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BY SPEEDPOST

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110108

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110108

D.O.No. Z-28020/77/2006-CH(Part)

Dated the May, 2009

2778 (Roh)
9.6.09
Dear Sir,

कृपया उत्तर दें

A Technical Committee under the chairpersonship of Dr. M.K.Bhan, Secretary, Department of Bio-technology was established to develop national guidelines on deworming.

The recommendations of the Technical Committee on deworming are being forwarded to you for necessary action at your end.

With kind regards

Yours sincerely,

(Amit Mohan Prasad)

Shri Pardeep Kumar,
Secretary (Health) & Mission Director (NRHM)
Department of Health & Family Welfare
Government of Jharkhand
Nepal House, Doranda,
Ranchi-834002.

649 (HSM)
9/6/09

Recommendations of the Technical Committee on deworming

Routine deworming cannot be considered a major intervention for reducing anemia or undernutrition in children. However, it can have a small or marginal additive effect on the ongoing programmatic interventions for addressing these two conditions. Individual State Governments should take an informed decision for adopting routine deworming as an additional strategy for reducing anemia and undernutrition in children in populations with high occurrence of STH infections. If State Government decide to initiate routine deworming in children, it would be pragmatic to link this intervention with the mega dose of Vitamin A prophylaxis programme for children between the ages of 13 months (>1 year) and 59 months (<5 years).

Table1. Recommended Deworming Treatment Strategy

Category	Prevalence*	Action for deworming
High	≥ 70%	Preschool and school-age children 2-3 times each year
Moderate	≥ 50% (50% - 70%)	Preschool and school-age children at least once each year
Low	< 50%	Only symptomatic individuals (i.e. those who pass worms in their stools)

* Refers to percentage of children with any of the three STH infections (Ascariasis, Trichuriasis, or hookworm infection).

Table 2. Drugs and their doses for routine deworming in children*.

Drug	Doses by age		
	Below 1 year	1-2 year	2 years upwards
Albendazole (400-mg tablets)	Not to be given (safety not established)	Half tablet	One tablet
Mebendazole (500-mg tablets)	Not to be given (safety not established)	One tablet	One tablet

* Appropriate administration of tablets to children between the ages of 1 and 3 years is important. The tablets should be broken and crushed between two spoons, then safe water added to help administer the drug.