How do we keep track of schistosomiasis treatment programmes?

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1. Activities of control programmes

Mapping
Impact monitoring & Re-assessments
Update treatment strategy
Monitor if new strategy is working in reducing infection

2. Questions that are being asked by programme managers and policy makers

How is the control programme progressing to reduce prevalence and intensity of infection?

Do I need to investigate any factors that might affect programme performance?

A new intervention was introduced into the area, how has this impacted the infection prevalence and intensity?

I have limited resources, if we fund a schistosomiasis control programme, how will it impact infection levels?

To help answer these questions, we developed a user-friendly model for predicting changes in infection levels.
3. Model

<table>
<thead>
<tr>
<th>Infection intensity class</th>
<th>EPG range for Intestinal Schistosomiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninfected</td>
<td>0</td>
</tr>
<tr>
<td>Light</td>
<td>1-99</td>
</tr>
<tr>
<td>Moderate</td>
<td>100-399</td>
</tr>
<tr>
<td>Heavy</td>
<td>≥400</td>
</tr>
</tbody>
</table>

4. Model output

**Reduction in prevalence (proportion infected) over time due to treatment**

Model predicted vs. Observed

5. Web-tool

Schistosomiasis prevalence forecaster for control programmes

Predicted reduction in prevalence over time

- Pre-treatment prevalence
- Model estimate

Infected at heavy intensity

Infected at moderate intensity

Infected at light intensity

Not infected

Infection intensity class

EPG range for Intestinal Schistosomiasis

Uninfected: 0
Light: 1-99
Moderate: 100-399
Heavy: ≥400