Introduction:

A considerable amount of space was used to discuss the number of years lost due to ill-health/disability. The adjustment of DALYs to include mortality from disabling sequelae such as bladder cancer, colon cancer and cirrhosis brings context to the burden of schistosomiasis. However, providing statistics on these conditions would've been more enlightening rather than outlining disability weights used in your reestimation. How many cases of schistosomiasis have been estimated to graduate into bladder cancer/colon cancer/cirrhosis? These are statistics that seem more informative than how you arrived at a 2% disability weight in your reestimation.

Life Cycle:

There are descriptions of how different species can take various amounts of time to penetrate the dermis and ultimately reach dermal blood vessels. Does this have to do with inherent qualities of specific species or something beyond the organism? It's a piece of information that can be helpful when drawing up interventions.

Morbidity:

Initial infections surface rashes with mild prickling sensations. Being that rashes are fairly ubiquitous in underserved parts of the world with poor sanitation practices, is there any other characteristic of the rash? Similar to the way secondary infection is said to be accompanied by papules and vesicles. Or how Stevens-Johnson Syndrome surfaces a rash with iris lesions that appear as 'targets'.

The manifestation of infection is said to be dependent on a number of things which include the location of the worms and eggs. Which sites of the body make the infection more difficult to manage? This information seems relevant for educational materials handed out to endemic areas.

Treatment:

Praziquantel is primarily metabolized by the liver. Schistosomiasis has the capability to graduate into liver cirrhosis in many cases. Is there a treatment protocol for patients that have compromised liver function? Furthermore, praziquantel is primarily absorbed by the gastrointestinal tract which can make things complicated if patients are victimized by episodes of vomiting which stem from schistosomiasis. Luckily, praziquantel is quickly absorbed by the gut but mass drug administration efforts would find these treatment protocol details helpful.

There seems to be lower cure rates in those previously treated with praziquantel. Is this evidence of possible drug resistance/tolerance? Praziquantel is noted to be ineffective against treating earlier stages of infection. Is there any clinical marker/process to identify the stage of infection so that practitioners can explore other treatment options (like artemisinin)? It's important to convey these details so future drug campaigns don't encourage further resistance. Poor compliance with praziquantel is mentioned as a reason for uncured cases. However, the article touts the ease of administration with a single dose earlier in the section. Multi-center trials conducted by WHO and Bayer reveal a large range of cure rates -- some of which range between 39-90%. Does it have to do with organism characteristics?

You should be timid about making recommendations for corticosteroids on the basis of case reports. Although beneficial effects were observed in case reports, these drugs have the tendency to precipitate serious adverse effects. There are cases of schistosomiasis, mentioned in the article, that occlude portal veins and ultimately lead to hypertension. Using corticosteroids without reserve will only exacerbate the patient's hypertension. Not to mention the countless other side effects associated with corticosteroids.

Prevention:

General recommendations are made to avoid freshwater sources. It's not always feasible to simply avoid freshwater sources. Is there any tell-tale signs of identifying threatening waters? Looking out for blue-green algae in the case of E.Coli is an example that comes to mind. Please consider adding non-pharma measures for prevention in this section.

Control:

Sustainability issues arose in Mali when financial support was halted. These issues led to alternative methods of prevention -- primarily treating the water with chemicals to kill snails. Are these practices entirely environmentally benign? And does killing snails have any peripheral effects on the food chain/ecosystem?

Cattle are mentioned, for the first time, as a source of infection at the tail-end of the article. Please consider introducing cattle as a source of transmission earlier in the article -- maybe alongside initial paragraphs that introduce snails as a reservoir.