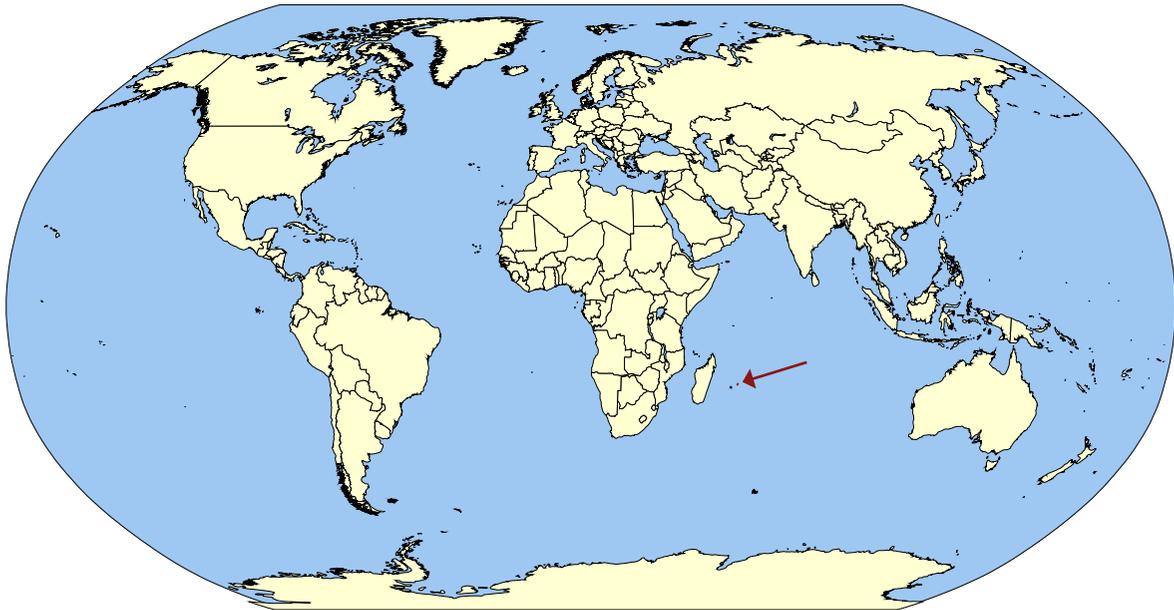


# Mauritius



## The History of Schistosomiasis in Mauritius

Mauritius, a small island nation off the coast of Madagascar, has been colonially-ruled since the 16th century (by Portugal, then France, then Britain) until independence in 1968. No recent cases of schistosomiasis have been reported from Mauritius. The country awaits verification by the WHO for a status of “non-endemic” for schistosomiasis (1). Historically, schistosomiasis was endemic at moderate levels and was widespread (2), with 35,000 infected people estimated in 1968 out of a total population of 741,000 on the island (4.7% estimated prevalence) (3). Only *S. haematobium*, causative agent of urinary schistosomiasis, has been reported on Mauritius, where it is carried by the intermediate snail host *Bulinus cernicus*, formerly known as *Bulinus forskalii* (2). Schistosomiasis was not historically uniformly distributed across Mauritius. The most heavily infected area was its capital, Port Louis, especially the northern half of the city. The high incidence in this area was likely associated with the Latanier River and the Père Laval stream (2).

## Schistosomiasis in Mauritius [9]

Historically, schistosomiasis was endemic at moderate levels

Contemporary estimates of schistosomiasis on Mauritius are scarce

The drop in prevalence in Mauritius was, in part, due to a moderately successful control program

## Overview of Mauritius [10]

- » Population in 2015: 1,339,827
- » Official Language: English
- » Capital: Port Louis
- » Parliamentary Republic
- » Percentage of Population with Access to Improved Drinking Water in 2015: 99.9%
- » Percentage of Population with Access to Improved Sanitation in 2015: 93.1%

## Prevalence of Schistosomiasis

In 1986 the number of cases of schistosomiasis on Mauritius was estimated at 26,894 out of a total population over 1 million (~1.4% countrywide prevalence) (4). The prevalence of schistosomiasis in Mauritius dropped to 0.9% by the 1990's (5, 6). Contemporary estimates of schistosomiasis on Mauritius are scarce, but the lack of any recent cases lends hope that the country may be non-endemic today.

## Control of Schistosomiasis

The drop in prevalence in Mauritius was, in part, due to a moderately successful control program that began in 1988 and ended within a few years (7). Prior to 1988, schistosomiasis detection and treatment were primarily handled by hospitals in Mauritius. The control program focused on three components: 1) active surveying of school populations and the general population, 2) health education, and 3) focal mollusciciding. In surveys, urine was screened for microhematuria and/or eggs, and individuals were treated with praziquantel when necessary, in a test-and-treat strategy (7). In endemic regions targeted by the control program, the focal prevalence dropped from 6.6% in 1988 to 0.9% in 1992 and cases in schoolchildren dropped from 0.7% in 1988 to zero in 1991 (7).

Landscape changes, such as a shift away from an agriculture-based economy (mainly high-intensity water crops such as sugar cane plantations) (6), a general improvement in income and living conditions (6, 7) and, from one report, the mysterious decline in *Bulinus* snails (speculated in the report to be due to toxicity from pesticide pollution), may have contributed to the decline in transmission (7). Mauritius has risen from a low-income country with an agriculture-based economy in 1968 to an upper-middle-income country today, with a strong diversified economy based on tourism, industry, and finance, in addition to sugar cane plantations (8).



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