

SCHISTOSOMIASIS: HOSPITALIZATION COSTS DUE TO SCHISTOSOMA MANSONI INFECTION, BRAZIL, 2018 TO 2023

DEIVIANE APARECIDA CALEGAR¹, REAGAN NZUNDU BOIGNY¹, SÉRGIO MURILO COELHO DE ANDRADE¹, CIRO MARTINS GOMES¹, ALDA MARIA DA CRUZ²

¹GENERAL COORDINATION OF SURVEILLANCE OF LEPROSY AND DISEASES IN ELIMINATION, DEPARTMENT OF TRANSMISSIBLE DISEASES, HEALTH AND ENVIRONMENT SURVEILLANCE SECRETARIAT, MINISTRY OF HEALTH, BRASÍLIA, BRAZIL, ²DEPARTMENT OF TRANSMISSIBLE DISEASES, SECRETARIAT OF HEALTH AND ENVIRONMENT, MINISTRY OF HEALTH, BRASÍLIA, BRAZIL

Abstract

This study aimed to describe the epidemiological profile of hospitalization cases due to *Schistosoma mansoni* infection recorded in the Hospital Information System (SIH/SUS), Brazil, 2018 to 2023. For data selection, a filter was applied to the mortality tabulation list, CID-10 Morbidity List code B65 (Schistosomiasis), considering the place of residence of the cases. Descriptive statistics were used for data analysis. A total of 937 hospitalization cases due to schistosomiasis mansoni infection were recorded, with R\$ 667.168,91 spent on hospitalizations, with highest number of records was among male individuals, aged between 50 and 59 years. The aggregated data from the studied period, the length of stay of patients with schistosomiasis in hospitalization beds totaled 7.481 days. Patients aged between 50 and 59 years had a longer hospitalization period, ranging from 130 to 329 days, aggregated data. The estimating the treatment costs for individuals in this study, aged ≥ 4 , versus what was spent on hospitalization, it was observed that a total of R\$ 641.623,40 could have been saved. The recommended treatment for *S. mansoni* infections is a single 600 mg dose of Praziquantel (price of one tablet is R\$ 1,65), provided free of charge by the Ministry of Health. Hospitalization cases due to *S. mansoni* indicate the presence of severe forms of the disease, which can be prevented through early detection and immediate treatment of the infection, highlighting the need for improvements in schistosomiasis surveillance programs. This study observed that approximately R\$650.000,00 could be saved if individuals had been properly treated. The WHO estimated that schistosomiasis causes the loss of healthy life or death of approximately 1.7 million people annually worldwide, the data this study may be underestimated. Additionally, the lack of hospital beds and units results in outpatient treatment of patients who need hospital care, and these cases are not recorded in the SIH.

Supported by: Secretariat of Health and Environment of Ministry of Health

Keywords: Schistosomiasis, hospitalization, Surveillance