

Pinworm Infestation Control: A County-wide Program in Taiwan

Long-Teng Lee^{1,2} and Yue-Cune Chang³

Objectives: A county wide campaign of mass screening and medication for pinworm infestation control was conducted for school children in the northern Taiwan in 2001.

Methods: A total of 309,446 (response rate 95.2%) children at 215 primary schools, with parental consents, received the adhesive thin cellophane tape swab examination, 13,166 (8.2%) boys and 11,729 (7.9%) girls were found to have pinworm infestation. All the children received one dose of Mebendazole 100 mg and an additional dose two weeks after the first medication with parental consents.

Results: Approximately 6 months after the mass medication, 294,917 children received re-screening using the same method, and 442 (0.15%) were found to be positive. The reduction rates of pinworm infestation by the mass screening and medication campaign was 99.0%. The cost of medication was 300,000 New Taiwan dollars (10,000 US dollars), only 1% of annual budget spent in previous 10 years average. There were no significant differences in reduction rates between boys and girls, and among students living in urban, suburban, and rural areas. Higher graders had lower infection rate and lower reduction rate.

Conclusion: This mass screening and medication campaign is a cost-effective strategy for pinworm control and may be useful for the pinworm control in other countries and areas with high prevalence.

(*Taiwan J Fam Med* 2018; 28: 219-226) DOI: 10.3966/168232812018122804004

Key words: county-wide control, enterobiasis, Taiwan

INTRODUCTION

Pinworm (*Enterobius vermicularis*) is found worldwide the common human infection in children [1]. Humans are the only known host, and about 209 million persons worldwide are infected. More

than 30 percent of children worldwide are infected [2]. The infection is more prevalent in populations living in the cool and temperate areas, where people tend to bathe less often and change their underclothes less frequently. But even in Nigeria, 7.5% of children aged 5-14 years were found to have

¹Taipei Jen-Chi Hospital; ²Department of Family Medicine, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei; ³Department of Mathematics, Tamkang University, New Taipei, Taiwan.

Received: April 16, 2018; Revised: May 30, 2018; Accepted: June 14, 2018.

Corresponding Author: Long-Teng Lee, M.D., MPH, Ph.D.; Email: ltlee0710@tjci.org.tw

enterobiasis [3]. Pinworm is also the most prevalent nematode in China [4] and Korea [5]. The pinworm infection is relatively innocuous, with the female worm migrates to the anus and deposit eggs causing perineal, perianal, and vaginal irritation [6]. It can lead to sleep disturbance arising from itching, and rarely cause weight loss, urinary tract infection [7], omental mass [8], pelvic inflammatory disease [9], pediatric intussusception [10], salpingitis [11], eosinophilic ileocolitis [12], and allergy [13].

Taiwan had been once an area endemic with a high prevalence of nematode intestinal parasites among children. The helminth infection rate among primary-school-age children in 1971 was as high as 73% and the pinworm screening data suggested an apparent parasite re-infection phenomenon [14]. A three-year community control program of pinworm was conducted by Lee et al in a rural township in Taiwan from 1983 to 1985 [15]. The results revealed that mass screening and medication is a successful strategy for pinworm control in a highly prevalent area.

The Taiwan Provincial Health Department also conducted twice the provincial wide 5-year plan aiming for thorough control of intestinal helminthes from 1977 to 1986. The pinworm infestation in primary-school-children in Taipei County remained a public health concern and the county government spent 60 million New Taiwan dollars (2 million US dollars) every year between 1990 and 2000 to control the infestation (from Taipei County Government Annual Budget Report). We conducted a mass screening- medication campaign against pinworm infestation from 2001 to 2002 for primary school children in Taipei County, and to explore the effectiveness of control and the differences of reduction rates between sex and age groups.

MATERIALS AND METHODS

Taipei County is located at the northern part of Taiwan, with a population of 3.68 million in 2000, living in an area of nearly 2,052 km square in size. There were 215 primary schools with 325,003 school children in 29 townships (Table 1),

Table 1. Distribution of Primary-school Children by Grade and Urban Status, Taipei County in 2001

Grade	Urban		Suburban		Rural		Total	
	boys	girls	boys	girls	boys	girls	boys	girls
1	21,873	20,566	4,593	4,251	1,186	1,059	27,590	25,876
2	22,628	20,544	4,601	4,097	1,186	1,099	28,415	25,740
3	22,758	20,770	4,672	4,166	1,099	1,057	28,529	26,118
4	22,526	20,770	4,467	4,012	1,013	1,044	28,006	25,826
5	22,726	20,760	4,516	3,918	984	936	28,226	25,614
6	23,395	21,351	4,292	4,065	967	993	28,654	26,409
All	135,906	124,886	27,141	24,509	6,373	6,188	169,420	155,583

including 10 urban townships, 7 suburban townships, and 12 rural townships. With their parental consent for the mass screening and mass medication for pinworm infestation, an adhesive thin cellophane tape swab was applied to the perianal area on children for pinworm eggs. All the students received one dose of mebendazole 100 mg after the first screening and a second dose two weeks apart. All the students had follow-up examination 6 months after medication. The medicine was delivered to students in the morning by the teacher responsible for the class from October 1 to October 31, 2001. All teachers at these 215 primary schools were trained by the Health Bureau of Taipei County Government to conduct health education and to advise students of personal hygiene for pinworm prevention.

Data analyses first compared the infection rate at the first swab screening by students' grade and sex among

urban, suburban and rural areas. Similar comparison was conducted for the second screening among the first screening positive students after the medication campaign. The multiple logistic regression analysis was used to estimate the relative risk of pinworm infection associated with gender, grade, and living townships.

RESULTS

Table 1 shows the study population distribution of primary schools expected to participate in the pinworm control campaign, including 260,792 (80.2%) children living in urban areas, 51,650 (15.9%) in suburban areas, and 12,561 (3.9%) in rural townships. A total of 309,446 (response rate 95.2%) children participated in the first screening examinations, and overall 8.2% boys and 7.9% girls were found pinworm infection positive (Figure 1). The infection rate decreased as grade

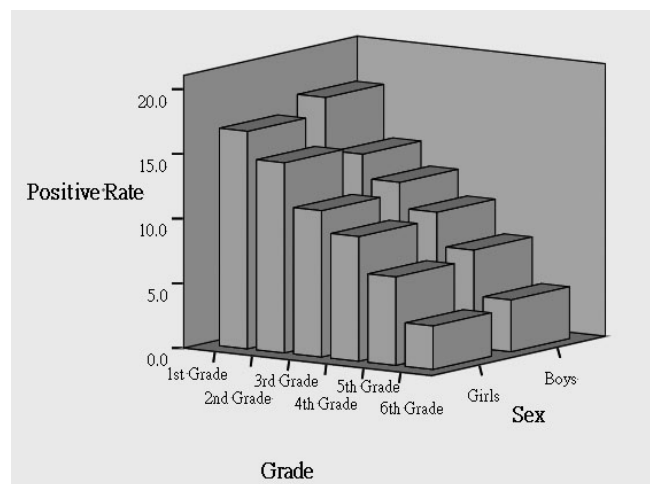


Figure 1. Distribution of positive rate of pinworm infestation before mass medication unexpected hospitalization.

increased, and approximately 3.3% greater among students in rural schools than students in urban schools. Table 2 shows the odds ratios of infection before medication were significantly greater for girls than in boys, 1.43 times higher in rural students than in urban students, and much lower for the 6th graders than for the first graders (OR=0.091, 95% CI 0.085, 0.099).

Figure 2 shows students remained infection in the second screening

examination after the two consecutive medications. The overall positive rates reduced to 0.16% in boys and 0.13% in girls, representing reduction rate of more than 99.0%. Children living in rural townships still had the highest positive rate. The cost spent on medication was 300,000 New Taiwan dollars (10,000 US dollars), only less than 1 % of the annual budget of the annual budget of previous 10 years.

Table 2. Odds Ratios of Pinworm Infestation at Baseline before Mass Medication Using Multiple Logistic Regression Analysis

Factor	Coefficient	Std. Error	<i>p</i> -value	Odds Ratio	95% CI for Odds Ratio	
					Lower	Upper
Girls vs. Boys	-0.033	0.0134	0.015	0.968	0.943	0.994
Grade 2 vs. 1	-0.123	0.0184	<0.001	0.884	0.853	0.917
Grade 3 vs. 1	-0.370	0.0194	<0.001	0.691	0.665	0.718
Grade 4 vs. 1	-0.757	0.0215	<0.001	0.469	0.450	0.489
Grade 5 vs. 1	-1.544	0.0278	<0.001	0.213	0.202	0.225
Grade 6 vs. 1	-2.393	0.0387	<0.001	0.091	0.085	0.099
Suburban vs. urban	0.185	0.0176	<0.001	1.204	1.163	1.246
Rural vs. urban	0.360	0.0314	<0.001	1.433	1.348	1.524

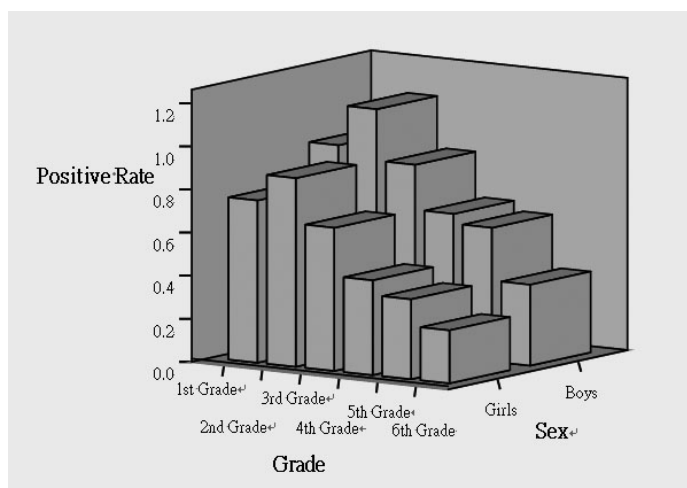


Figure 2. Distribution of positive rate of pinworm infestation after mass medication

DISCUSSION

Enterobius vermicularis is a helminth that is difficult to control, is found globally, especially in crowded conditions. Cranston et al had found that 16.6% of school children had helminth eggs on the hands, and with *Enterobius vermicularis* most commonly identified [16]. The Taiwan Provincial wide pinworm control campaign in 1977-1986 reduced the infection rate from 10% to 1.0% or lower for the first graders in almost six years [19]. But in Taipei County there were still 8.1 % of primary school children had pinworm infestation and the government spent 60 million New Taiwan dollars (2 million US dollars) every year to control the infestation. Our campaign took only six months with two dosages of mebendazole 100 mg and accomplished a 99.0% of reduction in the infection. Intestinal parasite disease prevention and control is an issue of less concern in most developed countries, although pinworm is the most common worm infection.

Pinworm infestation is associated with poor personal hygiene, inadequate environmental sanitation, overcrowd and/or poverty. These factors must be considered in developing a parasite prevention program. Also adequate medication interval and adequate dosage of antihelmintic used to cover the life cycle of pinworm have an effective contribution to the control of pinworm infestation [15]. There are many prescriptions available for pinworm medication, including albendazole [18], pyrantel pamoate [19] and nitazoxanide

[20]. We found mebendazole 100 mg was a good choice for our campaign. The first dose was supposed to control the adult worms and the second dose was supposed to control the embryonated eggs ingested by the children.

The prevalence rate of pinworm infection is still an issue of concern in many countries [21-24], in addition to the education [25]. Mass screening campaigns and re-medication for parasite infection may cost, but treatment of pinworm infection improves the quality of life for children. Our mass screening and medication campaign has saved the Taipei County 60 million New Taiwan dollars (2 million US dollars) annually for the pinworm control in the following years after the campaign. We consider this is a cost effective model can be adapted for the pinworm control in areas with high prevalence, especially in developing countries.

ACKNOWLEDGE

The authors express the appreciation that the campaign was completed by the efforts of all staffs of the Health Bureau and Educational Bureau of Taipei County Government, the staffs of health stations of 29 townships, and all the teachers at 215 primary schools in Taipei County.

REFERENCES

1. Garcia LS: *Diagnostic Medical Parasitology*. 5th ed. Washington, D.C.: ASM. Press, 2007.
2. Goldman DA, Wilson CM: Pinworm

- infestations. In: Hoekelman RA ed. *Primary Pediatric Care. 3rd ed.* St Louis: Mosby, 1997: 1519.
3. Otu-Bassey IB, Ejezie GC, Epoke J, Useh MF: Enterobiasis and its relationship with anal itching and enuresis among school-age children in Calabar, Nigeria. *Ann Trop Med Parasitol* 2005; 99: 611-66.
 4. Chen YD, Wang JJ, Zhu HH, et al: Enterobius vermicularis infection status among children in 9 provinces/autonomous regions/ municipalities of China. *Zhongguo Ji Sheng Chong Xue Yu Ji Sheng Chong Bing Za Zhi* 2013; 31: 251-5.
 5. Chai JY, Yang SK, Kim JW, et al: High prevalence of Enterobius vermicularis infection among schoolchildren in three townships around Yangon. *Korean J Parasitol* 2015; 53: 771-5.
 6. Macpherson DW: Intestinal parasites in returned travelers. *Med Clin North Am* 1999; 83: 1053-75.
 7. Patel B, Sharma T, Bhatt GC, Dhingra Bhan B: Enterobius vermicularis: an unusual cause of recurrent urinary tract infection in a 7-year-old girl: case report and review of the literature. *Trop Doct* 2015; 45: 132-4.
 8. Kilic S, Ekinci S, Orhan D, Senocak ME: Enterobius granuloma: an unusual cause of omental mass in an 11-year-old girl. *Turk J Pediatr* 2014; 56: 189-91.
 9. Mentessidou A, Theocharides C, Patoulas I, Panteli C: Enterobius vermicularis-associated pelvic inflammatory disease in a child. *J Pediatr Adolesc Gynecol* 2016; 29: e25-7.
 10. Tjaden BL Jr, Schropp KP: Pediatric intussusception associated with Enterobius vermicularis. *J Pediatr* 2014; 165: 1272.
 11. Erhan Y, Zekiou O, Ozdemir N, Sen S: Unilateral salpingitis due to Enterobius vermicularis. *Int J Gyn Pathol* 2000; 19: 188-9.
 12. Peixoto A, Goncalves R, Silva M, et al: Eosinophilic ileocolitis due to Enterobius vermicularis infection: a rare cause of anemia. *Int J Colorectal Dis* 2016; 31: 743.
 13. Boas H, Tapia G, Rasmussen T, Ronningen KS: Enterobius vermicularis and allergic conditions in Norwegian children. *Epidemiol Infect* 2014; 142: 2114-20.
 14. Parasite Control Association: Statistics on Parasite Infection, 1976-1995. Taipei: Taiwan Parasite Control Association, 1997.
 15. Lee LT, Lai MS, Hsieh WC, Wu YC: An investigation of the prevention and treatment of enterobiasis of the children in Shuang-His district. *J Natl Public Health Assoc (ROC)* 1987; 7: 1-11.
 16. Cranston I, Potgieter N, Mathebula S, Ensink JHJ: Transmission of Enterobius vermicularis eggs through hands of school children in rural South Africa. *Acta Tropica* 2015; 150: 94-6.
 17. Sung JFC, Lin RS, Huang KC, Wang SY, Lu YJ: Pinworm control and risk factors of pinworm infection among primary-school children in Taiwan. *Am J Trop Med Hyg* 2001; 65: 558-62.
 18. Horton J: Albendazole: a review of antehelminthic efficacy and safety in humans. *Parasitol* 2000; 121 (Suppl): S113-S132.
 19. Zhang D, Zhang X, Tang Z, et al: Field trials on the efficacy of albendazole composite against intestinal neomatodiasis. *Chin J Parasitol Parasit Dis* 1998; 16: 1-5.
 20. Romero Cabello R, Guerrero LR, Muñóz

- García MR, Geyne Cruz A: Nitazoxanide for the treatment of intestinal protozoan and helminthic infections in Mexico. *Transact Roy Soc Trop Med Hyg* 1997; 91: 701-3.
21. Rim HJ, Chai JY, Min DY, et al: Prevalence of intestinal parasite infections on a national scale among primary schools in Laos. *Parasitol Res* 2003; 9: 267-72.
22. Changsap B, Nithikathkul C, Boomtan P, Wannapinayosheep S, Vonvanich N, Poister C: Enterobiasis in primary schools in Bang Khun Thian District, Bangkok, Thailand. *Southeast Asian J Trop Med Publ Health* 2002; 33(Suppl 3): 72-5.
23. Tomaso H, Dierich MP, Allerberger F: Helminthic infestations in the Tyrol, Australia. *Clin Microbiol Infect* 2001; 7: 639-41.
24. Pezzani BC, Minvielle MC, de Luca JA, Cordoba MA, Apezteguia MC, Basualdo JA: *Enterobius vermicularis* infection among population of General Argentina. *World J Gastroenterol* 2004; 10: 2535-9.
25. Le Hung Q, de Vries PJ, Giao PT, Biah TQ, Nam NV, Kager PA: Intestinal helminth infection in ethnic minority commune in Southern Vietnam. *Southeast Asian J Trop Med Publ Health* 2005; 36: 623-8.

蟯蟲防治：以台灣某縣全縣防治為例

李龍騰^{1,2} 張玉坤³

目的：本研究分析 2001 年台灣北部某縣市進行大規模學童蟯蟲篩檢及治療之成效。

方法：總共有 215 所小學 309,446 位學童（參與率 95.2%）之父母同意接受學童蟯蟲肛門貼紙篩檢，13,166 位(8.2%)男生，11,729 位(7.9%)女生被檢出有蟯蟲感染。所有學童在父母親同意下均接受口服一劑 100 毫克 Mebendazole 治療，兩週後接受第二劑治療。

結果：在大規模治療六個月後，294,917 位接受再次檢查，442 位(0.15%)仍有感染，大規模篩檢與治療使蟯蟲感染率下降了 99%。治療總成本為新台幣 30 萬元，為該縣過去十年蟯蟲防治預算的 1%。男童與女童的蟯蟲感染下降率沒有顯著的不同，此下降率也沒有城鄉之別。高年級的學童感染率較低但下降率也比較低。

結論：此大規模蟯蟲感染篩檢與治療計畫證明具有成本效益，可提供給其他高蟯蟲感染盛行率國家或地區做蟯蟲感染防治之參考。

（台灣家醫誌 2018; 28: 219-226） DOI: 10.3966/168232812018122804004

關鍵詞：蟯蟲、全縣控制、台灣

¹台北仁濟院附設仁濟醫院、²台大醫學院家庭醫學科、³淡江大學數學系

受理日期：107年4月16日 修改日期：107年5月30日 同意刊登：107年6月14日