

**Elimination of schistosomiasis
from low-transmission areas**
Report of a WHO Informal Consultation

Salvador, Bahia, Brazil
18–19 August 2008

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Summary

Elimination of schistosomiasis is possible in certain areas □ or even countries □ and has already been achieved in some, but there are no agreed criteria for determining elimination of the disease. Elimination will require a combination of methods, including chemotherapy, health education, environmental management, provision of safe water and adequate sanitation. As transmission decreases, however, diagnosis and monitoring of infection become more difficult.

More than 30 international experts and representatives of countries where schistosomiasis has been controlled to different degrees met from 18 to 19 August 2008 in Salvador, Brazil, to look at progress in control, and to discuss and recommend tools and strategies for monitoring schistosomiasis in low-transmission areas and criteria for determining and validating interruption of disease transmission. This report summarizes the discussions and presents the recommendations that emerged from the meeting.

Discussions covered the interruption of transmission in several countries and how this was achieved, diagnosis and clinical presentation in low-transmission areas, and the tools available for monitoring transmission in the human and snail hosts. Although the difficulties of diagnosis in areas of low transmission were highlighted, new molecular tools are being developed that promise improvements in both diagnosis and monitoring of transmission.

It is hoped this report will guide countries in changing from a strategy of morbidity control to one of transmission control, and in moving towards elimination. Guidance on when this might be appropriate can be found in the recommendations and in the experiences of particular countries; nevertheless, the heterogeneous nature of the disease means that each situation is unique and must be assessed individually.

Introduction

Elimination of schistosomiasis is possible. Several endemic countries have reported no new cases of schistosomiasis in years and now want validation of the interruption of transmission. Other countries have achieved low transmission of schistosomiasis and are seeking guidelines on the tools to use and strategies to follow in moving towards interruption of transmission. Currently, however, no agreement has been reached on criteria for determining elimination of the disease.

Disease *elimination* (as opposed to eradication) is defined as: reduction to zero of the number of new cases (1) of a specified disease in a defined geographical area as a result of deliberate efforts; continued intervention measures are required. Guinea-worm disease, which is actually targeted for *eradication* (permanent reduction to zero of the world-wide incidence of infection caused by a specific agent as a result of deliberate efforts; continued intervention measures are no longer needed), provides a good model for moving towards the elimination of schistosomiasis.

In April 2000, a WHO Informal Consultation on low transmission (2) reviewed schistosomiasis control in 14 countries and discussed the need for more sensitive parasitological and serological diagnostic techniques. The Consultation recommended strategic changes in the approach to transmission control and strengthened surveillance systems with monitoring of incidence in young children. However, no recommendations were made on the criteria for determining interruption of transmission because the country situations were so heterogeneous. In 2007, meetings on the elimination of transmission were held in WHO's Region of the Americas and Eastern Mediterranean Region ¹(3).

The present Consultation involved more than 30 international experts, who met in Salvador, Brazil, from 18 to 19 August 2009. It was convened to review progress in schistosomiasis control in low-transmission areas, and to discuss and recommend tools and strategies for monitoring schistosomiasis in such areas, as well as possible criteria for determining interruption of disease transmission and confirming/validating interruption. The discussions and recommendations of the Consultation are presented in this report.

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