

# Comparison of school and community-based mass drug administration delivery strategies for control of *Schistosoma mansoni* infections in western Kenya in areas with >25% prevalence

<b>Submission date</b> 13/12/2015	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 14/12/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/01/2023	<b>Condition category</b> Infections and Infestations	<input checked="" type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Schistosomiasis is a chronic (long term) infection caused by parasites that live in fresh water (for example, rivers and lakes) in tropical and subtropical countries. Symptoms of the disease vary widely and can be fairly mild (fever, skin rash, coughing) or more serious (passing blood in diarrhoea or urine, vomiting blood, stomach pains, paralysis of the legs). Over 90% of cases occur in Africa. The World Health Organisation wants to treat 75% of the population at risk of schistosomiasis infection by 2020 and preventive treatment (chemotherapy) will increase massively as a result. In Kenya, where both *S. mansoni* and *S. haematobium* are endemic and many people suffer from intestinal or urogenital schistosomiasis (schistosomiasis affecting the urinary and genital organs), no large-scale preventive chemotherapy programme had been set up before the start of this study. We want to investigate which combination of annual praziquantel treatments (given in schools or in communities) and 'drug holidays' (when no treatment is given) is the most successful for the lowest cost.

### Who can participate?

Schoolchildren aged 9-12 years and first-year students in years 1 and 5 attending the selected schools.

### What does the study involve?

Participating schools are randomly allocated into one of six groups.

Group 1: School-age children and adults are treated with praziquantel once a year for the 4 years of the study

Group 2: School-age children and adults are treated for the first two years of the study and only school-age children are treated for the last two years

Group 3: School-age children and adults are treated for the first two years of the study and receive no treatment in the last two years

Group 4: School-age children are treated every year

Group 5: School-age children are treated for the first two years

Group 6: School-age children are treated for the first year and the third year  
Any changes in the prevalence and intensity (severity of infection) of *S. mansoni* infection are measured over the 4 years of the study.

What are the possible benefits and risks of participating?  
Not provided at time of registration

Where is the study run from?  
Kenya Medical Research Institute

When is the study starting and how long is it expected to run for?  
December 2010 to December 2016

Who is funding the study?  
Bill and Melinda Gates Foundation (USA)

Who is the main contact?  
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## Contact information

**Type(s)**  
Public

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## Additional identifiers

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
Comparison of school and community-based mass drug administration delivery strategies for control of *Schistosoma mansoni* infections in western Kenya in areas with >25% prevalence: a multi-centre randomized intervention trial

**Acronym**

Sm2

### **Study objectives**

The implementation of preventive chemotherapy with the anti-schistosomal drug praziquantel in school-aged children (exclusion of children <5 years), and in adults randomized to study arms either receiving treatment every year, or alternating with drug holidays in years 2 and 4 or drug holidays in years 3 and 4, will more cost-effectively gain the control of prevalence and morbidity due to *Schistosoma mansoni* infection in areas with high endemicity (prevalence: >25%) in Kenya than the implementation of four yearly rounds of annual chemotherapy in school-aged children.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Kenya Medical Research Institute, 01/09/2010, ref: KEMRI/RES/7/3/1

### **Study design**

Multi-centre randomized intervention trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Schistosomiasis

### **Interventions**

In the first step, in-depth parasitological surveys are carried out to identify 150 schools where the prevalence of *S. mansoni* (i.e., number of infections) amongst schoolchildren is greater than 24%. Prevalence during this eligibility step is measured using Kato-Katz thick smears from 50 children aged 13-14 years per locality.

Each school is then randomly allocated into one of six groups.

Group 1: School-age children and adults are treated with praziquantel once a year for the 4 years of the study

Group 2: School-age children and adults are treated for the first two years of the study and only school-age children are treated for the last two years

Group 3: School-age children and adults are treated for the first two years of the study and receive no treatment in the last two years

Group 4: School-age children are treated every year

Group 5: School-age children are treated for the first two years

Group 6: School-age children are treated for the first year and the third year

Three days of consecutive parasitological surveys are carried out before each treatment to assess any changes to the prevalence and intensity (severity of infection) of *S. mansoni* infection over time. The praziquantel is administered by trained teachers to all children aged 5-15 years in schools and by drug distributors in the community MDA venues.

### **Intervention Type**

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Praziquantel

**Primary outcome(s)**

Identification of the most cost-effective strategy that is able to reduce *S. mansoni* infection from high prevalence levels, measured by change in prevalence and intensity of *Schistosoma mansoni* infection in 9- to 12-year-old children over the four years of intervention.

**Key secondary outcome(s)**

1. Prevalence and intensity of *S. mansoni* infections in 9- to-12- year-old schoolchildren, using Kato-Katz thick smears
2. Prevalence and intensity of *S. mansoni* infections in first-year schoolchildren, using Kato-Katz thick smears
3. Control of morbidity due to *S. mansoni* (reduction of the prevalence to <10%) in the 150 schools
4. Identification of *S. mansoni* risk factors
5. Mapping and prediction of the distribution of *S. mansoni* in Western Kenya

Measured by changes in force of transmission, as assessed by infection prevalence and intensity of *S. mansoni* in first-year students and adults.

**Completion date**

31/12/2016

## **Eligibility**

**Key inclusion criteria**

1. Schoolchildren, either male or female, aged 9-12 years, attending the selected schools (in each study year)
2. First-year students, either male or female, attending the selected schools (in years 1 and 5)
3. Written informed consent signed by parents or legal guardians of the schoolchildren
4. Oral assent from schoolchildren
5. At least one stool sample provided over three consecutive days from 9- to 12- year-old children each study year
6. At least one stool sample provided from first-year students and adults in years 1 and 5

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

## **Key exclusion criteria**

1. Children not aged 9-12 years (in years 2, 3 and 4)
2. Adults in Years 2, 3 and 4
2. Children under 9 in Years 2, 3, 4
3. No written informed consent by parents or legal guardians of schoolchildren
4. No oral assent given by schoolchildren
5. No stool sample provided (for 9- to 12-year-old children in each study year; for first-year students and adults in years 1 and 5)

## **Date of first enrolment**

01/12/2010

## **Date of final enrolment**

31/12/2016

## **Locations**

### **Countries of recruitment**

Kenya

### **Study participating centre**

**Kenya Medical Research Institute**

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## **Sponsor information**

### **Organisation**

University of Georgia Research Foundation / SCORE (USA)

### **ROR**

<https://ror.org/00te3t702>

## **Funder(s)**

### **Funder type**

Charity

### **Funder Name**

Bill and Melinda Gates Foundation

## Alternative Name(s)

Bill & Melinda Gates Foundation, Gates Foundation, Gates Learning Foundation, William H. Gates Foundation, BMGF, B&MGF, GF

## Funding Body Type

Government organisation

## Funding Body Subtype

Trusts, charities, foundations (both public and private)

## Location

United States of America

# Results and Publications

## Individual participant data (IPD) sharing plan

Not provided at time of registration

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/07/2020	11/02/2021	Yes	No
<a href="#">Protocol article</a>	protocol and baseline data	26/05/2016		Yes	No
<a href="#">Protocol article</a>	Protocol and baseline data for a multi-year cohort study	29/09/2017	04/01/2023	Yes	No
<a href="#">Dataset</a>			04/01/2023	No	No
<a href="#">Interim results article</a>	pilot study results	26/07/2017	04/01/2023	Yes	No
<a href="#">Other publications</a>	Challenges in Protocol Development and Interpretation	12/05/2020	04/01/2023	Yes	No