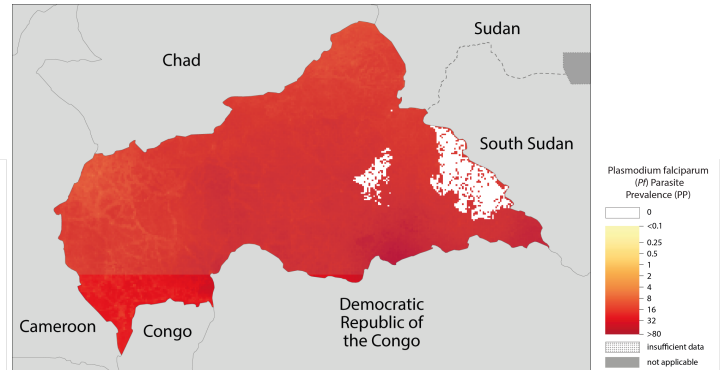


Central African Republic

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	4.7M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	4.7M	

Parasites and vectors	
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Reported confirmed cases (health facility):	383 309
Estimated cases:	1.8M [777.2K, 3.4M]
Confirmed cases at community level:	-
Confirmed cases from private sector:	28 604
Reported deaths:	3689
Estimated deaths:	4.8K [4K, 5.6K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/	Year	
		No	adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2006	
	ITNs/LLINs distributed to all age groups	No	2010	
IRS	IRS is recommended	Yes	2012	
	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	1997	
	Malaria diagnosis is free of charge in the public sector	No	-	
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 <i>P. falciparum</i>	No	-	
	Primaquine is used for radical treatment of <i>P. vivax</i>	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	No	-	
	Surveillance	ACD for case investigation (reactive)	-	-
	ACD at community level of febrile cases (pro-active)	No	-	
	Mass screening is undertaken	No	-	
Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-	-	
	-	-	-	
	-	-	-	
	-	-	-	
Uncomplicated <i>P. vivax</i> 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 unconfirmed malaria		AL	2005				
First-line treatment of <i>P. falciparum</i>		AL	-				
For treatment failure of <i>P. falciparum</i>		QN	-				
Treatment of severe malaria		AS, AM; QN	2005				
Treatment of <i>P. vivax</i>		-	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used		Pf + all species (Combo)					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2017	0	1.1	2.2	28 days	2	<i>P. falciparum</i>
AS+AQ	2010-2010	0	0	0	28 days	1	<i>P. falciparum</i>
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³			
Carbamates	2014-2014	0% (2)	-	No			
Organochlorines	2014-2014	100% (2)	<i>An. funestus s.l.</i> , <i>An. gambiae s.l.</i>	No			
Organophosphates	2014-2014	50% (2)	<i>An. funestus s.l.</i>	No			
Pyrethroids	2014-2014	100% (2)	<i>An. funestus s.l.</i> , <i>An. gambiae s.l.</i>	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