

No Association Between *Salmonella* Intestinal Carriage and *Schistosoma mansoni* Infection in Healthy Individuals, Democratic Republic of the Congo

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Background: In Sub-Saharan Africa, *Schistosoma* infection is mentioned as a risk factor for *Salmonella* carriage. We assessed the co-presence of intestinal *Salmonella* and *Schistosoma* in a rural site in the Democratic Republic of the Congo (DRC, Kifua II village, Kongo Central Province), endemic for *Schistosoma* infection and invasive salmonellosis.

Methods: From November 2015 to March 2016 (during the rainy season), healthy inhabitants aged ≥ 1 year were asked to give two consecutive stool samples after informed consent. Samples were assessed for *Salmonella* (culture with Selenite broth and *Salmonella-Shigella* agar) and *Schistosoma* eggs (microscopy, Kato Katz).

Results: Overall, 2.007 stool samples were collected from 1.108 participants (representing 88,6% of the population $n = 1,250$); median age (interquartile range (IQR)) was 15 (7-35) years. Half of participants ($n = 567$; 51,2%) were *Schistosoma mansoni* positive. *Schistosoma* egg load was light in 51% ($n = 291$), moderate in 31% ($n = 173$) and heavy in 18% ($n = 103$) of *Schistosoma*-infected participants. A total of 40 (3,6%) participants were found carriers of non-typhoidal *Salmonella*; none of the samples grew *Salmonella* Typhi. Mean age \pm standard deviation of *Salmonella* carriers was 25 ± 19 years and did not differ from the non-*Salmonella* infected participants (22 ± 19 years, $p = 0,32$); male-to-female rates were 1:1,5 and 1:1,1 respectively ($p = 0,37$). *Salmonella* was isolated in similar proportions among *Schistosoma*-infected and non-infected participants (4.4% (25/567) and 2,8% (15/541) respectively, $p = 0,14$). Egg loads among *Salmonella-Schistosoma* co-infected participants were mostly light ($n = 12$; 48%) and heavy ($n = 9$; 36%). Follow-up of 17 *Salmonella* carriers revealed a single participant with repeat culture for *Salmonella*, 4 weeks after the initial sampling.

Conclusions: The present study, conducted in a rural area in DRC showed (i) *Salmonella* intestinal carriage rates of 3,6% which were (ii) not associated with *Schistosoma mansoni* intestinal infection.