







Supplementary Table 1: The three common species of *Schistosoma* affecting humans

Species	<i>Schistosoma haematobium</i>	<i>Schistosoma mansoni</i>	<i>Schistosoma japonicum</i>
<b>Distribution</b>	Africa, Middle East, Corsica (France)	Africa, the Middle East, the Caribbean, Brazil, Venezuela, and Suriname	South of China, Philippines, and Indonesia
<b>Intermediate host (snails)</b>	<i>Bulinus</i> spp [24] 	<i>Biomphalaria</i> spp [24] 	<i>Oncomelania</i> spp [24] 
<b>Eggs</b>	Laid singly (150/day [24]) and excreted in urine.  Terminal spine	Laid singly (300/day [24,25]) and excreted in faeces.  Lateral spine	Laid in clusters (1000-2200/day [24,25]) and excreted in faeces.  Small (almost invisible) lateral spine
<b>Definitive host (Human and mammalian animals)</b>	Mostly Human	Mostly Humans and rodents.	Humans and about 46 domestic animals [37] including water buffalo, cattle, sheep, dogs, baboons, pigs, and rodents.
<b>Host pathology</b>	Urogenital schistosomiasis results in haematuria, genital lesions, vaginal bleeding scarring, calcification, kidney failure, bladder squamous cell carcinoma, and infertility.	Hepato- intestinal schistosomiasis causes liver fibrosis, ascites, portal hypertension, hepato-splenomegaly, jaundice, CNS lesions.	