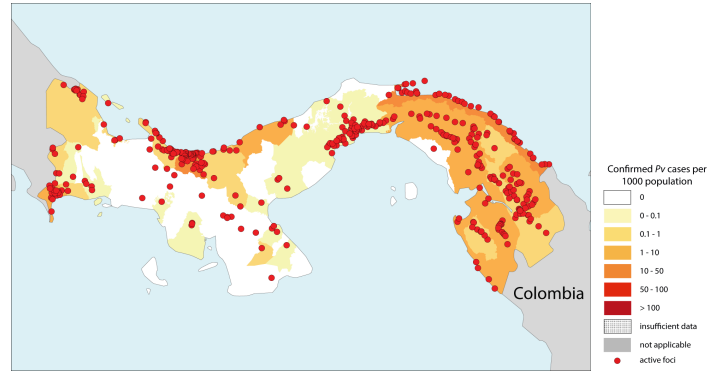
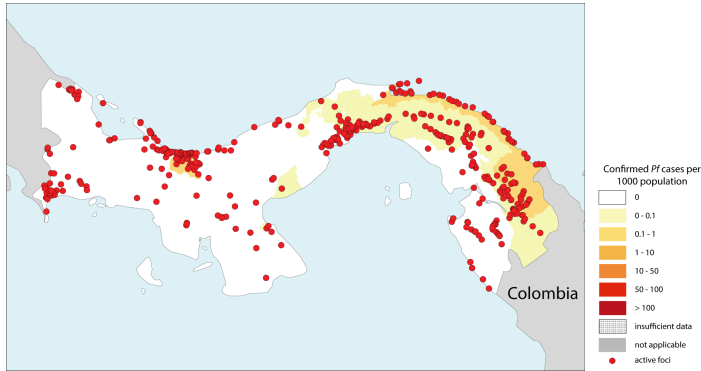


Panama

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	191.3K	4
Low transmission (0-1 case per 1000 population)	2.8M	63
Malaria free (0 cases)	1.5M	33
Total	4.5M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 0 (%)*, <i>P. vivax</i> : 100 (%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. punctimaculata</i> , <i>An. aquasalis</i> , <i>An. pseudopunctipennis</i>
* includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	11 611
Reported indigenous confirmed cases:	9485
Indigenous deaths:	0

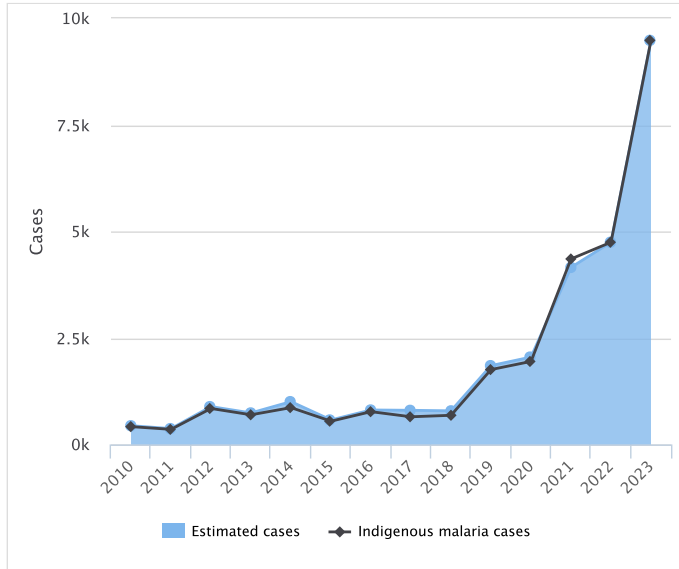
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2010	
	ITN distributed by mass campaign	Yes*	2010	
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	-	
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	-	
	Malaria diagnosis is free in the private sector	No	-	
Treatment	ACT is free for all ages in public sector	Yes	-	
	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*	-	
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-	
	G6PD test is a requirement before treatment with primaquine	Yes	-	
	Directly observed treatment with primaquine is undertaken	Yes	-	
	Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	-
		Malaria is a notifiable disease	Yes	-
		ACD for case investigation (reactive)	Yes	2000
		ACD at community level of febrile cases (pro-active)	Yes	2000
Mass screening is undertaken		Yes	2015	
Uncomplicated <i>P. falciparum</i> cases routinely admitted		Yes*	-	
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	-		

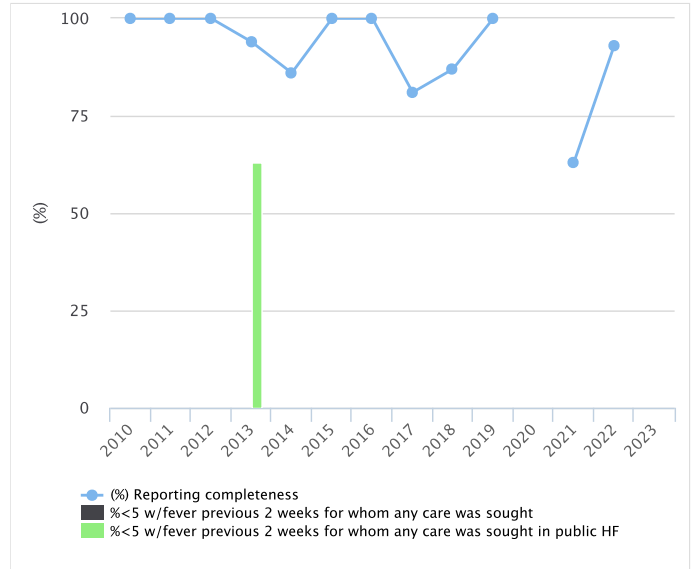
Yes* = Policy adopted, but not implemented in 2023
 Disc = Discontinued
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL-PQ	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	-
Second-line treatment <i>P. falciparum</i>	AS+MQ	-
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 (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		Yes
¹ Percent of sites for which resistance is confirmed and total number of sites that reported data		
² Vectors reported to exhibit resistance to insecticide class		
³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)		

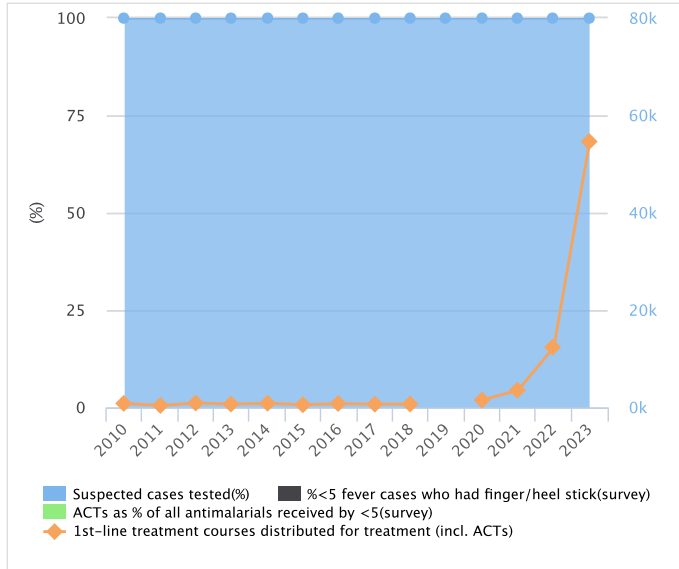
III. Estimated and reported cases



Treatment seeking and reporting completeness

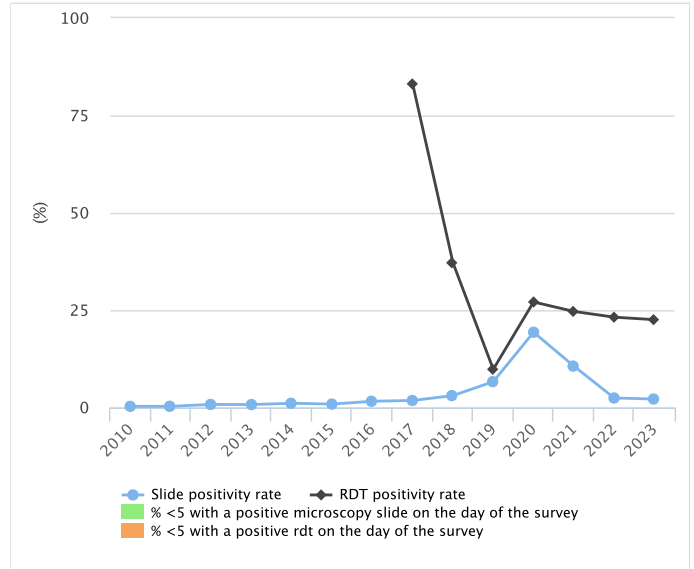


IV. Cases tested and treated



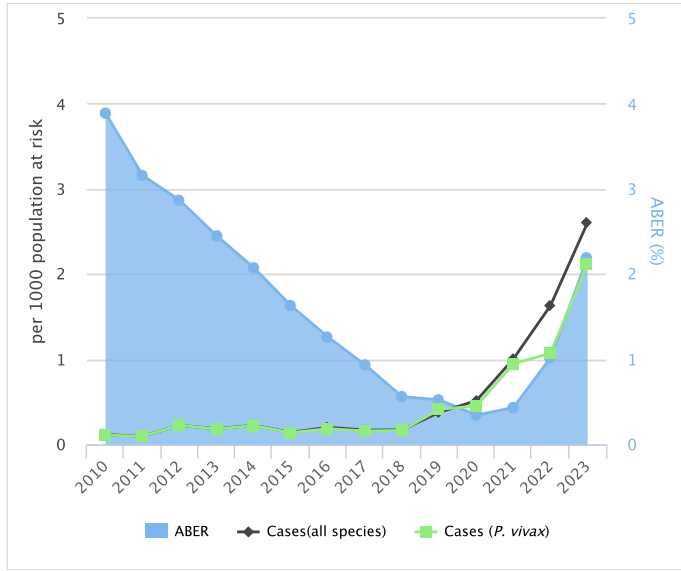
Source: 2013

Test positivity



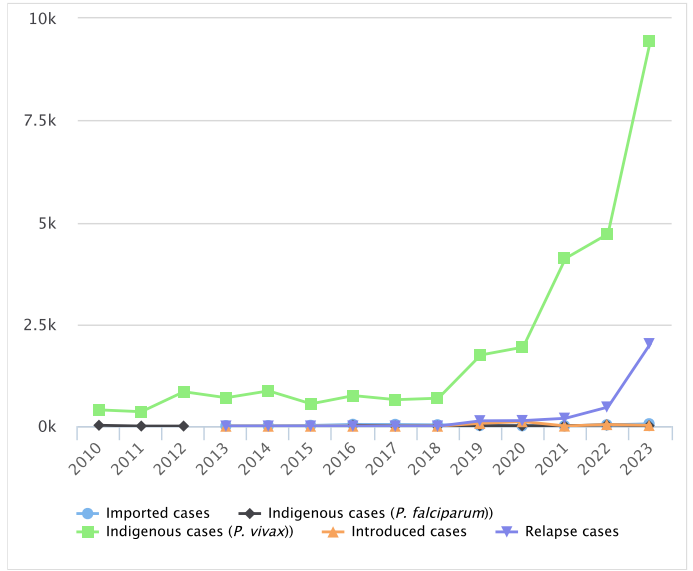
Imported and introduced malaria cases are included

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

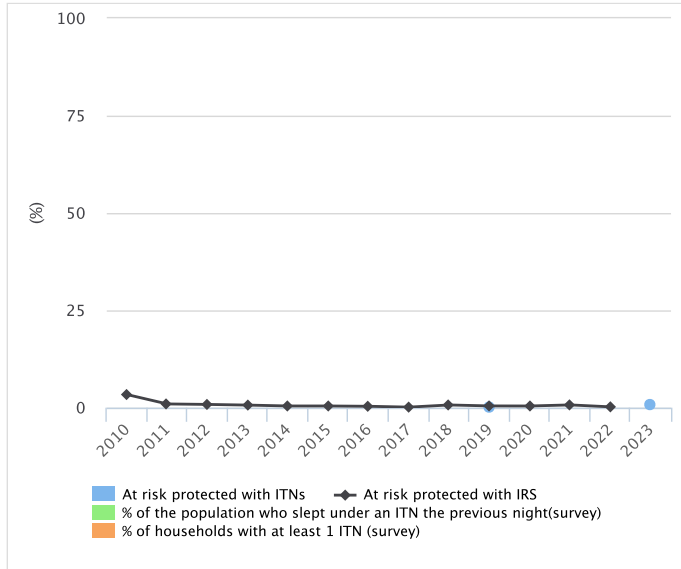


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

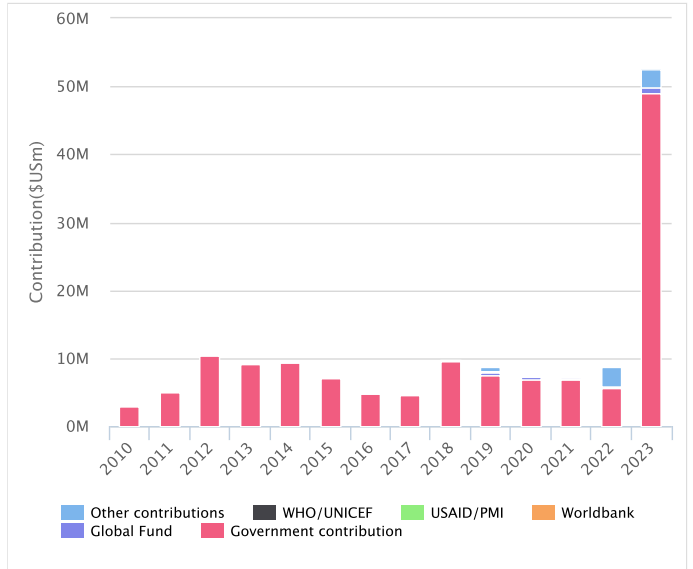
Cases by classification



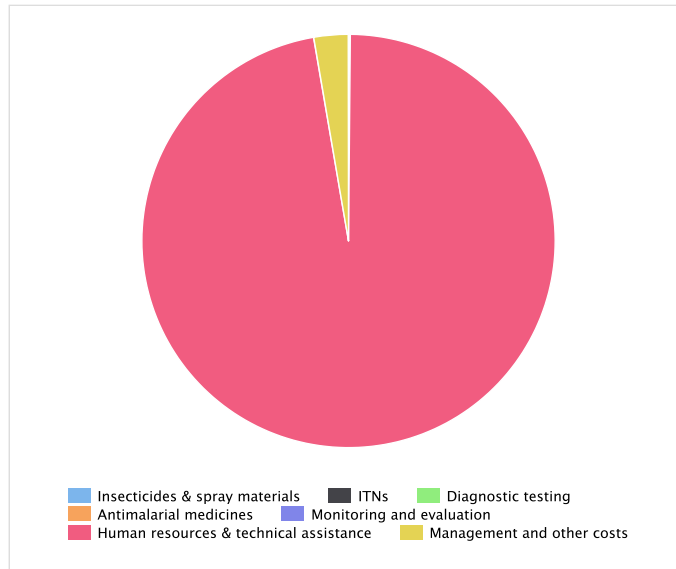
V. Coverage of ITN and IRS



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