

# SCHISTOSOMIASIS MORBIDITY CONTROL DISCUSSION MEETING REPORT

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22 – 23 August 2017, Natural History Museum, London, UK

## EXECUTIVE SUMMARY

On the 22<sup>nd</sup> and 23<sup>rd</sup> of August 2017 the *Global Schistosomiasis Alliance* organised a small, interactive meeting with schistosomiasis control implementers / donors and schistosomiasis disease experts to discuss the status of schistosomiasis morbidity control through preventative chemotherapy. The key objective of the meeting was to address the need to develop a new framework for assessing schistosomiasis morbidity and morbidity control.

The meeting discussions were focused around the following themes:

- I. Past and present experience of schistosomiasis control and the World Health Organisation guidelines
- II. Developing a framework for assessing current schistosomiasis morbidity and morbidity control needs
- III. Constructing operational research and programmatic targets requiring feedback from the larger schistosomiasis community

The discussions concerning country experiences of schistosomiasis control implementation and the emerging evidence on the complexities of schistosomiasis morbidity highlighted specific issues and gaps for schistosomiasis morbidity control:

- The mantra “risk of morbidity is due to heavy infection” is out of date.
- Post-infection diseases such as Female Genital Schistosomiasis (FGS), need further investigation.
- Standard egg-based techniques such as Kato-Katz (for *S. mansoni*) and urine filtration (for *S. haematobium*) have poor correlation with many schistosomiasis morbidities.
- Coverage of school-aged children rather than just school-attending children may require a combined school-based and community treatment approach.
- Under-utilisation of data, donated drugs, implementation resources and healthcare systems needs to be addressed.
- Clarity is needed on the extent of morbidity and infection in pre-school aged children and how to implement treatment in this age group.



- Precision mapping and evidence-based programmatic decisions are needed to direct when and where to expand treatment to adults.
- There is no strategy for the intensified disease management of severe and/or irreversible schistosomiasis morbidity.

These highlighted issues and ensuing discussions fed into the COR NTD and GSA sessions to be discussed by the larger schistosomiasis community in the context of long-term schistosomiasis morbidity control and elimination efforts. The outcome of these activities will be to equip the expert advisors feeding into the WHO guidelines with evidence-based targets and will support the development of the programmatic products stemming from the revised WHO schistosomiasis guidelines.