**ASSAM**

**Part 1: Status of deworming**

Children under 6 years of age account for 16% of the population (4.4 million), marginally above the national average of 15.4%.

**Government Initiatives:**

1. *Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM):*
* Child health care comes under the purview of the Reproductive and Child Health (RCH) program. Supported by UNICEF.
* Mother and Child Health Month 2008/9: September and March in all districts of Assam are dedicated to promoting awareness on child health and improving service delivery. During the MCH month, the emphasis is on the provision deworming of children 1-5 years of age (amongst other activities) at AWCs.
* In 2010/11, 92,957 children were given IFA/deworming tablets.
* Supposed to provide deworming to all children, but AWC services provided in Assam are some of the worst performers for deworming coverage.
1. *School Health Programme:*
* No schools in Assam have been covered under the School Health Program to provide deworming in 2012/13.
* The programme was then re-scheduled to begin in March 2013. No evidence of this actually having taken place.

**Part 2: Prevalence surveys**

* Research study looking at tea-growing communities in Assam, India in 2004. Found that the overall prevalence of Ascaris was 38%, and the individual prevalence of hookworm and Trichuris was 43%.[[1]](#footnote--1)
* A 1996 study in a rural population of Upper Assam found that out of 764 stool samples examined 312 (41 percent) were found to be positive for one or more intestinal parasites. Ascaris lumbricoides was the most common helminth.[[2]](#footnote-0)
* A 2004 study looked at communities in the tropical rainforest of Assam to analyse the effect of treatment with a single dose of albendazole 400mg on reinfection rates. The cure rates for Ascaris, Trichuris, and hookworms were 70.8%, 68.7% and 93.0%, respectively. Re-infection rates after 3 months of successful treatment were 19.6% for Ascaris, 30.9% for Trichuris, and 11.3% for hookworms. Six months post- treatment, the prevalence of re-infection was highest with T. trichiura (43.6%); followed by A. lumbricoides (35.3%). The rate of reinfection with hookworms was lower (11.3%) six months post-treatment.[[3]](#footnote-1)
* A 2003 study from an urban locality in Assam found the STH prevalence and intensity in the age-group of 9-10 years do represent community burden. However, more such surveys will have to be carried out to substantiate this statement.
* A 2012 study looked at anaemia in adolescent girl students in Assam. It revealed that Ascaris lumbricoides was the most frequent infection (10.6%), followed by Trichuris trichiura (6.2%), and hookworm infestations (3.9%). Polyparasitic infection (A. lumbricoides, T. trichiura and hookworm) was observed in 0.5% of the study subjects. While coinfection due to A. lumbricoides and T. trichiura was 2.3%, A. lumbricoides and hookworm was 1.1% and T. trichiura and hookworm was 0.9%.[[4]](#footnote-2)
1. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2004.01252.x/pdf> [↑](#footnote-ref--1)
2. <http://medind.nic.in/imvw/imvw13199.html> [↑](#footnote-ref-0)
3. <http://www.tm.mahidol.ac.th/seameo/2004_35_3/03-3256.pdf> [↑](#footnote-ref-1)
4. <http://www.searo.who.int/publications/journals/seajph/whoseajphv1i3p347.pdf> [↑](#footnote-ref-2)