

## Abstract

Schistosomiasis control programs aim to reduce morbidity but are evaluated by infection prevalence and intensity reduction. We present baseline cross-sectional data from a nested cohort study comparing indicators of morbidity for measuring program impact. Eight hundred twenty-two schoolchildren 7-8 years of age from Nyanza Province, Kenya, contributed stool for diagnosis of *Schistosoma mansoni* and soil-transmitted helminths (STH) and blood smears for malaria, and were evaluated for anemia, quality of life, exercise tolerance, anthropometry, and ultrasound abnormalities. *Schistosoma mansoni*, STH, and malaria infection prevalence were 69%, 25%, and 8%, respectively. Only anemia and *S. mansoni* infection (adjusted odds ratio [aOR] = 1.70; confidence interval [CI] = 1.03-2.80), and hepatomegaly and heavy *S. mansoni* infection (aOR = 2.21; CI = 1.19-4.11) were associated. Though anemia and hepatomegaly appeared most useful at baseline, additional morbidity indicators may be sensitive longitudinal measures to evaluate schistosomiasis program health impact.