

Peru

Region of the Americas



I. Epidemiological profile

Population (UN)	2016	%
High transmission (> 1 case per 1000 population)	1,590,000	5
Low transmission (0-1 cases per 1000 population)	10,900,000	34
Malaria-free (0 cases)	19,300,000	61
Total	31,770,000	

Parasites and vectors			
Plasmodium species:	<i>P. falciparum</i> (27%), <i>P. vivax</i> (73%)		
Major anopheles species:	<i>An. pseudopunctipennis</i> , <i>An. albimanus</i> , <i>An. darlingi</i>		
Reported confirmed cases (health facility):	56,623	Estimated cases:	125,000 [98,600–153,100]
Confirmed cases at community level:	-		
Reported deaths:	7	Estimated deaths:	≤ 10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	-
	ITNs/ LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free of charge for all ages in public sector	Yes	-
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	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 <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-
	Foci and case investigation undertaken	-	-
Case reporting from private sector is mandatory	Yes	-	

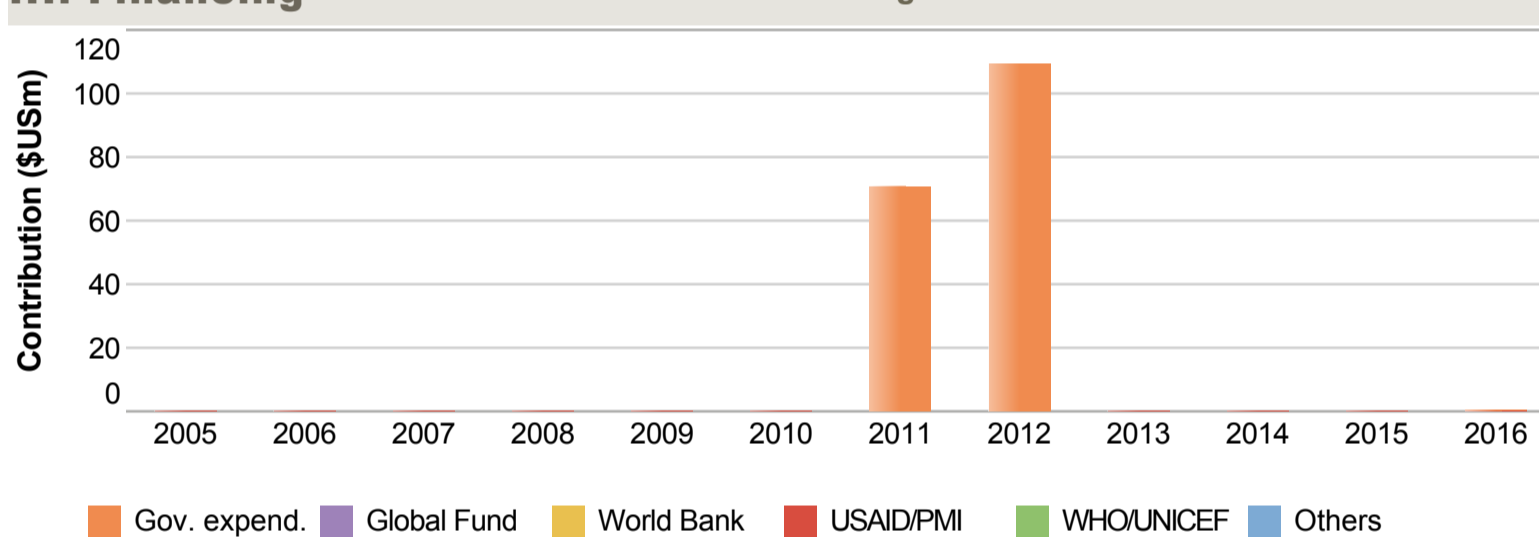
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ	2001
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS+MQ	-
Treatment of <i>P. vivax</i>	CQ+PQ(7d)	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/Kg (7 days)
Type of RDT used		-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2011-2013	0	0	0	28 days	1	<i>P. vivax</i>
CQ+PQ	2011-2013	0	0	0	28 days	1	<i>P. vivax</i>

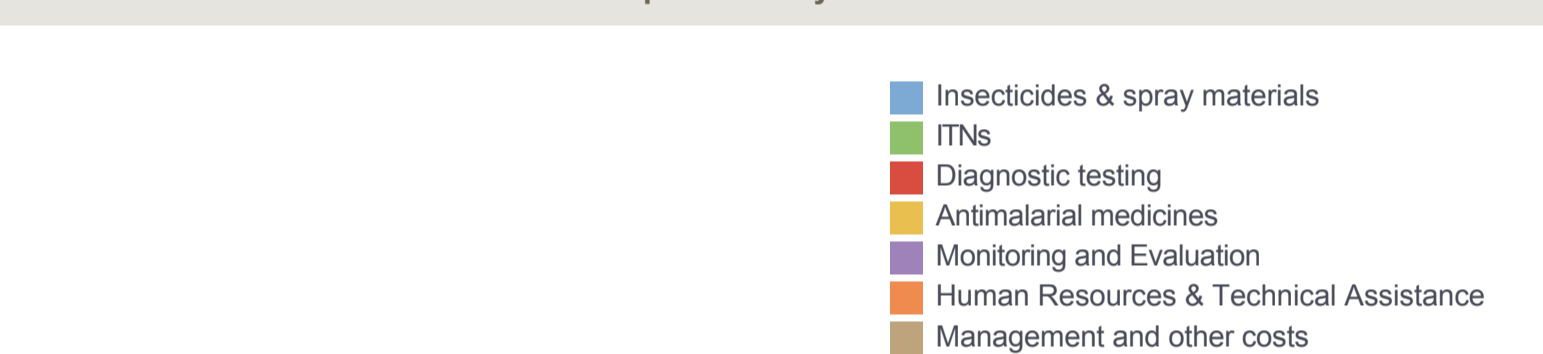
Insecticide resistance tests (mosquito mortality, %)							
Insecticide class	Years	Min	Mean	Max	No. of sites	Species	
Carbamates	2015-2015	0.2	0.2	0.2	1	<i>An. darlingi</i>	
Organophosphates	2013-2015	0.4	0.7	1	3	<i>An. albimanus</i> , <i>An. darlingi</i>	
Pyrethroids	2013-2015	0.9	1	1	10	<i>An. albimanus</i> , <i>An. darlingi</i>	

III. Financing

Sources of financing

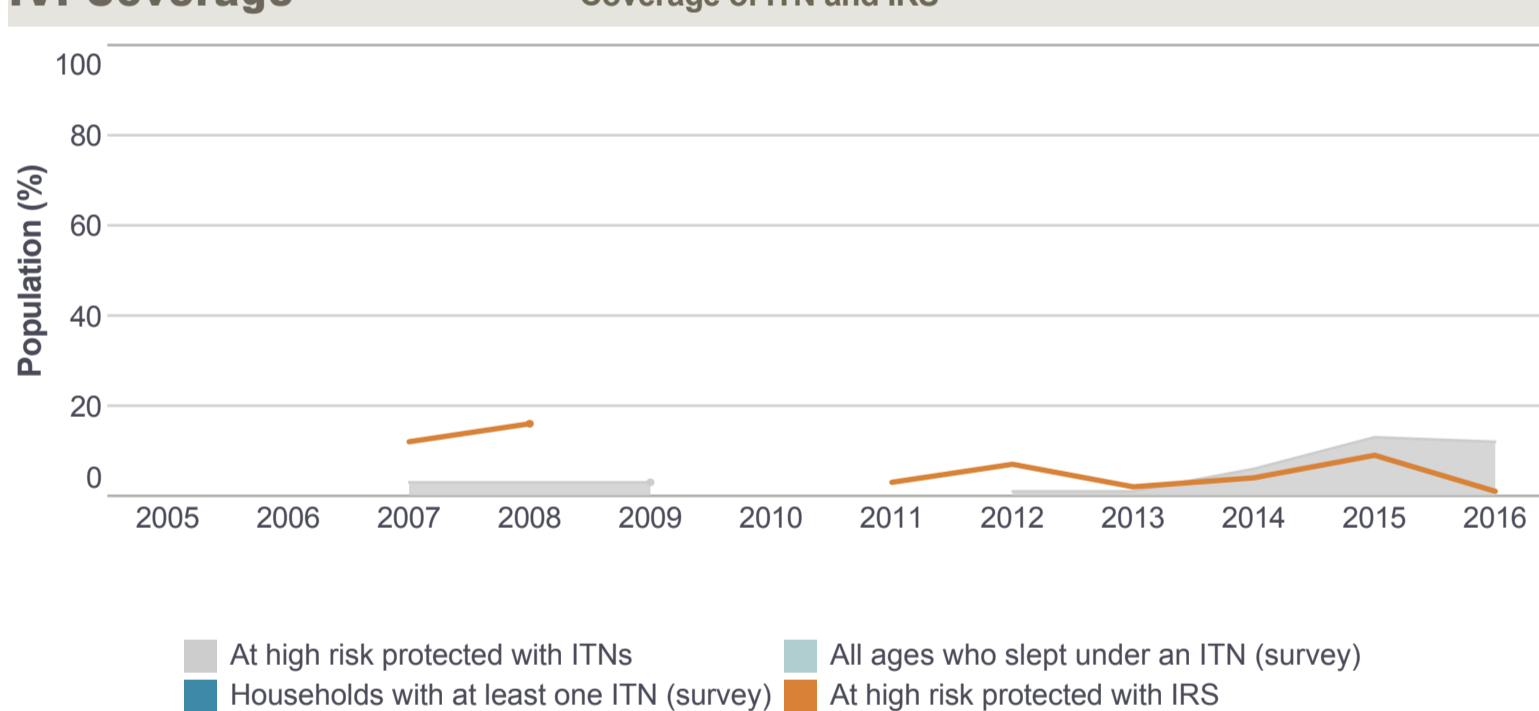


Government expenditure by intervention in 2016

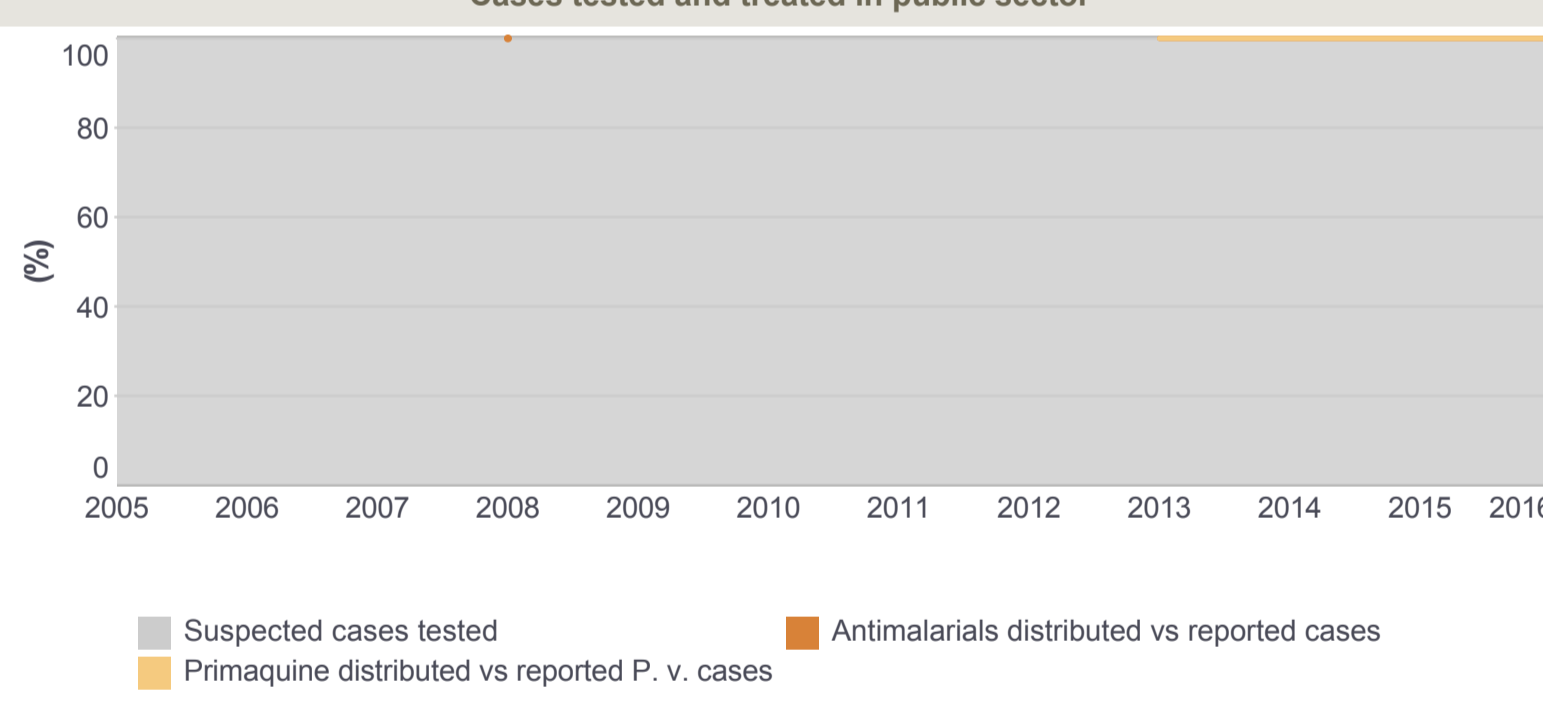


IV. Coverage

Coverage of ITN and IRS

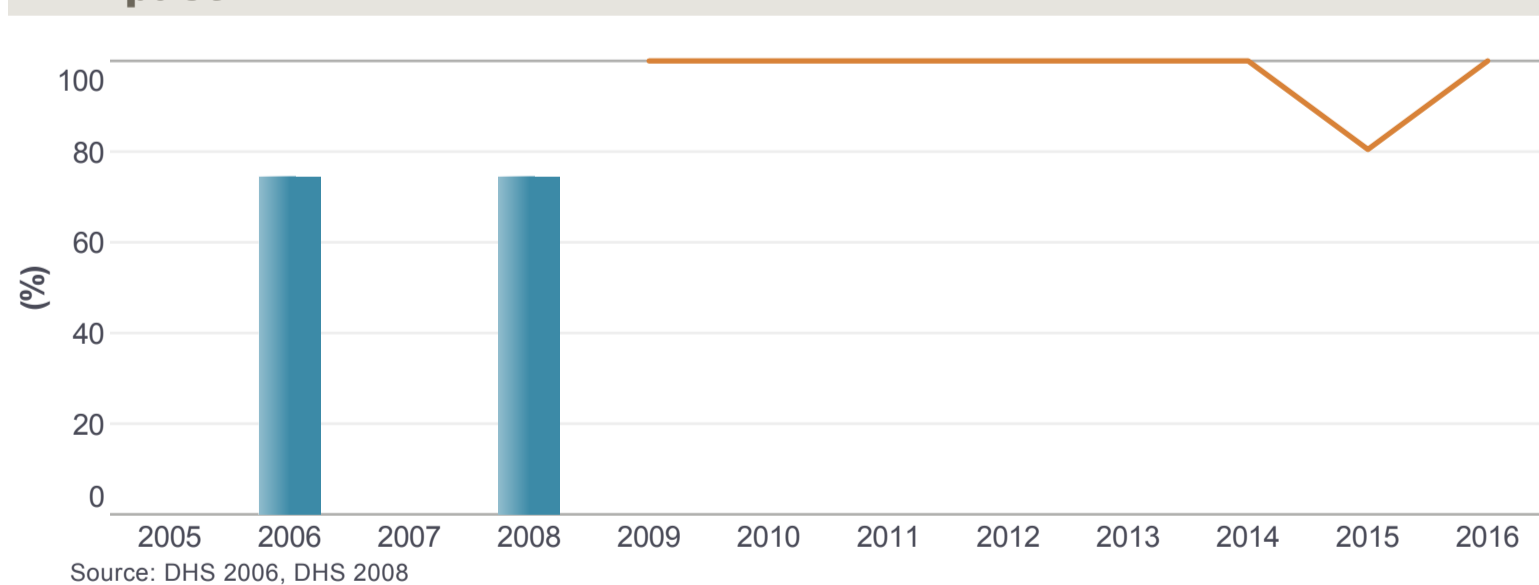


Cases tested and treated in public sector

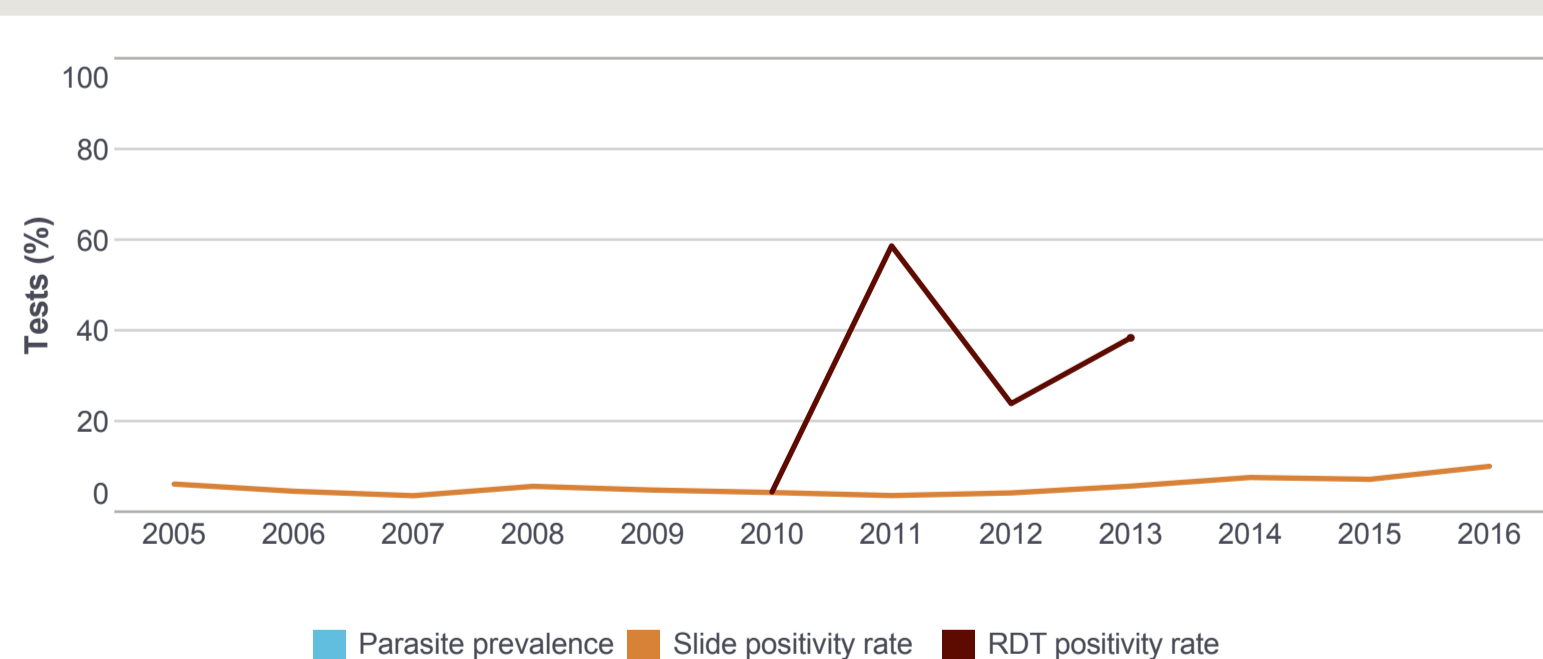


V. Impact

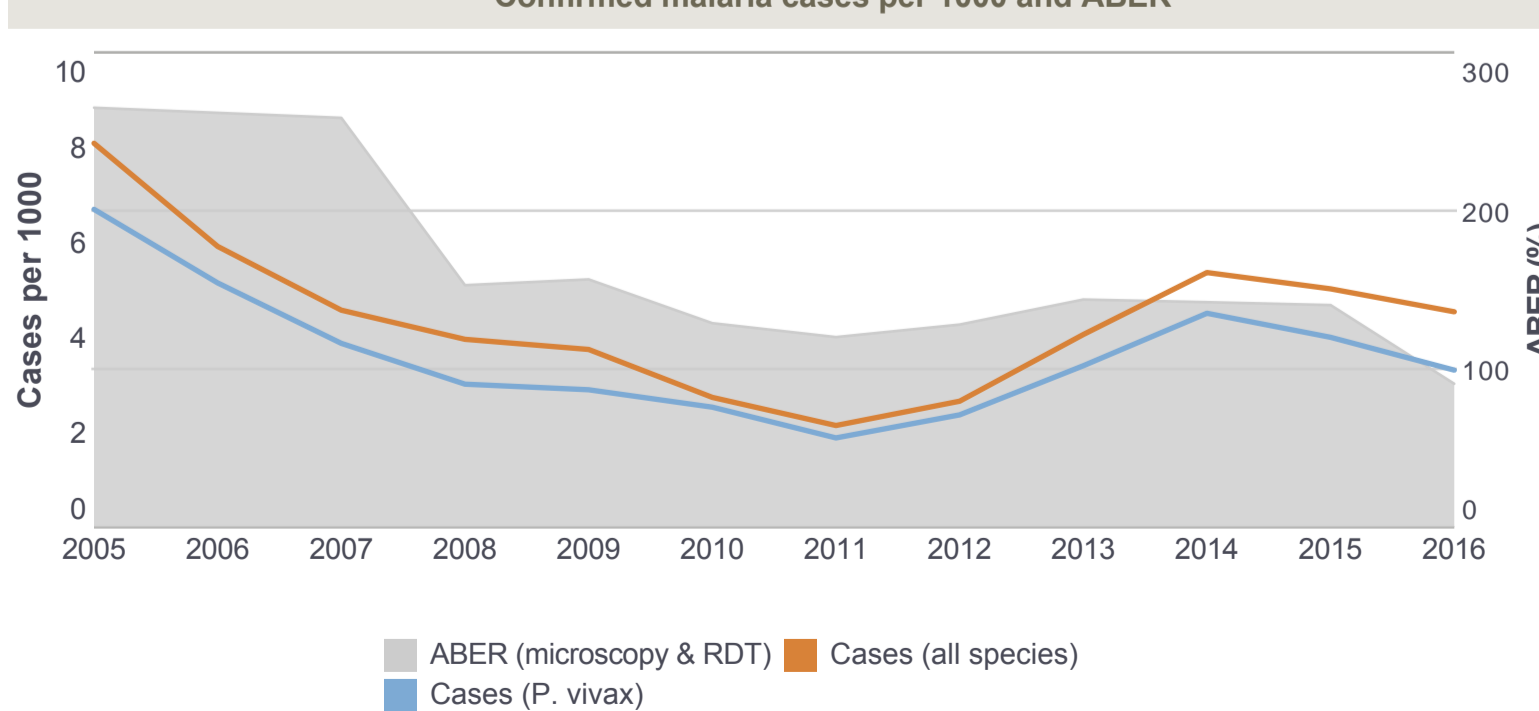
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)

