



# FREQUENTLY ASKED QUESTIONS ON DEWORMING

Integrated School Health Programme  
and  
National School Nutrition Programme



Basic Education  
Health  
Social Development

PCD Imperial College  
The Partnership for  
Child Development London



# Taking responsibility for our children's health and wellbeing

## 1. What is the Integrated School Health Programme (ISHP)?

The Government is strengthening school health services in the country in support of children's health throughout their school years, from the moment they start school to their last year in Grade 12. School health services will comprise health education, health screening and some on-site health services. This is called the ISHP, which is a joint programme of the Departments of Basic Education, Health and Social Development.

**The aim of the ISHP is to improve** children's health, reduce health barriers to learning, and assist learners to stay in school and perform to the best of their abilities. The ISHP also aims to promote attitudes and behaviours that will positively impact the current and future health status of learners. As part of the on-site services, learners will be dewormed in schools.

## 2. Who will administer the Deworming tablets?

The World Health Organisation (WHO) recommends that educators administer the medication as it is safe, simple to administer and only minimal training is needed.

On 5 August 2014, the Medicines Control Council (MCC) in South Africa (body that oversees use of medication in South Africa) approved that educators may provide deworming tablets to learners under the supervision of a professional nurse. This will happen during the Human Papillomavirus Vaccination Programme yearly when professional nurses will be on the school premises. Health education will be provided by health promoters, who are members of the ward-based primary healthcare (PHC) teams of the Department of Health.

## 3. Why should a deworming programme be administered at schools?

**A deworming programme should be administered in schools because:**

- ☐ The huge toll that infections take on children's food digestion which affect the growth of these children;
- ☐ The ease of reaching large numbers of children in rural areas;
- ☐ It is an inexpensive intervention;
- ☐ School-based deworming prevents the many health problems mentioned under number 9;
- ☐ It contributes to the achievement of Education for All (EFA) including:
  - o Reduction of absenteeism;
  - o Increased potential to learn;
  - o Is pro-poor as it has the greatest impact on the neediest children; and
  - o Decreasing the burden of worms in learners reduces transmission and also benefits the rest of the population by reducing the number of worm eggs shed into the environment.







#### 4. How widespread is the problem of worm infection?

Over 600 million learners worldwide are infected with parasitic worms. At least 1.5 million school-age children are severely ill due to worms. In South Africa studies report 40-90% prevalence rates amongst learners.

#### 5. Is it compulsory to participate in the Deworming Programme?

Participation in the Deworming Programme is voluntary. Learners are not compelled to participate. However, learners are encouraged and advised to participate as worms are detrimental for children's health and educational outcomes.

#### 6. How will consent to access the health services be provided?

All parents are asked by the school to sign and return the consent form to the school, giving permission for their child to receive deworming medication.

In accordance with the Children's Act, learners who are 12 years and older must provide their assent to participate in the programme. Children, 12 years and older can assert their right to access services independent of their parents (in other words where parents refuse participation, they may sign their own consent), they will be counselled on the importance of adult support, but will be dewormed.

#### 7. How might my family and I get worms?

- ☐ Worms can spread through contaminated water, air, pets and even contaminated hands;
- ☐ Worm eggs can adhere to clothing and bed linen;
- ☐ Worm eggs live on raw meat or fruit and vegetables that haven't been rinsed properly;
- ☐ Worms can be spread by walking barefoot on contaminated soil; and
- ☐ Soil becomes contaminated with worms when it is contaminated by human faeces. Worms are very fertile and can release tens of thousands of eggs at a time.

#### 8. What are the most common intestinal parasitic worms?

Soil-transmitted helminths (STH) include roundworms, whipworms and hookworms are among the most common causes of infection in people. Examples of worms can be seen below.

**Hookworm**

**Large roundworm**

**Whipworm**

**Pinworm**

**Threadworm**





# Learn about worms and stop worms spreading

## 9. What are the signs and symptoms of worm infection?

Worms cause a number of health problems. The different types of worms cause different symptoms.

Children with a few worms may have the following symptoms:

- ☐ Loss of appetite;
- ☐ Weight loss;
- ☐ Abdominal pain;
- ☐ Itching around the anus
- ☐ Fatigue; and
- ☐ Constipation.

**With heavier infections, children with one or more kinds of worms may experience the following symptoms**

- ☐ A swollen or painful stomach;
- ☐ Coughing;
- ☐ Fever;
- ☐ Vomiting;
- ☐ Diarrhoea;
- ☐ Weakness and chronic fatigue;
- ☐ A general feeling of being unwell;
- ☐ Hookworm can contribute to anaemia by causing intestinal bleeding and thus loss of blood;
- ☐ Fits (when the brain is infected);
- ☐ Bowel obstruction in the case of heavy infection with roundworms;
- ☐ Anaemia in school-children negatively affects educational outcomes such as attention span;
- ☐ And stunted growth and intellectual development (WHO).

## 10. Who is the target group for deworming?

The World Health Organisation (WHO) recommends targeting school-age children as they have the highest intensity of worm infection and they bear the highest burden of STH-attributable diseases.

## 11. Will learners of all grades be targeted?

Learners in grades R-7 in quintile 1-3 public schools will be targeted. Children who are otherwise unwell and / or have a fever should not receive deworming tablets.

## 12. How old must my child be before deworming?

Treatment of toddlers should only begin after 2 years.

## 13. How often should children be dewormed?

Deworming learners once a year should be sufficient.

## 14. When should I stop deworming my child?

It is recommended that you continue deworming throughout your adult life.

## 15. Which medication will be used for deworming learners in schools?

The World Health Organisation (WHO) recommends the treatment of worms with mebendazole (500 mg) as it is effective, inexpensive and easy to administer by non-medical staff (e.g. educators). They have been through extensive safety testing and have been used in millions of people with few and minor side-effects.

**What do I do if I have any questions about the deworming programme?**

**For more information on the ISHP, contact the school principal, the school health nurse or your nearest health clinic, or call the toll-free lines of the Department of Basic Education (0800 202 933) or Department of Health (0800 012 322).**

References: South African Medical Research Council. 2007. Learn about worms! Tygerberg  
World Health Organisation. Soil-transmitted helminth infections: Fact sheet No 366, May 2015