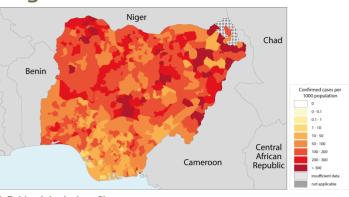
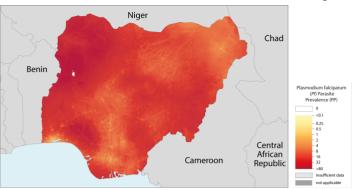
Nigeria African Region





I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	145.8M	76
Low transmission (0-1 case per 1000 population)	45.1M	24
Malaria free (0 cases)	0	-
Total	190.9M	

Parasites and vectors Major plasmodium species: P.falciparum: 100 (%), P.vivax: 0 (%)

Major anopheles species: An. gambiae, An. funestus, An. arabiensis, An. moucheti, An. melas, An. nili

Reported confirmed cases (health facility): 11 571 958 53.7M [36.3M, 75.9M] Estimated cases: Confirmed cases at community level: 67 755

Confirmed cases from private sector: 1 448 165

 3 Class used for malaria vector control in 2017

Reported deaths: 79.8K [62.5K, 97K] Estimated deaths:

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopt
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2007
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2010
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	No	-
Treatment	ACT is free for all ages in public sector	Yes	2009
	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	-
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	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

Antimalaria	treatme	ent poli	су				Medicine	Year adopted
First-line treatment of unconfirmed malaria							AL; AS+AQ	2004
First-line treatment of P. falciparum							AL; AS+AQ	2004
For treatment failure of P. falciparum							QN	2004
Treatment of severe malaria							AS; AM; QN	2004
Treatment of	of P. viva	IX					-	-
Dosage of p	orimaqui	ne for r	adica	l treatment	of P. v	ivax		
Type of RD1	used							-
Therapeution	efficacy	y tests (clinic	al and paras	sitolog	ical failure, %)	
Medicine	Year		Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2	2011	0	0	0	28 days	1	P. falciparum
AL	2014-2	2014	3.4	3.4	3.4	42 days	1	P. falciparum
AS+AQ	2010-2	2011	0	0.8	1.6	28 days	2	P. falciparum
Resistance :	status by	/ insect	icide (class (2010-	2017)	and use of cla	ass for malaria vecto	or control (2017)
Insecticide	class	Years		(%) sites ¹	Vect	ors ²		Used ³
Carbamates		2010-2	2017	25% (72)	An.	funestus s.l., An	. gambiae s.l.	No
Organochlorines 2010-2017		2017	91.78% (73)	An.	funestus s.l., An	No		
Organiochilor	Organophosphates		2-2017 45.61% (57)		An.	gambiae s.l.	No	
-	priaces				An. coluzzii, An. funestus s			