BACKGROUND

In 2008, baseline mapping for schistosomiasis (SCH) amongst school aged children (SAC) was conducted in 16 districts of Sierra Leone, where prevalence was found to be high (>50%) in five and moderate (between 10% and 50%) in four districts. Mass drug administration (MDA) with praziquantel (PZQ) started in 2009 among the nine endemic districts. After five rounds of treatment, impact assessments were conducted in 2016 that showed a reduction in overall prevalence from 42.2% to 20.4%, no district had high prevalence, with only 2.0% moderate or high intensity infections. MDA schedule was adjusted accordingly.

In March 2020, WHO declared the COVID-19 pandemic and recommended postponing field-based NTD activities, such as MDAs. Preparations were already complete for the SCH MDA in nine districts, but the Ministry of Health postponed it following the WHO announcement as public gatherings were limited and schools closed. The SCH MDA was then deferred to October 2020 when schools had re-opened.

METHODS

The SCH MDA was modified to include a risk assessment, contingency plans, and standard operational procedures. Trainings were held in smaller, socially distanced sessions, and included handwashing and mask wearing. Enhanced community engagement included the identification of negative influencers to MDA Compliance on social media, designed targeted ‘push-backs’ and dialogue to build trust in the health sector. Pico videos were translated in five local languages to increase health worker and public awareness of the SCH MDA and COVID-19 safety. A supervisory checklist was adapted to capture compliance with COVID-19 prevention measures during the preparations and MDA.

RESULTS

Reports showed that overall 84.5% (678,929) SAC received PZQ. All districts reached effective coverage (>75%) ranging from 76.1% in Bombali and 97.5% in Tonkolili. The impact of COVID-19 on the MDA included initial delay, misinformation through social media (mostly WhatsApp) even in remote communities and NTD staff reassignment to COVID-19 surveillance. Some parents were reluctant to send children to school or allow them to participate in the MDA, but those refusing treatment remained small following enhanced community engagement.

RECOMMENDATIONS

• Continue to emphasize safety measures, inform health workers and communities on adverse events so they are not mistaken for Covid-19 symptoms
• Proper use of face masks, gloves and hand hygiene should be part of the training and MDA

CONCLUSION

Despite the pandemic, careful messaging targeting potential negative influencers and channels of communication emphasized safety measures and informed health workers and communities on beneficial as well as adverse events enabled effective coverage in all nine districts.