, we still have that act, which in fact has enabled us to act before and will continue.

Mrs. Carol Skelton: When was that act written, Doctor—1918?

Dr. Paul Gully: No, the original act was written even before that. It's an old act, but the powers are still fairly clear and strong. However, you're right, in order to use a new act, we would require regulation, which takes time to prepare, and we're working as quickly as we possibly can to get it through the system.

Mrs. Carol Skelton: Dr. Gully, are there any veterinarians in your department?

Dr. Paul Gully: Yes, we do have a number of veterinarians. In fact, they work primarily in the food and waterborne disease sector. We actually have a unit in Guelph with a number of graduates from the Guelph program, so I think actually, in all, we have about 17 veterinarians working for the agency.

Mrs. Carol Skelton: Okay, that's a question I wanted to know the answer to.

Compensation was a huge question that came out of the recommendations for Abbotsford. What have you done, Dr. Evans, to look after that?

Dr. Brian Evans: I would defer to my colleague Krista Mountjoy from the operational perspective. The delivery of compensation is an operational responsibility in our organization.

Krista, could you update on the compensation review?

The Chair: The chair would remind our committee members that we're talking to five doctors here today. I've just been informed that we're talking to five doctors, not just the three. This will be shown on their name plates at the table in the future.

I'm sorry to you, witnesses, for that today.

Ms. Krista Mountjoy: Thank you for the question.

As you will recall, compensation was a preoccupation coming out of the Abbotsford event and was a recommendation from this committee. In terms of listening to the feedback that was provided to us, you know that the minister announced on June 10 a review of the maximum compensation amounts payable for animals ordered destroyed under the Health of Animals Act, which the agency enforces. That review is well under way.

Mrs. Carol Skelton: May I ask when it is going to be finished?

Ms. Krista Mountjoy: We expect we'll be able to complete the stakeholder consultation towards the end of this calendar year or early next year and come out with a report on the extent of our stakeholder consultations. In that regard, we're working very closely with the animal industry, not only to assemble market price data for those animals for which an active market exists, but also to work with them on methodology in situations where there isn't an active market. We'll come forward with that report, we expect, early in the next calendar year.

Mrs. Carol Skelton: I have a real problem with that, because it's taking too long for both the new quarantine act and this to be put in place, as far as I'm concerned.

The H5N1 is a very virulent strain. It kills fertilized eggs during incubation to produce vaccines. Are there some types that are that strong?

Dr. Paul Gully: I am aware of the question. We have a capacity to use a certain technique called reverse genetics. This would in fact enable us to produce the vaccine without actually using all of the active virus, which would hopefully get over that problem.

Mrs. Carol Skelton: H5N1 is now resistant to three or four available antiviral treatments; is that true?

Dr. Paul Gully: There was a lot of publicity a few weeks ago about resistance to oseltamivir, or Tamiflu. That was actually in one individual. There is some evidence that when there is widespread use, such as in Japan amongst children, there is some increased resistance, but it's still at a very low level.

Mrs. Carol Skelton: Is it only Tamiflu that we're talking about, then?

Dr. Paul Gully: Tamiflu is the one that's been more widely used worldwide. There is a second one, Relenza, or zanamivir. Our assessment is that the issue of resistance is not an issue we need to be worried about at the present time.

The Chair: Your time has expired.

We'll move to Ms. Ur.

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Thank you for your presentation here today.

My first question is to Dr. Evans.

We were out in British Columbia and had meetings there on the avian flu. Although this is a different strain that is presently in Asia and Europe, H5N1, has the work that was done in Abbotsford with CFIA helped promote the cause or assisted you in your research with this particular epidemic?

● (1640)

Dr. Brian Evans: I think it's fair to state that beyond the lessons learned in terms of practical implementation, the work that was done through the Abbotsford scenario has allowed us to expand the laboratory network to give them new tools at the front line to migrate some of that out of the federal laboratory system to the provinces, as early first responders.

I would be remiss if I didn't point out to the committee today that a lot of the work that came out of that effort in Abbotsford and other work we've done in avian influenza over the past period of time has led the world organization for animal health, the OIE, to accept the application from our laboratory in Winnipeg to become the next world reference laboratory for avian influenza.

I think that's a very important development for Canada. We appreciate the vision this committee and this government had in creating that laboratory complex. What it in fact does is allow both the public health community and our animal health community researchers housed in that common facility—in high containment if necessary, obviously—to work with all strains. They will become a repository for all strains of avian influenza that are detected in the world.

This allows us to look at new test method development and very rapid response capacity. It allows that group to look at new immunological tools beyond vaccines. One of the issues you raised was vaccination based on eggs. New technologies need to be developed to deal with those types of circumstances. This will give our scientists a leading edge capacity to deal with that and to network with the other world reference labs to position us with them.

The other component that comes out of that—I hate to sound like a broken record—is that getting that recognition for our laboratory, which we expect will be confirmed in the May general session, also sends a very strong message to the rest of the world about the quality of science we can deliver. The fact, as I say, that we have both the public health and animal health component working in that laboratory stages us in a way that will allow us both to access new technology quicker and implement it into the Canadian tool kit, if you will.

At the same time, it will attract other researchers to come to Canada. Having that capacity, having the ability to work with those viruses in that level of containment, will also enhance our ability to recruit some of the best and to have the next wave of experts in this area, second to none.

Mrs. Rose-Marie Ur: Thank you.

Dr. Gully, our researcher has put together some good information and has indicated that you can only get the H5N1 virus if you have been infected by poultry or the raw carcass of the bird. That being said, apparently in Asia it was not the breeders that the problem was found with, it was with the people who bought poultry at the markets or whatever, took it home, killed it, and processed it or whatever. Has that given you direction that the breeders...? I don't know what kind of program they have there compared to here in Canada—and I say that tongue-in-cheek—but has that helped you to differentiate how you attack the process?

Dr. Paul Gully: That's really an agricultural question, but the one thing I will say is that in the situation in Vietnam, Laos, and Cambodia, for example, the vast majority of it is not formal breeding, it's actually backyard flocks. Therefore, the question of who is a breeder and who is a consumer is very much merged together.

Certainly the evidence is that the risk of transmission is through close contact with infected poultry—drinking blood from infected poultry, slaughtering, and so on—certainly in circumstances that we would not encourage in any circumstance.

Dr. Brian Evans: If I could, honourable member, I'd just add another component. As Dr. Gully indicated, it's important that we bear in mind again that although we need to respect the ability of this virus to continue to change and to create other issues, we are dealing with a certain circumstance in that part of the world. At any given time, in China alone there are about 16 billion poultry in a static population, if you will. The husbandry and rearing practices, as you've indicated, would certainly not necessarily equate to what we see in most developed countries at this point in time.

As Dr. Gully has indicated, it's that active interface of a high level of poultry with a very high human population, constantly in contact, in less than ideal hygiene conditions, with certain cultural practices in terms of cooking and preparation or consumption of certain fluids and other things that aren't inherent in the North American scenario, that provide an opportunity for that type of event to happen at a much higher level than what we would see within the Canadian context.

To that regard again, it is a critical issue, because although the issue of the day is avian influenza, as a community of veterinary and public health officials, our broader issue is whatever investments we're making in Canada today that deal with avian influenza, whether the pandemic ever materializes this year, next year, or 25 years out. It is important for those investments to be made, because there will be some other new and emerging diseases coming out of that same human-animal dynamic. While we continue to try to improve from an avian influenza perspective, strategically we also have to look, as Canada, at asking what this is building for us in terms of having a broader capacity to address any emerging zoonoses, because there will be more beyond avian influenza.

● (1645)

Mrs. Rose-Marie Ur: Are the tests done on live birds, or do they have to be killed to test for the virus?

Dr. Judith Bossé (Vice-President, Science, Canadian Food Inspection Agency): I can answer that.

Are you referring to the screening tests or the tests that are being done in Winnipeg?

Mrs. Rose-Marie Ur: The screening tests.

Dr. Judith Bossé: The screening tests are molecular tests and they're extremely sensitive. As we mentioned, they were done from a sampling of healthy birds, so they are actually an indication that some virus is there, but they're not an indication of how the virus is in terms of behaviour, whether it's pathogenic or not, or whether there's any similarity with strains that are outside, in Asia. This is actually the work being carried out at the Winnipeg lab, and by which they are actually attempting two molecular tests to actually characterize the virus.

But, yes, at one point we have to put it in eggs to try to get the virus to grow. There have been a number of samples, as mentioned, that have reacted on the H5 type, but they have not demonstrated the aggressive or pathogenic virulence that we see from the Asian type so far. That's why we are very confident in terms of these H5s to be probably North American in essence.

The Chair: We move on to Mr. Lapierre, for five minutes.

[*Translation*]

Mr. Réal Lapierre (Lévis—Bellechasse, BQ): Since this has become a worldwide problem, I imagine that research is being done throughout the world and that we have the same approach both in Canada and in each province.

As a Quebec resident, I have a document from the Quebec Department of Agriculture, Fisheries and Food which states that there is already a way of dealing with the problem. I too would like to see a perfect symbiosis between all the organizations at all levels: the world, the continent, and so on.

Are there any plans to do some simulations so that we can immediately implement solutions if there should be an unexpected pandemic here?

[*English*]

Dr. Brian Evans: I think we need to address that at several levels, if you will allow. Certainly, as I think you have indicated, we benefit in this country from the reality that within provinces, within our veterinary faculties, within our industry, there is a high level of awareness of the importance of actively looking for and reporting disease. I know we have debated at various times whether we have the right support and incentive programs that allow for industry and regulatory people to actively look for and to report disease in a timely manner, recognizing that we collectively agree, industry and government alike, that the way to build producer confidence and consumer confidence at the highest level is to have industry seen as stewards of food safety and health protection in their activities.

The government is actively working with them to put in place the detection programs, should there be an inadvertent failure in the system. These programs are very dependent on inclusiveness rather than exclusiveness. It's important that everybody is participating versus anybody saying this is only mine to do and we don't need your support. I say that because we do need that integrated collaboration for it to be successful.

On the issue of simulations, again, we do recognize that simulation exercises are important to be conducted, and that involves industry and all officials. Again, coming back to the honourable member's questions about making sure we have the highest capacity to work together even under very stressful circumstances, simulations will accomplish that to some degree. At the same time, as the chief veterinary officer, I firmly believe that we equally benefit from the opportunity of sending provincial officials, federal officials, public, private organizations, our veterinary faculties, to deal with the circumstances in other countries as well. Again, as much as you simulate, as much as you run desktop realities, it's not the same as being on the farm dealing with the emotional issues of the producer, dealing with the resistance that can derive if people don't feel their interests are being served.

We challenge ourselves on an ongoing basis that what we really need to be doing at the same time as we're preparing for the circumstance in Canada...the best training we can get is being part of the international response in other countries to get a first-hand understanding of how this can be managed in any number of different circumstances, so we're prepared for no matter what the circumstance is when it happens in Canada. We need to know we have built a surge capacity of competent people in any number of jurisdictions that is industry based, academic based and regulatory based, in order to respond effectively.

You're right, simulations are important. They are part of our annual planning process to ensure that we do exercise. But again, the reality is that you cannot exercise for every disease every year. We have multiple livestock sectors, and we work with individual sectors, whether it's poultry, or swine or cattle, more broadly, the cervid industry and others, to ensure that we're looking at the appropriate diseases that have the highest potential or probability to happen in Canada. And we do that on a cyclical basis so that we're addressing all of the potential issues that could arise, because it could affect a supply-managed industry differently from a free-market industry. I don't know, Paul, from the public health perspective....

There have been, of course, cross-border exercises as well, where we exercise with the United States and Mexico at a North American level. We do that in recognition of the fact that these diseases don't respect borders and a lot of what they do or what we do will impact across each other's jurisdictions.

● (1650)

Dr. Paul Gully: I agree with Dr. Evans on the exercising simulations. That's very important. At the meeting last week of our federal emergency preparedness forum, which includes representatives of the Council of Health Emergency Management directors, meeting in Montreal, they actually did have an exercise. I actually can't tell you the results, but we could bring you a report.

Again, we have participated in North America and, in fact, in exercises with other countries, not only the United States but also the United Kingdom and so on, not necessarily pandemic but in other emerging disease situations. There's always more one can do. Exercises are actually difficult and expensive to organize, especially broadly across other countries. There are a number of exercises going on, organized by other government departments in other countries, in which we participate. We have to decide which ones we do and which ones we don't actually participate in. It's a vital part of our planning.

The Chair: For the sake of clarity, do you want to ask your point?

Mr. Gerry Ritz: Yes, I have a point of clarification, Dr. Evans. You were talking about working with other countries. I agree with you, this is a global thing and we have to do that. There was a symposium in Montreal a few weeks ago, when 30-some countries attended.

Dr. Brian Evans: Are you referring to the health ministers conference that was held here in Ottawa?

Mr. Gerry Ritz: No, there was one in Montreal. There was a symposium where they talked about avian flu.

Was it Ottawa?

Dr. Brian Evans: No, the health ministers conference was held in Ottawa. There was a broader press conference held in Montreal.

Mr. Gerry Ritz: Oh, okay. This announcement came out of Montreal, but the work was done here.

Dr. Brian Evans: That's correct.

Mr. Gerry Ritz: Would it be possible to get a list of the countries that were involved?

Dr. Brian Evans: Yes, we'd be more than pleased to provide to the committee a list of all of the countries and representatives.

I'll just add for the honourable member that even though this was a health ministers conference, we do recognize and the world recognizes, the animal health interface to this. Part of the preparing for that conference was that I undertook to write to my counterparts in the 30 countries that were attending to encourage that animal health be equally represented at the table within the delegations of the health ministers. I'm very pleased to report that the vast majority of countries saw that as a very integral part of their delegation, so we could address this issue across the continuum.

But yes, we will provide to the clerk a full list of participants.

Mr. Gerry Ritz: Thank you.

The Chair: Thank you.

Mr. Smith.

[*Translation*]

Mr. David Smith (Pontiac, Lib.): Thank you, Mr. Chairman.

The important thing for me is the daily lives of the people I represent and those of all Canadians and Quebeckers. My first question is to Mr. Leighton.

If I understand correctly, the likelihood of the disease being transmitted by birds is very minimal. Is that correct?

● (1655)

[*English*]

Dr. Frederick Leighton: Yes. That wild birds carry many different influenza viruses is absolutely true; that they carry influenza viruses that are capable of causing disease in poultry and people is almost invariably not true. The few cases where that is known to occur are viruses the wild birds themselves have acquired from diseased poultry, in which those highly disease-causing viruses developed.

[*Translation*]

Mr. David Smith: If the disease were to be transmitted to humans, this could happen by means of the clothing or the touch of someone who had been travelling. Am I correct?

[*English*]

Dr. Brian Evans: This is a virus that we do recognize can be transmitted by various means: manure on boots, fluids, and other types of circumstances like that.

The point we were trying to make to the committee, I believe, was that although there is a specific interest in the Canadian press and the general public at this time around the migratory birds and the wildlife survey, we feel it's important that people do recognize something. With respect to bringing back to Canada inappropriate products from potentially infected countries, if they are visiting farms in other countries, there are steps they themselves can take to be part of the preventive programming.

At the same time, we live in a country that is changing on a daily basis. The demographics of our country, through immigration, are such that we are valuing and experiencing great diversity and great new skills coming to Canada. At the same time, we do recognize that there are new populations developing in Canada, a number of communities, particularly in our urban areas.

As we saw in Abbotsford with backyard flocks, the issue of flocks that fall out of the normal pattern of monitoring programs is significant. It's an important element we continue to look at from the perspective that, again, people coming from other jurisdictions, other countries, have a natural tendency to want to do in Canada what they did previously. That poses new challenges for us in our relationship with different communities in terms of how we address the problem that there are backyard flocks being reared outside that have everything from racing pigeons and ornamental birds to ostriches and emus. These sorts of issues require us to take a different approach to managing those types of risks.

What we wanted to leave with the committee is that we have to look at both routine commerce and illegal commerce, which is a reality, as vehicles for the spreading of this disease. We have to look at new pathways and we have to adjust those measures on a day-to-day basis.

[*Translation*]

Mr. David Smith: That is the point I was coming to. Someone I know works in health care in Quebec. This person took a training program on the subject we are discussing today. The person took the training through the joint services of Quebec, Ontario and the national capital. Subsequently, the individual got more training designed specifically for people working in the Outaouais. Today, you are telling us about your experience and you are sharing all your knowledge. You are very familiar with the subject because you are right in the middle of it, but I'm thinking about the people we represent who have read the newspaper and heard the news. This is something that disturbs people a great deal.

Earlier, Dr. Gully was talking about training, and about sharing information. He said these processes were functioning. I'm concerned about passing on information to the average person.

How are we going to explain to people what you have told us today? How will the government ensure that this is done? Do you have a schedule that will determine when information will be made public?

● (1700)

[*English*]

Dr. Brian Evans: Certainly, we would encourage everyone to continue to put the information out to the general public at all opportunities. The Public Health Agency of Canada website, the CFIA website, and even the website of Dr. Leighton's organization contain a lot of information about avian influenza, with questions and answers that are probably the primary questions of individuals—

[*Translation*]

Mr. David Smith: Yes, but will there be a campaign? I represent 43 municipalities in the rural area of the Outaouais. A number of people may not have easy access to the Internet. They have been told that a major disease outbreak was coming and that it was a serious matter.

Dr. Brian Evans: You are right.

[*English*]

To that extent, it would be appropriate to identify that, within the communications efforts we undertake, we provide to rural community newspapers, ones that particularly target the agricultural community, and to magazines and journals many of the producers partake in...working with MAPAQ in Quebec to share information that could be put into those types of communications so people in their day-to-day and weekly receipt of that information have access to that type of information.

[*Translation*]

Mr. David Smith: If I understand correctly, there is a plan in place and you are already doing this.

[*English*]

Dr. Brian Evans: Yes. To the extent possible, we try to work with the media. One of the challenges Dr. Gully has pointed out is that Canadians get their information from many sources and the media draw their information from many sources, so on a day-to-day basis they're being exposed to international reporting in a context that may not be the Canadian context.

We value the advice of the committee, obviously. Perhaps you feel there are better means of doing it, that we should do more technical briefings on how we can engage with the general media.

But what you're really speaking about are those who have a higher level of concern because they live in the rural community. They're concerned that maybe they would be primarily exposed versus others living in other circumstances. As we did with BSE and as we've done in other circumstances, what we try to do is to work with the provinces and industry and have them identify what the appropriate communications materials are that people are receiving on a regular basis and how we can provide you with information you can put out in a user-friendly distribution that speaks in layman's terms, not highly technical terms, to say, these are the 10 questions you have about avian influenza and here's our best response.

The Chair: Thank you very much.

We'll move to Mr. Bezan for five minutes.

Mr. James Bezan (Selkirk—Interlake, CPC): Thank you, Mr. Chairman.

I must say, listening to the discussion this afternoon, I'm rather uncomfortable with the disease, avian flu, as to how it can still be transmitted or the potential it has for turning into a pandemic within the human population. Really, we still might not have a clear grasp of things like antivirals, and we might have vaccination issues; we don't have a vaccine in place yet for the H5N1 strain.

I'm getting conflicting messages here on who is actually going to be in charge if we have an outbreak that starts off in a domestic flock. I understand it's going to start off with CFIA. If it transfers into the human population, who's in charge?

Dr. Paul Gully: If it is a human health issue, then in terms of the federal government, the Minister of Health is in charge.

Mr. James Bezan: Yet, the public health minister told the health committee that if something of that nature came into play, it would be the Minister of Public Safety and Emergency Preparedness who would take the lead.

Dr. Paul Gully: If it is a health emergency, as defined under the Emergencies Act, then the Department of Health would be in charge. However, having said that, the responses to that emergency across the Government of Canada would be coordinated by Public Safety and Emergency Preparedness Canada.

As I said earlier, in terms of the decision to invoke the contract to start producing the pandemic vaccine, that would be the Minister of Health.

Having said that, each of the provinces and territories that have the responsibility for public health would also then be responsible to invoke their plans, which are being developed together with the national plan.

Federally, the responsibility is with the Minister of Health, but if there are animal health issues, it would be the minister responsible for CFIA, and so on.

Mr. James Bezan: We will have somebody in charge; there will be people making those decisions and coordinating it. That's the thing I wanted to clear up, because we had the health committee getting one message, and we were getting a different message here.

Comments were made earlier about one of the recommendations coming out of the Abbotsford meetings, which is the establishment of a special animal diseases response team. You're talking about this at a local level, but what about the national level? Who's the coordinating body there? What have we done that's going to be set up in relatively short order, or will something be in place on an ongoing basis?

● (1705)

Dr. Brian Evans: Again, there are two dimensions to that issue of a rapid response team. As Krista Mountjoy attempted to explain, the first is a rapid response team that integrates all the competencies that exist at the local point of detection. So again, if you're dealing with a circumstance where avian influenza is detected in Moose Jaw, Saskatchewan, we assemble a team that would have provincial, academic, industry, and federal experts who would be deployed to deal with that based on the determination of what extent the thing is localized or has spread. So an early detection and an early response can be done at that regional level.

Parallel to that, we have been working—and I understand you will be meeting with other groups later in the week who can also speak to this—with the Canadian Veterinary Medical Association, the provincial licensing bodies for veterinarians across the country, and veterinary colleges as well, to build what I refer to as a RAID team. This is a rapid assessment investigation detail that would go into a circumstance where we're dealing with something and nobody knows what it is. That's different from having something come out of a laboratory that says we have just detected something X.

Again, I think we've tried to address this at two levels: dealing with a known with a rapid response team of trained people, versus dealing with an unknown, where it would require us to have a toxicologist, an immunologist, an epidemiologist, or with a respiratory situation, someone who's an expert in respiratory diseases. We've built that team, which can be deployed anywhere in the country on 24 hours' notice, based on these competency profiles that we've developed with each of those jurisdictions, which, again, are the CVMA nationally, the provincial groups, and our veterinary colleges.

We are working with the public health side as well. If it's a new and emerging disease that has never been seen before in Canada, there would be a public health assessment of that carried out at the same time. We would use the veterinary epidemiologist and others from the public health community to augment that team.

So we've tried to address it in two different ways: that which is dealing with an unknown plus that which is dealing with a defined circumstance.

Mr. James Bezan: I'm looking at the maps here. We're looking at flight zones of migratory birds, and there is overlap right across the world. We're saying that the disease originated out of the domestic flock and can transfer into the wild flock, but does have the potential, especially with the way that birds migrate—they're in close contact the entire time—to come into Canada and other places in North America.

You said you've had meetings with Mexico and with the United States. Predominantly, we're talking about domestic flocks that are kept outside versus the Canadian situation, where the majority of the flocks are indoors—other than a few backyard flocks. What types of response measures have you developed that are really going to address this, from a trade standpoint especially, if it occurs, say, in the turkeys down in Mexico?

Dr. Brian Evans: I think that's a very important point. We probably haven't spoken very much about what we've been doing at the international level in terms of the standards setting that describe what would be the appropriate government responses to a finding in another country. Again, part of this gets back to the lessons learned, not just by Canada but by a number of countries, that we have established new standards at the international level in the last three years, with avian influenza specifically, relative to the type of surveillance that should be carried out in order to determine whether it truly is there, both low path and high path, and with particular focus on H5H7.

At the international level, any finding of an H5H7 in a domestic poultry circumstance has to be notified immediately within 24 hours. Any highly pathogenic strain other than H5 or H7 must also be reported within 24 hours. That's been accepted universally by all 167 countries participating in the OIE processes. From a trade perspective, we've also established the reality that a detection should not.... People have seen the messaging out of the FAO. As well, I'm pleased to report that regarding what we went through in the reporting on our wildlife survey, we did not lose export markets for being transparent.

Industry was quite concerned. They saw a drop in poultry consumption in Italy and in some of the European countries. We had an open engagement with them around the fact that they're very concerned that what's happening around the world is shaking public confidence in poultry and poultry meat. Part of the way we dealt with that was demonstrating again what industry is doing that demonstrates their commitment and their stewardship. What is it we're doing in terms of actively looking?

Should a circumstance arrive in Mexico or the U.S., as you say, in free-ranging turkeys, we already have in place a predetermined process with those countries in terms of what would and would not be restricted, in order to ensure we take the appropriate action. So for example, the movement of cooked poultry would not be restricted, because cooking the poultry for one second at 70 degrees Celsius will kill the virus. So we should not impose trade measures that create the incentive for countries not to want to report the disease. We've all experienced that before. We're trying to continue the work at the international community level to make sure these science-based standards that protect public health and animal health are respected when detections are made, in order to create a community around the world that wants to report the disease in an appropriate way, but doesn't want to suffer the economic consequences of inappropriate actions.

● (1710)

The Chair: Thank you very much. We'll have to move on.

Ms. Ur.

Mrs. Rose-Marie Ur: Yes, Dr. Leighton, I have a question.

In your presentation, you said H5N1 was not the cause of the disease, that it was a vague classification. Can you explain what you meant by that?

Dr. Frederick Leighton: There are 144 different combinations of H and N that can occur in influenza viruses. There are 9 and 16 Hs and Ns, and they can occur in any combination. H and N are simply convenient labels scientists put on viruses to try to classify them into broad categories, so they can be talking about the same thing.

An H5N1 may or may not cause disease. The H5N1 that's currently in Asia and has spread to Europe is a particular cluster of H5N1s. H5N1s have been found in wild birds in North America in the past in small numbers. They are not disease causing when put in poultry. There are H5s that occur in other combination with other Ns that are not associated with disease.

So you can't really infer whether or not a virus causes disease just by knowing it's H and N.

Mrs. Rose-Marie Ur: Okay. I hate to interrupt you, but I have another question.

Dr. Frederick Leighton: You should.

Mrs. Rose-Marie Ur: There appears to be a prototype H5N1 vaccine that's been tested in Hungary with some success. Are you aware of it, and are you going to be looking at adapting our vaccines? Is a two- to three-month timeframe normal to wait for a vaccine to be developed? But are you aware of this vaccine that has been tested?

Dr. Paul Gully: This is a human vaccine?

Mrs. Rose-Marie Ur: Yes.

Dr. Paul Gully: There are many different efforts across the world to produce prototype H5N1 vaccines, in Hungary, the United States, and so on. What we think is the benefit of working on H5N1 vaccine is to ensure that our manufacturer would actually be able to produce a similar vaccine, knowing for example how strong it is, and how many doses and what sort of formulation with adjuvants would be required. That's what we think the benefit of producing one in Canada would be—not to then produce a stockpile of vaccine, because we have no evidence that H5N1 will exactly be the one causing a pandemic.

Mrs. Rose-Marie Ur: What is the shelf life for a vaccine?

Dr. Paul Gully: It depends on the vaccine. There are certainly expiry dates set by the health products and food branch of Health Canada. It's a very important question. If one did stockpile a vaccine, it is possible that it could go out of date.

Mrs. Rose-Marie Ur: As you say, it's costly, and if the time runs out, it's even more costly.

Another thing is that all of our producers are required to take the flu shot in Ontario. I don't know if it's the same for the rest of Canada. I think this certainly is one step forward, too, to help protect some of the workers who certainly are working with animals and poultry.

Dr. Paul Gully: It would protect them against human flu. In fact, the more seasonal influenza vaccine we produce, the greater the capacity in the industry to produce vaccine, but it also then would reduce the opportunity of an individual acquiring an animal flu strain and a human flu strain together.

Mrs. Rose-Marie Ur: And is that because you have to have it at the same time?

Dr. Paul Gully: Correct.

Mrs. Rose-Marie Ur: Thank you.

The Chair: Okay.

Mr. Miller.

● (1715)

Mr. Larry Miller (Bruce—Grey—Owen Sound, CPC): Thank you, Mr. Chairman.

A number of my questions have been answered, but I'd like some clarification on a couple of them.

Dr. Gully, you talked at the start about different vaccination drugs being available and the development of new drugs. Now, let me use for an example, so you can see where I'm coming from.

When it comes to the ordinary flu shot we take today, they basically tell us that the shot we're taking today was something they developed for a virus that happened a year or two ago. Do you come up against the same complications or troubles, I guess, in getting virus when it's to do with the avian influenza?

Dr. Paul Gully: The annual flu shot is formulated as a result of what's circulating primarily in the southern hemisphere in their previous flu season, because generally what circulates in the southern hemisphere will then start circulating in the northern hemisphere. So it's not a year old, but that's the way new strains occur in this country. In fact, there are usually about three different types in any vaccine, actually.

The situation in a pandemic would be the existence of one new strain to which nobody is immune. Therefore, it would in fact be somewhat easier to produce that vaccine because it would have one strain in it, but because we can't produce the vaccine until we know a pandemic's in place, then it's going to take a time—two, three, four months—to produce, which is what it takes each year to produce the annual flu vaccine. So the decision about what is in the annual flu vaccine is taken back in, I think, March, and then the manufacturers get the seed, and then by October or November they are then ready to distribute it for this season.

Does that answer your question?

Mr. Larry Miller: Yes, partially. My fear there is that this thing could be widespread before we have anything, basically, ready to use.

Dr. Paul Gully: But that's the reason we think it's good to have a stockpile of antivirals, which we can use to primarily treat individuals, as a stopgap, before the vaccine is available. Every country in the world is in exactly the same situation as we are—in fact we're better off because we have a domestic manufacturer.

Mr. Larry Miller: Just to carry on a point that Ms. Ur just asked about and you commented on, did I hear you correctly say that basically a person—say, an employee who worked in it, a human—who has both the animal version and the human version creates more complications or time consumed to get a vaccine that will cover that?

Dr. Paul Gully: In the past, it was probably more likely a combination in pigs, for example. If it occurred in a human and a strain was produced that was virulent, produced disease that could spread from human to human, it would be no different when it came from somewhere else. It's a question of rapidly identifying it from wherever it came.

Mr. Larry Miller: Okay, that's fine.

Mr. Leighton, you talked about the legal and illegal transport of birds in your preliminary comments. Now, I think I understand the legal transport, but could you speak a little bit more on the illegal transport? I know it's on another topic, but it makes me wonder if there's something else we could be doing from that point of view, if it's widespread. Could you enlarge on that a bit?

Dr. Frederick Leighton: It's an important uncertainty in the whole equation on risk assessment. There is a robust trade in what we call exotic oddball species of birds for all kinds of purposes around the world.

The first record of the Asian H5N1 virus in Europe was in fact in Belgium in a carry-on bag that contained two eagles from Asia. The eagles weren't actually sick, but they were tested for virus, and lo and behold, they were caught.

Who isn't? How much of this goes on? It's a big question, but certainly to the extent that it's underground and illegal, it's also not quantified.

Mr. Larry Miller: If I could interrupt you there, you talk about it being found in baggage. I presume that was in an airport.

Dr. Frederick Leighton: That's right.

Mr. Larry Miller: I can tell you that I come through Toronto and Ottawa twice a week. I don't think there's any chance I could get away with that when coming through security.

Dr. Frederick Leighton: You'd think that they'd see a skeleton inside. It's kind of like the lobsters.

They were caught in Belgium coming off the plane; they got on the plane someplace else. Maybe the scanner wasn't working.

These are the facts of the world. There are plenty of people who come to us from similar airports.

● (1720)

Mr. Larry Miller: It sounds like an inside job to me.

I have one more question for Mr. Evans.

Mr. Evans, you talked about compensation for producers in order to get them to basically report cases. That theory is good, but what assurances do you have that compensation is enough? I'd feel a little uncomfortable if we totally hang our hats on that.

I see you shaking your head, so maybe you could elaborate on that. First of all, I'd like to know if you've had assurances from the industry itself that compensation is enough, plus the fact that I think you need to be doing more on preventative things.

Dr. Brian Evans: Please don't let me leave the impression that the fact that someone might be eligible for compensation solves the problem for everybody. That's certainly not the intent.

What we've certainly recognized internationally over a number of years is not only related to avian influenza. Those countries that have no compensation program for their producers are countries that don't get the cooperation to actively look for disease, and not all countries around the world have the capacity to provide that kind of incentive to producers.

I would come back to the point that Krista made earlier when talking about the compensation program. This is in fact industry-based consultation, and the issue with the industry does not focus on the maximum values that can be paid under legislation. I think the fundamental issue that we're continuing to work on with industry is on how we calculate it. How do we determine that this particular bird or this particular animal, if we're dealing with other animals, is truly worth that amount of money within the marketing cycle?

On animal health compensation, we've historically attempted to work with industry to define a five-year to seven-year business cycle. At any given point, although values could fluctuate, we want to make sure we capture the maximum value to the industry of what that animal or bird represents at that point in time.

At this point, it isn't that there's not a lot of concern about the values they potentially would be eligible for, but we're really working on the methodology. What's the industry's role in helping us calculate the value as it relates to the individual production unit? I think that's where the biggest challenge remains for us.

We're working very closely with industry, as Krista indicated. We will hopefully be presenting a report by the end of this calendar year or early next calendar year with the conclusions of that industry consultation on how those methodologies would kick in.

We certainly recognize that one of the key recommendations coming out of the committee, which we very much accept and work on as well, is on the fact that what we do in terms of finding a disease and ordering something destroyed has to also potentially link to other programming carried out by Agriculture and Agri-Food Canada. We're continuing to work on the integration between what we do—in not usually the best of circumstances, because we know there's an immediate impact—and what the other programming activities do, from income support to other things from agriculture. It should be linked in an effective way, so that we deal with the initial problem but there's not an ongoing problem for the industry to repopulate, reintegrate, or re-establish itself.

The Chair: Mr. Bellavance, if you're going to ask a question, ask a very short question. I believe that another group wants this room at 5:30.

You have the first one question, and then I'll conclude with one.

[*Translation*]

Mr. André Bellavance: Fine, Mr. Chairman.

I would like to ask you for a clarification, Dr. Leighton. Earlier, in reply to a question asked by David, I understood that the Quebec government's decision to keep poultry inside to avoid any contact with wild birds did not necessarily seem advisable to you.

In your presentation, I see that wild birds are not carriers of highly pathogenic strains. However, the Quebec government made this decision at the request of the Quebec poultry industry and on the recommendation of the International Office of Epizootics. A number of European countries have also adopted this measure as a precaution: Switzerland, France, Holland, Germany, Austria and Poland.

I think that when we face a situation such as the one breaking out throughout the world, we have to take no chances. I therefore wanted to ensure that that was in fact what you said, even though I continue to think that we should not be taking any risk whatsoever.

[*English*]

Dr. Frederick Leighton: I'm sorry, I don't understand. Could you repeat the final question you would like me to answer?

[*Translation*]

Mr. André Bellavance: I want to know whether you said that you think the Quebec government's decision to keep poultry indoors is not helpful.

I concluded by saying that in my opinion an ounce of prevention is worth a pound of cure and that we should not be taking any chances, even if you think that wild birds are not the most significant carriers of the disease.

● (1725)

Dr. Frederick Leighton:

No. It is true that many wild birds have these viruses. However, the viruses wild birds have are not at all the pathogenic strains.

I'm not aware of what the Quebec government has done or is doing. However, I doubt that it can keep all the wild birds in a single place, because they do fly wherever they like.

Mr. André Bellavance: It is the farmers who are keeping their poultry inside.

Dr. Frederick Leighton: We have to separate poultry and wild birds...

Mr. André Bellavance: We agree on that.

Dr. Frederick Leighton: ...in order to prevent the transmission of viruses, simply because after a certain period of time, these non-pathogenic viruses in wild birds can gradually become pathogenic in poultry.

Mr. André Bellavance: That clarifies matters. Thank you.

[*English*]

The Chair: My closing question surrounds the whole issue of reporting of disease.

Dr. Evans, we know your reputation; it precedes you wherever you go, particularly in the United States. What assurances have we that there will be a reporting of avian flu without the consequences we had with the reporting of BSE? Since we are partners and agree... you mentioned 140 countries?

Dr. Brian Evans: It's 157.

The Chair: How can we be assured that the consequences against Canada wouldn't be similar to the measures taken by the Americans against us on BSE? This is concerning. Canadian consumers have stuck with the consumption of beef. They stayed with the consumption of poultry following the Abbotsford situation. We know we should expect reporting from every country. How can we rest assured that this won't happen with this particular situation?

Dr. Brian Evans: I think that is a fundamental question that we try to confront with our industry on a day-to-day basis. There will always be those who fear we will not get the appropriate response, therefore what's in their long-term best interest? I reiterate to the committee, as we've done previously on BSE, that I'm very proud of our industry in Canada. I think it stands at the forefront in the world in terms of wanting to do the right thing and being part of the solution.

On our trade circumstances, I indicated there was a lot of concern two weeks ago, when we came out with the preliminary results of the wildlife survey, that some countries would overreact and misinterpret that. We've been very fortunate. One country actually detained one container of product, but it was resolved in 24 hours. The rest of the world stood solid and did not take action against Canada for reporting that. I think the industry sighed a collective sigh of relief. I think that speaks well of the maturity that is developing.

In the case of our U.S. colleagues, even when we went through the Abbotsford circumstances they were one of the first countries to say they would put restrictions in place, but only on the Fraser Valley. The balance of our industry, which is very dependent on some of the integrated industries to have access to the U.S. market, was not harmed. I believe the U.S. would follow that similar approach in the future. So it becomes incumbent on us to be able to find the disease quickly, limit it to a very specific location, and demonstrate to the world that it is being controlled there.

The Chair: Thank you very much, Dr. Evans, and all the other doctors at the table today. We know you're doing great work and we respect the work you do. From the committee members here to you, thank you for appearing.

The meeting stands adjourned.

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