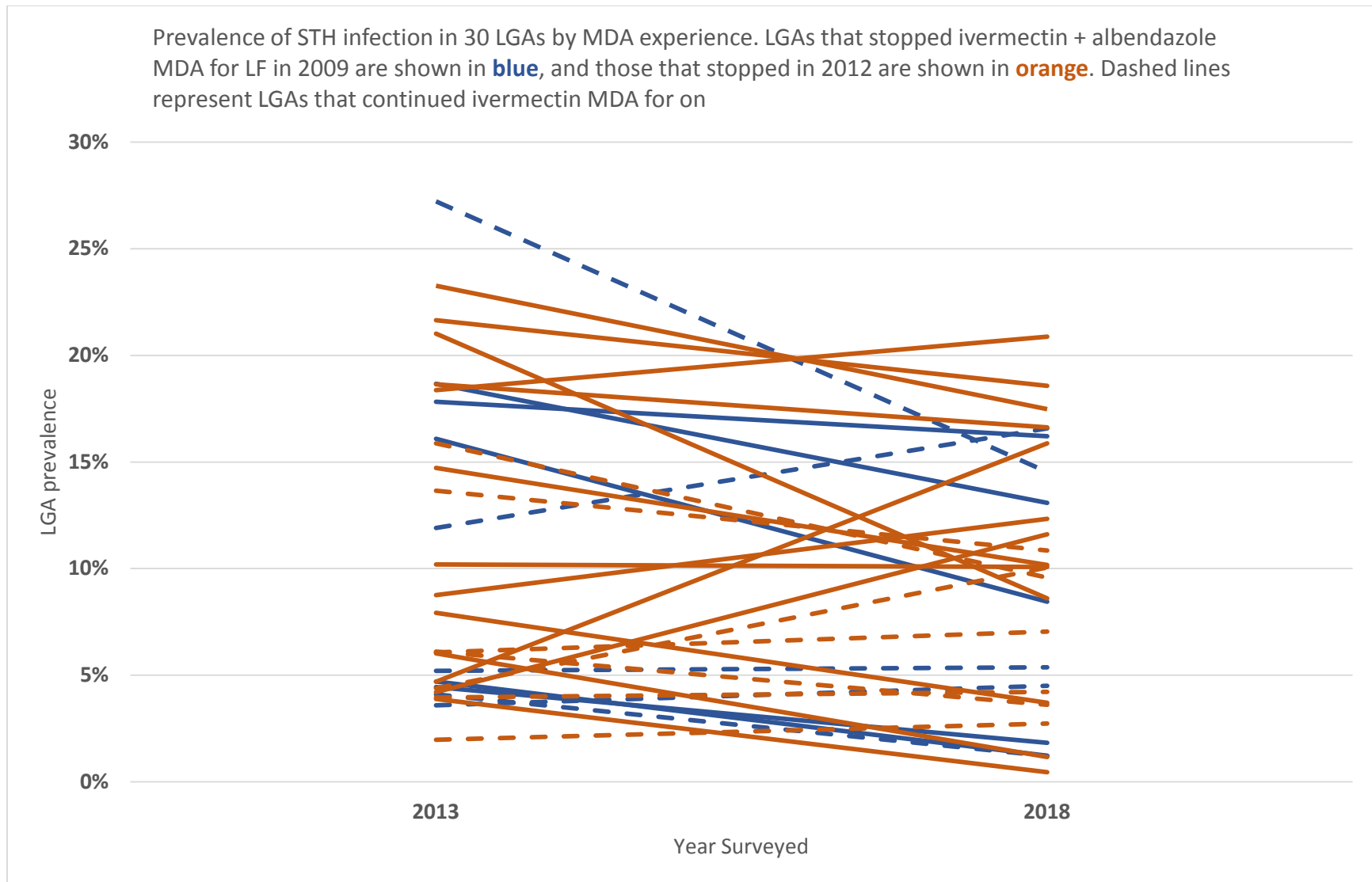


Proposed supplemental materials

State	LGA	2012	2013	2014	2015	2016	2017	2018
Nasarawa	Akwanga	●●●○	●●○	●●○	○●○	●●○	○●○	●●○
	Awe	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Doma	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Karu	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Keana	●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Keffi	●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Kokona	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Lafia	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Nasarawa	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Nasarawa Eggon	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Obi	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
Toto	●●●○	●●○	●●○	○●○	○●○	○●○	○●○	
Wamba	●●●○	●●○	●●○	○●○	○●○	○●○	○●○	
Plateau	Barkin Ladi	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Bassa	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Bokkos	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Jos East	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Jos North	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Jos South	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Kanam	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Kanke	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Langtang North	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Langtang South	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Mangu	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Mikang	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Pankshin	●●●○	●●○	●●○	○●○	○●○	○●○	○●○
	Qua'an Pan	○●○	●●○	●●○	○●○	○●○	○●○	○●○
	Riyom	○●○	●●○	●●○	○●○	○●○	○●○	○●○
Shendam	●●●○	●●○	●●○	○●○	○●○	○●○	○●○	
Wase	○●○	●●○	●●○	○●○	○●○	○●○	○●○	

KEY:
 ALB ●
 IVM ●
 MEB ●
 PZQ ●
 None ○

Supplemental Figure 1: Treatment history of 30 LGAs in Nasarawa and Plateau states, Nigeria, beginning the year before the survey (2012) and continuing through the year of the survey.



Supplemental Figure 2: Prevalence of STH infection in 30 LGAs, 2013 and 2018, categorized by exposure to MDA with ivermectin or ivermectin + albendazole.

Supplemental Table 1: Change in schistosomiasis prevalence by LGA from 2013 to 2018, both all infections and heavy infections only.

State-LGA	<i>S. haematobium</i> prevalence		Prevalence of heavy-intensity <i>S. haematobium</i> infection		<i>S. mansoni</i> prevalence		Prevalence of heavy-intensity <i>S. mansoni</i> infection	
	2013	2018	2013	2018	2013	2018	2013	2018
Nasarawa	12.1%	7.1%	Not done	0.6%	3.5%	3.9%	0.1%	0.4%
Akwanga	10.3%	4.5%		0.5%	3.3%	3.3%	0.0%	0.2%
Awe	25.8%	19.9%		3.3%	0.3%	0.0%	0.0%	0.0%
Doma	17.5%	14.4%		1.4%	0.0%	0.7%	0.0%	0.0%
Karu	16.1%	6.7%		0.0%	10.2%	19.5%	0.2%	3.6%
Keana	32.3%	0.9%		0.0%	0.3%	0.0%	0.0%	0.0%
Keffi	11.9%	6.3%		0.0%	2.9%	2.6%	0.0%	0.0%
Kokona	8.3%	6.1%		0.3%	2.8%	1.5%	0.0%	0.0%
Lafia	8.6%	7.8%		0.5%	3.6%	1.7%	0.0%	0.0%
Nasarawa	19.8%	21.1%		2.5%	4.8%	0.8%	0.3%	0.0%
Nasarawa								
Egon	2.7%	2.6%		0.0%	2.0%	2.3%	0.0%	0.0%
Obi	3.8%	4.5%		0.3%	0.7%	0.0%	0.2%	0.0%
Toto	7.6%	6.9%		1.1%	0.8%	0.0%	0.0%	0.0%
Wamba	1.0%	2.7%		0.0%	11.9%	7.3%	0.3%	0.3%
Plateau	5.6%	3.6%	Not done	0.6%	6.2%	4.6%	1.3%	0.3%
Barkin Ladi	0.5%	0.0%		0.0%	7.4%	0.4%	0.0%	0.0%
Bassa	1.5%	0.9%		0.0%	12.9%	16.4%	0.8%	1.2%
Bokkos	0.5%	0.9%		0.8%	8.0%	6.6%	1.6%	0.8%
Jos East	0.8%	2.0%		0.4%	5.4%	3.3%	0.3%	0.0%
Jos North	0.6%	1.8%		0.0%	5.8%	8.6%	0.9%	0.3%
Jos South	1.8%	0.4%		0.0%	10.3%	3.5%	1.3%	0.0%
Kanam	14.9%	12.9%		5.0%	0.2%	0.8%	0.2%	0.0%
Kanke	2.5%	1.7%		0.0%	1.3%	2.0%	0.2%	0.0%
Langtang								
North	20.7%	13.0%		2.6%	1.0%	1.3%	1.0%	0.0%
Langtang	1.9%	0.8%		0.0%	0.3%	0.5%	0.0%	0.0%

State-LGA	<i>S. haematobium</i> prevalence		Prevalence of heavy-intensity <i>S. haematobium</i> infection		<i>S. mansoni</i> prevalence		Prevalence of heavy-intensity <i>S. mansoni</i> infection	
	2013	2018	2013	2018	2013	2018	2013	2018
South								
Mangu	1.0%	0.9%		0.0%	7.6%	0.9%	1.7%	0.0%
Mikang	7.0%	3.5%		0.0%	5.8%	0.5%	0.0%	0.0%
Pankshin	0.5%	1.2%		0.0%	17.8%	8.2%	10.2%	0.0%
Qua'an Pan	3.3%	2.6%		0.0%	0.3%	1.5%	0.0%	0.0%
Riyom	0.0%	0.6%		0.0%	16.9%	9.4%	5.0%	0.6%
Shendam	16.4%	0.9%		0.0%	4.5%	3.2%	0.0%	0.6%
Wase	21.0%	13.2%		0.8%	1.2%	6.6%	0.9%	0.5%

Schisto School Form 1

River Blindness Nigeria 2017



User/Team	
Observation time	
1. Form start time	
2. School	
2.1. *Choose a state, LGA, and school. <i>If the wrong options appear, you may have chosen incorrectly in the previous box.</i>	Select One: <input type="checkbox"/> Nasarawa <input type="checkbox"/> Plateau
3. Students	
3.1. Number of females enrolled in this school.	
3.2. Number of males enrolled in this school.	
3.3. Number of students sampled. <i>Must not be above 60.</i>	
4. Water in school	
4.1. Is there a source of drinking water in the school? <i>Choose even if the source is not functioning - that will be asked later.</i>	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER ONLY IF Question #4.1 is equal to "Yes"	
4.2. What type(s) of water source(s)?	Select Multiple: <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected dug well <input type="checkbox"/> Protected dug well <input type="checkbox"/> Hand pump/tube well/borehole <input type="checkbox"/> Surface water (river, dam, lake, stream, etc) <input type="checkbox"/> Public piped water/tap/standpipe <input type="checkbox"/> Rainwater collection <input type="checkbox"/> Sachet/Pure water <input type="checkbox"/> Other
ANSWER ONLY IF Question #4.2 includes "Other"	
4.3. Specify "other" source of water.	
ANSWER ONLY IF Question #4.1 is equal to "Yes"	
4.4. Is the water source functional?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER ONLY IF Question #4.4 is equal to "Yes"	
4.5. Is the water always available for all school children and staff?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Water near school	
5.1. Are there sources of drinking water close to the school?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER ONLY IF Question #5.1 is equal to "Yes"	
5.2. What type(s) of water source(s)?	Select Multiple: <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected dug well <input type="checkbox"/> Protected dug well <input type="checkbox"/> Hand pump/tube well/borehole <input type="checkbox"/> Surface water (river, dam, lake, stream, etc) <input type="checkbox"/> Public piped water/tap/standpipe <input type="checkbox"/> Rainwater collection <input type="checkbox"/> Sachet/Pure water <input type="checkbox"/> Other
ANSWER ONLY IF Question #5.2 includes "Other"	
5.3. Specify "other" source of drinking water close to the school.	
5.4. Are there accessible water bodies close to the school?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Latrine	
6.1. Is there a latrine in the school?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER ONLY IF Question #6.1 is equal to "Yes"	
6.2. INTERVIEWER: Do you observe evidence of latrine usage? <i>Data collector must personally check.</i>	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER ONLY IF Question #6.1 is equal to "Yes"	
6.3. What type of latrine is present?	Select One: <input type="checkbox"/> Pit latrine without slab <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Ventilated improved pit latrine (VIP) <input type="checkbox"/> Flush or pour toilet <input type="checkbox"/> Other

ANSWER ONLY IF Question #6.3 includes "Other"

6.4. Specify "other" latrine type.

7. Latrine details

7.1. What is the condition of the latrine?

Select One:

- Poor (flies, odour, visible stool, etc.)
- Fair (has roof/door but dirty floor)
- Moderate (clean, absence of roof or door)
- Good (clean, odourless, no flies, roof/door)
- Excellent (clean, odourless, complete, water)

7.2. Is there a separate latrine for boys and girls?

Select One:

- Yes No

7.3. Is there water or tissue for use after defecating?

Select One:

- Always Sometimes Never Other

ANSWER ONLY IF Question #7.3 is equal to "Other"

7.4. Specify "other" kind of water or tissue for use after defecating.

8. Handwashing

8.1. Is there provision for hand washing after toilet use?

Select One:

- Yes No

ANSWER ONLY IF Question #8.1 is equal to "Yes"

8.2. What type of hand washing facilities?

Select One:

- No water Water only Water and soap
- Water, soap, non-disposable napkin
- Water, soap, disposable napkin Other

ANSWER ONLY IF Question #8.2 is equal to "Other"

8.3. Specify "other" type of hand washing facilities.

8.4. Is there a hand washing facility near where food is prepared, sold, or consumed in school?

Select One:

- Yes No

9. Health education

9.1. Is health education taught in school?

Select One:

- Yes No

9.2. Is there a health club in the school?

Select One:

- Yes No

10. NTD program

10.1. Has there been any deworming for the children in this school?

Select One:

- Yes No

10.2. Is there a NTD treatment register in the school?

Select One:

- Yes No

ANSWER ONLY IF Question #10.2 is equal to "Yes"

10.3. INTERVIEWER: Do you observe evidence of deworming in the treatment register?

Select One:

- Yes No

ANSWER ONLY IF Question #10.2 is equal to "Yes" AND Question #10.3 is equal to "Yes"

10.4. Indicate the number of treatment rounds completed.

11. Additional notes (optional).

12. Form end time



Schisto Student Form 1

River Blindness Nigeria 2017



User/Team	
Observation Time	
1. Form start time	
2. *Choose a state, LGA, and school. <i>If the wrong options appear, you may have chosen incorrectly in the previous box.</i>	Select One: <input type="checkbox"/> Nasarawa <input type="checkbox"/> Plateau
3. Students	
3.1. *Student UID <i>Must be between 1 and 60.</i>	<input type="text"/>
3.2. Student UID second entry. <i>Must be between 1 and 60.</i>	<input type="text"/>
3.3. Initials or name	<input type="text"/>
3.4. Gender	Select One: <input type="checkbox"/> Male <input type="checkbox"/> Female
3.5. Age (in years) <i>Must be between 6 and 14 years.</i>	<input type="text"/>
3.6. How long have you lived in this community, in years?	<input type="text"/>
4. Urination	
4.1. When you are at school, where do you usually go to urinate?	Select One: <input type="checkbox"/> In the school toilet <input type="checkbox"/> Around the school compound <input type="checkbox"/> Outside the school compound <input type="checkbox"/> I wait/hold it <input type="checkbox"/> Other
ANSWER ONLY IF Question #4.1 is equal to "Other"	<input type="text"/>
4.2. Specify "other" options not mentioned above.	<input type="text"/>
5. Defecation	
5.1. When you are at school, where do you usually go to defecate?	Select One: <input type="checkbox"/> In the school toilet <input type="checkbox"/> Around the school compound <input type="checkbox"/> Outside the school compound <input type="checkbox"/> I wait/hold it <input type="checkbox"/> Other
ANSWER ONLY IF Question #5.1 is equal to "Other"	<input type="text"/>
5.2. Specify "other" options not mentioned above.	<input type="text"/>
6. Water	
6.1. If there are water bodies, which of the following activities do you perform? <i>Ask the child what kinds of activities he/she engages in with water.</i>	Select Multiple: <input type="checkbox"/> Bathing <input type="checkbox"/> Washing <input type="checkbox"/> Fishing <input type="checkbox"/> Crossing the water <input type="checkbox"/> Fetching water <input type="checkbox"/> Playing <input type="checkbox"/> Swimming <input type="checkbox"/> Other
ANSWER ONLY IF Question #6.1 includes "Other"	<input type="text"/>
6.2. Specify "other" options not mentioned above.	<input type="text"/>
7. Is the child putting on any footwear (sandals, shoes, slippers, etc.)? <i>Observe if the child is wearing any form of shoes before responding.</i>	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Which samples were collected? <i>Leave blank if no samples were collected from this child.</i>	Select Multiple: <input type="checkbox"/> Stool <input type="checkbox"/> Urine
9. Additional notes (optional).	<input type="text"/>
10. Form end time	