







Schistosomiasis is a chronic parasitic infection caused by small worms. It is most common in rural and impoverished populations. In the Americas, the parasite species is *Schistosoma mansoni*, which is associated with intestinal schistosomiasis. The main risk factor for infection is exposure through household, work, or recreational activities in fresh water bodies contaminated with feces from infected humans. For transmission to occur, an intermediate snail host for the parasite must also be present in contaminated water. Children and adolescents are the populations at highest risk. Chronic infection can result in anemia, fibrosis of intestinal veins and the liver, spleen enlargement and, in serious cases, neurologic complications and even death. Schistosomiasis claims the lives of children and adults in the Americas each year.

Key facts

- Globally, 232 million people in 78 countries require annual treatment for schistosomiasis.
- In the Americas, an estimated 1.6 million school-age children need preventive medication (mostly in Venezuela and Brazil).
- Four countries in the Americas are endemic for schistosomiasis: Brazil, Venezuela, Suriname, and Saint Lucia.
- In Suriname and Saint Lucia, transmission is low, and the prospects for interrupting transmission in the near future are considered good.
- In the Dominican Republic, Puerto Rico, Antigua, Montserrat, Martinique, and Guadalupe, available information indicates that transmission has been interrupted. However, further evaluation and evidence are needed to advance toward the verification of elimination of schistosomiasis.

PAHO/WHO response

- PAHO/WHO Member States agreed in 2009 to take a series of actions to reduce the prevalence of schistosomiasis in areas of high transmission to less than 10% by 2015. (CD49.R19)
- In 2012, WHO Member States approved the goal of eliminating schistosomiasis in endemic countries. (WHA 65.21)
- Interventions recommended by PAHO/WHO focus on improving sanitary conditions and large-scale
 distribution of the antiparasitic drug praziquantel in endemic areas to entire communities or to highrisk target groups (school-age children, women of childbearing age, and individuals in professions
 involving frequent contact with contaminated fresh water). Treatment at regular intervals helps
 prevent the disease or its progression toward more serious forms.
- PAHO/WHO is collaborating with endemic countries to obtain donated medicines and other supplies to achieve interruption of transmission and elimination of schistosomiasis.
- PAHO/WHO provides technical cooperation for monitoring, prevention, and control (e.g., by mapping the distribution of the disease) and helps endemic countries prepare for verification of elimination of the disease.



For more information, visit: www.paho.org/schistosomiasis