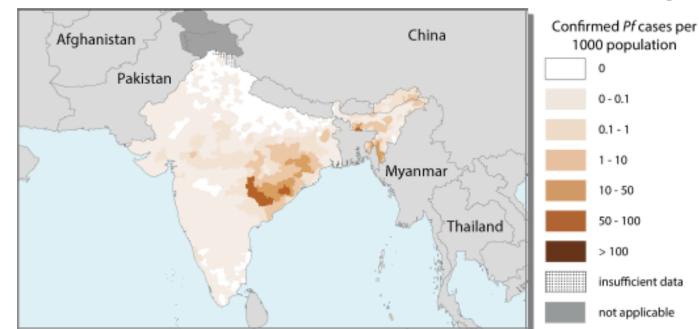
India

Confirmed Pv cases per China Afghanistan 1000 population 0 Pakistan 0 - 0.1 0.1 - 1 1 - 10 Myanmar 10 - 50 50 - 100 Thailand > 100 insufficient data not applicable



I. Epidemiological profile							
Population (UN)	2016	%	Parasites and vectors				
High transmission (> 1 case per 1000 population)	160,500,000	12	Plasmodium species:	P. falciparum	(66%), P.viva	x (34%)	
Low transmission (0-1 cases per 1000 population)	1,080,000,000	81	Major anopheles species:	An. culicifacie	es, An. fluviatili	s, An. stephensi, An. minin	nus, An. dirus, An. annularis
Malaria-free (0 cases)	83,500,000	7	Reported confirmed cases (he	alth facility):	1,090,724	Estimated cases:	13 million [9–18 million]
Total	1,328,000,000		Confirmed cases at community	/ level:	-		
			Reported deaths:		331	Estimated deaths:	23,990 [1,600–46,500]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2001
	ITNs/ LLINs distributed to all age groups	Yes	2001
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	Yes	1953
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free of charge for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	Is banned	2009
	Single dose of primaquine is used as gametocidal medicine for P. falciparum	Yes	1982
	Primaquine is used for radical treatment of P. vivax	Yes	1982
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Foci and case investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ	2007
First-line treatment of P. falciparum	AS+SP+PQ; AL	2007
Treatment failure of P. falciparum	QN+D; QN+T	-
Treatment of severe malaria	AM; AS; QN	2007
Treatment of P. vivax	CQ+PQ(14d)	2007
Dosage of Primaquine for radical treatment of P. vivax	0.	25 mg/Kg (14 days)
Type of RDT used	P.f + F	P.v specific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

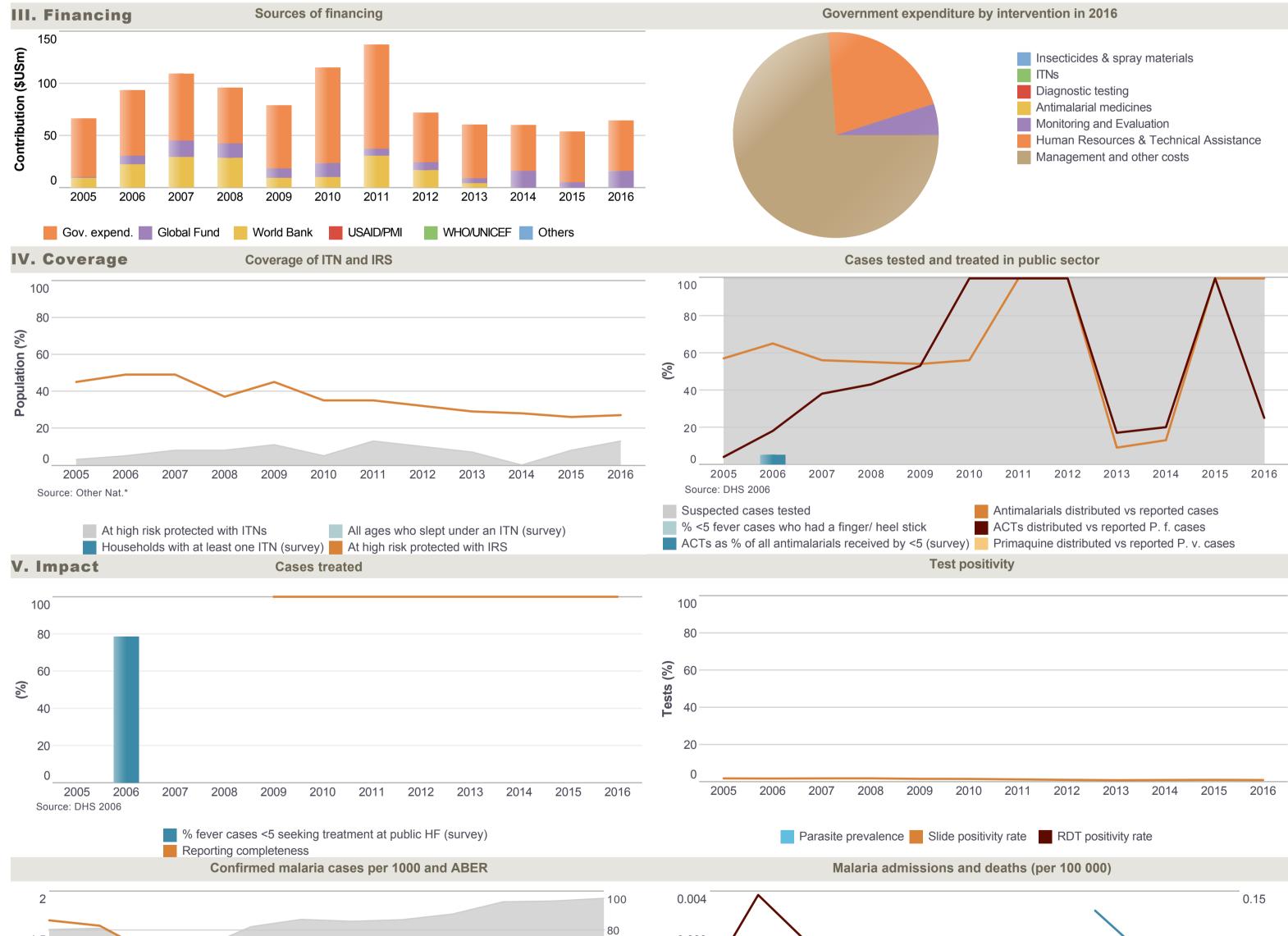
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2016	0	0	4	28 days	14	P. falciparum
AS+SP	2010-2017	0	0	21.4	28 days	51	P. falciparum
CQ	2010-2016	0	0	0.1	28 days	10	P. vivax

Insecticide resistance tests (mosquito mortality, %)

Insecticide class	Years	Min	Mean	Мах	No. of sites	Species
Organophosphates	2010-2016	0.3	0.7	1	54	An. culicifacies s.l., An. fluviatilis,+other
Carbamates	2013-2015	0.3	0.8	1	68	An. culicifacies s.l.
Organochlorines	2010-2016	0	0.4	1	72	An. culicifacies s.l., An. fluviatilis,+other
Pyrethroids	2010-2016	0	0.8	1	185	An. culicifacies s.l., An. fluviatilis,+other

South-East Asia Region







0.003

ABER (microscopy & RDT) Cases (all species) Cases (P. vivax)

Admissions (all species) Admissions (P.vivax) Deaths (all species) Deaths (P. vivax)