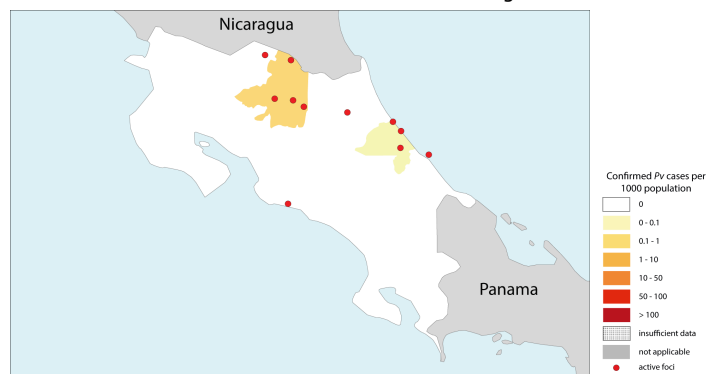
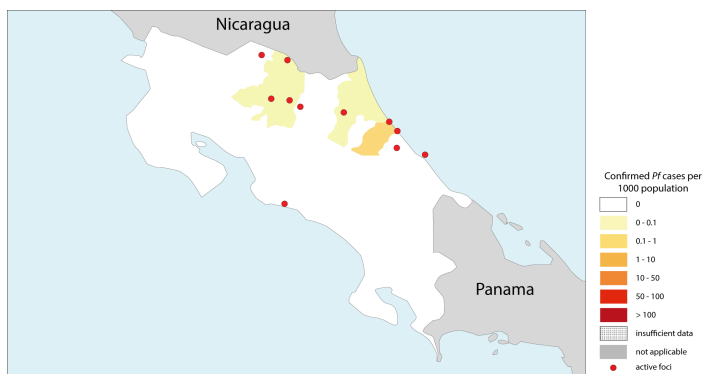


Costa Rica

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	51.1K	1
Low transmission (0-1 case per 1000 population)	1.7M	34
Malaria free (0 cases)	3.3M	65
Total	5.1M	

Reported cases and deaths

Presumed and confirmed cases	641
Reported indigenous confirmed cases:	543
Indigenous deaths:	0

Parasites and vectors

Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 94 (%)*, <i>P. vivax</i> : 6 (%)
Major anopheles species:	<i>An. albimanus</i>

*includes mixed infections and other species of Plasmodium

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2016
	ITN distributed by mass campaign	Yes*	-
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2020
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	1960
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	-
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1957
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2014
Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	-
	Malaria is a notifiable disease	Yes	1960
	ACD for case investigation (reactive)	Yes	2016
	ACD at community level of febrile cases (pro-active)	Yes	2016
	Mass screening is undertaken	Yes	2016
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2000

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ+PQ	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ	-
Second-line treatment <i>P. falciparum</i>	Other	-
Treatment of severe malaria	AS	-
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/Kg (14 days)	
Type of RDT used (public)	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

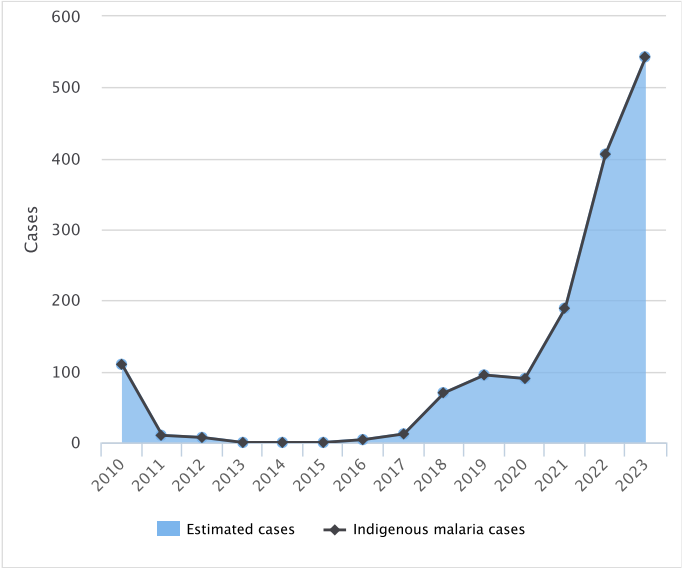
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class				(%) sites ¹		Vectors ²	Used ³
Carbamates							No
Neonicotinoids							No
Organophosphates							No
Pyrethroids							Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

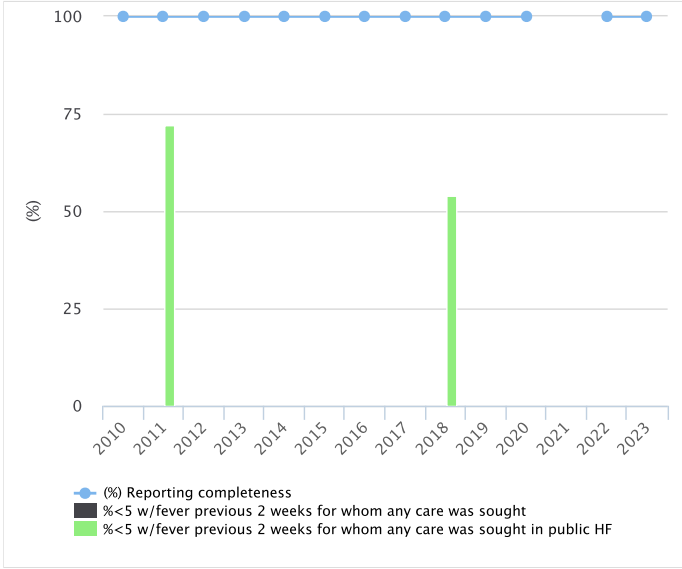
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

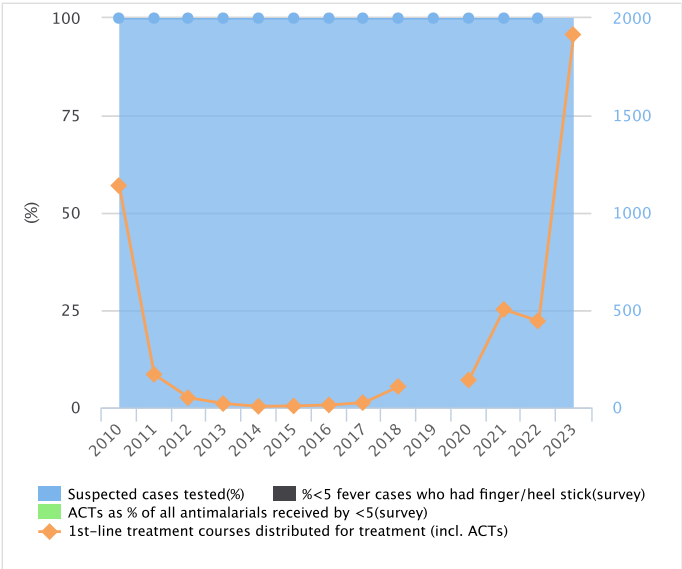
III. Estimated and reported cases



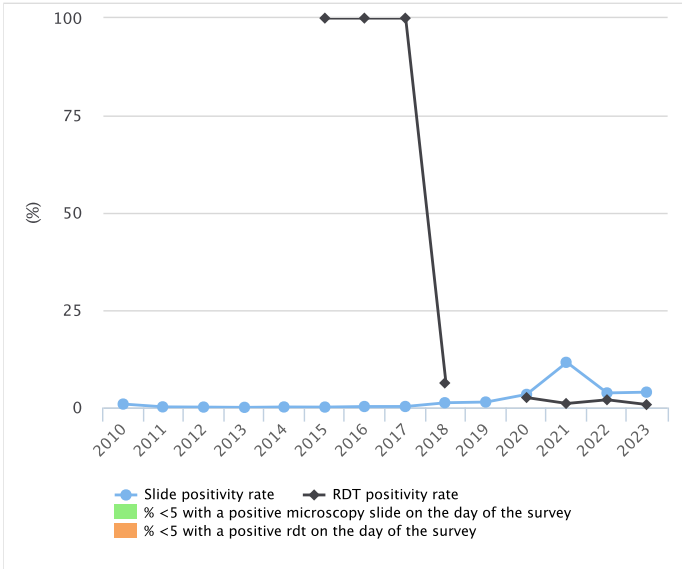
Treatment seeking and reporting completeness



IV. Cases tested and treated

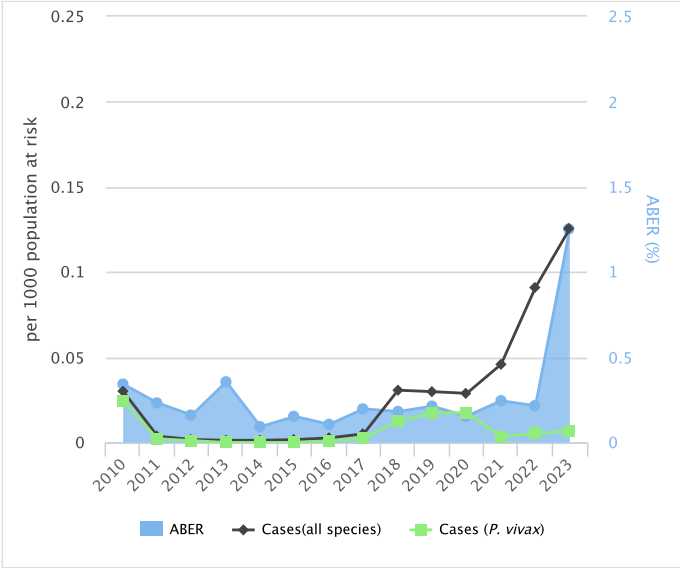


Test positivity



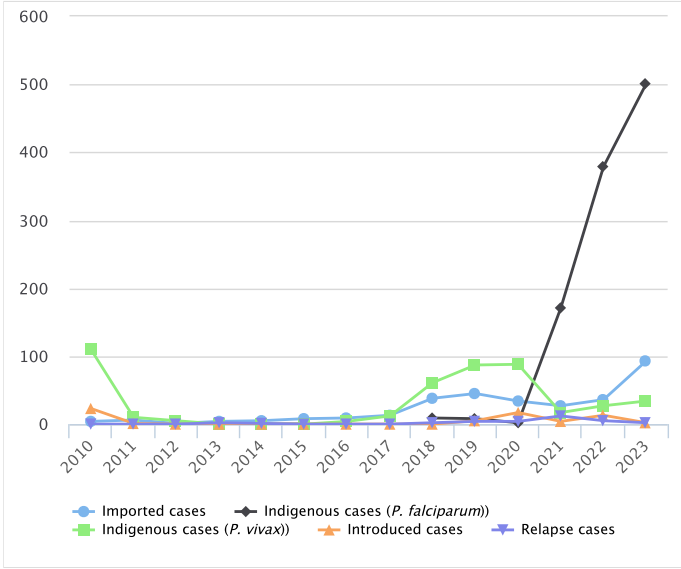
Imported and introduced malaria cases are included

V. Confirmed malaria cases per 1000 population at risk and ABER

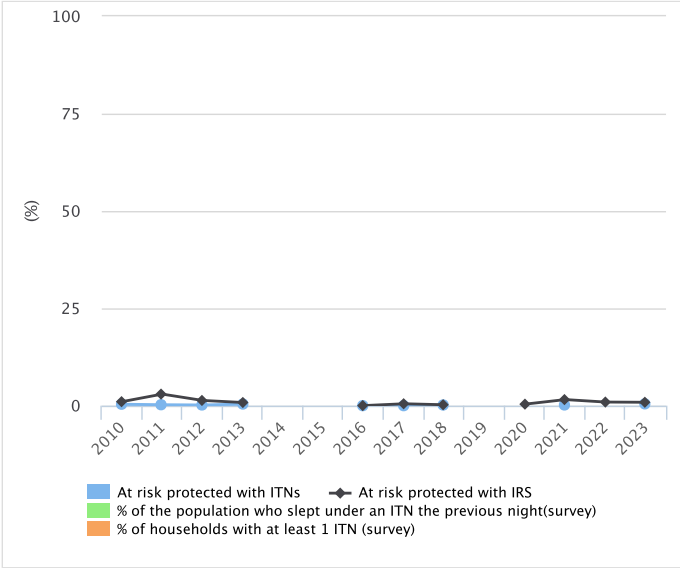


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

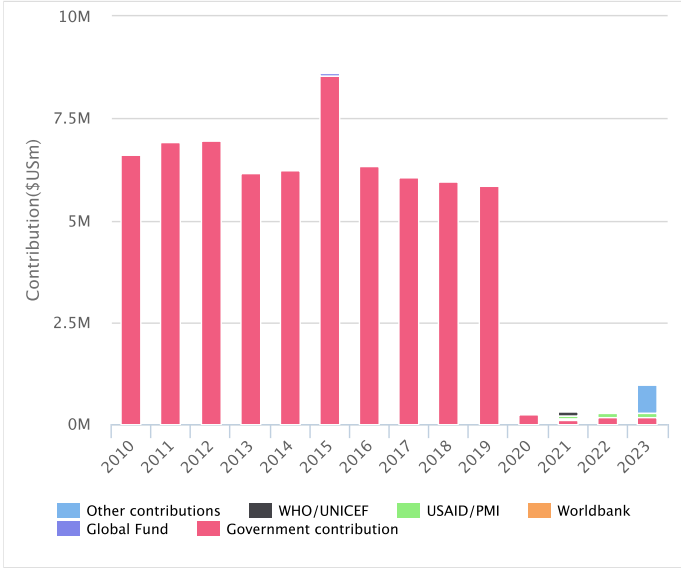
Cases by classification



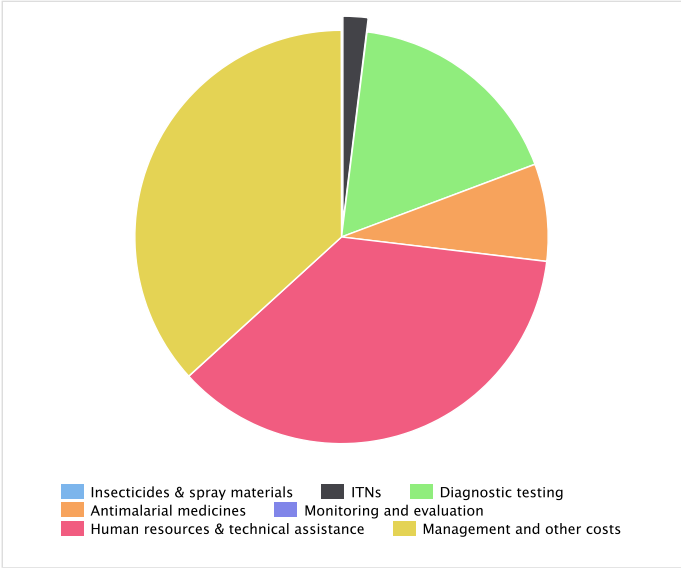
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes
(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024. Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](#)