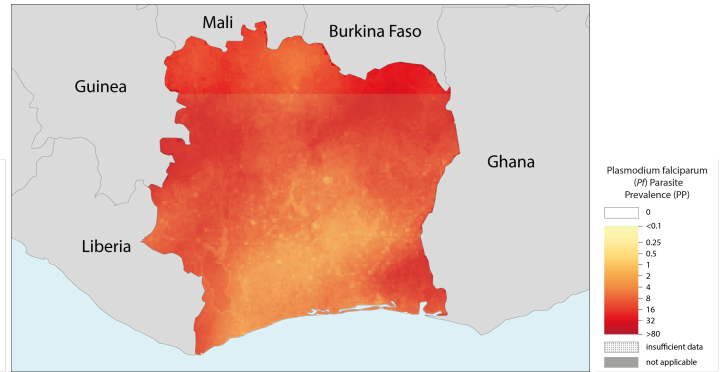
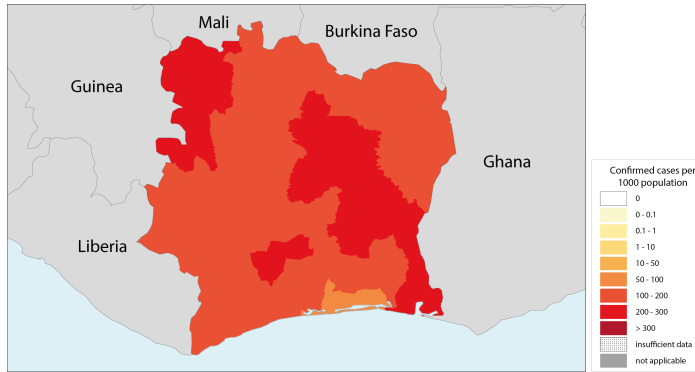


# Cote d'Ivoire

African Region



## I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	24.3M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	24.3M	

Parasites and vectors			
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	An. gambiae, An. funestus		
Reported confirmed cases (health facility):	3 274 683	Estimated cases:	3.4M [1.8M, 5.5M]
Confirmed cases at community level:	201 270		
Confirmed cases from private sector:	558 828		
Reported deaths:	3222	Estimated deaths:	9.6K [8.1K, 11.1K]

## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2006	
	ITNs/LLINs distributed to all age groups	No	2005	
IRS	IRS is recommended	No	-	
	DDT is used for IRS	No	-	
Larval control	Use of Larval Control	No	-	
IPT	IPT used to prevent malaria during pregnancy	Yes	2005	
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010	
	Malaria diagnosis is free of charge in the public sector	Yes	2012	
Treatment	ACT is free for all ages in public sector	Yes	2010	
	The sale of oral artemisinin-based monotherapies (oAMTs) is banned	-	-	
	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	-	
	Directly observed treatment with primaquine is undertaken	No	-	
	System for monitoring of adverse reaction to antimalarials exists	Yes	2011	
	Surveillance	ACD for case investigation (reactive)	No	-
		ACD at community level of febrile cases (pro-active)	No	-
		Mass screening is undertaken	No	-
Uncomplicated P. falciparum cases routinely admitted		Yes	-	
Uncomplicated P. vivax cases routinely admitted	No	-		
Case and foci investigation undertaken	No	-		
Case reporting from private sector is mandatory	Yes	-		

Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AS+AQ	2003					
First-line treatment of P. falciparum	AS+AQ	2003					
For treatment failure of P. falciparum	AL	2003					
Treatment of severe malaria	QN	2003					
Treatment of P. vivax	-	-					
Dosage of primaquine for radical treatment of P. vivax							
Type of RDT used	P.f only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2012-2014	0	0	2.1	28 days	6	P. falciparum
AS+AQ	2012-2014	0	0	2.1	28 days	6	P. falciparum
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>			
Carbamates	2010-2016	97.44% (39)	An. gambiae s.l., An. gambiae s.s.	No			
Organochlorines	2010-2015	96.88% (32)	An. gambiae s.l., An. gambiae s.s.	No			
Organophosphates	2010-2015	46.43% (28)	An. gambiae s.l., An. gambiae s.s.	No			
Pyrethroids	2010-2016	98.11% (53)	An. gambiae s.l., An. gambiae s.s.	Yes			

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

<sup>2</sup>Principal vectors that exhibited resistance

<sup>3</sup>Class used for malaria vector control in 2017