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TITLE

DEATHS FROM SCHISTOSOMIASIS IN JABOATÃO DOS GUARARAPES-PE: EPIDEMIOLOGICAL AND SOCIODEMOGRAPHIC PROFILE

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ABSTRACT

Introduction: Schistosomiasis is a prevalent disease in all states of Brazil; however, the highest annual mortality rates are concentrated in the Northeast region, with the states of Pernambuco, Alagoas, Bahia, and Sergipe showing the highest percentages of deaths. Pernambuco has 103 endemic municipalities for this condition, along with others where the disease is expanding, mainly in urban and coastal areas. Being located in one of these endemic regions, the municipality of Jaboatão dos Guararapes has been developing various strategies for controlling this disease.
Objective: To describe the epidemiological and sociodemographic profile of schistosomiasis death cases among residents of the municipality of Jaboatão dos Guararapes – PE.
Methods: This is an epidemiological, descriptive study using secondary data on deaths with schistosomiasis as the underlying cause, recorded in the Mortality Information System, between 2013 and 2023. The data were analyzed using Tabwin and electronic spreadsheets.
Results: The municipality has seven health regions located in rural and urban areas. A total of 237 deaths were recorded during the study period. Regarding age, 31.39% of cases occurred in individuals aged 60 to 69, followed by ages 70 to 79 (26.28%). In terms of race, individuals who self-identified as brown were the most affected (58.3%), followed by white individuals (32.8%). Concerning gender, men were more affected (51.8%) compared to women (48.2%). Regarding marital status, 45.2% of the total cases were married. In terms of educational level, 34.3% of the infected population had completed one to three years of schooling.
Discussion: To strengthen the schistosomiasis control program, the municipality promotes the following actions: Training primary healthcare professionals to identify suspected and confirmed cases early, ensuring appropriate diagnosis and treatment; Ensuring that patients have easy access to healthcare services, including adequate medical treatment and continuous follow-up; Planning health education actions aimed at the community, focusing on awareness about prevention methods. Additionally, other actions can contribute to reducing the incidence of schistosomiasis and improving the quality of life of the residents, such as investment in basic sanitation infrastructure to reduce water contamination and interrupt the schistosomiasis transmission cycle, and training professionals to properly complete death certificates.
Conclusion: The study highlighted the persistence of schistosomiasis-related deaths due to sociodemographic conditions. Despite the strategies employed, the elimination of the disease seems a distant reality, highlighting the need to strengthen actions related to the disease control program.

KEYWORDS

Schistosomiasis; Epidemiology; Public Health; Health Systems

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