

Schistosomiasis Monitoring in Uganda

Round 2
October–December 2017

PERFORMANCE MONITORING AND ACCOUNTABILITY 2020

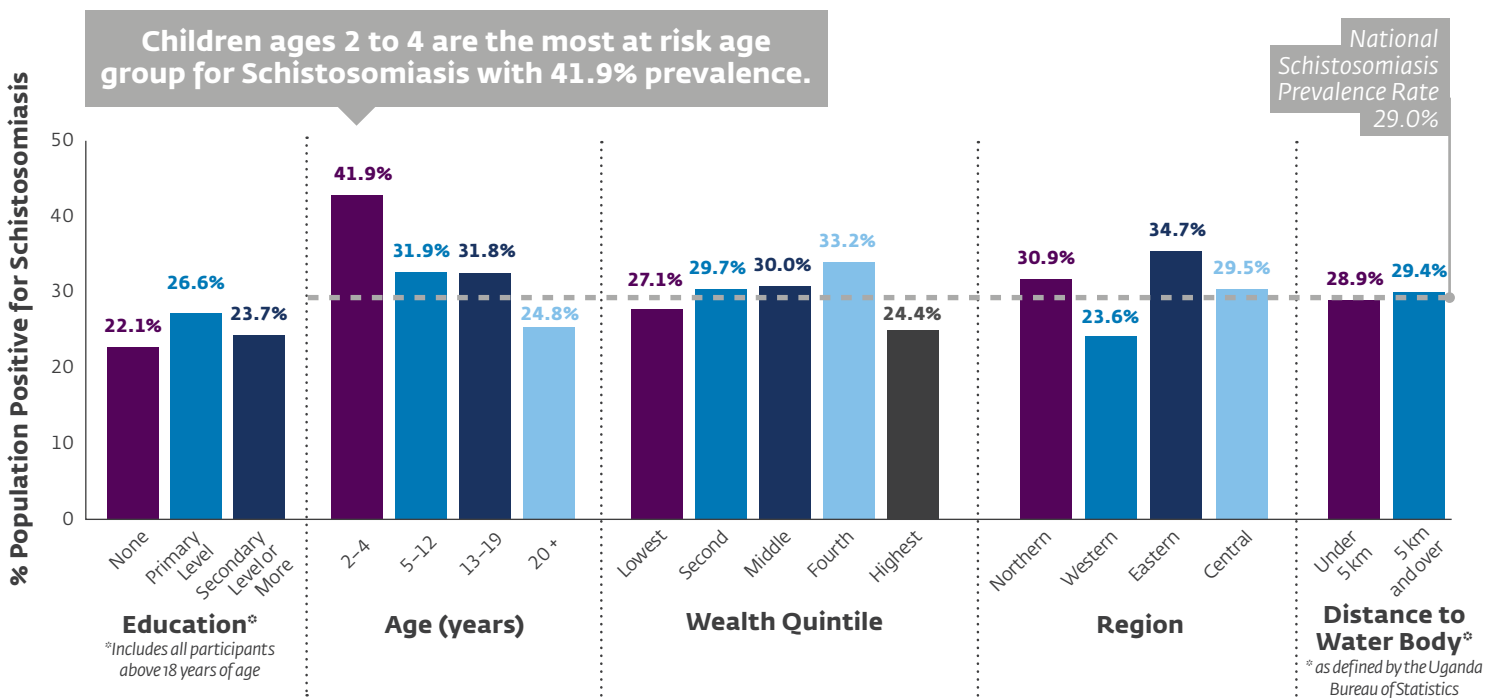


Photo: Prossie Aliwebwa, PMA2020 Uganda

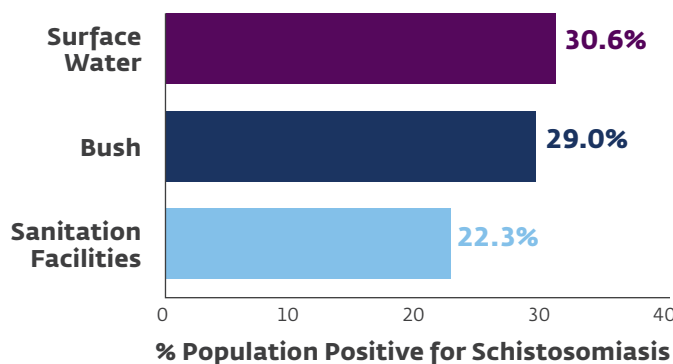
Schistosomiasis Prevalence by Socio-economic and Demographic Characteristics of the Population in Uganda

Schistosomiasis is prevalent among all educational levels and wealth quintiles in Uganda.

Overall Schistosomiasis prevalence in Uganda is 29.0%

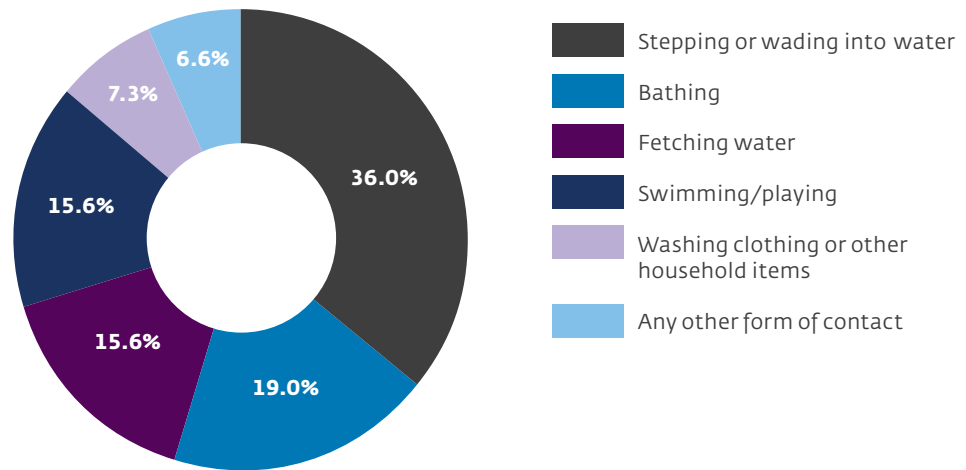


Open Defecation and Urination Index for Schistosomiasis Prevalence



Prevalence of Schistosomiasis is 30.6% and 29.0% when open defecation and urination are practiced in surface water, and the bush. Prevalence is lower (22.3%) when sanitation facilities are reported as exclusively used.

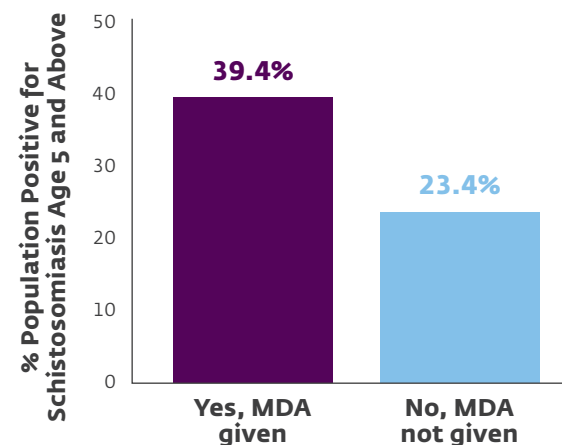
Type of Water Contact Activity for Children Ages 2-4 with Contact in Last Month (Caregiver-reported)



Knowledge and Awareness Related to Schistosomiasis

| | Sample Size | Percent of Sample | Prevalence of Schistosomiasis |
|--|-------------|-------------------|-------------------------------|
| FEELS THEY ARE AT RISK OF CONTRACTING SCHISTOSOMIASIS | | | |
| Yes | 1894 | 59.9% | 35.4% |
| No | 779 | 24.6% | 24.5% |
| Do not know | 488 | 15.4% | 24.6% |
| EVER HEARD OF SCHISTOSOMIASIS | | | |
| Yes | 3209 | 69.5% | 31.0% |
| No | 1412 | 30.6% | 24.2% |
| SELF-REPORTED EVER HAVING SCHISTOSOMIASIS | | | |
| Yes | 129 | 4.1% | 40.5% |
| No | 2745 | 87.7% | 30.5% |
| Do not know | 257 | 8.2% | 33.0% |

Schistosomiasis Prevalence if Mass Drug Administration (MDA) Was Reported to have Reached Enumeration Area in Past Two Years



Survey Design and Sample Size

Performance Monitoring and Accountability 2020 Schistosomiasis (PMA Schisto) is a research module created specifically for Uganda, to develop the first nationally representative prevalence rate of Schistosomiasis, a highly endemic and neglected parasitic disease. The second round of PMA Schisto was implemented by Makerere University School of Public Health in Kampala, in partnership with the Uganda Bureau of Statistics (UBOS), the Uganda Ministry of Health's Vector Control Division, and the Schistosomiasis Control Initiative. Overall direction and support was provided by the Johns Hopkins University Water Institute and the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins School of Public Health through a generous gift from Maxmind, Inc. The PMA Schisto survey used a three-stage sampling strategy. For the first stage, 170 enumeration areas (EAs) were selected by UBOS based on their distance to water bodies: near (within 5km) and far. Then, households and nearby water bodies were listed and mapped, with 30 households randomly selected per EA. After the household survey was administered, one of the household members older than two years of age was randomly selected for an individual interview and was offered a test for schistosomiasis. Individuals who gave informed consent were asked to urinate in a sterile cup and their urine was tested for the presence of schistosomiasis using a circulating cathodic antigen (CCA) test. Participants were offered treatment for Schistosomiasis with oral doses of praziquantel if they were found to be positive and met the criteria for treatment as advised by the Uganda Ministry of Health. The final sample included a total of 4,787 households and 4,624 individuals. Infection with Schistosomiasis was the main outcome of interest and was found to be positive in 1,290 individuals and negative in 3,295 individuals for a total of 4,585 participants tested and a nearly universal acceptance rate (99.2%) for CCA testing. Data collection took place between October and December 2017.



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