Supporting Materials

Lo NC, Gurarie D, Yoon N, Coulibaly JT, Bendavid E, Andrews JR, and King CH. Impact and cost-effectiveness of snail control to achieve disease control targets for schistosomiasis. Proc Natl Acad Sci USA (2017).

Contents	
Section 1: Technical appendix	Page 3
Section 2: Supplemental figures and tables	Page 15

Technical appendix

In this supplement, we describe the data and methodology used to estimate the cost-effectiveness of mass drug administration (MDA), snail control, and combined public health strategies against schistosomiasis.

96 97 98

99

100101

102

103

104

93 94

95

Search strategy for review of snail control costing literature

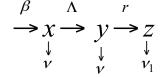
We searched PubMed for relevant articles published in English up to February 2017, using the search term "molluscicide" or "snail control" and "cost*" (using wildcard) restricted to the title/abstract field. This identified 53 articles. All studies were screened, and we identified only one study in the past 15 years that reported costing of snail control against schistosomiasis. The majority of the literature with costing data was published between 1970 and 1985. These older studies were used to guide the costing structure.

105106

Snail control costing

The estimated cost of snail control was informed by data from the recent SCORE trial that implemented chemical-based mollusciding, historical literature, and online product costs. We used historical literature, mainly from the St. Lucia studies published in the 1980s, to develop a

- 110 cost structure: equipment (capital costs), personnel, transportation, and chemical molluscicide.¹⁻³
- We estimated personal and transportation requirements and costs for Kenya based on historical
- 112 literature and the SCORE trial costing experience. 1-3,7 We determined the necessary equipment
- based on the SCORE trial and historical literature, which included spraying units, protective
- clothing, GPS, and a pH monitor. We surveyed the price and product description (to estimate
- lifetime of product) for equipment online. We annualized the capital cost over the estimated
- lifetime of the product. The final costing structure is presented in the main text. We used
- historical literature on cost of focal chemical mollusciciding (adjusted to 2016 US\$ and a 5000-
- person community) to provide a check of validity with our estimates. 1-3
- 119 Transmission model: snail population biology and infection
- The snail population model employed in this analysis was developed in earlier papers. 9-11 Total
- snail population density N = x + y + z is partitioned into standard S-E-I (susceptible-"x",
- 122 exposed-"y", infected-"z") compartments (Figure A1).



123

124

Figure A1: Mathematical schematic of the snail model

In the system, β is snail population growth, Λ is snail force of infection (FOI) as determined by human infectivity/egg release, r is patency conversion rate (1/r - prepatency period), and ν , ν_1

are natural mortality of healthy/prepatent and of patent snails. The resulting system of coupled differential equations is:

$$\frac{dx}{dt} = \beta - \Lambda x - v x$$

$$\frac{dy}{dt} = \Lambda x - (r + v) y$$

$$\frac{dz}{dt} = r y - v_1 z$$
(1)

- 130 We use logistic-type reproduction term, $\beta = \beta_0 (1 N/K)(x + y)$, with maximal reproduction
- rate β_0 and carrying capacity K. Only susceptible and preparent snails (x + y) can contribute to
- 132 reproduction.
- In our model, snail FOI (Λ) is a nonlinear (saturated) function of human infectivity E (mean egg
- release by host population).⁹

135
$$\Lambda = \Lambda_0 \left(1 - \exp\left[-b \,\omega \frac{HE}{N} \right] \right) \tag{2}$$

- Coefficient Λ_0 is maximal invasion rate. Paper ⁹ provides justification for saturated FOI. For
- mixed human population groups (e.g. pre-school aged children, school aged children (SAC),
- 138 <u>a</u>dults), E is the sum of group-infectivity (E_C ; E_S ; E_A) weighted by their population fractions (H),
- and relative exposure/contamination rates (ω). 9,11
- Snail control (mollusciciding) is implemented via instantaneous reduction in snail densities
- 142 $\{x(t), y(t), z(t)\}\$ to their fraction $\{\varepsilon x(t), \varepsilon y(t), \varepsilon z(t)\}\$, where ε is the fraction of surviving
- snails (molluscicide efficacy).
- As in our previous work, the snail environment is assumed to be stationary, i.e. we take a
- 146 'seasonal mean' carrying capacity $K(t) = K_0$, fixed reproduction rate β_0 , and human-snail
- 147 contacts. For fixed K, variables (x, y, z), we can rescale over K, so K = 1, and total population
- 148 N < 1.

140

144

149

- Equilibrium solutions of system (1) along with snail infection data (seasonal mean) are used to estimate model parameters (see calibration section below).⁹
- Equations (1)-(2) describe an isolated snail habitat. To explore possible external inputs (snail migration), we augment system (1) with additional transport terms.

$$\frac{dx}{dt} = \dots + r_M (x_M - x)$$

$$\frac{dy}{dt} = \dots + r_M (y_M - y)$$

$$\frac{dz}{dt} = \dots + r_M (z_M - z)$$
(3)

- This represents an exchange with an external snail pool having prescribed densities
- 157 (x_M, y_M, z_M) , and transport rate r_M (a fraction of maximal growth rate β), that would maintain
- its baseline endemic levels (X, Y, Z).

- Another modification of system (1)-(2) comes from external human sources of infection. Here
- snail FOI Λ is partitioned into its "local component" (described below) and an external source
- taken as a fraction of maximal FOI Λ_0 . This can help simulate "hot spot" environments.
- 163 Transmission model: human infection in the Stratified Worm Burden (SWB) model
- The SWB approach used in this model was developed and refined in previous work. 9,11-13 In the
- SWB, the human host population is subdivided into worm burden strata $\{h_m\}$ ($\sum_m h_m = 1$),
- determined by worm-step $5 < \Delta w \le 10$, so that each h_m is made up of all local human hosts
- 167 carrying $m \Delta w \le w < (m+1) \Delta w$ worms. The worm-step Δw serves as low-density mating
- 168 threshold, so h_0 are assumed infection-free (no mated couples), while each stratum $\{h_m : m \ge 1\}$
- 169 carries ϕ_m mated couples. 14,15

$$\phi_m = \frac{m}{2} \left[1 - 2^{-m} \left(\frac{m}{m/2} \right) \right] \tag{4}$$

- 171 The transitions among strata are determined by human FOI λ (rate of worm accumulation/ Δw),
- worm resolution rates $\gamma_m = \gamma m$ (γ mean worm mortality), and population turnover rate μ
- 173 (mortality, maturation, migration, etc.) (Figure A2)

174

175

176 Figure A2: SWB strata and transitions

Source terms $S = (S_k)$ in Figure A2 represent demographic inputs from younger to older age groups. For the youngest child group, its source $S = (\mu, 0, 0, ...)$ comes into the zero-infection stratum only, as all newborns are infection-free.

In demographically structured communities, each population sub-group is represented by its own SWB coupled via demographic transitions (birth, maturation, death). We use three age groups, pre-school children (1-5 years), SAC (6-14 years), adults (15+ years), designated by $\left\{h_m^i(t)\right\}$, i = (C, S, A). Each SWB -group is described by its transition matrix $M(\lambda, \mu, \gamma)$ - a function with age-specific human FOI $\lambda = \lambda_i$, population turnover - μ_i , and worm mortalities - γ_i . The younger ages enter older SWB as sources. The coupled system of differential equations for vector-functions, $h^C = \left\{h_m^C(t)\right\}$, h^S , h^A is given by:

$$\frac{d\vec{h}^{C}}{dt} = M\left(\lambda_{C}, \mu_{C}, \gamma_{C}\right) \cdot \vec{h}^{C} + \vec{S}_{C} + \mu_{C} \delta_{0}$$

$$\frac{d\vec{h}^{S}}{dt} = M\left(\lambda_{S}, \mu_{S}, \gamma_{S}\right) \cdot \vec{h}^{S} + \mu_{S} \vec{h}^{C}$$

$$\frac{d\vec{h}^{A}}{dt} = M\left(\lambda_{A}, \mu_{A}, \gamma_{A}\right) \cdot \vec{h}^{A} + \mu_{A} \vec{h}^{S}$$
(5)

Egg release by mated females and individual hosts depends on age-specific worm fecundity ρ , and the mated-couple count ϕ_m (for the h_m - stratum). A host in m-th stratum is assumed to release random egg-counts determined by negative binomial (NB)-distribution with mean $E_m = \rho \phi_m$, and aggregation parameter $k_m = k \phi_m$. ^{16 9,11,17} So any test pool of an SWB community with population strata $\left\{h_m\right\}$ is viewed as random draw of the NB-mixture distribution (with weights h_m), illustrated in the schematic plot Figure A3.

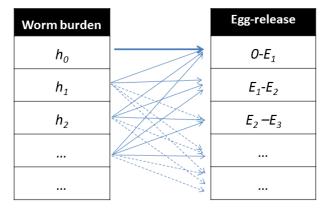


Figure A3: Distributed egg release by SWB strata

197
$$\mathcal{E} = \sum_{m} h_{m} NB(\rho \phi_{m} | k\phi_{m})$$
(6)

While egg-release by individual hosts is random, their cumulative effect on snail FOI is given by mean human infectivity.

$$E(\lambda) = \rho \sum_{m} \phi_{m} h_{m}(\lambda) = \rho \Phi(\lambda). \tag{7}$$

- 202 $\Phi(\lambda)$ is mean mated count of SWB group $\{h_m(\lambda)\}$.
- In structured communities, group infectivities (7) are combined into a single human "mean
- infectivity", determined by group population fractions ($\sum_{i} H_{i} = 1$), and their exposure rates,
- 205 ω_C ; ω_S ; ω_A "child/SAC/adult",

$$E = H_c \omega_c E_c + H_s \omega_s E_s + H_A \omega_A E_A$$
(8)

- Human infectivity (8) enters the snail FOI (2) of the coupled human-snail model system. Egg-
- 208 test results are used for diagnostic purposes to assess low and high infection prevalence at a
- 209 particular time (simulated EPG test). Such prevalences depend on human inputs: SWB-state
- 210 $h = (h_m)$, worm fecundity (ρ) , and aggregation parameter k. For instance, positive prevalence
- 211 (E > 0), assuming the SWB-NB mixture hypothesis (6), is given by

$$P = 1 - \sum h_m \left(\frac{k}{k+\rho}\right)^{k\phi_m}$$

- 213 Coupled human-snail system and model calibration
- Human and snail equations (1) (5) are coupled via two transmission coefficients A (snail-to-
- 215 human) and B (human-to-snail). The A -coefficient is included in the human FOI expression
- $\lambda = Az$ (patent snail prevalence), and coefficient B is included in the exponent of the saturated
- 217 snail FOI, Λ .

- 219 The details of model calibration and estimated parameter values are explained in previously
- published papers. 9,11 The estimated model parameters include age-specific human FOI λ_i , worm
- fecundity ρ_i , aggregation k_i , and the resulting transmission rates A_i , B, as summarized in Table
- A1. Specifically, A-coefficients are estimated from calibrated human FOI λ_i and (known or
- 223 hypothesized) patent snail density z

$$A_{i} = \frac{\lambda_{i}}{z} , i = (C, S, A)$$

- The B-coefficient (of reference SAC group) enters in snail FOI Λ (2) along with maximal
- invasion parameter Λ_0 , and Λ is expressed through the basic snail inputs (below).
- There are 3 types of model inputs in our setup.
- Human parameters are made of age-specific triplets (λ_i, k_i, ρ_i) , $i = \{C, S, A\}$; they
- enter in the human infectivity function $E_i = \rho_i \Phi(\lambda_i)$, equation (8)
- 230 (ii) Snail inputs include total (equilibrium) population N < 1, endemic preparent and patent
- prevalence (Y,Z) = (y,z)/N; natural mortalities $v < v_1$. The remaining parameters of
- snail model (1) are estimated from (N, Y, Z)

$$\beta_0 = \frac{v + (v_1 - v)Z}{(1 - N)(1 - Z)}$$

$$r = \frac{v_1 Z}{Y}$$

$$\Lambda_0 = \frac{vY + v_1 Z}{1 - Y - Z}$$
(9)

- The latter (FOI Λ) along with estimated human infectivity E, give an algebraic relation between
- 235 Λ_0 and transmission coefficient B

$$\Lambda = \Lambda_0 N \left(1 - e^{-BEH/N} \right) \tag{10}$$

Combined human infectivity E in (10) is contributed by all age-groups via

238
$$E = H_S \Phi_S + H_C \frac{\rho_C}{\rho_S} \Omega_C \Phi_C + H_A \frac{\rho_A}{\rho_S} \Omega_A \Phi_A$$
 (11)

- Here $\{H_i\}$ are known population fractions, $\{\rho_i\}$ estimated worm fecundity, Φ_i -mean mated
- 240 count for each age-group. Three addition inputs are uncertain relative exposures: $\Omega_C = \frac{\omega_C}{\omega_C}$
- 241 (child/SAC), $\Omega_A = \frac{\omega_A}{\omega_S}$ (adult/SAC), and transmission coefficient *B* in the exponent (10) (for
- 242 SAC reference group)

$$B = b_{S} \rho_{S} \omega_{S} \tag{12}$$

- Human calibration in the present study, was obtained from test data on S. haematobium collected
- in coastal Kenya. 18,19 A Bayesian-type calibration procedure provides a range of likely parameter
- 246 choices posterior distribution in 9D space $\{(\lambda_i, k_i, \rho_i)\}$.
- Additional uncertainties include snail inputs (N, Y, Z) and environmental conditions (b, Ω_C, Ω_A) .

We sample model uncertainties to provide variability and generate a 95% uncertainty interval (UI) in the transmission projection for control interventions.

249250251

252

253

256

257258

262

264

248

Table A1: Summary of model parameters

	Known, fixed				Calibrated
Human	Demographic inputs				Posterior distributions of
		С	S	Α	$\left\{\lambda^{i}, \rho^{i}, k^{i}\right\}$, for 3 age-group
	Population fractions	0.18	0.28	0.54	,
	Host turnover/year	0.21	0.1	0.02	$i = \{C, S, A\}$, estimated from
	Worm mortality/year	0.2	0.2	0.25	community test data (18,19)
Snail	Mortality: (susceptible/pre	epatent) v	r = 4 / yea	r,	Estimated
	(patent) $v_1 = 12 / \text{year}^{20,21}$				Max reproduction rate: $oldsymbol{eta}_0^{(2)}$
	Baseline equilibrium value $.6 < N < .95$	Max invasion (FOI) rate: Λ_0			
	.15 < Y < .45				
	.05 < Z < .15				
Environment/	Basic (SAC) transmission rate: $.5 < B < 3$				Transmission coefficients
transmission	Relative exposure/contamination rates ("child/SAC,				$A_i = \lambda^i / Z$
	adult/SAC): $.5 < \Omega_{C/A} < 1$	1.5			· ·

These ranges are broadly consistent with published data^{21,20,18}

254 Simulation of snail control and human prevalence and incidence

The coupled SWB-snail model is used to simulate the effect of focal chemical-based

mollusciciding programs on human prevalence and infection incidence. The latter (incidence) is

commonly used in long-term snail control studies. In the SWB setup, the instantaneous incidence

function can be defined as human FOI times uninfected stratum, i.e. the rate of transition from

259 "uninfected to infected":

260
$$F(t) = \lambda(t)h_0(t) = Az(t)h_0(t)$$
 (13)

Here A is snail-to-human transmission coefficient, z(t) – patent snail density. For mixed

communities (C-S-A), functions (13) are weighted by population fractions of each group to

263 generate a combined population incidence. The incidence function can undergo wide changes

during molluscicide and frequently rebounds, so the effect on transmission is often temporary.

The mean incidence is computed F(t) over the inter-molluscicide period $(\tau = 1/2 - 1 \text{ years})$,

$$\overline{F}_{j} = \frac{1}{\tau} \int_{0}^{\tau} F(j\tau + t) dt, \qquad (14)$$

for j-th control period (j = 0,1,2,...). The terminal relative incidence, $\overline{F}_n / \overline{F}_0$ is reported as the program outcome (effectiveness).

²⁾ Consistent with observed snail growth/rebound rates²¹

Each simulated community had biological/transmission parameters and control inputs that affect snail control effectiveness. The biological/transmission parameters include, A – snail-to-human, B – human-to-snail, Λ – maximal miracidia invasion, β – max snail reproduction/growth. The control inputs are ε < 1 – molluscicide efficacy (fraction of snail removed), τ – intermolluscicide interval, T – program duration. We provide hypothetical simulations below (Figure A4).

Mollusciciding removes a fraction of normal snail density, $N \to \varepsilon N$ ($\delta = 1$) along with infected and patent snails, after which the population may return to precontrol snail levels driven by the snail population's logistic growth term. We implemented each mollusciciding as an instantaneous event (due to short duration of chemical in the environment). Typical long-term molluscicide histories (human/snail prevalence and incidence functions) are illustrated below with three hypothetical examples using a range of different input parameters (table below) to illustrate the effect on snail control dynamics.

		В		•		
1	32.	1.54	14.8	12.	0.05	0.33
2	40.2	1.54 2.07 1.6	13.5	12.1	0.15	0.5
3	37.	1.6	13.5	13.2	0.15	1

In case (1), shown in Figure A4 (high frequency $\tau = 1/3$ year, i.e. 3x per year, and high efficacy $\varepsilon = .05$), the snail population is driven to extinction, hence human incidence drops to zero and infection prevalence gradually relaxes to zero due to natural worm mortality. This is a hypothetical example of a program with perfect effectiveness.

In case (2) (frequency $\tau = 1/2$ year, efficacy $\varepsilon = .15$), the system settles in a limit-cycle pattern with lower mean snail density and mean incidence (14); the effectiveness = 0.39 is temporary and defined over the time period between molluscicide applications.

In case (3) (frequency $\tau = 1$ year, efficacy $\varepsilon = .15$), the snail population rebounds to precontrol levels and the resulting terminal mean incidence (effectiveness) is limited (effectiveness=0.92), so there is only minor reductions in incidence for a short period of time between applications of molluscicide.

In all cases, reduced incidence combined with natural worm mortality reduces infection prevalence between Y1 and Y5. Specifically, SAC prevalence drop: 35% to 12% (case 1), 52% to 26% (case 2), and 48% to 35% (case 3).

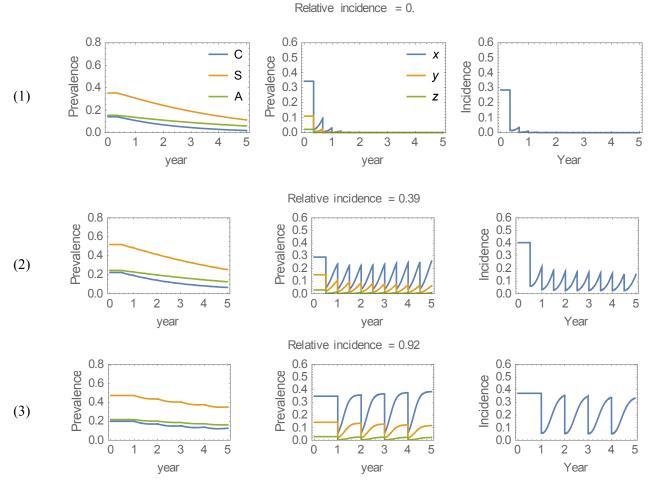


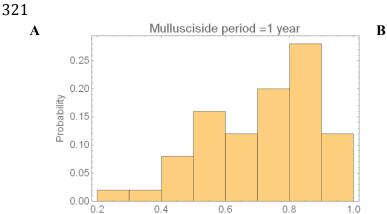
Figure A4: Three hypothetical histories of 5-year molluscicide programs with different choices of transmission parameters and control inputs to simulate variability of snail control effectiveness, we simulate: (A) perfect effectiveness; (B) moderate effectiveness; (C) limited effectiveness for snail control.

Operationally, snail control effectiveness is a function of multiple calibrated parameters that produce a wide range of possible values. This distribution (in terms of relative incidence reduction) was estimated and calibrated to broadly align with data from a recent meta-analysis of observational studies (Figure A5).²²

In the study, we modeled two frequencies, semiannual ($\tau = 1/2$ years, twice a year) and annual ($\tau = 1$ year). For each τ , we simulated an ensemble of 50 virtual communities by random sampling from the five fitted parameter ranges (ranges below), which provided a distribution of effect sizes for snail control.

A	В	Λ	β	\mathcal{E}
30-45	1.5-2.5	10-15	10-15	0.05-0.15

The resulting molluscicide histories differed widely (Fig. A4-5). Semiannual snail control was more broadly distributed (50% +), while low-frequency (once per year) snail control demonstrated moderate reduction (30% or less) over this time period. The predicted molluscicide effectiveness, defined as mean-incidence reduction over a five-year period (Year 5 relative to Year 1) is provided in Figure A5. These data were calibrated to broadly align with meta-analysis data from observational studies (Figure A4-5).²²



Relative incidence

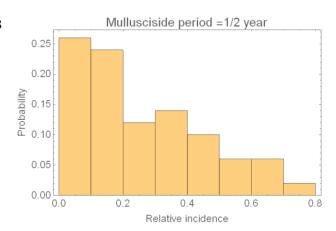


Figure A5: Histogram of relative incidence reductions (snail control effectiveness) for annual and semiannual frequency of snail control over a five-year simulation

References

- 345 1. Barnish G. Evaluation of chemotherapy in the control of *Schistosoma mansoni* in
- Marquis Valley, Saint Lucia. II. Biological results. *Am J Trop Med Hyg* 1982; **31**(1): 111-5.
- 347 2. Barnish G, Christie JD, Prentice MA. *Schistosoma mansoni* control in Cul de Sac Valley,
- 348 Saint Lucia. I. A two-year focal surveillance-mollusciciding programme for the control of
- 349 Biomphalaria glabrata. Trans R Soc Trop Med Hyg 1980; 74(4): 488-92.
- 350 3. Barnish G, Jordan P, Bartholomew RK, Grist E. Routine focal mollusciciding after
- chemotherapy to control *Schistosoma mansoni* in Cul de Sac valley, Saint Lucia. *Trans R Soc Trop Med Hyg* 1982; **76**(5): 602-9.
- Lo NC, Bogoch, II, Blackburn BG, et al. Comparison of community-wide, integrated
- mass drug administration strategies for schistosomiasis and soil-transmitted helminthiasis: a costeffectiveness modelling study. *Lancet Glob Health* 2015; **3**(10): e629-38.
- 5. Lo NC, Lai YS, Karagiannis-Voules DA, et al. Assessment of global guidelines for
- 357 preventive chemotherapy against schistosomiasis and soil-transmitted helminthiasis: a cost-
- effectiveness modelling study. *Lancet Infect Dis* 2016; **16**(9): 1065-75.
- 359 6. WHO. Preventive chemotherapy in human helminthiasis. Coordinated use of
- anthelminthic drugs in control interventions: a manual for health professionals and programme managers: Geneva: World Health Organization, 2006.
- 362 7. Brooker S, Kabatereine NB, Myatt M, Stothard JR, Fenwick A. Rapid assessment of
- 363 Schistosoma mansoni: the validity, applicability and cost-effectiveness of the Lot Quality
- 364 Assurance Sampling method in Uganda. *Trop Med Int Health* 2005; **10**(7): 647-58.
- 365 8. Amazon.com. (accessed 02/2017).
- Gurarie D, King CH, Yoon N, Li E. Refined stratified-worm-burden models that
- incorporate specific biological features of human and snail hosts provide better estimates of
- 368 Schistosoma diagnosis, transmission, and control. Parasit Vectors 2016; 9(1): 428.
- 369 10. Gurarie D, King C, Yoon N, Alsallag R, Wang X. Seasonal Dynamics of Snail
- 370 Populations in Coastal Kenya: Model Calibration and Snail Control. *Advances in Water*
- 371 *Resources* 2016.
- 372 11. Gurarie D, Yoon N, Li E, et al. Modelling control of Schistosoma haematobium
- infection: predictions of the long-term impact of mass drug administration in Africa. *Parasit*
- 374 *Vectors* 2015; **8**(1): 529.
- 375 12. Gurarie D, King CH. Population biology of Schistosoma mating, aggregation, and
- transmission breakpoints: more reliable model analysis for the end-game in communities at risk.
- 377 *PLoS One* 2014; **9**(12): e115875.
- 378 13. Gurarie D, King CH, Wang X. A new approach to modelling schistosomiasis
- transmission based on stratified worm burden. *Parasitology* 2010; **137**(13): 1951-65.
- 380 14. May RM. Togetherness among schistosomes: its effects on the dynamics of the infection.
- 381 *Mathematical biosciences* 1977; **35**(3): 301-43.
- 382 15. Anderson RM, May RM. Infectious Diseases of Humans. Oxford: Oxford University
- 383 Press; 1991.
- Hubbard A, Liang S, Maszle D, Qiu D, Gu X, Spear RC. Estimating the distribution of
- worm burden and egg excretion of Schistosoma japonicum by risk group in Sichuan Province,
- 386 China. *Parasitology* 2002; **125**(Pt 3): 221-31.
- 387 17. Gryseels B, De Vlas SJ. Worm burdens in schistosome infections. *Parasitol Today* 1996;
- **12**(3): 115-9.

- 389 18. Muchiri EM, Ouma JH, King CH. Dynamics and control of Schistosoma haematobium
- transmission in Kenya: an overview of the Msambweni Project. *Am J Trop Med Hyg* 1996; **55**(5)
- 391 Suppl): 127-34.

- 392 19. Bisanzio D, Mutuku F, Bustinduy AL, et al. Cross-sectional study of the burden of
- vector-borne and soil-transmitted polyparasitism in rural communities of Coast Province, Kenya.
- *PLoS Negl Trop Dis* 2014; **8**(7): e2992.
- 395 20. Webbe G. Quantitative studies of intermediate host populations in the transmission of
- schistosomes. *Proceedings of the Royal Society of Medicine* 1968; **61**(5): 455.
- 397 21. Sturrock RF. Field studies on the transmission of *Schistosoma mansoni* and on the
- 398 bionomics of its intermediate host, Biomphalaria glabrata, on St. Lucia, West Indies. Int J
- *Parasitol* 1973; **3**(2): 175-94.
- 400 22. King CH, Sutherland LJ, Bertsch D. Systematic review and meta-analysis of the impact
- of chemical-based mollusciciding for control of *Schistosoma mansoni* and *S. haematobium*
- 402 transmission. *PLoS Negl Trop Dis* 2015; **9**(12): e0004290.

Figure S1: Effectiveness of all MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities Figure S2: Kernel density plot for the uncertainty analysis with key model parameters Figure S3: Cost-effectiveness acceptability curves, plotting proportion of simulations below a corresponding incremental cost-effectiveness ratio Table S1: Costs, disability, and incremental cost-effectiveness of MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities Table S2: Scenario analysis for snail and human population density, MDA coverage, and systematic non-compliance in low prevalence settings Table S3: Scenario analysis for snail and human population density, MDA coverage, and systematic non-compliance in high prevalence settings Table S4: Parameter specifications for uncertainty analysis and generation of uncertainty intervals Table S5: Undiscounted costs, disability, and incremental cost-effectiveness of MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities Table S6: One-way sensitivity analysis varying cost estimates until key strategies are no longer highly cost-effective

Supplemental figures and tables

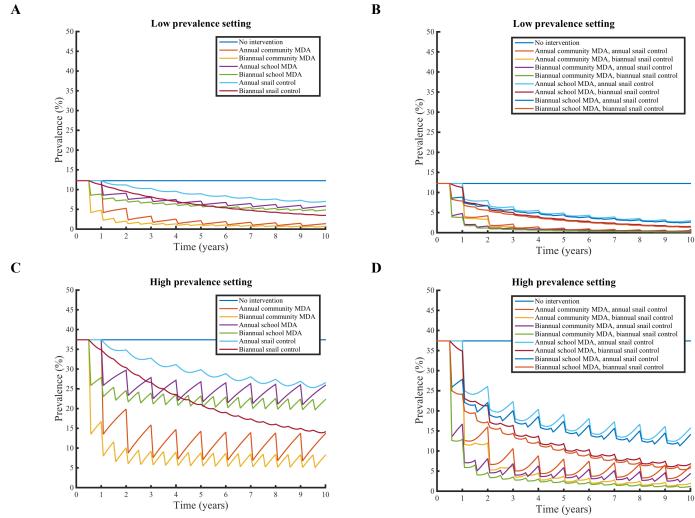


Figure S1: Effectiveness of all MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities. We simulated interventions of MDA, snail control, and combined approaches in an age-stratified population of pre-SAC, SAC, and adults in a: (a-b) low prevalence Kenyan community; and (c-d) high prevalence Kenyan community with 75% coverage for MDA. We displayed MDA or snail control alone in panel A and C and combined strategies in panel B and D for improved visualization.

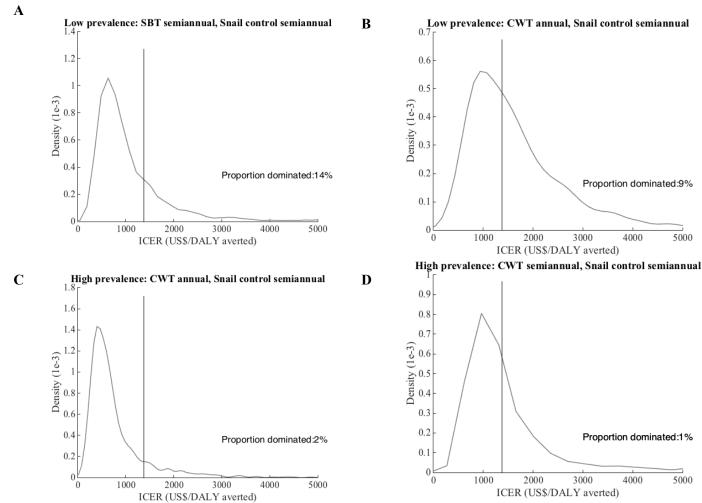


Figure S2: Kernel density plot for the uncertainty analysis with key model parameters. This uncertainty analysis (probabilistic sensitivity analysis) tested the effect of changing multiple model inputs simultaneously on the incremental cost-effectiveness ratio (ICER) of the highly cost-effective interventions from the primary analysis: (a) semiannual school-based MDA (SBT) with semiannual snail control in low burden settings; (b) annual community-wide MDA (CWT) with semiannual snail control in low burden settings; (c) annual community-wide MDA with semiannual snail control in high burden settings; and (d) semiannual community-wide MDA with semiannual snail control in high burden settings. The distribution left of the vertical line (ICER of US\$1,377/DALY) represents a highly cost-effective intervention. The proportion of simulations where each strategy is dominated is reported in the figure.

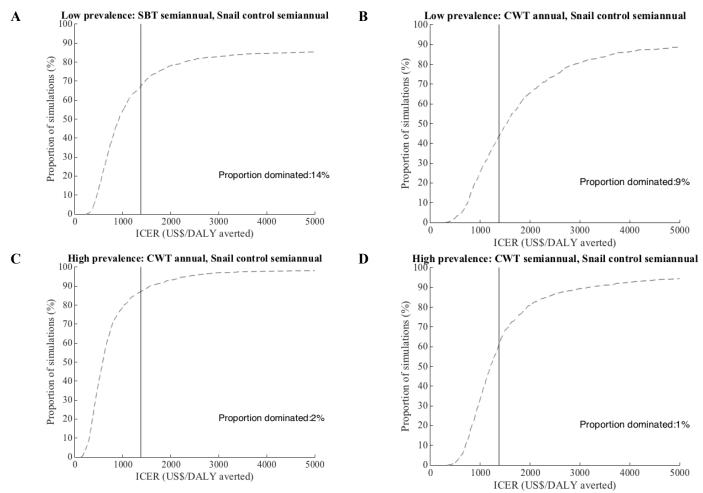


Figure S3: Cost-effectiveness acceptability curves, plotting proportion of simulations below a corresponding incremental cost-effectiveness ratio. This uncertainty analysis (probabilistic sensitivity analysis) tested the effect of changing multiple model inputs simultaneously on the incremental cost-effectiveness ratio (ICER) of the highly cost-effective intervention from the primary analysis, compared with the next most effective, non-dominated strategy. We plotted the cumulative proportion of simulations below a corresponding ICER. The proportion of simulations where each strategy is dominated by another strategy is reported in the figure, and provided a ceiling for maximum proportion of simulations. These results are for: (a) semiannual school-based MDA (SBT) with semiannual snail control in low burden settings; (b) annual community-wide MDA (CWT) with semiannual snail control in low burden settings; and (d) semiannual community-wide MDA with semiannual snail control in high burden settings. The vertical line (ICER of US\$1,377/DALY) represents one interpretation of a highly cost-effective intervention.

Table S1: Costs, disability, and incremental cost-effectiveness of MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities

Low prevalence	MDA	Snail control	Total cost (US\$)	Total disability (DALYs)	ICER (US\$/DALY)
	None	None	0	171.6	
	None	Annual	3,334	127.5	76
	SBT annual	None	6,550	98.5	dominated ^b
	None	Semiannual	6,667	96.2	107
	SBT semiannual	None	13,100	84.3	dominateda
	SBT annual	Annual	9,884	74.6	149
	SBT semiannual	Annual	16,434	65.9	dominateda
	SBT annual	Semiannual	13,217	60.2	232
	SBT semiannual	Semiannual	19,768	53	904
	CWT, annual	None	47,116	44.6	dominated ^b
	CWT annual	Annual	50,449	35.2	dominated ^b
	CWT annual	Semiannual	53,783	30.7	1,531
	CWT semiannual	None	94,231	26.8	dominated ^b
	CWT semiannual	Annual	97,565	22.7	dominated ^b
	CWT semiannual	Semiannual	100,900	19.9	4,353
High	MDA	Snail control	Total cost	Total disability	ICER
prevalence	MDA	Snall control	(US\$)	(DALYs)	(US\$/DALY)
prevalence	None	None None	(US\$)	(DALYs) 550	(US\$/DALY)
prevalence				1	
prevalence	None	None	0	550	
prevalence	None None	None Annual	0 3,334	550 435.4	 29
prevalence	None None SBT annual	None Annual None	0 3,334 6,550	550 435.4 352.4	 29 dominated ^b
prevalence	None None SBT annual None	None Annual None Semiannual	0 3,334 6,550 6,667	550 435.4 352.4 326.6	29 dominated ^b
prevalence	None None SBT annual None SBT semiannual	None Annual None Semiannual None	0 3,334 6,550 6,667 13,100	550 435.4 352.4 326.6 304.7	29 dominated ^b 31 dominated ^a
prevalence	None None SBT annual None SBT semiannual SBT annual	None Annual None Semiannual None Annual	0 3,334 6,550 6,667 13,100 9,884	550 435.4 352.4 326.6 304.7 260.3	29 dominated ^b 31 dominated ^a 49
prevalence	None None SBT annual None SBT semiannual SBT annual SBT semiannual	None Annual None Semiannual None Annual Annual	0 3,334 6,550 6,667 13,100 9,884 16,434	550 435.4 352.4 326.6 304.7 260.3 228.8	29 dominated ^b 31 dominated ^a 49 dominated ^a
prevalence	None None SBT annual None SBT semiannual SBT annual SBT semiannual CWT, annual	None Annual None Semiannual None Annual Annual None	0 3,334 6,550 6,667 13,100 9,884 16,434 47,116	550 435.4 352.4 326.6 304.7 260.3 228.8 204.6	29 dominated ^b 31 dominated ^a 49 dominated ^a dominated ^a
prevalence	None None SBT annual None SBT semiannual SBT annual CWT, annual SBT annual	None Annual None Semiannual None Annual Annual None Semiannual	0 3,334 6,550 6,667 13,100 9,884 16,434 47,116 13,217	550 435.4 352.4 326.6 304.7 260.3 228.8 204.6 194.9	29 dominated ^b 31 dominated ^a 49 dominated ^a dominated ^a 51
prevalence	None None SBT annual None SBT semiannual SBT annual CWT, annual SBT annual SBT annual	None Annual None Semiannual None Annual Annual None Semiannual Semiannual	0 3,334 6,550 6,667 13,100 9,884 16,434 47,116 13,217 19,768	550 435.4 352.4 326.6 304.7 260.3 228.8 204.6 194.9 167.4	29 dominated ^b 31 dominated ^a 49 dominated ^a dominated ^a 238
prevalence	None None SBT annual None SBT semiannual SBT annual CWT, annual SBT annual SBT annual	None Annual None Semiannual None Annual Annual None Semiannual Semiannual Annual	0 3,334 6,550 6,667 13,100 9,884 16,434 47,116 13,217 19,768 50,449	550 435.4 352.4 326.6 304.7 260.3 228.8 204.6 194.9 167.4 140.1	dominated ^b 31 dominated ^a 49 dominated ^a dominated ^a 51 238 dominated ^b
prevalence	None None SBT annual None SBT semiannual SBT semiannual CWT, annual SBT semiannual CWT annual CWT annual CWT annual	None Annual None Semiannual None Annual Annual None Semiannual Semiannual Annual Annual	0 3,334 6,550 6,667 13,100 9,884 16,434 47,116 13,217 19,768 50,449 94,231	550 435.4 352.4 326.6 304.7 260.3 228.8 204.6 194.9 167.4 140.1 132	dominated ^b 31 dominated ^a 49 dominated ^a dominated ^a 51 238 dominated ^b dominated ^b

Base case analysis assumed 10% systematic non-compliance and 3% discounting. For interpretation, a lower ICER is a more cost-effective strategy relative to another intervention. An ICER below 1,377 US\$/DALY is highly cost-effective in Kenya, although ICERs are provided to relax reliance on a single threshold. SBT, school-based treatment with MDA; CWT, community-wide treatment with MDA

a-b 'dominated' strategy were (a) strictly dominated when they had a lower effectiveness and higher cost than another choice; or (b) dominated by extension when the strategy was less effective and had a higher ICER relative to another choice.

Table S2: Scenario analysis for snail and human population density, MDA coverage, and systematic non-compliance in low prevalence settings.

Strategy	Snail/human density	MDA community coverage	Systematic non-compliance	Cost (US\$)	DALYs averted	ICER (US\$/DALY)
SBT semiannual						
MDA, semiannual snail control	Low	Low, 50%		19768	34.2	1327
	High	Low, 50%		19768	80.6	400
	Low	High, 85%		19768	25.8	1872
	High	High, 85%		19768	69.5	577
	Low		None, 0%	19768	27.0	1455
	High		None, 0%	19768	58.3	569
	Low		High, 10%	19768	30.2	1684
	High		High, 10%	19768	70.8	579
CWT annual MDA, semiannual snail						
control	Low	Low, 50%		53783	25.6	3961
	High	Low, 50%		53783	58.1	1513
	Low	High, 85%		53783	16.2	3532
	High	High, 85%		53783	38.7	1104
	Low		None, 0%	53783	15.6	2965
	High		None, 0%	53783	27.8	2988
	Low		High, 10%	53783	21.1	3766
	High		High, 10%	53783	45.5	1347

The ICER is computed in reference to the next most effective, non-dominated strategy.

Table S3: Scenario analysis for snail and human population density, MDA coverage, and systematic non-compliance in high prevalence settings.

Strategy Strategy	Snail/human density	MDA community coverage	Systematic non-compliance	Cost (US\$)	DALYs averted	ICER (US\$/DALY)
CWT annual MDA, semiannual snail						
control	Low	Low, 50%		53783	123.5	948
	High	Low, 50%		53783	236.8	491
	Low	High, 85%		53783	86.9	688
	High	High, 85%		53783	160.4	308
	Low		None, 0%	53783	76.8	65
	High		None, 0%	53783	105.9	237
	Low		High, 10%	53783	124.5	967
CWT semiannual	High		High, 10%	53783	235.9	532
MDA, semiannual snail control	Low	Low, 50%		100900	82.3	1143
	High	Low, 50%		100900	153.6	566
	Low	High, 85%		100900	57.5	1601
	High	High, 85%		100900	102.7	816
	Low		None, 0%	100900	41.5	1336
	High		None, 0%	100900	48.1	814
	Low		High, 10%	100900	82.5	1120
The ICED is assumed in	High		High, 10%	100900	153.5	572

The ICER is computed in reference to the next most effective, non-dominated strategy.

Table S4: Parameter specifications for uncertainty analysis and generation of uncertainty intervals

		Uncertainty analysis		
Model parameter	Base case	Lower limit	Upper limit	
Transmission model ^a	Mean	Lower 2.5%	Upper 97.5%	
School-based delivery cost (per person)	US\$ 0.50	US\$ 0.25	US\$ 0.75	
Community-wide delivery cost (per person)	US\$ 1.50	US\$ 0.50	US\$ 2.50	
Snail control cost (per community)	US\$ 379.43	US\$ 285	US\$ 475	
Systematic non-compliance	10%	0%	10%	
Schistosomiasis disability weight (light, heavy)	(0.014, 0.05)	(0.01, 0.02)	(0.02, 0.1)	

^aSampled posterior distribution from Bayesian model fits.

We used a normal distribution to sample transmission trajectories, triangle distribution across all cost and disability parameters, and simulated 10% of cases with perfect mixing (no systematic non-compliance).

Table S5: Undiscounted costs, disability, and incremental cost-effectiveness of MDA, snail control, and combined interventions for schistosomiasis in low and high burden Kenyan communities

Low prevalence communities	MDA	Snail control	Total cost (US\$)	Total disability (DALYs)	ICER (US\$/DALY)
	None	None	0	203.1	
	None	Annual	3794	148.4	69
	SBT annual	None	7455	113.6	dominateda
	None	Semiannual	7589	110.2	99
	SBT semiannual	None	14910	97.2	dominateda
	SBT annual	Annual	11249	84.4	142
	SBT semiannual	Annual	18704	74.6	dominateda
	SBT annual	Semiannual	15044	67.1	220
	SBT semiannual	Semiannual	22499	59.1	929
	CWT, annual	None	53625	49.4	dominated ^a
	CWT annual	Annual	57419	38.2	dominateda
	CWT annual	Semiannual	61214	33	1484
	CWT semiannual	None	107250	29.5	dominateda
	CWT semiannual	Annual	111040	24.6	dominateda
	CWT semiannual	Semiannual	114840	21.4	4621
High prevalence communities	MDA	Snail control	Total cost (US\$)	Total disability (DALYs)	ICER (US\$/DALY)
	None	None	0	651.2	
	None	Annual	3794	509.9	27
	SBT annual	None	7455	411.6	dominated ^a
	None	Semiannual	7589	376.2	28
	SBT semiannual	None	14910	355.9	dominateda
	SBT annual	Annual	11249	298.5	47
	SBT semiannual	Annual	18704	262.8	dominated ^a
	CWT, annual	None	53625	235	dominated ^a
	SBT annual	Semiannual	15044	218.7	48
	SBT semiannual	Semiannual	22499	188	243
	CWT annual	Annual	57419	156	dominated ^a
	CWT semiannual	None	107250	151.3	dominated
	CWT annual	Semiannual	61214	119.2	562
			01214		
	CWT comionnial	Annual	111040	105 1	d 14 - 14
	CWT semiannual	Annual Semiannual	111040 114840	105.1 76.9	dominated ^a 1269

This analysis assumed 10% systematic non-compliance without discounting. SBT, school-based treatment with MDA; CWT, community-wide treatment with MDA.

^a'dominated' strategy were (a) strictly dominated when they had a lower effectiveness and higher cost than another choice; (b) dominated by extension when the strategy was less effective and had a higher ICER relative to another.

Table S6: One-way sensitivity analysis varying cost estimates until key strategies are no longer highly cost-effective.

	Strat	tegy	Model parameter			
Setting	MDA	Snail control	School-based delivery cost	Community-wide delivery cost		
Base case			\$0.50	\$1.50		
Low prevalence High	SBT semiannual	Semiannual	\$0.85			
prevalence High	CWT annual	Semiannual		\$3.50		
prevalence	CWT semiannual	Semiannual		\$1.75		