Institut National de Recherche Bio-médicale (INRB), Kinshasa, Congo, most affected. We investigate in Kasansa, a rural health zone in the Democratic Republic of Congo, Eastern Kasai province, the burden of STH and intestinal schistosomiasis (IS) and identified risk factors.

Methods: Following WHO guidelines, we conducted a cluster randomized cross-sectional survey in the third class of 8 primary schools. We collected demographic and sanitation data. We collected also stool sample and assessed by direct microscopy and Kato-Katz technique.

Results: A total 335 was included in the study. Fifty-six % were girls and 54% were more than 10 years old. Proportion of IS was 83.3% (95% CI: 78.4-87.0) with an intensity 41.4%. Proportion STH was 9.9% (IC95%: 6.9-13.6). Proportion of IS per village was: Kasansa: 91.1% (IC95%: 87.4-93.8); Kashila: 74.5% (IC95%: 69.4-79.0); Lac-lomba: 59.5% (IC95%: 54.0-64.8); Munkong: 94.4% (IC95%: 91.2-96.5); Nsangu: 94.9% (IC95%: 91.8-96.9); Nsenga-Nsenga: 92.0% (IC95%: 88.4-94.6). We were not able to identify any particular risk factor due to the high disease burden.

Conclusion: IS is a major health public problem in Kasansa health zone. Burden of IS in our study area was extremely high and close to 100% in some villages. Schistosomiasis control measures are urgently needed.

http://dx.doi.org/10.1016/j.ijid.2012.05.713

Aggregated studies of urinary schistosomiasis in parts of Ebonyi State, southeast Nigeria

O. Odikamnoro

Ebonyi State University, Abakaliki, Ebonyi, Nigeria

Background: Human schistosomiasis is an important and widespread infection in the tropics. It gives rise to a complex of acute and chronic diseases with widely differing signs and symptoms. It is the second most prevalent parasitic disease after malaria in the developing world with a huge impact on public health and socio-economic development. There is general agreement that the global prevalence of schistosomiasis will likely increase due to the following three reasons: (i) increasing numbers of irrigation systems for agriculture and cattle breeding. (ii) construction of dams and man-made lakes for hydroelectric power production and (iii) civil strife and war contributing to additional human migration. In Nigeria, schistosomiasis constitutes a public health problem particularly in children

Methods: Aggregated studies were done to establish the prevalence and intensity of Schistosoma haematobium infection in some communities of Ebonyi state, southeast Nigeria, using the filtration quantitative technique. Primary school children were used as tracers.

Results: In Abakaliki urban, out of the 800 pupils examined from Assemblies of God Nursery and Primary School and Evangel Nursery and Primary School in Okpauwu and Ezza road areas respectively, 182 (29.5%) and 160 (40.0%) were infected with S. haematobium respectively. A total of 236 (55.7%), 100 (45.5%) males and 128 (34.0%), 60 (33.3%) females respectively, were infected. There was a gradual increase in the disease prevalence with increasing age of the study subjects. About 90% of the infected persons were aged 8 – 14 years. Statistical analysis revealed that the prevalence, intensity and visible haematuria were significantly higher (P > 0.05) in sub-
jects between the age 8 and 14 years than subjects below 8 years of age. Results from other endemic areas of the state showed similar trends.

**Conclusion:** The results confirmed that Ebonyi State is highly endemic for urinary schistosomiasis.

http://dx.doi.org/10.1016/j.ijid.2012.05.714

**Type:** Poster Presentation

---

**Prevalence of urinary schistosomiasis and bacteriuria coinfection among school age children (5-15 years) in Amagunze, southeastern Nigeria, 2011**

O. Ossai

*Nigerian Field Epidemiology and Laboratory Training Programme (NFELTP), Abuja, Nigeria*

**Background:** Amagunze is a rice producing community in southeastern Nigeria known for high prevalence of urinary schistosomiasis (79% according to a study in 1989). Recently studies have implicated co-infection with bacteriuria in the aetiology of bladder cancer. Unfortunately knowledge about co-infection of bacteriuria and urinary schistosomiasis in this age group (5-15 years) who are mostly at risk is not available. We investigated the current prevalence of urinary schistosomiasis and co-infection with bacteriuria in this community.

**Methods:** A cross-sectional survey in which 3 primary schools (A, B and C) were randomly selected from 15 in Amagunze. Four classes were randomly selected from each school and the whole class enrolled in the study. Altogether 309 pupils were enrolled. About 20 mls of urine samples were collected by subjects themselves between 10:00am and 3:00pm. Each sample collected was divided into 2 (X & Y fractions). Urinalysis and microscopy were conducted with fraction X for ova and intensity while Y was cultured for bacteriuria. Significant bacteriuria was defined as 2 or more consecutive urine cultures showing >10^5 CFU/ml. Intensity was categorized as light (<50 ova/10mls of urine) or heavy (>50 ova/10mls of urine). Ethical approvals were got from relevant authorities. Consent of parents and pupils was obtained. Questionnaire was administered on pupils for data on socio-economic and risk factors.

**Results:** Of 309 pupils tested, 133 (43.04%) had urinary schistosomiasis (CI = 37.6%-48.6%). Sex-specific prevalence was males 73/151, females 60/158 (X2 = 3.4, 1df). Infection rates in the 3 schools (A, B, C) were 68/103, 37/101 and 28/105 respectively (X2 = 35.4, 2df). Bacteriuria co-infection rate was 24/133 (18%) (CI = 12.2-25.3%). Heavy infection was 76.7%. Of 133 infected pupils 85% admitted swimming in open water.

**Conclusion:** There was high prevalence of both urinary schistosomiasis and bacteriuria co-infection. This may lead to increased cases of bladder cancer if co-treatment is offered to cases.

http://dx.doi.org/10.1016/j.ijid.2012.05.715

---

**A Comparison of different regimens of meglumine antimoniate in the treatment of visceral leishmaniasis, Southern Iran**

G. Poulaifar, F. Falahi, Z. Jafarpoor

*Shiraz University of Medical Sciences, Shiraz, Iran, Islamic Republic of*

**Background:** Visceral leishmaniasis (VL) or Kala-azar, a life-threatening parasitic infection, is the most frequent among the rural population and nomads in Northwest and southern Iran. Antimony (meglumine antimoniate) has been the therapeutic cornerstone which has been used in different regimens. This study was conducted to evaluate the different regimens of meglumine antimoniate (Glucantime) in VL patients, Southern Iran.

**Methods:** In a retrospective cohort study, clinical response defined as defervescence was evaluated among patients who received different doses of Glucantime; the rate of relapse in patients treated with two different duration of Glucantime treatment was compared, too. The hospital charts of the all VL patients admitted in Namazi Hospital, a tertiary referral hospital affiliated to Shiraz University of Medical Sciences, from 1997–2006 reviewed and data collected in a questionnaire.

**Results:** The mean age was 24.5 mo. The initial antileismanial regimen was Glucantime in 258 (85.5%) patients and amphotericin B in 44 (15.5%) patients. The mean day of defervescence after starting treatment was 3.7 days in 174 patients who received 7-10 mg of Glucantime per kg of body weight per day (low-dose), 2.8 in 24 patients treated with 12-18 mg/kg/day and 4.2 days in 60 patients treated with 20 mg/kg/day or more (P = 0.51).

Duration of Glucantime treatment was determined in 109 patients. The majority, 61 patients (56%), was treated for more than 3 weeks (standard conventional regimen) and in 48 patients (44%), Glucantime was continued for seven days after defervescence (short-course regimen). Relapse was detected in 4 (8.3%) patients treated with short-course regimen and in 3 (4.9%) patients treated with standard course (P = 0.49).

**Conclusion:** In southern Iran, clinical response to low-dose Glucantime regimen seems to be the same as the regimens with higher doses and the rate of relapse in patients who treated with Glucantime in a short course was comparable with standard-course regimen.

http://dx.doi.org/10.1016/j.ijid.2012.05.716