El Salvador



Classification of focus Active foci

I. Epidemiological profile

Population (UN Population Division)	2017	%	Parasites and vectors	
Number of active foci	0	-	Major plasmodium species:	P.falciparum: 0 (%), P.vivax: 0 (%)
Number of people living within active foci	134.5K	2	Major anopheles species:	An. albimanus, An. pseudopunctipennis
Malaria free (0 cases)	6.2M	98		
Total	6.2M			
Reported cases and deaths				
Reported indigenous confirmed cases (health facility):		0		
Confirmed cases at community level:		0		
Confirmed cases from private sector:		0		
Indigenous deaths:		0		

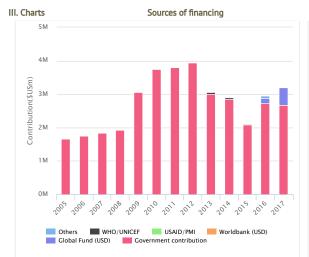
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/	Year
		No	adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	Yes	2013
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No Yes -	-
Larval control	Use of Larval Control	Yes	
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	-	-
	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	-
	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	-	-
	System for monitoring of adverse reaction to antimalarials exists	-	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	2015
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	Yes	-

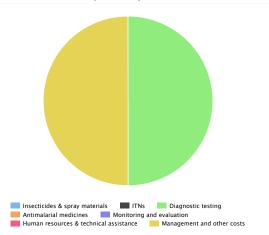
Antimalaria treatment policy			Medicine	Year adopted
First-line treatment of unconfirm	ed malaria		-	-
First-line treatment of P. falcipart	CQ+PQ(1d)	-		
For treatment failure of P. falcipa	AL	-		
Treatment of severe malaria			QN	2012
Treatment of P. vivax			CQ+PQ(14d)	-
Decade of primaguing for radical	0.25	5 mg/Kg (14 days)		
Dosage of primaguine for radical				
Type of RDT used				-
	l and parasito	ological failure, S	%)	-
Type of RDT used		ological failure, S Follow-up	%) No. of studies	Species
Type of RDT used Therapeutic efficacy tests (clinica	lian Max	Follow-up	No. of studies	
Type of RDT used Therapeutic efficacy tests (clinica Medicine Year Min Mec	lian Max	Follow-up	No. of studies	
Type of RDT used Therapeutic efficacy tests (clinica Medicine Year Min Mec Resistance status by insecticide c	lian Max lass (2010-20	Follow-up	No. of studies	control (2017)
Type of RDT used Therapeutic efficacy tests (clinica Medicine Year Min Mec Resistance status by insecticide c Insecticide class	lian Max lass (2010-20	Follow-up	No. of studies	control (2017) Used ³
Type of RDT used Therapeutic efficacy tests (clinica Medicine Year Min Mec Resistance status by insecticide c Insecticide class Carbamates	lian Max lass (2010-20	Follow-up	No. of studies	Control (2017) Used ³ No

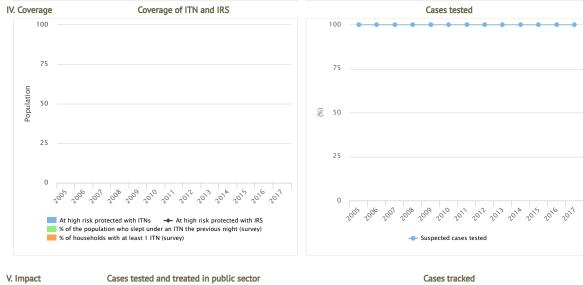
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n) ²Principal vectors that exhibited resistance ⁵Class used for malaria vector control in 2017

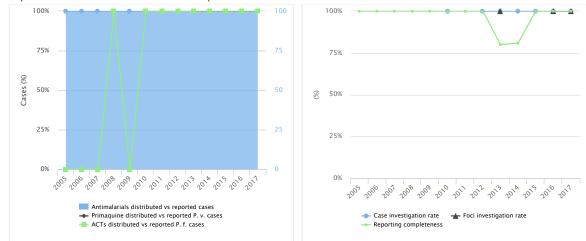
Region of the Americas



Government expenditure by intervention in 2017









World Malaria Report 2018