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 mucus

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
43 - Social mobilization and behaviour change