Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 18, 2004

ADMINISTRATIVE ORDER
No. 176 s. 2004

SUBJECT: Guidelines in the use of Albendazole or Mebendazole in the treatment of soil-transmitted helminthiasis in children 12 months old and above.

I. Background/Rationale

Administrative Order No. 30 — F s 1999 re: "The Soil-transmitted Helminthiosis Control Program: Guidelines on the. Implementation of the Soil-transmitted Helminthiasis Control Program" was issued to- outline the Operation of the program at the regional provincial and municipal levels. Targeted for deworming were children aged 24— 168 months old (2 — 14 years old) However, due to recent findings on the adverse effects of soil-transmitted helminthes (STH) on children under 24 months of age, the World Health Organization (WHO) conducted studies on the safety and effectivity of deworming of children as young as 12 months old.

Intestinal parasitism is most intense ameng children aged 2 — 14 years old These children are at the highest risk of vauiring the infection. The 6 — 14 years age group harbors the greatest load of worms and therefore serve as the most significant source of transmission. If infection rates are reduced 1n this group, the environment becomes less contaminated hence benefiting the whole community. The 2- 5 years age group on the other hand, suffers the greatest effect of infection since physical growth and psychological development occurs during this period.

Recently, there is growing evidence to suggest that soil-transmitted helminthiasis has a detrimental effect on the growth and development of children under 24 months of age. From the time children step breastfeeding and start crawling around, frequently putting their hands into their mouth, they are at risk of STH infection. Without treatment, they become repeatedlyr re-infected and the number of worms inside their body steadily increase. By the time they reach school age, they can be harboring hundreds of worms. In view of this development, the WHO Expert Committee convened to assess the use of albendazole and mebendazole 111 children under 24 months of age.

Studies done by the: WHO reveal that. deworrning is accompanied by the following benefits: improved helminth status (decrease in prevalence and intensity of infection); improved nutritional status manifested by increased weight gain; improved iron status in anemic children (Montresor, Awasthi and Crompton, 2003). There was no evidence of adverse effects indicating that these drugs can be used to' treat'young children safely and effectively. This Administrative Order was prepared

as an addendum to AO N0. 30 - F s 1999 supporting the deworming of children aged 12 months.

II. Objective/Purpose

1. To reduce the prevalence and/or intensity of STH after treatment

2. To improve the nutritional status of children by improving the Vitamin A absorption

3. To decrease the incidence of anemia secondary to hookworm infection or massive trichuriasis

III. Coverage/Scope

All children aged 12 months old and above with intestinal'parasites

IV. Implementing Guidelines

A. Recommended drug and doses:

The drugs recommended by the WHO and the Department of Health (DOH) In the treatment of intestinal parasitism in children 12 months and above are albendazole or mebendazole. These drugs are listed 1n the Philippine National Drug Formulary, Volume I, 5th Edition 2000 pp 19.

Albendazole
12 months-24 months - 200 mg, single dose every 6 months
24 months and above - 400 mg, single dose every 6 months

Or

Mebendazole
12 months and above - 500 mg, single dose every 6 months

B. Mass Treatment

It shall be done every 6 months for the duration of 3 years because infective eggs remain viable in the soil and are able to infect people for a maximum of 2 years. For children aged 12 months to 60 months, the mother under the supervision of the Midwife orBarangayI Health Worker (BHW) will give the anthelminthic drug to the child (community-based). For children above 60 months old, the teachers under the supervision of the school nurse will give the anthelminthic drug to the school children (school—based).

C. Usual Adverse Reactions of Albendazole and Mebendazole

Side effects/adverse reactions associated with albendazole and mebendazole are mild’and transient. These include:

1. local hypersensitivity
2. erratic worm migration
3. mild abdominal pain
4. dia1rhea

D. General Management of Adverse Reactions

No treatment is necessary, however, antihistamine can be given in case local hypersensitivity occurs, and oral rehydration therapy in cases of diarrhea. If reactions persist consult a doctor and inform the Soil-transmitted Helminthiasis Control Program (ST-HCP) regional or provincial coordinator. In case the drug was administered by the doctor, he Should explain the possible side effects and how to manage it.

Despite the posSibility of erratic worm migration, there had been no reported deaths or any serious consequence during the mass treatment done using either albendazole 400 mg or mebendazole 500 mg.

E. Exclusion Criteria for the Administration
DO NOT give albendazole or Mebendazole if the child has:
1. severe malnutrition
2. high grade fever
3. profuse diarrhea
4. abdominal pain

V. Implementing Mechanism

The staff from the National Center of Disease Prevention and Control (NCDPC), Centers for Health Development (CHD), and Academe will provide technical support to the Local Government Units (LGUs) during the mass deworrning activity and in the management of side effects.

VI. Effectivity

Administrative Order No. 30 — F s. 1999 re: Guidelines on the Implementation of the Soil-transmitted Helminthiasis Control Program shall remain in effect. This Order shall take effect immediately.

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