Recent and Foreseeable Developments in the Avian Influenza 
Epidemic: Egypt

Examples of best practices noted in Egypt

By: Dr. Nasr El Sayed, First Undersecretary, Ministry of Health and Population, Arab Republic of Egypt
• Since the first cases of H5N1 AI virus were reported on 16 February 2006, the virus was detected in 859 farms and 167 backyard poultry breeding grounds in 23 out of the 27 governorates.

• 15 human infections have been confirmed positive since the first case on 15 March 2006, with seven fatalities (the latest in October 2006).

• Up to 30 million birds have been culled, causing an estimated USD one billion loss to the poultry industry.
- Poultry sector had been producing over 2.5 million birds per day, offering a cheap source of protein to the population
- Most of the approximately 40,000 commercial poultry farms have not introduced biosecure production systems
- Backyard poultry had been a very important source of income for the poor, as well as their main source of protein intake
- Before the outbreak, 29.4% of the population were engaged in backyard poultry, whose average income from backyard poultry represented 13% of their total income
Coordination

- Supreme National Committee was established with the Minister of Health (Chair), Minister of Agriculture and Minister of Environment, with representatives from seven other relevant ministries and UN agencies (WHO & FAO)
- Disaster Management Team (DMT), with representatives from UN agencies, Government and donors, has been a regular forum for update, information exchange and action planning for the international community to better support the Government efforts.
• Active surveillance for poultry is ongoing in 1,202 villages to date where 22,289 samples were collected and 44 positive sites were detected.
• Total 10,475 people in 23 governorates have been trained on safe disposal of infected poultry.
• Quick and decisive action has taken place in culling of birds in urban areas, preventing further spread of the virus.
• Rapid Response teams have been trained
• Meetings with commercial poultry farm owners have taken place to review their containment measures
Communication

• Communication materials have been prepared and widely disseminated
• Mass communication campaign on TV, radio and newspaper, in addition to public media interviews and discussions, have taken place and are ongoing
• Daily press releases were issued and weekly press conferences were held to ensure transparency and accountability, which has contributed to building and maintaining the public trust
• 24-hour call centers with 40 toll-free lines were established, with 120 persons answering questions and concerns from the public (over 130,000 calls were received in the first week after the outbreak!)
الخصائص المعدية

أنفلونزا الطيور

معلومات للمتعاملين
مع الطيور الخفيفة

الوقاية

التعارف

الإبلاغ

إحتواء المرض

وضع الطيور الخفيفة في أكياس بلاستيك سميكة مزودة بمصادر إبلاغ مستقلة من خلال电话

إذا شكنت أن الطيور التي لديك مصابة أو أي شخصاً من المتعاملين مع الطيور مصاباً قم بالإنذار الفوري على الأرقام التالية.

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المصادر والمراجع

استخدام ملابس واقية عند التعامل مع الطيور:
فافأ - فاكهة واقية - ملابس واقية أو كبس بلاتيك

غسل اليدين بالماء والصابون دائمًا

إذا تلقىت الشائعات التي تنقل العدوى إلى البشر في مختلف ورق الطيور المصابية لذلك ننصح بتنظيف الأحذية بصامطة قبل دخول المنازل.
24-hour Call Center
• Strengthen the national technical committee
• Need for short-, medium- and long-term operational plans of actions, with clear roles and responsibilities of each actor (including the international community)
• Need for funds that can effectively be used for immediate response
Animal Health

• Need for a clearer picture on the extent of infection amongst the backyard
• Need for a compensation scheme, esp. for the backyard farmers as a control measure
• Need to strengthen the HPAI surveillance system
• Need for a structured vaccination programme to be in place, as part of the control strategy
• Need to strengthen biosecurity in poultry production and distribution
– Need for pandemic preparedness plan that includes not only the Ministry of Health but all relevant ministries

**Communication**
– Need to reach women and children in both rural and urban communities
– Need for behavioral change campaigns

**Livelihood**
– Need to address the negative socio-economic and nutritional impacts to the poorest, most vulnerable households
Coordination
• UNRC, WFP (as chair of DMT)

Human Health
• WHO, USAID, UNICEF, ADB, EU, WB

Animal Health
• FAO, Netherlands, ADB, EU, France, WB

Communication
• UNICEF, WHO, FAO, WB, USAID

Livelihood
• FAO, UNDP, WFP, CIDA
Integrated National Plan

- Phase 2: Operational Action Plan (with short, medium and long-term actions with long term development perspective) (March 2007 onwards)
- Phase 3: Pandemic Preparedness and Response Plan (contingency plan) (March 2007 onwards)
- Strong Coordination Mechanism, both within the Government and amongst the Donors
- Establishment of a Compensation Scheme for the Backyard and Improvement of Biosecurity for Commercial Farms
- Policy Changes in the Animal Health Sector
- Social Safety Net Support to Ensure the Livelihood of the Backyard Poultry Farmers
Thank You