


OFFICE OF THE CHIEF MEDICAL OFFICER, KANGRA AT DHARAMSHALA, DISTT. KANGRA
ENDST. NO. HFW/KGR/NRHM/NDD/01-2016/1307-22 DATED: 6/4/2019

To


The District Project Officer (ICDS), Kangra at Dharamshala
The Deputy Director Higher Education, Kangra at Dharamshala
The Deputy Director Elementary Education, Kangra at Dharamshala
All the Block Medical Officers,
Distt. Kangra

Dated the Dharamshala - 176215



Subject: Regarding Miking on National De-worming Day (NDD), 2019.

Sir,


With reference to e-mail received from OSD (RCH), NHM, HP on 19th March, 2019 on the subject cited above.

Please find attached herewith the presentation on NDD convergence meeting other departments. This is for your information and further necessary action on 1st Round of National De-worming Day (NDD) as scheduled on 1st May, 2019.


Encl: Seven (7) pages.


Chief Medical Officer
Kangra at Dharamshala

Endst.No. EDN-KGR-(E-7)-Misc/2018-19 -  Dated: 13/04/2019

Copy forwarded to:-

1. All the the Block Elementary Education Officers in Distt. Kangra for information and further necessary action.
2. The Chief Medical Officer, Kangra at Dharamshala for information please.


Dy. Director Elementary Education
Kangra at Dharamshala

Re: Miking on NDD 2019

From: osdrchhp (osdrchhp@gmail.com)

To: cmoblspp@gmail.com; cmochambahp@yahoo.co.in; cmo-ham-hp@nic.in; cmokangra@yahoo.co.in; cmokinnaur@gmail.com; cmokullu@gmail.com; cmokeylong23@gmail.com; mohmandihp2@gmail.com; cmoshimla@gmail.com; cmosirmaur@gmail.com; cmosolan@gmail.com; cmouna_hp@yahoo.co.in; md-hp-nrhm@nic.in; dirhealthdhs@gmail.com

Date: Tuesday, 19 March, 2019, 10:43 pm IST

Use this presentation for NDD convergence meeting with other departments, add ur achievements of last round and targets for upcoming May round

Regards,

Dr Mangla Sood

Faculty Pediatrics IGMC Shimla &

OSD(RCH)

Shanti Bhawan, Phase 3, Sector 6

New Shimla, Shimla 171009

Himachal Pradesh

9418453465

DPG # (a)

dg

Pl. endorse
to all BMO's
& DDHE &
DDEE |
u

1061

On Tue, Mar 19, 2019 at 10:27 PM osdrchhp <osdrchhp@gmail.com> wrote:

DIARY NOTE

National Deworming Day – 1st May 2019

Parasitic intestinal worm infections are a significant public health concern for India. Worms harm children's physical growth, and cause anemia, under nutrition, poor cognitive development, and school attendance.

Government of Himachal Pradesh has been organizing the mass deworming program as National Deworming Day (NDD), under which all children aged 1-19 years are administered Albendazole tablet at the schools and Andanganwadi on 1st May 2019. Children who are sick will not be administered the deworming tablet. Left out children will be administered the tablet on mop-up day to be held on 8th May 2019.

Children will be administered tablet Albendazole which is the safe and beneficial drug as per WHO. Children who have high worm load may experience diarrhea, or vomiting, which will subside in 2-3 hours post administration. All emergency medical facilities are in place, if they are needed. No child will be administered the tablet forcefully.

Let us join hands to help our children lead a healthier and worm free life.

Parents may speak with the class teacher if any query about National Deworming Day

Dr Mangla Sood

Faculty Pediatrics IGMC Shimla &

OSD(RCH)

Shanti Bhawan, Phase 3, Sector 6

New Shimla, Shimla 171009

CONTINUED.....

There are a number of key types of SAEs:

- Those caused by the drugs themselves: e.g., an allergic reaction to the drugs
- Those caused by the parasites degeneration when they are killed: e.g., intestinal blockage
- Those caused by operational issues: e.g., choking, Medication Errors leading to choking is major concern while administering this tablet. Proper instructions must be given and should be followed so as to avoid cases of choking
- Those which are coincidental but unrelated: e.g., malaria around the same time as drug administration

Adverse Event Management (AEM) - Do's and Don'ts

Do's	Don'ts
Always ask children to chew the tablet to avoid choking	Never give the tablet to children who are sick or are on any other medication
Drug administration to children must be under supervision of teachers/handmasters at schools and anganwadis/worker at anganwadis centre	Do not instruct children to swallow the tablet without chewing it first
	Do not allow the child to take the tablet home

Albendazole is safe for both children and adults

Nodal person for Adverse Event Management (AEM) at District level _____

District should disseminate AEM protocol to all block officials. Teachers and ANM's trainings and materials will cover all important aspect of AEM.

Role of BMOs & ANMs for AE

- Inform and orient the PHC/CHC/ANMs about adverse event
- Depute doctors to handle calls on the emergency helpline for Deworming Day and Mop Up Day
- Prepare PHCs/CHCs/ANMs to manage an increased number of children presenting with minor, non-specific symptoms
- Ensure ambulance services and other mobility support are on ALERT for handling any SAE cases
- Ensure phone numbers of the PHCs/ANMs are circulated to the Block education department for distribution to the school principals, ICDS-CDPO's Supervisors, anganwadis workers, and ASHAs.
- Should be prepared to accompany sick children to health facilities and ensure they receive appropriate medical attention and care.
- Visit assigned schools in advance if possible and collect information and phone numbers of the school principal. Provide their phone number to the school principal.
- Share the information collected with the Civil Surgeon. Also share the phone number of the helpline to all the assigned schools

Role of Principal/Teachers for AE


- Teachers should inform parents of the children through different forums such as school management committee meetings or parents teachers meeting as appropriate ahead of Deworming Day about the following:
 - Deworming and Mop-Up Day
 - Benefits of deworming on children's health and education
 - Mild side effects in children may be expected to only children with high worm load. The side effects are usually not serious and would pass by soon.
- Preparations undertaken by the Education and Health Department to manage any AE.
- Build confidence that the child will be taken under observation and care if they show any serious side effects. They will be immediately taken to the nearest health center.
- Schools should prepare a shaded open area and keep safe drinking water available for children experiencing any side effects to rest until recovery.

Interaction with Media in case of AE

- Media person will be designated at the district.
- No media interaction will be done at the block level.
- The designated person will only speak with the media in case of an AE.
- Free treatment will be provided to the patient in case of AE
- In case of AE, the medical report should not be shared with the media until prior approval of MD-NHM.

Key Messages

- Interdepartmental convergence
- Ensuring availability of sufficient Albendazole tablets
- Provision of Master Trainers to further train functionaries from Education/ICDS
- Develop and provide financial guidelines /budgets
- Disseminate Adverse Event Management Guidelines
- Develop IEC strategy and provide budgetary allocations
- Printing of training material, IEC material and reporting forms
- Inauguration of NDD at state and district level to increase awareness
- Ensure community mobilization through ASHAs to support deworming of out-of-school children
- Monitoring and timely reporting of coverage data



Role of RBSK teams in NDD

- The MHT will conduct IEC from 1st April 2019 in schools and AWCs
- The MHTs will conduct monitoring on 1st May 2019



- Support and coordinate with Health Department in effective roll-out of NDD
- Train/outpost anganwadi workers to administer drugs in coordination with Health Department and brief them on possible adverse events and their management
- Ensure community mobilization, especially of out-of-school children
- Deworm all registered and unregistered children between the age of 3-5 and all out-of-school children up to 18 years of age
- On mop-up day, administration on mop-up day to children who could not be dewormed on NDD due to absenteeism/sickness
- Timely reporting



- Support and coordinate with Health Department in effective roll-out of NDD
- Train teachers to administer drugs in coordination with Health Department and brief them on possible adverse events and their management
- Community mobilization through School Management Committees, Health and Sanitation days, school assembly etc.
- Deworm all enrolled children at schools
- On mop-up day, administration on mop-up day to children who could not be dewormed on NDD due to absenteeism/sickness
- Timely reporting



BIANNUAL VITAMIN A ROUNDS

Vitamin A Deficiency –

- A leading cause of preventable visual impairments
- Major contributor to childhood mortality
- Since it is essential for the functioning of body's immune system, its deficiency is the underlying cause of nearly 25% of under 5 mortality associated with measles, diarrhea and malaria
- Vitamin A supplementation can reduce child mortality in the deficient population by 20-13% (The Lancet Vol. 361, June 2003)
- In HP an estimated 62% pre school children have shown low serum Retinol concentration.

BIANNUAL VITAMIN A ROUNDS

Recommended Dose Schedule:

First Dose : At 9 months of age, 1 lakh units (1ml) along with MR 1
 Subsequent doses : 2 lakh units (2ml) with NDD biannual rounds

Where:

In AWCs and Schools where children upto the age of 5 years are enrolled

Responsibility:

AWW & Class teachers

Supervision : ANM

Reporting:

On a format prescribed by the state. Reports to be collected on the same lines as NDD.



NDD Tool Kit

- Albendazole Tablet
- IEC material for School and AWC
- Handouts
- Reporting forms
- Adverse event forms*

* BMOs to ensure that all schools and AWC have the contact details of nearest Medical officer along with BMO in case of any adverse event.

Level	Reporting Officer	Reporting Format	Reporting Date
School	Principal	The reports will be collected by ASHA from their respective schools in their areas. She will submit it to AHMS.	School Reporting Format
Anganwadi center	AWW	Respective AHM under whose area the AWC falls in.	Anganwadi Reporting Format
Anganwadi center	ASHA	Respective AHM under whom ASHA is working.	ASHA - Standard Reporting Format
Sub-center level	AHM	Block	All School and Anganwadi Reporting Formats & AHMS reporting formats
Block Level	Block Officer	District Officer	Block level Common Reporting Formats & Monitoring formats & soft copy in Software
District Level	District Officer	State Nodal Officer	District level Common Reporting Formats & Monitoring formats & in the software

10th May 2019
13th May 2019
16th May 2019
17th May 2019


ADVERSE EVENT

Introduction

An Adverse Event (AE) is a medical incident that takes place after a preventive chemotherapy intervention and is suspected to be but is not necessarily caused by the medicines used in the intervention. Some AE, after investigation, may be found to have been caused by the medicine. Such AE will also be referred to as adverse drug reactions or side effects.

Mild Adverse event

- Events such as nausea, mild abdominal pain, vomiting, diarrhoea, and fatigue may occur amongst a few children, especially those who have high worm infection.
- Any adverse events are temporary and generally can be managed at the school/anganwadi.
- Self-limiting symptoms do not require hospitalization.
- In case of an adverse event, make the child lie down in an open, shaded area and give the child water to drink.
- Albendazole is an easily chewable tablet. Still, if the child chokes on a part of the tablet, make the child bend over on your lap and pat the child on the back till the tablet comes out.
- If the child still does not feel well, contact the ambulance service / nearest health centre.



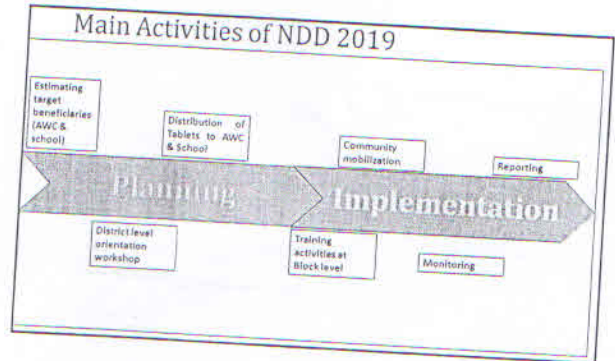
Severe Adverse Event (SAE)

A serious adverse event or reaction is any untoward medical occurrence that at any dose:

- requires inpatient hospitalization or prolongation of existing hospitalization.
- results in persistent or significant disability/incapacity
- causes congenital abnormality
- requires any intervention to prevent the occurrence of any of the above
- results in death
- results in life-threatening condition

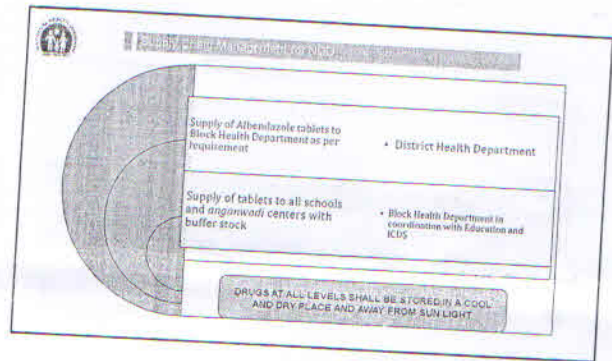
Albendazole Administration – Age-specific

Age group	Dosage (Albendazole 400 mg tablet)	Administration
14 years	Half tablet	<ul style="list-style-type: none"> Drug administration must be done under supervision to ensure full adherence. During intake, children should chew the tablet and if required should consume some water. Clear drinking water should be available at the school throughout the NDD. For young children the tablet should be broken and crushed (between their spoon) and then care taken to add to administer the tablet. The older children should chew the tablet and if required should consume some water. Albendazole strips that are not chewed or crushed may have significantly lower effectiveness.
5-13 years	Full tablet	

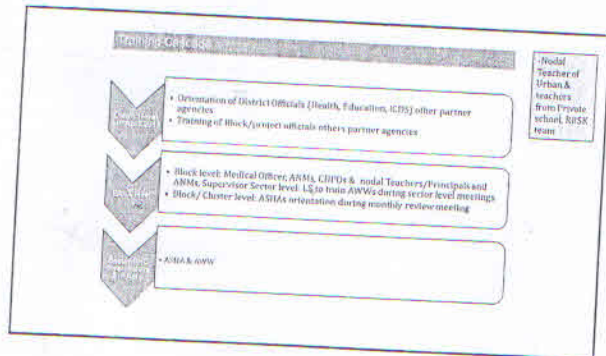


PREVIOUS NDD COVERAGE

2017/18 (2017/18 Round)		2018/19 (2018/19 Round)	
Number of government, government-aided schools			
Number of private schools*			
Number of AWCs			
Number of children enrolled in government schools			
Number of children enrolled in private schools			
Number of children registered at AWCs			
Number of out-of-school children			
Number of unregistered children at AWCs			
Total number of children targeted to be dewormed			
Total number of children targeted - dewormed			



Block Name	Targeted Children for Deworming (MAY 2019 Round)					Drug Quantity Estimation in Tablet (MAY 2019 Round)				
	Children registered in AWCs	Children unregistered in/out of AWCs	Children enrolled in Govt/Govt-aided schools	Children enrolled in private schools	Children out of schools	Total Targeted Children	% Buffer Stock	Buffer stock Qty	Left Over stock from previous round	Net Qty required including Buffer Stock
	A	B	C	D	E	F = (A+B+C+D+E)	G	H = F x G	I	J = (F+H)-I






National Deworming Day
MAY 2019

Rationale for Deworming in India


Children aged 1 to 19 years (preschool and school-age children) are at-risk of parasitic intestinal worm infections, known as Soil Transmitted Helminths (STH).

India is Endemic for Soil Transmitted Helminths (STH), as per WHO

Within SEARO, 64% of the children who require deworming in this region are from India. 15% from Indonesia and 13% from Bangladesh



India's contribution 241 million (64%) children (6-14 years) @ STH Risk (WHO, 2013)




Soil Transmitted Helminths - A Public Health Problem


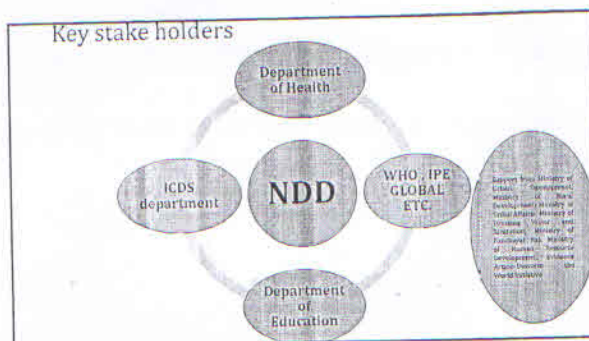
- o In India 241 million (68%) children (1-14 years) are at risk of these infections (WHO, 2013)
- o 59.5 % of the households do not have latrine facility within the premises - Important risk factor for STH (NSSO 2013).
- o It Contribute to
 - ✓ Malnutrition
 - ✓ anaemia,
 - ✓ retarded growth
 - ✓ learning disabilities in children and missed livelihood opportunities in future,
 - ✓ Heavy infections cause complications like intestinal obstruct, dysentery, dehydration & colitis

National Deworming Day (NDD)

National Deworming Day: Mass deworming of children on a fixed day approach across all States and Union Territories




Objective: Deworm all children (boys and girls) aged 1-19 years (enrolled and non-enrolled) at schools and anganwadi centres for improved child health, nutritional status, access to education, and quality of life.

Fixed Day Approach

National Deworming Day - 1st MAY 2019 to deworm all enrolled and out-of-school children in schools and anganwadi centers.

Mop up Day - 8th MAY 2019 to deworm children who could not be given Albendazole on National Deworming Day.



Where-
➤ Anganwadi Center
➤ All Schools

Albendazole tablet 400 mg should be administered for all children aged 1 to 19

Children aged 1-5 years; out-of-school children aged 6-19 to be dewormed at anganwadi centres

Children aged 6-19 years enrolled in schools to be dewormed in schools