

## Epidemiological profile of schistosomiasis in the state of Piauí

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Schistosomiasis is an endemic helminthiasis in Brazil; determined by demographic, social and economic factors, mainly basic sanitation. The objective was to describe the epidemiological profile of schistosomiasis in Piauí. It was a quantitative, cross-sectional and descriptive research. The study setting was Piauí; with an estimated population, in 2021, of 3,289,290 people. Secondary data from the ICD-10 Mortality Monitoring Panel, Mortality Information System (SIM); Notifiable Diseases Information System (SINAN) and Hospital Information System (SIH). Variables year, cities, gender, age group were used; schooling, quantitative analysis, clinical form and evolution, SINAN; attendance character, SIH; and, also, place of death, YES. The analyzed period was 2007 to 2022 (SINAN), 2008 to 2021 (SIH) and 1996 to 2022 (SIM). Data were tabulated in Microsoft Excel 2013 for descriptive statistics, and maps in TabWin. In SINAN, Piauí had eleven municipalities that notified 31 schistosomiasis: Barras, Capitão Gervásio Oliveira, Castelo do Piauí, Luís Correia, Massapê do Piauí, Oeiras, Parnaíba, Pedro II, São Francisco de Assis do Piauí, Teresina; peaks being the most prevalent (n=18; 58%). The epidemiological profile of the people was male (n=20; 65%) and between one and four years old (n=4; 20%). Clinically, most had quantitative analysis of eggs in parasitological tests (n=21; 68%), with intestinal symptoms (n=18; 58%) and progressed to cure (n=25; 81%). In the SIH, Piauí had five municipalities that recorded 20 hospital admissions for schistosomiasis: Campo Maior, Floriano, Parnaíba, Picos; being the most prevalent in Teresina (n=13; 65%). The epidemiological profile of the people was female (n=11; 55%), adults (n=20; 65%) and schooling up to elementary school (n=12; 39%). All entered hospitalizations on an urgent basis (n=20; 100%). Clinically, the minority evolved to death (n=2; 10%) in Teresina. Finally, the SIM recorded 05 deaths from schistosomiasis mansoni (intestinal) in Piauí, Esperantina, Itianópolis, Matias Olímpio, Paes Landim and São Francisco de Assis do Piauí. The epidemiological profile of the people who died was male (n=4; 80%), elderly (n=3; 60%) and in all, the place of death was at home (n=5; 100%). The Northeast, a region with precarious social indicators, has a higher incidence of the disease compared to the rest of the country. Authors suggest research in Piauí on intermediate hosts and parasites involved in transmission, expanding the understanding of the dynamics of transmission of the disease in the state. In conclusion, there was a failure in the epidemiological investigation of the SIH and SINAN, as the municipalities of the deaths were different. The deaths recorded in the SIH were not detected by the SIM. It is emphasized that the effectiveness of the treatment of this parasitosis should not lead to deaths at home. Joint actions must be taken between epidemiological surveillance and water collections in the cities of Parnaíba, Picos and Teresina, in order to minimize notifications and hospital admissions. The profile of schistosomiasis in Piauí is different, considering the gender and age group variables, demonstrating that the health education stage must involve the entire population.

**Keywords:** Epidemiology; Helminthiasis; Schistosomiasis; Health Information Systems.