

China

Western Pacific Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
Number of active foci	0	-
Number of people living within active foci	0	-
Malaria free (0 cases)	1.4B	100
Total	1.4B	

Parasites and vectors	
Major plasmodium species:	Pfalciparum: 0 (%), Pvivax: 0 (%)
Major anopheles species:	An. sinensis, An. anthropophagus, An. dirus, An. minimus

Reported cases and deaths	
Reported indigenous confirmed cases (health facility)*:	0
Confirmed cases at community level:	-
Confirmed cases from private sector:	-
Indigenous deaths:	0
* Includes cases from the community	

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2000
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs) is banned	-	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	2013
	Primaquine is used for radical treatment of P. vivax	Yes	1970
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1970
	System for monitoring of adverse reaction to antimalarials exists	Yes	1970
	ACD for case investigation (reactive)	Yes	2010
	ACD at community level of febrile cases (pro-active)	Yes	2010
	Mass screening is undertaken	Yes	2010
Surveillance	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	2010
	Case reporting from private sector is mandatory	Yes	1956

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	ART-PPQ; AS+AQ; DHA-PPQ; PYR	2009
For treatment failure of P. falciparum	-	-
Treatment of severe malaria	AM; AS; PYR	2009
Treatment of P. vivax	CQ+PQ(8d); PQ+PPQ(8d); ACTs+PQ(8d); Pyronaridine	2016
Dosage of primaquine for radical treatment of P. vivax	0.75 mg/kg(8 days)	
Type of RDT used	-	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2012-2015	0	0	6	42 days	6	P. falciparum
DHA-PPQ	2010-2011	0	0	0	28 days	3	P. falciparum
CQ	2010-2015	0	0	2.4	28 days	9	P. vivax

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)				
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates	2011-2013	30.77% (13)	An. sinensis s.l.	No
Organochlorines	2010-2014	86.27% (51)	An. sinensis s.l.	No
Organophosphates	2010-2014	71.43% (42)	An. sinensis s.l.	No
Pyrethroids	2010-2017	84.04% (94)	An. minimus s.l., An. sinensis s.l.	Yes

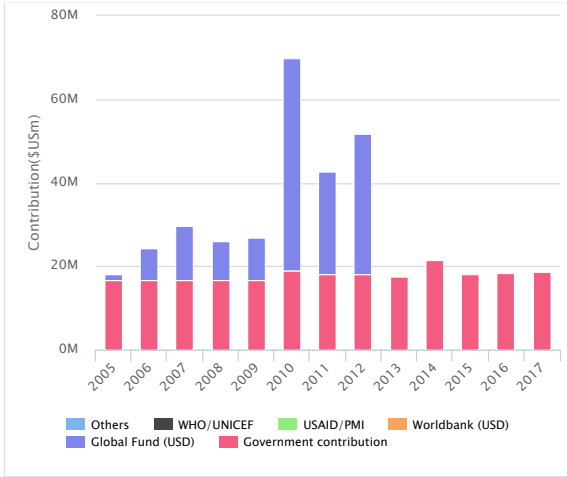
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

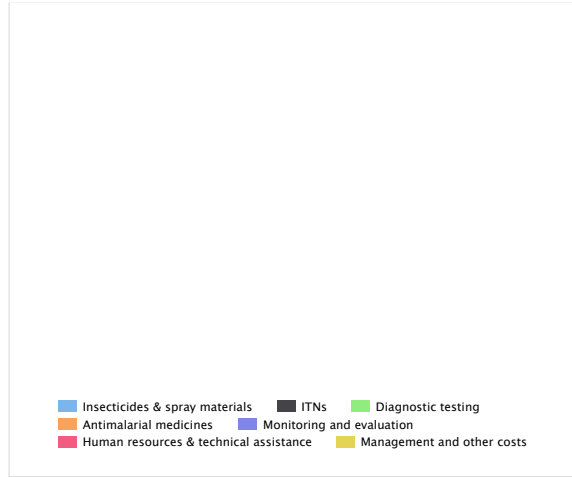
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

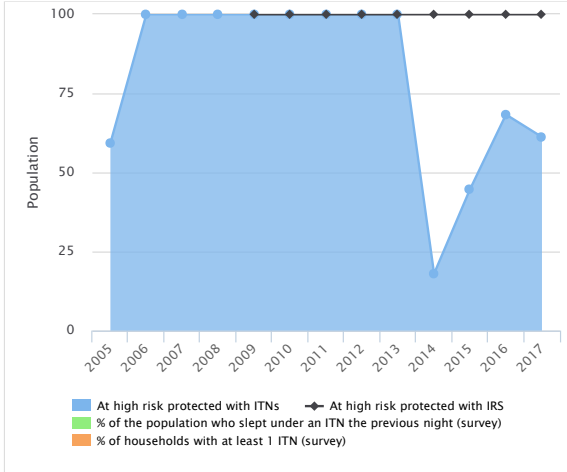


Government expenditure by intervention in 2017

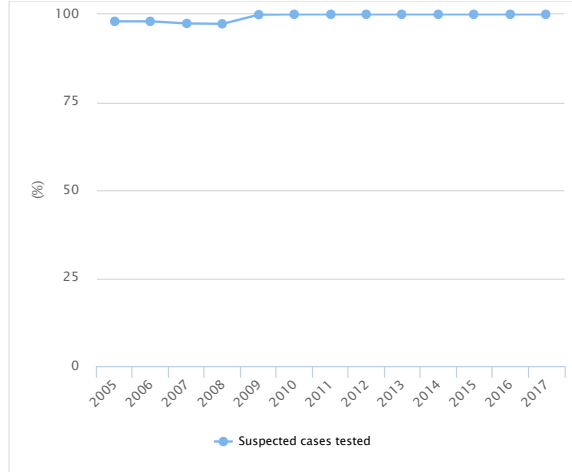


IV. Coverage

Coverage of ITN and IRS

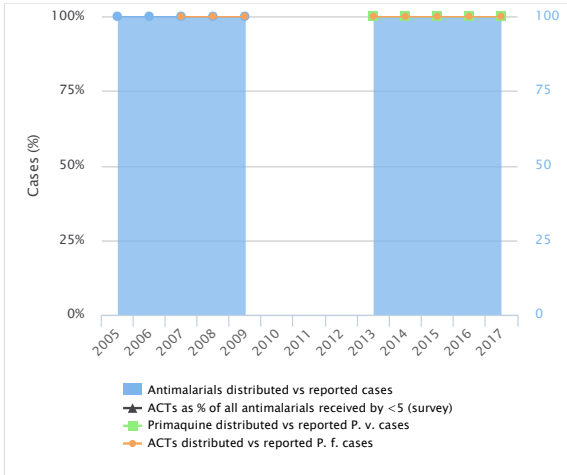


Cases tested

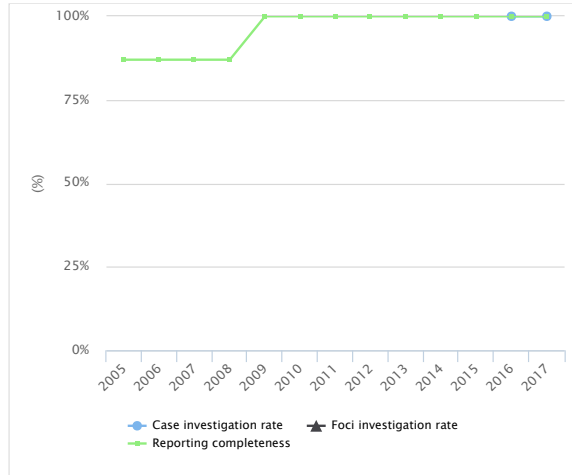


V. Impact

Cases tested and treated in public sector

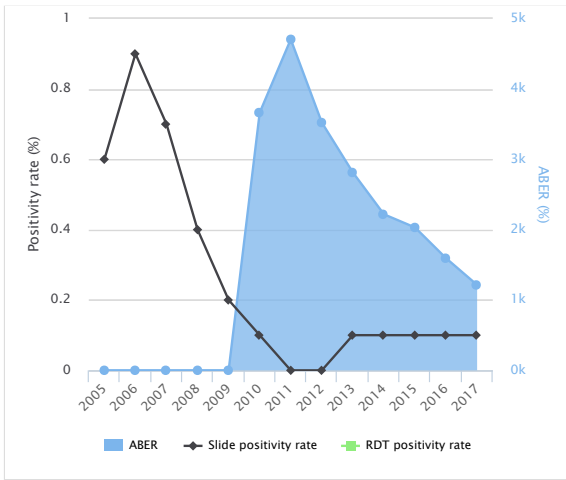


Cases tracked

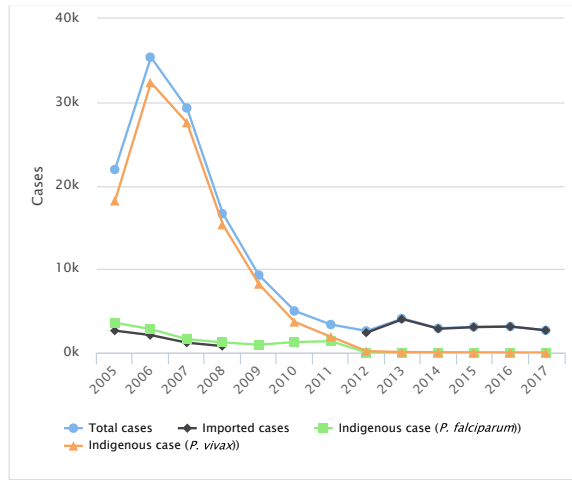


V. Impact

Confirmed malaria cases per 1000 and ABER



Number of malaria cases



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