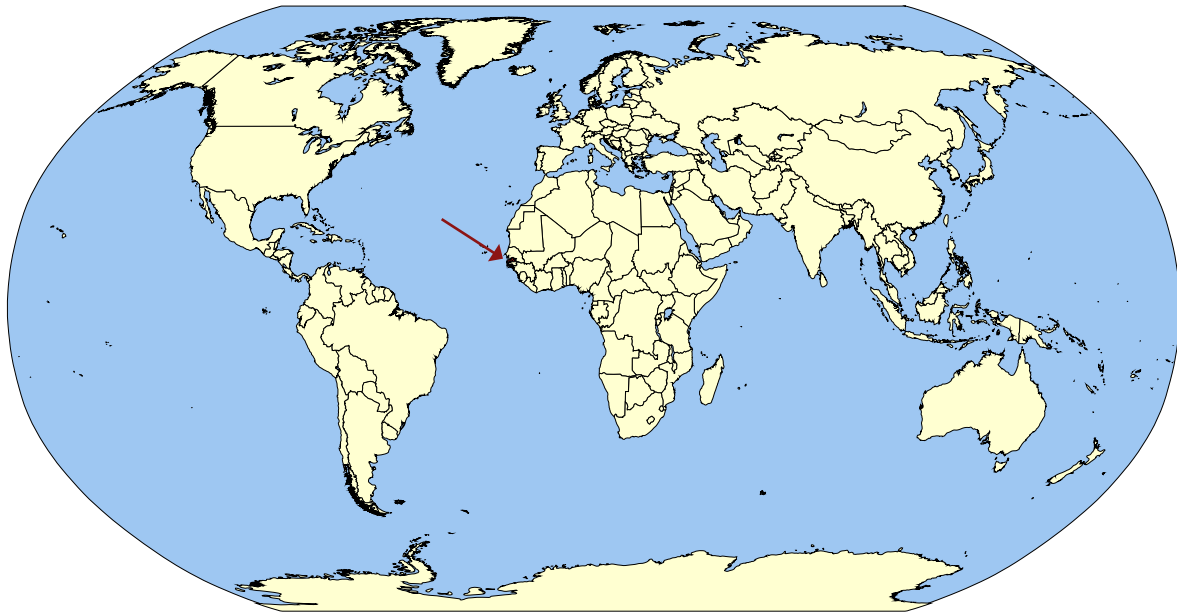


# The Gambia



## The History of Schistosomiasis in The Gambia

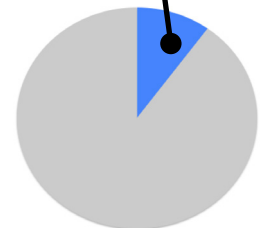
Schistosomiasis was first noted in The Gambia in 1945 when endemic urinary schistosomiasis was discovered, with a high incidence in the eastern part of the country [4]. The presence of urinary schistosomiasis, *S. haematobium*, was again confirmed in 1947, and it has since been endemic along the Gambia River Basin [6]. *S. mansoni*, first discovered in 1957, is also endemic to this region [5,6]. The snail intermediate host for *S. haematobium* is primarily *Bulinus globosus* (synonym: *jousseamei*), but also includes other hosts such as *Bulinus truncatus*, *Bulinus senegalensis*, and *Biomphalaria pfeifferi* [6]. *Bulinus forskali* has also been found, mostly living in alluvial pools in swampy environments [4].

## Schistosomiasis in The Gambia [11]

195,844 people required schistosomiasis treatment in 2014

10% of the population estimated to be infected with schistosomiasis

No national schistosomiasis control programs have been recorded in The Gambia.



## Overview of The Gambia [1]

- » Population in 2015: 1,967,709
- » Official Language: English
- » Capital: Banjul
- » Presidential Republic
- » Percentage of Population with Access to Improved Drinking Water in 2015: 90.2%
- » Percentage of Population with Access to Improved Sanitation in 2015: 58.9%

## The Gambia's Geography

The Gambia is an enclave nation in Africa surrounded on three borders by Senegal except for its western coastline on the Atlantic Ocean. The Gambia gained its independence from the United Kingdom in 1965, and has remained relatively politically stable since then [1,2]. The country has a tropical climate with a hot, rainy season from June to November and a cooler dry season from November to May. One major river - the Gambia River - begins in the Republic of Guinea and flows westward through The Gambia to its delta at the Atlantic Ocean [3]. The majority of the population lives in the river valley. There are few natural resources and less than half of the arable land has been cultivated. As a result, the Gambia relies on a strong tourism industry and remittance from its overseas workers [1]. Schistosomiasis transmission is facilitated through human interaction with certain environments, including laterite pools. *B. senegalensis* is found in these pools, which are formed in depressions of the rock on the lateritic plateau. These pools form during the rains and vegetation begins to grow a few weeks after formation and slowly dies off, creating a muddy, slimy environment that the snails can inhabit. In addition to the laterite pools, alluvial pools are home to the snail vector *B. forskali*. These pools form in rice swamps, typically in those that still have a layer of vegetation. Similarly to the laterite pools, villages often use alluvial pools for washing, bathing, and swimming [4].

No national schistosomiasis control programs have been recorded in The Gambia. Several sources give estimates of the amount of drugs necessary to treat people, but no larger scale efforts have been implemented.

## Status of Schistosomiasis in The Gambia

The earliest prevalence data comes from 1985, when countrywide prevalence was estimated at 37.7% and the number of infected people was estimated at 193,929 [7]. The prevalence rate remained very similar in 1995 when it was estimated at 37.5% [8]. Mid-2003 countrywide prevalence was estimated at 30% and in 2010 it was estimated at 28.5%. However, the number of estimated infected individuals increased to 525,220, due to an increase in total population, from 553,000 in 1981 to 1,754,000 in 2010 [9,10]. No national schistosomiasis control programs have been recorded in The Gambia. Several sources give estimates of the amount of drugs necessary to treat people, but no larger scale efforts have been implemented.

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