

Acute respiratory infections preventable by vaccine (Diphtheria, Mumps, Rubella, Chickenpox, Whooping cough)

Transmission

- Coughing, sneezing or close personal contact (infected droplets in the air breathed in by another person)
- Direct contact (for example, kissing) by infected saliva or nose mucous

Symptoms

- All the illnesses can start with fever, runny nose, tiredness, headache, feeling unwell (children may not want to eat much).
- All the diseases can spread quickly, especially in unvaccinated populations.
 - Diphtheria: Sore throat and swollen neck glands. A membrane of dead tissue builds up in the throat and over the tonsils, making breathing and swallowing difficult
 - Mumps: Swelling of the salivary glands (on one or both sides). In severe cases, meningitis, deafness, inflamed pancreas (near stomach).
 - Rubella (in children): a rash, swollen glands in neck and behind ears, mild eye inflammation (pink-eye or conjunctivitis).
 - Rubella (in adults): painful joints or arthritis.
 - Chickenpox: Itchy small blisters (rash) usually start on chest, back or face and spread all over the body.
 - Whooping cough: Cough (can be worse at night) with a high “whoop” sound or gasp when breathing in. Babies less than one year old may not cough but can have difficulty breathing.

Prevention

- Routine vaccination of children
- Preventive vaccination campaign to improve coverage in displaced populations and refugee camps
- Rapid identification of sick people before they spread the disease to others
- Improve the nutritional situation, especially of children
- Reduce overcrowding in shelters
- Improve ventilation in shelters
- Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Social mobilization and behaviour change communication
- Handwashing with soap

Vulnerable people

- Children who are not vaccinated, especially those who are poorly nourished
- Pregnant women (are very likely to pass rubella to an unborn baby, which can cause miscarriage, stillbirth or severe birth defects)
- People who are malnourished or have compromised immune systems (for example, from HIV infection)
- Displaced populations and those who live in crowded, cramped conditions

If an epidemic occurs

- Rapidly detect and refer cases to health facilities
- Support mass vaccination campaigns
- Isolate sick people (separate them from healthy people)
- Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Promote handwashing with soap
- Check nutritional status of children under five years old and promote nutritional support to those who are malnourished or sick
- Promote exclusive breastfeeding for at least the first six months of life
- Increase social mobilization and behaviour change communication
- Reduce overcrowding in shelters
- Improve ventilation in shelters

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick?
- How many people have fallen sick with mumps or rubella or chickenpox or whooping cough? Where?
- How many people have died and where?
- How many people live in the affected community or area?
- How many children under five live in the area?
- Who and where are the vulnerable people?
- Are children under five most affected? Or are other age groups, occupations, etc., more affected?
- Are children in the affected community generally well nourished?
- Do people always have enough food?
- How common is breastfeeding?
- Are children in the affected community vaccinated or not?
- Is a vaccination campaign planned?
- Do strong cultural beliefs or perceptions about vaccination prevent children from being vaccinated?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about the disease spreading in the community?

Volunteer actions

See the following action tools for more information on what actions to take against acute respiratory infections preventable by vaccine (diphtheria, mumps, rubella, chickenpox, whooping cough):

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 12 - Managing fever
- 13 - Breastfeeding
- 14 - Infant and young child feeding in emergencies
- 15 - Measuring acute malnutrition in emergencies
- 16 - Measuring the height and weight of children
- 17 - Measuring mid upper arm circumference (MUAC)
- 18 - Measuring oedema (water retention) in children
- 19 - Psychosocial support (Psychological first aid (PFA))
- 24 - Routine vaccinations
- 25 - Mass vaccination campaigns
- 26 - Coughing etiquette
- 27 - Shelter and ventilation
- 28 - Social distancing
- 29 - Hygiene promotion
- 34 - Handwashing with soap
- 43 - Social mobilization and behaviour change