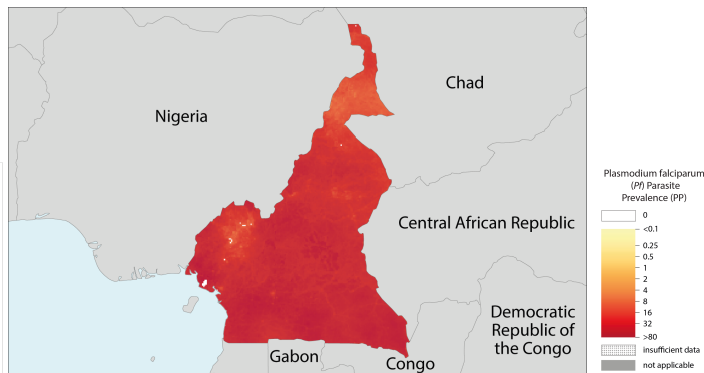
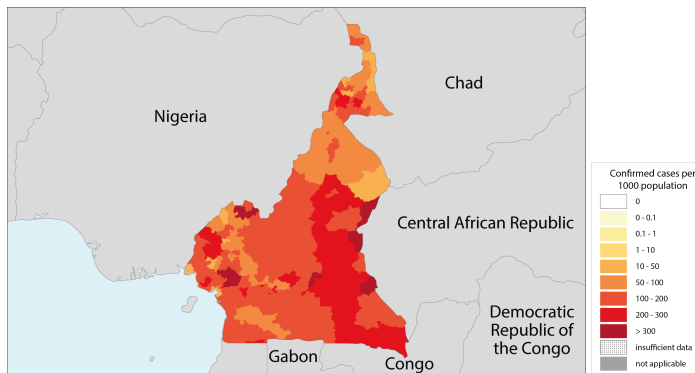


# Cameroon

African Region



## I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	17.1M	71
Low transmission (0-1 case per 1000 population)	7M	29
Malaria free (0 cases)	0	-
Total	24.1M	

Parasites and vectors

Major **plasmodium species:** **P.falciparum: 100 (%) , P.vivax: 0 (%)**  
 Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. funestus*, *An. moucheti*, *An. nili*

Reported confirmed cases (health facility):	1 191 257	Estimated cases:	7.3M [4.7M, 11M]
Confirmed cases at community level:	126 114		
Confirmed cases from private sector:	927 417		
Reported deaths:	3195	Estimated deaths:	10.9K [8.3K, 13.6K]

## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	No	2004
	ITNs/LLINs distributed to all age groups	No	2010
IRS	IRS is recommended	Yes	2007
	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	2011
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	No	-
	The sale of oral artemisinin-based monotherapies (oAMTs) is banned	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	-
Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	2004
	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	Yes	-
	Uncomplicated <i>P. vivax</i> 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	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	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 *P. vivax*

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
AS+AQ	2011-2011	6.5	6.5	6.5	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 <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
Carbamates	2010-2017	33.33% (9)	<i>An. gambiae s.L.</i> , <i>An. gambiae s.s.</i>	No
Organochlorines	2010-2017	91.67% (12)	<i>An. funestus s.L.</i> , <i>An. funestus s.s.</i> , <i>An. gambiae s.s.</i>	No
Organophosphates	2010-2017	0% (10)	-	No
Pyrethroids	2010-2017	92.63% (95)	<i>An. funestus s.L.</i> , <i>An. funestus s.s.</i> , <i>An. gambiae s.L.</i> , <i>An. gambiae s.s.</i>	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