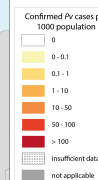
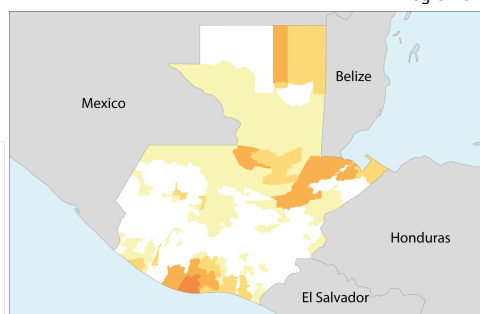
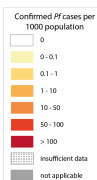


Guatemala

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	2.3M	14
Low transmission (0-1 case per 1000 population)	10.5M	62
Malaria free (0 cases)	4.1M	25
Total	16.9M	

Parasites and vectors	
Major plasmodium species:	P.falciparum: 0 (%), P.vivax: 99 (%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i> , <i>An. darlingi</i>

Reported cases and deaths	
Reported confirmed cases (health facility):	3743
Confirmed cases at community level:	0
Confirmed cases from private sector:	-
Reported deaths:	0

Estimates	
Estimated cases:	4.7K [4K, 6.1K]
Estimated deaths:	1 [0, 3]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/Year adopted	
		Yes	Year
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2005
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2012
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	The sale of oral artemisinin-based monotherapies (oAMTs)	has never been allowed	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1970
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	2000
	System for monitoring of adverse reaction to antimalarials exists	No	2009
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	-	-
Surveillance	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case and foci investigation undertaken	-	-
	Case reporting from private sector is mandatory	Yes	2000

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ	-
For treatment failure of <i>P. falciparum</i>	CQ+PQ	-
Treatment of severe malaria	QN	-
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	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	2011-2017	0% (10)	-	No
Organochlorines	2014-2014	0% (4)	-	No
Organophosphates	2011-2011	50% (4)	<i>An. albimanus</i>	No
Pyrethroids	2011-2017	12.5% (16)	<i>An. albimanus</i>	Yes

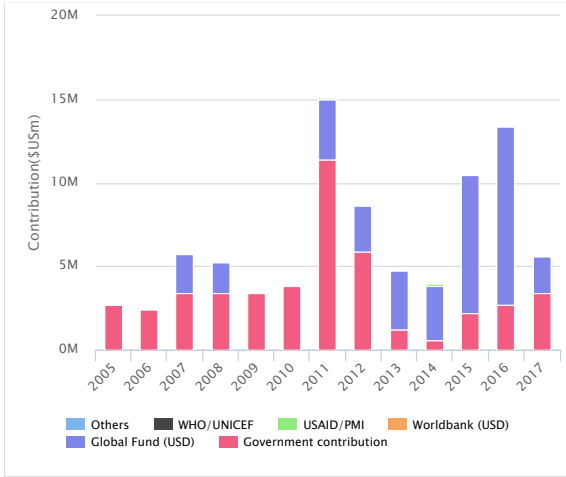
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

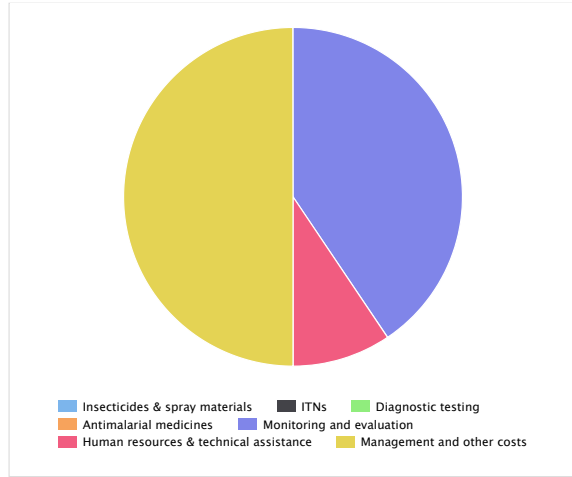
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

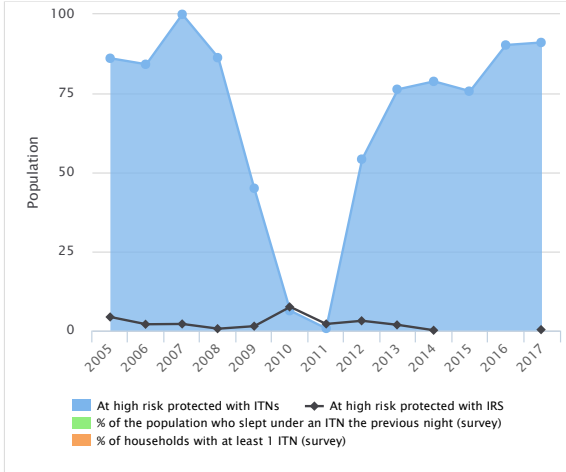


Government expenditure by intervention in 2017

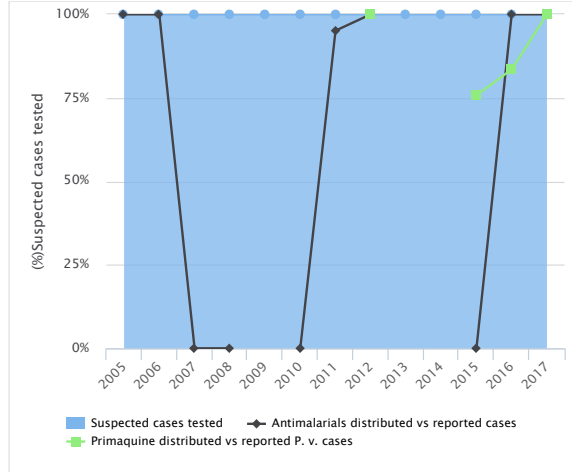


IV. Coverage

Coverage of ITN and IRS

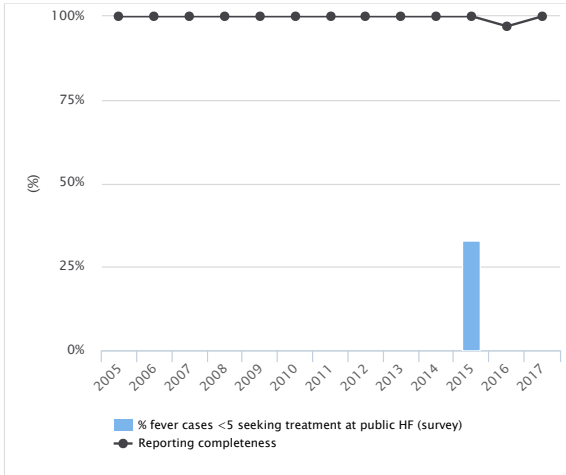


Cases tested and treated in public sector

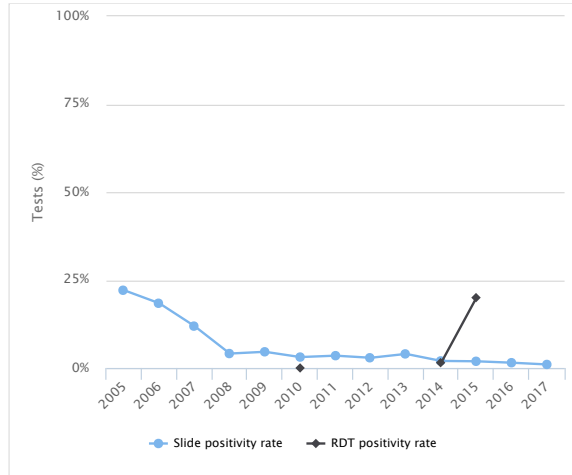


V. Impact

Cases treated



Test positivity



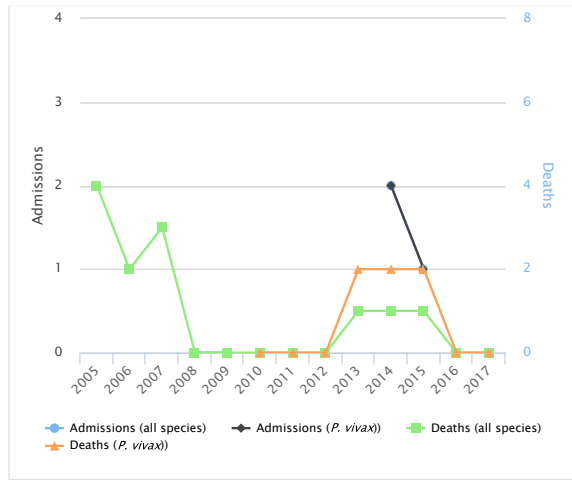
Source: DHS 2015

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est) : WHO estimates based on the survey