

A Report to Show the Prevalence of *Schistosomiasis* in Kwaita, Kwali Area Council

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Background

Urinalysis, malaria parasite test, random blood sugar were conducted for the people of Kwaita, Kwali Area council, diagnoses made and drugs administered. 205 persons benefited from this scheme out of which 30 had malaria, 12 had *Schistosomiasis*, 1 had river blindness and 150 person's dewormed. 14.64% of the total population had malaria. 5.8 % of the Population had *Schistosomiasis*.

Out of the 12 persons infected with *Schistosomiasis*, 8 were below the ages of 10-15. This group of boys frequent the river for swimming, accounting for the prevalence of the disease in the community.

Introduction

Urinalysis, random blood sugar, blood pressure checks, malaria test was conducted for the people of Kwaita on the 7th, February 2015 following the report by channels television on high prevalence of *Schistosomiasis* and river blindness in Kwaita community, Kwali Area Council.

Schistosomiasis is also known as Bilharzia, snail fever or Katayama fever. It is a disease caused by parasitic worms of the Schistosoma type. Signs and symptoms may include abdominal pain, diarrhea, bloody stool or blood in the urine. Urinalysis is an effective way of investigating *Schistosomiasis* coupled with urine microscopy to search for the ova of Schistosoma.

This disease is spread by contact with water that contains the parasites. The disease is especially common among children in developing countries as they are more likely to play in infected water. Other high risk group includes farmers, fishermen, and people using infected water for their daily chores.

Schistosoma mansoni and *Schistosoma intercalatum* causes intestinal *Schistosomiasis*. *Schistosoma haematobium* causes urinary *Schistosomiasis*.

Methodology

A preliminary survey was conducted for needs assessment. Prior to the visit by the BSO team to Kwaita community on the 7th of January for the medical outreach, sterile containers were distributed to the populace for their urine samples. Four benches were created at the event, microbiology bench for the conduction of urinalysis, malaria test and random blood sugar, blood pressure and weighing scale bench, pharmaceutical bench and the doctor's bench.

Beneficiaries moved from the microbiological bench and proceeded to the next bench to check their blood pressure and weight before proceeding to the doctors for diagnoses and finally to the pharmaceutical bench for drugs. Multivitamins were given to all present.

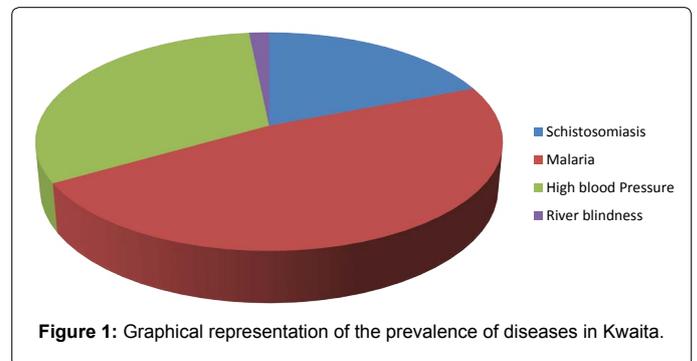
Results

205 persons benefited from the scheme out of which 30 had malaria, 12 suffered from *Schistosomiasis* and 1 person had river blindness. The result tabulated below (Table 1).

5.9% of the total beneficiaries had *Schistosomiasis*, 14.6% of the

S/N	Disease/ Infection	Total number diagnosed	Drugs used	Remarks
1	<i>Schistosomiasis</i>	12	Praziquantel	Mostly youths between the ages of 10-15
2	Malaria	30	ACT	Mostly children below the ages of 5-10
3	River blindness	1	Zentel	
4	High blood pressure	20	Referrals	Mostly aged
5	UTI	3		
6	Diabetes	0		

Table 1: Free medical outreach to kwaita, kwali area council.



beneficiaries had malaria, 0.5% of the beneficiaries were treated for river blindness, 9.8% of the total beneficiaries had high blood pressure (Figure 1).

Conclusion

There is an urgent need for follow up on cases of *Schistosomiasis* to effectively reduce its prevalence. Moreso, a functional clinic is essential in the community to curb the spread of diseases and further improve the general livelihood of the People.

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