http://www.who.int/ctd/schisto/epi

Global distribution of Schistosomiasis

Senegal
An epidemic of schistomiasis along the senegal river basin caused by water-resource development schemes continues unabated.

Egypt
Praziquantel chemotherapy coupled to a vigourous media campaign has resulted in a significant decrease in the morbidity and prevalence of schistomiasis infection.

Iran, Morocco, and Saudi Arabia
Schistosomiasis control has been succssful in those areas with elimination of the infection contemplated.

China
Schistosoma continues to be a major public health problem in the lake and marshy regions despite successful control in other endemic areas.

Lao People's Democratic Republic
Schistosoma mekongi control has been successful around Khong Island with prevalence reduced from 42% to < 2%.

Djibouti and Somalia
Displacement of people by war and instability has introduced intestinal schistosomiasis to these countries.

S. haematobium
S. mansoni
S. haematobium and S. mansoni
S. japonicum

WHO 98381

North-east Brazil
Urban schistosomiasis now present in and around many major cities

Ghana
Intestinal schistosomiasis has increased due to the construction of the Akosombo Dam and other much smaller dams.

sub-Saharan Africa
More than 85% of the estimated 200 million people globally with schistosomiasis and the majority of patients with severe disease live on this continent.

Indonesia
Schistosomiasis has been controlled in the Lindu region of Sulawesi such that the prevalence of infection is lower than 2%.