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Title: Decline in *Schistosoma haematobium* infection among pregnant women in Munyenge area is associated with decreased stream contact: Evidence from a repeated cross sectional study**Godlove Bunda Wepnje**
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Urogenital schistosomiasis (UGS) caused by *Schistosoma haematobium* is endemic in Munyenge. There are several reports on schistosomiasis in pregnancy, thus this represents a major public health concern. This study assessed reasons for water contact patterns and changes in infection rate among pregnant women in Munyenge. A total of 368 pregnant women reporting for antenatal clinic (ANC) were enrolled. A questionnaire was used to assess socio-demographic information, gynaecologic/obstetric history and schistosomiasis. Microhematuria was determined using urine strips and *S. haematobium* infection determined by urine filtration. *Schistosoma haematobium* infection was detected in 22.3%. *S. haematobium* infection was significantly higher ($P < 0.05$) in single women (35.7%), women who bathe in and had domestic contact with stream (48.3%), women who visited the stream at least more than thrice a week (54.5%) and women reported not using piped water (27.8%). In the multivariate analysis, single women and women who bathe in and had domestic contact with stream were significant risk factors associated with *S. haematobium* infection. On the other hand, less water contact frequency (once and twice per week) (aOR=0.40, 95% CI: 0.19-0.85 and aOR=0.25, 95% CI: 0.09-0.70) was associated with decreased risk of infection. Women who reported using piped water (aOR=0.63, 95% CI: 0.33-1.19) were less likely at risk of *S. haematobium* infection. There was a relative risk reduction in prevalence of UGS infection, intensity of infection, stream usage, domestic contact and bathing and frequency once.

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