

Schistosomiasis knowledge in short and long-term travellers to Uganda

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Background: Schistosomiasis is highly prevalent in Uganda. All natural fresh water should be considered infected. *Schistosoma cercariae* penetrate through intact skin when humans enter infected water causing disease that ranges from asymptomatic to serious. Travellers to Uganda participate in water activities that put them at risk, but it is not known how often they do this, or how much they know about the disease. Avoiding infected water is the only prevention.

Objective: To determine how the level of knowledge about schistosomiasis in travellers and long-term expatriates in Uganda is related to behaviour in regards to fresh water contact.

Study design: A non-experimental descriptive survey.

Subjects and Method: All non-Ugandan, nonurgent patients, with adequate English were asked to complete an anonymous survey while they waited in the reception of a private clinic in Kampala over a 14 day period in November 2009.

Results: Based on 207 completed questionnaires; 58% (121/207) labelled themselves expatriates and 42% (86/207) travellers; 56% were female; 37 nationalities were represented, the top 3 being the UK (19%), the US (15%), and Germany (10%); 57% of respondents were less than 40 years of age; most expatriates were in Uganda for business (28%) and most travellers worked in Non Government Organisations (NGO) (27%), tourism came second after NGOs in the traveller group. Seventy-one percent of expatriates and 57% of travellers knew schistosomiasis was prevalent in Uganda; 90% of expatriates and 74% of travellers knew it was transmitted by skin exposure to infected water; 79% of expatriates and 56% of travellers knew that to prevent schistosomiasis one had to avoid infected water; 55% of expatriates and 30% of travellers knew that the disease can be asymptomatic; and 72% of expatriates and 48% of travellers knew that treatment required medication. The difference in knowledge between expatriates and travellers was significant. More expatriates participated in water activities, and did so more frequently, than travellers.

Conclusions: Expatriates had significantly more knowledge about schistosomiasis than travellers, and they had somewhat significantly more frequency of fresh water exposure. There are notable gaps in traveller knowledge about schistosomiasis, but more data is needed. Travel health practitioners need to fully educate their travellers to the considerable risk of schistosomiasis in Uganda.

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