In the Dominican Republic, schistosomiasis transmission has traditionally been limited to the country’s southeastern peninsula in the regions of El Siebo, Higuey, and Hato Mayor, the latter being the most severely endemic location of the three [1]. Sugarcane plantations are common in the area, and their presence likely contributes to its high transmission [1]. The first case of *S. mansoni* was reported in the Dominican Republic in 1942 [1]. However, this finding was controversial, and the first undisputed autochthonous infections in the Dominican Republic were reported in 1947 [2]. Control of the disease has been pursued for decades, starting in 1952. That year, a team of researchers molluscicided around 4 km of river near Hato Mayor with sodium pentachlorophenate, and no snails were found 6 months after treatment at this site [3]. Before any kind of nationally integrated control program was established in the Dominican Republic, there were an estimated 1,000 infected individuals and 6,000 at risk in 1968 [4].

The WHO reports that no preventative chemotherapy is required in the Dominican Republic.
Biological control from invasive species appears very relevant to the case of the Dominican Republic -- competitor snail species have driven away *B. glabara* snails, which host schistosomiasis.
The overall prevalence of schistosomiasis in the Dominican Republic has decreased over the past few decades -- the proportion of infected individuals to healthy has more or less declined. However, since the Dominican Republic’s population has drastically grown, more individuals are becoming infected -- even if the proportion is smaller.

References