

Table A2.1 Recommended treatment strategy for STH in preventive chemotherapy^a

Category	Prevalence of any STH infection among school-aged children	Action to be taken	
High-risk community	≥50%	Treat all school-age children (enrolled and not enrolled) twice each year ^b	Also treat: <ul style="list-style-type: none"> • preschool children; • women of childbearing age, including pregnant women in the 2nd and 3rd trimesters and lactating women; • adults at high risk in certain occupations (e.g. tea-pickers and miners)
Low-risk community	≥20% and <50%	Treat all school-age children (enrolled and not enrolled) once each year	Also treat: <ul style="list-style-type: none"> • preschool children; • women of childbearing age, including pregnant women in the 2nd and 3rd trimesters and lactating women; • adults at high risk in certain occupations (e.g. tea-pickers and miners)

^a When prevalence of any STH infection is less than 20%, large-scale preventive chemotherapy interventions are not recommended. Affected individuals should be dealt with on a case-by-case basis.

^b If resources are available, a third drug distribution intervention might be added. In this case the appropriate frequency of treatment would be every 4 months.