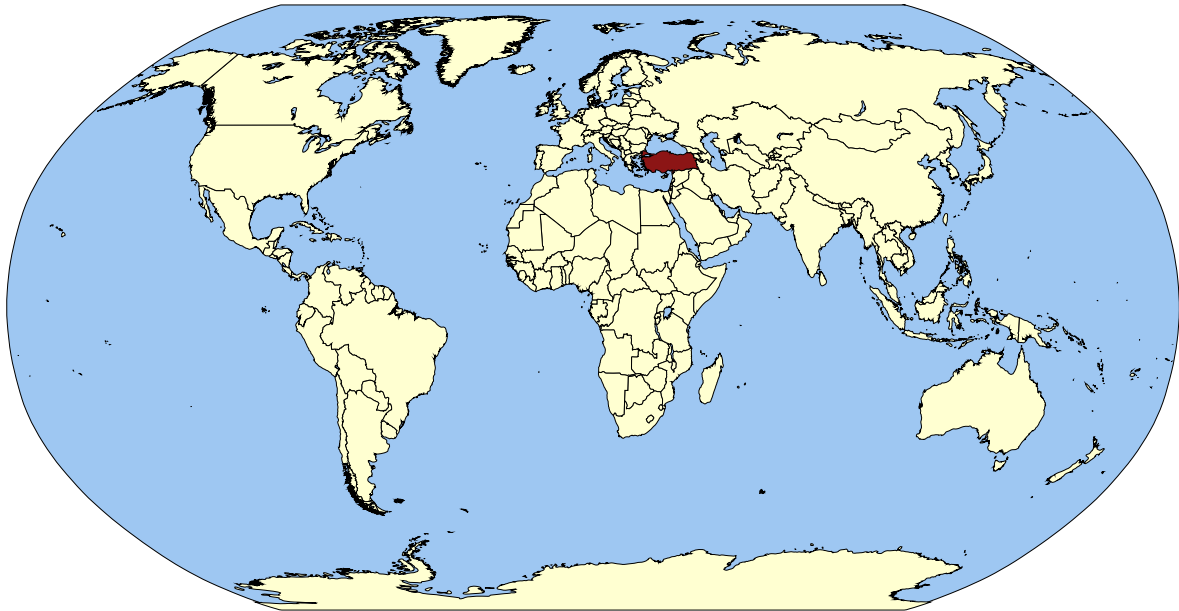


Turkey

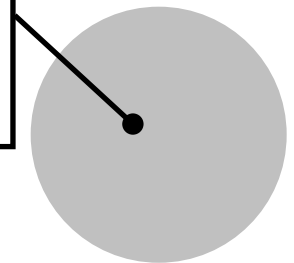


Isolated Schistosomiasis Cases in Turkey

Though a large nation, Turkey only harbored *S. haematobium* in the southeastern provinces of Urfa and Mardin, both of which lie on the northern outskirts of the parasite's ecological range [1]. Early cases were documented in the cities of Mardin in 1934 and Akcakale, Idil, Suruc and Nusaybin in 1950, all of which are situated near each other in the southeastern region of Turkey [2]. In 1960, researchers found schistosomes in 5 of 19 individuals during a cursory search that primarily focused on livestock schistosomes. These same researchers reported a hospital in the southeast region using the molluscicide sodium pentachlorophenate to combat the *B. truncatus* host snails for disease control [3]. However, this may have been an isolated case as there was no record in the literature of widespread, coordinated molluscicide use.

Schistosomiasis in Turkey [9]

Schistosomiasis considered **non-endemic** in Turkey, as transmission of worms is low or non-existent. >1% of people carry worms.



Overview of Turkey [10]

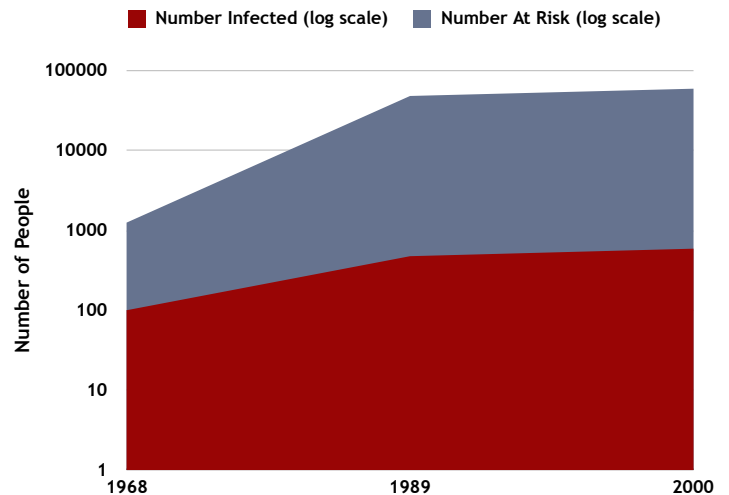
- » Population in 2015: 79,414,269
- » Official Language: Turkish
- » Capital: Ankara
- » Republican Parliamentary Democracy
- » Percentage of Population with Access to Improved Drinking Water in 2015: 100%
- » Percentage of Population with Access to Improved Sanitation in 2015: 94.9%

Prevalence Rates Over the Decades

In 1968, a nationwide estimate approximated 100 infected Turks and 1300 at risk out of a population of 32 million [4]. A later estimate increased those numbers to 500 infected individuals and 50,000 at risk out of 49 million Turks [5]. However, there were only 210 cases of schistosomiasis reported between 1990 and 1995, and no governmental control program had been implemented as of that time [2]. By the year 2000, the WHO was skeptical of Turkey being endemic for schistosomiasis, reasoning that “Turkey appears on the list of endemic countries based on the presence of vector snails and extensive water resource developments in areas bordering the endemic area in Syria. The presence of intermediate hosts of a particular infection does not in itself make the disease endemic. It is actual transmission of the infection that renders it endemic” [6]. Chitsulo *et al* estimated that 600 individuals were infected in 2000, but speculated that “it is unlikely that *S. haematobium* is of public health significance in...Turkey...as transmission is low or non-existent” [7]. Schistosomiasis was reported to be ‘eliminated’ in Turkey in mid-2003 and ‘non-endemic’ in 2010 [8].

Water Development

One notable government program in Southeast Turkey that may have contributed to the region’s resilience against schistosomiasis spread is the Southeastern Anatolia Project (SAP), which has aimed to raise living standards in the region through the construction of numerous dams and irrigation schemes since 1977 [2]. The most extensive of these is the Ataturk Dam (constructed between 1983-1992), which currently irrigates about 4760 square kilometers of land in the Urfa province. A difference between this water development project and many other irrigation projects occurring around the same time throughout the world was that the water in this scheme was largely distributed through underground water tunnels, rather than the more traditional surface canals used elsewhere, possibly reducing its impact on schistosomiasis transmission.



People Infected and at Risk

In Turkey, the number of people infected and at risk of infection has increased. Nonetheless, Turkey is considered non-endemic to schistosomiasis. Most of the cases in Turkey arise from people from neighboring countries bringing in the disease, and transmission of worms is low or nonexistent.

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