First identified as “vesical bilharziasis” by Corrado in 1925 [1], schistosomiasis was rarely reported from Somalia during the early parts of the 20th century. From the early 1920’s to 1950’s reports of Schistosoma haematobium were documented in several small surveys along the lower Juba River Valley and Shebelli River Valley [1, 2]. Infection was found to be more common in children and men of these valleys. From the earliest reports to the present day, neither Schistosoma mansoni infection nor the snail intermediate hosts (Biomphalaria spp.) have been reported from Somalia [1, 3], despite some imported cases documented due to migration of infected individuals from endemic countries [1]. The only reported snail intermediate host of schistosomiasis present in Somalia is Bulinus abyssinicus [4]. Although small surveys documented schistosomiasis in focal regions, very little was documented on overall population prevalence of infection nationwide in Somalia until the 1980’s. In 1986, 1995, 2003, and 2010, schistosomiasis nationwide prevalence of schistosomiasis in Somalia was reported 18% of the population [5-7].

The History of Schistosomiasis in Somalia

Schistosomiasis in Somalia [8]

Half a million people required treatment in 2014

5% of the population requires preventative chemotherapy for schistosomiasis

In 2014, 55% of the population requiring preventative chemotherapy were school-aged children

Overview of Somalia [9]

» Population in 2015: 10,616,380
» Official Language: Somali and Arabic
» Capital: Mogadishu
» Federal Parliamentary Republic
» Percentage of Population with Access to Improved Drinking Water in 2015: 31.7%
» Percentage of Population with Access to Improved Sanitation in 2015: 23.6%

History continued...

It is unclear whether Somalia’s schistosomiasis burden was stable during this time or whether the fact that the country fell into political turmoil after 1991 due to a long civil war rendered updates to the schistosomiasis picture in the country elusive. Lai et al. [3] reported S. haematobium at a prevalence of 22.4% of the population in Sierra Leone in 2012, though they admitted that this estimate was made in the face of lack of any new data on schistosomiasis burdens in Somalia after 2000.

Schistosomiasis Control in Somalia

Since the civil war began in 1991, there has been very little evidence of schistosomiasis control efforts, with treatment for schistosomiasis scarce throughout Somalia. The need for medical personnel, a sanitation regime, better water supplies, schistosomiasis surveillance, and snail control has been called for even before the war [2]. Recently, Somalia has reported very low-level praziquantel distribution (to only 5000 to 14000 people per year, representing less than 0.1% to 2.0% national coverage, in 2007 to 2011 and none reported in 2012 or 2013) [8].

References