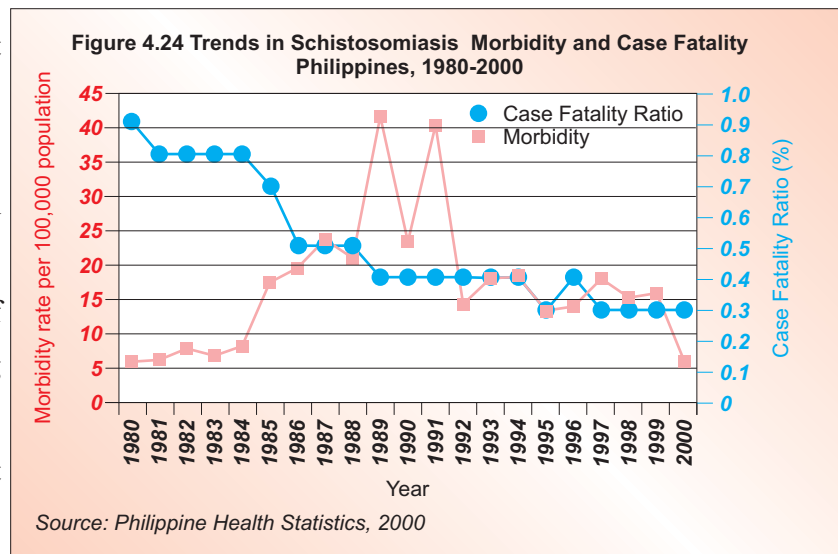
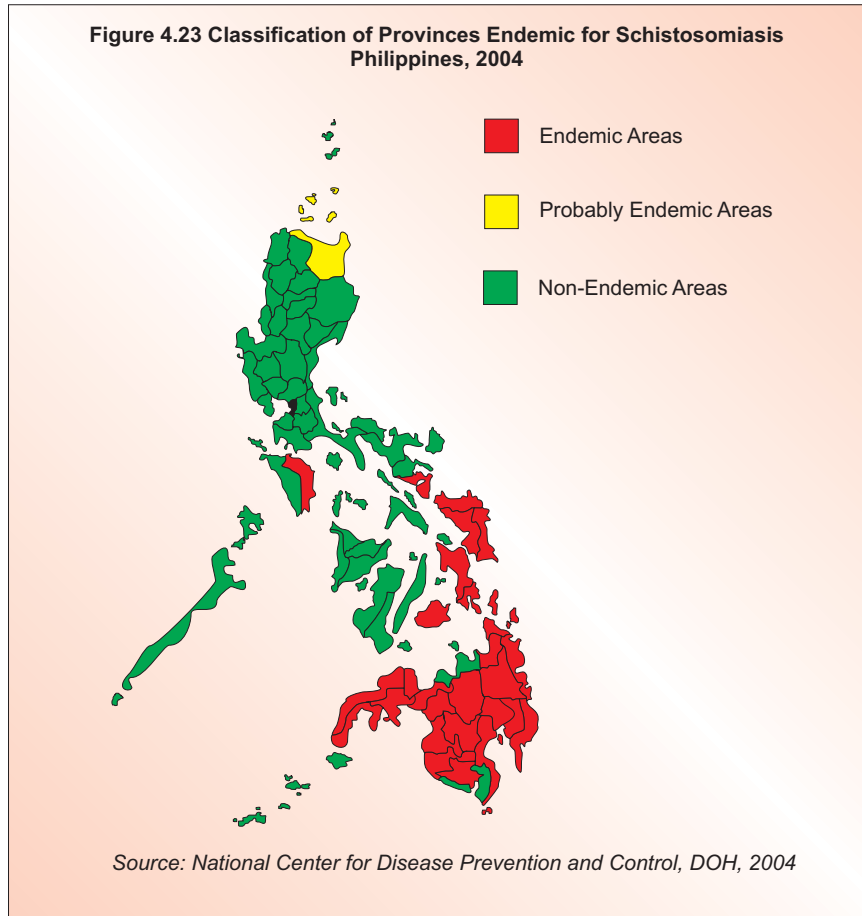


Schistosomiasis

Schistosomiasis is endemic in 12 regions in the Philippines effectively affecting 28 of the 79 provinces in the country. The number of identified endemic areas has increased in the previous years due to active surveillance of human cases and snail vector surveillance through environmental mapping of areas with positive snail colonies. An example of this is the identification of schistosomiasis in Gonzaga, Cagayan in 2001, but the endemicity in the area has not yet been established.

The morbidity rate for schistosomiasis has declined from 17.5 cases per 100,000 population in 1997 to 5.6 per 100,000 in 2000. The case fatality ratio has also continued to decline from 0.9 death per 100,000 population in 1980 to 0.3 per 100,000 in 1997 and has reached a plateau since then.

Considering that schistosomiasis had been eliminated in most Southeast Asian countries, the Philippines should pursue schistosomiasis elimination based on reliable information on the prevalence, extent of endemicity of the disease and factors promoting and inhibiting schistosomiasis transmission in the different endemic localities.



There is no operational schistosomiasis surveillance and information system that can serve as guide for DOH or other agencies to coordinate plans to support local government initiatives to eliminate schistosomiasis. Foreign-assisted projects are specific to one endemic locality, like the agricultural advancement project in Catubig and the mass treatment project in Lanao del Sur. Many endemic areas in the Philippines have served as national and international laboratories for the study of various environmental and pharmacological interventions related to the control of schistosomiasis. It is time for national and local governments to work on schistosomiasis elimination using international, national and local resources.

Goal: Schistosomiasis is eliminated as a public health problem in all endemic provinces.

(Schistosomiasis is considered eliminated as a public health problem if the prevalence rate is maintained at less than 1.0 percent for at least five consecutive years)

National Objectives for 2005 - 2010			
Objective	Indicator	Target	Baseline Data and Source
Prevalence rate of schistosomiasis is reduced in endemic provinces	Prevalence rate of schistosomiasis at provincial level (based on a WHO-assisted survey)	50 percent reduction in 20 endemic provinces	To be determined
Coverage of mass treatment of population in endemic provinces is increased	Number of endemic provinces conducting mass treatment with social and environmental interventions	At least seven endemic provinces	To be determined
Schistosomiasis elimination level is achieved in endemic areas	Number of provinces with prevalence rate of less than 1 percent for 5 consecutive years	9 provinces	0 province

Strategic Thrusts for 2005-2010

- **Shift from control to elimination strategies.** The progress of the schistosomiasis elimination program will be demand-driven and depends highly in the commitment of communities and local governments.
- **Develop the capacity of local health personnel and stakeholders** in the elimination of schistosomiasis and improve the implementation of schistosomiasis initiatives through building of networks and linkage with collaborating institutions and program partners.
- **Ensure the availability of reliable information, financial support and logistics** crucial to schistosomiasis elimination through collaboration with other national agencies and international development partners.
- **Secure presidential directives, local legislation and international support** necessary to eliminate schistosomiasis from the country.
- **Intensify surveillance of human cases and surveillance of snail vector** through environmental mapping of areas with positive snail colonies. **Conduct of rapid epidemiological surveys** in response to suspected cases in new areas.