



Office of the Secretary

JAN 12 2007

DepED MEMORANDUM  
No. 28, s. 2007

IMPLEMENTATION OF THE MASS DEWORMING PROGRAM  
IN ALL PUBLIC ELEMENTARY SCHOOLS NATIONWIDE

To: Bureau Directors  
Regional Directors  
Directors of Services/Centers and Heads Units  
Schools Division/City Superintendents  
Heads, Public Elementary Schools

1. Recent surveys have shown that 67% of school children were found to be affected by intestinal worm infections or Soil-Transmitted Helminthiasis (STH) and its complications. This state of ill-health affects the physical and mental capabilities of pupils to learn effectively.
2. In response to this health situation, the Department of Education, in collaboration with DOH through its Integrated Helminth Control Program (IHCP), embarks on a nationwide mass deworming of pre-elementary and Grades I –VI pupils in all public elementary schools, to be conducted in January and July 2007 and twice a year thereafter until 2010. The mass deworming is expected to reduce the prevalence of Soil-Transmitted Helminthiasis (STH) among children 6-12 years old to a level below 30% by the year 2010, thus decreasing the prevalence of malnutrition, anemia, growth retardation and other health problems resulting from complications of intestinal helminthiasis and consequently, improving their academic performance and cognitive skills.
3. Regional directors are hereby enjoined to coordinate closely with the DOH Regional Offices for the allocation of the needed deworming tablets. School heads of public elementary schools are instructed to provide administrative support to ensure the successful implementation of the program.
4. All school health and nutrition personnel shall take the lead in the conduct of the mass deworming in schools and to monitor the implementation of the program. Health education activities should be intensified through communication of the prevention and control of STH by the personnel to the pupils and their parents; and integration of STH prevention messages in appropriate subject areas in the elementary curriculum. Special focus should be given to hand washing, food sanitation and proper waste disposal as preventive measures for STH.

5. Enclosed are specific guidelines on the deworming targets, frequency and schedule of deworming as contained in the Administrative Order No. 2006-0028 issued by the Department of Health (DOH), the full document of which can be accessed through website: [www.doh.gov.ph](http://www.doh.gov.ph).

6. It is expected that a brief consolidated narrative and pictorial report be integrated in the 1<sup>st</sup> and 3<sup>rd</sup> Quarter Reports on ISHNP to be submitted to the Office of the Secretary, Attn.: Health and Nutrition Center, DepED Complex, Meralco Avenue, Pasig City.

7. Immediate dissemination of this Memorandum is desired.



TEODOSIO C. SANGIL, JR.  
Undersecretary  
Officer-in-Charge

Encl.:

As stated

Reference:

None

Allotment: 1- -(D.O. 50-97)

To be indicated in the Perpetual Index  
under the following subjects:

HEALTH EDUCATION  
PUPILS  
SCHOOLS

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## Enclosure to DepED Memorandum No. 28, s. 2007

### **SPECIFIC GUIDELINES ON TARGETS, FREQUENCY AND SCHEDULE OF DEWORMING** (DOH Administrative Order # 2006-0028 on IHCP Guidelines through website [www.doh.gov.ph](http://www.doh.gov.ph))

#### **1. Chemotherapy**

Chemotherapy is a safe and efficient intervention with immediate results visible to affected clients as it reduces worm burden, worm transmission and chance of re-infection. As the major intervention for helminth infection control, two approaches are applied: (a) mass targeted deworming and (b) selective deworming. Mass targeted deworming is applied to preschool children and school children while selective deworming is recommended for adolescent females, pregnant women, and the special population groups of food handlers, soldiers, farmers and indigenous people. Different dosages of deworming drugs are prescribed per target population group with corresponding frequencies and schedules.

#### **a. Deworming Targets**

##### **a.1 For Mass Targeted Deworming**

- Children 1-5 years old suffer the greatest morbidity when infected. Deworming is intended as a curative care to ensure survival especially children below 3 years old.
- Children 6-12 years old harbor the greatest load of infection and are the significant sources of transmission.

##### **a.2 For Selective Deworming Treatment**

- Adolescent females must be provided with anthelmintic drugs because they lose about 35ml. of blood containing approximately 15.5 mg. of iron during menstruation.
- Pregnant women must be provided with anthelmintic drugs because maternal anemia is at 44.0 percent (2005 FNRI Study). Blood loss and worm infection can aggravate maternal anemia and impact on birth and delivery outcomes.
- Special groups like soldiers, farmers, food handlers and operators, and indigenous people are at risk to worm infestation because of their exposure to different intestinal parasites relative to their occupation or cultural practices:

#### **b. Frequency and Duration of Deworming**

For children 1-12 years, it is recommended to do mass deworming twice a year or every 6 months since re-infection rate in this group is almost 100.0 percent at 6 months after treatment (Cabrera et al. 1977-78). As infective eggs remain viable in the soil and are able to infect people for a maximum of two (2) years, mass chemotherapy should be done consecutively for three (3) years. It is expected that after the continuous 3 year mass chemotherapy given twice a year, the worm prevalence would be below 50 percent, after which mass deworming is recommended to be done only once a year.

Selective deworming of special population groups (adolescent, females, pregnant women, soldiers, food handlers/operators and indigenous people) must be done once a year anytime they consult the health facility.

**c. Drug Dosage and Frequency by Target Groups**

Target Groups	Drug Dosage	Frequency
<b>Mass Targeted Deworming</b>		
(1) 12-24 months children	albendazole, 200mg, single dose or mebendazole, 500mg, single dose	Every 6 months
(2) more than 24 months old children	albendazole, 400mg, single dose or mebendazole, 500mg, single dose	Every 6 months
<b>Selective Deworming</b>		
(1) adolescent females	albendazole, 400mg, single dose or mebendazole, 500mg, single dose	Once a year any time they consult the health facility
(2) pregnant women	albendazole, 400mg, single dose or mebendazole, 500mg, single dose	Once a year during the 2 <sup>nd</sup> trimester once they consult the health facility
(3) Special Population Groups e.g. food handlers and operators, soldiers, farmers and indigenous people	albendazole, 400mg, single dose or mebendazole, 500mg, single dose	Once a year any time they consult the health facility

**d. Schedule of Deworming**

Deworming will be administered to specific population groups according to the following schedule.

**Table 1: Schedule of Deworming**

Target Groups	Schedule	Responsible Agency
Preschoolers, 1-5 years old	April and October	DOH, NGOs
Schoolers, 6-12 years old	January and July	DepED
Filariasis endemic areas (2-year olds and above)	June and November	DOH-FEP and ICHP

**e. Drug Requirements and Preparations**

The drugs recommended by WHO and DOH for the treatment of intestinal parasitism in children 12 months and above are albendazole or mebendazole. The same drugs are also recommended for female adolescents, pregnant women and the special population groups but differ only in the dosage to be administered. Albendazole and Mebendazole are likewise listed in the Philippine National Drug Formulary, Volume I, 5<sup>th</sup> Edition 2000, p.19.