GOVERNMENT OF PUDUCHERRY
DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES

NATIONAL DEWORMING DAY
10th August 2018

Dr. J. Allirani
Deputy Director (FW & MCH)
Nodal Officer - NDD, WIFS, NIPI, RKS
Puducherry
Instructions for Trainer

- Prepare for the training by reviewing this flipchart and understanding the trainer notes.
- Before the training, distribute the training handout to the teachers. Make sure that during the explanation session, you also explain how the handout should be used.
- Explain the reporting form given with the training handout and the reporting guidelines in detail.
- There are 10 essential points of training that you must cover during the training session. Do not skip any of the 10 points. Each point in this flipchart is presented with an image for the participants to see and notes for the trainer to explain.
- Explain the details in this flipchart in a conversational manner to ensure participant learning.
Swati often defecates in the open,
like other children in her village
This is Swati. Like other children in her village she:

- Plays outside barefoot
- Does not wash her hands before eating food
- Defecates in the open
- Does not wash her hands after using the toilet
- Eats fruits and vegetables without washing them
- Does not keep her food covered, which may result in food contamination
Swati is often sick and has become really weak. Because of diarrhoea and weakness, she is unable to attend school regularly.
Swati often suffers from:

- Anemia
- Nutritional impairment
- Weakness and anxiety
- Stomach ache, nausea, vomiting, and diarrhoea
- Loss of appetite
- Fatigue
- Weight Loss

All these are symptoms of worm infection. Worms are parasites that live in the intestine.
Transmission Cycle

1. An infected child contaminates soil with faeces containing worm eggs. These eggs develop into larvae in the soil.

2. Other children are infected by eggs ingested through food or dirty hands, or by larvae penetrating the skin.

3. In an infected child, eggs and larvae develop into adult worms, which produce eggs and have an ill effect on the child's health.
What are intestinal worms?

- Intestinal worms are parasites that thrive on nutrition from human intestines, which results in anemia, poor nutritional intake, and impaired growth.
- The three most common types of worms are:
  - Round worm
  - Whip worm
  - Hook worm

Worm transmission cycle

- The greater the amount of worms in an individual (intensity), the more symptoms the infected child will have.
- Children with mild infections usually have no symptoms.
- Sometimes children will show mild symptoms of weakness, loss of appetite, anemia, malnutrition, nausea, mild abdominal pain, vomiting, diarrhoea, and fatigue, which can be expected if they have worms.

Studies show that deworming decreases absenteeism in schools by 25%.
Deworming Program
The easiest way to treat millions of children with worm infection is with a deworming tablet. Albendazole (400 mg) is a safe tablet for both children and adults. It is important to administer this tablet to all children.

Benefits of deworming children:

Direct Benefits:
- Controls anemia
- Improves nutritional uptake

Indirect Benefits:
- Helps improve concentration, capacity to learn, and attendance at school/Anganwadi
- Helps improve work potential and livelihood opportunity
- Benefits the community by reducing worms in the environment

Age specific dosage:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Age</th>
<th>Albendazole (Chewable tablet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Children aged 6-19</td>
<td>Albendazole (One full tablet)</td>
</tr>
</tbody>
</table>
National Deworming Day and Mop-up Day
National Deworming Day is on 10 August 2019.

This program is organized by the Departments of Health, Education, and Women and Child Development.

On this day, all registered, enrolled, unregistered, and out-of-school children aged 1-19 will be administered the albendazole tablet at schools and *Anganwadi* free-of-cost.

The *Anganwadi* worker will administer the tablet to all registered and unregistered children aged 1-5, and to out-of-school children aged 6-19 at the *Anganwadi*.

Teachers will administer the tablet to all enrolled children aged 6-19 at schools.

Rolling out National Deworming Day at schools and *Anganwadi* enables the program to get high coverage on a single day.

Children who could not be dewormed on National Deworming Day must be administered the tablet on mop-up day, 17 August 2019.

The ASHA should get all unregistered and out-of-school children to the *Anganwadi* on National Deworming Day.
Your Role as a Teacher on National Deworming Day
Benefits of School-based Deworming Program:

1. Schools
   - Offer a unique opportunity and a platform to safely administer deworming tablets to large number of children
   - Enable high coverage on a single day, since most targeted children are available at the centre

2. Teachers
   - Are an invaluable resource who can administer the deworming tablet to children
   - Are highly respected in the community and play a significant role in informing children and parents about the program

For a successful deworming program, there are some responsibilities that a teacher needs to fulfil before, on, and after National Deworming Day

Before National Deworming Day:
1. Ensure there are sufficient tablets at your school
2. Keep ANM’s and nearest healthcare centre’s contact number handy
3. Inform children about National Deworming Day during morning assembly and in class. Ensure all children are present on this day
4. Ensure availability of the following:
   - Attendance register
   - Reporting form (School)
5. Train other teachers in your school on deworming and hand over required tablets and other resources to them
6. Display posters, banners, and other IEC properly for maximum visibility
7. Generate awareness about National Deworming Day among children, parents, and community members for maximum attendance in school
Your Crucial Role in Community Awareness
• Tell community members about the negative impact of worm infection on children
• Tell community members about National Deworming Day and its benefits
• Inform student about deworming during morning assembly and in class
• Inform parents about the benefits of deworming and about preventing worm infection during parent-teacher meetings and school management committee meetings
• Motivate all parents to get their children to school on National Deworming Day
• Inform parents about deworming messages appearing in radio, newspapers, TV and that they should watch/listen to carefully
On National Deworming Day
On National Deworming Day:
Ensure you have all necessary materials like:
- Clean drinking water
- Clean glasses
- Sufficient tablets
- Spoons to administer the tablets
- Emergency phone numbers
- Attendance register

Guidelines on tablet administrations:
- Children aged 6-19 should be administered one full tablet. The tablets should always be chewed to avoid choking. Make sure clean drinking water is available
- Albendazole tablets that are not chewed may have significantly lower effectiveness
- The tablet can also be administered on empty stomach

<table>
<thead>
<tr>
<th>DO</th>
<th>DON'T</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The tablet should always be CHEWED</td>
<td>• Never administer the tablet to children who are sick or have had any other medication</td>
</tr>
<tr>
<td>• Make sure clean drinking water is</td>
<td>• Do not instruct children to swallow the tablet</td>
</tr>
<tr>
<td>available -</td>
<td>• Do not allow the child to take tablet home</td>
</tr>
<tr>
<td>• Use a spoon to administer the tablet</td>
<td>• Do not forcefully administer the tablet to any child</td>
</tr>
<tr>
<td>to the child yourself</td>
<td></td>
</tr>
</tbody>
</table>

Protocol incase of an adverse event at the school:
Albendazole is safe for both children and adults
- After having the tablet, sometimes children will show mild symptoms of nausea, mild abdominal pain, vomiting, diarrhoea, and fatigue which can be expected if they have worms. Please do not panic. Follow the adverse event management protocol
- Any adverse events are temporary and generally can be managed easily at schools
- In case of an adverse event, make the child lie down in an open, shaded area and give the child water to drink. Keep the child under observation
- **Albendazole is an easily chewable tablet.** Still, if the child chokes on part of the tablet, make the child bend over on your lap and pat the child on the back till the tablet comes out
- Call __________________ for any medical assistance
**Recording**

**Reporting**

* Please fill in all the details below and do not leave any box unfilled.
** Please add number of children below class 1 (if any) in the category of "class 1-5"

<table>
<thead>
<tr>
<th>State Name:</th>
<th>District Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Name:</td>
<td>Sub-center Name:</td>
</tr>
<tr>
<td>Name of the School:</td>
<td>Village Name:</td>
</tr>
<tr>
<td>School DISE Code:</td>
<td></td>
</tr>
<tr>
<td>Type of school:</td>
<td></td>
</tr>
<tr>
<td>Did someone from the school attend the official National Deworming Day (NDD) training?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**Albendazole Drug Coverage Details**:  
<table>
<thead>
<tr>
<th></th>
<th>G (Girls)</th>
<th>B (Boys)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of children enrolled in the school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of enrolled children (class 1 - 5) who were administered Albendazole on NDD and Map-up day (MUD)</td>
<td></td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>No. of enrolled children (class 6 - 12) who were administered Albendazole on NDD and MUD</td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>GRAND TOTAL of number of children who were administered Albendazole (E = 1+ 2)</td>
<td></td>
<td></td>
<td>(3)</td>
</tr>
</tbody>
</table>

**Number of severe adverse events reported from the school (submit adverse event reporting format as applicable)**

**School Details**:  
Total No. of Albendazole tablets given to the school:
Total No. of Albendazole tablets left with school:
Name of the Signatory (Headmaster):

**Date of submission of form**
Contact number of Headmaster:

You may call up the State/District/Block Office (Name) / (Phone) for any assistance required.

**THE HEADMASTER SHOULD FILL AND SUBMIT THIS FORM TO ANM BY AUGUST 32, 2018**

**ANM will submit the School Reporting Form to the Block by August 29, 2018**

---

**Timely Reporting Helps to Determine the Success of the Program.**

**Your Role is Important in This Process.**
1. **Recording**

- Along with administering the tablet, ensure that you mark a single tick (✓) next to each dewormed child’s name in the register.
- On mop-up day, mark double ticks (✓✓) next to each dewormed child’s name in the class register.

☞ Instructions: Ask the teachers to tear off the reporting form given in the training handout. Explain the process of filling out this form in detail.

2. **Reporting**

- Every teacher will count the number of ticks on the form after National Deworming Day and mop-up day separately and report this number to the headmaster.
- The headmaster must ensure the accuracy of the reported data before filling it into the form. Designated teachers should ensure correct counting.
- The headmaster will compile the reported data from all classes into the attached reporting form and submit to ANM.
- Keep one copy of the filled form carefully in your school for records and verification.

☞ Instructions: Trainer should explain the reporting guidelines.
Keep your nails clean and short

Always drink clean water

Keep food covered

Wash fruits and vegetables with clean water

Wash your hands with soap, especially before eating and after using the toilet

Keep your surroundings clean

Wear shoes

Do not defecate in the open. Always use a toilet

Simple Practices to Protect Yourself from Worm Infections
Swati now feels healthy and tells her friends about the importance of deworming. She tells her friend about these important points:

- Keep your surroundings clean
- Wear shoes
- Do not defecate in the open. Always use a toilet
- Wash your hands with soap, especially before eating and after using the toilet
- Wash fruits and vegetables with clean water
- Keep food covered
- Always drink clean water
- Keep your nails clean and short

Encourage all teachers to fulfil their role in this program with enthusiasm and play a part in giving children a brighter future.
Remember

National Deworming Day: 10 August 2018

Mop-up Day: 17 August 2018

Last date for submission of Reporting Form: 22 August 2018
Soil-Transmitted Helminth Infections and school and anganwadi-based deworming

Summary:
- Intestinal worms, or soil transmitted helminths (STH), are among the most common infections worldwide. The World Health Organization (WHO) estimates that 241 million children between the ages of 1 and 14 are at risk of STH infection in India.
- These worms live in human intestines and consume nutrients meant for the human body. They are transmitted by eggs present in human faeces, which contaminate soil in areas where sanitation is poor.
- STH infections can lead to anemia, malnutrition, impaired mental and physical and cognitive development, and reduced school participation. Safe, inexpensive and effective medicines are available to control infection. Regular treatment is a cost-effective method of controlling the public health threat of worms in the absence of improved sanitation.
- MoHFW, Government of India has launched a national school and anganwadi-based program, NDD, through which all children between the ages of 1-19 years will be administered deworming drugs by teachers and AWWs. The WHO recommends school and anganwadi-based deworming as a safe and cost-effective intervention that achieves high coverage of at-risk children.

Distribution and prevalence of STH:
- Global burden: More than 1.5 billion people or 24% of the world’s population are infected with STH worldwide. Infections are widely distributed in tropical and subtropical areas, with the greatest numbers occurring in the Sub-Saharan Africa, the America, China and East Asia. Over 600 million school-age children and 270 million preschool-age children are in need of regular treatment and preventive interventions.
- India burden: WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1-14 years predicted to be at risk of STH infections. This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available in all States, although Gov has now renewed its focus to conduct STH prevalence surveys in all States.

STH transmission:
- There are three main types of STH that infect people: roundworm (Ascaris lumbricoides), whipworm (Trichuris trichiura) and hookworms (Necator americanus and Ancylostoma duodenale).
- Adult worms live in human intestines for food and survival where they produce thousands of eggs each day.
- Infected people who defecate outdoors spread worm eggs in their faeces.
- Subsequently, the eggs contaminate the soil which can spread infection in several ways:
  - Attached to vegetables that are ingested when the vegetables are not carefully washed, peeled, and cooked:
  - Ingested from contaminated water sources;
  - Ingested by children who play in soil and then put their hands in their mouth without washing them.

7 WHO PCT Databank: http://apps.who.int/neglected_diseases/nlddb/latest_shep.html
Figure 1: STH Transmission Cycle

Symptoms of infection:
- Regular treatment of at-risk populations will reduce the intensity of infection and protect infected individuals from morbidity.
- The greater the amount of worms in an individual (intensity), the more symptoms the infected individual will have.
- People with light infections usually have no symptoms.
- Heavier infections can cause a range of symptoms including diarrhea, abdominal pain, and weakness.
- Loss of appetite.

Prevention of infection:
Infections can be prevented by taking precautions, including:
- Using sanitary toilets, not defecating outside.
- Hand-washing, particularly before eating and after using toilets.
- Wearing slippers and shoes.
- Washing fruits and vegetables in safe and clean water.
- Properly cooking food.

Nutritional and health consequences of infection:
STH impairs the nutritional status of the people and infect in multiple ways:
- Worms feed on host tissues, including blood, which leads to anaemia.
- Worms increase malabsorption of nutrients. In addition, roundworm may compete for vitamin A in the intestine.
- The nutritional impairment caused by STH is recognized to have a significant impact on growth and physical development.

Benefits of treatment:
Rigorous studies have shown that deworming has a significant impact on the health, education and livelihoods of treated children. Outcomes of deworming can include:
- Decreased anaemia and improved nutrition
- Increased growth and weight gain
• Improved cognition, mental and physical development
• Increased resistance to other infections
• Increased school attendance
• Improvement in children’s ability to learn better and be more active in school
• Increase in number of hours worked and wages earned in the long-run in adulthood

Deworming also has important spillover effects, meaning that other members of the community who do not receive treatment benefit, as there are fewer worms in the environment. This is especially important for children who are too young to be treated, but for whom worms can greatly impair cognitive development.

School and Anganwadi Center-based deworming strategy
• WHO recommends deworming without previous individual diagnosis to all at-risk people living in endemic areas.
• MOHFW has launched the NDD on 10 February, 2015 in selected 11 States/UTs namely Assam, Bihar, Chhattisgarh, Dadra and Nagar Haveli, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu and Tripura in the first phase.
• Global experience including India has shown that deworming treatment delivered through mass campaigns in schools is a successful strategy as teachers can safely and cost-effectively administer treatment to large numbers of children.
• Deworming treatment is delivered by teachers to school enrolled children and by AWWs to under-five and out-of-school children, with oversight from the health system and support of ASHAs. Children, the community and parents are comfortable with their teachers and AWWs. Teachers and AWWs can easily give deworming tablets to children with basic training and have been successfully deworming children in some States in India and over 30 countries worldwide.
• One full tablet of Albendazole (400mg) will be given to all children between the ages of 2-19 years on NDD. Children between 1 – 2 years would receive half a tablet of Albendazole (400mg) after crushing.
• To cover the children who missed the dose due to sickness or absence from school and anganwadi centers will be covered on Mop-Up Day.

Deworming goals
• Global goal: The WHO global target is to eliminate morbidity due to STH in children by 2020. This goal will be achieved by regularly treating at least 75% of the children in endemic areas (an estimated 873 million).8
• India goal: The objective of NDD in India is to deworm all preschool and school-age children between the ages of 1-19 years through the platform of Government/Government aided and private schools and anganwadi centers in order to improve their overall health, nutritional status, access to education and quality of life.

## Annexure 5
### NDD FREQUENTLY ASKED QUESTIONS (FAQs) AND EVIDENCE BASE

<table>
<thead>
<tr>
<th>S No.</th>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How do people become infected with intestinal worms and what are the most common worms?</td>
<td>Soil-transmitted helminths (STH) are transmitted by eggs present in human faeces which contaminate soil in areas with poor sanitation and hygiene. Transmission can occur when i) eggs that are attached to vegetables are ingested without being carefully washed, peeled or cooked ii) eggs are ingested from contaminated water sources and iii) eggs are ingested by children who play in contaminated soil. Children typically harbor the highest intensity of infection. The main species of intestinal worms are the roundworm (<em>Ascaris lumbricoides</em>), the whipworm (<em>Trichuris trichiura</em>) and hookworms (<em>Necator americanus</em> and <em>Ancylostoma duodenale</em>).</td>
</tr>
<tr>
<td>2</td>
<td>What is the prevalence of STH in India?</td>
<td>WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1-14 years predicted to be at risk of STH infections. This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available for all States. Although Government of India has now renewed its focus to conduct STH prevalence surveys in all States.</td>
</tr>
<tr>
<td>3</td>
<td>How is Prevalence Survey of STH conducted?</td>
<td>Prevalence of STH is conducted in the field by collection of stool samples from the school children and analyzed in laboratories for identification of parasitic ova and prevalence and intensity is measured. The sample design selected gives an estimate of the State wide prevalence and intensity of STH in a particular State. The laboratory analysis is conducted by technical institutes having expertise in parasitology and the study design and analysis of data is done by reputed epidemiological institutes.</td>
</tr>
<tr>
<td>4</td>
<td>How can we prevent the spread of worm infections?</td>
<td>There are several ways to prevent the spread of worm infections by improving hygiene, including: • Washing hands, particularly before eating and after using toilets • Using sanitary latrines • Wearing slippers / shoes • Drinking safe and clean water • Eating properly cooked food • Cover food at all times • Keep nails short and clean • Washing vegetables, fruits and salads in safe and clean water</td>
</tr>
<tr>
<td>5</td>
<td>What is the effect of STH on the nutritional status of children?</td>
<td>Worms impair the nutritional status of people they infect in multiple ways: • Worms feed on host tissues, including blood, which leads to a loss of iron and protein and often contributes to anaemia • Worms can increase the malabsorption of nutrients; roundworm may compete for Vitamin A in the intestine • Some worms can cause a loss of appetite, reducing nutritional intake and physical fitness • Some worms can cause diarrhea and dysentery</td>
</tr>
<tr>
<td>6</td>
<td>What are the development and educational consequences of worms in children?</td>
<td>Worms have negative effects on the mental and physical development of children. Children with worms are often underweight and have stunted growth. Heavy infections often make children too sick or too tired to concentrate at or even attend school. Long term, children not treated for worms are shown to earn less as adults.</td>
</tr>
<tr>
<td>Page</td>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>What is the effect of worms on child mortality?</td>
<td>Intestinal worm infections affect child morbidity, not mortality. There is no rigorous evidence that suggests that worms affect child mortality but there is ample evidence that worms fundamentally affect the quality of children’s lives and negatively impact their access to health, education and livelihoods. The WHO asserts that periodic deworming can be easily integrated with child health days or vitamin A supplementation programs for preschool-aged children, or integrated with school-based health programs. Additionally, deworming has been recommended as part of the National Iron + Initiative including Weekly Iron and Folic Acid Supplementation program in India and other school health programs making the combination cost-effective, safe and easy to administer.</td>
</tr>
<tr>
<td>8</td>
<td>Can Albendazole and iron/folic acid tablets be administered together?</td>
<td>STH have been eliminated from several countries including the U.S. and South Korea, as sanitation conditions improved alongside the delivery of treatments. The WHO recommends mass deworming treatment as a mechanism for controlling the public health threat of worms. A study in Kenya is currently underway that is analyzing the epidemiological requirements, cost-effectiveness and operational feasibility of breaking STH transmission in the absence of improvements in sanitation and findings will be shared broadly.</td>
</tr>
</tbody>
</table>
| 9    | Can STH be eliminated from a country?                                    | Findings from rigorous studies related to health impacts include:  
  • Results and data analysis from a systematic review of 14 randomized control trials found that deworming without previous screening marginally improves hemoglobin concentration, which could translate on a public health scale into a 5 to 10% reduction in the prevalence of anaemia (Humphrey J., 2009)  
  • A systematic review found that treatment with anthelmintic in moderate and heavily infected populations resulted in increased hemoglobin (Smith J.L. et al. 2010)  
  • A randomized control trial found that reduced exposure to worm infections improved cognition for children less than one year of age (Ozier 2011)  
  • A cluster randomized control trial found that the provision of deworming treatment as part of child health services resulted in an increase in weight gain of about 10% above expected weight gain when treatments were given twice a year and about 5% for annual treatment. (Alderman et al. 2006) |
| 10   | What is the evidence base associated with health impacts and deworming?  | Findings from rigorous studies related to educational / livelihoods impacts include:  
  • A randomized control trial found that school-based mass treatment reduced school absenteeism by 25% and was far cheaper than alternative ways of boosting school participation. (Miguel and Kremer 2004)  
  • A longitudinal study showed that the long term benefits of childhood deworming are substantial; young adults randomly assigned to a deworming program as children work more as adults and earn higher wages (Baird S. et al 2012)  
  • A historical study of hookworm eradication in the Southern United States in the early 1900s found a substantial income and educational gain as a result of the reduction in hookworm infection. (Bleskley 2007) |
| 11   | What is the evidence base associated with education, livelihoods and deworming? | 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 child 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 control trial in preschool children found that the group treated with 4 rounds of Albendazole showed a greater weight gain as compared to the non-treated group (Agrasthi S. et al 2006) |
<p>| 12   | What is the evidence base for deworming in India?                        |                                                                                                                                                                                                                                                                                                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the WHO's guidance on deworming?</td>
<td>The WHO recommends preventing and controlling STH-related morbidity through the periodic treatment of at-risk populations living in endemic areas, particularly preschool and school-age children and women of childbearing age (including pregnant women in the second and third trimesters and breastfeeding women). The WHO recommends deworming treatment without previous individual diagnosis to all at-risk people living in endemic areas. Treatment should be given once a year when the STH prevalence in the community is over 20% and twice a year when the STH prevalence exceeds 50%[4]. The treatment advice differs for treated and untreated population. Albenzazole is the name of the deworming drug used by the Government of India and is a safe treatment for intestinal worms used across the globe. The recommended dosage for children between the ages of 2 and 19 years is 1 tablet (400 mg) and ½ tablet of Albenzazole for children 1-2 years. For young children the tablet should be broken into half and crushed and administered with water. All drugs must be administered under supervision. The deworming treatment has very few side effects. There may be some mild side effects like dizziness, nausea, headache, and vomiting, all likely due to the worms being passed through the child's body. However these side effects disappear after some time. Side effects are usually experienced by children with high infections. If symptoms do not go away within 24 hours, or if they are very severe, the child is probably experiencing something unrelated to the treatment and should be taken to the nearest health facility immediately.</td>
</tr>
<tr>
<td>What is the deworming treatment to be given to children?</td>
<td></td>
</tr>
<tr>
<td>Does the deworming treatment have side effects?</td>
<td></td>
</tr>
</tbody>
</table>
4. MANAGING ADVERSE EVENTS ON DEWORMING DAY

On National Deworming Day, school principals, teachers and anganwadi workers should be prepared for any AE or SAE by having read through the Adverse Events Protocol/Guidelines in advance, and ensuring that the protocol and emergency numbers are on hand. All teachers and AWWs should clearly understand that children who are not well on deworming day should not be given the deworming drug.

The teacher and anganwadi workers MUST administer albendazole tablet under their direct supervision in Schools and Angawadi on Deworming and Mop-Up Day. The tablet must not be handed over to the child or their family member for consumption later at home.

4.1 Mild Adverse Events

What are they? Events such as nausea, mild abdominal pain, vomiting, diarrhea and fatigue may occur among children especially those with high worm infestation. These side effects are transient and usually do not require hospitalization. What should the teacher/principal/awws do when mild adverse event at school or anganwadi centers happens?

- Children with ANY side effects should be taken to an open and shaded place and allowed to lie down and rest. They should be provided with clean drinking water.
- Teachers, AWWs and parents should be prepared for these events and take immediate action in case that they occur.
- Children should remain at school or anganwadi center for at least 2 hours after treatment
  
DO NOT PANIC AND FOLLOW GUIDELINES

4.2 Severe Adverse Events (SAE)

A Severe Adverse Event (SAE) is a serious adverse event or reaction is any untoward medical occurrence that at any dose:

- requires any intervention to prevent the occurrence of any of the. Choking hazard/asphyxia causes a medication error which needs to be responded to immediately.

- Separate the affected child from other children and stop deworming activities.
- Stay calm and communicate that the SAE is likely not due to the deworming drug.
- Manage the AE as per protocol and also provide the Toll Free Number of Pharmacovigilance Programme of India 1800 180 3024 for reporting the AE. You may also contact the nearby ADR Monitoring Centre (see Annex for list of AMC’s under the Pharmacovigilance Programme of India)
- School principal should immediately call the Helpline number as per shared details. The school principal should use the information cascade.
- If ambulance services are available, immediate ALERT the ambulance should be given for transport of the child to the nearest PHC/CHC.
- The child’s parents should be informed immediately.
• Immediate treatment should be provided to the child by medical/health personnel (See Annexure 7 Section VI: Guidelines for Emergency Response Team). Medical treatment for adverse event should only be administered by medical/health personnel.

• The ANM should inform the Medical officer who should complete an incident report form and submit it to the Civil Surgeon within the same day.

• Once the reporting form is received, further notification to the next level must be made as per "cascade" of information flow.

• The Mission Director (NHM) or the designated officer will sign/confirm the report(s), and determine if further investigation is needed and submit the report to the Mission Director immediately. The Mission Director or the designated officer will be the spokesperson to the media.

results in death
results in life-threatening condition
requires inpatient hospitalization or prolongation of existing hospitalization
results in persistent or significant disability/incapacity
causes congenital abnormality