

# Supplementary Materials: Low Praziquantel Treatment Coverage for *Schistosoma mansoni* in Mayuge District, Uganda, Due to the Absence of Treatment Opportunities, Rather Than Systematic Non-Compliance

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## Text S1. Supplementary Methods

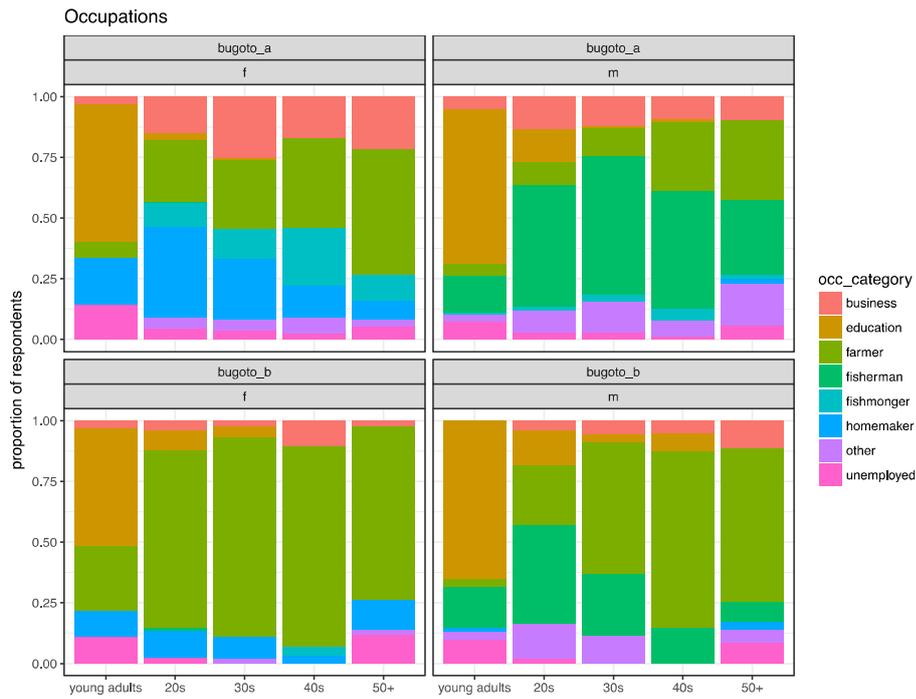
### *Survey Cleaning*

Fisherfolk and related occupations (coxswains, boat loaders) were combined into one high frequency water contact group. The educational category includes both students and teachers. The 'other' category includes occupations such as builders, boda boda drivers (motorbike taxis) and brick makers. All unemployed individuals with children in the household were classed as homemakers, whereas unemployed was reserved for individuals without a specific occupation or caretaker duties. Other common occupations include education-related, farmers and small-scale business (i.e., shopkeepers)

### *Reasons for Not Receiving Praziquantel Treatment*

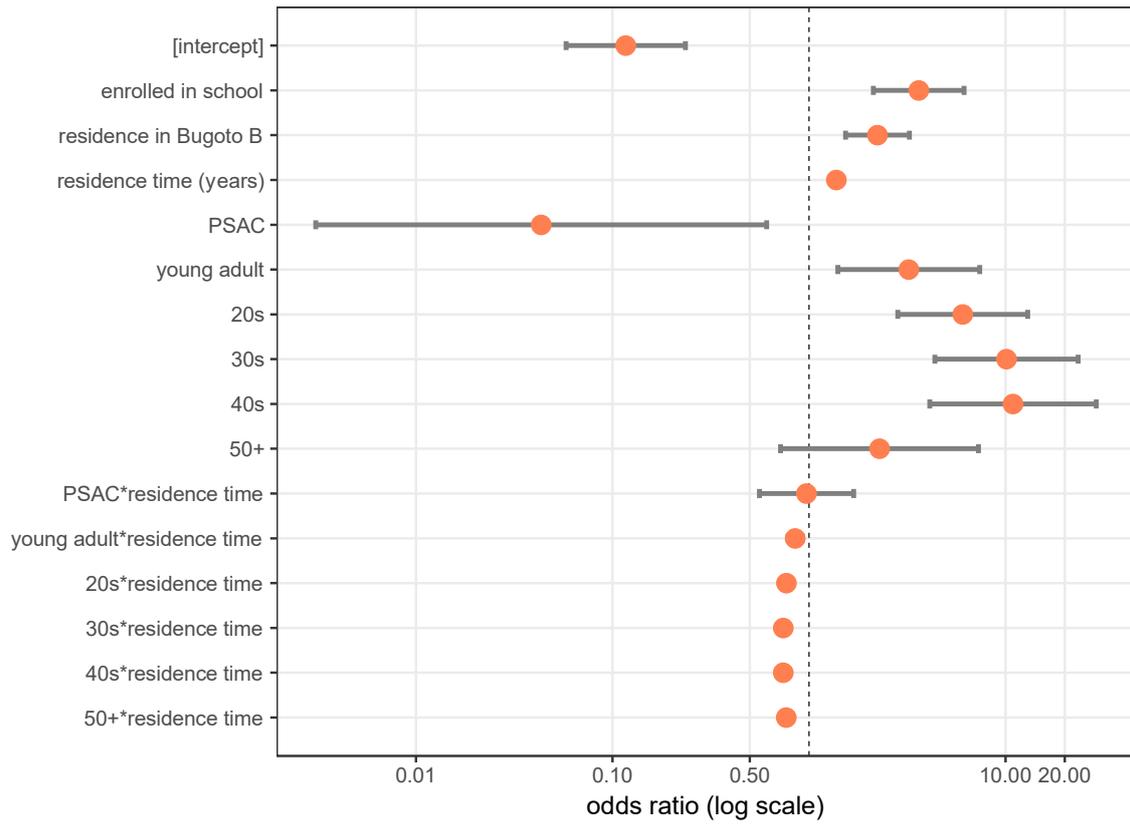
Individuals were not offered treatment, including individuals who did not know treatment was available, either at all or thought it was not available for adults. Individuals could be passive non-compliers, if they knew treatment was occurring, but they did not seek out treatment. Individuals could have been away during last year's MDA or have recently moved from a non-endemic region where MDA was not given. Other reasons given for not taking treatment were that they were sick, pregnant or had a mental illness. Individuals that were offered, but refused treatment were grouped with individuals that did not seek treatment because they feared drug side effects.





**Figure S2: Occupations of individuals in each village above the age of fourteen by gender.**

In Bugoto A, there is a higher diversity of occupations. In Bugoto B, most people are farmers whereas in Bugoto A the majority of males are fishermen and women have a wide variety of occupations from homemaker to business.



**Figure S3: Multivariate analysis of socio-economic and individual factors that influence praziquantel uptake across their lifetime.** The intercept represents an unenrolled SAC that resides in Bugoto A. Adjusted odds ratios are plotted on a log scale, with coloured dots indicating the estimate, and grey lines indicate 95% CI intervals for each estimate.

**Table S1: Self-reported reasons for not receiving praziquantel during the last MDA (2016).** The number of individuals that reported not taking praziquantel in Mayuge District's 2016 praziquantel MDA. For those that provided a reason, the number of individuals in each category for each age group is listed.

Age group	SAC (6-14)	YA (15-19)	20-29	30-39	40-49	>50	Total
did not take praziquantel in 2016 MDA	29.4 % (260/ 885)	53.7% (159/ 296)	71.6% (345/ 482)	67.3% (230/ 342)	65.9% (143/ 217)	66.9% (109/ 163)	52.2% (1246/ 2139)
reason for not taking	underage	30	0	0	0	0	30
	from non-endemic region	5	11	9	4	2	39
	pregnant	0	1	11	3	0	15
	away	62	43	82	39	30	268
	mental illness	1	0	1	0	1	3
	not offered	107	65	163	111	65	569
	passive non-compliance	17	22	57	46	31	195
	sick	0	3	0	2	0	7
	refused	14	7	9	13	7	52