# Dominican Republic

# Region of the Americas



# I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	160.3K	1
Low transmission (0-1 case per 1000 population)	6.1M	54
Malaria free (0 cases)	5.1M	45
Total	11.3M	
Reported cases and deaths		
Presumed and confirmed cases		271
Reported indigenous confirmed cases:		253

0

Parasites and vectors Major plasmodium species (indigenous cases): P. falciparum: 100 (%)\*, P. vivax: 0 (%) Major anopheles species: An. albimanus \*includes mixed infections and other species of Plasmodium

# II. Intervention policies and strategies

Indigenous deaths:

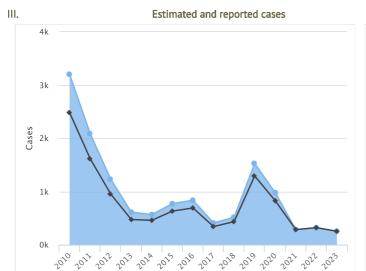
Intervention	Policies/Strategies	Yes/	Year
		No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2014
	ITN distributed by mass campaign	Yes	2011
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	
Larval control	Use of Larval Control	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2011
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2011
	Malaria diagnosis is free in the private sector	Yes	1961
Treatment	ACT is free for all ages in public sector	Yes	2009
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-
	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 P. vivax	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reaction to antimalarials exists	No	-
Surveillance	Malaria is a notifiable disease	Yes	1964
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	2000
	Mass screening is undertaken	Yes	2015
	Uncomplicated P. falciparum cases routinely admitted	Yes	2000
	Uncomplicated P. vivax cases routinely admitted	Yes	2000
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2000

Disc = Discontinued

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

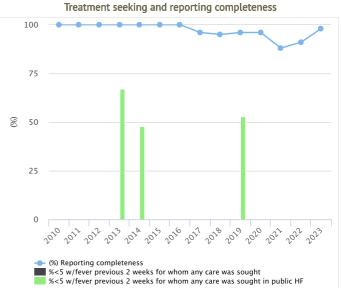
Antimalaria t	reatmen	t policy	/			Medicine	Year adopted	
First-line treatment of unconfirmed malaria					NA	-		
First-line treatment of <i>P. falciparum</i>					CQ+PQ	-		
Second-line treatment <i>P. falciparum</i>						AL+PQ	2016	
Treatment of severe malaria					AS	2016		
Treatment of P. vivax						CQ+PQ	-	
Dosage of primaquine for radical treatment of P. vivax					C	).25 mg/Kg (14 day:		
Type of RDT used (public)					P.f + P.v	P.f + P.v specific (Combo)		
Therapeutic 6	efficacy t	ests (cl	inical and	parasitolo	gical failure, %)			
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	
Resistance st	atus by i	nsectic	ide class (2	2018-2023	i) and use of cla	ss for malaria vec	tor control (2023)	
Insecticide class			(%) sites <sup>1</sup>	Vect	ors <sup>2</sup>	Used <sup>3</sup>		
Carbamates				0% (0/1)			No	
Neonicotinoid	s						No	
Organophosphates		!	50% (4/8)	An. albimanus		No		
Pyrethroids				63% (5/8)	An. albimanus		Yes	
			nce is confirm ance to insect		number of sites th	at reported data		
					data were not avai	lable, data from the p	revious year were used	
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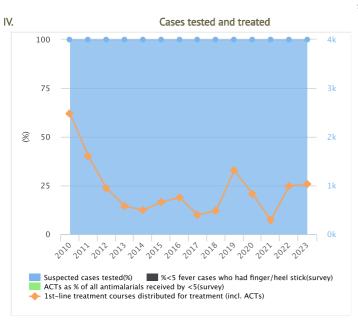


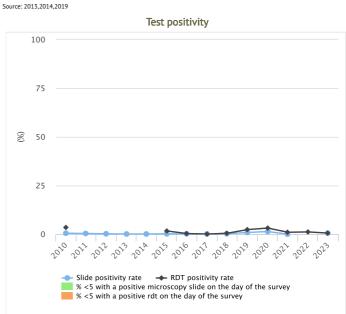


→ Indigenous malaria cases

Estimated cases



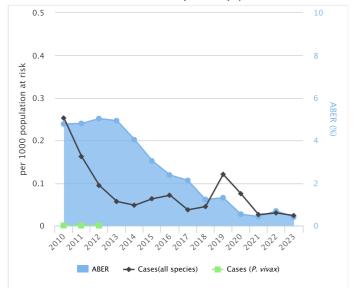




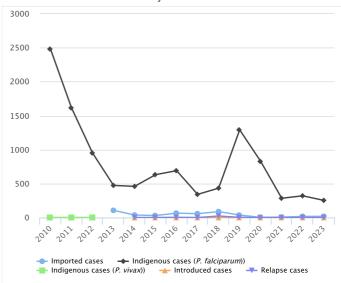
Imported and introduced malaria cases are included

### Confirmed malaria cases per 1000 population at risk and ABER

V.

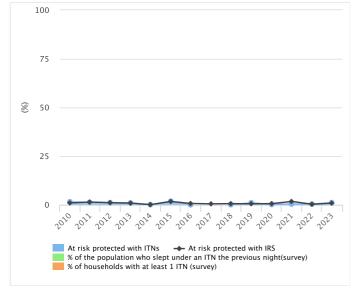


#### Cases by classification

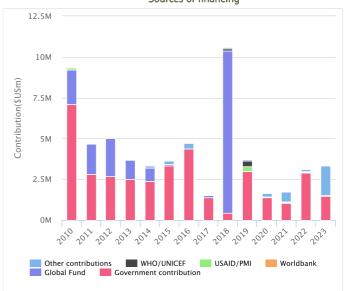


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

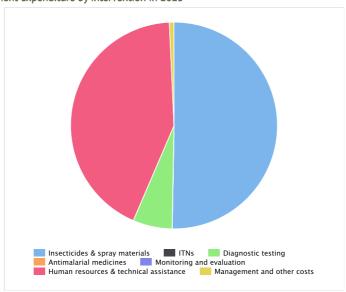
# V. Coverage of ITN and IRS



### 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 <a href="majorage-report-malaria-burden-session6.pdf">majorage-report-malaria-burden-session6.pdf</a> (who.int)