



EGYPT

COMMUNICABLE DISEASES

THE FACTS

Population: **80, 410, 017** (CAPMAS, 2011)

Income group: **Lower-middle**

Communicable diseases are among the major causes of morbidity and mortality in the Eastern Mediterranean Region, estimates indicate that they are responsible for around one third of all deaths and illnesses. The prevention and control of the spread of diseases, emergencies and pandemics beyond borders is one of the key activities implemented by WHO Egypt. Despite Egypt's substantial progression in the reduction of the impact of communicable diseases, some important diseases still remain.

Today, Egypt is achieving great progress towards the elimination of Measles and Tetanus Neonatorum. Equally as important, the tropical diseases Schistosomiasis, Filariasis and Leishmaniasis are presently on the verge of elimination/eradication.

In Egypt, Viral Hepatitis C and Avian Influenza represent the major burden of Communicable Diseases (CD) on both people and Health Systems.

WHO Egypt are presently focusing on supporting the Egyptian Government to control Viral Hepatitis C and Avian Influenza. Egypt has one of the highest prevalence rates in the world, 9.8% of population in the age group 15-59 are chronically infected with Viral Hepatitis C.

The issue of Viral Hepatitis C in Egypt is an area whereby there is a substantial amount of Global interest in the generation of solutions to the different aspects of the problem, including infection control, blood safety, surveillance and treatment, as well as advocacy and communication.

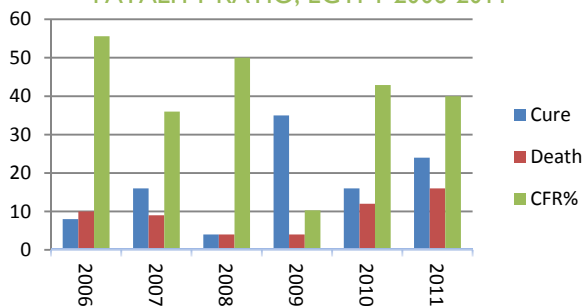
With growing globalization and mobility of people, there is a significant increase in the risk of diseases travelling beyond domestic borders.

The International Health Regulation (IHR) legally binds the majority of countries worldwide to conform to the minimal core capacities needed for detection, notification and response to any Public Health Event of International Concern (PHEIC). Under IHR, different core capacities in different fields have been assessed to demonstrate the fulfillment of Egypt to IHR requirements for event detection, notification and response.

Since the Highly Pathogenic Avian Influenza (HPAI) caused by the H5N1 subtype of Influenza A Virus (H5N1) was first detected in Egypt in February 2006, the disease has become endemic in the nation's poultry population. Avian Influenza has significantly impacted upon national health, economy, livelihoods and food security.

Egypt to date, has the highest number of cases of Avian Influenza (H5N1) since 2009. Although it is still sporadic, H5N1 carries the potential of a pandemic.

NUMBER OF AVIAN INFLUENZA CASES AND CASE FATALITY RATIO, EGYPT 2006-2011



WHO Responsible for overall coordination of the consortium partners; providing financial and technical support to elements relating to social marketing, enforcement operations, legislative review, revision and the procurement of enforcement equipment and data system setup. WHO will provide technical support to the Government of Egypt throughout the implementation of the program.

Strategies to control Avian Influenza should move from emergency response to sustained risk reduction. Many activities implemented to reduce virus circulation have been ineffective and possibly counterproductive. Poultry raising in homes is a tradition and part of many Egyptian's culture. Consequently the need for 'safe breeding' with a certain level of biosecurity within the home breeding sector to prevent the spread of the Avian Influenza Virus.

National Partners:

Ministry of Health and Population (MOHP)
Ministry of Agriculture (MOA)
Ministry of Environment (MOE)
Ministry of Local Development in various Governorates
Universities
Food and Agricultural Organization
National Supreme Committee of Influenza (consisting of MOA, MOHP, MOE)

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KEY ACHIEVEMENTS

- An International Forum has been established to assisted Egypt in controlling the transmission of Viral Hepatitis.
- Assessment of IHR core capacities revealed that Egypt has a strong system with various capacities for IHR implementation.
- Egypt was granted a two-year extension period to cover the remaining gaps in IHR and ensure full implementation of IHR.
- There has been a reduction in the number of poultry infected with Avian Influenza.
- Ministry of Agriculture has managed to build many epidemiological as well as laboratory capacities, which shall help to detect and respond to outbreaks among poultry.
- New biosecurity guidelines have been developed both for household and farms.
- A low ratio of cases fatality among infected humans has been achieved.
- Establishment of a special framework to improve coordination mechanisms and data sharing between people working in human and animal health (4-way linking Framework).

WORLDWIDE 1 IN 12 PEOPLE ARE INFECTED WITH HEPATITIS.



LESSONS LEARNT

- The intra-sectoral and inter-sectoral coordinating mechanisms are integral for the achievement of National targets. We need to increase collaboration so that efforts will be more conducive.
- Raising poultry is a culture but also an important source of income and economic stability for many small families which cannot be prevented. So it important to advocate for safe breeding in the home.

ACTIVITIES TO BE IMPLEMENTED & FUTURE PLANS

- Cover the gaps in the IHR core capacities in collaboration with WHO Egypt.
- In 2012 a Workshop on tackling Viral Hepatitis will be held with the support of international and national experts to develop a workable Action Plan and update the National Strategy 2013-2017.
- Raise awareness of Avian Influenza all across poultry production chain.
- Produce and distribute newly Egyptian developed vaccine of Highly Pathogenic Avian Influenza using local strains.
- Increase the involvement of and collaboration with the Poultry Production Association.
- Begin implementation of National Action Plan for elimination of Schistosomiasis and eradication of Filariasis.
- Conduct a National Vaccine Coverage Survey to study estimates of vaccine coverage.

CHALLENGES

- There are still some gaps in the IHR, bridging these gaps will require extra financial resources.
- Competing priorities. Egypt faces several problems simultaneously, e.g. Viral Hepatitis C; Avian Influenza and need to maintain and support and preserve existing achievements e.g. low record Schistosomiasis and elimination of Filariasis.
- Funding is a main challenge whether national or international.
- MOHP have a well-developed Viral Hepatitis C Control Program and Blood Safety Policy, however this cannot be easily implemented properly at present across the diverse health systems.
- Multi-faceted problem of Viral Hepatitis C and high treatment costs.
- Most transmission of Viral Hepatitis C occurs during medical procedures particularly invasive techniques.
- MOHP need to increase their collaboration with Universities and other health entities to realize how to encourage and implement the National Policy for Viral Hepatitis control.