

## **National Deworming Day 2017**

### **Fact Sheet**

#### **What is National Deworming Day?**

The Ministry of Health and Family Welfare (MoHFW) Government of India is implementing the National Deworming Day in schools and preschools (*anganwadis*) across the country on February 10, 2017.

To combat parasitic worm infections among preschool (*anganwadi*) and school-age children, albendazole 400 mg chewable tablets will be administered to children at government, government-aided, and private schools, and *anganwadis*. Out-of-school and unregistered children will be administered the deworming tablet at *anganwadis*.

The National Deworming Day will be followed by a mop-up day on February 15 to administer the deworming tablet to children who were absent from the school or *anganwadi* on February 10.

#### **What is the goal of National Deworming Day?**

The goal of National Deworming Day is to deworm all preschool and school-age children between the ages of 1-19 years at schools and *anganwadis* in order to improve their overall health, nutritional status, cognitive development, and quality of life.

#### **Why do children need deworming?**

Worm infections interfere with nutrient uptake; can lead to anemia, malnourishment and impaired mental and physical development; and pose a serious threat to children's health, education, and productivity. Infected children are often too sick or tired to concentrate at school, or to attend at all. Treatment with a deworming tablet is universally recognized as a safe and cost-effective solution. School-based deworming programs leverage the existing and extensive infrastructure of schools and the documented importance of convenience in achieving high take-up of preventive healthcare.

#### **Why do we need a deworming program in India?**

WHO indicates that India has the highest burden of soil-transmitted helminths (STH) in the world, with 220 million children aged 1-14 estimated to be at risk of worm infections<sup>1</sup>. Almost 7 in 10 children between 6 months and 5 years are anaemic, with even higher rates of anaemia in rural areas, according to the 2006 National Family Health Survey.

---

<sup>1</sup> WHO Number of Children (Pre-SAC and SAC) requiring Preventive Chemotherapy for STH, 2014 ([http://apps.who.int/neglected\\_diseases/ntddata/sth/sth.html](http://apps.who.int/neglected_diseases/ntddata/sth/sth.html))

There are at least two randomized trials in India in the last decade that demonstrate the positive impact of deworming in the country. A health intervention that provided iron, Vitamin A, and deworming drugs to Indian preschool children in the slums of Delhi found a significant gain in children's weight and school participation compared to intervention with Vitamin A alone. Absenteeism was reduced by one-fifth in the treatment group (Bobonis et al, 2006). A cluster-randomized controlled trial found children aged 1-5 that were treated with five rounds of the deworming drug, resulted in a greater weight gain compared to non-treated groups (Awasthi S. et al 2008).

### **Who is organizing National Deworming Day?**

National Deworming Day is led by the Ministry of Health and Family Welfare (MoHFW). The Department of School Education and Literacy under the Ministry of Human Resource Development and the Ministry of Women and Child Development collaborate to implement the National Deworming Day. Other key stakeholders are: the Ministries of Panchayati Raj, Drinking Water and Sanitation, Tribal Affairs, Rural Development, and Urban Development.

WHO, National Centre for Disease Control, and Evidence Action's Deworm the World Initiative are the technical assistance partners to the Ministry of Health and Family Welfare, Government of India.

### **What are the ages of children treated on National Deworming Day?**

All children in the age-group of 1-19 are treated. Children aged 1-5 are administered the tablet at the *anganwadi*. Children aged 6-19 are given the tablet in their school. Children who are unregistered at *anganwadis* and out-of-school children are also included in this program and will receive the tablet at the *anganwadi*.

### **What dosage of the deworming tablet do children receive?**

Children aged 1-2 are given half a tablet of albendazole (400mg), crushed and mixed in drinking water. Children above the age of 2 are given 1 full chewable tablet of albendazole (400mg) to chew. The tablet should always be administered under supervision.

### **Does the deworming treatment have side effects?**

The health and safety of children is of utmost importance. Albendazole, the tablet used for deworming, has been used widely for decades all around the world. It is very safe and has very few side effects. When side effects occur, they are typically a sign of high infection (which makes taking the treatment all the more important). Side effects are mild (like nausea and diarrhoea) and pass quickly.

All stakeholders involved take the health and well-being of children very seriously. As with any mass public health effort, there are stringent adverse event protocol put in place. All involved -

teachers, *anganwadi* workers, ASHAs, and other officials - are informed about what protocol to follow and who to report to in the unlikely event that a child falls ill. Teachers, *anganwadi* workers, and other officials received training and educational materials on all aspects of the deworming program.

### **What are Soil-Transmitted Helminths (STHs)?**

Parasitic worms, or Soil-Transmitted Helminths (STH), are among the most common infections worldwide. The World Health Organization (WHO) estimates that 220 million children between the ages of 1 and 14 are at risk of STH infection in India.

Soil-Transmitted Helminths live in human intestines and consume nutrients meant for the human body. They produce thousands of eggs each day, which are passed in faeces and spread to others by contaminating soil in areas where open defecation is common and sanitation is poor.