

Vector-borne diseases are illnesses caused by pathogens and parasites in human populations and account for more than 17% of all infectious diseases.

Egypt is affected by at least seven vector-borne diseases of public health concern, including lymphatic filariasis, malaria, schistosomiasis and Rift Valley fever. However, many of these diseases are preventable through evidence-based protective measures.

WHO has worked with the MoHP to conduct a vector control needs analysis and provided assistance in the development of a plan of action to build national capacity in the areas of integrated vector management, vector mapping and resistance monitoring, as well as sound management of public health pesticides. WHO supports the MoHP in the scale up of vector mapping and increased surveillance of vector risk in key areas.

Schistosomiasis

Once highly endemic and affecting large numbers, schistosomiasis is now low-endemic throughout the country.

WHO works with the MoHP and the National Schistosomiasis Control Programme (NSCP) to control morbidity and reduce prevalence of infection in all affected areas through successful implementation of a strategy based on repeated, regular treatment with anti-helminthics of school-age children, the highest risk group. Treatment is provided through the primary school health system and other ongoing health or education programmes.

Following the progress made in reducing the burden of schistosomiasis, in February 2014 WHO supported the MoHP in the development of the eight year Plan of Action on the elimination of schistosomiasis in Egypt.

In order to sustain low endemicity and eventually achieve elimination, new strategies based on sensitive surveillance tools need to be adopted to prevent resurgence and recrudescence. School-based deworming campaigns need to be continued in uncovered areas, particularly in Upper Egypt.

[Schistosomiasis](#)

Malaria

Since 1998, no indigenous malaria cases have been reported by the malaria control programme anywhere in the country. However, imported cases are regularly reported, mainly from subSaharan Africa, and remain a significant challenge. In 2014 a malaria outbreak was discovered in Aswan.

WHO works with the MoHP to quickly respond to cases of malaria. Assistance is given to strengthen the malaria surveillance and information system, reinforce malaria notification and improve the capacity of health staff in the public and private sectors to diagnose and treat malaria. WHO is supporting the MoHP to scale up vector mapping and enhance surveillance of malaria vector risk in hot spot areas.

[Malaria](#)

[Regional programme for malaria control and elimination](#)

Lymphatic filariasis

Lymphatic filariasis has been eliminated from most areas of Egypt. However, sustained mass drug administration activities and post-mass drug administration surveillance are still required. The mapping of chronic infected villages has been completed and they are being targeted by programme activities.

WHO works with the MoHP building the capacity to carry out epidemiological surveillance, which is essential for the monitoring and evaluation of disease occurrence and impact of mass drug administration activities. Further effort needs to be placed on alleviating the suffering of chronic lymphatic filariasis patients. With increased political commitment and sustained programme efforts the elimination goal can be achieved.

[Filariasis](#)

[Regional programme for tropical diseases and zoonoses](#)

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