## **Honduras**

Honduras has reduced the malaria incidence by over 78% in the past decade compared to the year 2000, achieving its MDG 6 goal for the year 2015. Yet, it reports the highest number of cases of malaria in the Central American sub-region and accounted for almost 70% of the cases due to *Plasmodium falciparum* and mixed infections in the sub-region.

Malaria is largely localised to the eastern and north-eastern areas of the country, with the border areas with Nicaragua being a problem area for malaria control. *Anopheles albimanus* is the principal vector with *An. darlinigi* being the other epidemiologically important vector. Both bednets and insecticide spraying is presently being used in the country for malaria control, spraying being done exclusively by deltamethrin.

The country uses chloroquine and primaquine as its first line of treatment for both *P. falciparum* and *P. viva*x infections, following a regimen of 14 days for *P. viva*x and a three day course for *P. falciparum*. Other parasite species are not in circulation in the sub-region. A study done in 2009 in the country demonstrated that *P. falciparum* remains sensitive to chloroquine.

An average of 60% of the cases were treated within 72 hours of initiation of symptoms during the 2009-2011 period. Clinical diagnosis was prevalent in the country but with the launch of the new national guidelines for malaria in 2011, the country is moving towards treatment only after a confirmatory diagnosis. National strategic plan for malaria was launched in the year 2012.

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