

Emergency Plan of Action Bird Flu Precautionary Measures

Republic of Yemen

Sana'a
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Introduction

Vector born diseases are considered of high priority among the infectious diseases, this requested efforts to control them. Currently, there is an outbreak of Birds' Flue in some countries in the world with a potential risk to become a pandemic. This epidemiological situation in the world urges for quick actions to control its spread.

The disease was first known in Italy in 1878. Furthermore, international outbreaks by Influenza occurred in Spain 1918-1919 (H1N1) leading to the death of about 50 million in the world. Another outbreak occurred in Asia in 1957-1958 (by H2N2) leading to the death of about 70,000 in USA. The Hong Kong outbreak in 1968-1969 lead to the death of about 34,000 in USA all these occurred by type A Influenza.

Recently, Avian Flu was reported in Cambodia, China, Hong Kong, Indonesia, Japan, Korea, Malaysia, Philippine, Vietnam, Kazakhstan, Mongolia, Russia, Turkey, Romania and Greece.

Situation Analysis:

Based on the current global situation, the WHO addressed 6 phases describing the epidemiological situation. According to the current status and the level of the pandemic alert, the world remains at phase three where a virus new to humans is causing infections, but doesn't spread easily from one person to another. Within the pandemic alert period, 2 more phases (the 4th & 5th) might potentially be experienced. In the 4th phase the spread of the virus from one person to another occurs in small clusters but is still highly localized. In the 5th phase the same might occur but will be localized in large clusters.

At the national level, no cases have been detected among birds or poultry according to the ministry of agriculture.

Yemen is under potential risk due to the following:

- The size of poultry business is large for both imported or locally produced where 50% of the governorates have large farms. Many families' incomes' are dependent on these farms.
- The traditional practice of most people in obtaining their families needs of poultry are through slaughtering. Exposure risk is considered highest during slaughter, de-feathering, butchering, and preparation of poultry for cooking.
- Transportation of live poultry is extremely high between and within governorates. This also would increase the risk of infection as direct contact with infected poultry, or surfaces and objects contaminated by their droppings, are considered the main route of human infection.

- Yemen is located along migratory route of birds. Hunting which is experienced in coast governorates located on that road increases the risk of transmission.

Objectives:

- Strengthening pandemic preparedness at national and sub national levels for both ministries Health & Agriculture.
- Containment of the virus in case of transmission to minimize risk among humans & poultry.

Activities

Due to its national implication on health & development, activities are to be held through intersectoral collaboration. Specific activities are to be implemented through different ministries according to their scope of work and mandates.

First: Jointly Implemented Activities:

1. Establishment of coordination mechanism including overseen operational structures: These multi operational structures include Public, Private, Local Authorities, International Organizations and organizations of the Civil Society.
1. Producing a unified information message and issuing a weekly joint press release updating the epidemiological situation (internationally and locally).
2. Overall monitoring of the epidemiological situation.
3. Regular meetings of technical committees formulated by the two ministries of Health & Agriculture. The frequency of the committee's meetings will be fixed according to the epidemiological situation.

Second: Activities to be implemented by the Ministry of Agriculture & Irrigation (MoA&I):

1. Banning the importation of live birds and poultry and their products from the affected countries. This will be modified according to the monitoring of the epidemiological situation in the region and the world.
2. Strengthening the surveillance activities focusing on governorates contains poultry farms and areas within the migratory route.
3. Conducting a field survey to assess the current health situation of the poultry.
4. Strict control & monitoring of the countries' entry points to test samples of the imported products including the frozen chickens and other poultry products and not to allow their entry unless it is proved free of the disease regardless of having previous license.
5. Prohibiting entry of personal birds from affected countries.
6. Applying the approved health requirements for the imported animals including the live, cold and frozen poultry and their products according to the recommendations of the animal health organization (OIE).
7. Activating the implementation of the law No. 17/2004 for organizing and preventing the animal source and continue following the cabinet decree No.43/2004 regarding the preventive measures against bird flue.

8. Raising the awareness among the veterinarians, the technical staff and the poultry breeders.
9. Continuous communication with the concerned international organizations particularly FAO & the Animal Health Organization (OIE).
10. Providing the needs for surveillance activities and the field surveys.
11. Strengthening the diagnostic capacities for the Central Veterinary Laboratory.
12. Intensified monitoring of the migratory birds in their area of transit in the country and getting rid of the dead ones in coordination with Ministry of Water and Environment.
13. Preparing an urgent plan to contain the disease if it enters the country.

Third: Activities to be implemented by the Ministry of Public Health & Population:

1. Strengthening the general preventive measures through:

- 1.1 Preparing a guideline for the Airlines' Crew about how to detect early a suspected case among the passengers and how to deal with the case.
- 1.2 Training of the Airlines' Crews on the guideline.
- 1.3 Developing a health card to be distributed on board international flights in order to be filled by the passengers and to be submitted to the health staff at the arrival gate.
- 1.4 Providing the needed preventive materials to be distributed to the group of high risk of exposure (Gloves, Surgical Masks, Thermometers, Gowns and Antiviral Drugs).
- 1.5 Producing health education spots to be shown on board.
- 1.6 Ensuring the availability of Anti Viral drugs.

2. Raising the preparedness of the quarantine at country entry points to early detect any suspected case through:

- 2.1 Training of the health workers at the country entry points about early detection, reporting and actions to be taken.
- 2.2 To ensure the preparedness of these entry points to implement the preventive actions.
- 2.3 Providing the needed supplies & equipment to these facilities.
- 2.4 Continuous monitoring & supervision.

3. Raising the awareness among the health workers in all health facilities :

- 3.1 Preparing IEC materials about the disease (how to early detect a suspected case, diagnosis, reporting, dealing with the case). Their roles in the infection control in side the facility and in decreasing the panic among the public if the disease enters the country.
- 3.2 The participation of physicians in conducting seminars, lecture, etc.
- 3.3 Communication & feedback about the epidemiological situation (internationally & locally).

4. Strengthening the surveillance for this disease in all health facilities through:

- 4.1 Circulate the epidemiological information materials to all governorate surveillance coordinators and the focal points at the health facilities.
- 4.2 Circulate the surveillance forms for notification and investigation of the cases.
- 4.3 Training of trainers for the governorates about the aspects of the disease.
- 4.4 Training of the surveillance focal points at the health facilities in the governorates.
- 4.5 Operation room to monitor the epidemiological situation.
- 4.6 Assisting the governorates to develop their own emergency plan for Avian Flue.

- 4.7 Issuing a weekly updated report about the disease situation in the world.
- 4.8 If the disease enters the country, a daily updated report about the disease situation in the country will be issued.

5. Strengthening the diagnostic capacities of the Central Public Health Laboratory (CPHL) and its branches in the governorates through:

- 5.1 Training the lab staff at the central & governorate levels on proper collection of specimens, handling, shipping, and testing.
- 5.2 Ensuring the preparedness of the CPHL to diagnose the disease and to provide the feedback as quickly as possible.
- 5.3 Coordination with the WHO office in Yemen for shipment of specimen for confirmation test and quality control outside the country.
- 5.4 Providing the needed equipment and supplies to the CPHL& its branches.

6. Surveillance the international labors and students coming from affected countries through:

- 6.1 Producing and regularly updating a list of affected countries with Avian Flu.
- 6.2 Coordination with the Ministry of Social Affairs & Labor to provide the technical committee with the nationalities and size of the international workers in Yemen.
- 6.3 Coordination with the Ministry of Higher Education, Ministry of Education and Ministry of Technical & Vocational Training to provide the committee with the nationalities and size of the international students in Yemen.

7. Raising the awareness among the public and travelers through:

- 7.1 Preparing a pamphlet about the disease to be distributed to the public as well to the travelers through the country's entry points.
- 7.2 Conducting seminars and meetings through all media channels.
- 7.3 Conducting interviews & holding briefing forums with the media about the disease and the epidemiological situation.

8. Preparing a Medical Emergency Preparedness Procedures (MEPP) to contain the suspected or confirmed cases through:

- 8.1 Designate one referral hospital at the central level & equip the newly built fever hospital to be able to handle any referred case.
- 8.2 Designate one governorate hospital in each governorate and provide necessary equipment and supplies to be ready to handle any suspected case with all recommended safety precautions.
- 8.3 Implement MEPP to properly contain the disease if it enters the country. This should include guidelines on how to manage the cases, to handle their

excretions and contaminated equipments or materials, to transfer a case. The list of the emergency needed drugs should be provided.

Implementation Structures:

This plan is going to be implemented through the following mechanisms:

- 1- **A higher coordinating & supervising joint committee** chaired by H.E. Minister of PH&P and H.E. Minister of A&I. The committee will include the deputy ministers of PH&P, A&I, Finance, Transportation, Information, Interior, Water & Environment, Municipality, Immigration & passports authority, Customs authority and general authority for standards and measurements.
- 2- **A technical committee in each ministry**(PH&P and A&I)
- 3- This committee can ask assistance from others when needed. **Sub-committee** like (epidemiological, lab, emergency, etc) could be formulated internally.

Budget needed (Y.R.)

First:

The Joint activities	7,000,000
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Second: The budget needed for activities to be implemented by MoA&I:

No	The activities	Cost (Y.R)
1	Strengthening the surveillance	38,980,000
2	Conducting a survey	3,700,000
3	Monitoring the 9 agriculture entry points	3,277,000
4	Operation room & supervision to governorates	7,400,000
5	Raising the awareness among Vet& tech. staff	3,000,000
6	Educating the farmers & workers in the poultry	7,000,000
7	Field supplies for the field work	7,110,000
8	Strengthening the Central Vet. Lab.	29,900,000
9	Other assisting costs	2,321,800
10	Stationeries	2,000,000
11	Provisional total	104,688,800
12	Maintenance & emergency (5%)	5,234,440
	Total	109,923,240

Third: The budget needed for activities to be implemented by MoPH&P:

No	Activities	Cost(Y.R)
1	Strengthening the general preventive measures: Preparing a guideline for the Airline crews. Training of the aircraft staff on the guideline. Preparing &printing a health card. Providing the needed preventive materials to high risk groups (gloves, surgical masks, thermometers, gowns and Antiviral drugs for the workers and their families).	 200,000 140,000 700,000 119,400,000
2	Raising the preparedness of the country entry points: Training of the health workers at the country entry points. Providing supplies &equipment to these facilities. Continuous monitoring & supervision.	 440,000 2,800,000 1,900,000
3	Raising the awareness among the physicians: Preparing a newsletter conducting seminars, lectures in the health facilities.	 700,000 4,100,000
4	Strengthening the surveillance: Training of trainers for the governorates. Training of the surveillance focal points. Opening an operation room.	 400,000 4,840,000 1,800,000
5	Strengthening the diagnostic capacities of the Central P.H. Lab. &its branches: Training staff (central& governorate levels). Providing the needed equipments and supplies.	 470,000 29,000,000
6	Surveillance of the international labors and students.	700,000
7	Raising awareness among the public and travelers.	15,445,000
8	Preparing an urgent plan to contain the suspected or confirmed cases.	271,000,000
	Provisional total.	354,035,000
	Maintenance and emergency (5%).	17,70,1750
	Total	471,736,750

The total budget needed (1+2+3)

Joint activities	7,000,000
activities to be implemented by Mo A&I:	109,923,240
activities to be implemented by MoPH&P:	471,736,750
Total (in Yemeni riyals)	588,659,990