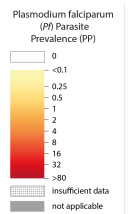
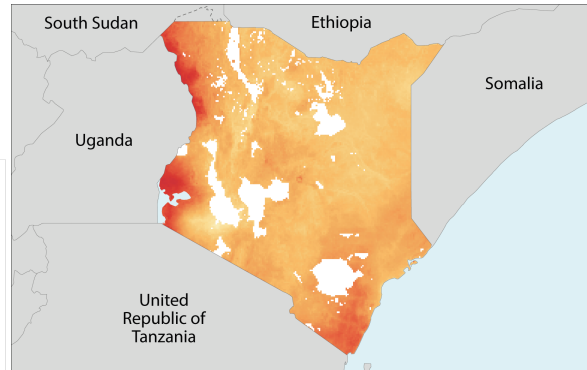
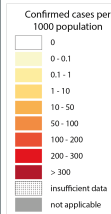
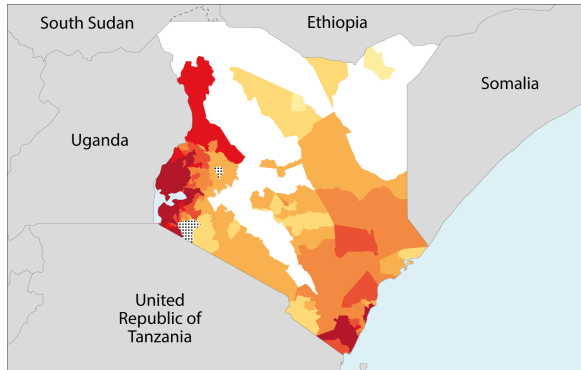


# Kenya

African Region



## I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	34.9M	70
Low transmission (0-1 case per 1000 population)	14.8M	30
Malaria free (0 cases)	0	-
Total	49.7M	

Parasites and vectors			
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus, An. merus		
Reported confirmed cases (health facility):	3 215 116	Estimated cases:	3.5M [2M, 5.9M]
Confirmed cases at community level:	204 767		
Confirmed cases from private sector:	187 143		
Reported deaths:	-	Estimated deaths:	13.3K [12.1K, 14.6K]

## 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	Yes	2010
IRS	IRS is recommended	Yes	2003
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	No	2006
Treatment	ACT is free for all ages in public sector	Yes	2006
	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	2006
	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	No	-
	Uncomplicated P. vivax cases routinely admitted	-	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	Yes	2010

Antimalaria treatment policy						Medicine	Year adopted
First-line treatment of unconfirmed malaria						AL	2004
First-line treatment of <i>P. falciparum</i>						AL	2004
For treatment failure of <i>P. falciparum</i>						QN	2004
Treatment of severe malaria						AS; AM; QN	2004
Treatment of <i>P. vivax</i>						-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used						Pf only	
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2014	2.2	2.8	3.6	28 days	3	<i>P. falciparum</i>
DHA-PPQ	2010-2011	1.3	2.5	3.7	42 days	2	<i>P. falciparum</i>
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	2010-2017	8.33% (48)	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.				No
Organochlorines	2010-2013	80% (15)	<i>An. funestus</i> s.s., <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.				No
Organophosphates	2010-2017	2.08% (48)	<i>An. gambiae</i> s.l.				Yes
Pyrethroids	2010-2017	96.67% (120)	<i>An. arabiensis</i> , <i>An. funestus</i> s.l., <i>An. funestus</i> s.s., <i>An. gambiae</i> s.l., <i>An. gambiae</i> 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

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