

General Circular No: 01-12/2019

My No ; FHB/SH/Gen/2018

Office of the Director General of Health Services
Ministry of Health, Nutrition and Indigenous Medicine
“Suwasiripaya”
385, Baddegama Wimalawansa thero Mw,
Colombo 10.
2019-01-28

All Provincial Directors of Health Services

All Regional Directors of Health Services

All Directors of Special Programmes and Institutions

Director of National Institute of Health Science

All Directors, Medical Superintendents and Medical Offices in Charge of Hospitals

Chief Medical Officer of Health-Municipal Councils

All Medical Officers of Maternal and Child Health

All Medical Officers of Health and School Medical Officers

Micronutrient supplementation for school children from the year 2019 onwards

Please note that this circular will completely replace the previous General circular no 02/08/2007 (1) dated 25. 03.2013 and the letter dated 13.01.2015 regarding “Weekly Iron Folate supplementation (WIFS) for school children” with the effect from 01.01.2019

Weekly Iron, Folic Acid, Vitamin C Supplementation Programme (WIFS) was introduced to all the school children from grade 1 to 13 in 2013, with the objective of increasing Ferritin stores and combating anaemia among school children as an evidence based intervention.

National nutrition and micronutrient survey conducted by MRI in 2017 revealed that the prevalence anaemia has markedly reduced in the last 10 years and it is 13.5% in 6-9years age group whereas 8.5% in 10-19 years. age group. Vitamin A deficiency among school adolescents was reported to be 1.0%

Since year 2013, preventive deworming (Mebendazole) has been carried out in parallel with the WIFS programme for all school children from grade 1-13, as per the general Circular No 02-172/2012. This circular is also replaced by the General Circular 01-58/2018 dated 14/12/18 and therefore the preventive deworming recommendations for school children are also changed with the effect from 01.01.2019 in accordance with the new circular.

These findings reveal the positive outcomes of the interventions that have been practiced for the last few decades. Considering the latest research evidence and the new strategic interventions which are going to implement in future, Advisory Committee representing the relevant expertise decide to implement the following recommendations from the year 2019 onwards

Recommendations for the Micronutrient Supplementation and Preventive Deworming Programme in school children from 2019

1. To reduce the elemental iron from 60 mg to 30mg per week for the Grade 1 to 5 children (6-10Years.) while continuing same 60mg elemental Iron per week for Grade 6 to 13 children(11-19Years) from 2019, considering the low prevalence of anaemia and forthcoming Iron fortification in school meal. It has been decided to pack the tablets in blister packs of 24 tablets (annual requirement for a child) in which each tablet can be separated easily to get the weekly dose and to improve the quality, safety and the logistical feasibility.

2. To discontinue the Vitamin A mega dose supplementation to the school children from year 2019 and to promote food rich in vitamin A, since it is not a significant Public health problem in adolescents as evident from the above research.

3. Preventive Deworming in school children will be carried out once a year only in high risk and intermediate risk district. Also it is given only for grade 1-5 children (6-10Years.) and grade 6-13 children (11-19Years.) are exempted from routine preventive deworming Following are the districts categorized according to the prevalence rates.

- **High risk districts:** Nuwara Eliya and Colombo. The de-worming programme will be carried out for a period of four years (from beginning of 2019 to end of 2022)
- **Intermediate risk districts:** Kandy, Matale, Gampaha, Kalutara, Polonnaruwa, Puttalam, Trincomalee, Ampara, Kalmunai, Jaffna, Vavuniya, Kilinochchi, Mannar, Mullaitivu, Badulla, Monaragala, Galle, Matara, Hambantota, Kegalle and Rathnapura **The** de-worming programme will be carried out for a period of two years only (from beginning of 2019 to end of 2020)
- **Low risk districts:** Anuradhapura, Kurunegala and Batticaloa Routine de-worming of children is not required

Individual treatment recommended for symptomatic individuals. Please adhere to General Circular no 01-58/2018 dated 14/12/18 for further details on de-worming children and pregnant women against soil transmitted helminths in community setting.

Instructions for the public health staff on Implementation of WIFS programme

1. Medical Officers of Health (MOOH) are responsible for submit the order of requirement for the coming year via web based information system (Pronto/Web portal) for all school aged children in the area under your purview. Data compiled by Divisional pharmacist, and the Consultant community Physician(CCP)/ Medical Officer-Maternal and Child Health (MOMCH) should authorize the order of requirement at district level before the final confirmation.
2. Drugs will be issued to the Regional Medical Supplies Divisions from the Medical Suppliers Division directly according to the authorized requests made by the CCP /MOMCH in particular districts.
3. CCP/MOMCH should ensure that adequate stocks of supplements are obtained from the Medical Supplies Division (MSD) to the Regional Medical Supplies Division (RMSD) and the leaflet of instructions from the FHB.

4. MOOH /Supervising Public Health Inspector (SPHI) should attend the principals meeting at the Zonal Education Directors and discuss the alteration in the WIFS Programme for 2019 onwards.
5. MOOH should instruct the Public Health Staff, regarding the revised programme and the implementation sequela at school level.
6. **MOOH / SPHI/ PHI should educate** the School Community (at least one teacher from a school) and the parents about the side effects that the children may commonly complain like nausea, vomiting, headache, dark coloured stools and constipation. Advise them that usually these symptoms will disappear in 1-2 days. If it is severe or persisting , ask them to seek medical advice. Circular instructions will be issued from the Ministry of Education for school staff.
7. MOOH /PHI should provide the drugs and the leaflets to school principals for the period of 6 months at once, along with **the guideline for school principals and teachers (Annex 1)and the WIFS Distribution Sheet (Table 1)** in adequate quantities.
8. MOOH /PHI should ensure each child in your area receives the leaflet before the commencement of the distribution of supplements.
9. All the drugs for WIFS Programme will be purchased by the money allocated for FHB.
10. In order to stream line the monitoring system of WIFS Programme at school level instruct PHI to collect **WIFS Distribution Sheet (Table 1), filled by class teacher** at the end of the programme. Consumption pattern, adverse effects and the coverage should be analyzed and submit to the MOH and MOH should compile it.
11. **Public health Midwife (PHM) can provide WIFS for non-school going children during home visits.** Adhere to the above mentioned 2 drug regimes for age 6-10 years and age 11-19 years separately. **WIFS Distribution Sheet (Table 1) should be filled by PHM** and submit to the MOH at the end of the programme.
12. **Symptomatic cases of anaemia and worm infestation should be treated according to the therapeutic regimens.**
13. CCP/MOMCH should closely monitor smooth implementation of the WIFS programme and if there are any short comings he/she should inform the RDHS or Director MCH.

Revised Drug regime for children of school going age from the year 2019 onwards

Children in Grade 1-5 (age 6-10 years)

- **Ferrous Fumarate (91.2mg) and Folic Acid (400 µg) – combined pill**
Each Film coated tablet to contain 91.2.mg of Ferrous Fumarate BP equivalent to 30mg of Ferrous (elemental Iron) and 400mcg of Folic acid
SR.NO: 00400504 and “ For School Health Programme Only (PRIMARY)” is marked on each pack
- **Vitamin C 100 mg**
- **Mebendazole 500 mg** Chewable rapidly disintegrating tablet SINGLE DOSE
Only for the children in Grade 1-5 (age 6-10 years) in the districts of high and intermediate risk. Batticaloa, Kurunegala and Anuradhapura exempted

Children in Grade 6-13 (age 11-19 years)

- **Ferrous Fumarate (182.4 mg) and Folic Acid (400 µg) – combined pill**
Each Film coated tablet to contain 182.4mg of Ferrous Fumarate BP equivalent to 60mg of Ferrous (elemental Iron) and 400mcg of Folic acid BP.
SR.NO: 00400505 and "For School Health Programme Only (SECONDARY)" is marked on each pack.
- **Vitamin C 100 mg**

Instructions for usage of new drug regime

- **Chewable Mebendazole** (500 mg) tablet should be taken at the onset of the programme Recommended ONLY in the districts of high and intermediate risk (not relevant for Batticaloa, Kurunagala and Anuradhapura districts) for school children in grade 1-5 and it is important to **instruct the children to chew** the tablet before swallowing. Children in grade 1 school children who had received the Mebendazole tablet within a period of 1 year at the child well fare clinic need to be exempted from deworming therapy at grade 1.
- Each child should receive 1 Ferrous fumarate and Folic acid combined tablet from the blister pack with a vitamin C tablet weekly .The Ferrous fumarate and Folic acid combined pills are packed in blister pack of 24 tablets.(1 packet per child per year). Care should be taken to give the correct blister pack since there are 2 tablet strengths for primary and secondary school children.
- This regime should be given to all school children as a weekly supplementation (once a week) for 24 consecutive weeks of the year sdr
- All children should be instructed to have breakfast before taking tablets and swallow with adequate amount of water
- Vitamin A mega dose is discontinued from 2019 for school children.

Contact school health unit /Family Health Bureau for further clarifications. 0112692746


Director General of Health Services
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Cc: Secretary/ Ministry of Health Nutrition & Indigenous Medicine
Secretary/Ministry of Education
Additional Secretary (MS) Ministry of Health
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Director Education Health physical Education and Sports, Ministry of Education
Commissioner / CMC / KMC

Actg. Director General of Health Services
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Annex 1

Weekly Iron Folate Supplementation (WIFS) for school children. Guideline school Principal and teachers from Grade1 to 13

The students must be educated on the benefits of WIFS by class teacher/PHI

- Increase the ferritin levels
- Optimize the physical growth and mental development
- Reduce the incidence of diseases
- facilitate the learning process

Children from 1-13 should be given according to the drug regimens below.

Revised Drug regime for school children for the year 2019 for school children

Children in Grade 1-5 (age 6-10 years)

- **Ferrous Fumarate (91.2mg) and Folic Acid (400 µg) – combined pill**

Each Film coated tablet to contain 91.2mg of Ferrous Fumarate BP equivalent to 30mg of Ferrous (elemental Iron) and 400mcg of Folic acid BP.

SR.NO: 00400504 and “ For School Health Programme Only (PRIMARY)” is marked on each pack

- **Vitamin C 100 mg**
- **Mebendazole 500 mg**

Chewable rapidly disintegrating tablet SINGLE DOSE (only for children in Grade 1-5 (age 6-10 years) in the districts of high and intermediate risk. Batticaloa, Kurunagala and Anuradhapura exempted)

Children in Grade 6-13 (age 11-19 years)

- **Ferrous Fumarate (182.4 mg) and Folic Acid (400 µg) – combined pill**

Each Film coated tablet to contain 182.4mg of Ferrous Fumarate BP equivalent to 60mg of Ferrous (elemental Iron) and 400mcg of Folic acid BP.

SR.NO: 00400505 and “For School Health Programme Only (SECONDARY)” is marked on each pack

- **Vitamin C 100 mg**

Instructions for usage of new drug regime

- **Chewable Mebendazole** (500 mg) tablet should be taken at the on the first day of the programme. Recommended for school children in grade 1-5 ONLY. Not recommended for Batticaloa, Kurunagala and Anuradhapura districts and it is important **to instruct the children to chew the tablet well** before swallowing. Children in grade 1 who had received the Mebendazole tablet within a period of 1 year at the child well fare clinic need to be exempted from deworming therapy in grade 1.
- Ferrous fumarate and Folic acid combined tablets are packed in blister pack of 24 tablets. Make sure that the class teachers should receive the blister packs with the correct strength for the age group of the children, since there are 2 strengths for primary and secondary school children.)
- Each child should receive 1 Ferrous fumarate and Folic acid combined tablet from the blister pack with a vitamin C tablet weekly .
- This regime should be given to all school children as a weekly supplementation (once a week) for 24 consecutive weeks of the year (6 months).
- All children should be instructed to have breakfast before taking tablets and swallow with adequate amount of water
- Vitamin A mega dose is not recommended for school children from 2019.

Instructions for programme implementation at School

- Teacher should distribute the leaflet for each child before the commencement of the programme and ask parents to make comments on it.
- A specific date must be allocated for this activity in a convenient day of the week. Class teacher should look into the “parents notes” on the provided leaflet prior to distribution of the supplements When names of the children are called to mark the register child (grade 1-5)should be given the **Chewable Mebendazole** (500 mg) tablet should be given at the first day of the programme and instruct the children to chew the tablet well before swallowing. From the next week onwards children should be given the Ferrous Fumarate combined pill (Refer above regime) and vitamin C tablet and instruct to be swallowed with water under supervision. For the grade 6-13 (age 11-19 yrs) start with 2 tablet regime directly as they are not given Mebendazole tablet. Make sure children have had their breakfast before swallowing the drugs.
- These 2 tablets are given once a week for 24 consecutive weeks. Class monitor /leader can mark a (✓) table 1 under the guidance by the class teacher. If the child is absent on the day of WIFS mark “ab” as on the particular cage and it can be given any day during that week and then mark the (✓) over the “ab” mark .
- All the children should be given the provided leaflet and they can mark their own at the same time and take home /or attached to the health record book. Therefore parents also would be aware about the programme.
- If there is any complaints mark it in the complaint column in the TABLE 1. Children may complain of side effects like nausea, vomiting, headache, dark coloured stools constipation .If they disappear in 2-3 days need not to be alarmed. If it is intolerable instruct them/their parents to seek the medical advice.
- The remaining tablets should be kept in tightly closed bottle and store in secured place. Make necessary arrangements for the distribution of the tablets during the vacation with the help of parents.

Table 1

Weekly Iron Folate Supplementation (WIFS) Programme for school children - Distribution sheet - Year 20.....

School Name:.....

Grade :Name of the class teacher:

Date of Commencement: Date of Completion..... Please mark ✓ following ingestion

Abdominal Pain	-	AP
Vomiting, Nausea	-	V/N
Constipation	-	C
Other	-	Please Specify

No	Name of the child	Mebendazole 500mg (chewable)	Weeks																							
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	Ex:- Dehan Perera Complains		✓	✓	ab	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	ab	✓	✓	✓	✓	✓	✓
				N														AP								
1.																										
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10.																										

