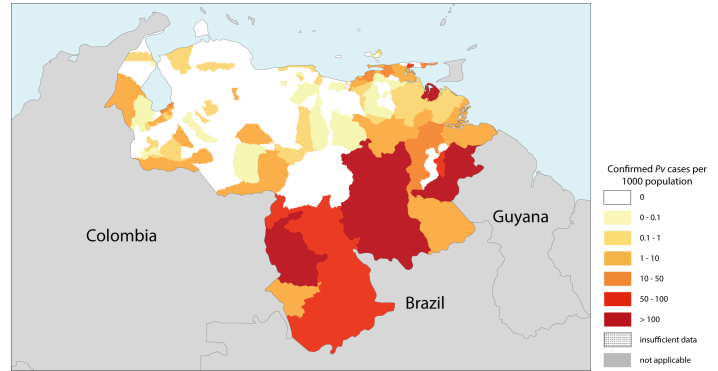
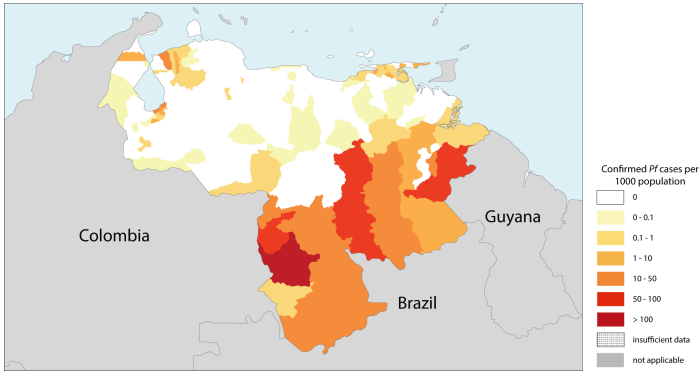


# Venezuela (Bolivarian Republic of)

Region of the Americas



## I. Epidemiological profile

| Population (UN Population Division)             | 2023  | %  |
|---|-------|----|
| High transmission (>1 case per 1000 population) | 5.9M  | 21 |
| Low transmission (0-1 case per 1000 population) | 8.3M  | 29 |
| Malaria free (0 cases)                          | 14.2M | 50 |
| Total   | 28.3M |    |

| Parasites and vectors                                      |  |
|--|--|
| Major plasmodium species (indigenous cases):               | <i>P. falciparum</i> : 26 (%)*, <i>P. vivax</i> : 74 (%)   |
| Major anopheles species:                                   | <i>An. darlingi</i> , <i>An. aquasalis</i> , <i>An. nuneztovari</i> , <i>An. marajoara</i> , <i>An. pseudopunctipennis</i> , <i>An. braziliensis</i> |
| *includes mixed infections and other species of Plasmodium |  |

| Reported cases and deaths                   |         |
|---|---------|
| Presumed and confirmed cases                | 130 077 |
| Reported indigenous confirmed cases:        | 108 945 |
| Confirmed cases from public sector:         | -       |
| Confirmed cases from private sector:        | -       |
| Confirmed cases at community level:         | -       |
| Confirmed cases in combined health sectors: | 130 077 |
| Indigenous deaths:                          | 12      |

| Estimates         |                         |
|-------------------|-------------------------|
| Estimated cases:  | 134.8K [119.6K, 155.6K] |
| Estimated deaths: | 118 [61, 179]           |

\*Includes cases from the public and community

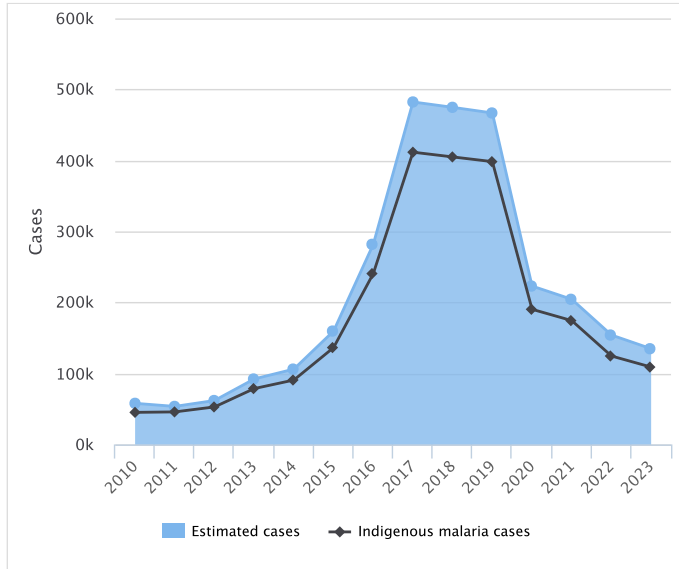
## II. Intervention policies and strategies

| Intervention   | Policies/Strategies   | Year adopted  |      |
|----------------|---|---------------|------|
|                |   | Yes/No        | Year |
| ITN            | ITNs/LLINs distributed free of charge   | Yes           | 2008 |
|                | ITN distributed by mass campaign  | Yes           | 2008 |
| 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*          | 2017 |
|                | Malaria diagnosis using microscopy is free of charge in the public sector                                   | Yes*          | 1936 |
|                | Malaria diagnosis is free in the private sector   | Yes           | 1936 |
| Treatment      | ACT is free for all ages in public sector   | Yes           | 2005 |
|                | The sale of oral artemisinin-based monotherapies (oAMTs) never allowed                                      | 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 <i>P. vivax</i>   | Yes           | -    |
|                | G6PD test is a requirement before treatment with primaquine   | No            | -    |
|                | Directly observed treatment with primaquine is undertaken   | Yes*          | 2014 |
|                | System for monitoring of adverse reaction to antimalarials exists   | Yes           | -    |
| Surveillance   | Malaria is a notifiable disease   | Yes           | 1936 |
|                | 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   | No            | -    |
|                | Uncomplicated <i>P. vivax</i> cases routinely admitted  | No            | -    |
|                | Case investigation undertaken   | Yes           | 2000 |
|                | Foci investigation undertaken   | Yes           | 2000 |
|                | Case reporting from private sector is mandatory   | Yes           | -    |

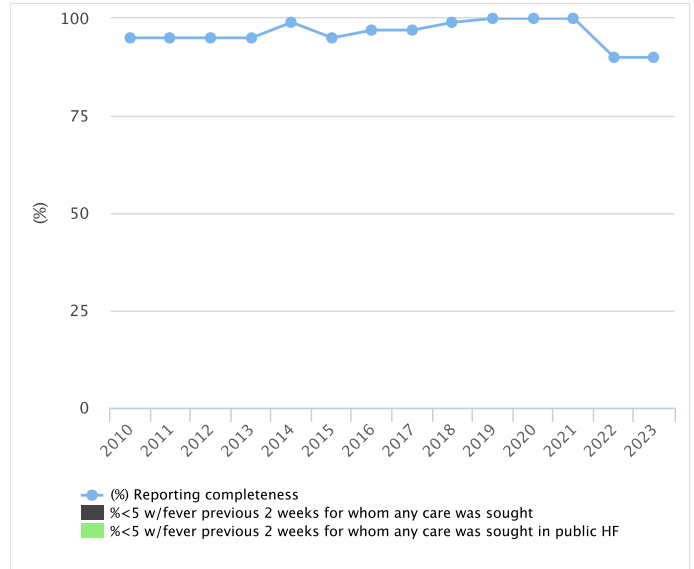
Yes\* = Policy adopted, but not implemented in 2023  
 Disc = Discontinued  
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

| Antimalaria treatment policy  |                        | Medicine                 | Year adopted |                   |           |                |         |
|---|------------------------|--------------------------|--------------|-------------------|-----------|----------------|---------|
| First-line treatment of unconfirmed malaria   |                        | NA                       | -            |                   |           |                |         |
| First-line treatment of <i>P. falciparum</i>  |                        | AL+PQ                    | 2017         |                   |           |                |         |
| Second-line treatment <i>P. falciparum</i>  |                        | AS+MQ+PQ; QN+CL          | 2017         |                   |           |                |         |
| Treatment of severe malaria   |                        | AS                       | 2017         |                   |           |                |         |
| Treatment of <i>P. vivax</i>  |                        | CQ+PQ                    | 2017         |                   |           |                |         |
| Dosage of primaquine for radical treatment of <i>P. vivax</i>   |                        | 0.25 mg/Kg (14 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 <sup>1</sup> | Vectors <sup>2</sup>     |              | Used <sup>3</sup> |           |                |         |
| Carbamates  |                        | No                       |              | No                |           |                |         |
| NEONIC  |                        | No                       |              | No                |           |                |         |
| Organophosphates  |                        | No                       |              | No                |           |                |         |
| Pyrethroids   |                        | Yes                      |              | Yes               |           |                |         |
| <sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data                              |                        |                          |              |                   |           |                |         |
| <sup>2</sup> Vectors reported to exhibit resistance to insecticide class  |                        |                          |              |                   |           |                |         |
| <sup>3</sup> Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used) |                        |                          |              |                   |           |                |         |

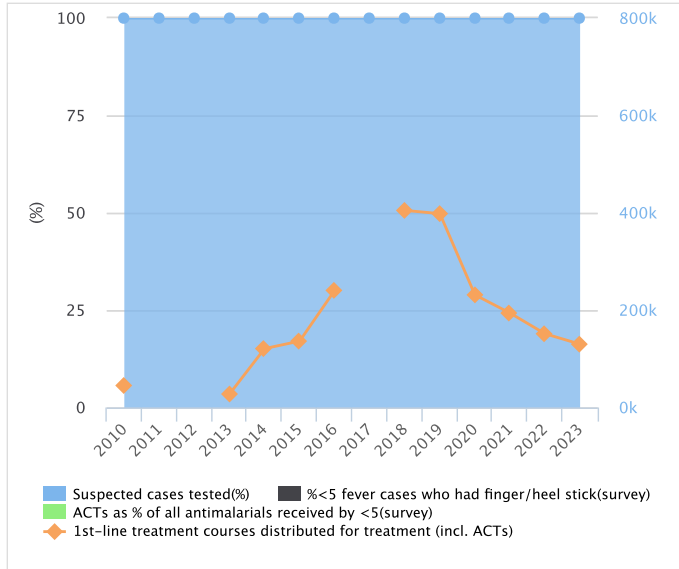
III. Estimated and reported cases



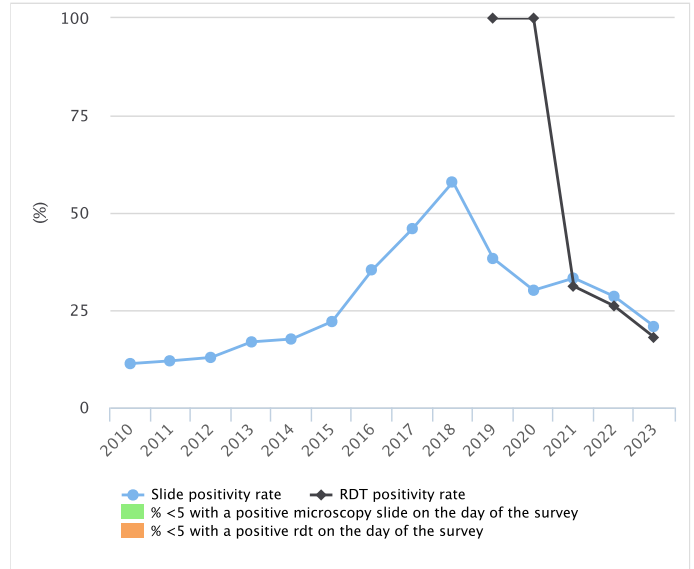
Treatment seeking and reporting completeness



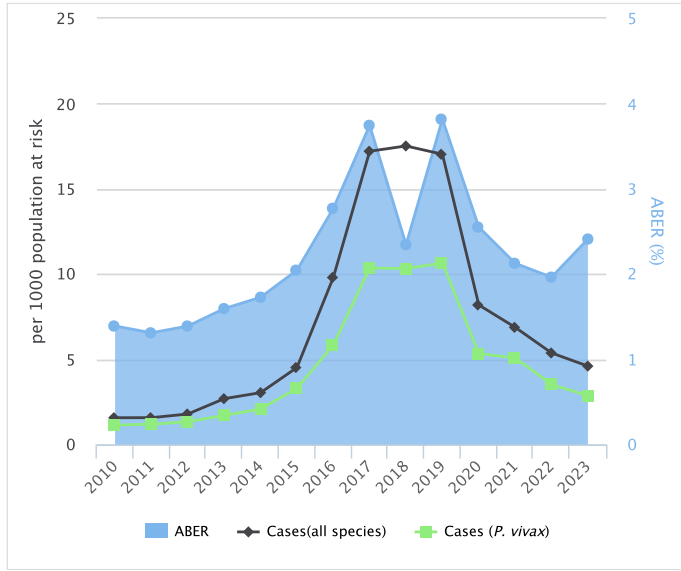
IV. Cases tested and treated



Test positivity

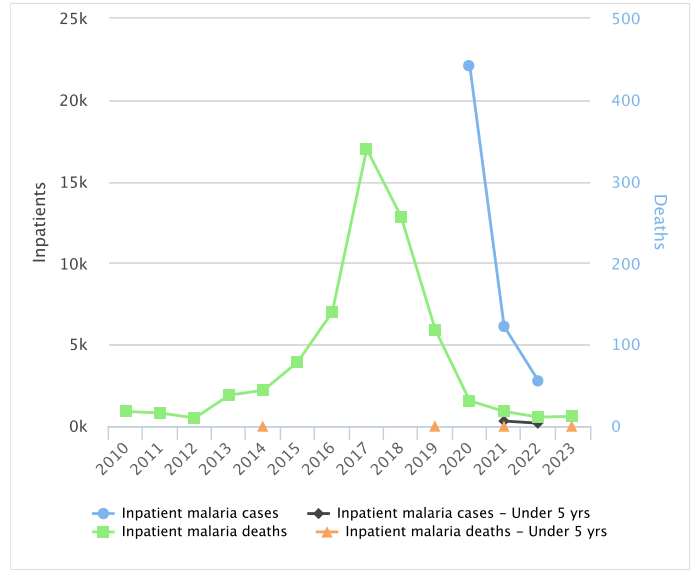


V. Confirmed malaria cases per 1000 population at risk and ABER

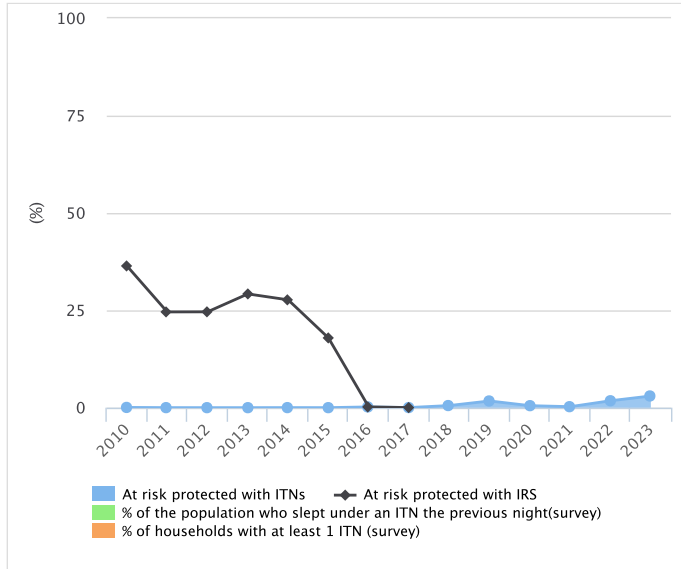


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

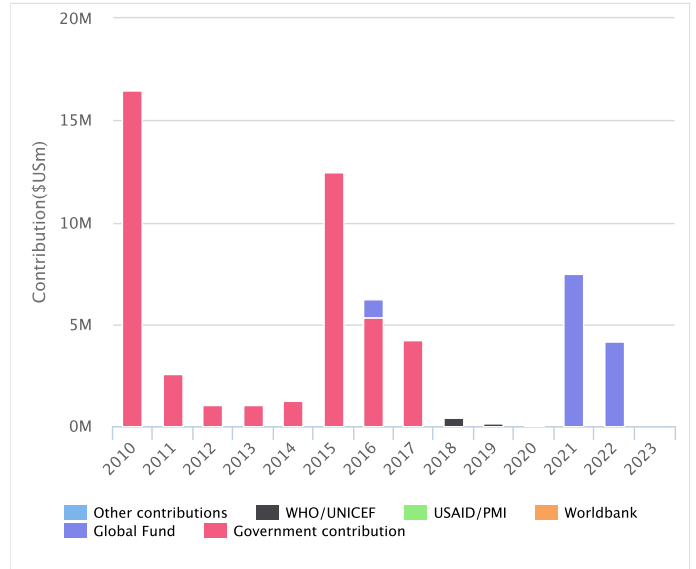
Malaria inpatients and deaths



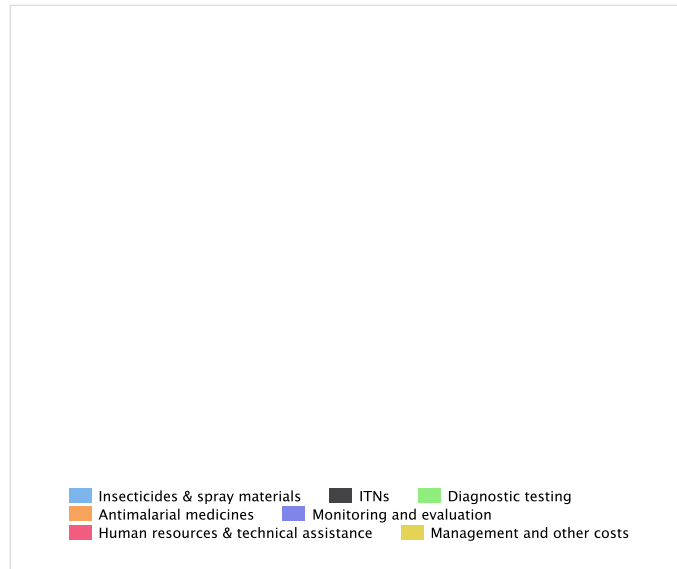
V. Coverage of ITN and IRS



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)