



Acute respiratory infections (ARIs)

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Key facts

Transmission: Airborne or droplet-borne (usually)

- When infected people cough, sneeze, blow their nose or spit, they spread small particles or droplets through the air, which are then breathed in by other people
- Direct contact (for example, through kissing, sharing cups or eating utensils) with infected saliva or nose mucus

Most vulnerable to severe consequences

- Children under five years old
- Elderly
- People with weakened immune systems or other respiratory problems

Most vulnerable to contracting the disease

- Displaced populations and others who live in overcrowded environments

Symptoms

- Cough (may cough up mucus or phlegm)
- Difficulty breathing
- Fever (sometimes)

What can you do to prevent and control an epidemic?

Monitoring the community and identifying sick people

- Identifying people with suspected ARIs
- Identify and isolate sick people before they spread the disease to others

Treatment and management

- Referral of serious cases (example: high fever, difficulty breathing, rapid respirations) to health facilities
- Manage and improve nutritional situation, especially of children
 - Encourage exclusive breastfeeding for the first six months of life and complementary breastfeeding until the age of two years, and especially when children are sick.
 - Check the nutritional status of children under five (MUAC screening), refer cases of suspected malnutrition to health services and support nutritional programming
- Provide psychosocial support to the sick person and their family members

Safe shelters and spaces

- Reduce overcrowding and improve ventilation in living shelters, workplaces and schools if possible

Hand and respiratory hygiene

- Promote good hand hygiene (handwashing with soap)
- Promote respiratory hygiene and coughing etiquette (cover your cough or sneeze using your sleeve or a tissue, wash hands after coughing or sneezing, do not spit onto the ground or in public)
- Use personal protection (for example, face mask)

Social mobilization and health promotion

- Find out the specific advice being given by health and other relevant authorities
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed
 - With the advice of your supervisor and health authorities, work with communities to overcome barriers

to following health advice and recommended practices

- Promote social distancing

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with acute respiratory infections? Where?
 - How many people have died? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
 - When did people start to fall sick with acute respiratory infections?
 - How many people live in the affected community? How many are children under five years?
 - How common is it for people to live together in crowded spaces? Is there ventilation and fresh air in homes, schools and workplaces?
 - Are children badly affected by acute respiratory infections? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
 - What are the community's habits, practices and beliefs about caring for and feeding sick people? Consider any differences in roles and responsibilities between women and men.
 - When babies and infants are sick, do women continue to breastfeed them?
 - Is a social mobilization or health promotion programme in place?
 - Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about acute respiratory infections? What are the rumours?