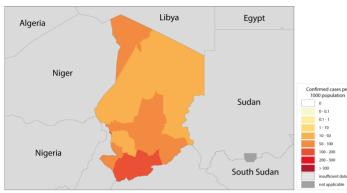
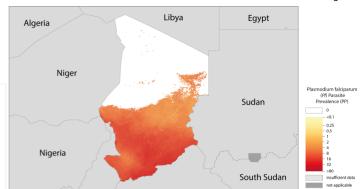
Chad





I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	10M	67
Low transmission (0-1 case per 1000 population)	4.7M	32
Malaria free (0 cases)	163.2K	1
Total	14.9M	

Parasites and vectors			
Major plasmodium species: P.	falciparum: 100 (%) ,	P.vivax: 0 (%)	
Major anopheles species: A	n. arabiensis, An. fun	estus, An. pharoensis, A	An. nili
Reported confirmed cases (health fac	ility): 1 962 372	Estimated cases:	2.8M [1.4M, 4.8M]
Confirmed cases at community level:	234 757	,	
Confirmed cases from private sector:			
Reported deaths:	2088	Estimated deaths:	8K [5.9K, 10.1K]

II. Intervention policies and strategies

Intervention	Policies/Strategies		Year
Intervention	Folicies/strategies	No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
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	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	is banned	2012
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	-
	Primaquine is used for radical treatment of P. vivax	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
Surveillance	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	-
	ACD for case investigation (reactive)	-	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	-	-
	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	No	-

Antimalaria treatment policy						Medicine	Year adopted
First-line treatment of unconfirmed malaria					AL; AS+AO		
				d		AL; AS+AQ	
	reatment of P. f						-
	ent failure of P	•	um			QN	-
	of severe mala	ria				AS,QN	2014
Treatment						-	-
Dosage of	primaquine for	radical	treatmen	nt of P. v	vivax		
Type of RD	T used						-
Therapeuti	c efficacy tests	(clinical	and para	asitolog	gical failure, %	6)	
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2011-2015	0	0.9	1.8	28 days	2	P. falciparum
Resistance	status by insec	ticide cl	ass (2010	0-2017)	and use of cl	ass for malaria vecto	or control (201
Insecticide class		Years		(%) sites ¹		Vectors ²	Used ³
Carbamates		2011-2014		0% (7)		-	No
Organochlorines		2011-2014		100% (7)		An. gambiae s.l.	No
Organophosphates		2011-2014		0% (7)		-	No
Pyrethroids 2010-2014		87.5% (8)		An. gambiae s.l.	Yes		
¹ Percent of si	tes for which resi	stance con	firmed and	l total nu	mber of sites the	it reported data (n)	
² Princinal ver	tors that exhibite	d resistan	re				

African Region