Results Of the 469 pupils who provided three stool samples for the six Kato-Katz smears, 293 (76%) children had no infection, 109 (23%) were in the light intensity category, while 42 (9%) and 25 (5%) were in the moderate and heavy intensity categories, respectively. Following performance analysis of CCA tests in terms of sensitivity, specificity, negative and positive predictive values, the overall performance of the commercially available CCA test was more informative than single Kato-Katz faecal smear microscopy, the current operational field standard for disease mapping.

Conclusions The current CCA assay is a satisfactory method for surveillance of *S. mansoni* in an area where disease endemicity is declining due to control interventions. The urine point-of-care CCA test is an attractive tool to augment and perhaps replace the Kato-Katz sampling within ongoing control programmes.

PA-125 **EVALUATION OF CIRCULATING CATHODIC ANTIGEN (CCA) URINE-CASSETTE ASSAY AS A SURVEY TOOL FOR *SCHISTOSOMA MANSONI* IN DIFFERENT TRANSMISSION SETTINGS WITHIN BUGIRI DISTRICT, UGANDA**

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Background Diagnosis of schistosomiasis at the point-of-care is a growing topic in neglected tropical disease research. There is a need for diagnostic tests which are affordable, sensitive, specific, user-friendly, rapid, equipment-free and delivered to those who need it, and point-of-care is an important tool for disease mapping and guiding mass deworming.

Methods Our study was conducted among 500 school children randomly selected across 5 schools within Bugiri district, adjacent to Lake Victoria in Uganda. Duplicate Kato-Katz thick smears were prepared in the field upon receipt of the faecal samples and were read under a microscope within 60 minutes of slide preparation to determine hookworm status. The slides were again read 24 hours later for *Ascaris lumbricoides*, *Trichuris trichiura* and *S. mansoni* and this was repeated for all subsequent stool samples.