Disease Tool 7

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 mucus.

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.

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.

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 5 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.

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.
Epidemic Control for Volunteers Toolkit

Disease tool 7

**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). 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.

**Volunteer actions**
See the following action tools for more information on how to take action against vaccine preventable respiratory infections:

1 2 3 4 5 12 13 14 15 16 17 18 19 20 23 24 25 26 27 28 29 34 43

**Community-based assessment**
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 5 live in the area?
- Who and where are the vulnerable people?
- Are children under 5 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? Do women continue to breastfeed babies and infants when they are sick?
- 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?