Article: *Can Mass Drug Administration Lead to the Sustainable Control of Schistosomiasis?*

1. **Overview**
   - Cross-sectional survey
   - Commentary
   - Peer reviewed
   - Major findings: “Mass drug administration on its own was insufficient to control the prevalence of schistosomiasis”

2. **Introduction**
   - Issues:
     - Elaborate on the life cycle of the *Schistosoma* species and why there is an increased prevalence in that specific area.
     - Is praziquantel the most effective/cheapest treatment? What are some alternative treatments that would be feasible in this area?
     - Why was China used to compare the budget, manpower, and infrastructure against the Philippines? China is different in population, governmental infrastructure, and geographic location, so what makes this a good comparison group? Is there a better alternative that would be more comparable to the Philippines?
     - The introduction properly discusses the burden of disease and relevant background information about Schistosomiasis infections.
     - Research questions are clearly described and address gaps in scientific literature
     - Evaluated the success of the current national schistosomiasis-control program

3. **Methods**
   - Issues:
     - Why was religion addressed? Is this relevant to prevalence of *Schistosoma* infections?
     - Why was only *S. japonicum* evaluated in this study? Is it the most common form of infection in the Philippines?
     - How was the parasitic load of “light, medium, and heavy” established?
     - Sampling strategy: survey is reasonable for cross-sectional study
       - Surveys might be misinterpreted by the person taking the survey and the laboratory technicians could miscount the levels of eggs within the stool sample- room for human error
     - Statistical analysis is appropriate for posed research questions:
       - Double entry of data, cross-checked, and analyzed with SAS
       - A t test and Kruskal-Wallis test evaluated infection intensity
       - Logistic and negative binomial regression was fitted to infection status and intensity to assess associations and morbidity indicators.
4. **Results**
   - **Issues:**
     - Why did they decide to measure compliance through a demographic survey and stool sample as opposed to addressing their lack of drug compliance?
     - Figure 3B could have been shown on a map to better illustrate prevalence based on the geography of the villages.
     - Why was 65 used at the cutoff age and why was occupational exposure assumed?
     - Are there other tests to evaluate liver/spleen malfunction that would not require high-tech equipment such as the ultrasound machine?
     - Results didn’t fully address the question of compliance.
     - A majority of the figures were clear and in line with the research question.

5. **Discussion**
   - **Issues:**
     - Further description of “>30 years of active control” necessary to compare to the MDA program.
     - The paper doesn’t address how to combat the compliance issues, just states that the compliance is poor.
     - Other public health issues were addressed such as better sanitation, but none of them relate back to compliance (like better access to care or supply chain improvements).
     - Address the disconnect between the WHO standards and the 60-mg/kg treatment given. Does the 60-mg/kg protect against reinfection?
     - The paper addressed that other transmission pathways need to be taken into consideration to eliminate this disease from the population, such as better sanitation, vaccination of bovines, and health education.
     - **Overall impression:** Major revisions needed.