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TITLE

EPIDEMIOLOGICAL PROFILE OF SCHISTOSOMIASIS IN BRAZIL BETWEEN 2014 AND 2023

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ABSTRACT

Introduction: Schistosomiasis mansoni (SM), caused by Schistosoma mansoni, is a parasitic and neglected disease in Brazil. Its epidemiological understanding is essential for developing more targeted and effective public health policies, as it remains a challenge in the country. Objectives: To describe the epidemiological profile of SM in Brazil between 2014 and 2023, aiming to identify trends, changes in risk factors, and patient characteristics. Methods: This is an ecological time-series study. Data from 2014 to 2023 were obtained from the Notifiable Diseases Information System (SINAN)/DATASUS in July and August 2024. The study population consisted of individuals diagnosed and reported with SM in Brazil. Results: During the studied period, 40,140 notifications were recorded. The year 2014, which registered the highest number of cases, represented 16.1% of the total, and in 2023, 7.6% of cases were observed. There was a gradual reduction in cases throughout the monitoring period. No changes were seen in the profile regarding sex and age group, with males (60.1%) and individuals aged 20 to 59 years (75.5%) predominating. Summing up the black and brown skin categories, there was a significant increase in the proportion of cases, from 60.2% in 2014 to 70.3% in 2023. In terms of education level, elementary school accounted for 56.1% of the total SM cases throughout the period, which may be associated with a lack of health education and greater environmental vulnerability. The Southeast Region was the most affected, with 71.5% of the records, followed by the Northeast, with 24.6% of the cases. The predominant clinical form was the intestinal one (35.7%); however, the "Ignored/Blank" category had a significant value in 2022 (38.1%), reflecting possible difficulties in classification. In 2014, 65.2% of cases resulted in a cure, contrasting with 2023, when a decrease in the indicator was observed, with 46.2% of cases resulting in a cure. Nevertheless, the overall cure rate was 60.1%. Additionally, the high proportion of missing data for this variable (35.6% of the total) may distort the presented data, suggesting failures in data collection or patient follow-up. Conclusion: The epidemiological profile remained relatively stable, with a predominance of men aged 20 to 59 years of black race. The Southeast concentrated the majority of records, and the intestinal clinical form was the most common. Regarding the cure rate, there was a decline over the period, and the "Ignored/Blank" category remained high, highlighting reporting failures. Thus, the analysis of epidemiological characteristics and continuous surveillance are essential for developing prevention and control strategies and guiding public health actions.

KEYWORDS

Neglected Disease; Schistosomiasis; Epidemiological Profile; Schistosoma mansoni.

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