

PA-137 **ASSESSMENT OF THE ENDEMICITY STATUS OF SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS IN THE GAMBIA**

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**Background** The Ministry of Health and Social Welfare, The Gambia with support from WHO and Task Force for Global Health (TFGH), conducted a national endemicity mapping survey for schistosomiasis (SCH) and soil-transmitted helminths (STH) to establish their endemicity status. The survey was meant to provide baseline information on endemicity in order to plan and implement strategic interventions. This is a critical step towards NTD elimination by 2020.

**Methods** A cross-section of fifty school-aged children (SAC, 25 boys and 25 girls) per school was sampled in 209 schools countrywide. Eligible SAC of 7 to 14 years old were randomly selected using formula  $(n/50)$  where  $n$ =total eligible pupils per school. Stool, urine and finger prick samples provided, were examined for SCH and STH using Kato-Katz, urine filtration, dip-stick and CCA techniques.

**Results** National prevalence of schistosomiasis and soil-transmitted helminthiasis were 4.3% and 2.5%, respectively. At district level, Niani had the highest prevalence of SCH, recording 22%. Whereas for STH, Banjul, the capital city, had the highest prevalence, recording 55%, followed by 22% prevalence in Kombo South. *Schistosoma haematobium* is the most dominant parasitic infection in The Gambia. Fourteen (38%) districts in the country are co-endemic for both STH and SCH. Generally, male pupils are more infected with urinary schistosomiasis than females.

**Conclusions** It was established that 19 (45%) of districts mapped are endemic for schistosomiasis; thus the need for treatment with praziquantel. Twenty (47%) of districts mapped are endemic for soil-transmitted helminthiasis at varying rates. However, only two STH endemic districts, Banjul (55%), and Kombo South (22%), within the high and very high prevalence rates of endemicity, are eligible for treatment with albendazole.