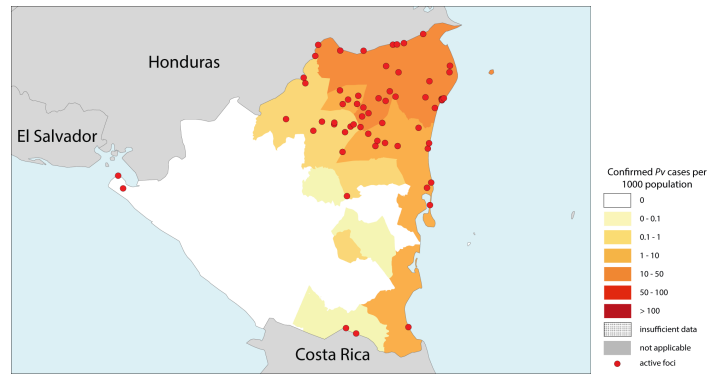
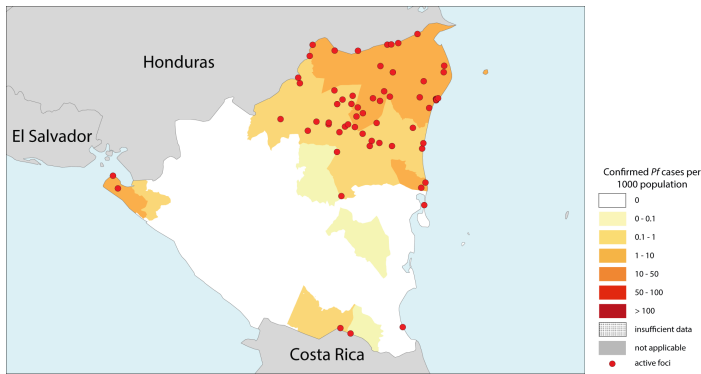


Nicaragua

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	237.4K	3
Low transmission (0-1 case per 1000 population)	5.8M	85
Malaria free (0 cases)	818.8K	12
Total	6.8M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 18 (%)*, <i>P. vivax</i> : 82 (%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i>

*includes mixed infections and other species of Plasmodium

Reported cases and deaths	
Presumed and confirmed cases	7008
Reported indigenous confirmed cases:	6716
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	7008
Indigenous deaths:	0

Estimates	
Estimated cases:	8.5K [7.1K, 10K]
Estimated deaths:	0

*Includes cases from the public, private sector and community

II. Intervention policies and strategies

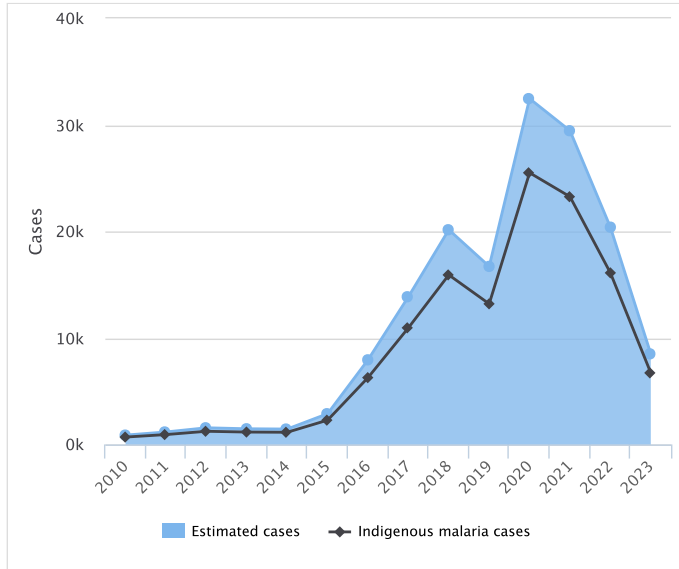
Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2018	
	ITN distributed by mass campaign	Yes	2019	
IRS	IRS is recommended	Yes	-	
	DDT is used for IRS	No	-	
Larval control	Use of Larval Control	Yes	2012	
IPT	IPT used to prevent malaria during pregnancy	NA	-	
	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2003	
Diagnosis	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	1961	
	Malaria diagnosis is free in the private sector	No	-	
	ACT is free for all ages in public sector	Yes	2018	
Treatment	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*	2019	
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1960	
	G6PD test is a requirement before treatment with primaquine	No	-	
	Directly observed treatment with primaquine is undertaken	Yes*	2015	
	System for monitoring of adverse reaction to antimalarials exists	Yes*	2011	
	Surveillance	Malaria is a notifiable disease	Yes*	1960
		ACD for case investigation (reactive)	Yes*	2018
		ACD at community level of febrile cases (pro-active)	Yes*	2018
		Mass screening is undertaken	Yes*	2018
Uncomplicated <i>P. falciparum</i> cases routinely admitted		Yes*	2000	
Uncomplicated <i>P. vivax</i> cases routinely admitted		Yes*	2000	
Case investigation undertaken		Yes	2015	
Foci investigation undertaken	Yes	-		
Case reporting from private sector is mandatory	Yes	2017		

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

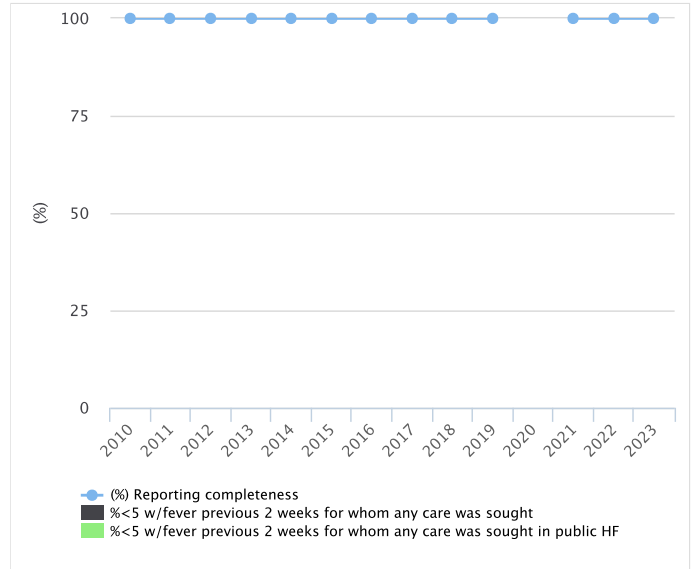
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ+PQ	1999
First-line treatment of <i>P. falciparum</i>	CQ+PQ	-
Second-line treatment <i>P. falciparum</i>	AL+PQ	2018
Treatment of severe malaria	AS	2018
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/Kg (7 days)	
Type of RDT used (public)	Pf + Pv 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		Yes
Organophosphates		No
Pyrethroids	67% (2/3)	<i>An. albimanus</i> 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)

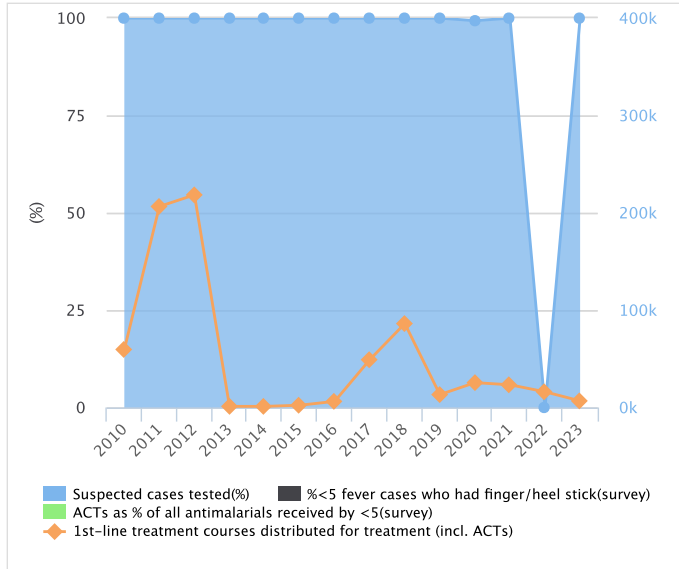
III. Estimated and reported cases



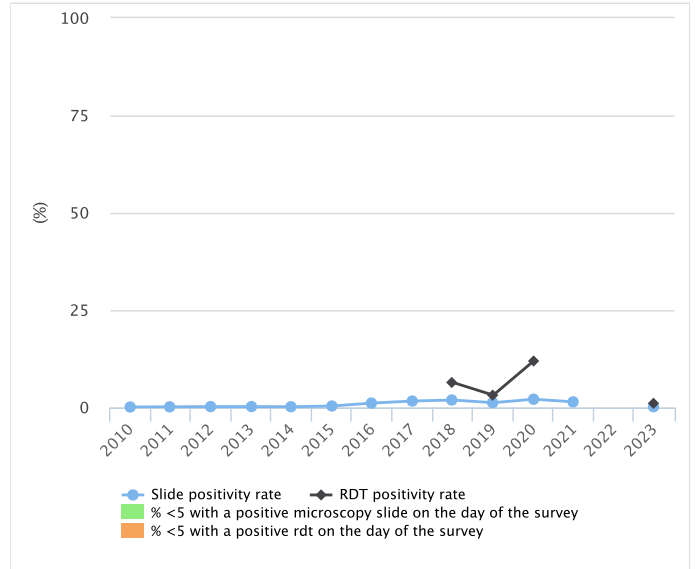
Treatment seeking and reporting completeness



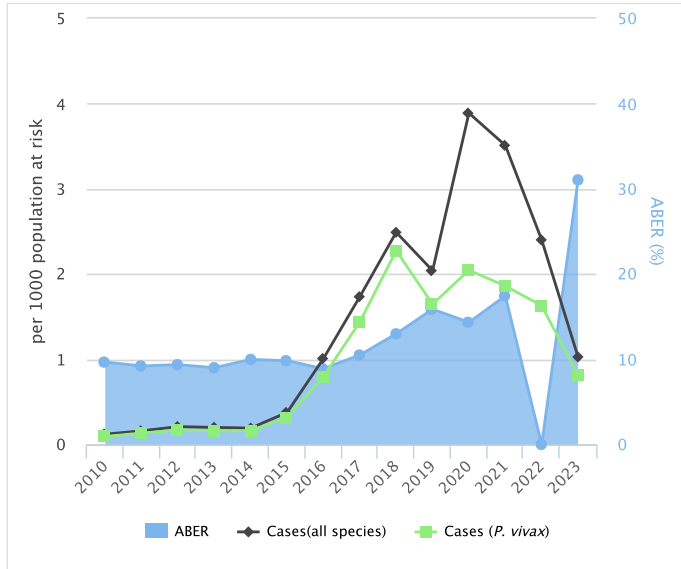
IV. Cases tested and treated



Test positivity

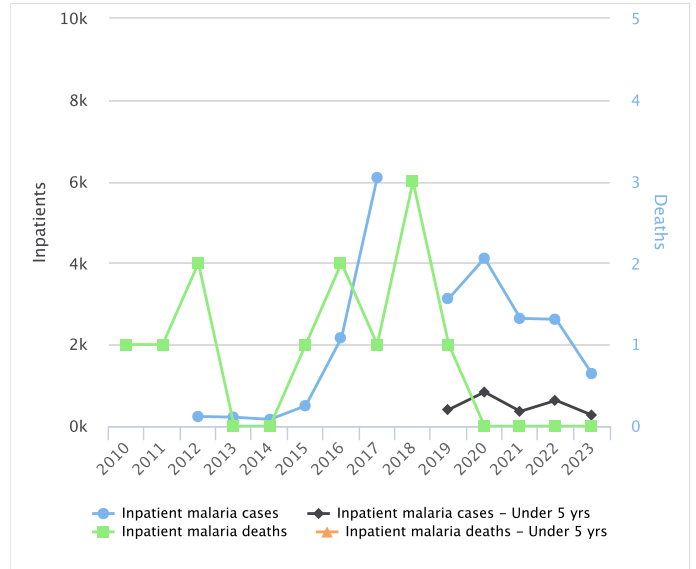


V. Confirmed malaria cases per 1000 population at risk and ABER

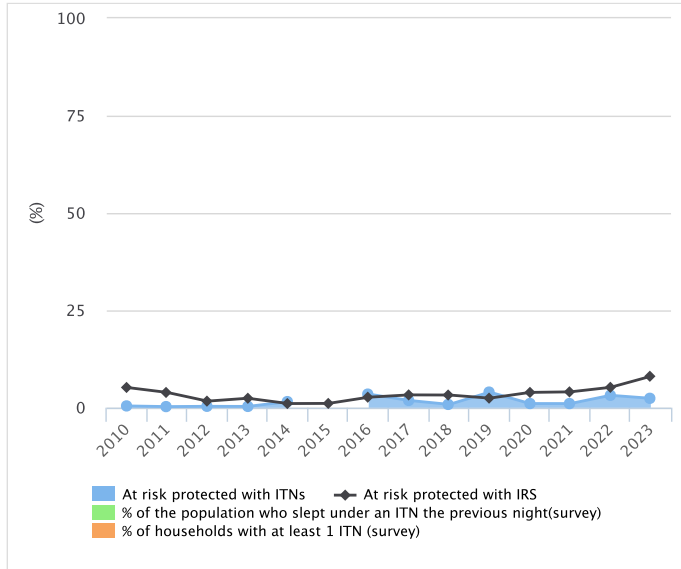


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

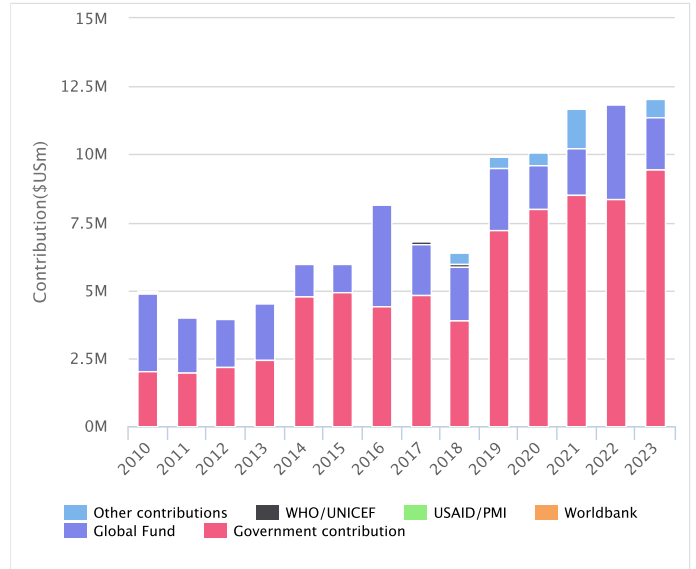
Malaria inpatients and deaths



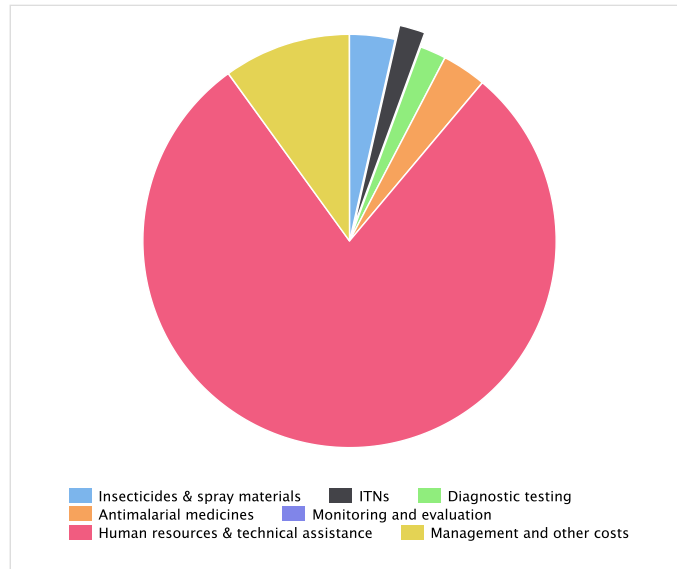
V. Coverage of ITN and IRS



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 \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)