

Transmission

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

Symptoms

- Wide range of symptoms.
- Look for fever, cough and difficulty breathing.

Prevention

- Identify sick people before they spread the disease to others
- Improve the nutritional situation, especially of children
- Handwash with soap
- Exclusive breastfeeding for the first six months of life
- 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

Vulnerable people

- Any person in the community can get respiratory infections
- Children up to five years old, the elderly and people with weakened immune systems are at highest risk of severe illness
- Displaced populations and those who live in overcrowded environments

If an epidemic occurs

- Encourage handwashing with soap
- Detect serious cases and refer them to health facilities
- Isolate sick people (separate them from healthy people)
- Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Provide zinc supplements for children younger than five years old
- Use personal protection (e.g. face masks)
- Reduce overcrowding and improve ventilation in shelters
- Promote exclusive breastfeeding for at least the first six months of life
- Increase social mobilization and behaviour change communication

- Check the nutritional status of children under five and give nutritional support to those who are malnourished or sick

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 with respiratory infections?
- How many people have fallen sick with respiratory infections? Where?
- How many people have died? Where?
- How many people live in the affected community or area? How many children under five years of age 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?
- 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 (aris):

- 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))
- 26 - Coughing etiquette
- 27 - Shelter and ventilation
- 28 - Social distancing
- 29 - Hygiene promotion
- 34 - Handwashing with soap

