

Frequently Asked Questions (FAQs) about Vitamin A Supplementation (VAS)

1. What should I do if a child is crying?

Never force a child to take vitamin A and do not give it to a child who is crying. Make sure the child is calm to prevent choking. To calm a child, the caregiver may walk around until the child stops crying. If the child does not stop crying, instruct the caregiver to bring the child to the next distribution.

2. Can we give vitamin A supplements to caregivers (i.e., parents or guardians) to deliver to children at home?

Vitamin A used in universal distribution projects must be delivered by trained healthcare workers/volunteers, and capsules must not be given to caregivers to deliver at home. **Never send vitamin A home with a caregiver to give to a child later.**

See the Vitamin Angels Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., the VAS Reference Manual) for more information on how to treat sick children who arrive at a universal distribution event and will need additional medical treatment, including additional vitamin A supplementation (VAS).

In all circumstances, sick infants and children should be referred immediately to a health provider for further evaluation and treatment directly after dosing with vitamin A unless dosing is specifically contraindicated (i.e., a child is in respiratory distress). Instruct the caregiver to bring the child to the next distribution.

3. Can you give vitamin A to children 5 years of age and older if they are vitamin A deficient? Why not?

Research does not support universal distribution of vitamin A supplementation (VAS) to children 5 years of age and older. Although VAS would not harm children over 5, there is currently no documentation that the average child over 5 would receive any benefit from it. Caregivers (i.e., parents or guardians) who bring children age 5 years and older to distribution events should be educated on vitamin A rich foods and good nutrition practices. Vitamin Angels' VAS is intended to prevent vitamin A deficiency (VAD) in children under 5 years of age. In some very limited instances, if the grantee organization encounters a child over 5 years of age who has clinical signs of VAD (e.g., xerophthalmia), then, as outlined in Chapter 9 of the Vitamin Angels Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., the VAS Reference Manual), the decision of whether or not to treat the child with vitamin A should be made on a case-by-case basis as recommended by a healthcare professional.

4. Why does the eligibility criteria check that the child has not received vitamin A in the past 1 month, but the recommended dosing is every 4-6 months?

According to the WHO,² the minimum interval between doses of vitamin A is one month. The maximum interval between doses is 6 months. For example, if a child has not received vitamin A in 2 months, it is better to dose the child than to skip the dose and have the child wait 8 months (i.e. 2 months + 6 months) for the next dose. For more information, please see the Vitamin Angels Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e. the VAS Reference Manual).

5. Can vitamin A supplementation be delivered to postpartum mothers?

Universal distribution of vitamin A supplementation (VAS) in postpartum women is NOT recommended as a public health intervention for the prevention of maternal and infant morbidity and mortality (strong recommendation by WHO). Postpartum women should continue to receive adequate nutrition.¹

6. What if my government recommends vitamin A supplementation for children over 5 years of age, or for women postpartum?

Vitamin A supplementation (VAS) granted by Vitamin Angels is not intended for children over 5 years of age or for postpartum mothers, even if a government recommendation states otherwise. Vitamin Angels' VAS should be used for children 6-59 months of age only. In some very limited instances, Vitamin Angels may approve distribution of VAS to children over 5 years of age or postpartum women; however, before considering this, Vitamin Angels must be given a copy of the official government policy for VAS, including the policy to deliver VAS to these specific populations. Additionally, these groups would only be considered by Vitamin Angels if they are a minor part (less than 5%) of a larger project that focuses on universal distribution of VAS to infants/children 6 to 59 months of age.

7. What happens if I open a vitamin A bottle and do not use the capsules within 1 year, will they go bad or be dangerous to use?

If capsules remain unused 1 year after opening the bottle, they will deliver less vitamin A, but will not go bad or pose a danger if consumed. It is important to check your vitamin A stock before a distribution, and use those capsules from bottles that have already been opened and bottles with the shortest expiration date first, before using other vitamin A with a longer shelf life expectation.

8. Sometimes my distribution area gets very hot, what should I do about storage?

Vitamin A capsules are tested in conditions of high heat and high humidity, and are able to deliver the expected amount of vitamin A for a period of at least 3 years.

Adequate storage area for all vitamin A supplies should be available to ensure that vitamin A can be stored in a secure, dry cool place and away from direct sunlight; these conditions will help to keep the vitamin A at its highest potency. Even in hot distribution areas, vitamin A capsules can be protected by keeping them in their original bottles, with the lids tightly closed, and out of direct sunlight.

9. Can we store the vitamin A in the refrigerator?

We don't have any data to show that refrigeration harms the vitamin A. Refrigeration does make the capsules hard, so before using them the health worker will need to take them out of the cold storage well in advance to let them soften enough to squeeze. If the capsule is too hard, they are hard to cut and also too much vitamin A oil stays inside and the child does not get the full dose.

10. If a child gets side effects from vitamin A such as headache, nausea or vomiting – should the child receive a dose 6 months later?

WHO documents that the side effects are transient, and the child is fine to get their next age-appropriate dose 6 months later.

11. If a child experiences some side effects after receiving vitamin A supplementation, will they experience side effects the next time they come for VAS?

There is a possibility that a child will experience side effects more than once, but there is no data showing that this will happen.

12. If a child is an orphan and/or did not breastfeed, do you advise we give them more vitamin A?

No; the WHO recommendations for vitamin A supplementation are based on a child's age, and it does not provide a recommendation based on breastfeeding status.

13. What does the vitamin A in capsule form taste like?

Vitamin A is in oil form, and has a light vanilla flavor.

14. Should we deliver vitamin A supplementation to adults?

Research does not support universal distribution of high-dose vitamin A supplementation (VAS) to adults as a preventive intervention, in general. Because of this, VA does not intend its products to be used for treatment; rather, they should be used for prevention. Explanations and exceptions to this regarding women are next.

- **Women up to 6 weeks after delivery:** Universal distribution of VAS in postpartum women is NOT recommended as a public health intervention for the prevention of maternal and infant morbidity and mortality (strong recommendation by WHO). Postpartum women should continue to receive adequate nutrition.
- **Pregnant women and women of child-bearing age:** Pregnant women or women of childbearing age who may be in the early stages of pregnancy with or without knowing it, should NOT be given high dose VAS (over 10,000 IU). A high dose of vitamin A early in pregnancy may damage the unborn child.
- **Treating women with eye conditions:** For treatment information see the Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., the VAS Reference Manual)

1. WHO. Guideline: Vitamin A supplementation in postpartum women. World Health Organization, 2011.

2. WHO. Distribution of vitamin A during national immunization days: WHO/EPI/ GEN/98.06, 1998:9.

Frequently Asked Questions (FAQs) about Deworming

1. What should I do if a child is crying?

Never force a child to take vitamin A or deworming and do not give it to a child who is crying. Make sure the child is calm to prevent choking. To calm a child, the caregiver may walk around until the child stops crying. If the child does not stop crying, instruct the caregiver to bring the child to the next distribution.

2. Can we give deworming tablets to caregivers to deliver to the children at home?

Deworming used in universal distribution projects should be delivered by trained healthcare workers/volunteers, and tablets must not be given to caregivers to deliver at home. Never send deworming home with the caregiver to give to the child later.

3. Can we give a whole, uncrushed deworming tablet to a child to chew?

No! To decrease risk of choking, ALWAYS crush deworming tablets for ALL children under 5 years. You can crush deworming tablets using a glass bottle and a clean piece of paper, spoons, or a mortar and pestle.

4. How fine does the tablet need to be crushed?

The tablet needs to be crushed sufficiently, so a child who cannot chew can safely swallow the crushed pieces and powder without a risk of choking.

5. What do I do if a child starts to choke while taking deworming?

If a child begins to choke while taking deworming, please follow the instructions on the back of the VAS+D Visual Checklist and in the Deworming Reference Manual on “What to Do if a Child Chokes”.

6. What do I do with the other half of the tablet when giving a half tablet of albendazole to children ages 12-24 months?

If using a half tablet, store the other half to use for another child.

7. Why is it recommended to give deworming only one to two times per year?

The WHO recommends that deworming (albendazole or mebendazole) be given once or twice per year to preschool-age children, depending on the prevalence of STH infections in a country. Most countries have a policy in place that is consistent with the WHO recommendations and fits nicely with the schedule for vitamin A supplementation.

8. Why does a fever prevent a child from getting deworming?

If a child has a fever, severe diarrhea, or is vomiting, it will not harm a child to receive deworming; however, it is recommended that children with these health concerns not be given deworming, as it may cause a negative response to future deworming if these symptoms continue in the child and then become associated with the deworming.

9. What is recommended if the child spits out the deworming?

If a child spits out the deworming, they should be told to come back in a month when they will be eligible to receive deworming again. Remember, it's important **NEVER to force a child to take the deworming tablet**. If a child is uncooperative, let the child pass without treatment; he or she will have another chance to be treated at the next round.

10. Should deworming be given with food and/or water?

After giving deworming to a child, you may give them clean drinking water in a clean cup. If clean water is not available, boiling, filtering, or chlorinating water can make it safe to drink.

Some field partners find that giving deworming with food and/or water may make it more pleasing or easier for children to consume. If you can ensure that food and/or water is clean, and you have a sufficient supply, you can provide these to children along with deworming; however, it is not a requirement that deworming be given with food and/or water.

Please visit our website at: www.vitaminangels.org for updates and more information about vitamin A and deworming for children under 5 years.