Senegal



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	15.8M	99
Low transmission (0-1 case per 1000 population)	91.5K	1
Malaria free (0 cases)	0	-
Total	15.9M	

Parasites and vectors Major plasmodium species:	P.falciparum: 10	0 (9/) Duiscou	0.(9/)	
Major plasmoulum species:		. , ,	. ,	
Major anopheles species: An. gambiae, An. arabiens			n. funestus, An. pharo	ensis, An. melas
Reported confirmed cases (he	ealth facility)*:	395 706	Estimated cases:	1M [700.8K, 1.4M]
Confirmed cases at communi	ty level:	126 026		
Confirmed cases from private	sector:	-		
Reported deaths:		284	Estimated deaths:	4.5K [4.1K, 5K]
* Includes cases from the cor	nmunity and the	private sector		

II. Intervention policies and strategies

Intervention	Policies/Strategies		Year
Intervention	Policies/scialegies	No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	2005
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	has never been allowed.	2007
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	Yes	2017
	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	Yes	2017
	System for monitoring of adverse reaction to antimalarials exists	Yes	2006
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD at community level of febrile cases (pro-active)	Yes	2013
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	2006
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	2012
	Case reporting from private sector is mandatory	No	-

Antimalaria treat	ment poli	icy			1	Medicine	Year add	pted
First-line treatme	ent of unc	onfirmed	malaria			AL; AS+AQ; DHA-PPQ	2 200)5
First-line treatment of P. falciparum				AL; AS+AQ; DHA-PPQ	200	05		
For treatment fai	lure of P.	falciparur	n			-	-	
Treatment of seve	ere malar	ia				AS; QN	200	05
Treatment of P. vi	ivax					-	-	
Dosage of primad	quine for	radical tre	atment	of P. viv	/ax			
Type of RDT used	ł					P.f onl	y	
Therapeutic effica	acy tests ((clinical a	nd para	sitoloaid	al failure. 9	6)		
Medicine Year		`	edian		Follow-up	No. of studies	Species	
AL 201	0-2014	0	0	1.6	28 days	5	P. falciparu	ım
AS+AQ 201	0-2014	0	0.5	1.7	28 days	3	P. falciparu	ım
DHA-PPQ 201	0-2014	0	0	0.9	42 days	3	P. falciparu	ım
Resistance status	by insect	cicide clas	s (2010	-2017) a	and use of c	lass for malaria vector	control (2	017)
			1 Vocto	2				
Insecticide class	Years	(%) sites	vecu	ors~				Use
Insecticide class Carbamates	Years 2010- 2017	(%) sites 51.02% (49)			, An. gambia	e s.l., An. gambiae s.s.		Use No
	2010-	51.02%	An. a	rabiensis	. 2	e s.l., An. gambiae s.s. Is s.l., An. gambiae s.l., A	n. gambiae	
Carbamates	2010- 2017 2010- 2017 2010	51.02% (49) 96.08%	An. a An. a s.s.	rabiensis rabiensis	, An. funestu		n. gambiae	No

³Class used for malaria vector control in 2017

African Region

III. Charts

Sources of financing



Government expenditure by intervention in 2017



Cases tested and treated in public sector

IV. Coverage



Source: DHS 2005, 2011, 2013, 2014, 2015, 2016, MIS 2006, 2009

V. Impact







Suspected cases tested Antimalarials distributed vs reported cases ACTs distributed vs reported P. f. cases Primaquine distributed vs reported P. v. cases % <5 fever cases who had a finger/ heel stick (survey) ACTs as % of all antimalarials received by <5 (survey)

Source: DHS 2011, 2013, 2014, 2015, 2016, MIS 2006, 2009 Test positivity

Source: DHS 2005, 2011, 2013, 2014, 2015, 2016, MIS 2006, 2009

V. Impact





World Malaria Report 2018