Belize Region of the Americas



Classification of focus

Active foci

I. Epidemiological profile

Population (UN Population Division)	2017	%
Number of active foci	11	-
Number of people living within active foci	29.5K	8
Malaria free (0 cases)	345.2K	92
Total	345.2K	

Parasites and vectors

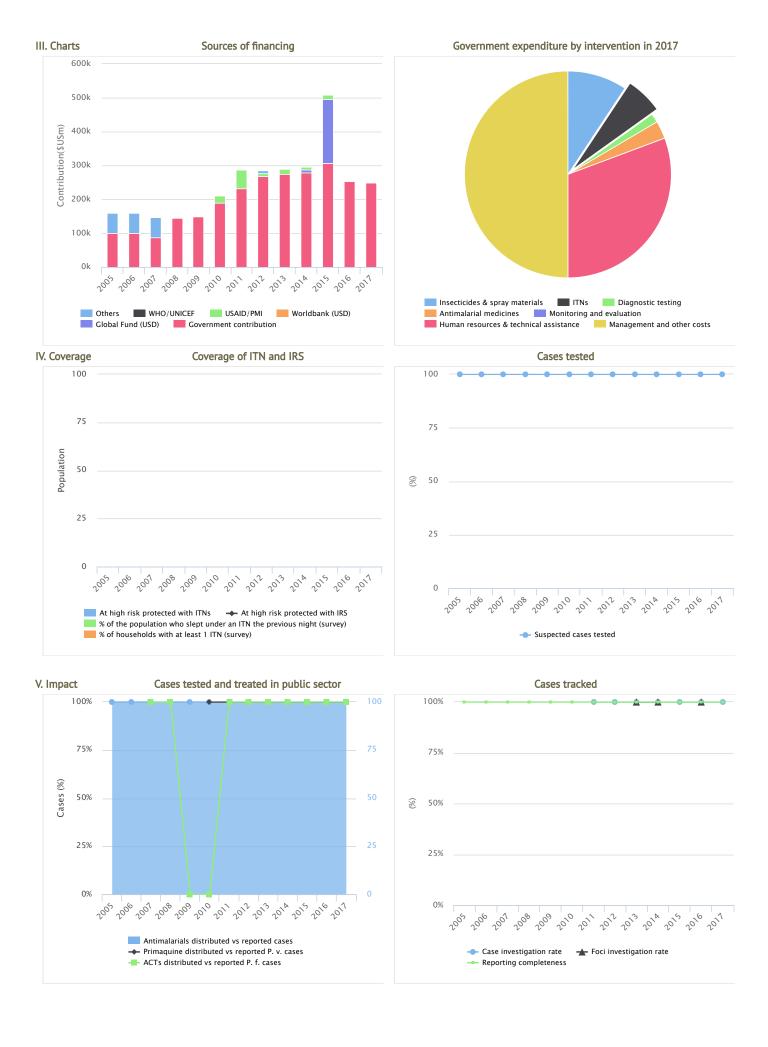
Major plasmodium species: P.falciparum: 29 (%) , P.vivax: 71 (%) Major anopheles species: An. albimanus, An. darlingi

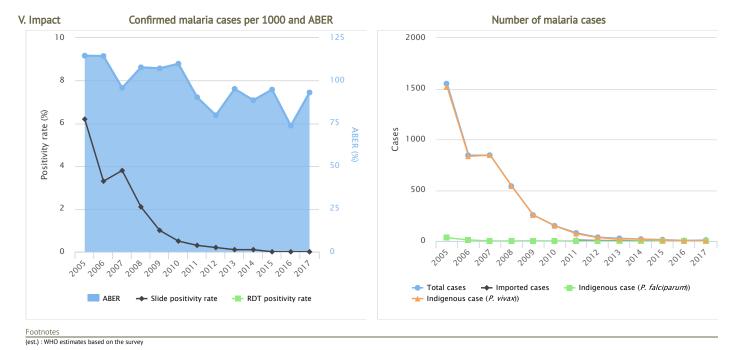
Reported cases and deaths	
Reported indigenous confirmed cases (health facility):	7
Confirmed cases at community level:	-
Confirmed cases from private sector:	3
Indigenous deaths:	0

II. Intervention policies and strategies

Intervention	Policies/Strategies		Year
IIILEIVEILLIOII	roticles/strategies	No	adopte
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2010
		has	
	The sale of oral artemisinin-based monotherapies (oAMTs)	never been	_
	The sale of order decembrane based monocherapies (orders)		
		allowed	
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	Yes	=
	Primaquine is used for radical treatment of P. vivax	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reaction to antimalarials exists	No	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken		
	Case reporting from private sector is mandatory	Yes	

Antimalaria treatmer	nt policy	Medicine	Year adopted		
First-line treatment	of unconfirm	ed malaria		-	-
First-line treatment	of P. falcipari	CQ+PQ(1d)	-		
For treatment failure	e of P. falcipa	QN	-		
Treatment of severe	malaria	QN	-		
Treatment of P. vivax	<	CQ+PQ(14d)	-		
Dosage of primaquir	ne for radical	0.25 mg/Kg (14 days)			
Type of RDT used					=
Th	++- (-li-i		alaaiaal failaa	9/)	
Therapeutic efficacy Medicine Year	Min Med		Follow-up	%) No. of studies	Species
viedicine Year	MIII Med	ian Max	Follow-up	No. or studies	Species
Resistance status hv	insecticide c	lass (2010-20)17) and use of	class for malaria vect	tor control (2017)
Insecticide class	mocentiae e	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates			-	-	No
Organochlorines		-	-	-	No
		-	-	-	No
Organophosphates					
Organophosphates Pyrethroids		-	-	-	Yes
Pyrethroids	:h resistance co	- nfirmed and tota	— - al number of sites t	- hat reported data (n)	Yes
Pyrethroids Percent of sites for which			 al number of sites t	- hat reported data (n)	Yes
Pyrethroids Percent of sites for whice Principal vectors that ex	khibited resistar	nce	 al number of sites t	- hat reported data (n)	Yes
Pyrethroids Percent of sites for which	khibited resistar	nce	 al number of sites t	- hat reported data (n)	Yes
Pyrethroids Percent of sites for whice Principal vectors that ex	khibited resistar	nce	 al number of sites t	- hat reported data (n)	Yes
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Pyrethroids Percent of sites for whice Principal vectors that ex	khibited resistar	nce	al number of sites t	- hat reported data (n)	Yes
Pyrethroids Percent of sites for whice Principal vectors that ex	khibited resistar	nce	 al number of sites t	- hat reported data (n)	Yes





World Malaria Report 2018