There is limited schistosomiasis data for Western Sahara, a disputed territory in northwest Africa. However, it is reasonable to conclude that either schistosomiasis is not present in Western Sahara or transmission is low, based on the lack of reported cases and low prevalence estimates for the territory [1, 2]. Though Rollinson et al. [1] list Western Sahara in their national schistosomiasis prevalence table, they lack prevalence estimates for both 2003 and 2010. Utzinger et al. [2] estimate 0% prevalence and no annualized treatment needs in 2003. A World Health Organization epidemiological record with data from 2009 classifies Western Sahara’s prevalence as low and less than 10% [3].
Western Sahara is partially claimed by Morocco [4], an adjacent country for which we have more disease data. In Morocco, control efforts for schistosomiasis were initiated in the early 1970s and operationalized in 1982. This control program included diagnosis and treatment, reduction of snails through environmental modification and mollusciciding, health education, and involvement of non-health sectors [5]. In 1994, the Moroccan Health Ministry declared the elevated goal of eliminating schistosomiasis infection and interrupting transmission by 2004. Surveys from 2005-2009 indicated an interruption of transmission nationally and only a few imported or residual cases, which supports the claim that transmission has been interrupted in neighboring Morocco [5]. It is possible that Morocco’s success has helped remove risk in nearby Western Sahara as well.

References