Biannually School Based Deworming by Mebendazole 500mg has Reduced the Worm Load Dramatically in Bangladesh

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Bangladesh being in the tropical zone and having all the risk factors of all parasitic diseases harbors the biggest load of the parasitic disease burden. All 64 districts are endemic with 78 million infected with *Ascaris lumbricoides* (Round worm) which constituted 55% of population. About 51 million people (35% of population) are infected with *Hook worm* and 66 million people are infected with *Trichuris trichiura* (Whip worm) [1,2]. Among all the community 5-14 years age group are very vulnerable to the infection. It causes impairment of growth, development of cognition among Children. Hook worm and whip worm infection cause iron deficiency anemia.

Prior to the initiation of programmatic activities, schools in three districts began piloting deworming programs in 2005 covering three ecological zones of the country (plain, coastal and hilly). The results found 79.8% of the Children were infected. In addition, 43.6% had moderate heavy intensities of Ascaris infections and 16.2% had moderate heavy intensities of Trichuris Trichiura infections.

Another follow up survey was conducted in 2007 in same places adding three more districts where deworming was done during MDA under Filariasis elimination program. The three districts were Panchagarh, Nilphamari and Lalmonirhat. The sample size was 1515. The following results were observed. 76.02% school children were found with no infection, 18.65% with single, 4.91% with double and 0.39% with triple infection.

On the basis of that survey results and in response to this, the Government of Bangladesh’s Ministry of Health established deworming programs through the National Filariasis Elimination with the support of various partners including the WHO, Children Without Worms (CWW) and Johnson & Johnson.

School based deworming program was scaled up gradually to 16 districts till 2006 to June 2007, 24 districts till May 2008 and finally it was expanded up to 64 districts by November 2008 with an aim to regular de-worming of 75-100% School aged children (WHA resolution 54.19 of 2001). Deworming is now conducted for all school aged 5-12 years old, through all primary level institutions (govt. and non-govt.) in the country.

From 2010, De-worming is conducted for a week instead of National de-worming Day and 5 years aged (baby class/pre-primary) group included as target. Deworming week has been shifted from May to April and from November to October during the year 2013. Tablet Mebendazole (500mg) instead of Tablet Albendazole is being used countrywide in deworming program from the November round of 2012.

Program data shows very high levels of reported coverage, (Annual Report 2011. Bangladesh) although actual pill ingestion may be less than reported according to the report of the post MDA validation survey organized by CDC Atlanta in 2010 in Munshigonj and Laxmipur districts. According to recommendation of that survey, MDA should be accompanied by IEC, advocacy, and training aimed at educating the public about soil transmitted helminths. Although the program has been successfully rolled out, it has suffered from certain gaps and compliance issues which undermine the quality and hence effectiveness.

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To address those gaps FHI 360 with funding from USAID’s END in Asia Project began providing support for specific activities for STH Control in 2011. The overall goal is to strengthen and expand national NTD control efforts. Moreover a “Little Doctor” initiative was started from the same year with an aim to increase drug coverage as well as providing some important health related matters to other students’ especially personal hygiene. The Little Doctor initiative was highly accepted by the schools and their role was appreciated by every individual.

The subsequent follow-up stool surveys showed STH infection rate 27.2% in 2010, 15.7% in 2012-2013 and 8.28% in 2014-2015 from the 79.8% baseline infection rate. These joint efforts directly contribute to global goals to establish control of worm infections.

Bibliography
