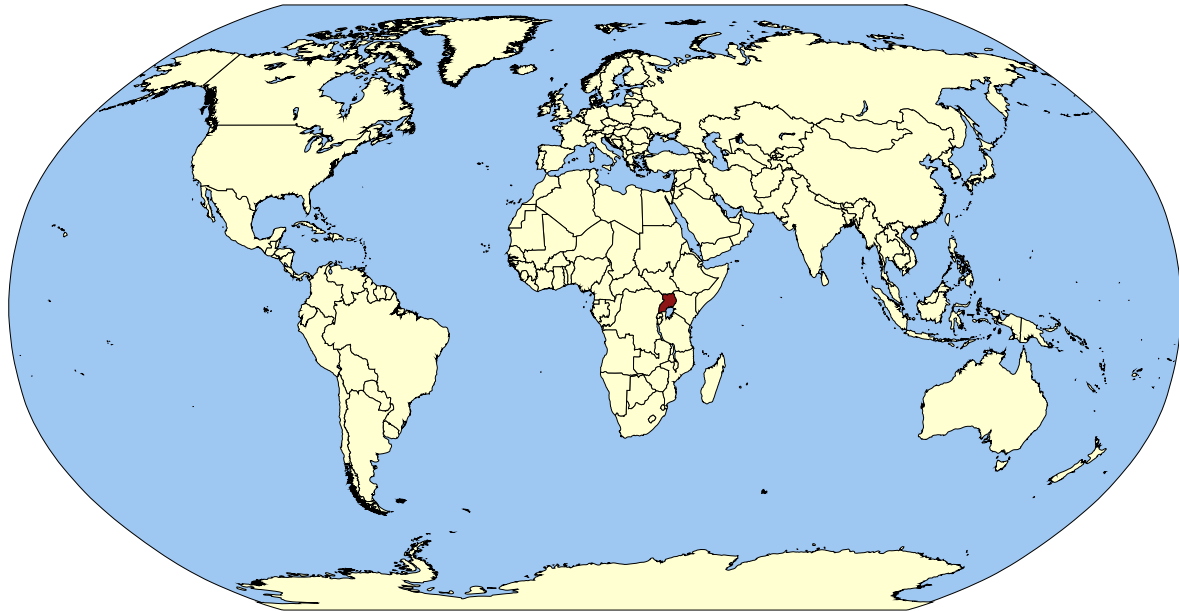


Uganda



The History of Schistosomiasis in Uganda

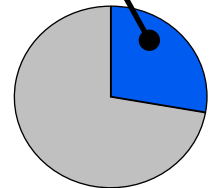
Although the date of discovery is unknown, parasitologists have discussed schistosomiasis in Uganda since 1939 [1]. The construction of the Owen Falls Dam at the mouth of the Victoria Nile River in 1956 sparked interest on the impact it would have on schistosomiasis [2]. Prior to construction, a malacological survey completed on Lake Kyoga recorded intermediate host snails *Bulinus nasutus* and *Biomphalaria* spp [1]. In much later surveys (2004) the majority of the snails found were *Biomphalaria pfeifferi*, *Bi. stanleyi* (Lake Alberta and Albert Nile), and *Bi. sudanica* (Lakes Victoria, Albert, and Kyoga) [3]. In 1995, all of Uganda's 19.2 million residents were estimated to be at risk of infection for schistosomiasis, with 31.9% national prevalence in that year [4]. In the 2000's, the highest rate of schistosome infection occurred at the intersection of Lake Albert, Lake Kyoga, Albert Nile, Victoria Nile, and Lake Victoria [3], *S. mansoni* having the highest prevalence. *S. haematobium* was mostly restricted to Lake Kyoga [3]. Areas of rainfall >900mm/year are also at a higher risk for *S. haematobium* [3]. By 2012, the schistosomiasis prevalence in Uganda was estimated at 9.1%, with a confidence interval of 6.1-14.8% [6].

Schistosomiasis in Uganda [7]

> 10 million people treated in 2014

28% of the population requires preventative chemotherapy for schistosomiasis

10% of people requiring treatment received preventative chemotherapy in 2014



Overview of Uganda [9]

- » Population in 2015: 37,101,745
- » Official Language: English
- » Capital: Kampala
- » Presidential Republic
- » Percentage of Population with Access to Improved Drinking Water in 2015: 79%
- » Percentage of Population with Access to Improved Sanitation in 2015: 19.1%

Control of Schistosomiasis in Uganda

National prevalence dropped to 20.4% in 2003 and to 15.9% in 2010 after initiation of the Schistosomiasis Control Initiative mass drug administration efforts from 2004 to 2008 [5]. In 2004, the Schistosomiasis Control Initiative National Control Programmes began operations in Uganda, with the support of the United States Agency of International Development (USAID) and the Bill and Melinda Gates Foundation [7]. With the help of this program, mass drug treatments with praziquantel were scaled up in 2010 to 2012 with 2.66 million, 1.47 million, and 1.6 million people reportedly treated (a national coverage in Uganda of 33%, 18% and 19%, respectively in 2010, 2011, and 2012) [8].

Challenges faced by schistosomiasis control efforts in Uganda have included limited access to drugs (such as praziquantel), insufficient funding, lack of support from nongovernmental organizations, and political instability [9]. Thus, Uganda remains endemic for schistosomiasis with the most recent countrywide prevalence estimates at 9.1% [6].

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