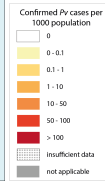
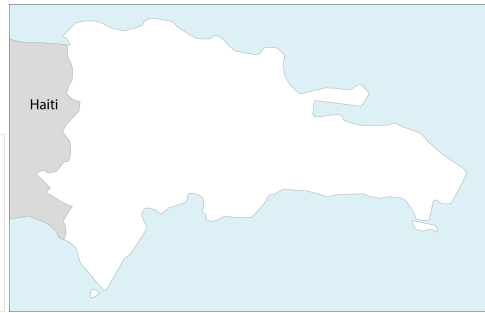
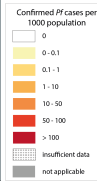
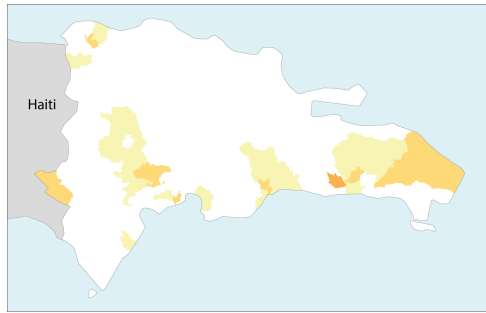


Dominican Republic

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	152.4K	1
Low transmission (0-1 case per 1000 population)	5.8M	54
Malaria free (0 cases)	4.8M	45
Total	10.8M	

Parasites and vectors	
Major plasmodium species:	<i>P.falciparum</i> : 100 (%) , <i>P.vivax</i> : 0 (%)
Major anopheles species:	<i>An. albimanus</i>

Reported cases and deaths	
Reported indigenous confirmed cases (health facility):	341
Confirmed cases at community level:	-
Confirmed cases from private sector:	58
Reported deaths:	1

Estimates	
Estimated cases:	405 [356, 459]
Estimated deaths:	1 [0, 1]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2008	
	ITNs/LLINs distributed to all age groups	Yes	2013	
IRS	IRS is recommended	Yes	1946	
	DDT is used for IRS	No	-	
Larval control	Use of Larval Control	Yes	1964	
IPT	IPT used to prevent malaria during pregnancy	-	-	
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1964	
	Malaria diagnosis is free of charge in the public sector	Yes	1964	
Treatment	ACT is free for all ages in public sector	Yes	1964	
	The sale of oral artemisinin-based monotherapies (oAMTs) information available	No	-	
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1964	
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1964	
	G6PD test is a requirement before treatment with primaquine	No	-	
	Directly observed treatment with primaquine is undertaken	Yes	1964	
	System for monitoring of adverse reaction to antimalarials exists	Yes	1964	
	Surveillance	ACD for case investigation (reactive)	Yes	-
		ACD at community level of febrile cases (pro-active)	Yes	1964
		Mass screening is undertaken	Yes	1964
Uncomplicated <i>P. falciparum</i> cases routinely admitted		No	-	
Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-		
Case and foci investigation undertaken	Yes	-		
Case reporting from private sector is mandatory	Yes	1964		

Antimalaria treatment policy		Medicine	Year adopted
First-line treatment of unconfirmed malaria			
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	-
For treatment failure of <i>P. falciparum</i>		AS+D	-
Treatment of severe malaria		AS	-
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)	
Type of RDT used		Pf only	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)				
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates	-	-	-	No
Organochlorines	2012-2014	0% (7)	-	No
Organophosphates	2012-2014	25% (8)	<i>An. albimanus</i>	No
Pyrethroids	2012-2014	31.58% (19)	<i>An. albimanus</i>	Yes

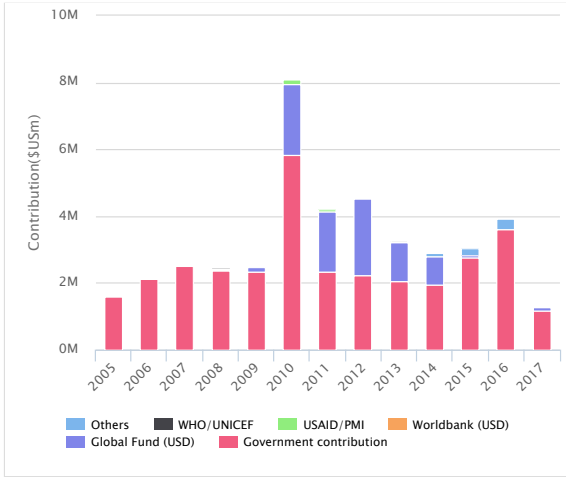
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

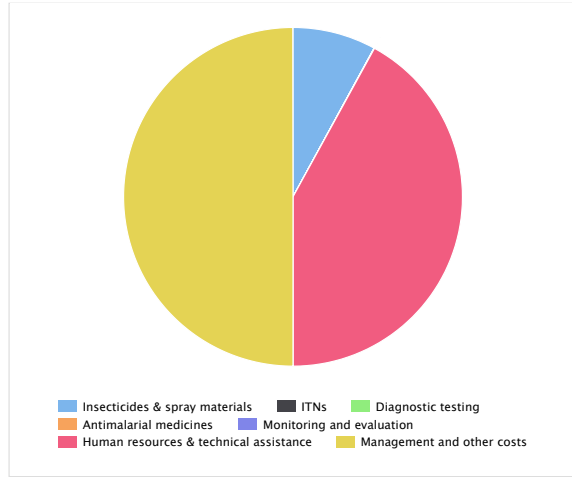
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

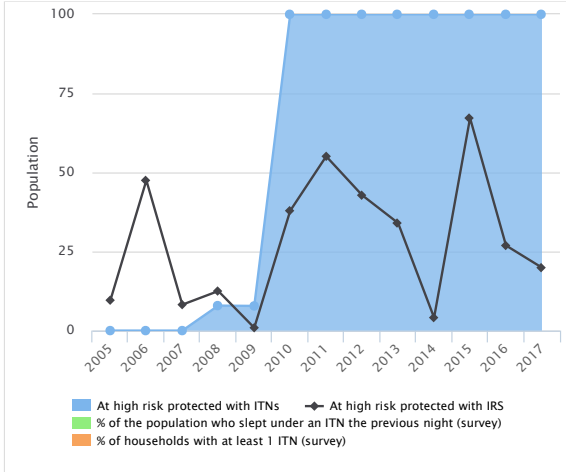


Government expenditure by intervention in 2017

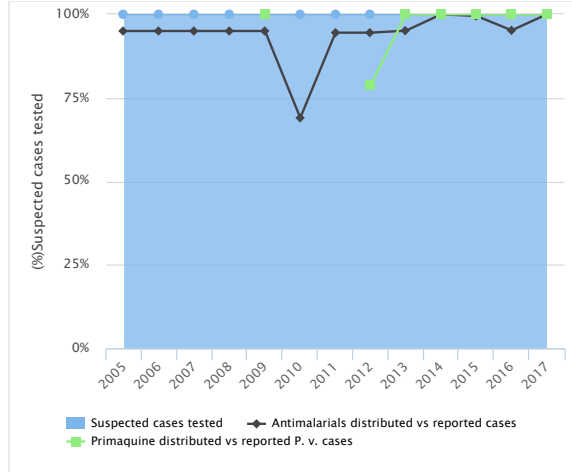


IV. Coverage

Coverage of ITN and IRS

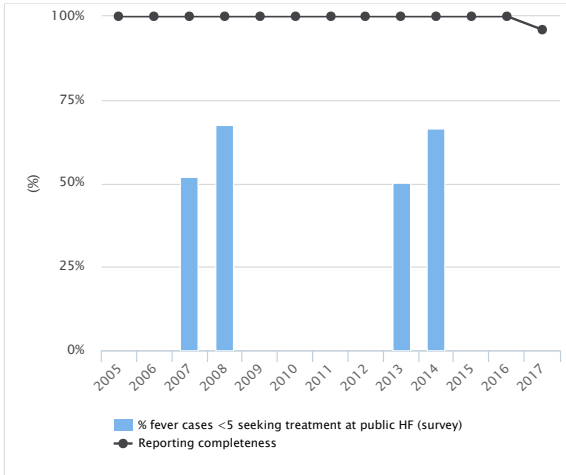


Cases tested and treated in public sector

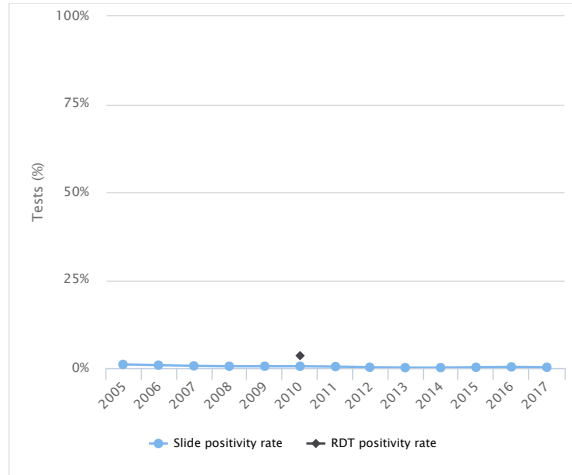


V. Impact

Cases treated



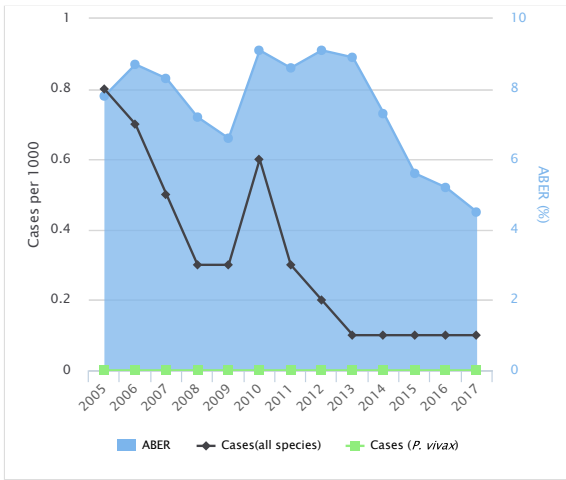
Test positivity



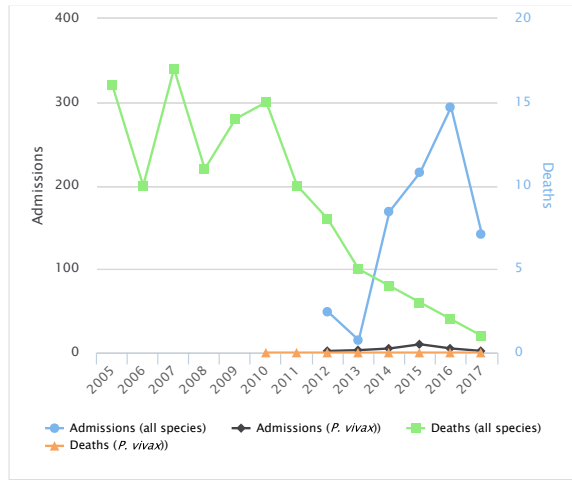
Source: DHS 2007, 2008, 2013, 2014, MICS 2014

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes

(est.) : WHO estimates based on the survey