S. haematobium was first discovered in Sierra Leone in 1909 [1,2], and S. mansoni was later discovered in 1934 in the north of the country [1]. Recovered snail samples included both Bulinus globosus and Biomphalaria pfeifferi [1]. Peak transmission of schistosomiasis takes place at the beginning of the dry season, when water levels and habitat conditions are most suitable for snail hosts [1]. Additionally, schistosomiasis is more endemic in areas of agriculture [1], mining [1,3], and bathing sites [1,2,4]. Both S. haematobium and S. mansoni remain endemic in Sierra Leone [4].

Schistosomiasis in Sierra Leone [10]

- 1,494,092 people required schistosomiasis treatment in 2014
- 25% of the population requires preventative chemotherapy for schistosomiasis
- 40% of the population requiring treatment for schistosomiasis are school-age children

Overview of Sierra Leone [9]

- Population in 2015: 5,879,098
- Official Language: English
- Capital: Freetown
- Presidential Republic
- Percentage of Population with Access to Improved Drinking Water in 2015: 62.6%
- Percentage of Population with Access to Improved Sanitation in 2015: 13.3%
In 1961, Sierra Leone gained independence from Great Britain [5]. Prior to independence, little was known about schistosomiasis in Sierra Leone. Local surveys in school-age children in Bo reported S. haematobium prevalence increases from 26% in 1915 to 64% in 1970 [1]. Similar surveys in Kabala of school-age children reported S. mansoni prevalence increases from 21% in 1934 to 40% in 1970 [1]. These significant increases may have been due to rapid population growth where the Tongo River empties into the Moa River following a rise in diamond mining activity [1,3]. Between 1970 and 2000 no data could be found on schistosomiasis in Sierra Leone. This absence may be the result, in part, of the civil war from 1991 to 2002, which destroyed basic health infrastructure and displaced health personnel [5]. In 2000, Chitsulo et al. reported 88.1% of the school-age children at risk of infection and 59.52% of the school-age children infected with schistosomiasis [6]. In 2011, S. mansoni was reported at 40.2% in Sierra Leone [7], and 16.3% prevalence in 2012 [4].