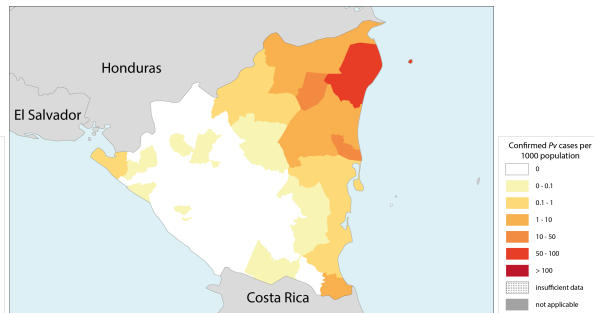
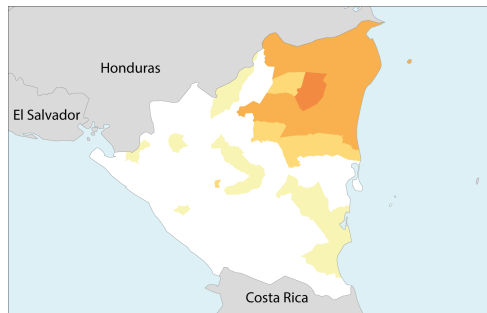


Nicaragua

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	533.7K	9
Low transmission (0-1 case per 1000 population)	2.2M	35
Malaria free (0 cases)	3.5M	56
Total	6.2M	

Parasites and vectors	
Major plasmodium species:	P.falciparum: 17 (%) , P.vivax: 82 (%)
Major anopheles species:	An. albimanus, An. pseudopunctipennis

Reported cases and deaths	
Reported confirmed cases (health facility):	10 949
Confirmed cases at community level:	-
Confirmed cases from private sector:	-
Reported deaths:	-

Estimates	
Estimated cases:	13.7K [11.5K, 16.1K]
Estimated deaths:	10 [2, 17]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2016
IRS	IRS is recommended	Yes	1959
	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	2014
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	1980
	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 P. falciparum	Yes	1980
	Primaquine is used for radical treatment of P. vivax	Yes	2014
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1980
	System for monitoring of adverse reaction to antimalarials exists	Yes	2011
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	No	-
Surveillance	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	2017

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	CQ+PQ(1d)	-
For treatment failure of P. falciparum	AS+MQ; AS+SP	-
Treatment of severe malaria	QN	-
Treatment of P. vivax	CQ+PQ(7d)	-
Dosage of primaquine for radical treatment of P. vivax	0.50 mg/Kg (7 days)	-

Type of RDT used	Pf + Pv specific (Combo)
Therapeutic efficacy tests (clinical and parasitological failure, %)	

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
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Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates	2010-2013	12.5% (8)	An. pseudopunctipennis	No
Organochlorines	-	-	-	No
Organophosphates	2011-2011	0% (4)	-	No
Pyrethroids	2010-2016	4.76% (42)	An. albimanus, An. pseudopunctipennis	Yes

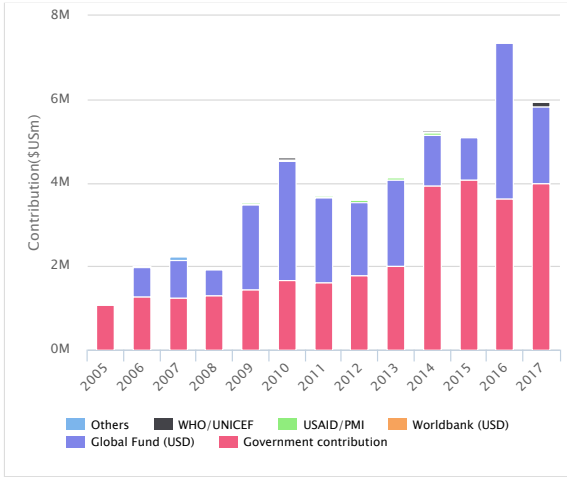
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

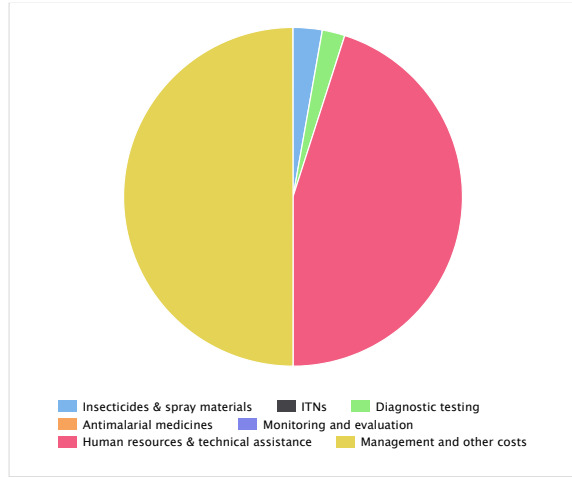
³Class used for malaria vector control in 2017

III. Charts

Sources of financing



Government expenditure by intervention in 2017

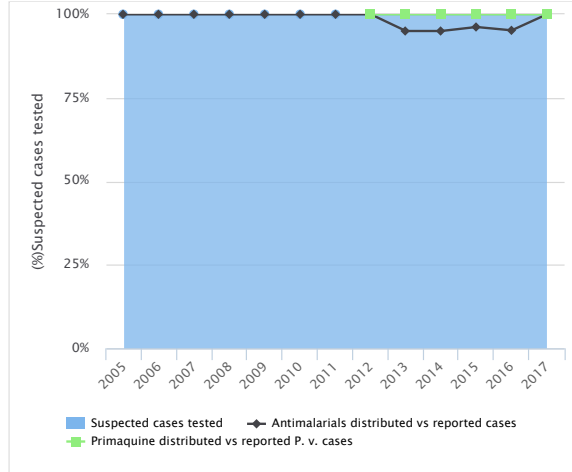


IV. Coverage

Coverage of ITN and IRS

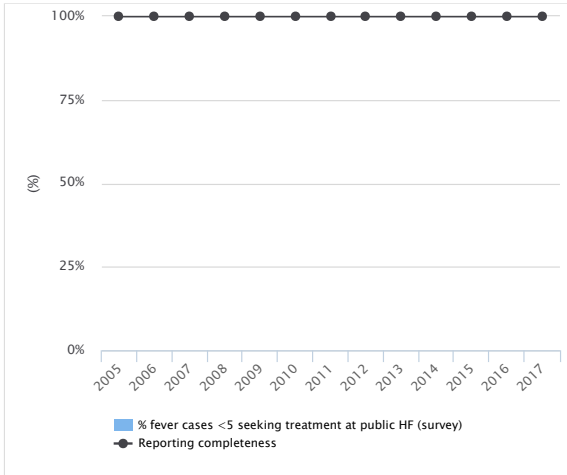


Cases tested and treated in public sector

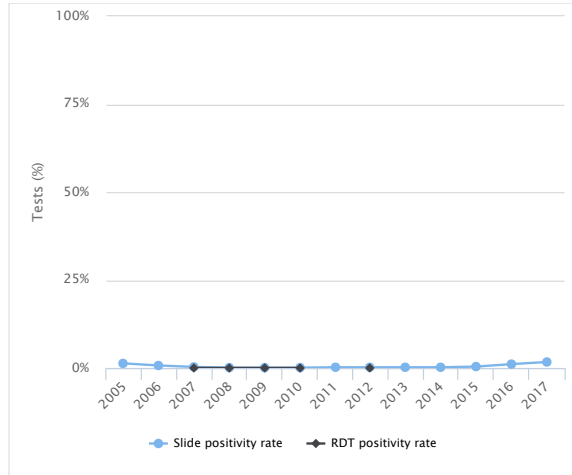


V. Impact

Cases treated

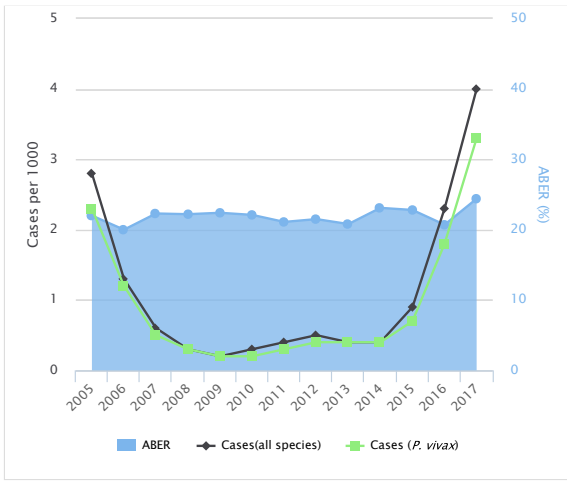


Test positivity

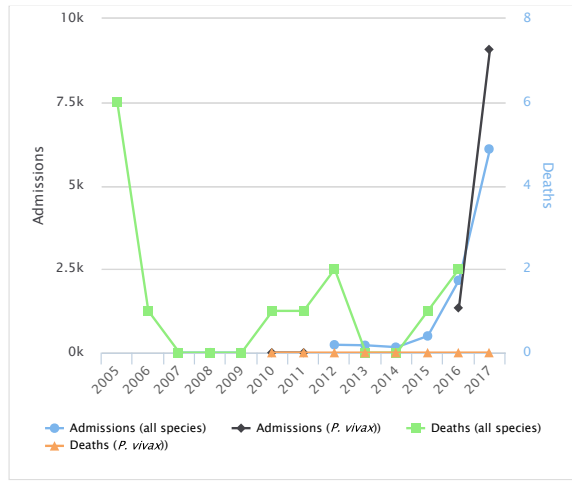


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est.) : WHO estimates based on the survey