

Country profile of the Russian Federation

The Russian Federation endorsed the Tashkent Declaration in 2007, when only 10 autochthonous (introduced) malaria cases were reported. The country is in the “prevention of malaria reintroduction” phase. In 2012, the country was added to the WHO supplementary list of countries free of malaria (1).

Short history of malaria and malaria control

Malaria was eradicated in 1960 by a multidisciplinary approach, taking into account the characteristics of each epidemiological stratum of the country.

In the 1960s and 1970s, however, the country registered the highest numbers of imported cases of all the republics of the former Soviet Union, because of its large territory, the many people travelling to and from Africa and the large number of international airports. In the 1970s, *Plasmodium falciparum* was the main imported parasite species (72.3%), followed by *P. vivax* (12.5%), *P. ovale* (8.2%) and *P. malariae* (6.3%). Mixed cases constituted 0.7% of the total number (2).

Between 1977 and 1990, 2180 imported cases of *P. falciparum* malaria were registered, of which 17 resulted in death; in 1991–2000, there were 513 cases and 29 deaths.

Malaria importation increased in the 1980s, during the war in Afghanistan. Measures undertaken to prevent malaria reintroduction from Afghanistan included:

- preventive treatment of troops with primaquine for 14 days before their repatriation from Afghanistan;
- reporting by each returned soldier to local public health services; and
- follow-up and active case detection among returned soldiers.

After the collapse of the former Soviet Union in 1991, malaria was imported from endemic countries into all administrative territories of the Russian Federation throughout the decade, with a tendency for decreasing importation from tropical Africa and Asia (3).

From 1993, isolated cases were introduced, reaching a peak in August–September 2001. A total of 134 *P. vivax* malaria cases were detected in 121 settlements, with no cases in children, illustrating the sporadic nature of local transmission.

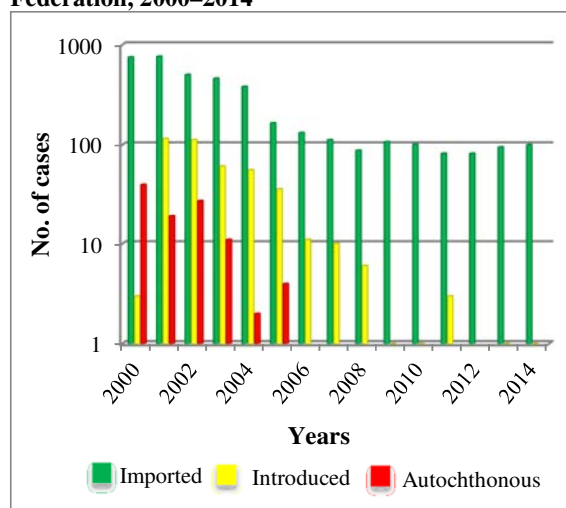
Malaria situation between 2000 and the present

Autochthonous transmission of malaria in 2002–2008 was reported mainly in Moscow and Moscow oblast, probably because they are attractive for labour migrants. Several cases of internal importation within the country were also reported.

In 2008, for the first time in 15 years, the proportion of imported *P. falciparum* cases was higher than that of *P. vivax*, indicating importation not only from the Newly Independent States but also from Africa and South-East

Asia. In 2010–2014, 436 malaria cases were imported, of which only 12 were from the Newly Independent States. The vast majority (96.6%) were registered in urban areas. Little importation was seen during the short transmission season and occurred mainly in large cities with low receptivity. The low proportion of *P. vivax* cases in the importation pattern significantly reduced the risk for resurgence of malaria.

Fig. 1 Dynamics of imported, introduced and autochthonous malaria cases in the Russian Federation, 2000–2014



Prevention of reintroduction of malaria

Preventive measures are used mainly in potential foci, when imported cases have occurred and when local transmission originated in a new active focus. The measures include active case detection, entomological surveillance and vector control, the last only when local transmission has occurred (3).

References

1. World malaria report 2012. Geneva: World Health Organization; 2012:68.
2. Zhukova TA, Nemirovskaya AI. Malaria in the Russian Soviet Federative Socialist Republic. Malaria control by ecologically safe methods. Vol. 1. Moscow: United Nations Environment Programme; 1983: 121–130.
3. Sergiev VP, Baranova AM, Majori G, Ejov MN. Malaria in the European Region of WHO, 1970–2000. Copenhagen: WHO Regional Office for Europe; 2007:204.