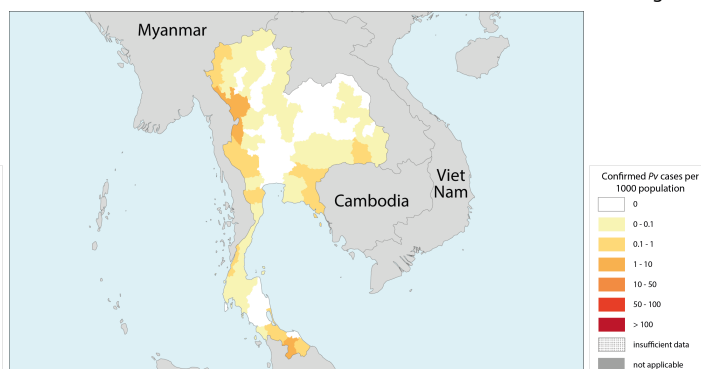


Thailand

South-East Asia Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	1.5M	2
Low transmission (0-1 case per 1000 population)	11.6M	17
Malaria free (0 cases)	55.9M	81
Total	69M	

Reported cases and deaths

Reported confirmed cases (health facility)*:	11 440
Confirmed cases at community level:	1075
Confirmed cases from private sector:	3023
Reported deaths:	11

* Includes cases from the community and the private sector

Parasites and vectors

Major plasmodium species:	<i>P.falciparum</i> : 23 (%), <i>P.vivax</i> : 61 (%)
Major anopheles species:	<i>An. dirus</i> , <i>An. minimus</i> , <i>An. maculatus</i> , <i>An. sundaicus</i>

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	1953
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1943
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	Yes	1995
	The sale of oral artemisinin-based monotherapies (oAMTs)	has never been allowed	1995
Surveillance	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1965
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1965
	G6PD test is a requirement before treatment with primaquine	Yes	2015
	Directly observed treatment with primaquine is undertaken	Yes	2011
	System for monitoring of adverse reaction to antimalarials exists	Yes	-
	ACD for case investigation (reactive)	Yes	1965
	ACD at community level of febrile cases (pro-active)	Yes	1965
	Mass screening is undertaken	Yes	1965
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
Case and foci investigation undertaken	Yes	1965	
Case reporting from private sector is mandatory	Yes	2015	

Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		DHA-PPQ	2015				
For treatment failure of <i>P. falciparum</i>		QN+D	2007				
Treatment of severe malaria		QN+D	2007				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	2007				
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used		Pf + all species (Combo)					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2012-2012	5.6	8.45	11.3	28 days	2	<i>P. falciparum</i>
DHA-PPQ	2014-2016	0	0	5.9	42 days	3	<i>P. falciparum</i>
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	-	-	-	No			
Organochlorines	-	-	-	No			
Organophosphates	2017-2017	0% (1)	-	No			
Pyrethroids	2015-2017	25% (12)	None (secondary only)	Yes			

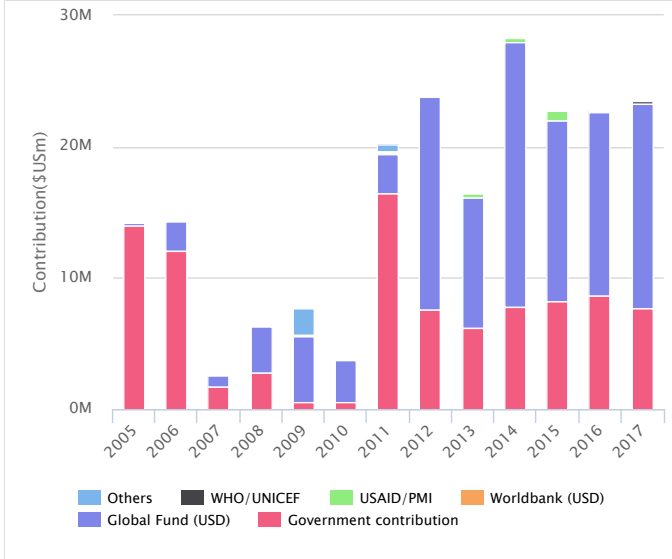
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

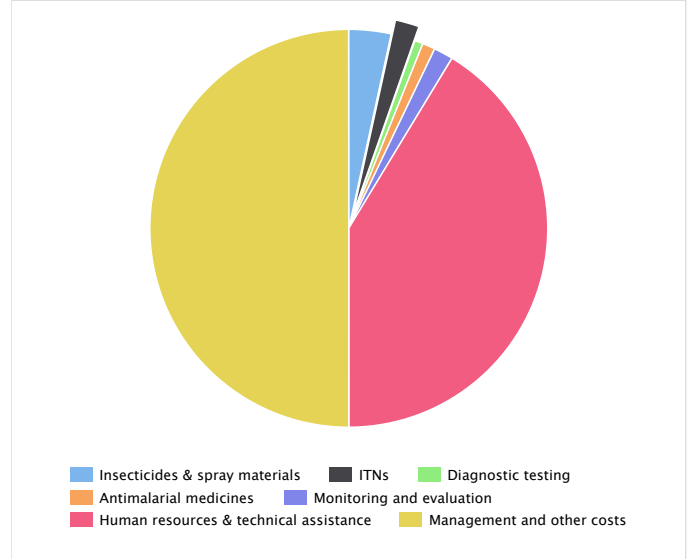
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

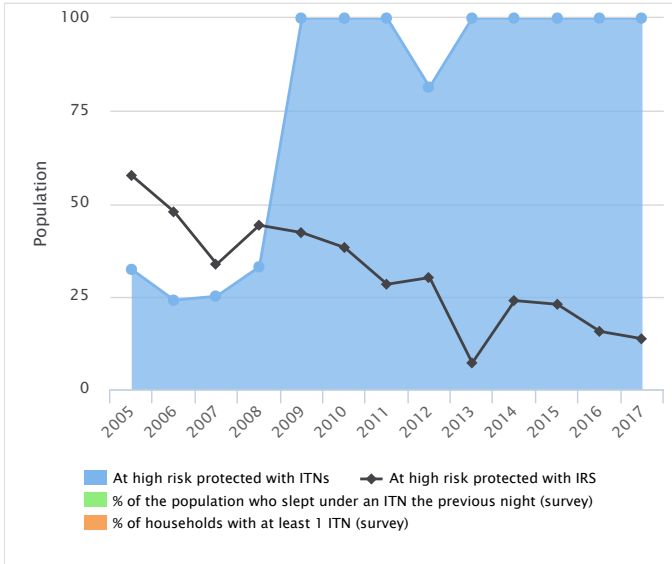


Government expenditure by intervention in 2017

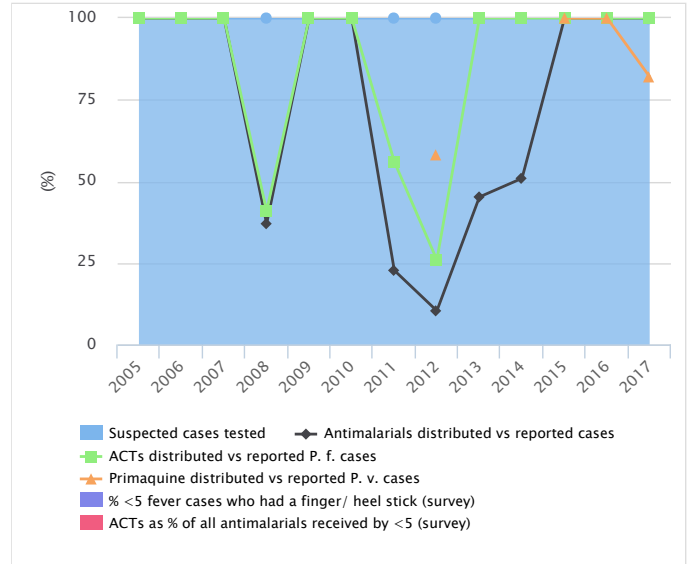


IV. Coverage

Coverage of ITN and IRS

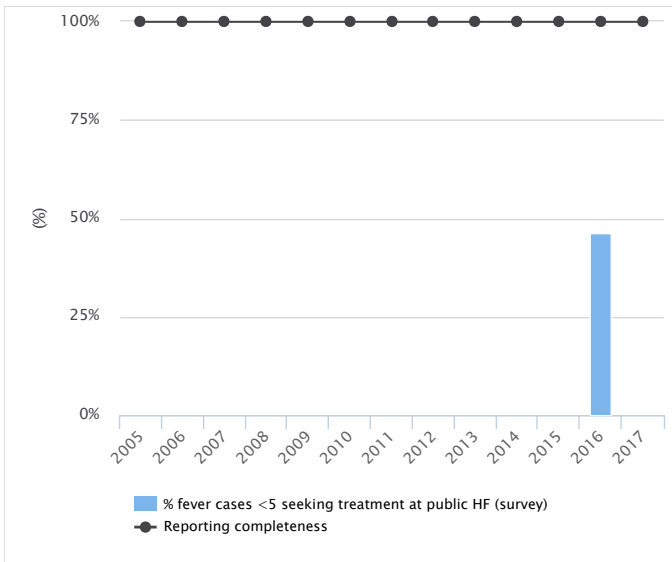


Cases tested and treated in public sector

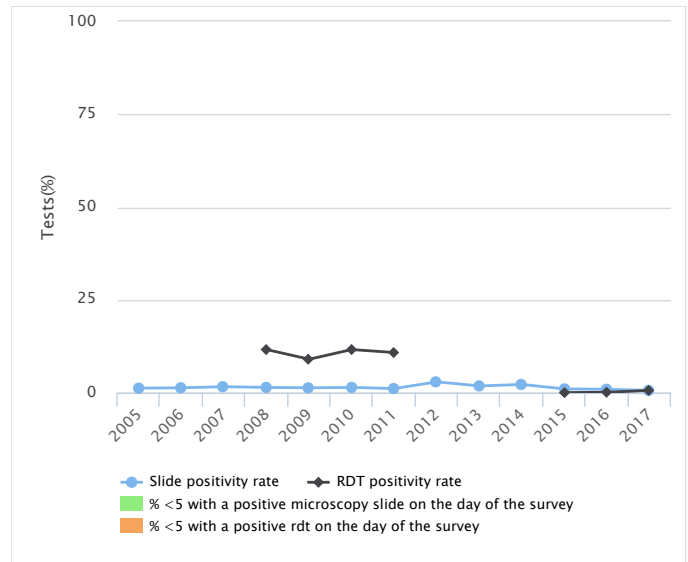


V. Impact

Cases treated

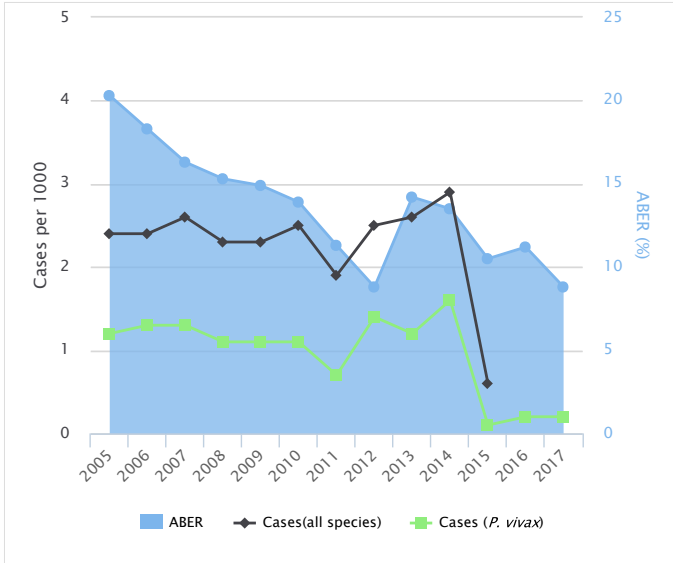


Test positivity

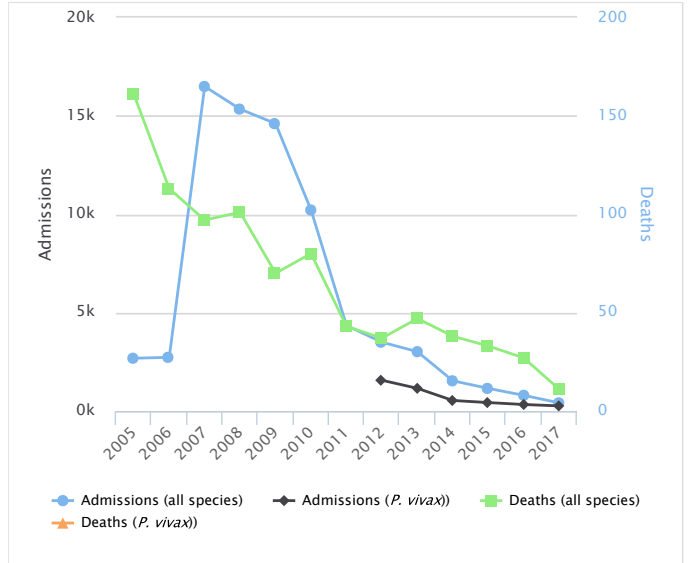


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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