

# SURINAME



The boundaries shown on this map do not imply official endorsement or acceptance by the Pan American Health Organization.

Suriname is located on the northeast coast of South America, and covers 163,820 km<sup>2</sup>. In the north, it borders the Atlantic Ocean; its neighbors to the east, south, and west are French Guiana, Brazil, and Guyana, respectively. The topography encompasses a narrow coastal plain that extends from east to west, consisting mainly of a savanna belt and a highland tropical rainforest.

## HEALTH CONDITIONS AND PROBLEMS

### COMMUNICABLE DISEASES

#### MALARIA

The two most prominent communicable diseases are dengue in the coastal area and malaria in the interior. Malaria is an important public health problem in Suriname's interior, where the natural habitat of the vector, *Anopheles darlingi*, is found. In 2000, 13,216 cases of malaria were reported.

After the introduction of new treatment policies in 2004, case numbers declined to 8,560 in 2004 and 9,000 (preliminary estimate) in 2005. Half of the new cases of malaria occurred in children under the age of 15 years. No transmission in the coastal area has been reported. Incidence is highest in the Suriname– French Guiana border area along the Marowijne River. Gold mining activities by Brazilian *garimpeiros* and frequent bordercrossings by the population have contributed to the increase of malaria in that area. Gold mining activities have spread to new areas in the interior as well, leading to the emergence of malaria in regions where previous transmission seldom occurred. The incidence rate of malaria per 100,000 population was estimated at 3,500 in 2001 and 1,700 in 2004. The national incidence is most probably higher. There is underreporting due to patients receiving clinical treatment without laboratory confirmation and nonreporting by private physicians and traditional medicine practitioners.

The number of hospitalized suspected malaria cases was 436 in 2001, with 50% of the cases being confirmed, and 248 in 2004, with 65% being confirmed. Of these confirmed cases, death occurred in 21 cases, or 9.7% in 2001, and 8 cases, or 4.9% in 2004. The male-to-female ratio of

hospitalization was 1:2.1 in 2001 and 1:2.5 in 2004. Chloroquine-resistant malaria due to *Plasmodium falciparum* is widespread, but quinine resistance has not yet been established.

In 2003, Suriname introduced malaria treatment with Coartem, resulting in a less severe course of the disease and a decrease in the mortality rate. For several years now, the use of bed nets has been promoted throughout the interior. They are produced, treated with insecticide, and distributed by local women's groups<sup>1</sup>.

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<sup>1</sup> Pan American Health Organization. 2007. Health in the Americas, 2007. Volume II – Countries. Suriname. p. 646. Washington, D.C.: PAHO.