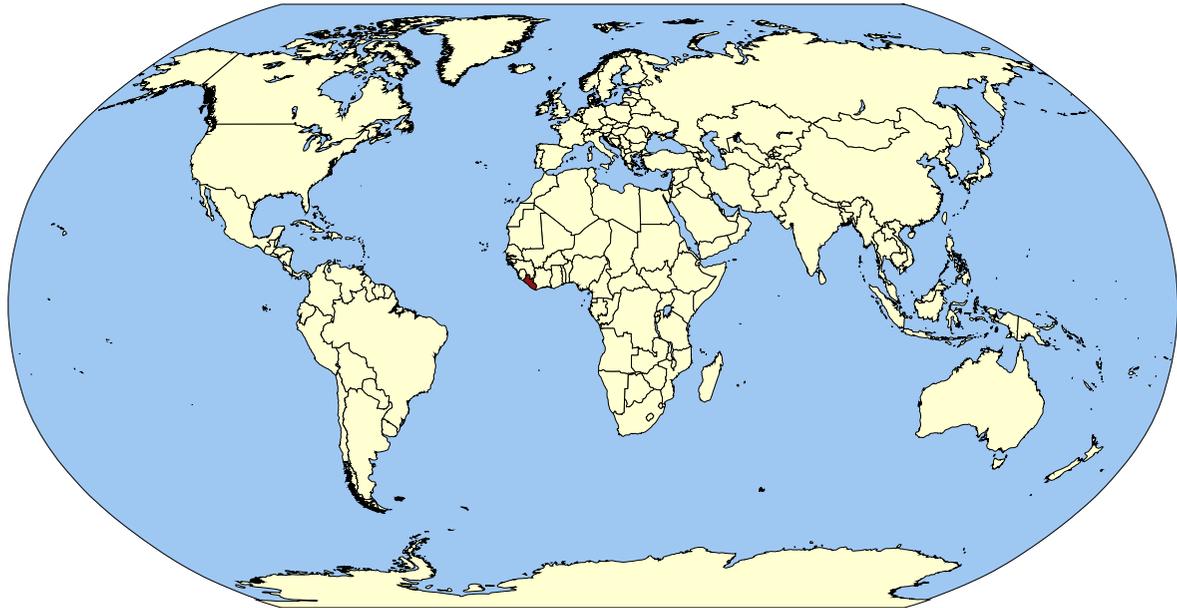


Liberia



The History of Schistosomiasis in Liberia

Schistosomiasis is endemic in all 15 counties of Liberia. Mapping of the prevalence in *S. haematobium* and *S. mansoni* is incomplete, but nationwide prevalence is estimated at 24% as of 2010 [1]. Despite gaps in knowledge, the interior of the country is known to be heavily burdened with disease, while the coastal areas remain risk free [2]. *Bulinus globosus* and *Biomphalaria pfeifferi* are the two snail intermediate hosts responsible for transmission of urinary and intestinal schistosomiasis, respectively [2].

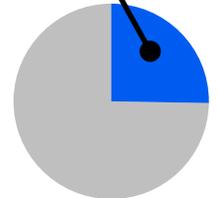
A comprehensive control strategy for 2012-2017, the Liberian National Neglected Tropical Diseases Master Plan, was finalized in 2012 by the WHO AFRO Workshop. Mapping has begun in 10 of 15 the endemic counties; control will be implemented once mapping is complete [3]. According to the Schistosomiasis Control Initiative (SCI), the capacity to initiate control and the political will exists; however, lack of funding prevents comprehensive mapping and extension of chemotherapy to all endemic areas.

Schistosomiasis in Liberia [7]

Schistosomiasis treatments in Liberia only reached 29% of the population in need in 2013.

25% of the population requires preventative chemotherapy for schistosomiasis

Control programs in Liberia primarily target school-age children; however, this still leaves over 500,000 people without annual treatment.



Overview of Liberia [8]

- » Population in 2015: 4,195,666
- » Official Language: English
- » Capital: Monrovia
- » Republic
- » Percentage of Population with Access to Improved Drinking Water in 2012: 74.6%
- » Percentage of Population with Access to Improved Sanitation in 2011: 16.8%

Schistosomiasis Control Strategies in Liberia

The strategy of the SCI and the End Fund, working together to oversee implementation of control programs, has shifted from school-based deworming projects to community-based deworming projects with an emphasis on chemotherapy [4]. No integrative strategies involving snail control and engineering improvements have been indicated in the literature. Other public health crises, most notably the 2014 Ebola epidemic, demands prioritization of public health services [4].

Schistosomiasis Cases in Liberia

(Below) The prevalence rate of people infected with schistosomiasis has steadily hovered around 25%. However, as Liberia's population has increased, so have the total number of cases, as indicated by the sizes of the bubbles. (Some numbers of infected people have been estimated from prevalence rates and total population -- and vice versa.)

References

1. Rollinson, D. *et al.* Time to set the agenda for schistosomiasis elimination. *Acta Trop.* **128**, 423-440 (2013).
2. *IAMAT World Schistosomiasis Risk Chart.* 1-5 (2012).
3. SCI Liberia. at <<http://www3.imperial.ac.uk/schisto/wherewework/liberia>>
4. The End Fund Liberia. at <<http://www.end.org/ourimpact/wherewework/liberia>>
5. Chitsulo, L., Engels, D., Montresor, a. & Savioli, L. The global status of schistosomiasis and its control. *Acta Trop.* **77**, 41-51 (2000).
6. Iatroski, L.S. and Davis, A. The schistosomiasis problem in the world: results of a WHO questionnaire survey. *Bull. World Health Organ.* **59**, 115-127 (1981).
7. WHO. PCT Databank for Schistosomiasis. at <http://www.who.int/neglected_diseases/preventive_chemotherapy/sch/en/>
8. Central Intelligence Agency. (2014). Liberia. In *The World Factbook.* at <<https://www.cia.gov/library/publications/the-world-factbook/geos/li.html>>

