Relevance. Special geographical position of the region (the border of Europe and Asia), the historical role of Astrakhan (the intersection of trade routes, etc.) were the reasons why infectious diseases visited her. In addition to plague, not rare was cholera. For 84 years (1823 – 1907) she visited the Astrakhan edge 20 times. None of the epidemics of Asiatic cholera in Russia is not over Astrakhan.

The purpose of the study. To describe the current situation on malaria in the Astrakhan region for 2000 – 2014.

Materials and methods. The first data on malarious situation in the Astrakhan region belongs to 1894, when in the Astrakhan province was 54952 registered cases of malaria [6]. In 2000, it was noted 20 cases of malaria. The incidence rate was 2.1; in 2001, registered 35 cases (incidence rate of 3.06). In subsequent years, were observed to reduce disease: 2002 – 11 cases (1.09 per 100 thousand people), 2003 – 8 cases (figure 0.79), 2004 – 7 cases (0.59), 2005 – 6 cases (0.5), 2006 – 2007 malaria in Astrakhan were not recorded, and in 2008 again after a two year hiatus registered 1 case (0.1 per 100 thousand population), with persons under 14 years of age. In 2009 to 2013, cases of malaria were not recorded, and in 2014 there were 2 newly registered imported cases of malaria.

The results of the study. In the Astrakhan region for the period from 2000 to 2014 registered 90 cases of human malaria, including imported cases from the CIS – 70 (78%), secondary from imported – 11 (12%) and relapse – 9 (10%). The species composition of the 84 CL. (94%) were recorded falciparum malaria, in 4 CL. (4%) – tropical and 1 CL. (1%) – four-day and an oval-malaria.

Geographically, the foci of malaria were distributed as follows: Astrakhan – 58 lesions (65%), including Leninsky district – 27 SL. (46% of all urban cases), the Kirov and the Soviet districts – 15 SL. (26%) and Truso part – 1 SL. (2%) and passing through Astrakhan – 2 foci (2%); the Astrakhan region – 30 sites (33%), including the Krasnoyarsk region – 9 SL. (30%), Narimanov district – 8 CL. (27% of all rural cases), akhtubinsky district – 5 SL. (17%), kharabalinsky district – 4 SL. (13%), chernoyarsky district – 2 SL. (7%), Kamyzyaksky and Limansky districts 1 SL. (3%).

Conclusions.
1. On the territory of the Astrakhan region throughout the transmission season effectively zarahemla of mosquitoes (may – September) over the past 10 years there has been imported cases of malaria. The maximum number of reported imported malaria cases was observed in 2001 – 35 of CL.
2. In the Astrakhan region the most frequently recorded of the three-day malaria – 94%.
3. The importation of malaria in the region was carried out in 78% of cases from Azerbaijan and
Tajikistan.

4. After a long break, in the Astrakhan region were registered, new active lesions, indicating the presence of secondary from imported malaria cases and the emergence of new active foci of 1 degree.

5. The disease was recorded more often in the warmer months, as evidenced by the incidence – 80% of all reported cases.