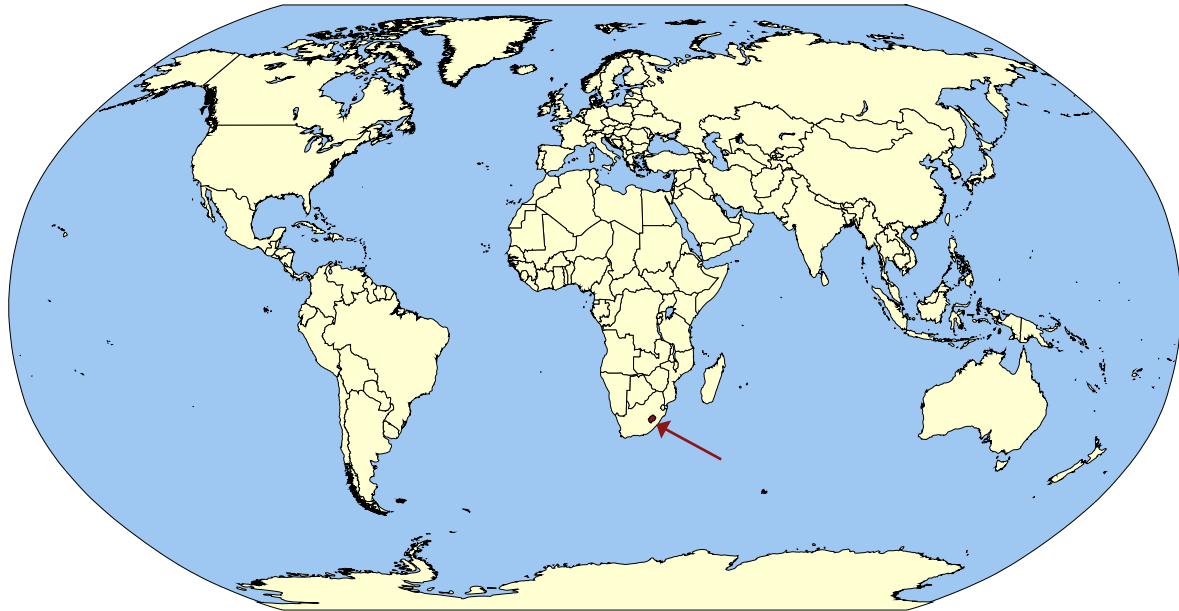


Swaziland



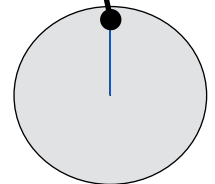
The History of Schistosomiasis in Swaziland

Even though Schistosomiasis is prevalent in Swaziland, it is unknown when it was first discovered or reported. The topography of the country is divided into three categories, Highveld (~1200 m), Midveld (~600 m), and Lowveld (~250 m); the Highveld, in the West, is mountainous and receives close to 40 inches of rainfall annually, whereas the Lowveld, in the East, receives much less rainfall, 20 inches [1, 2]. *Schistosoma haematobium* has been documented as more endemic in the Lowveld region (11.4%) than the Highveld (0.6%) [1]. The most recent estimates place *S. haematobium* prevalence at 15.5% of the population of Swaziland nationwide, and *S. mansoni* at 6.4% [3]. Very little else is documented about *S. mansoni* in Swaziland. Beginning from a nationwide schistosomiasis prevalence estimate of 25% in 1986, little changed over the last several decades, with nationwide prevalence remaining at 25.6% in 2003, 26.5% in 2010 and 22.6% in 2012 [5-7]. The reason may be the low coverage of the NBWCP drug distribution campaign [4].

Schistosomiasis in Swaziland [8]

<1% of the population requires preventative chemotherapy for schistosomiasis

50% of people requiring preventative chemotherapy are school-aged children



Overview of Swaziland [9]

- » Population in 2015: 1,435,613
- » Official Language: English
- » Capital: Mbabane
- » Absolute Monarchy
- » Percentage of Population with Access to Improved Drinking Water in 2015: 74.1%
- » Percentage of Population with Access to Improved Sanitation in 2015: 57.5%

Control of Schistosomiasis in Swaziland

In 1982, the National Bilharzia Worm Control Programme (NBWCP) opened its operations [4]. The goal of the program has been to reduce the burden of schistosomiasis and soil-transmitted helminths. The program was reportedly suspended in 2010 because of drug-related adverse events that occurred in some children [4].

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