**SCORE Seasonal Study**

**Study title:** Interrupting Seasonal Transmission of *Schistosoma haematobium* and Control of Soil-Transmitted Helminths in Northern and Central Côte d’Ivoire

**Brief Summary & Objectives:** The SCORE Seasonal study investigates the possible benefits of conducting annual mass drug administration (MDA) timed with tri-annual chemical snail control in areas with high transmission seasonality. In a randomized intervention study, there are four different treatment arms to interrupt *S. haematobium* transmission and control of soil-transmitted helminth infections over a 4-year intervention period in well-defined transmission settings in northern and central Côte d’Ivoire. Prevalence and intensity of *S. haematobium* and soil-transmitted helminths infections is measured in three groups (i.e. up to 50 children aged 5-8 years; 100 children aged 9-12 years and 50 adults aged 20-55 years).

**Associated Publications**

* Tian-Bi YT, Ouattara M, Knopp S, Coulibaly JT, Hurlimann E, Webster B, Allan F, Rollinson D, Meite A, Diakite NR, Konan CK, N’Goran EK, Utzinger J (2018) Interrupting seasonal transmission of Schistosoma haematobium and control of soil-transmitted helminthiasis in northern and central Cote d’Ivoire: a SCORE study protocol. [BMC Public Health 18: 186](https://doi.org/10.1186/s12889-018-5044-2).

**Geographic Location/Study Sites:** Cote d’Ivoire (60 villages)

**Dates of Data Collection:** Data collection occurred between 2015 and 2019

**Units of Data Collection:**

Villages: Geographic location (latitude, longitude)

Individuals: Age, Sex

Samples: During annual cross-sectional surveys conducted over a 4-year period, single urine and stool samples will be collected from 50 children aged 5-8 years, 100 children aged 9-12 years, and 50 adults aged 20-55 years in each of the 60 selected study villages. Stool sample was examined using Kato-Katz method to evaluate eggs of *Schistosoma mansoni* and three soil-transmitted helminths: hookworm, ascaris and trichuris. Urine sample was filtered and examined for *Schistosoma haematobium* eggs.

**Methodology, Study Design Details:**

The 60 selected study sites are randomly assigned to four different intervention arms (15 villages per arm), including MDA of praziquantel and albendazole following different schedules:

Arm 1=Annual mass drug administration (MDA) with praziquantel and albendazole before the peak transmission season of schistosomiasis (November/December)

Arm 2=Annual MDA with praziquantel and albendazole after the peak transmission season of schistosomiasis (March/April)

Arm 3= Two yearly treatments before and after peak transmission of schistosomiasis (November/December and March/April)

Arm 4=Annual MDA with praziquantel and albendazole before peak transmission of schistosomiasis (November/December), coupled with chemical snail control using niclosamide.

Each year, *S. haematobium* prevalence and infection intensity data will be calculated. The primary outcome is change in prevalence and intensity of *S. haematobium* infection in each of the three study population groups over the 4 years of the study. The results from the different study arms are compared on an annual basis and at the end of the 4-year intervention period. The snail abundance and infection rates over time will allow making inference on force of transmission. In addition to these results, the overall impact of the different treatment schemes on soil-transmitted helminthiases are measured in terms of prevalence and intensity of infection.

**Processing Conducted:** Data files were provided to ClinEpiDB as cleaned .csv files with all personal identifiers removed. All dates were obfuscated per individual through the application of a random number algorithm that shifted dates no more than seven days to comply with the ethical conduct of human subjects research.

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**Ethics Statement:** Written informed consent for participants was obtained from adults (including parents/legal guardians of children in the study) and assent was obtained from children less than 18 years old, except in places where village-level consent is the standard, in which case local requirements were met. Ethical review of research protocol was implemented by human subjects committee in each African country and by the institutional review board (IRB) of their respective northern partners.

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