



Epidemic Control for Volunteers

Toolkit

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Epidemics are a constant threat to the health and well-being of communities, especially in societies where resources are scarce. Epidemics are often a symptom of underlying weaknesses in the health system or water and sanitation infrastructure; the challenges and effects of which are often exacerbated by poverty and inequity. Epidemics affect the security, social cohesion and economic prosperity of affected communities. Recent years have been marked by significant epidemics — cholera, plague, dengue, yellow fever, Zika, Lassa fever, MERS and Ebola Virus Disease, among others.

It is essential to plan and prepare for epidemic prevention and control. With preparedness, early detection and rapid response, it is possible to limit the impact of outbreaks by containing and controlling them before they grow out of control. Managing epidemics and preparing for them, or preferably preventing them, is a priority for the International Federation of Red Cross and Red Crescent Societies and National Red Cross Red Crescent Societies around the world. A large part of this response to health needs in emergencies and epidemics is carried out by volunteers working in their own communities. It is the volunteers' presence within their own communities that ensures they understand and can better address the underlying risks, vulnerabilities and inequalities. Their competitive advantage is therefore their sustained and consistent contact with communities, which allows two-way communication and trust to be built – both of which are crucial elements for effective public health response.

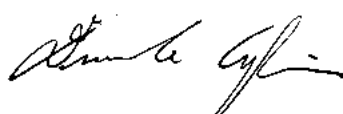
The Epidemic Control for Volunteers (ECV) Manual and Toolkit was first published 10 years ago to strengthen community-based volunteers' ability to prevent, detect and respond to public health threats. It was built to work in harmony with the community-based health and first aid (CBHFA) approach, helping volunteers to more effectively support epidemic management. The toolkit has proved to be a valuable resource for National Societies using it for preparedness and response to epidemics across all regions, where it has been translated and adapted to several languages and contexts.

I am pleased to present the updated version of the Epidemic Control Training Manual for Volunteers (the Manual) and the Epidemic Control Toolkit (the Toolkit). Like the original, it supports volunteers and trainers in local National Society branches; it is rooted in a community-based approach and centred on localized response. The Manual and Toolkit include updated information to support National Societies to prepare their volunteers to respond effectively and rapidly at the very start of an outbreak. While not exhaustive, the tools will familiarize volunteers with the most common diseases with epidemic potential. They encourage volunteers to apply evidence-based methods to control the spread of these diseases in their communities, care appropriately for the sick, and, in so doing, reduce mortality.

Volunteers can help in many ways when an epidemic threatens lives and well-being in their communities. The Manual and the Toolkit will help volunteers to define their roles in the community before, during and after an epidemic, and to act in ways that are appropriate for that particular epidemic. The knowledge and skills they build through ECV will enable them to respond quickly and efficiently in a health emergency as well as helping them to prepare for and respond to other emergencies.

When empowered with the appropriate knowledge, skills and resources, communities and first responders can work together to contain and stop the spread of disease before it becomes out of control. Epidemics start and end in communities. It is therefore crucial that communities receive adequate investment to ensure they are better able to prepare for, and respond to, disease outbreaks. This Manual and Toolkit will support Red Cross Red Crescent volunteers and staff in this endeavour – to ensure that they continue to be important and valuable assets to the delivery of life-saving, culturally sensitive public health responses to disease outbreaks in their communities.

Dr. Emanuele Capobianco
Director, Health and Care
IFRC





Faecal-oral infections

1. Acute diarrhoeal disease
2. Cholera
3. Hepatitis A
4. Hepatitis E
5. Typhoid fever
6. Acute bloody diarrhoea



Diseases preventable by vaccination

7. Acute respiratory infections preventable by vaccine
8. Measles
9. Meningococcal meningitis
10. Polio
11. Yellow fever



Diseases transmitted by mosquitoes

12. Chikungunya
13. Dengue fever
14. Malaria
15. Zika virus infection



Acute respiratory infections

16. Acute respiratory infections



Haemorrhagic (bleeding) fevers

17. Ebola virus disease
18. Lassa fever
19. Marburg haemorrhagic fever



Zoonotic diseases (diseases spread by animals)

20. Plague
21. Anthrax
22. Hantavirus pulmonary syndrome
23. Leptospirosis
24. Middle East respiratory syndrome coronavirus
25. Monkeypox
26. Rift Valley fever



Other diseases

27. Hand, foot and mouth disease
28. Unexplained clusters of deaths
29. Acute malnutrition



Transmission

- Contaminated food
- Unwashed hands
- Water contaminated with human waste (stools)

Symptoms

- Three or more loose or liquid stools over a period of 24 hours.
- Possible stomach pains, fever, nausea and vomiting.
- Can cause dehydration, sepsis and death.

Prevention

- | | |
|---|---|
| <ul style="list-style-type: none"> • Safe, clean water (including a clean, covered water container in the household) • Use appropriate sanitation facilities (sound, clean latrines) • Wash hands with soap (especially after using the toilet or cleaning a baby) | <ul style="list-style-type: none"> • Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Exclusive breastfeeding for the first six months of life • Social mobilization and behaviour change communication • Routine vaccination for rotavirus |
|---|---|

Vulnerable people

- Children under five, malnourished children
- People living with HIV
- Pregnant women
- People living in areas that have poor water, sanitation and hygiene facilities and services

If an epidemic occurs

- | | |
|--|--|
| <ul style="list-style-type: none"> • Initiate community-based surveillance • Treat mild cases in the community by providing oral rehydration solution and zinc supplementation • Detect and refer serious cases to health facilities • Promote good food hygiene (well-cooked food, covered food, clean utensils etc.) • Encourage breastfeeding and continued breastfeeding when the baby or child is sick | <ul style="list-style-type: none"> • Promote safe, clean water (including a clean, covered water container in the household) • Promote use of appropriate sanitation facilities (sound, clean latrines) • Promote handwashing with soap (especially after using the toilet or cleaning a baby) • Increase social mobilization and behaviour change communication • Promote recommended health practices • Identify the possible source |
|--|--|

Volunteer actions

See the following action tools for more information on how to take action against diarrhoeal disease:

[illegible]

1 Acute diarrhoeal disease



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with diarrhoea? • How many people have fallen sick with diarrhoea? Where? • How many people have died from diarrhoea? 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 in the affected community generally well nourished? • Do people always have enough food? • How common is breastfeeding? • Where do people obtain their drinking water? Is the source safe? Do people treat their water? • What sanitation facilities (including communal latrines) are available? Do people use them? • What hand-washing facilities are available? Do they have soap? | <ul style="list-style-type: none"> • 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? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about diarrhoea spreading in the community? • Can people identify the signs and symptoms of dehydration? • Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it? • Do people know how to treat water? |
|---|--|

A dehydrated child

- Sunken eyes
- Dry mouth
- Lethargic/weak
- Skin pinch returns slowly
- Little or no urine

Encourage exclusive breastfeeding for the first six months of life – including when a child is sick.





Transmission

- Contaminated water
- Contaminated food or drink
- Dirty hands
- Vomit and stools of sick people

Symptoms

- Around one in ten people with cholera will be very sick. Most people with cholera only have mild symptoms or are not sick at all but can still transmit the disease.
- People who have severe cholera will pass large amounts of watery diarrhoea (three or more loose stools per day, watery like rice water), vomit, and have cramps. They quickly lose a lot of body fluids and they can become dehydrated and go into shock. Without treatment, death can occur within hours.
- Children with severe cholera may be drowsy or confused, have seizures or become unconscious.

Prevention

- | | |
|---|--|
| <ul style="list-style-type: none"> • Safe, clean water (including a clean, covered water container in the household) • Use of appropriate sanitation facilities (sound, clean latrines) • Handwashing with soap (especially after using the toilet or cleaning a baby) | <ul style="list-style-type: none"> • Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Exclusive breastfeeding for the first six months of life • Social mobilization and behaviour change • Health promotion |
|---|--|

Vulnerable people

- Malnourished children
- Children under five
- Individuals with chronic medical conditions
- Pregnant women
- People who do not have easy access to rehydration therapy and health services
- People living in areas that have poor water, sanitation and hygiene facilities and services

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Initiate community-based surveillance • Treat mild cases in the community by providing oral rehydration solution (ORS) • Detect serious cases and refer them to health facilities • Increase social mobilization and behaviour change communication • Promote household water treatment for safe drinking water (including a clean, covered water container in the household) | <ul style="list-style-type: none"> • Promote use of appropriate sanitation facilities (sound, clean latrines) • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Promote handwashing with soap (especially after using the toilet or cleaning a baby) • Support mass vaccination campaign (oral cholera vaccine) • Support safe and dignified funeral and burial practices |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against cholera disease:

1	2	3	4	5	7	8	9	10	11	13	14	15	16	17	18	19	21	25	29
30	31	32	33	34	39	43													

2 Cholera



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with cholera or acute watery diarrhoea? • How many people have fallen sick with cholera or acute watery diarrhoea? Where? • How many people have died from cholera or acute watery diarrhoea? 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 in the affected community generally well nourished? • Do people always have enough food? • How common is breastfeeding? • Where do people obtain their drinking water? Is the source safe? Do people treat their water? • What sanitation facilities (including communal latrines) are available? Do people use them? • What handwashing facilities are available (at households, in markets, etc.)? Do they have soap? | <ul style="list-style-type: none"> • 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? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about cholera or acute watery diarrhoea spreading in the community? • Can people identify the signs and symptoms of dehydration? • Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it? • Do people know how to treat water? |
|---|--|

3 Hepatitis A



Transmission

- Unwashed hands, objects contaminated with human waste (stools)
- Food and water contaminated with human waste (focus especially on fruits, raw vegetables, cold meat, raw shellfish and ice)
- Close physical contact with an infectious person (not casual everyday contact)

Symptoms

- Some people with Hepatitis A, especially children, do not show signs of disease at all.
- Symptoms can include tiredness, fever, loss of appetite, stomach pain, nausea, dark urine and yellowing of the skin or whites of the eyes (jaundice).

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Handwashing with soap (especially after using the toilet or cleaning a baby) • Safe, clean drinking water (including a clean, covered water container in the household) • Use of appropriate sanitation facilities (sound, clean latrines) | <ul style="list-style-type: none"> • Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Social mobilization and behaviour change communication • Routine vaccination |
|--|---|

Vulnerable people

- Older children and adults
- People living in areas that have poor water, sanitation and hygiene facilities and services
- People who live in crowded conditions

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Detect and refer cases to health facilities • Promote handwashing with soap (especially after using the toilet or cleaning a baby) • Promote safe, clean drinking water (including a clean, covered water container in the household) • Promote use of appropriate sanitation facilities (sound, clean latrines) | <ul style="list-style-type: none"> • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Increase social mobilization and behaviour change communication • Support mass vaccination campaign • Promote recommended health practices |
|---|--|

Volunteer actions

See the following action tools for more information on how to take action against Hepatitis A:

1 2 3 4 5 12 19 29 30 31 32 33 34 43

3 Hepatitis A



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with hepatitis A? • How many people have fallen sick with hepatitis A? Where? • How many people have died from hepatitis A? 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 in the affected community generally well nourished? • Do people always have enough food? • How common is breastfeeding? • Where do people obtain their drinking water? Is the source safe? Do people treat their water? • What sanitation facilities (including communal latrines) are available? Do people use them? • What handwashing facilities are available? Do they have soap? • Where are the local health facilities and services? (Include traditional and community carers.) | <ul style="list-style-type: none"> • 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 vaccination programme planned or in place? • Is a social mobilization or health promotion programme in place? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about hepatitis A spreading in the community? • Can people identify the signs and symptoms of dehydration? • Do people know how to make oral rehydration solution (ORS)? • Do they have resources at hand to make it? • Do people know how to treat water? |
|--|---|

4 Hepatitis E



Transmission

- Water contaminated with human waste (stools)
- Eating raw or undercooked meat or meat products (such as liver) and seafood (such as shellfish)
- Blood transfusion
- From mother to unborn baby during pregnancy

Symptoms

- Most people with hepatitis E have no signs or symptoms of disease at all.
- Symptoms can include mild fever, loss of appetite, abdominal pain, nausea, dark urine, pale stools and yellow skin or whites of eyes (jaundice).
- Pregnant women are particularly at risk of falling severely ill with Hepatitis E and can die.

Prevention

- | | |
|---|--|
| <ul style="list-style-type: none"> • Safe, clean water (including a clean, covered water container in the household) • Use of appropriate sanitation facilities (sound, clean latrines) • Handwashing with soap (especially after using the toilet or cleaning a baby) | <ul style="list-style-type: none"> • Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Social mobilization and behaviour change communication |
|---|--|

Vulnerable people

- Pregnant women, especially those later in pregnancy (after the third month)
- People with liver diseases
- Displaced populations
- People living in areas that have poor water, sanitation and hygiene facilities and services

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Detect and refer cases to health facilities • Promote handwashing with soap (especially after using the toilet or cleaning a baby) • Promote safe, clean drinking water (including a clean, covered water container in the household) • Promote use of appropriate sanitation facilities (sound, clean latrines) | <ul style="list-style-type: none"> • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Increase social mobilization and behaviour change communication • Health promotion |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against Hepatitis E:

1 2 3 4 5 12 19 29 30 31 32 33 34 43

4 Hepatitis E



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with hepatitis E? • How many people have fallen sick with hepatitis E? Where? • How many people have died from hepatitis E? Where? • How many people live in the affected community or area? How many children under five years of age live in the area? How many pregnant women live in the area? • Who and where are the vulnerable people? Are children in the affected community generally well nourished? • Do people always have enough food? • How common is breastfeeding? • Where do people obtain their drinking water? Is the source safe? Do people treat their water? • What sanitation facilities (including communal latrines) are available? Do people use them? • What handwashing facilities are available? Do they have soap? • Where are the local health facilities and services? (Include traditional and community carers.) | <ul style="list-style-type: none"> • 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? • Do people have specific practices related to pregnancy, such as withholding fluids? • Is a social mobilization or health promotion programme in place? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about hepatitis E spreading in the community? • Can people identify the signs and symptoms of dehydration? • Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it? • Do people know how to treat water? |
|---|--|

5 Typhoid fever



Transmission

- Unwashed hands (after defecating or using a toilet)
- Food or beverages contaminated by dirty hands or flies
- Water contaminated with human waste (stools)

Symptoms

- Tiredness (fatigue), headache, stomach pain and fever.
- Possible diarrhoea in young children, or constipation in older children and adults.
- In severe cases, confusion, shock, internal bleeding and death.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Safe, clean drinking water (including a clean, covered water container in the household) • Use of appropriate sanitation facilities (sound, clean latrines) • Handwashing with soap (especially after using the toilet or cleaning a baby) • Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) | <ul style="list-style-type: none"> • Exclusive breastfeeding for the first six months of life • Routine vaccination • Social mobilization and behaviour change communication |
|--|---|

Vulnerable people

- Children who are malnourished
- People, especially children, with weakened immune systems (for example from HIV infection)
- People living in areas that have poor water, sanitation and hygiene facilities and services

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Detect and refer cases to health facilities • Promote safe, clean drinking water (including a clean, covered water container in the household) • Promote use of appropriate sanitation facilities (sound, clean latrines) • Promote handwashing with soap (especially after using the toilet or cleaning a baby) | <ul style="list-style-type: none"> • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Support mass vaccination campaigns • Increase social mobilization and behaviour change communication • Encourage breastfeeding and continued breastfeeding when an infant is sick |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against typhoid fever:

1 2 3 4 5 12 13 19 24 25 29 30 31 32 33 34 43

5 Typhoid fever



Community-based assessment

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with typhoid fever? • How many people have fallen sick with typhoid fever? Where? • How many people have died from typhoid fever? 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 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 in the community? When babies and infants are sick, do women continue to breastfeed them? | <ul style="list-style-type: none"> • Where do people obtain their drinking water? Is the source safe? Do people treat their water? • What sanitation facilities and communal latrines are available? Do people use them? • What handwashing facilities are available? Do they have soap? • Is a social mobilization or health promotion programme in place? • Is a vaccination programme planned or in place? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about typhoid fever spreading in the community? |
|---|---|

6 Acute bloody diarrhoea



Transmission

- Unwashed hands (after defecating or using a toilet)
- Food or water contaminated by stools from a sick person
- Contaminated fruits and vegetables
- Close physical contact with a sick person

Symptoms

- Diarrhoea containing blood.
- Fever, abdominal cramps.
- Dehydration.

Prevention

- | | |
|---|--|
| <ul style="list-style-type: none"> • Promote safe clean drinking water (including a clean covered water container in the household) • Use appropriate sanitation facilities (sound, clean latrines) • Promote handwashing with soap (especially after using the toilet or cleaning a baby) | <ul style="list-style-type: none"> • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Encourage exclusive breastfeeding for the first six months of life • Social mobilization and behaviour change communication |
|---|--|

Vulnerable people

- Children under five years old
- Children who are malnourished
- People, especially children, with weakened immune systems (for example, as a result of HIV infection)
- People living in areas with poor water, sanitation and hygiene facilities and services
- Elderly people

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Initiate community-based surveillance • Detect cases and refer them to health facilities • Provide oral rehydration (ORS) • Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.) • Encourage breastfeeding, including when the baby or child is sick • Promote safe, clean water (including a clean, covered water container in the household) | <ul style="list-style-type: none"> • Promote use of appropriate sanitation facilities (sound, clean latrines) • Promote handwashing with soap (especially after using the toilet or cleaning a baby) • Increase social mobilization and behaviour change communication • Promote recommended health practices |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against acute diarrhoeal disease:

1 2 3 4 5 7 9 10 12 13 19 29 30 31 32 33 34 39 43

6 Acute bloody diarrhoea



Community-based assessment

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with diarrhoea? • How many people have fallen sick with bloody diarrhoea? Where? • How many people have died from bloody diarrhoea? Where? When? • How many people live in the affected community or area? • How many children under five years of age live in the affected area? • Who and where are the vulnerable people? • Are children in the affected community generally well nourished? • Do people always have enough food? • How common is breastfeeding? • Where do people obtain their drinking water? Is the source safe? • Do people know how to treat water? How do they do it? • What sanitation facilities (including communal latrines) are available? Do people use them? • What handwashing facilities are available? Do they have soap? | <ul style="list-style-type: none"> • 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? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources or channels of information do people use most? • Are rumours or is misinformation about bloody diarrhoea spreading in the community? • Can people identify the signs and symptoms of dehydration? • Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it? |
|---|---|

7 Acute respiratory infections preventable by vaccine



Diphtheria, chickenpox, mumps, rubella, 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

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
|--|---|

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.

Chickenpox: Itchy small blisters (rash) usually start on chest, back or face and spread all over the body.

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.

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.

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
|---|---|

Volunteer actions

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

[illegible]

7 Acute respiratory infections preventable by vaccine



Community-based assessment

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

- | | |
|--|--|
| <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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? |
|--|--|



Measles is a very contagious virus that can make children very sick. In a community where no one is vaccinated, one person with measles can infect between 12 and 18 other people.

Transmission

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

Symptoms

- Can start with high fever, runny nose, cold, cough, red and watery eyes and sometimes white spots inside the mouth.
- After a few days, a flat red blotchy rash appears, usually starting on the head, face and upper neck, and continues to spread to the rest of the body.
- In severe cases, measles can cause blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and dehydration, ear infections, or severe respiratory infections such as pneumonia.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Routine vaccination of children • Mass vaccination campaigns with social mobilization in countries where the disease is common and causes many deaths • Rapid detection and referral of suspected cases to health facilities • Reduced overcrowding in shelters • Improved ventilation in shelters | <ul style="list-style-type: none"> • Separation of people sick with measles for four days after they develop a rash • Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand) • Handwashing with soap • Social mobilization and behaviour change communication |
|--|---|

Vulnerable people

- Children who are not vaccinated, especially those who are poorly nourished or have vitamin A deficiency
- Adults aged more than 20 years old
- Pregnant women
- Displaced populations and those living in cramped or crowded conditions
- People whose immune systems are compromised (for example, by leukaemia or HIV infection)

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

Volunteer actions

See the following action tools for more information on how to take action against measles:

[illegible]

8 Measles



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with measles? • How many people have fallen sick with measles? 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 vaccinated for measles or not? • Is a vaccination campaign planned? | <ul style="list-style-type: none"> • 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 mothers 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? |
|---|--|

A child with measles



9 Meningococcal meningitis



Transmission

- Droplets of saliva/mucous pass from one person to another, mainly by kissing, coughing or sneezing, or by sharing eating and drinking utensils
- Coughing or sneezing or close personal contact (infected droplets in the air are breathed in by another person)

Symptoms

- Starts with sudden high fever and one of the following: neck stiffness, sensitivity to light, confusion, headaches or vomiting.
- If treated early with antibiotics, in 90 per cent of cases death can be prevented.
- Without treatment, it affects the nervous system and can cause death.
- It may result in brain damage, hearing loss or learning disability in 10 – 20 per cent of survivors.

Prevention

- | | |
|---|---|
| <ul style="list-style-type: none"> • Routine vaccination • Reduced overcrowding in shelters • Improved ventilation in shelters • Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand) | <ul style="list-style-type: none"> • Handwashing with soap • Social mobilization and behaviour change communication |
|---|---|

Vulnerable people

- Infants, teens and young adults who are not vaccinated are most at risk.
- Displaced populations, people living in cramped and crowded conditions, people who gather in large groups.
- Individuals without a spleen or people living with HIV or other illnesses that weaken immunity.

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Rapidly detect and refer suspected cases to health facilities • Support a mass vaccination campaign • Promote handwashing with soap • Reduce overcrowding in shelters • Improve ventilation in shelters | <ul style="list-style-type: none"> • Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand) • Increase social mobilization and behaviour change communication • Give antibiotics to close contacts of a person with meningitis (chemoprophylaxis) |
|---|--|

Volunteer actions

See the following action tools for more information on how to take action against meningitis:

1 2 3 4 5 12 19 20 23 24 25 26 27 28 34 43

9 Meningococcal meningitis



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to get sick with meningitis? • How many people have fallen sick with meningitis? Where? • How many people have died from meningitis? Where? • Who and where are the vulnerable people? • How many people at increased risk live in the affected community? • Are the people at increased risk vaccinated? • How many people live in the affected community or area? How many children under five years of age? • Are children under five most affected? Or are other age groups, occupations, etc., more affected? • How many close contacts do people with meningitis have? Where are they living? Are they showing symptoms of meningitis? | <ul style="list-style-type: none"> • Are children in the affected community vaccinated for meningitis or not? • Is there a vaccination campaign planned? • Are there strong cultural beliefs or perceptions around vaccination which prevents children from being vaccinated? • Where are the local health facilities and services? (Include traditional or community carers.) • What are the community's habits, practices and beliefs about caring for and feeding sick people in the community? When babies and infants are sick, do women continue to breastfeed them? • Is a social mobilization or health promotion programme in place? • Which sources or channels of information do people use most? • Are rumours or is misinformation about the disease spreading in the community? |
|--|---|

10 Polio



Transmission

- Touching the mouth with hands or objects (for example, toys) that are contaminated by the stools of a person infected with polio
- Drinking water or food contaminated by the stools of a person infected with polio

Symptoms

- Starts with fever, tiredness, headache, vomiting, stiffness of the neck or back, or pain or stiffness in the arms or legs.
- Symptoms of “acute flaccid paralysis” or AFP are: sudden loss of reflexes (movement), severe muscle aches or weakness, and loose and floppy arms and legs.
- About one in 200 people with polio is permanently paralysed (unable to move).
- Among those paralysed, up to a tenth (10 per cent) die because the virus affects the muscles that help them breathe.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Routine vaccination • Handwashing with soap (especially after using the toilet or cleaning a child) | <ul style="list-style-type: none"> • Use of appropriate sanitation facilities (sound, clean latrines with proper faecal sludge management) • Social mobilization and behaviour change communication |
|--|---|

Vulnerable people

- Children who are not vaccinated are most at risk
- Children living in areas with poor hygiene, sanitation and water infrastructure and services

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Promote mass vaccination campaigns • Initiate community-based surveillance • Rapidly detect and refer suspected cases to health facilities • Increase social mobilization and behaviour change communication • Promote handwashing with soap (especially after using the toilet, defecating, or cleaning a child) | <ul style="list-style-type: none"> • Promote use of appropriate sanitation facilities (sound, clean latrines that are well maintained and have proper faecal sludge management) • Promote safe, clean drinking water (including a clean, covered water container in the household) |
|---|--|

Volunteer actions

See the following action tools for more information on how to take action against polio:

1 2 3 4 5 19 24 25 29 30 31 32 33 34 43

10 Polio



Community-based assessment

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

- | | |
|--|--|
| <ul style="list-style-type: none"> • When did the person first experience acute flaccid paralysis (AFP)? • How many people have experienced acute flaccid paralysis? • How many people have fallen sick with other polio symptoms? Where? • Was that person fully vaccinated against polio? • How many people live in the affected community? • How many children under 15 years old live in the affected community? • Are children in the affected community vaccinated for polio (orally or by injectable vaccine)? How many are not? | <ul style="list-style-type: none"> • Do strong cultural beliefs or perceptions about vaccination prevent children from being vaccinated? • Who and where are the vulnerable people? • Are there any health services? Where? • Have the health services been alerted to a potential polio case? • Is a vaccination campaign planned? • 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? |
|--|--|

A child with AFP



11 Yellow fever



Transmission

- Mosquito bite
- Mosquitoes that spread yellow fever bite during the day

Symptoms

- Most people who are infected with yellow fever do not get sick or have only a mild illness.
- Starts with sudden fever, headache and backache, muscle pain, nausea, vomiting and tiredness.
- The sick person may get better for a short time but can get worse and develop jaundice (yellow skin or eyes).
- Sick persons may also bleed from the gums, nose or eyes, vomit blood, or have blood in their stools.

Prevention

- | | |
|---|---|
| <ul style="list-style-type: none"> • Routine vaccination • Prevention of mosquito bites by putting insect screens on windows and doors and personal protection (application of repellents, long sleeved clothes, etc.) • Community clean-up campaigns to remove rubbish and cover water containers | <ul style="list-style-type: none"> • Elimination of mosquito breeding sites by removing standing water, fogging, and applying larvicides • Social mobilization and behaviour change communication |
|---|---|

Vulnerable people

- Every person in the community who is not vaccinated can get yellow fever
- Young children and older people are more likely to become very sick or have complications

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Support mass vaccination campaigns • Increase community-based surveillance • Rapidly detect and refer suspected cases to health facilities • Increase social mobilization and behaviour change communication • Promote community clean-up campaigns to remove rubbish and cover water containers | <ul style="list-style-type: none"> • Encourage prevention of mosquito bites by placing insect screens on windows and doors and wearing personal protection (apply repellents, wear long sleeved clothes, etc.) • Eliminate mosquito breeding sites by removing standing water, fogging, and applying larvicides • Encourage young children and people who sleep during the day to sleep under a mosquito net (if windows and doors are not screened) |
|--|---|

Volunteer actions

See the following action tools for more information on how to take action against yellow fever:

1 2 3 4 5 12 19 24 25 36 37 38 43

11

Yellow fever

**Community-based assessment**

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with yellow fever? • How many people have fallen sick with yellow fever? 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 and adults in the affected community vaccinated against yellow fever? • Is a vaccination campaign planned? • Do strong cultural beliefs or perceptions about vaccination prevent children from being vaccinated? • Do people usually cover their water containers (inside and outside)? • How many houses have insect screens on the windows and doors? | <ul style="list-style-type: none"> • What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.? • What are the usual ways of disposing of rubbish and solid waste in the community? • Have the authorities established a vector control programme? • 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? |
|--|---|

12 Chikungunya



Transmission

- Mosquito bite
- Mosquitoes that spread chikungunya usually bite during the day, especially in early morning and late afternoon or evening

In rare cases, transmission is from mother to new-born baby around the time of birth

Symptoms

- Sudden fever, often with joint pain.
- Other symptoms include headache, nausea, tiredness and rash.
- Joint pain is often severe.
- It lasts for several days, but may last much longer.
- Most people with chikungunya get better and return to normal, but sometimes joint pain continues for months or even years.
- In older people, chikungunya can contribute to the cause of death.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Prevention of mosquito bites by placing insect screens on windows and doors and personal protection (application of repellents, wearing long sleeved clothes, etc.) • Community clean-up campaigns to remove rubbish and cover water containers | <ul style="list-style-type: none"> • Elimination of mosquito breeding sites by removing standing water, fogging, and applying larvicides • Social mobilization and behaviour change communication |
|--|---|

Vulnerable people

- Older people
- People with medical conditions (high blood pressure, diabetes, heart disease)
- New-born babies infected around the time of birth

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Increase community-based surveillance • Rapidly detect and refer serious cases to health facilities • Increase social mobilization and behaviour change communication • Promote community clean-up campaigns to remove rubbish and cover water containers | <ul style="list-style-type: none"> • Encourage prevention of mosquito bites by placing insect screens on windows and doors and wearing personal protection (apply repellents, wear long sleeved clothes, etc.) • Eliminate mosquito breeding sites by removing standing water, fogging, and applying larvicides • Encourage young children and people who sleep during the day to sleep under a mosquito net (if windows and doors are not screened) |
|--|---|

Volunteer actions

See the following action tools for more information on how to take action against chikungunya:

1 2 3 4 5 12 19 36 37 38 43

12 Chikungunya



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 with chikungunya?

- | | |
|--|---|
| <ul style="list-style-type: none"> • How many people have fallen sick with chikungunya? 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? • Do people usually cover their water containers (inside and outside)? • How many houses have insect screens on the windows and doors? • What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.? • How does the community usually dispose of rubbish and solid waste? | <ul style="list-style-type: none"> • Have the authorities established a vector control programme? • 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? |
|--|---|

13 Dengue fever



Transmission

- Mosquito bite
- Mosquitoes that spread dengue fever usually bite during the day, especially in early morning and late afternoon and evening
- During pregnancy, from mother to child
- Organ transplants and blood transfusions from infected donors

Symptoms

- Starts with sudden fever.
- Can be accompanied by severe headache, muscle and joint pain, pain behind the eyes, nausea, vomiting, swollen glands and a rash.
- In some very severe cases, the disease can cause severe stomach pain, difficulty breathing and bleeding (known as “dengue haemorrhagic fever”), and even death.

Prevention

- | | |
|--|--|
| <ul style="list-style-type: none"> • Prevention of mosquito bites by placing insect screens on windows and doors and wearing personal protection (apply repellents, wear long sleeved clothes, etc.) • Community clean-up campaigns to remove rubbish and cover water containers | <ul style="list-style-type: none"> • Destruction of mosquito breeding sites by removing standing water, fogging, and applying larvicides • Routine vaccination • Social mobilization and behaviour change communication |
|--|--|

Vulnerable people

- Any person in the community can get dengue fever; but babies and young children are at higher risk of severe dengue fever
- Dengue fever is important for pregnant women because they can pass the disease to their unborn baby

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Increase community-based surveillance • Rapidly detect and refer serious cases to health facilities • Increase social mobilization and behaviour change communication • Promote community clean-up campaigns to remove rubbish and cover water containers • Support mass vaccination campaigns if vaccination is part of country's dengue control programme and encourage social mobilization to support them | <ul style="list-style-type: none"> • Promote the prevention of mosquito bites by placing insect screens on windows and doors and wearing personal protection (apply repellents, wear long sleeved clothes, etc.) • Eliminate mosquito breeding sites by removing standing water, fogging, and applying larvicides • Encourage young children and people who sleep during the day to sleep under a mosquito net (if windows and doors are not screened) |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against dengue fever:

1 2 3 4 5 12 19 24 25 36 37 38 43

13 Dengue fever



Community-based assessment

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with dengue? • How many people have fallen sick with dengue? Where? • How many people are severely ill with dengue haemorrhagic fever? • How many 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? • Do people usually cover their water containers (inside and outside)? • How many houses have insect screens on the windows and doors? • What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.? | <ul style="list-style-type: none"> • How do people in the community usually dispose of rubbish and solid waste? • Have the authorities established a vector control programme? • 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? |
|---|---|

14 Malaria



Transmission

- Mosquito bite
- Mosquitoes that spread malaria usually bite at night, between sunset and sunrise

Symptoms

- Starts with several days of fever, sometimes with nausea, vomiting and headache, back pain, chills/shaking and muscle pain.
- In very severe cases, the patient weakens, becomes unconscious, and suffers from severe lack of iron in the blood (anaemia), and lung and kidney failure.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Sleep under an insecticide-treated bed net at night • Use insecticide-treated curtains • Apply indoor residual spraying (IRS) • Give infants and pregnant women intermittent prevention therapy (IPT) | <ul style="list-style-type: none"> • Eliminate mosquito breeding sites by vector control (removing scrub around communities, spraying, etc.) • Social mobilization and behaviour change communication • Use of antimalarial medicines (chemoprophylaxis) |
|--|---|

Vulnerable people

- Children under five years and pregnant women are more vulnerable to severe illness
- People living with HIV
- Displaced populations, migrants and travellers that have not been exposed to malaria before

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Rapidly detect and refer suspected cases to health facilities for treatment Early treatment is important especially for children • Increase community-based surveillance • Promote use of antimalarial medicines • Encourage people to sleep at night under an insecticide-treated bed net | <ul style="list-style-type: none"> • Promote indoor residual spraying (IRS) • Promote use of insecticide-treated curtains • Eliminate mosquito breeding sites by vector control (removing scrub around communities, spraying, etc.) |
|---|--|

Volunteer actions

See the following action tools for more information on how to take action against malaria:

1 2 3 4 5 12 19 23 36 37 38 43

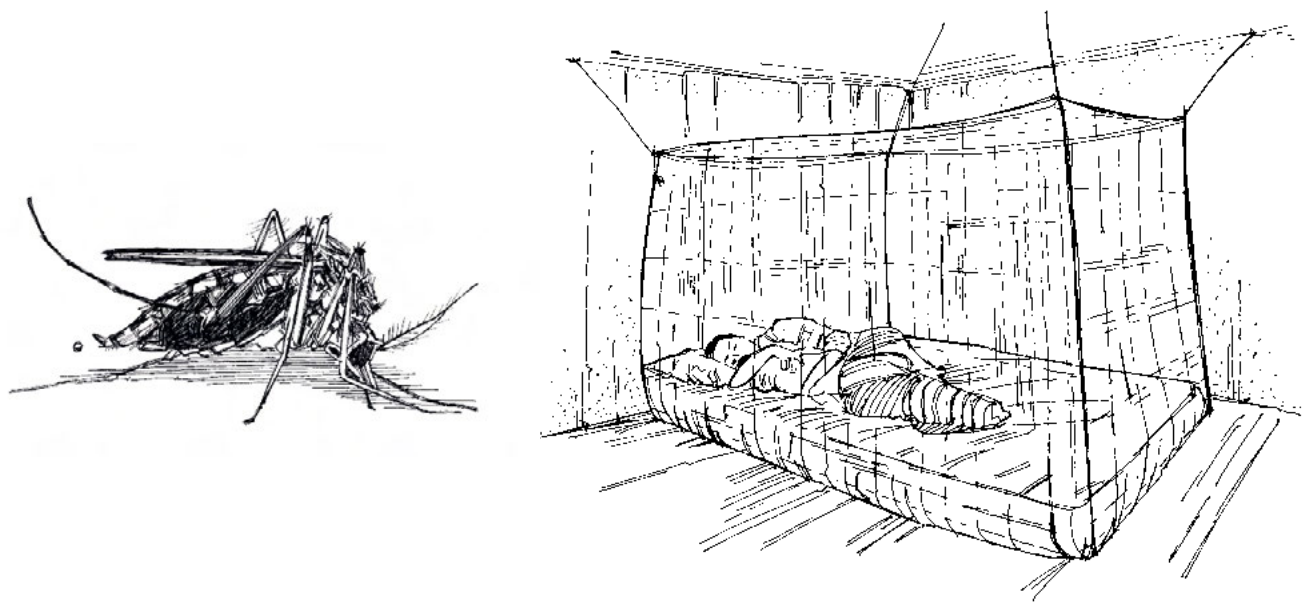
14 Malaria



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with malaria? • How many people have fallen sick with malaria? 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? How many pregnant women live in the area? • How many people are receiving antimalarial medicines? • Who and where are the vulnerable people? Who is most affected? • How many children and pregnant women sleep under a bed net at night? Are nets hung up and maintained properly? If people are not using nets, why not? • What are the community's habits, practices and beliefs regarding indoor spraying? | <ul style="list-style-type: none"> • How does the community usually remove standing, stagnant water? • Have the authorities established a vector control programme? • Where are the local health facilities and services? (Include traditional or 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 malaria spreading in the community? |
|--|---|



15 Zika virus infection



Transmission

- Mosquito bite
- Mosquitoes that spread Zika virus usually bite during the day, especially in early morning and late afternoon or evening
- During pregnancy the disease can pass from a mother to her unborn baby
- Unprotected sex

Symptoms

- Many people infected with Zika virus have no symptoms or have only mild symptoms.
- Mild fever, skin rash, red eyes, muscle and joint pain, headache or feeling unwell.
- Getting Zika during pregnancy can cause serious brain defects in the unborn baby.
- Zika may cause a severe illness called Guillain-Barré syndrome, which causes sudden muscle weakness and can sometimes be life-threatening.

Prevention

- | | |
|---|--|
| <ul style="list-style-type: none"> • Prevention of mosquito bites by placing insect screens on windows and doors and personal protection (application of repellents, wearing long sleeved clothes, etc.) • Community clean-up campaigns to remove rubbish and garbage and cover water containers • Destruction of mosquito breeding sites by removing standing water, fogging, and applying larvicides | <ul style="list-style-type: none"> • Social mobilization and behaviour change communication • Practice safe sex (applies to pregnant women, their partners, and travellers returning from areas in which Zika is present) • Reproductive health counselling and support for couples who plan to have children and who live in areas where Zika is endemic |
|---|--|

Vulnerable people

- Any person in the community can get Zika
- Zika is a particular concern for pregnant women, women and girls of reproductive age, and couples who want children and who live in area where Zika is endemic
- Getting Zika during pregnancy can cause serious brain defects in an unborn baby

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Increase community-based surveillance • Rapidly detect serious cases and refer them to health facilities • Increase social mobilization and behaviour change communication • Promote community clean-up campaigns to remove rubbish and cover water containers • Promote prevention of mosquito bites by placing insect screens on windows and doors and wearing personal protection (apply repellents, wear long sleeved clothes, etc.) • Give psychosocial support to mothers, families and babies born with brain defects | <ul style="list-style-type: none"> • Eliminate mosquito breeding sites by removing standing water, fogging, and applying larvicides • Encourage young children and people who sleep during the day to sleep under a mosquito net (if windows and doors are not screened) • Encourage the practice of safe sex (especially applies to pregnant women, their partners, and travellers who return from areas in which Zika is present) • If possible, pregnant women should not travel to areas in which Zika is present |
|---|---|

Volunteers' action

See the following action tools for more information on how to take action against Zika virus disease:

1 2 3 4 5 19 36 37 38 42 43

15 Zika virus infection



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with Zika? • How many people have fallen sick with Zika? Where? • How many people have been severely ill with Guillain-Barré syndrome? How many have died? Where? • Have any children been born with brain or head defects? How many? • 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? • How many pregnant women live in the affected communities? • Do people usually cover their water containers (inside and outside)? • How many houses have insect screens on the windows and doors? | <ul style="list-style-type: none"> • What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.? • How do people in the community usually dispose of rubbish and solid waste? • Have the authorities established a vector control programme? • 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 Zika disease spreading in the community? |
|--|---|

16 Acute respiratory infections (ARIs)



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

- | | |
|--|--|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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

- | | |
|--|---|
| <ul style="list-style-type: none"> • Encourage handwashing • 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) • Use personal protection (eg face mask) | <ul style="list-style-type: none"> • 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 |
|--|---|

Volunteer actions

See the following action tools for more information on how to take action against respiratory infections:

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

16 Acute respiratory infections (ARIs)



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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? |
|--|---|

17 Ebola virus disease



Transmission

- Via blood, stools, vomit, urine, saliva/spit, sweat, tears, breastmilk or semen of a person sick with Ebola that enters the mouth, nose, eyes or a skin cut of another person
- Can also be spread when handling the body of someone who has died from Ebola
- Contact with objects (for example, bedding, clothes or needles) that have been contaminated with body fluids from a person who is sick or has died from Ebola
- During sex with a man who has recovered from Ebola (possible for 12 months after he has recovered)
- Touching infected fruit bats or their faeces or waste, and touching or eating infected bush meat (bats, monkeys, apes) that is not well cooked

Symptoms

- Starts with sudden fever, tiredness, muscle pain, headache and sore throat.
- Usually followed by vomiting, diarrhoea and rash. Sometimes people can bleed under the skin or from the nose and gums (inside mouth), or cough blood or have bloody stools (faeces).
- A very severe and deadly disease that can kill around half or more of the people infected.

Prevention

- | | |
|--|--|
| <ul style="list-style-type: none"> • Ebola is very serious but can be prevented • Avoid touching sick or dead fruit bats, monkeys or apes or their faeces or waste • Do not eat bushmeat or animal products (blood and meat) unless they have been thoroughly cooked • Use personal protective equipment (gloves, masks, clothing) when taking care of sick people • Disinfect the homes and personal belongings of people who are sick or have died from Ebola • Wash hands with soap | <ul style="list-style-type: none"> • Ensure safe and dignified burials • Promote social distancing • Isolate sick people • Dispose safely of waste that might be contaminated (by burning or burying it) • Disinfect reusable supplies • Provide psychosocial support • Male survivors of Ebola must practise safe sex for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus |
|--|--|

Vulnerable people

- Every person in the community is vulnerable to Ebola
- Family and relatives of people who are sick (or who have died) from Ebola, health workers, volunteers, and people who handle dead bodies, are most at risk

If an epidemic occurs

- | | |
|--|--|
| <ul style="list-style-type: none"> • Identify suspected Ebola cases rapidly and refer them to care and treatment centres • Provide safe transport for suspected Ebola cases • Trace contacts and follow them up • Use personal protective equipment (gloves, masks, clothing) when caring for sick people • Isolate sick people • Promote social distancing • Wash hands in communities and health centres with soap, chlorine solution or hand-sanitizer • Provide safe and dignified burials | <ul style="list-style-type: none"> • Disinfect the homes and personal belongings of people who are sick or have died from Ebola • Dispose safely of waste that might be contaminated (by burning or burying) • Disinfect reusable supplies • Male survivors of Ebola must practice safe sex for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus • Provide psychosocial support • Involve the community in managing rumours and misinformation |
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Volunteers' action

See the following action tools for more information on how to take action against Ebola:

1 2 3 4 5 6 19 20 21 25 28 34 35 39 40 41 42 43

17 Ebola virus disease



Community-based assessment

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with Ebola? • How many people have fallen sick with Ebola? Where? • How many have died? Where? • Who and where are the vulnerable people? • How many people live in the affected community or area? How many children under five years of age live in the area? • How many pregnant women live in the affected communities? • 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? • What are the community's burial traditions, funeral procedures and practices? • Is a social mobilization or health promotion programme in place? | <ul style="list-style-type: none"> • Which sources of information do people use most? • Are rumours or is misinformation about Ebola spreading in the community? • Are health workers, volunteers or people who have survived Ebola stigmatized, left out, threatened or harassed? What are the main effects on them and their lives? • Do people in the community know about Ebola? • Do people in the community know the main signs of Ebola and what to do if someone becomes sick (phone number to call, actions to take)? • Do people in the community know how to protect themselves from Ebola? • Are people in the community taking social distancing seriously? Why? Why not? |
|---|---|



Transmission

- Contact with food or household items contaminated with rodent urine or stools
- Blood, faeces/stool, vomit, urine/pee, saliva/spit, etc. from a person sick with Lassa fever enters the mouth, nose, eyes or a skin cut of another person
- Contact with household objects (for example, bedding or clothes) that have been contaminated with body fluids from a person who is sick or has died from Lassa fever
- Via contaminated medical equipment, such as reused needles
- Unprotected sex with a man who has recovered from Lassa fever (for up to three months after he recovers)

Symptoms

- Four out of five people with Lassa fever have no symptoms.
- Starts with fever, general weakness and feeling unwell.
- Headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhoea, cough and stomach pain may follow.
- If severe, can include facial swelling, bleeding from the mouth, nose, vagina or anus, seizures, shaking, being confused and becoming unconscious.
- Deafness occurs in one in four people who survive Lassa fever.

Prevention

- Store food in rodent-proof containers
- Dispose of rubbish away from the home (good environmental hygiene)
- Control rodents (including by keeping cats)
- Isolate (separate) people with Lassa fever
- Use personal protective equipment (gloves, masks, clothing) when caring for sick people
- Encourage handwashing with soap
- Provide safe and dignified burials
- Disinfect the homes and personal belongings of people who are sick or have died from Lassa fever
- Promote social distancing
- Dispose safely of waste that might be contaminated (by burning or burying it)
- Disinfect reusable supplies
- Provide psychosocial support

Vulnerable people

- Pregnant women in the last three months of pregnancy

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Identify suspected Lassa fever cases rapidly and refer them to care and treatment centres • Trace contacts and follow them up • Use personal protective equipment (gloves, masks, clothing) when caring for sick people • Isolate people who are sick with Lassa fever • Promote social distancing • Promote handwashing in communities and health centres with soap, chlorine solution or hand-sanitizer • Provide safe and dignified burials | <ul style="list-style-type: none"> • Disinfect the homes and personal belongings of people who are sick or have died from Lassa fever • Dispose safely of waste that might be contaminated (by burning or burying it) • Disinfect reusable supplies • Male survivors of Lassa fever must practise safe sex for three months from the date on which they fell sick • Provide psychosocial support |
|--|---|

Volunteer actions

See the following action tools for more information on how to take action against Lassa fever:

18

Lassa fever



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with Lassa fever? • How many people have fallen sick with Lassa fever? Where? • How many 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? • How many pregnant women live in the affected communities? • Who and where are the vulnerable people? • 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? • What are the community's burial traditions, funeral procedures and practices? • How do people in the community store their food? (Are rats or other rodents able to eat it?) • Are there handwashing facilities in the community or at the health centre? Are soap and water always available? | <ul style="list-style-type: none"> • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about Lassa fever spreading in the community? • Are health workers, volunteers or people who have survived Lassa fever stigmatized, left out, threatened or harassed? What are the main effects on them and their lives? • Do people in the community know about Lassa fever? • Do people in the community know the main signs of Lassa fever and what to do if someone becomes sick (phone number to call, actions to take)? • Do people in the community know how to protect themselves from Lassa fever? • Are people in the community taking social distancing seriously? Why? Why not? |
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19 Marburg haemorrhagic fever



Transmission

- Marburg fever first spreads to people from fruit bats
- It is very infectious and spreads easily from one person to another via blood, faeces, vomit, urine, saliva/spit, sweat, tears, breastmilk or semen from a person sick with Marburg fever that enters the mouth, nose, eyes or a skin cut of another person
- Can also be spread when handling the body of someone who has died from Marburg fever
- Via contact with objects (for example, bedding, clothes or needles) that have been contaminated with body fluids from a person who is sick or has died from Marburg fever
- During sex with a man who has recovered from Marburg fever

Symptoms

- Starts abruptly with fever, severe headache, feeling unwell, muscle pain, nausea, vomiting and diarrhoea.
- Usually followed by a rash and bleeding under the skin and from the nose, vagina, and gums, bloody vomit and stools.
- If severe, can cause confusion, irritability and aggression.
- A very severe and deadly disease that kills around half of the people it infects.

Prevention

- | | |
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| <ul style="list-style-type: none"> • Marburg fever is a very serious disease but it can be prevented • Require the wearing of gloves and other appropriate protective clothing (including masks) during work in mines or caves inhabited by fruit bat colonies • Avoid touching sick or dead fruit bats, their faeces or waste • Promote handwashing with soap • Use of protective clothing, gloves and masks during close contact with patients • Promote social distancing | <ul style="list-style-type: none"> • Disinfect the homes and personal belongings of people who are sick or have died from Marburg fever • Provide safe and dignified burials • Isolate people who are sick • Dispose safely of waste that might be contaminated (by burning or burying it) • Disinfect reusable supplies • Provide psychosocial support • Male survivors of Marburg must practise safe sex for 12 months after they recover or until their semen tests negative twice for the virus |
|--|--|

Vulnerable people

- Every person in the community is vulnerable to Marburg fever
- Family and relatives of people who are sick (or who have died) from Marburg fever, health workers, volunteers, and people who handle dead bodies are most at risk

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Identify suspected Marburg fever cases and refer them to care and treatment centres • Transport suspected Marburg fever cases safely • Trace contacts and follow them up • Use personal protective equipment (gloves, masks, clothing) when caring for sick people • Isolate sick people • Promote social distancing • Promote handwashing in communities and health centres with soap, chlorine solution or hand-sanitizer • Provide safe and dignified burials | <ul style="list-style-type: none"> • Disinfect the homes and personal belongings of people who are sick or have died from Marburg fever • Dispose safely of waste that might be contaminated (by burning or burying it) • Disinfect reusable supplies • Male survivors of Marburg fever must practise safe sex for 12 months from the date on which they became sick or until their semen tests negative twice for the virus • Provide psychosocial support • Involve the community in managing rumours and misinformation |
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Volunteer actions

See the following action tools for more information on how to take action against Marburg fever:

1 2 3 4 5 6 19 20 21 28 34 35 39 40

19 Marburg haemorrhagic fever



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with Marburg fever? • How many people have fallen sick with Marburg fever? Where? • How many have died? Where? • Who and where are the vulnerable people? • How many people live in the affected community or area? • How many children under five years of age live in the area? • How many pregnant women live in the affected communities? • 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? • What are the community's burial traditions, funeral procedures and practices? | <ul style="list-style-type: none"> • Is a social mobilization or health promotion programme in place? • Which sources or channels of information do people use most? • Are rumours or is misinformation about Marburg fever spreading in the community? • Are health workers, volunteers or people who have survived Ebola stigmatized, left out, threatened or harassed? What are the main effects on them and their lives? • Do people in the community know about Marburg fever? • Do people in the community know the main signs of Marburg fever and what to do if someone becomes sick (phone number to call, actions to take)? • Do people in the community know how to protect themselves from Marburg fever? • Are people in the community taking social distancing seriously? Why? Why not? |
|--|---|

20 Plague



Transmission

- Bites of infected fleas
- Breathing in droplets from the cough of an infected person or animal (cats)
- Touching or skinning infected live or dead animals (such as rats, rabbits, squirrels or prairie dogs)

Symptoms

- Sudden fever, chills, head and body-aches and weakness, vomiting and nausea.
- Small lumps on the body that are swollen, hard and painful (called “lymph nodes”). These can turn into sores that discharge fluid.
- Stomach pain, shock, and sometimes bleeding into the skin or inside the body; skin may turn black and die, especially on fingers, toes and nose.
- Lung infection that starts very quickly, and causes difficulty with breathing, chest pain, coughing (sometimes of blood or mucous).
- The person may stop breathing; the body may shut down, causing death.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Reduction of rodent habitats • Social mobilization and behaviour change communication • Early identification of cases and treatment with antibiotics | <ul style="list-style-type: none"> • Repair and screening of holes or cracks in houses • Storage of food in rodent-proof containers • Use of raised beds or sleeping areas • Safe handling and disposal of animal carcasses |
|--|---|

Vulnerable people

- Everyone in the community is vulnerable to plague
- Young children, older people and people with other illnesses or health conditions may have a higher risk of severe illness

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Detect plague cases rapidly and refer them to health facilities for early treatment with antibiotics • Employ social mobilization and behaviour change communication • Control fleas using environmental and chemical hygiene BEFORE controlling rats (eg, setting traps) • Actively search for rat carcasses and dispose of them correctly • Handle and dispose of animal carcasses safely • Avoid direct contact with people who have plague (caregivers should remain a distance of at least one metre from persons who are sick) | <ul style="list-style-type: none"> • Caregivers and health workers should wear personal protective equipment (gloves, mask, gown/apron) • Isolate patients with pneumonic plague (lung infection) • Give antibiotics (chemoprophylaxis) to people who have been in close contact with a person who has pneumonic plague • Repair and screen holes and cracks in walls; store food in rodent-proof containers • Use raised beds or raise sleeping areas • Provide safe and dignified burials |
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Volunteer actions

See the following action tools for more information on how to take action against plague:

1 2 3 4 5 6 19 20 21 23 26 28 29 34 35 36 38 39 41 43

20 Plague



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with plague? • How many people have fallen sick with plague? 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? • What are the community's burial traditions and funeral procedures and practices? • How do people in the community store their food? (Are rats or other rodents able to eat it?) • Do people in the community sleep at ground level or on raised beds? • Do community members have any risky habits or practices when they come into contact with dead or live rodents? | <ul style="list-style-type: none"> • Are there handwashing facilities in the community or at the health centre? Are soap and water always available? • 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 plague spreading in the community? |
|--|---|

21 Anthrax



Transmission

- Direct contact of infected animal products with broken skin (a cut or scrape)
- Eating infected animal meat or products
- Breathing in anthrax spores, usually from infectious animal products

Symptoms

- For skin anthrax: itching and swelling, a small blister turns into a black sore (painless). Some people can have headaches, muscle aches, fever and vomiting.
- When eaten (ingested): nausea, abdominal pain, diarrhoea and vomiting (including of blood in severe cases).
- When inhaled: cough, chest pain, fever and difficulty in breathing.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Disease surveillance in animals • Vaccination of livestock (animals) • Safe handling and slaughtering practices, including supervision and meat inspection • Social mobilization and behaviour change communication | <ul style="list-style-type: none"> • Handwashing with soap. • Cook animal products thoroughly (meat, milk, blood). • People working with animals or animal products should wear protective clothing and equipment (boots, gloves, aprons, masks) and follow recommended hygiene practices. |
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Vulnerable people

- People who work closely with animals or with animal products (e.g. farmers, veterinarians, employees of slaughterhouses etc.)

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Detect sick people quickly and refer them to health facilities • Increase social mobilization and behaviour change communication • Start disease surveillance of animals • Quarantine animal herds with anthrax (limit contact between sick and healthy animals, stop sick animals from reaching market, etc.) • Vaccinate (ring) all animals/livestock at risk • Promote handwashing with soap | <ul style="list-style-type: none"> • Make sure that animal products (meat, milk, blood) are cooked thoroughly • Burn or bury animal carcasses safely • Follow safe animal handling and slaughtering practices • Farm workers and people entering infected farms/areas should wear appropriate protective clothing and equipment • People working with animals or animal products should wear protective clothing and equipment (boots, gloves, aprons, masks) and follow recommended hygiene practices |
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Volunteer actions

See the following action tools for more information on how to take action against anthrax:

1 2 3 4 5 6 19 29 31 34 41 43

21 Anthrax



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with anthrax? • How many people have fallen sick with anthrax? Where? • How many people have died from anthrax? Where? • How many animals have died from anthrax? Where? • Which type of anthrax is infecting people? • Who and where are the vulnerable people (who work with animals or animal products)? • What animals do people commonly keep or farm? • What are the community's practices and beliefs about care and slaughter of animals? • What are the community's practices and beliefs about sick or dead animals? How do people dispose of animal carcasses (by burning, burying, eating, etc.)? • Do people cook meat and milk thoroughly before eating it? | <ul style="list-style-type: none"> • Are there handwashing facilities in the community, at animal markets and other areas where livestock gather? Are soap and water always available? • Do any animal health agencies, veterinarians, or agriculture ministry agencies work in the area? • Where are the local health facilities and services? (Include traditional or community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about anthrax spreading in the community? |
|---|--|

22 Hantavirus pulmonary syndrome (HPS)



Transmission

- Breathing in rodent urine and droppings (faeces) that are stirred up into the air
- Touching the eyes, nose or mouth after touching rodent droppings, urine, or nests
- Rodent bite
- Rarely by close contact with people sick with HPS (for some germs in South America only)

Symptoms

- Tiredness, fever and muscle aches.
- Coughing and shortness of breath.
- Around four out of ten people with HPS will die.

Prevention

- | | |
|--|--|
| <ul style="list-style-type: none"> • Prevent rodents from entering houses or accessing stored food and water (including pet and animal food) • Follow recommended environmental hygiene practices (for example, dispose of rubbish in rodent-proof containers, minimize possible nesting sites) • Follow recommended kitchen hygiene practices (for example, clean floors and wash dishes and utensils immediately) | <ul style="list-style-type: none"> • Introduce social mobilization and behaviour change communication • Use personal protective equipment (PPE) and disinfectants when cleaning up rodent droppings and nesting materials • Use rodent traps inside and outside homes • Properly disinfect and dispose of dead rodents |
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Vulnerable people

- People who come in contact with rodents carrying virus and their droppings and urine.

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Detect people who are sick with HPS quickly and refer them to health facilities • Increase social mobilization and behaviour change communication • Promote handwashing with soap • Prevent rodents from entering houses or accessing stored food and water (including pet or animal food) • Use rodent traps inside and outside homes | <ul style="list-style-type: none"> • Properly disinfect and dispose of dead rodents • Follow recommended environmental hygiene practices (for example, dispose of rubbish in rodent-proof containers, minimize possible nesting sites) • Follow recommended kitchen hygiene practices (for example, clean floors and wash dishes and utensils immediately) |
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Volunteer action

See the following action tools for more information on how to take action against HPS:

1 2 3 4 5 6 19 29 34 36 38 39 43

22 Hantavirus pulmonary syndrome (HPS)



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with HPS? • How many people have fallen sick with HPS? 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? • How do people in the community store their food? (Are rats or other rodents able to eat it or contaminate it?) • How do people in the community dispose of rubbish and solid waste? • Have the authorities established a vector control programme? • Do community members have any risky habits or practices when they come into contact with live or dead rodents? | <ul style="list-style-type: none"> • How do people in the community dispose of dead rats? (For example, are they buried, thrown in the river, burned?) • Are there handwashing facilities in the community and at health centres? Are soap and water always available? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • 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 HPS spreading in the community? |
|---|--|

23 Leptospirosis



Transmission

- Water contaminated by urine from an infected rodent or animal enters the eyes, nose, mouth or a skin cut
- Water or food is consumed that is contaminated with urine from an infected rodent or animal

Symptoms

- Can be mild.
- Can include nausea, headaches, stomach or muscle pain, vomiting, diarrhoea or fever.
- In severe cases, may cause jaundice (yellowing of the skin and eyes), kidney failure, bleeding from the lungs, or meningitis.

Prevention

- | | |
|--|---|
| <ul style="list-style-type: none"> • Prevent contact with contaminated water, including by wearing appropriate protective clothing or equipment • Shower or bath after water sports • Wear protective clothes during contact with animals | <ul style="list-style-type: none"> • Employ social mobilization and behaviour change communication • Use safe, well-maintained sources of drinking water (that cannot be contaminated during a flood) |
|--|---|

Vulnerable people

- People living in flooded areas (for example, after a cyclone), especially if they have poor rubbish disposal systems
- People who work closely with animals or in sewers (including farmers, veterinarians, slaughterhouse workers, river fish workers)

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Detect people sick with leptospirosis and refer them to health facilities • Increase social mobilization and behaviour change communication | <ul style="list-style-type: none"> • Encourage people to avoid contact with contaminated water, avoid swimming or fishing, and wear appropriate personal protective equipment • Treat drinking water sources that may be contaminated, especially during and after floods |
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Volunteer actions

See the following action tools for more information on how to take action against leptospirosis:

1 2 3 4 5 6 19 29 30 31 32 34 36 38 43

23 Leptospirosis



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with leptospirosis? • How many people have fallen sick with leptospirosis? 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? • Is the community (or are some parts of it) flooded? • Might some lakes, ponds, canals etc. in the community be contaminated? | <ul style="list-style-type: none"> • Where do people obtain their drinking water? Has it been contaminated by flood water? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about leptospirosis spreading in the community? |
|--|---|

24 Middle East respiratory syndrome coronavirus (MERS-CoV)



Transmission

- Close contact with (including providing care to) a person infected by MERS
- Close contact with dromedary (Arabian) camels (how the disease spreads is not yet fully understood)

Symptoms

- Fever, cough and shortness of breath, diarrhoea.
- If severe, can cause breathing to become difficult and stop. Patients may need breathing support in a hospital.

Prevention

- | | |
|---|---|
| <ul style="list-style-type: none"> • Avoid contact with sick animals • Avoid consuming raw or undercooked camel products (milk, meat, urine) • Adopt coughing etiquette • Use personal protection or barriers when caring for a sick person (masks, gloves) | <ul style="list-style-type: none"> • Wash hands with soap • Adopt social mobilization and behaviour change communication • Keep animals under surveillance |
|---|---|

Vulnerable people

- Older people
- People with weakened immune systems
- People with chronic diseases such as renal disease, cancer, chronic lung disease and diabetes

If an epidemic occurs

- | | |
|---|--|
| <ul style="list-style-type: none"> • Detect sick people rapidly and refer them to health facilities • Increase social mobilization and behaviour change communication • Promote use of personal protection or barriers when caring for a sick person (masks, gloves) • Isolate sick people • Promote handwashing with soap | <ul style="list-style-type: none"> • Promote coughing etiquette • Disinfect reusable supplies that are used to care for or treat sick people • Encourage people to avoid contact with animals infected by MERS • Tell people they should not consume raw or undercooked camel products (milk, meat) • Promote animal surveillance |
|---|--|

Volunteer actions

See the following action tools for more information on how to take action against MERS:

1 2 3 4 5 6 19 20 26 27 28 29 34 35 39 41 43

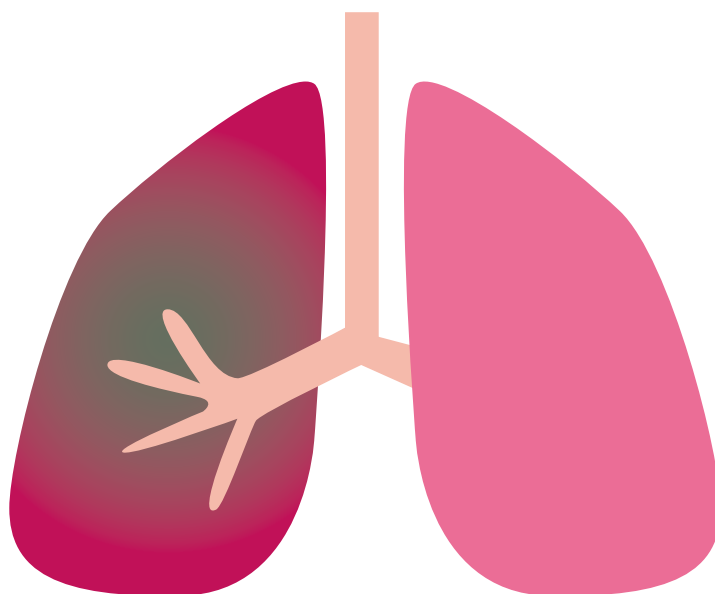
24 Middle East respiratory syndrome coronavirus (MERS-CoV)



Community-based assessment

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

- | | |
|--|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with MERS? • How many people have fallen sick with MERS? Where? • How many 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? • Who is most affected by MERS? • Are areas or markets with animals known to be infected by MERS? Where are they? • What are the community's habits, practices and beliefs about handling and slaughtering animals, especially animals that are sick or dead? • Do people cook milk and meat thoroughly before eating them? | <ul style="list-style-type: none"> • Are there handwashing facilities in the community, at animal markets and other areas where livestock gather? Are soap and water always available? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources or channels of information do people use most? • Are rumours or is misinformation about MERS spreading in the community? |
|--|--|



25 Monkeypox



Transmission

- Touching the blood, faeces, urine, vomit, spit, semen, or sores of infected animals (mainly monkeys, prairie dogs, rats and squirrels)
- Touching household items that are contaminated (for example, bedding)
- Through a bite or scratch by an infected animal
- Through preparing or eating infected bush meat that is not cooked thoroughly
- Breathing in droplets from a sick person (requires close, face-to-face contact for a long time)

Symptoms

- Fever, strong headache, swelling or painful lumps in neck, groin or underarms, back pain, muscle aches, feeling tired.
- A rash, usually starting on the face and then spreading to hands, feet and other parts of the body.

Prevention

- | | |
|---|---|
| <ul style="list-style-type: none"> • Avoid hunting or eating small bush mammals • Avoid touching sick or dead animals and objects that might be contaminated by their faeces • Immediately quarantine animals that are potentially sick with monkeypox | <ul style="list-style-type: none"> • Avoid consuming uncooked meat • Wash hands with soap after caring for or visiting sick people, and after handling or slaughtering sick animals • Implement social mobilization and behaviour change communication |
|---|---|

Vulnerable people

- Children and young adults
- Hunters

If an epidemic occurs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Identify suspected monkeypox cases rapidly and refer them to health facilities • Trace contacts and follow them up • Increase social mobilization and behaviour change communication • Give a pre-exposure smallpox vaccination to high-risk groups • Avoid contact with persons infected by monkeypox • Encourage people to wash hands with soap after caring for or visiting sick people, and after handling or slaughtering sick animals | <ul style="list-style-type: none"> • Use personal protective equipment (gloves, masks, clothing) when taking care of sick people • Disinfect reusable supplies that are used to care for or treat sick people • Encourage people not to hunt or eat small bush mammals • Instruct people to avoid touching sick and dead animals and objects that might be contaminated by their faeces • Instruct people not to consume uncooked meat |
|--|---|

Volunteer actions

See the following action tools for more information on how to take action against monkeypox:

1 2 3 4 5 6 19 20 26 28 29 31 34 35 39 40 41 43

25 Monkeypox



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with monkeypox? • How many people have fallen sick with monkeypox? Where? • How many have died? Where? • Who and where are the vulnerable people? • Who is most affected by monkeypox? • How many people live in the affected community or area? How many children under five years of age live in the area? • Which people in the community have contact with monkeys and small animals and eat their meat? Are there bushmeat markets in the area? • What are the community's habits, practices and beliefs about handling and slaughtering animals, especially animals that are sick or dead? | <ul style="list-style-type: none"> • Do people cook bushmeat thoroughly before eating it? • Are there handwashing facilities in the community, and at animal and bushmeat markets? Are soap and water always available? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about monkeypox spreading in the community? |
|--|---|

26 Rift Valley fever



Transmission

- Direct or indirect contact with the blood or organs of infected animals, including inhalation
- Mosquito bite
- Eating or drinking the unpasteurized (unheated) or uncooked milk of infected animals

Symptoms

- Starts with fever, headache, joint and muscle pain.
- Sometimes neck stiffness, sensitivity to light, and diarrhoea.
- Can cause changes in eyesight and sometimes permanent loss of eyesight.
- Some patients suffer from loss of memory, hallucinations or delusions, confusion, dizziness, seizures, and tiredness and may become unconscious.
- The most severe form includes a rash, yellowing of the skin and eyes (jaundice), and bleeding from nose and inside mouth.

Prevention

- | | |
|--|--|
| <ul style="list-style-type: none"> • Animal vaccination • Restrict or ban the movement of livestock • Handle and slaughter animals safely (for example, practise hand hygiene, and wear gloves and appropriate personal protective equipment) • Cook animal products thoroughly (meat, milk, blood) • Control vectors (larval and adult mosquitoes) | <ul style="list-style-type: none"> • Protect against mosquito bites (use a bed net, wear long sleeves and trousers, apply repellents, etc.) • Wash hands with soap • Employ social mobilization and behaviour change communication • Keep animals under disease surveillance |
|--|--|

Vulnerable people:

- Mostly people who are in contact with the blood or organs of infected animals (eg herders, farmers, slaughterhouse workers, and veterinarians)

If an epidemic occurs

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|--|--|
| <ul style="list-style-type: none"> • Detect sick people rapidly and refer them to health facilities • Increase social mobilization and behaviour change communication • Advise people how to slaughter animals safely • Advise people how to handle sick animals safely • Safely disinfect and dispose of animal carcasses and aborted fetuses • Restrict or ban the movement of livestock | <ul style="list-style-type: none"> • Make sure people cook animal products thoroughly (meat, milk, blood) • Promote handwashing with soap • Control vectors (larval and adult mosquitoes) • Promote protection from mosquito bites (use a bed net, wear long sleeves and trousers, apply repellents, etc.) • Keep animals under disease surveillance • Give psychosocial support |
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Volunteer actions

See the following action tools for more information on how to take action against Rift Valley fever:

1 2 3 4 5 19 34 35 36 37 38 41 43

26 Rift Valley fever



Community-based assessment

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • When did people start to fall sick with Rift Valley fever? • How many people have fallen sick with Rift Valley fever? Where? • How many 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? • Who is most affected by Rift Valley fever? • Are areas or markets with animals known to be infected by Rift Valley fever? Where are they? • What are the community's habits, practices and beliefs about handling and slaughtering animals, especially sick or dead animals? • Do people cook milk and meat thoroughly before eating them? • Are there handwashing facilities in the community, at animal markets or other areas where livestock gather? Are soap and water always available? • Have the authorities established a vector control programme? | <ul style="list-style-type: none"> • What are the community's habits, practices and beliefs about use of repellents, sprays, etc. • How many houses have insect screens on the windows and doors? • How many people sleep under a bed net at night? Are the nets hung up and maintained properly? If people do not use them, why not? • How does the community dispose of rubbish and solid waste? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about Rift Valley fever spreading in the community? |
|---|--|

27 Hand, foot and mouth disease (HFMD)



Transmission

- Direct contact with the saliva, nose mucous, blister fluid or faeces of an infected person
- Swallowing recreational water (for example in a swimming pool)

Symptoms

- Fever, reduced desire to eat, tiredness, sore throat.
- After a few days, sores appear in the mouth.
- Skin rash with red spots, and sometimes blisters, on the palms of the hands and bottoms of the feet.
- The rash may also appear on the knees, elbows, buttocks or genital area.

Prevention

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|--|---|
| <ul style="list-style-type: none"> • Wash hands with soap (both caregivers and children) • Clean and disinfect surfaces that are touched frequently and dirty items, including toys • Identify sick people rapidly before they spread the disease to others | <ul style="list-style-type: none"> • Ensure access to safe, clean drinking water • Use appropriate sanitation facilities (sound, clean latrines) • Employ social mobilization and behaviour change communication |
|--|---|

Vulnerable people

- Usually affects infants and children younger than five years of age
- Adults with weakened immune systems

If an epidemic occurs

- | | |
|--|--|
| <ul style="list-style-type: none"> • Detect cases rapidly and refer them to health facilities • Isolate sick people (keep them separated from healthy people) • Promote handwashing with soap (by both caregivers and children) • Promote recommended environmental hygiene and cleaning practices | <ul style="list-style-type: none"> • Promote use of appropriate sanitation facilities (sound, clean latrines) • Ensure safe, clean drinking water (including clean, covered water containers in households) • Increase social mobilization and behaviour change communication |
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Volunteer actions

See the following action tools for more information on how to take action against HFMD:

1 2 3 4 5 12 19 28 29 30 32 34 43

27 Hand, foot and mouth disease (HFMD)



Community-based assessment

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • When did people start to fall sick with HFMD? • How many people have fallen sick with HFMD? Where? • How many people have died from HFMD? 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? • How common is breastfeeding? • Where do people obtain their drinking water? Do people do anything to treat their water? • What sanitation facilities (including communal latrines) are available? Do people use them? • What handwashing facilities are available? Do they have soap? • Where do people go for water recreation? Is that water likely to be contaminated by faeces? | <ul style="list-style-type: none"> • 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? • What are the community's habits, practices and beliefs about hygiene, sanitation and water? • Which sources of information do people use most? • Are rumours or is misinformation about HFMD spreading in the community? |
|--|---|

28 Cluster of unexplained illnesses or deaths



Overview

- A “cluster of illness or death” is a group of people or animals in the same area who become sick with the same symptoms (signs of illness) at about the same time. The people or animals may get sick and recover or may die from the disease
- “Unexplained” means that the germ or thing that is making people sick is unknown

Transmission

- In the beginning, how the disease spreads is not known. It might be spreading from person to person by touching or may be transmitted through the air, via animals, or through water or food.

Symptoms

- Symptoms are signs of illness. For example, fever, vomiting, diarrhoea, coughing or feeling very tired.
- Make a note of the symptoms that sick people are reporting.

Prevention

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| <ul style="list-style-type: none"> • Community-based surveillance • Rapid detection of sick people and their referral to health facilities • Social mobilization and behaviour change communication • Safe and dignified funerals and burials • Handwashing with soap • Isolation of sick people and animals | <ul style="list-style-type: none"> • Exclusive breastfeeding for at least the first six months of life • Safe clean drinking water (including a clean, covered container in the household) • Use of appropriate sanitation facilities (sound, clean latrines) • Good food hygiene (well cooked, covered food, clean utensils, etc.) |
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Vulnerable people

- In the beginning, it is not clear who is vulnerable to the disease
- If most people falling sick are near the same age (for example, young children) or members of a particular group (for example, pregnant women or men working in farming), this provides clues about who might be vulnerable to the disease

If an epidemic occurs

- | | |
|---|---|
| <ul style="list-style-type: none"> • Begin community surveillance • Detect sick people rapidly and refer them to health facilities • Increase social mobilization and behaviour change communication • Support safe and dignified funeral and burial practices • Promote handwashing with soap | <ul style="list-style-type: none"> • Isolate sick people and animals • Encourage women to breastfeed, including when their infants are sick • Promote safe, clean water (including a clean, covered water container in households) • Promote appropriate sanitation (sound, clean latrines) • Promote good food hygiene (well cooked and covered food, clean utensils, etc.) |
|---|---|

Volunteer actions

See the following action tools for more information on how to take action against a cluster of unexplained illnesses or deaths:

[illegible]

28 Cluster of unexplained illnesses or deaths



Community-based assessment

- | | |
|--|--|
| <ul style="list-style-type: none"> • When did people start to fall sick? • How many people have fallen sick? 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 in the affected area 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 from whom people seek advice.) | <ul style="list-style-type: none"> • What are the community's habits, practices and beliefs about caring for and feeding sick people? Who looks after sick people? Are they isolated? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation spreading in the community? • What can I do to protect myself? |
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What can I do to protect myself

Some things are always good to do. In addition, they may help to protect you from becoming sick.

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|--|---|
| <ul style="list-style-type: none"> • Make sure that sick people go to health facilities as soon as possible • Inform the health authorities that members of the community are falling sick • Encourage frequent handwashing with soap • Encourage use of latrines • Encourage the community to clear away rubbish and garbage | <ul style="list-style-type: none"> • Encourage good personal hygiene • Encourage women to breastfeed their children up to six months of age • Encourage women to continue breastfeeding after six months, while giving children a wide variety of other foods • Listen carefully to the health authorities and to community leaders when they share information |
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Cause

- Inadequate access to food
- Inadequate care for mothers and children
- Inadequate access to health care or a healthy environment

Symptoms

- Children under five appear very skinny, the chest bones are visible.
- Skin around the buttocks is loose ("baggy pants").
- Hair changes colour and coarseness.
- Measuring upper arm circumference (MUAC) test shows red or yellow.
- Evidence of bilateral oedema (water is retained in both legs).

Prevention

- | | |
|--|--|
| <ul style="list-style-type: none"> • Adopt recommended care practices, including a varied supply of food • Provide access to safe water and sanitation (WASH) • Handwashing • Give routine vaccinations • Exclusive breastfeeding | <ul style="list-style-type: none"> • Provide a clean environment • Ensure the mother has access to antenatal and postnatal care • Provide swift access to screening and referral • Improve drought resilience and livelihood programmes • Employ social mobilization and behaviour change communication |
|--|--|

Vulnerable people

- Children under five, pregnant and lactating women, elderly and people with chronic illnesses

If a malnutrition emergency occurs

- Detect malnourished children under five, pregnant and lactating women, and other vulnerable groups quickly and refer them to health facilities (vulnerable groups include the elderly and people with chronic illnesses such as HIV and TB)
- Support treatment programmes and follow up defaulters
- Support mass vaccination campaigns
- Increase social mobilization and behaviour change communication
- Promote handwashing with soap
- Introduce active disease surveillance
- Give psychosocial support
- Improve WASH access
- Promote breastfeeding
- Prevent other diseases including malaria, measles and cholera

Volunteer actions

See the following action tools for more information on how to take action against acute malnutrition:

29 Acute malnutrition



Community-based assessment

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • How many children look skinny or malnourished? • How many people are sick with other diseases? When did these sicknesses start? • When did people start to run out of food or start to become malnourished? • How many children under five have died in the last month? • 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 in the community? • Who is most affected by malnutrition? Who is most affected by a lack of food? • Is food still available in the market? Do people still have stores of food at home? • What types of food are available in the market? Have they changed recently? • What are the community's habits, practices and beliefs about breastfeeding, production of food, malnutrition, etc.? • What do people believe about vaccination? Are children under five vaccinated? | <ul style="list-style-type: none"> • Do people cook milk and meat thoroughly before eating them? • Are there handwashing facilities in the community? Are soap and water always available? • How many people sleep under a bed net at night? Are the nets hung up and maintained properly? If nets are not used, why not? • How does the community dispose of rubbish and solid waste? • Where are the local health facilities and services? (Include traditional and community carers from whom people seek advice.) • What are the community's habits, practices and beliefs about caring for and feeding sick people? • Is a social mobilization or health promotion programme in place? • Which sources of information do people use most? • Are rumours or is misinformation about malnutrition spreading in the community? |
|---|---|

1. Community-based surveillance
2. Community mapping
3. Communicating with the community
4. Referral to health facilities
5. Volunteer protection and safety
6. Personal protection equipment (PPE) for highly infectious diseases
7. Assessment of dehydration
8. Community oral rehydration points
9. Preparing oral rehydration solution (ORS)
10. Giving oral rehydration solution (ORS)
11. Zinc supplementation
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
20. Isolating sick people
21. Safe and dignified burials
22. Vitamin A supplementation
23. Chemoprophylaxis
24. Routine vaccinations
25. Mass vaccination campaigns
26. Coughing etiquette
27. Shelter and ventilation
28. Social distancing
29. Hygiene promotion
30. Clean, safe household water
31. Good food hygiene
32. Sanitation
33. Building and maintaining latrines
34. Handwashing with soap
35. Handwashing in a highly infectious epidemic
36. Vector control
37. Mosquito nets
38. Waste disposal and clean-up campaigns
39. Preparing and using disinfectants
40. Building an incinerator for medical waste
41. Handling and slaughtering animals
42. Promoting safe sex
43. Social mobilization and behaviour change

1 Community-based surveillance

Overview

- Community-based surveillance occurs when members of a community actively participate in detecting, reporting, responding to and monitoring health events in their community.
- Information discovered during surveillance should be shared with the local branch and health authorities.
- Community-based surveillance helps detect outbreaks early, helps control outbreaks, and saves lives.

What you need to know

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|--|--|
| <ul style="list-style-type: none"> • Map the community properly. You should know where people live and work. • Scan the whole community by making house-to-house visits. If the community is large, divide the work up into smaller sections or areas. • Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick. • Start surveillance. This will help you to communicate specific health messages and information, and to refer sick people promptly to health facilities. • Remember that, through your surveillance and your presence in the community, you are able to obtain information that could be helpful to others who are tackling the epidemic. | <ul style="list-style-type: none"> • Communicate such information to your local branch, other volunteer teams and health authorities. This is called “reporting”. • Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods. Talk to your local branch and the health authorities to find out what reporting system will work best for your work and your situation. |
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What you can do

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| <ul style="list-style-type: none"> • Map the community (see <i>Action tool 2</i>). • Identify who in the community may be vulnerable to the disease. • Familiarize yourself with the disease that may be present in your community, including its signs and symptoms. • Establish surveillance teams to actively look for sick people. Allocate different areas of the community to each team. | <ul style="list-style-type: none"> • When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see <i>Action tool 4</i>). • If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible. • Record the cases you find and pool your records with those of other teams to build a clear picture of how the disease is spreading in the community. |
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Use community message: **24**

1 Community-based surveillance

2 Community mapping

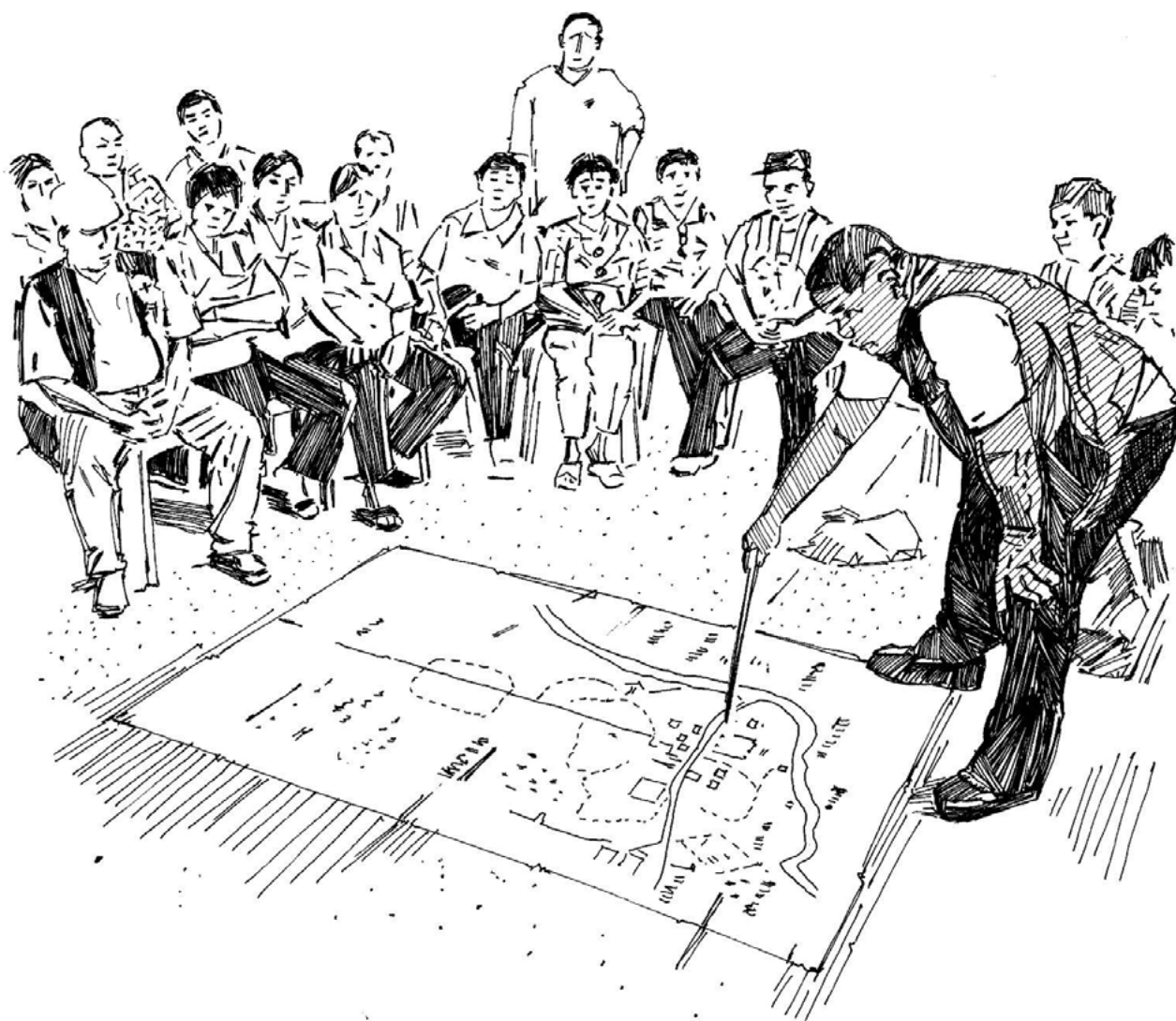
Overview

- A map of the community enables you to connect issues or problems with particular places and makes information easy to see.
- It is a good idea to create the map together with community members.
- Community mapping is very useful in epidemics because it helps you to see where the biggest problems and needs are and to identify risks.
- The map can be used to support preparedness and planning before an epidemic occurs.

How to make a community map

1. Draw a simple spatial map that shows the community and all its key reference points. You should try to include:
 - The whole community, concentrations of people, their houses, and who lives where.
 - The main locations in the community (school, health centre, places of worship, water sources, markets, etc.).
 - The location of vulnerable people who are most at risk.
 - If possible, where the epidemic started and how it is spreading.
 - Health hazards and risks.
2. Use the map to mark new cases and/or referred cases. Form teams to cover certain areas of the map. Each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). When you combine the maps of different teams, you will be able to see which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions.
3. Maps are often easier to understand than words.

2 Community mapping



Making a community map

3 Communicating with the community

Overview

- During a disease outbreak it is vital to ensure that communications with the community are trusted and clear.
- Providing information to the community is just the first step. What is critical is to persuade people to adopt safer, less risky practices that stop the disease spreading. Change of behaviour can mean accepting vaccinations, washing hands with soap, wearing mosquito repellent, or agreeing to be isolated from others to avoid infecting them.
- Communicating during an epidemic can be difficult because, if people in the community panic or do not trust the authorities or the health system, they may not listen or believe the information they receive from them. Some communities have strong beliefs in traditional medicine or do not accept certain treatments (including medicines and vaccines) or prefer other ways to prevent disease. Disease outbreaks can cause deep fear. People may also be grieving for those who are sick or have died.
- Two-way communication is therefore crucial in an epidemic. Put members of the community at the centre and work together with them to choose appropriate solutions that are effective in stopping the spread of disease.

How to communicate in an epidemic

Instead of just informing the community (one-way communication), use two-way communication in an epidemic. After saying what you have to say, listen to what the community has to say in reply.

Engage and involve community members and community leaders. Work together with them to choose and plan appropriate solutions for stopping the spread of disease.

Talk to members of the community about their ideas and fears, to understand how much they know about the disease and its transmission, and to understand what motivates them and what stops them from changing their behaviour.

When you communicate with a community, it is important to listen consistently for rumours and misunderstandings that might be spreading. Rumours can cause panic and fear. Under their influence, communities can lose trust in the health authorities or their ability to stop the epidemic and can reject interventions that would prevent the spread of disease.

To mobilize a community effectively, **communication needs to be:**

- **Simple and short.** People should be able to understand messages easily and be able to repeat them without difficulty.
- **Trusted.** Delivered by people or a medium the community trusts.
- **Accurate and specific.** Provide correct and precise information at all times. Messages should never confuse.
- **Focused on action.** Messages should advise members of the community what to do. They should not provide heaps of information without action.
- **Feasible and realistic.** Make sure that people can actually carry out the advice that you give.
- **Contextualized.** Information should reflect the needs and situation of the community. In all your messages, take account of social and cultural factors that might encourage community members to adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

3 Communicating with the community

Ways of communicating

When communicating with your community, use a range of different forms and methods of communication. Consider what people will prefer and trust, what your message is, who the target group is, and what resources you have. Consider:

- Door-to-door visits.
- Meeting community or religious leaders, or traditional healers or midwives.
- Group discussions. At these you might use visual tools, such as picture cards.
- Participatory dialogues. At these you could use three pile sorting, voting charts, mapping, barrier analysis or planning.
- Video or films.
- Songs, poems, drama, role-play or theatre.
- Community announcements (e.g. loud-speaker).
- SMS or social media.
- Radio broadcasts.

What you can do

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|---|---|
| <ul style="list-style-type: none"> • Start a two-way conversation with the community (ask and listen). Work with members of the community to choose solutions to stop the spread of disease that are appropriate for them and effective. • Find out where the community obtains its health information, and who they trust to inform them (health authorities, community leaders, doctors, traditional healers, religious leaders, etc.). • Find out what members of your community know, perceive and fear about the disease that threatens them. Familiarize yourself with how the disease is spread (transmitted) as well as local cultural and social practices. Work out what motivates people to change behaviour and what stops them from doing so. | <ul style="list-style-type: none"> • Keep in mind that a community is composed of different people and groups. Make sure you include everyone, especially those who are hidden, stigmatized or considered “different” because of their religion, sexual orientation, age, disability or illness, or for any other reason. • Listen for rumours or incorrect information. Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately. Give the community clear, simple facts about the disease and explain clearly to them what they can do to protect themselves and their families. |
|---|---|

4 Referral to health facilities

Overview

- During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require specialized medical care and need to go for treatment to a health clinic or hospital.

What you need to know

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|--|--|
| <ul style="list-style-type: none"> • Find out how you can tell when a person is severely ill and needs to be referred. Familiarize yourself with the symptoms of the disease and your guidelines for action. • Find out the location of health facilities close to your community, and to which ones you should refer serious cases. Find out the capacity of local health facilities (their expertise, number of beds, etc.), and how to get to them. Do they have ambulances? Can they be reached by public transport? | <ul style="list-style-type: none"> • Talk to health professionals and agree the best method for sending sick people from the community to the health facilities. If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that other people are not infected. • When doing disease surveillance, always keep the idea of referral in mind. |
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What you can do

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|---|---|
| <ul style="list-style-type: none"> • Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that patients should be referred to health facilities. • Visit health facilities and talk to doctors and nurses. Tell them about your activities and how you plan to do referrals. Take advice from them. • Decide what methods are available for referral. Are there ambulances? Find out how to call them. Is there public transport? Can the National Society provide transport? Do people have money to pay for transport? | <ul style="list-style-type: none"> • Always carry the relevant disease tool with you when you are doing surveillance to help you remember what you should know about the disease and its symptoms. • When you refer, always explain clearly to the family concerned what the disease is, what its symptoms are, and why you think referral is necessary. Give them information about the health facilities available and how to reach them by different means of transport. |
|---|---|

Use community message: **24**

4 Referral to health facilities



5 Volunteer protection and safety

Overview

- Volunteers work in vulnerable situations and with vulnerable people. Working in epidemics can be extremely risky because volunteers can also catch the disease and fall sick.
- Your National Society should provide proper protection for you and other volunteers who are working in epidemics.
- Use the level of protection that is appropriate for the situation you are in.

What you need to know

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|--|--|
| <ul style="list-style-type: none"> • In certain epidemics like Ebola, Marburg, Lassa fever and plague, full protection should be used whenever you undertake high risk activities. Full protection requires use of personal protection equipment (PPE). (See <i>Action tool 6</i> for instructions in its use.) • In other epidemics, you should at least use masks and latex gloves and wash hands with soap after contact with a patient. (See <i>Action tool 34</i> for instructions in good hand hygiene.) • You must be trained to use protection equipment, and familiar with it, before you wear it in an actual disease environment. Try the equipment out beforehand and learn how to use it properly. | <ul style="list-style-type: none"> • Volunteers should learn additional prevention measures for use in epidemics (and before them). These include: vector control measures (see <i>Action tool 36</i>), safe handling of animals (<i>Action tool 41</i>), handling of dead bodies (<i>Action tool 21</i>), chemoprophylaxis (<i>Action tool 23</i>), and good food hygiene (<i>Action tool 31</i>). • Volunteers should be vaccinated (see <i>Action tool 24</i>). |
|--|--|

Protecting volunteers from harm and liability to others

Volunteers often work in vulnerable situations and with vulnerable people. They should be protected if they suffer damage or injury in the course of their work. Accidents can happen, and volunteers can be injured or even killed. Equally, volunteers can harm other people and their property, especially if they have not been properly trained or given the correct equipment.

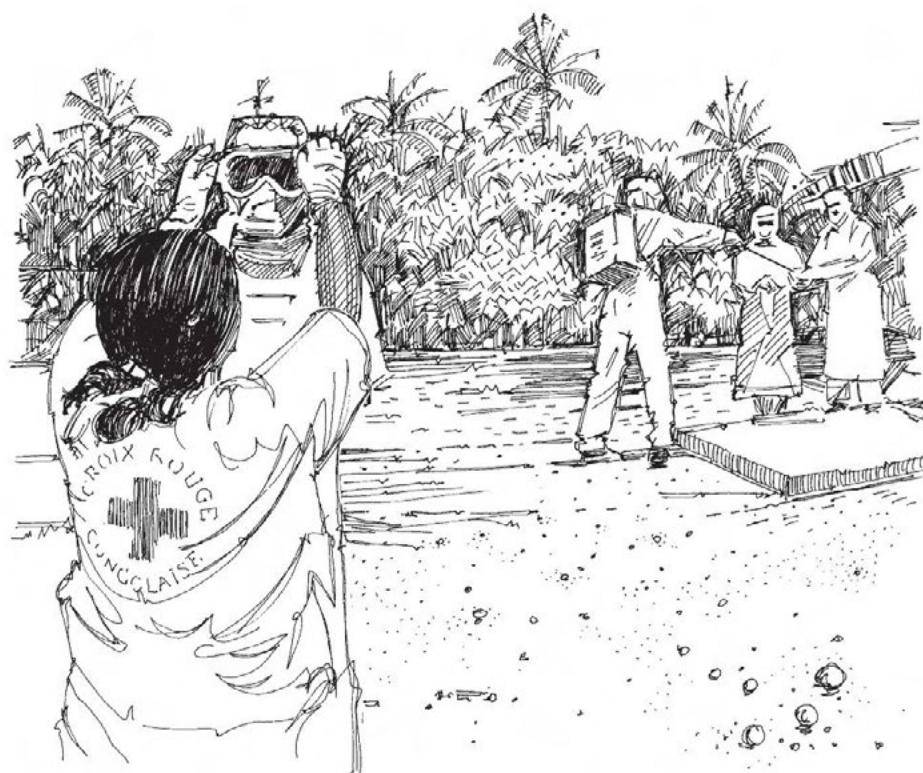
National Societies therefore need to have appropriate insurance policies. Insurance may be needed to pay compensation to volunteers or their families if they are injured or killed; to pay compensation to others if they suffer harm as a result of volunteer actions; and to cover legal costs. The nature of the cover will depend on the legal system in your country.

National Societies should also supply volunteers with necessary health checks, advice, vaccinations and protection equipment. What this includes will depend on the context in which you are working and the health policies for staff and volunteers of your National Society.

Volunteers should be informed of and understand the National Society's security policy and follow the rules and regulations it sets out. You should also be informed of any changes in the policy and asked to report any incidents of concern.

Safety in the community depends on the personal attributes of volunteers, trainers and other team members – how they work together and how they work with people in the community. Volunteers should be culturally sensitive. Your personal behaviour should never cause offence. You should show integrity and should never become a problem for the community. Correct, polite, impartial behaviour is expected at all times.

5 Volunteer protection and safety

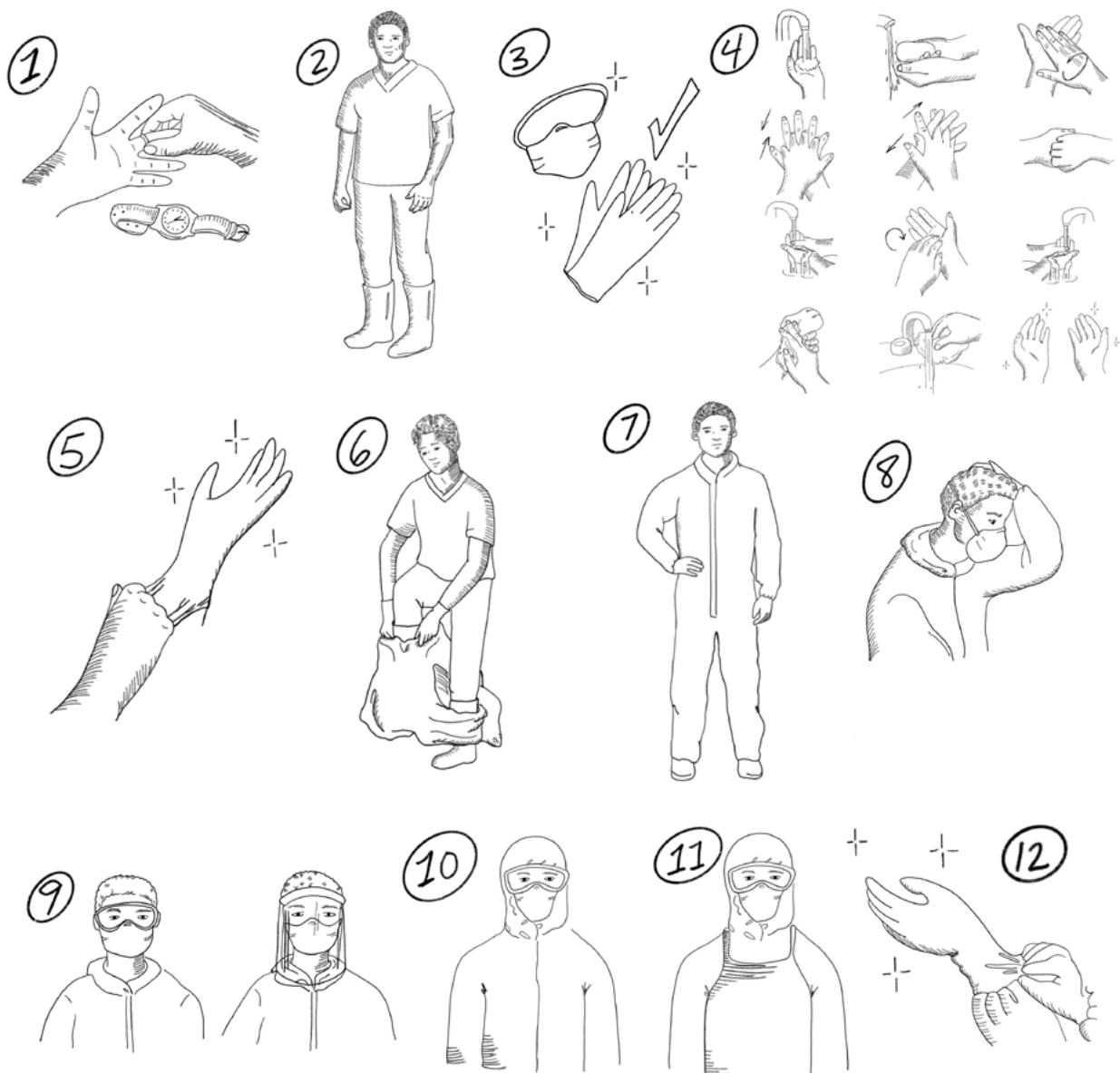


6 Personal protection equipment (PPE) for highly infectious diseases

Overview

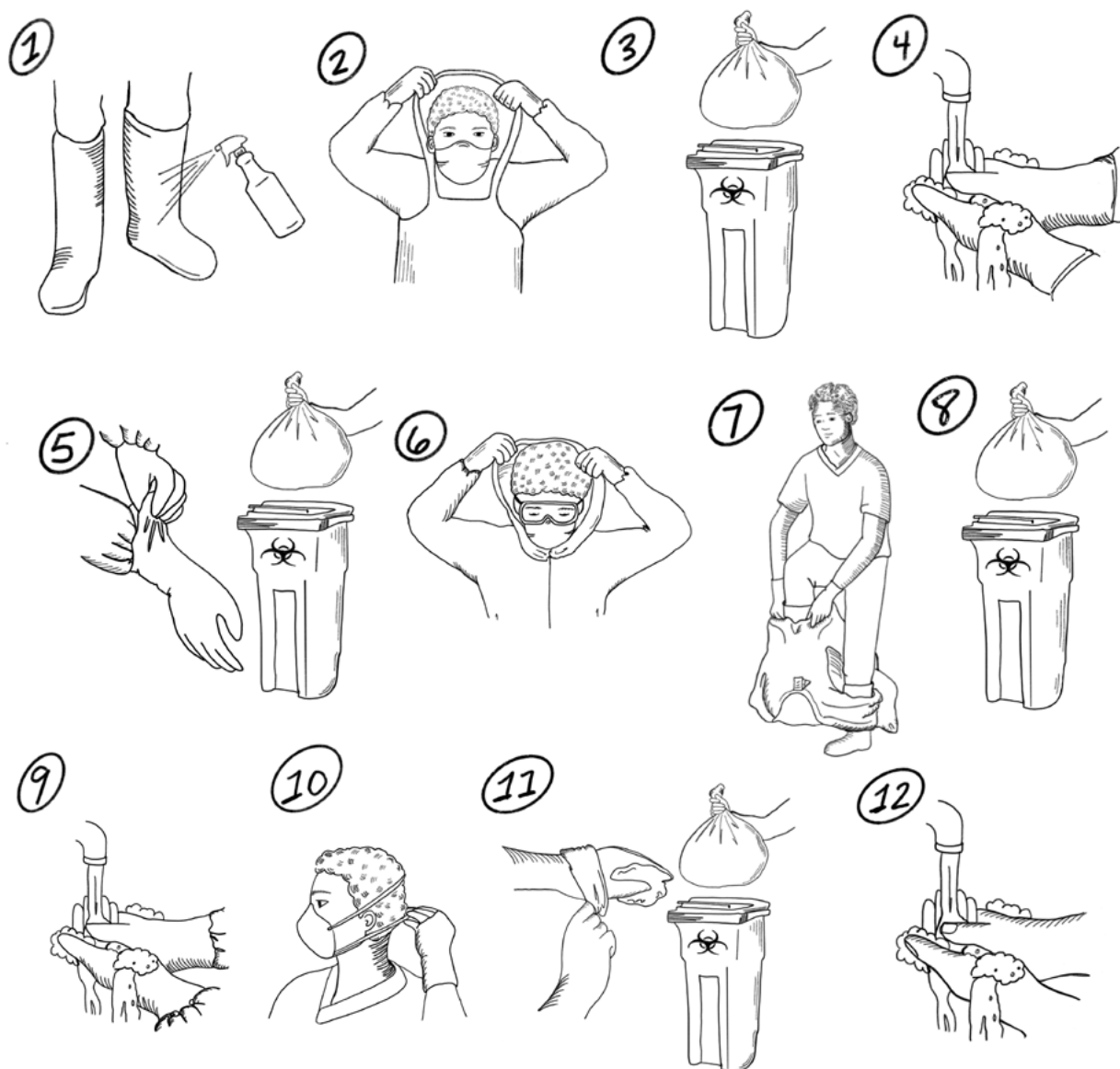
- When working with certain epidemic diseases, especially Ebola, Marburg, Lassa fever and plague, it is vital to protect yourself when you touch patients, their body fluids, or dead bodies or animals.
- This tool shows you how to use PPE.
- See *Action tool 5* for more information on volunteer protection.

Steps for putting on protective clothing



6 Personal protection equipment (PPE) for highly infectious diseases

Steps for taking off protective clothing



Note: Handwashing (gloved hands) should be performed before starting removing the protective clothing, between the steps and at the end for ungloved hands.

Note: Different PPE types are used in different contexts affecting the operating procedures. Always ensure that you have been properly trained to use the type of PPE available in your context.

7 Assessment of dehydration

Overview

- Patients with diarrhoea, especially children, can lose a lot of fluid from their bodies and suffer dehydration.
- Dehydration can cause very severe illness and sometimes death, especially in association with acute watery diarrhoea and cholera.

How to assess whether a patient has dehydration, and its extent

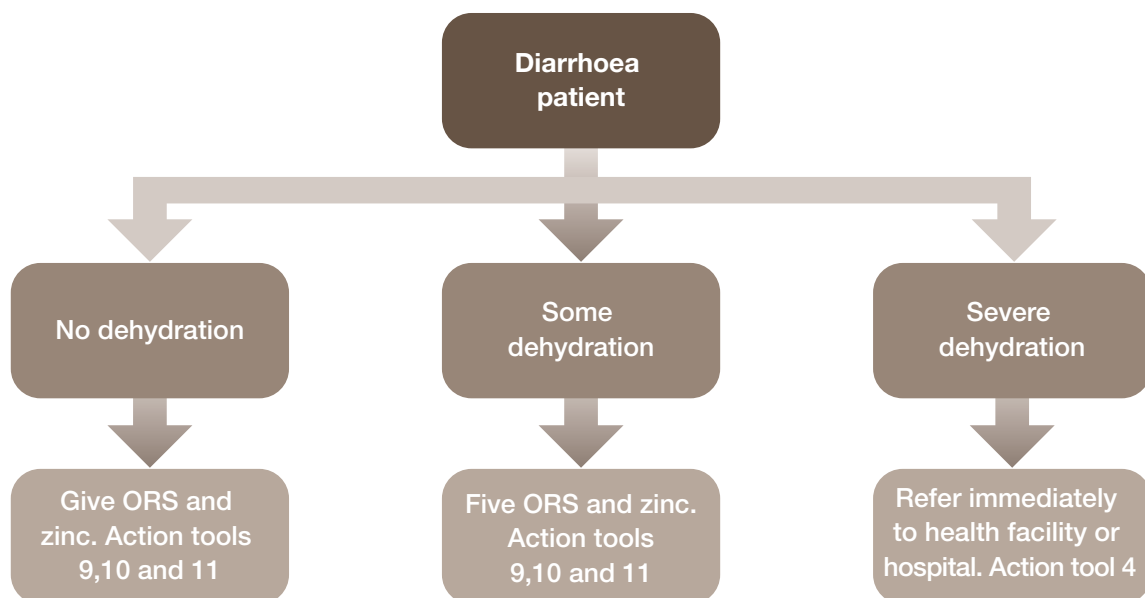
Dehydration stage	Signs	Treatment
No dehydration	Skin recovers its shape normally when pinched; thirst has subsided; urine has been passed; the pulse is strong.	Oral rehydration solution (ORS) at home; zinc supplements for children up to 15 years of age.
Moderate dehydration	Restlessness and irritability; sunken eyes, dry mouth and tongue, increased thirst; skin recovers its normal shape slowly when pinched; reduced urine; decreased tears; depressed fontanel (soft membranes on head) in infants.	ORS and very close surveillance; zinc supplements for children up to 15 years of age.
Severe dehydration	Lethargy or unconsciousness; very dry mouth and tongue; skin recovers shape very slowly when pinched ("tenting"); weak or absent pulse; low blood pressure; minimal or no urine.	In a health facility or in a hospital: IV therapy plus antibiotics plus ORS; zinc supplements for children up to 15 years of age.

Use community message: **1** **3**

7

Assessment of dehydration

After the assessment, and according to the degree of dehydration, the following actions should be taken:



Signs of dehydration

- Sunken eyes
- Dry mouth
- Lethargic/weak
- Skin pinch returns slowly
- Little or no urine



8 Community oral rehydration points

Overview

- Early access to oral rehydration solution (ORS) saves lives.
- When a cholera epidemic occurs (or large numbers of people need rehydration, for example after displacement), the National Society should set up community oral rehydration points (ORP).
- ORPs provide rehydration solution quickly, provide screening and referral for sick people, and can act as a central information hub.

What you need to know

An ORP provides the first level of treatment of cholera and improves access to ORS at community level. ORPs are extremely important in areas where access to health facilities is difficult or where the high number of cases is overwhelming health services. As the first level of care, ORPs should be planned elements of a comprehensive clinical pathway that includes cholera treatment units (CTUs) and cholera treatment centres (CTCs).

Key points for volunteers to remember if they look after a community ORP

- Use only boiled or purified water. If the water is unsafe, treat it first with water purification tablets.
- Do not put more ORS than recommended in boiled or purified water.
- Keep buckets covered to protect the mixture against contamination by flies, etc.
- If you still have some ORS mixture left at the end of the day, **dispose of it safely!**
- Distribute ORS to patients but also arrange referrals or visits to the patients by a health professional. This should be done urgently if the person shows any evidence of dehydration.
- Use the latex gloves provided when you are in contact with patients, their stools or vomit.
- Remember: **Wash your hands regularly! Early and prompt treatment can prevent death from cholera in most cases! Use a clean latrine! Make sure drinking water is treated and free from germs!**

Use community message:

1	3	4	5	6	8	9	12	13	23	28
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8 Community oral rehydration points

ORPs:

1. Initiate early treatment of mild and moderate cases of dehydration by distributing ORS and zinc when appropriate. (See *Action tools 9, 10, 11.*)
2. Distribute key commodities, such as ORS, soap and household water treatment supplies.
3. Refer severe or at risk cases to health facilities for treatment. (See *Action tool 4.*)
4. Act as a community-based disease surveillance point, ensuring that all suspected cases are recorded. (See *Action tool 1.*)
5. Are a key reference point for behaviour change and social mobilization activities. (See *Action tool 43.*)
6. Distribute zinc supplements (if approved). (See *Action tool 11.*)

A community ORP kit available from IFRC contains the items listed below. (Kits that are procured and made locally should have similar contents.)

ORP kit contents

Container, 20 litres, with two candle water filters	
1	Notebook, A5 hard cover
5	Pen, ball point blue
10	Cup, plastic, 200 ml, without handle
10	Cup, plastic, 500 ml, without handle
20	Spoon, plastic, 20 ml
1	Jug, plastic, 1litre with beak and handle
1	Plastic casing, ceramic filter (fairey)
1	Bucket, plastic, 14 litres, with clip cover and outlet tap (Oxfam type)
2	Jerry can, foldable, 10 litres, food grade plastic, screw cap 50 mm
6	Soap, body soap, 100 gr piece
12	Chlorine, 40 mg (nadcc 67mg), for 10 litres water, strip of 10 tabs
30	Pur® 4gm sachets (1 sachet for 10 litres of water)
3	Syringe, 10 ml, 2 parts, disposable
1	Flag, Red Cross Red Crescent, 0.8 x 1.2 metres
2	Tabard/bib, Red Cross Red Crescent, 40 x 40 cm
1	Gloves, examination, nitril, non-sterile, medium (7-8), box of 100 pieces
2	Gloves, for washing dishes, rubber, pair, size medium
1	Spoon, wooden, for stirring, 30 cm
1	Rope, nylon, diameter 3 mm, braided, 5 metres
1	Brush, hand scrubbing brush

ORS, zinc and chlorine for disinfection are not included in the kit and need to be added.

Shade, access to water and a latrine are also important and should be included when selecting the location of the ORP point.

9 Preparing oral rehydration solution (ORS)

Overview

- Oral rehydration solution (ORS) is the first step in treating people suffering from diarrhoea and dehydration.
- ORS can be prepared either from packets of ORS or at home from water, sugar and salt.

What you need to know

- | | |
|---|--|
| <ul style="list-style-type: none"> • ORS comes in small packets in the form of a powder. It needs to be diluted before use. • ORS packets can be obtained at your local National Society branch, at a health centre, or in the community oral rehydration point (see <i>Action tool 8</i>). | <ul style="list-style-type: none"> • Follow the instructions on the packet to find out how much water is needed to dilute the contents of each packet. • Always use clean water to dilute ORS (see <i>Action tool 30</i>). |
|---|--|

Preparing and administering ORS

1. Wash hands with soap and clean water.
2. Pour all the powder from one sachet of ORS into a clean container that will hold at least one litre of liquid.
3. Pour one litre (or the amount indicated in the instructions) of the cleanest water available into the container and mix it with the powder.
4. Give the patient frequent sips from a cup or spoon until he or she is no longer thirsty. (A spoon is especially suitable for young children.)
5. If the patient vomits, tell the caregiver and wait ten minutes before giving more.
6. You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.
7. If ORS is still needed after 24 hours, make a fresh solution.
8. If the patient does not improve or signs of severe dehydration appear, take the patient to a health clinic.

ORS at home

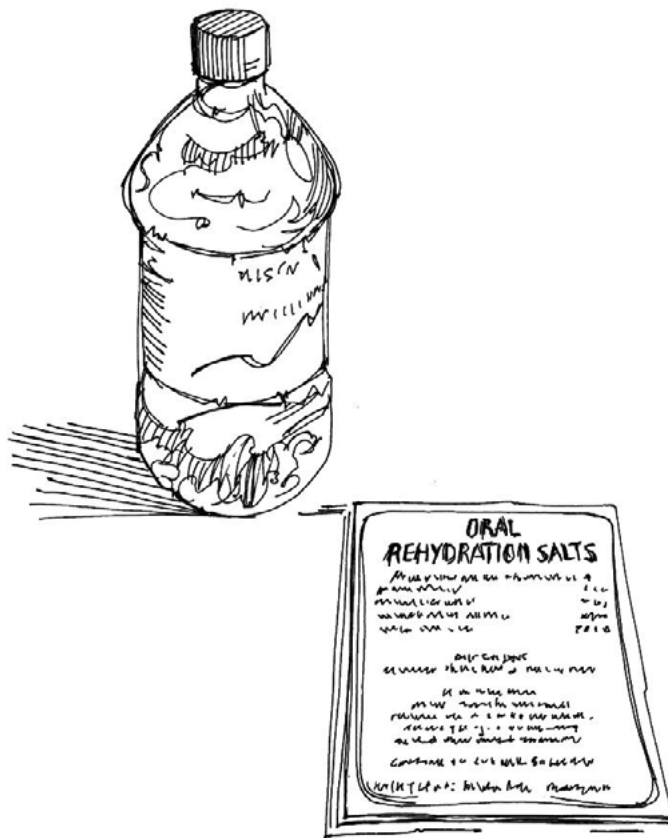
- Some traditional remedies can be an effective ORS and can prevent a child from losing too much liquid through diarrhoea. Tell caregivers about effective traditional remedies if ORS packets are not available and a health facility is inaccessible.
- Traditional remedies include: breast milk, gruel (cooked cereals diluted with water), carrot soup and rice water.
- A very simple and effective solution for rehydrating a child can be mixed from salt, sugar and water (see illustration below).
- A home-made salt and sugar solution should only be used when ORS packets are not available.
- If a home-made salt sugar solution is used, you need to teach caregivers to make the solution safely and correctly. They need to avoid mistakes in the mix of ingredients. It is also important to use the cleanest available water.
- You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.

Use community message: **1**

9 Preparing oral rehydration solution (ORS)

Home-made salt sugar solution

1. Wash your hands with soap and water before preparing the solution.
2. In a clean container mix:
 - One litre of safe water.
 - Half a small spoon of salt (3.5 gms).
 - Four big spoons (or eight small spoons) of sugar (40 gms).
3. Stir the salt and the sugar until they dissolve in the water.
4. Give the patient frequent sips from a cup or a spoon until he or she is no longer thirsty. (Spoonfuls are especially appropriate for young children.)
5. If the patient vomits, tell the caregiver and wait ten minutes before giving more.
6. You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.
7. If ORS is still needed after 24 hours, make a fresh solution.
8. If the patient does not improve or signs of severe dehydration appear, take the patient to a health clinic.



10 Giving oral rehydration solution (ORS)

Overview

- Oral rehydration solution (ORS) is the first step in treating people who are suffering from diarrhoea and dehydration.
- If a patient has no signs of dehydration or signs of mild dehydration (see *Action tool 7*), he or she can be treated at home.

For NO signs of dehydration

- Demonstrate how to prepare and give ORS.
- The caregiver should give the amount of ORS indicated in the table below.

Age	Amount of ORS after each loose stool	ORS packets needed
Less than 24 months	50-100 ml ($\frac{1}{4}$ – $\frac{1}{2}$ cup)	1 packet/day
2-9 years	100-200 ml ($\frac{1}{2}$ – 1 cup)	1 packet/day
10 years or more	As much as wanted	1 packet/day

Where there are SOME signs of dehydration

- Give the recommended amount of ORS (measure against either the patient's age or weight).
- If the patient passes watery stools or wants more ORS than shown in the table above, give more.
- If the patient does not improve or some of the signs of severe dehydration appear, refer the patient to a health facility (see *Action tool 4*).

Age	Less than 4 months	4-11 months	12-23 months	2-4 years	5-14 years	15 years or older
Weight	Less than 5 kg	5-7.9 kg	8-10.9 kg	11-15.9 kg	16-22.9 kg	30 kg or more
Oral solution	200-400 (1-2 cups)	400-600 (2-3 cups)	600-800 (3-4 cups)	800-1200 (4-6 cups)	1200-2200 (6-11 cups)	2200-4000 (11-20 cups)

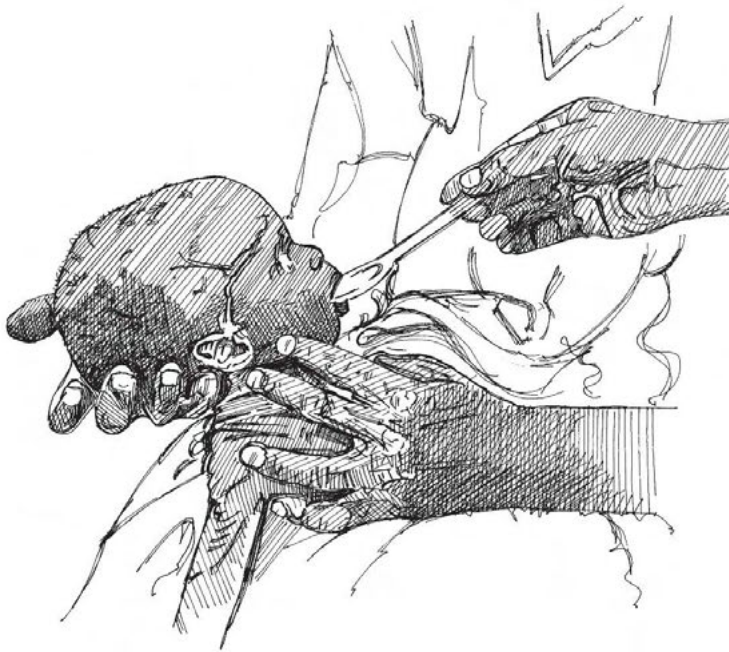
Use community message: **1**

10 Giving oral rehydration solution (ORS)

How to give ORS

It is important to teach mothers and caregivers to administer ORS to children correctly, to help the child get better and prevent the epidemic from spreading.

1. To a child that is under two years of age, give one teaspoonful every one to two minutes.
2. To an older child, give frequent sips from a cup.
3. If the child vomits, wait 10 minutes and then offer the solution again, more slowly.
4. If diarrhoea continues after the ORS packets are used up, give home remedies until you get more ORS packets.
5. Give the child as much clean water as he or she can drink.
6. Continue to assess dehydration and refer the child to a clinic if he or she gets worse or does not improve after a few hours.



Giving ORS to a child



Giving ORS to an adult

11 Zinc supplementation

What is zinc?

- Zinc is a mineral that is important for children's healthy growth and development.
- Foods such as meat, fish, dairy products, beans and nuts contain zinc.

Why is zinc supplementation important?

- Sometimes children do not have enough zinc, and as a result they may have longer, more severe bouts of diarrhoea, and may become very sick.
- If children between six months and 15 years of age who have diarrhoea are given extra zinc together with ORS, they are less likely to get very sick and will recover faster.

When to give zinc supplements

During an outbreak of diarrhoeal disease (including cholera), **all children between six months and 15 years of age with diarrhoea** should be given a zinc supplement together with oral rehydration solution (ORS).

How to give zinc supplements

- Zinc sachets should be distributed or given together with ORS. The zinc sachet powder is mixed with water and given as a drink.
- Social mobilization and behaviour change communication are important supporting activities. Make sure that caregivers of children are preparing and using zinc supplements correctly. Demonstrate their use whenever zinc and ORS sachets are distributed and follow up to check that people are diluting the sachets correctly.

Important points

- Treating children between six months and 15 years of age with zinc and ORS helps them to recover faster from diarrhoea.
- Use treated or boiled water to make both zinc and ORS solutions.
- Make sure that the cups and utensils used to make the solution are clean, and that water containers are clean and covered.
- Hands should be washed with soap before making zinc or ORS solution.
- Promote continued breastfeeding when an infant is sick with diarrhoea.
- After babies reach six months of age, encourage mothers to continue breastfeeding, while giving other appropriate foods.

Work together with the WASH team, including hygiene promotion volunteers. They can help to supply safe water and support social mobilization and behaviour change activities.

Use community message: **28**

11 Zinc supplementation

What you can do

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| <ul style="list-style-type: none"> • Make sure you know your National Society's policy on when volunteers can give zinc to children; follow it. • Make sure you understand the correct way to prepare and use zinc supplements. • Make sure a good plan is made for zinc supplementation, and that you understand the plan. • Carry out social mobilization and behaviour change communication activities in an epidemic of diarrhoeal disease. (See Important points above and <i>Action tool 43</i>.) • Make sure all children from the ages of six months to 15 years with diarrhoea are given zinc correctly, together with ORS. (See <i>Action tool 10</i>.) | <ul style="list-style-type: none"> • Demonstrate how to correctly prepare and give zinc supplements. Conduct follow-up visits to make sure caregivers are preparing and using zinc correctly. • Send anyone you meet who has severe dehydration to the nearest health facility for treatment. (For assessment for dehydration, see <i>Action tool 7</i>.) • Coordinate with health professionals from your local health facilities. • Work together with the WASH team and hygiene promotion volunteers. |
|--|--|

12 Managing fever

Overview

- Fever is present when a person's body feels hot to the touch. Fever is the body's reaction to infection.
- Fever in very young children and babies may be a sign of serious illness.

What you need to know

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|---|--|
| <ul style="list-style-type: none"> • Fever is caused by the body's reaction to infection. It signals to us that an infection is present. • Fever is raised body temperature. It makes the person feel hot, can cause chills (shivering), and is very uncomfortable. | <ul style="list-style-type: none"> • Fever can be serious. If it is very high, it can cause convulsions (violent shaking of the body) in young children. • Fever can cause the body to lose liquids and become dehydrated. |
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What you can do

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|---|---|
| <ol style="list-style-type: none"> 1. Check the person's condition. 2. Ask about other symptoms, such as rash, headache, vomiting, cough or pain. 3. If the fever is high or if the person has had convulsions, refer him or her to a health facility immediately. 4. If the patient can drink, eat and move about: <ul style="list-style-type: none"> • Give him or her more fluids to drink than usual. • Encourage babies to breastfeed as much as possible. • Encourage rest. • Encourage carers to give nutritious food. 5. Cool the body down by: <ul style="list-style-type: none"> • Removing excess clothing. • Wiping a sponge or a cloth soaked in tepid (lukewarm) water over the body and forehead. • Bathing babies in tepid water. Observe them closely for convulsions. | <p>If the fever does not go away or becomes worse, seek the help of a health professional.</p> <p>In areas affected by an epidemic, fever can signal that a person has the disease in question. If fever is one of the symptoms of the disease (as in meningitis, malaria or dengue), you should report the case as part of your surveillance activities and follow the actions indicated for prevention and treatment.</p> |
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Use community message: **2**

12 Managing fever



13 Breastfeeding

Overview

- Breastfeeding can save the lives of babies and young children in diarrhoea epidemics.
- It is always good to continue breastfeeding in epidemics because breast milk is a clean, nutritious and cheap food for babies.

Why breastfeed?

- Breast milk is the best food for babies in the first six months of their lives.
- Breast milk immediately after birth protects the baby from infections and should not be discontinued.
- In diarrhoea epidemics, exclusive breastfeeding of babies less than six months of age can save their lives from killer diarrhoea and cholera.

What you need to know

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|---|---|
| <ul style="list-style-type: none"> • Find out which community health workers and traditional birth attendants are promoting breastfeeding and work with them. • Familiarize yourself with any local cultural beliefs and practices that are obstacles to exclusive breastfeeding. | <ul style="list-style-type: none"> • Get to know all the families in your area that have babies less than six months old. • Bottle-feeding can be dangerous if bottles or water used to prepare powdered milk are not very clean or are contaminated with germs. Always advise mothers to breastfeed. |
|---|---|

Use community message:

3

8

13 Breastfeeding

What you can do

- During social mobilization activities, and house-to-house visits, or when promoting health, let mothers know that exclusive breastfeeding protects their babies from diarrhoeal diseases and can prevent death.
- Talk to community and religious leaders and to fathers about the importance of breastfeeding. Ask for their help to persuade mothers to breastfeed.
- Repeat the same message: breastfeeding saves the lives of babies in diarrhoea epidemics. Talk to women to find out what support they need and the difficulties they face in continuing to breastfeed. Work with women and health workers to try to resolve their problems and concerns.
- After the epidemic is over, keep working to encourage breastfeeding.



Breastfeed exclusively from birth to six months of age. After this age, introduce appropriate food while continuing to breastfeed.

14 Infant and young child feeding in emergencies

Why is support for infant and young child feeding important?

- In emergencies, both caregivers and their infants require special support. Breastfeeding and appropriate first foods both help to save lives.
- Because they are often stressed and receive contradictory advice, many mothers think they cannot produce enough breastmilk, or good breastmilk. It is vital to encourage and support mothers, as well as other caregivers and the extended family.

What you need to know

- Breast milk is a clean, nutritious and cheap food for babies (see *Action tool 13*). It is the safest choice in emergencies when people may lack access to safe water and hygiene, a regular supply of food, income or a livelihood.
- Breastfeeding helps fight disease. In most circumstances, a mother should continue to breastfeed when she or her child is unwell.
- Stressed, malnourished and hungry mothers can still make enough milk to feed their babies. If milk flow stops, it may be possible to restart it with support and counselling. Other options may also be available, such as milk banks, wet nurses, etc.
- Use of Breast Milk Substitutes (BMS) and bottle-feeding can increase the incidence of diarrhoea and death when bottles/teats are not adequately cleaned or sterilized, or the water used is dirty. Any distribution of artificial milk, cows' milk or other animal milk, bottles or teats should be reported to the cluster or to another authority responsible for monitoring the WHO Code on Breast Milk Substitutes.
- Find out what local or distributed high energy foods are available for young children older than six months to complement the breastmilk they receive.
- Find out the location of quiet areas, breastfeeding tents, caregiver support groups, mothers' groups and other services that support families and carers who are feeding infants and young children.

What you can do: breastfeeding

- Provide support to mothers, families and carers with babies.
- Tell them that breastmilk is the best food, even when mothers are stressed, malnourished or hungry.
- To sustain their milk supply, encourage mothers to give breast feeds frequently (day and night, at least eight times).
- Tell them that skin-to-skin contact between mother and baby can help increase milk supply.
- Help mothers to find a quiet place to relax since this helps milk flow.
- Include fathers, carers and other family members in discussions (where culturally appropriate) to ensure that mothers are supported when they breastfeed.
- Make sure that mothers, carers, fathers, support groups and communities receive correct information on infant and young child feeding (IYCF).
- Refer mothers who are malnourished, overtired, worried they lack milk, unwell or low in spirits to a health facility or feeding centre for nutrition and psychosocial support, including education on IYCF.
- Report any donations or distributions of BMS, powdered cows' milk, bottles or teats to your focal point in the National Society or Ministry of Health, or to the cluster or another authority responsible for monitoring violations of the WHO Code on BMS.

14 Infant and young child feeding in emergencies

What you can do: maternal (mother) nutrition

- Support and advise mothers on nutrition during pregnancy and breastfeeding:
 - Increase the number of meals or snacks during pregnancy (one extra) and breastfeeding (two extra) as mothers have higher energy needs.
 - Encourage consumption of locally available nutritious foods, including foods rich in iron, calcium and vitamin A.
 - Ensure that mothers take iron/folate supplements during pregnancy and for at least three months after giving birth.
 - Ensure that mothers start to take vitamin A supplements within six weeks after giving birth.
- To prevent infections, give mothers anti-tetanus immunizations during pregnancy, encourage them to use insecticide-treated mosquito nets, provide deworming and anti-malarial medicines during pregnancy, and prevent and treat sexually transmitted diseases (STIs).
- Encourage recommended hygiene practices.
- Encourage families to support and assist women with their workload, especially late in pregnancy.
- Encourage families to allow mothers to rest more.

What you can do: first foods (complementary feeding) from six months of age

- Encourage families to give their infants small and frequent meals.
- Encourage families to drink clean water and adopt recommended hygiene practices, including washing hands before food preparation and feeding. Work with colleagues in water and sanitation (WASH), health and other relevant sectors to ensure that clean water and sanitation are available.
- Encourage families to eat nutritious foods, including foods rich in iron (meat, chicken, fish, green vegetables, beans, peas) and vitamin A (organic meats, carrots, pumpkins, papayas, mangoes, eggs), as well as a variety of fruits, vegetables and fortified cereals.
- Advocate that food distributions for both children and pregnant and lactating women (PLWs) should include appropriately textured first foods for young children (such as purées, mashed and finger foods), supplementary foods (if required, such as corn soya blend (CSB), micronutrient powders (MNPs), and other nutrition supplements, such as ready-to-use therapeutic foods (like Plumpy'Nut®).

Community messages

- Breastfeeding nourishes, protects and saves infant lives, especially in emergencies. During emergencies, breastfeeding is the safest way to feed infants.
- Do not use bottles or teats because these can make infants sick. If a child is being given infant formula, use a cup and spoon because they are easier to keep clean in less sanitary environments.
- Do not give foods other than breastmilk to infants until they are about six months of age.
- Stress the importance of maternal nutrition.
- In addition to mothers, include fathers, carers and the wider family in education and support activities.

15 Measuring acute malnutrition in emergencies

What is acute malnutrition?

- When children do not have enough food or nutrients, it can affect their growth and development. A child with acute malnutrition is likely to be very thin, have a low weight for his or her height (wasting), or may be swollen.

Why is measuring acute malnutrition important?

- In emergencies or epidemics, more people tend to suffer from acute malnutrition because they lack nutritious food, are unable to provide appropriate feeding care, have poor hygiene, or lack access to clean water and sanitation and health services. As a result of malnutrition, they may become ill and find it more difficult to fight disease.
- It is important to screen and refer all malnourished children to health or nutrition services as quickly as possible, so they can receive treatment.

What you need to know

- | | |
|--|---|
| <ul style="list-style-type: none"> • A child under five years old with acute malnutrition is more likely to become ill and to die. • The earlier a malnourished child is identified and referred to health care services, the more likely it is that she or he will recover and survive. | <ul style="list-style-type: none"> • Supportive home visits and follow-up can help children both to recover and to continue with their treatment. If parents and carers are not supported, they may discontinue treatment and the child can very quickly return to being malnourished. • Find out the location of the nearest services for treating malnutrition, the types of malnutrition they treat, and how you can refer children and their parents to them. |
|--|---|

Use community message: 23 29

How to screen for acute malnutrition children who are between six months and five years old

Children who suffer from acute malnutrition can be identified in two ways:

1. **Measure the mid upper arm circumference (MUAC).** This identifies “wasted” (thin) children. Wrap a coloured or numbered MUAC tape round the left arm of the child (see *Action tool 17* for instructions). If the circumference of the child’s arm falls within the red or yellow indicator, the child is malnourished. Red signals acute malnutrition: children in this condition should be referred urgently for medical care. A yellow indication also means the child should be admitted to a nutrition programme and treated as soon as possible.
2. **Do a bilateral oedema test.** This identifies “swollen” children (see *Action tool 18*). Press the tops of a child’s feet for at least three seconds and observe whether an indentation or pit (oedema) persists. If it does, bilateral oedema is present which means that the child needs to be seen at the health care centre immediately.

Where can screening be done? (Appropriate screening locations)

- At home, in the market, in religious centres, during meetings or ceremonies (baptisms, marriages, funerals).
- At ORP sites, where non-food items (NFIs) or food rations are distributed, or during vaccination campaigns, etc.
- In health facilities (clinics, as part of routine growth monitoring) or during outreach visits (for immunization or health education).
- Arrange special mass screenings when malnutrition rates are very high.

Referring children with acute malnutrition

- Locate the closest services that manage malnutrition in your community. They are usually run by the government or a non-governmental organization (NGO) out of health facilities, hospitals or mobile units.
- Check what type of services they provide and how families can be referred. Services may include:
 - Therapeutic feeding for severe malnutrition (red MUAC, oedema).
 - Supplementary feeding for moderate malnutrition (yellow MUAC).
- Refer any child with oedema or a red/yellow MUAC to the closest health or nutrition centre. Some programmes provide referral papers for families.

15 Measuring acute malnutrition in emergencies

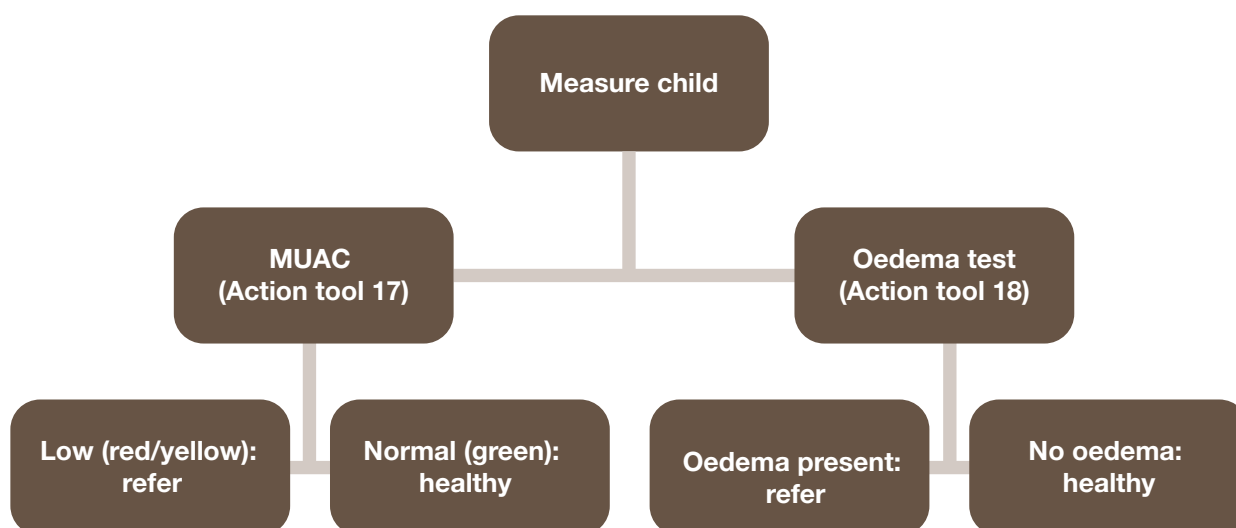
What you can do

It is important to link up with the services that manage acute malnutrition. As volunteers you can play an important role in supporting these services, through the following activities:

- Community sensitization and mobilization. Inform members of the community about the signs of malnutrition, the services that are available, and who should receive care. Children who are identified early can be treated more easily and have a better chance of recovery.
- Screening. Measure the MUAC of children and test for oedema; pay special attention to children who are weak, thin or swollen.
- Referral. Children with red or yellow MUAC or oedema should be referred. Check that referred children go for care and follow up.
- Home visits. Check to ensure that medicines and nutrition supplements (paste or cereal) are given correctly. Encourage caregivers to continue treatment until the child is healthy. Nutrition supplements should not be shared with other family members or with the community but should be considered a medicine; sharing will slow the child's recovery. Support families when parents cannot or refuse to visit the hospitals to which their children have been referred.
- Absent and defaulting children. Visit the homes of children who have missed treatment to find out why. Encourage them to return and continue care if they can. Give the health team the information you obtain and, if possible, try to link the health facility staff and the parents via phone, if they cannot or will not attend the centre.
- In-patient care. If a child is very sick and requires referral to an in-patient facility or hospital, assist the family to take the child. If the family refuses, visit at home and continue to encourage referral.

Community messages

- Explain to the community and community leaders that malnutrition weakens children, who are more likely to become sick.
- Tell them (if services are available) that thin or swollen children can obtain treatment.



16 Measuring the height and weight of children

Why is measuring height and weight important?

- Measuring height and weight helps to show whether a child is growing well.
- If measurements show that a child is wasting, thin or swollen, the child may have acute malnutrition and must be referred for nutritional care and treatment.

What you need to know

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|---|---|
| <ul style="list-style-type: none"> • It is important to be as accurate as possible when taking measurements. • Clothes and shoes should be removed when measuring weight. Shoes should be removed when measuring height. To reassure the caregiver, try to measure in private (for instance by using a screen). | <ul style="list-style-type: none"> • Two people are required to take each measurement (particularly height). If the parent or carer is close by, she or he can reassure the child. • Measurements should be read aloud clearly and recorded immediately to avoid error. |
|---|---|

How to measure height (length)

- Children less than two years old are measured lying down (length). Children more than two years old are measured standing up (height). Height and length mean the same thing: how tall the child is.

If age is not known, children shorter than 87 cm are measured lying down. If a child less than two years will not lie down, measure standing height and add 0.7 cm to the measurement. If a child older than two years cannot stand, measure length lying down and subtract 0.7 cm from the measurement.

Lying down

1. Place the height board flat on the ground or on a table or bench space.
2. Remove the child's shoes and gently place the child on his or her back along the centre of the board.
3. Hold the sides of the child's head, cupping the ears, and (with the help of the assistant or carer) position the head touching the board. The head should be positioned so that the line of sight for the child is perpendicular to the head board.
4. Place your hands gently on the child's ankles or knees to keep them flat and straight. While positioning the child's legs, place the sliding board against the soles of the child's feet, which should be at right angles to the board.
5. The measurer reads aloud the measurement to the nearest 0.1 cm.
6. The measurement should be repeated. A second person records it immediately.

Standing up

1. Remove the child's shoes.
2. Place the child standing upright against the centre of the height board.
3. Firmly press the child's ankles and knees against the board (helped by the assistant or carer), ensuring that his or her head is straight and that he or she is looking directly in front.
4. The child's head, shoulders, buttocks and heels should all touch the board.
5. The sliding part of the board should rest flat against the top of the head.
6. The measurer reads out loud the measurement to the nearest 0.1 cm.
7. The measurement should be repeated. A second person records it immediately.

How to measure weight

- Weight may be measured using a Salter-type hanging spring scale (where the child hangs below the scale) or an electronic scale that allows a child to be measured in the parent's or carer's arms.
- Equipment should be regularly checked (calibrated) against a known weight (for example, five litres of oil), and always set to zero before use.
- Infants who are younger than six months usually require special baby scales, which are available in hospitals or clinics. Alternatively, they can be measured by the Salter when sitting in a sling.

16 Measuring the height and weight of children

Using hanging Salter scales

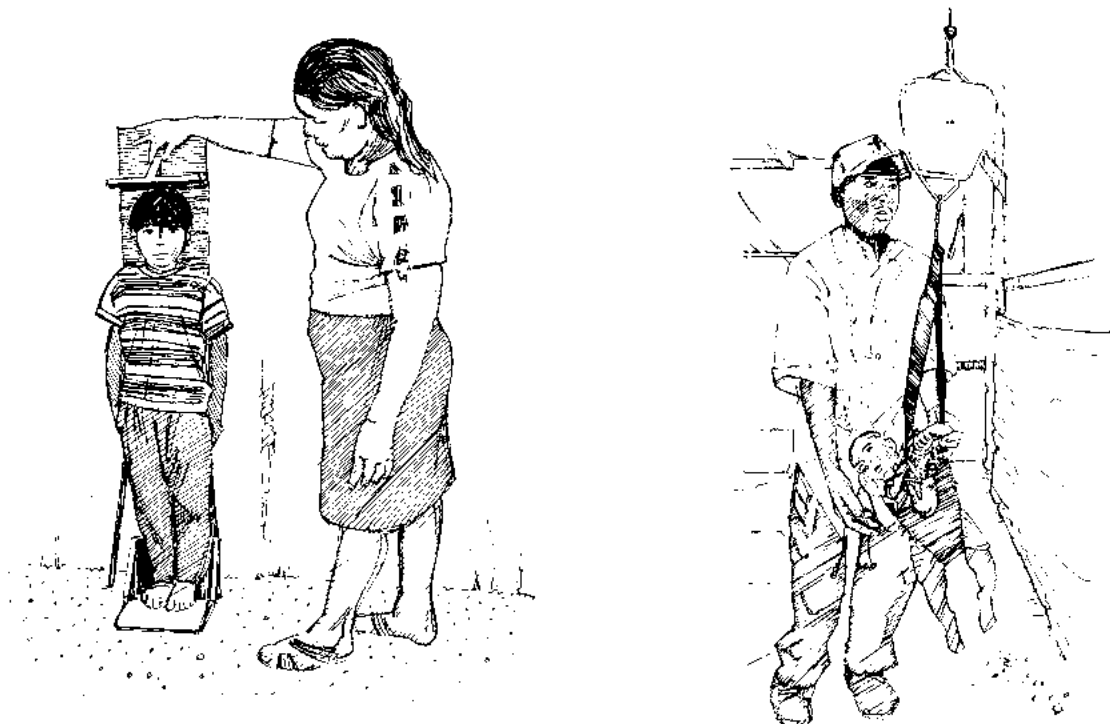
In a health facility, the scale is attached to the ceiling or a stand. In a community, the scale can be hooked to a tree or tripod or suspended from a stick held by two people.

1. Attach the weighing pants (or a weighing hammock for smaller infants) to the scale.
2. Check the needle is on zero.
3. Remove the child's clothes and shoes.
4. Place the child in the weighing pants. Make sure the child is safe by staying close and placing one arm in front of and one arm behind the child to keep him or her balanced.
5. Take the reading when the child is calm and the scale needle has stopped moving. The scale should be read at eye level and the value read aloud to the nearest 100 g.
6. Repeat the measurement. A second person should record it immediately.
 - If weighing pants are not available, it is possible to suspend the child in a piece of the mother's clothing, or in a basin or grass basket. In such cases, make sure the scale is appropriately readjusted to zero.
 - If (for cultural reasons or because of the climate) it is not possible to remove clothes, an average weight for clothes should be deducted from the measurement.

Using electronic scales

Electronic scales are very precise, whether they are powered by a battery or a solar switch. They are designed to allow the parent or caregiver to hold the child while he or she is weighed.

1. Place the scale on a flat surface in a well-lit area.
2. Make sure that all four of the scale's feet are on the ground.
3. Remove the child's clothing.
4. Turn the scale on by moving a hand over the solar switch. (An image of an adult indicates the scale is ready to weigh an adult.)
5. The parent or caregiver stands on the scale first, without the child. The weight is shown and stored in the scale's memory. The adult remains on the scale.
6. Wave a hand over the solar switch again. The scale indicates that it is ready to weigh an adult with a child. (An image of an adult holding a child is shown.)
7. The child to be weighed is passed to the adult on the scale, who remains still.
8. The scale shows the child's weight. Read the measurement aloud; a second person records it immediately.



17 Measuring mid upper arm circumference (MUAC)

What is a MUAC test?

- The MUAC test measures the circumference of (or distance around) the mid upper arm.

Why is the MUAC test important?

- The MUAC test can identify children between six months and five years old who have malnutrition (wasting or thinness) and are at risk of dying.

What you need to know

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| <ul style="list-style-type: none"> MUAC is a simple measurement. It uses a coloured tape that is wrapped around the left upper arm. Parents and carers can be trained to measure the MUAC. | <ul style="list-style-type: none"> Children aged six months to five years who have a MUAC reading of less than 12.5 cm or whose arm circumference falls within the red or yellow indicator on the coloured tape (see table below) should be referred to the nearest health or nutrition centre. |
|---|--|

Use community message: 29

How to measure MUAC

1. Explain the procedure to the child's mother or caregiver.
2. Ensure that the child is not wearing any clothing on his or her left arm.
3. If possible, the child should stand straight and sideways to the measurer.
4. Bend the child's left arm at 90 degrees to the body.
5. Find the mid-point of the upper arm. The mid-point is between the tip of the shoulder and the elbow.
6. Mark with a pen the mid-upper arm point.
7. Ask the child to relax the arm so it hangs by his or her side.
8. Using both hands, place the MUAC tape window (0 cm) on the mid-point.
9. While keeping the left hand steady, wrap the MUAC tape around the outside of the arm with the right hand.
10. Feed the MUAC tape through the hole in the tape while keeping the right hand planted on the arm.
11. Pull the tape until it fits securely around the arm while keeping the right hand steady on the child's arm.
12. Read and record the measurement at the window of the MUAC tape to the nearest millimetre (mm).
13. If a child has a MUAC of less than 12.5 cm (coloured yellow or red on the tape) a referral form must be filled out so that the child can receive treatment.



17 Measuring mid upper arm circumference (MUAC)

What do different measures and colours mean?

Colour	Nutritional status	MUAC (cm)	MUAC (mm)	Action
Red	Severe	<11.5 cm*	<115 mm*	Refer to the nearest health facility that provides therapeutic feeding.
Yellow	Moderate	11.5-12.4 cm	115-124 mm	Refer to the nearest health or nutrition centre that provides supplementary feeding (if available)
Green	Healthy	>12.5 cm**	>125 mm**	Encourage the carer to continue with healthy hygienic care and feeding practices, and to return if the child becomes sick or weaker.
* < means "less than" ** > means "more than"				

What you can do

- Inform the community and parents that MUAC tapes identify children who are malnourished.
- Use MUAC to measure children between six months and 59 months of age, especially those who are sick, thin or weak.
- Find out which health facilities or centres treat malnourished children in your area. (Some facilities only address severe acute malnutrition (SAM).
- Refer children that have a MUAC of less than 12.5 cm or indicate red or yellow on the coloured tape, with their families, to the above centres for treatment.

Community messages

- Inform the community that thin, weak children who are not growing well can obtain treatment without cost.
- Find out the local word for a child who is very thin and use it to help find cases.
- Encourage caregivers to seek health treatment quickly if their child is malnourished. Tell them that treatment will enable the child to grow well, prevent stunting, and help the child to avoid diseases later in life.
- Explain the MUAC arm measurement to caregivers. Tell them that it shows which children are malnourished and should receive treatment.

18 Measuring oedema (water retention) in children

What is oedema?

- Oedema occurs when too much water gathers and remains in the tissues of the body (water retention). Oedema causes swelling and puffiness.

Why is measuring oedema important?

- Swelling or oedema in both feet (bilateral oedema) is a sign of severe acute malnutrition (SAM). This form of malnutrition is sometimes called Kwashiorkor.

What you need to know

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|---|--|
| <ul style="list-style-type: none"> • Oedema starts in the feet but can spread to the whole body. The higher the swelling progresses up the body (for example, up towards the arms, hands or face), the more serious it is. • The quicker oedema is identified, the easier it is to treat. | <ul style="list-style-type: none"> • All children with bilateral oedema need urgent therapeutic care. • Find out the location of the closest services that treat severe acute malnutrition (SAM) and how children can be referred to them. |
|---|--|

Use community message: 29

How to test for oedema

1. Remove the child's shoes and socks. Press both your thumbs on the top of each foot for three seconds. Keep a firm, constant pressure.
2. Remove your thumbs. If a pit or dip remains in the skin of both feet after three seconds, the child may have oedema.
 - Any child found to have oedema should be referred to a health facility as soon as possible.

Signs that a child has oedema (Kwashiorkor)

- Pitting oedema occurs on the feet and, in severe cases, sometimes on the legs and face.
- The child often seems sad or sick and does not move very much.
- The child is tired and has lost his or her appetite.
- The skin is often cracked and sore.
- The hair is dry and thin, breaks easily, and is reddish in colour.
- The child cries a lot.

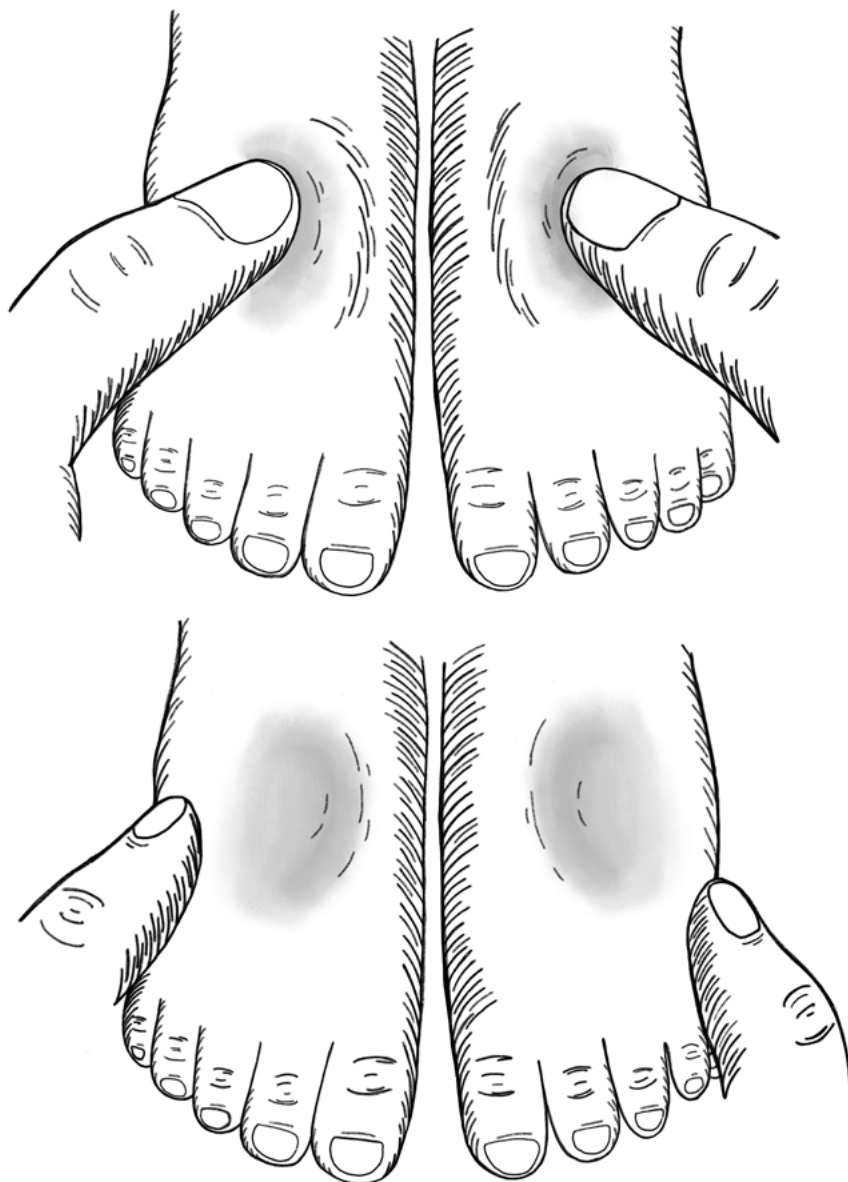
What you can do

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|--|---|
| <ul style="list-style-type: none"> • Explain to community leaders and parents that swelling of the feet is a serious sign of malnutrition and can be treated. • Explain the importance of treating malnutrition. | <ul style="list-style-type: none"> • Find and refer children with nutritional oedema to the closest health facility or nutrition centre as soon as possible. |
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Community messages

- Find out the local word for a child with oedema and use it to help find cases.
- Inform the community that oedema is a nutritional problem and can be treated.
- Emphasize the importance of obtaining treatment and explain the different causes of malnutrition.
- Emphasize that families need to be involved in treatment, prevention and identification.

18 Measuring oedema (water retention) in children



19 Psychosocial support

Normal reactions to abnormal events

- **Emotional.** Anxiety, grief, guilt, anger, irritability, frustration, sadness, shame, numbness, loss of hope, loss of meaning, feeling of emptiness.
- **Mental.** Loss of concentration, memory loss, confusion, intrusive thoughts, difficulties in decision making, disorganized thought.
- **Physical.** Increased heartrate, sleeping problems, aches (stomach, head), back and neck pain, muscle tremors and tension, loss of energy, inability to rest and relax.
- **Social.** Risk taking, over- or under-eating, increased intake of alcohol or cigarettes, aggression, withdrawal, isolation.

Psychosocial support

- The term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.
- “Psychosocial support” refers to actions that meet the psychological and social needs of individuals, families and communities.
- We provide psychosocial support to help people who have been affected by a crisis to recover. Early and adequate psychosocial support can prevent distress and suffering from turning into more severe mental health problems.

Hobfoll et al (2007) proposed that five principles should drive psychosocial support during emergencies. Interventions should ensure safety and promote:

- Calm
- Connectedness
- Personal and collective efficacy
- Hope

Psychosocial support activities include:

- Psycho-education and awareness raising on psychosocial issues.
- Life skills and vocational skills.
- Recreational and creative activities.
- Sports and physical activities.
- Restoring family links.
- Child friendly spaces.
- Community committees.
- Supporting memorials and traditional burials.
- Psychological first aid.
- Lay counselling.
- Support and self-help groups.

19 Psychosocial support

Psychological first aid (PFA)

PFA is...

- Comforting someone who is in distress and helping them feel safe and calm.
- Assessing needs and concerns.
- Protecting people from further harm.
- Providing emotional support.
- Helping to provide immediate basic needs, such as food and water, a blanket or a temporary place to stay.
- Listening to people but not pressuring them to talk.
- Helping people obtain information, services and social support.

PFA is not...

- Something only professionals do.
- Professional counselling or therapy.
- Encouraging a detailed discussion of the event that has caused the distress.
- Asking someone to analyse what has happened to them.
- Pressing someone for details on what happened.
- Pressuring people to share their feelings and reactions to an event.

PFA is about comforting someone who is in distress and helping them feel safe and calm. It provides emotional support and helps people to address immediate basic needs and find information, services and social support. The three action principles of Look, Listen and Link indicate that PFA is a way to approach someone in distress, assess what help he or she needs, and help him or her to obtain that help.

LOOK (Pay attention to a situation)

- Establish what has or is happening.
- Establish who needs help.
- Identify safety and security risks.
- Identify physical injuries.
- Identify immediate basic and practical needs.
- Observe emotional reactions.

LISTEN (Pay attention to the person)

- Introduce yourself.
- Pay attention and listen actively.
- Accept others' feelings.
- Calm the person in distress.
- Ask about needs and concerns.
- Help the person(s) in distress to find solutions to their needs and problems.

LINK (Take action to help)

- Find information.
- Connect with the person's loved ones and social support.
- Tackle practical problems.
- Obtain services and other help.

Active listening is a key component of PFA

- Actively concentrate on what the affected person says.
- Do not interrupt or try to assure them that everything will be all right.
- Make frequent eye contact and ensure that your body language signals that you are listening.
- Gently touch the hand or shoulder of the affected person, if appropriate.
- Take time to listen when people describe what happened. Telling their story will help people understand and eventually accept the event.

20 Isolating sick people

Overview

- Some diseases are so dangerous or infectious that it is necessary to isolate people who are sick in order to prevent them from passing the infection to others. Isolation means separating those who are sick from those who are healthy.
- Isolating patients is not imprisonment; it is not done forcibly and should be carried out with their consent. You need to explain to patients and their families why isolation is necessary.

What you need to know

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|---|---|
| <ul style="list-style-type: none">• In cases of Ebola, Marburg fever, Lassa fever, plague, monkeypox and MERS, it may be necessary to keep sick people away from others to limit the spread of the disease.• In such cases, one person (who must be protected appropriately) takes care of the patient, in order to reduce the chances of infection. This is called “barrier nursing”. | <ul style="list-style-type: none">• This person provides care, food and water, and communicates with the patient. |
|---|---|

Use community message: **24**

20 Isolating sick people

What you can do

- If it is decided that isolation and barrier nursing are necessary, you will continue active surveillance as a volunteer, looking for cases of the disease (see *Action tool 1*).
- When cases are found, the need for isolation should be explained to those who are ill and their families. This is not done forcibly and the wishes of the family should be respected. If you explain that isolation protects others, including members of the patient's family, it may be easier for both the patient and his or her family to understand why isolation is being proposed.
- Those who care for a patient in isolation should be shown how to assist him or her and how to protect themselves. They should be provided with proper protective equipment.
- Provide psychosocial support to families (see *Action tool 19*). Isolation of a loved one can be very hard, for the family as well as the patient.
- Try to stop isolation from causing stigma or social rejection of patients and their families. Explain to the community why isolation is necessary. Seek the help of elders and community leaders to fight stigma.
- Make sure that people in isolation have adequate food, water, and health care, as well as help to cope with any loss of livelihood.



**Talk to the community and elders
to prevent stigma and social rejection**

21 Safe and dignified burials

Overview

- Some diseases, including cholera and especially Ebola, Marburg, Lassa fever and plague, remain infectious even after death.
- It is therefore essential to take extreme care when handling the bodies of individuals who have died from these diseases.

What you need to know

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| <ul style="list-style-type: none"> • The bodies of people who have died from certain diseases must be promptly and safely buried to protect others, because these diseases can spread through contact with bodies even after death. • Specialists from the Ministry of Health or other organizations may be available to carry out such burials. If this is the case, you should continue health promotion and allow them to do their job. | <ul style="list-style-type: none"> • Burial of dead people is a sensitive issue in any community. You must be careful not to upset people; help them to understand why the person they love must be buried in a different way. • Provide psychosocial support to the families of those who have died. (See <i>Action tool 19</i>.) |
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Burying dead bodies can be a health hazard. If you have to do it, always ask for professional help and advice.

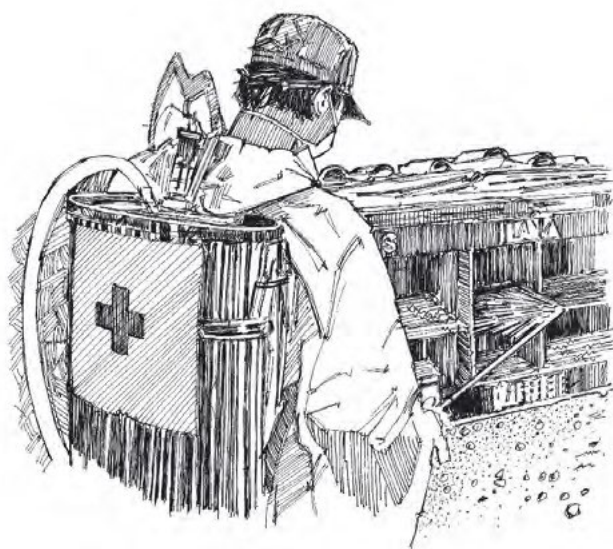
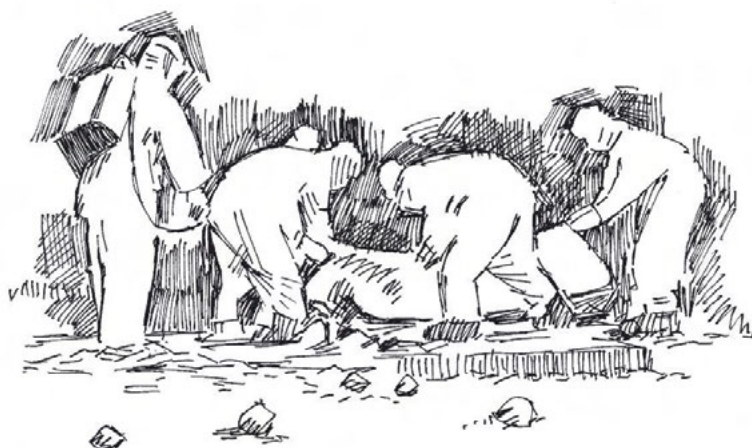
Remember that the main duty of Red Cross and Red Crescent volunteers is to promote health in the community. You can make more difference in this way than in any other way.

Use community message: **19**

21 Safe and dignified burials

Safe burial of dead bodies

- Talk to community leaders and seek their support for what you are doing.
- Respect traditions without compromising safety.
- **Do not become directly involved if burials are being done by others.**
- If you are asked to assist, make sure that you have been trained properly and understand the correct procedures for conducting a safe burial.
- Carry out all activities calmly and respectfully.
- Always take care, first and foremost, to protect yourself (see *Action tool 5*) and use personal protection equipment whenever it is required (see *Action tool 6*).
- Disinfect the room and destroy the belongings (clothes) of a person who has died of Ebola, Marburg fever, Lassa fever or plague.



22 Vitamin A supplementation

Overview

- Vitamin A is vital for a child's healthy development.
- Vitamin A is usually provided by foods such as liver, dairy products and eggs.
- Sometimes, children do not have enough vitamin A in their diet and are at risk of becoming very sick if they have measles, malaria or diarrhoea.
- Lack of vitamin A can also cause eye problems and even blindness.

How to give vitamin A supplements

- Vitamin A can be given to children in the form of a liquid or capsules.
- During a mass measles vaccination campaign, vitamin A supplements should be given to **all children between six months and five years of age**.

What you can do

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|---|---|
| <ul style="list-style-type: none"> • Make sure you know your National Society's policy on when volunteers may give vitamin A to children. Follow the policy. • Conduct social mobilization activities before a vaccination campaign (see <i>Action tool 25</i>) to tell the community about vitamin A supplementation. • Coordinate with health professionals from your local health facilities. They can tell you how to administer vitamin A and what doses to give. | <ul style="list-style-type: none"> • Make sure a good plan is prepared for providing vitamin A supplements. • Make sure all children from the ages of six months to five years are given vitamin A correctly. • Register all children to whom you administer vitamin A and make sure that you do not give a child two doses. |
|---|---|

22 Vitamin A supplementation

23 Chemoprophylaxis

Overview

- Some diseases are very serious and can kill children or adults. These diseases include plague, meningococcal meningitis, malaria and tuberculosis.
- People who have been in close contact with a person who has these diseases can be infected very easily. However, before they show any symptoms or signs of a disease, people can take medication that will prevent them from falling sick. This is called chemoprophylaxis: it means taking medication as a preventive measure to stop a healthy close contact from falling sick.

What you need to know

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| <ul style="list-style-type: none"> • Medications are given to close contacts of a patients with plague, meningococcal meningitis and tuberculosis. • Close contacts include household members, partners, and children in the same class or dormitory. • Medications against malaria should be given to children in areas with moderate or severe malaria transmission. (Treatment is given three times during the first year of life at approximately 10 weeks, 14 weeks, and 9 months of age, corresponding to the routine vaccination schedule.) | <ul style="list-style-type: none"> • Medications against malaria should also be given to pregnant women in areas with moderate or severe malaria transmission. (Care visits should start as soon as possible after the first three months of pregnancy. Each dose should be given at least one month apart. Three or more doses are recommended in the course of each pregnancy.) |
|---|--|

Community messages

- Some serious diseases can be prevented if the close contacts of sick people take medication (such as antibiotics).
- The close contacts of patients with plague, meningococcal meningitis and tuberculosis are likely to become sick and may die of these diseases if they do not take chemoprophylaxis (preventive medicine).
- Infants and pregnant women in areas with moderate or severe malaria transmission should receive chemoprophylaxis.

What you can do

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| <ul style="list-style-type: none"> • Find out from your health authorities which facilities offer chemoprophylaxis. • Identify close contacts of patients and refer them to these health facilities for chemoprophylaxis. • Identify the infants and pregnant women (if you live in a community with moderate or severe malaria transmission). Refer them to health facilities for chemoprophylaxis. • Get to know all the families with babies under one year of age. Visit them once a month. | <ul style="list-style-type: none"> • Explain to pregnant women that they must visit the health worker for a check-up. If they live in an area where malaria is endemic, or which is prone to malaria epidemics, pregnant women should also receive antimalarial medications. • Listen to the community. Make an effort to understand their fears. Take note of any rumours or misinformation about taking medicines to prevent diseases in healthy people. Communicate clearly to members of the community that it is important to take preventive medication during disease outbreaks. |
|---|---|

23 Chemoprophylaxis

24 Routine vaccinations

Overview

- Diphtheria, tetanus, pertussis (whooping cough), polio, measles, rubella, mumps, chicken pox, meningitis, hepatitis B, yellow fever and tuberculosis are common but serious illnesses; they can kill or cripple children or adults for life.
- Vaccines protect infants, children and adults from getting and spreading these diseases and from severe forms of them.

What you need to know

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| <ul style="list-style-type: none"> • Vaccines against the above diseases are given to infants after birth and in the first year of life. Additional doses may be given later in accordance with national immunization schedules. • Vaccines protect infants and children from acquiring and spreading certain diseases and from severe forms of these diseases. | <ul style="list-style-type: none"> • Every infant needs to be vaccinated against these diseases as part of the routine infant vaccination schedule. Speak with your local health authority about ages of vaccination and familiarize yourself with the national immunization schedule. The vaccination status of older children should be checked and, if they have not been vaccinated, they should be considered for vaccination. • The routine vaccination schedule may vary from country to country. |
|---|--|

Use community message: **14**

Community messages

- A child who has not been vaccinated is more likely to die of diseases or to get a severe form of disease.
- Vaccines are safe and efficient; every child should be vaccinated.
- Vaccinations should sometimes be deferred for persons with a moderate or severe acute illness, but the infant, child or adult should be vaccinated as soon as the illness has improved.
- Pregnant women need at least two tetanus vaccinations before giving birth.

What you can do

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| <ul style="list-style-type: none"> • Find out from your health authorities what the specific vaccination schedule is in your area. • Find out when vaccinations are given in your area (at health facilities and outreach sessions). • Find out where to go to obtain vaccinations. • If mothers do not bring their children to the vaccination clinics, find out why. • Get to know all the families with babies under one year of age and visit them once a month. | <ul style="list-style-type: none"> • Explain to pregnant women that they must visit the health worker for check-ups and should receive two doses of tetanus vaccine before their children are born. • If some members of the community are afraid of vaccinations, assist community workers to calm and remove their fears. Correct rumours and misinformation about vaccinations. |
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24 Routine vaccinations



25 Mass vaccination campaigns

Overview

- A mass vaccination campaign occurs when the authorities give vaccinations to as many (appropriate) people as possible in a short period.
- Mass vaccinations take place in addition to routine vaccinations (see *Action tool 24*). They may be organized because routine vaccinations cannot be given or in order to help control an epidemic.
- Mass vaccinations are even more important in some kinds of epidemic because they help to protect vulnerable children.

Volunteers

Normally, volunteers do not administer vaccines directly to children, but you can help in many other ways.

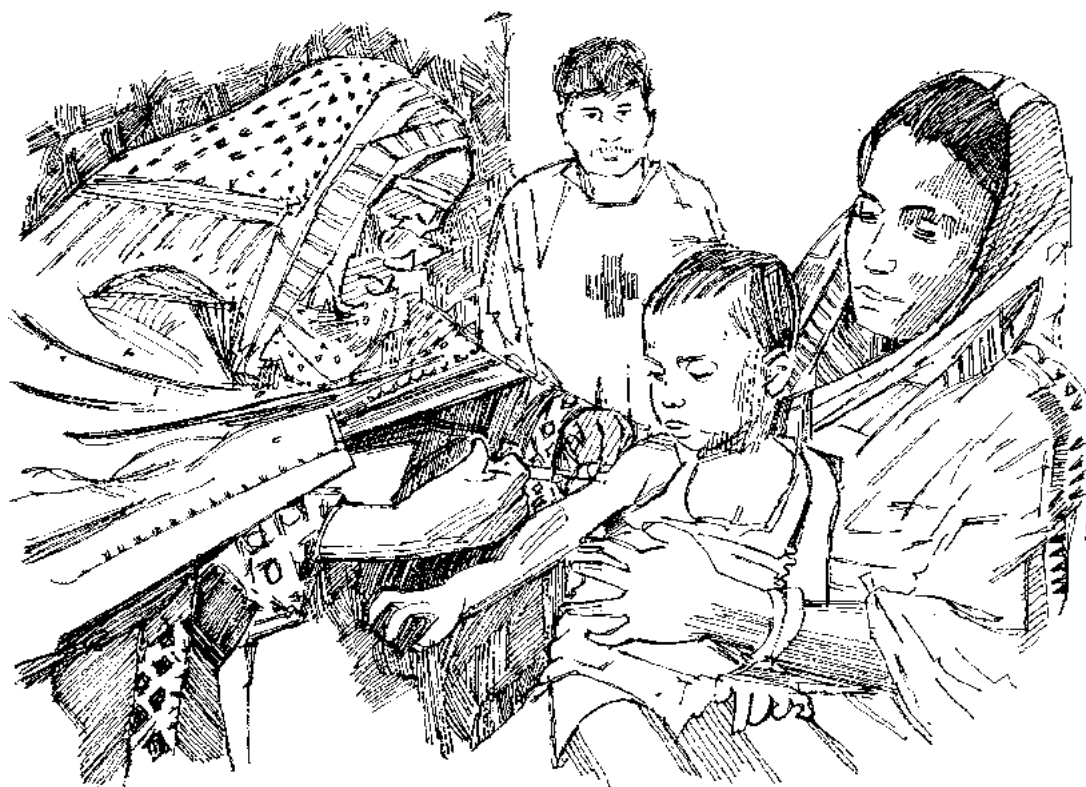
- The most important task is SOCIAL MOBILIZATION (see *Action tool 43*).
- Coordinate with the health authorities.
- Use the National Society's network to publicize mass vaccination campaigns. Help logistically to organize them.

How to help with vaccinations

- Make sure you have all the relevant information and know where and when the vaccination campaign is taking place and who is supposed to be vaccinated.
- Find out the reasons for vaccination and the basic facts about the disease that vaccination will prevent.
- Familiarize yourself with the habits and beliefs of members of your community and how they normally deal with vaccinations.
- Meet community leaders and tell them about the campaign; get them to help reach the community.
- Talk to members of the community and explain how important vaccination is to protect their children.
- If some members of the community are afraid of vaccinations, assist community workers to calm and remove their fears. Correct rumours and misinformation about vaccinations.
- Help health workers to ensure that all individuals at risk gets vaccinated, including in hard to reach areas.
- Use simple and straightforward messages.
- Use information, education and communication materials, such as the Community message tools in this toolkit, because pictures always help people to understand messages better.

Use community message: **15** **16** **23**

25 Mass vaccination campaigns



26 Coughing etiquette

Overview

- It is not pleasant or healthy to cough in people's faces.
- Coughs can transmit diseases that are carried in droplets or in air.
- Learning how to cough properly (called "coughing etiquette") is important because it is more pleasant behaviour for those around you and prevents the spread of disease.

Why learn coughing etiquette?

- Some diseases can be transmitted from one person to another in droplets of saliva or mucous or in the air.
- This means that, when we cough, we can spread diseases that we have to other people and make them sick.
- To avoid giving diseases to other people, cough in the recommended manner, which does not spread germs.

DOs and DON'Ts

- Many people cough into their hands to stop germs spreading. This is **not** good practice because, afterwards, you can still transmit germs by touching things or shaking the hands of other people. **Don't cough into your hand.**
- The correct way to cough without transmitting germs is to use a handkerchief or your sleeve. When you cough into either of these, you are less likely to spread germs. **Cough into a handkerchief or on your sleeve.**

Use community message: 14

What you can do

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| <ul style="list-style-type: none"> • Explain coughing etiquette to people in your community. • Explain that coughing etiquette matters because it helps to prevent the transmission of diseases that are spread through droplets carried in the air. • Show people how to cough properly and ask them to teach the same behaviour to others. | <ul style="list-style-type: none"> • Ask your local schools if they would like you to come and speak to children about coughing etiquette. • When talking about coughing etiquette, also teach people about proper hygiene and social distancing (see <i>Action tools 28 and 34</i>). • Make posters that show the DOs and DON'Ts of coughing etiquette and put them up around your community. (See <i>Action tool 43</i> for more information on social mobilization techniques). |
|---|---|

26 Coughing etiquette



Correct



Incorrect



27 Shelter and ventilation

Overview

- Some diseases, including respiratory infections such as measles, meningitis and influenza, are spread by droplets in the air (coughing and sneezing). In houses that are stuffy and poorly ventilated (with little flow of air) a sick person can infect every other person living in the same house.
- Other diseases are spread via contaminated water or bad sanitation, absence of shelter or crowded living conditions. When many people live together in a small, cramped place, it can help an epidemic to spread further and quicker. Lack of clean water containers and toilets can also make it easier for a disease to spread.

What you need to know

- | | |
|---|--|
| <ul style="list-style-type: none"> • If germs are spread by droplets in the air, as happens with respiratory infections, germs can become more concentrated in poorly ventilated rooms or homes in which a sick person is coughing or sneezing. The sick person is therefore more likely to infect others living in the same space. • To reduce the risk of spreading disease to others, it is a good idea to ventilate houses. Open windows or doors to allow fresh air to come in and stuffy, old air to go out. • When many people live together in the same space, they can also catch infections more easily from one another. If possible, people should have enough space to move and breathe freely. | <ul style="list-style-type: none"> • Always ventilate shared or communal shelters and emergency accommodation. • Proper shelters that protect people from rain, wind, the cold and the sun also help sick people to recover from diseases. • Diseases that spread via contaminated water or bad sanitation (diarrhoeal diseases, cholera, typhoid, hepatitis E, for example) will spread more easily if clean water is lacking or sound, clean toilets are not set close to where people shelter. |
|---|--|

Use community message: 22

What you can do

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| <ul style="list-style-type: none"> • When an outbreak of air-borne diseases occurs, it is important to tell your community about the importance of good ventilation and encourage them to open windows and doors regularly. • Advise people to keep their windows open if the weather permits, especially if they are caring for a sick person. • Cooking with charcoal or firewood in an enclosed space (a room or shelter without windows) can harm people who are sick with air-borne diseases. It is important to have enough air flow to take the smoke and fumes away. • Talk to the community about the importance of a clean water supply, sanitation, handwashing and good food hygiene. (See <i>Action tools 30, 31, 32, 33, 34 and 35</i>). | <ul style="list-style-type: none"> • When people move following conflict or disaster, the shelters they move into are usually less good than those they are used to. Help people to have the best possible shelter, one that is well ventilated and has a good water supply, with latrines and waste disposal facilities close by. Encourage people to wash their hands after going to the toilet, after cleaning a child, and before preparing or eating food. Encourage people to wash water storage containers regularly with soap and water, and to keep the area around the shelter free from rubbish and animal waste. |
|--|---|

27 Shelter and ventilation



28 Social distancing

Overview

- Social distancing is an effective way to prevent contagious diseases from spreading.
- For example, it is likely that little can be done to treat patients in the first phase of an influenza pandemic, because there will not be sufficient medicines and a vaccine will not be available. The most important thing to do will be to prevent the influenza from spreading.
- Other diseases for which social distancing is important include Ebola, Marburg fever, Lassa fever, measles, respiratory infections, plague, MERS and monkeypox.

What you need to know

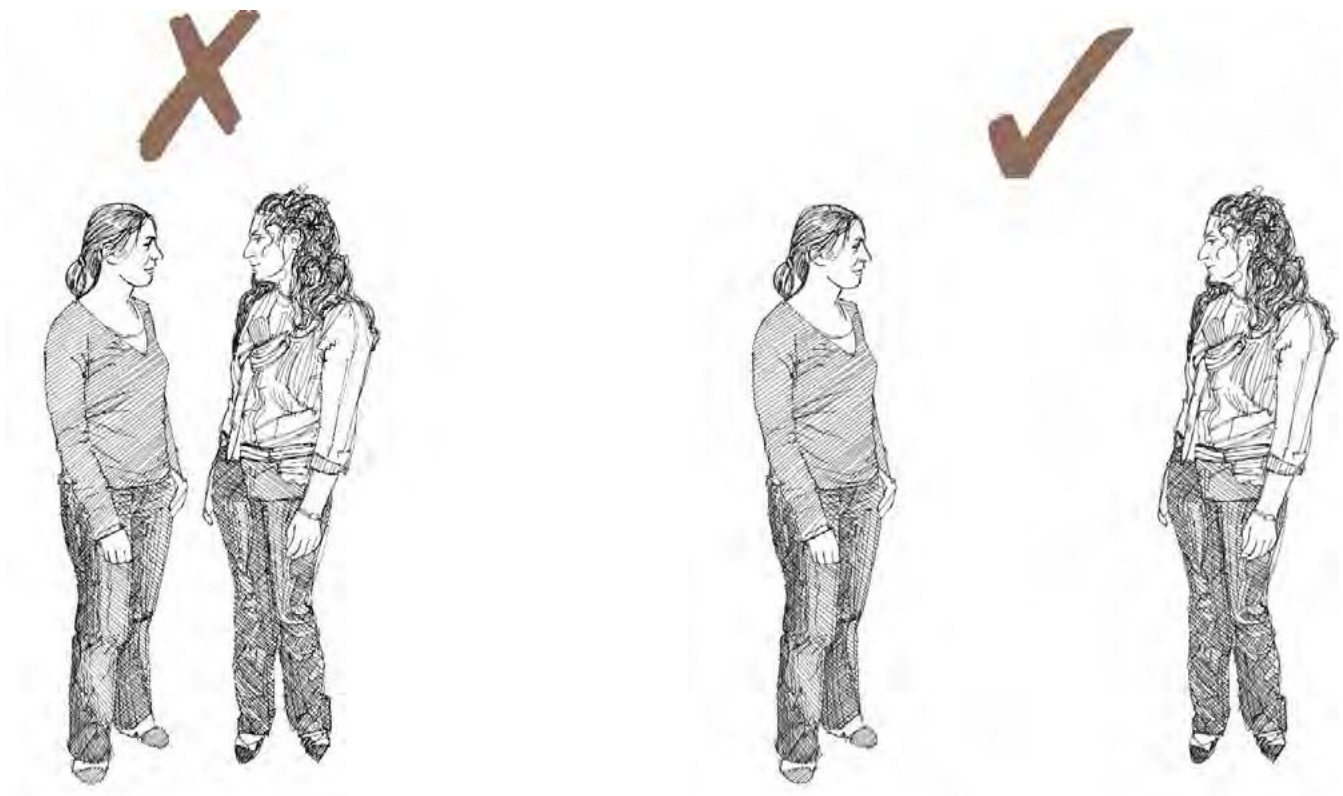
- | | |
|--|---|
| <ul style="list-style-type: none"> • Social distancing is the practice of keeping people at a safe distance from each other during outbreaks of highly contagious diseases. • Social distancing is one of the best ways to prevent very contagious disease from spreading. • To prevent transmission when germs are being spread by droplets from coughing or sneezing, the sick person can follow coughing etiquette (see <i>Action tool 26</i>) and healthy people can keep at a safe distance from sick people and from one another. | <ul style="list-style-type: none"> • Someone who is closer than one metre to a person who is sick (with influenza, for example) may become sick from inhaling droplets they expel when they sneeze or cough. • Social distancing is also about minimizing physical contact with other people. When people touch less, they are less likely to pass germs to each other. Avoid shaking hands, hugging or kissing on the cheek. |
|--|---|

Use community message: **21**

28 Social distancing

Tips to protect yourself from diseases spread by coughing or sneezing

- In an epidemic or pandemic of a disease that can be transmitted through the air, always protect yourself by using the proper equipment. Wear a mask and gloves (see *Action tools 5 and 6*).
- Keep a distance of at least one metre from people who may be sick with Ebola, Marburg fever, Lassa fever, plague, MERS, monkeypox, measles and respiratory diseases.
- Do not shake hands or touch people who may be sick with influenza. They may have coughed or sneezed into their hands and can then pass the germs on to you.
- In an outbreak of a highly contagious disease (for example, Ebola), one way to prevent the spread of the disease is to discourage shaking hands or greeting people with hugs or kisses. It is important to explain this to the community, so that everyone understands and accepts that greetings and social behaviour must change during an epidemic.
- Use social mobilization and behaviour change communication to tell the community about the importance of social distancing. Help them to act in ways that stop them getting sick (see *Action tools 3, 29 and 43*).



29 Hygiene promotion

Overview

- You promote hygiene when you talk to people in your community about hygiene and sanitation, and about diseases that can be controlled by following recommended hygiene and sanitation practices. These diseases include, for example, cholera, diarrhoea, typhoid, and hepatitis E.
- Hygiene promotion covers four main areas: personal hygiene, domestic (or environmental) hygiene, water hygiene and food hygiene.

What you can do to promote hygiene

Water hygiene

- If possible, always use a protected water source (such as a deep hand-pump well with a concrete apron).
- Treat water from all other sources. Use chemicals, a ceramic or other filter, or boil water that is for drinking and cooking.
- Cover water containers so that dust, insects and rodents cannot get in.
- Use a cup or big spoon (not hands) to serve water from the container.
- Wash water storage containers regularly.
- For information on how to keep water clean and safe, see *Action tool 30*.

Food hygiene

- Food can spread germs and diseases if it is not well cooked or if it is dirty.
- Food can be contaminated by dirty hands, flies, dirty utensils or contaminated water.
- Cook animal products thoroughly, including meat and eggs, to kill germs.
- Wash vegetables and fruits thoroughly with clean water.
- Wash utensils (plates, forks, knives, etc.) with clean water and soap. Use a rack for drying dishes.
- See *Action tool 31*.

Personal hygiene

- Wash your hands with soap after using the toilet and handling children's stools (faeces), and before preparing food, eating or breastfeeding.
- Wash your face every day with water and soap.
- Clean your teeth every day.
- Keep your clothes clean.
- Keep your fingernails short.
- Women and girls, use clean, dry materials of your choice (disposable or reusable) when you menstruate. Change the materials and bathe as often as needed. Do not share pads with anyone else.

Domestic (environmental) hygiene

- Use a latrine and keep it clean. Plan in advance what you will do when the pit is full.
- Dispose of baby and child stools (faeces) safely in the latrine.
- Keep your house, backyard and community free of animal waste and rubbish.
- Keep your community and backyard free of standing water. (Mosquitoes breed in standing water.)
- If no rubbish removal service exists, bury or burn rubbish. Recycle as much as possible.

Use community message:

4 5 6 8 9 11 12 13 20

29 Hygiene promotion

What you can do

- Have a conversation with members of your community about hygiene. Include women, community leaders, caregivers and decision-makers. Make sure they understand that good hygiene is important and can stop the spread of disease.
- Familiarize yourself with the ways in which people collect water, store food and water, dispose of rubbish, wash themselves and use latrines.
- Seek out households where people are sick. Help these households to identify risky hygiene practices and change their behaviour.
- Show people in your community how to build simple handwashing facilities, such as a “tippy-tap”.
- Be a good role model for others in your community. Use a clean latrine, dispose of your rubbish, wash your hands often.
- Find out if you can work with local health centres and schools to improve their hygiene and sanitation. You might hold a hygiene session for students or teachers, or help the clinic to build a handwashing station and outside latrine for patients.

**Wash hands
properly with soap.**



30 Clean, safe household water

Overview

- Many diseases can be spread through water. Clean, safe water is essential to stop the spread of many epidemics such as diarrhoea and cholera.
- The germs that make people sick are so small that you need a microscope to see them. Water can look clean when in fact it is not safe to drink until it has been treated.
- As volunteers, you can help to make sure that your community has clean safe water to drink and also to cook and clean.

How can you obtain clean water?

- The best source of safe clean water is a groundwater source, such as a protected well or borehole. "Protected" means it has a concrete apron or edge around the well or borehole (with no cracks) and is fenced to prevent animals from reaching it.
- If you normally use a piped water supply in your community, flooding or other natural disasters (such as cyclones) can affect the quality of the water. After flooding, tap water may no longer be safe or clean. In this situation, boil or filter the water or treat it with chemicals.

If safe groundwater is not available, or if you are in doubt about water quality, you can make water clean and safe in other ways

1. Boil water. At least one minute of rolling boil will kill germs.
2. Water purification tablets. These are small tablets that you put in water to kill germs. Each type of tablet has specific instructions for use, so read these carefully before using the tablets. You can give tablets to families in the community to clean their water. Make sure to underline the importance of clean water when you explain how to use the tablets. Monitor the use of the tablets distributed.
3. Filtration. Water can be filtered using ceramic, bio-sand or other types of filter. Make sure you follow the instructions for making and cleaning the filter. Clean the filter regularly.

Each way of making water safe has advantages and disadvantages, and requires equipment and resources (purification tablets, water containers or buckets, firewood, time, etc.). The community needs to be able both to obtain these resources and use them. Ask the **wash** focal point for more information.

Safe water storage and handling

Dirty hands and dirty utensils can also contaminate water, as can flies, other insects and rodents. All efforts to make water clean and safe are pointless if water is not stored or handled properly and hygienically. Follow and share the advice below to make sure water is kept clean and safe.

- Encourage people to **always** wash their hands before they handle drinking water.
- Store water in clean containers. Clean these regularly.
- If a container has a narrow neck, encourage people to clean it regularly with a soap solution, chemical disinfectant (if available) or pebbles. Narrow-necked containers prevent contamination but are harder to clean.
- If a container has a wide neck, encourage people to keep it covered and design a system for removing water without touching it with your hands. Wide-necked containers are easily contaminated but easier to clean.

Use community message: **4** **5**

30 Clean, safe household water

What you can do

- Make sure that families have clean containers to put water in. Make sure the containers are covered to prevent germs and dirt from getting into the water and making it unsafe.
- Promote clean water use. Encourage members of the community to adopt recommended hygiene practices.
- Encourage people to use household water treatments (such as purification tablets) correctly. If they do not treat their water, find out why.
- Familiarize yourself with the community's cultural, social and traditional practices and beliefs about water and washing.
- Listen out for rumours and incorrect information. Correct these and report them to your volunteer supervisor.

Always remember to

- Use clean containers to transport and store water.
- Cover water containers with a lid.
- Fetch and handle water with clean utensils.
- Boil, filter or treat water with chlorine if you believe that it may not be safe.
- Keep your water sources clean and protect them from animals.



31

Good food hygiene

Overview

- Food can carry or breed germs that spread disease and make people sick.
- Germs in food that is not clean or is not covered can help spread diarrhoeal diseases (including cholera) and other diseases such as hepatitis, typhoid and anthrax.

What you need to know

- | | |
|---|---|
| <ul style="list-style-type: none">• Food that is not clean, covered and thoroughly cooked can contain germs that cause people to fall sick. | <ul style="list-style-type: none">• People in the community may not know or understand how food can be contaminated or how a disease can spread through food. It is important to explain the importance of good food hygiene so that people can protect themselves and their families from becoming sick. |
|---|---|

Food hygiene

- Wash hands with soap or ash before preparing food.
- Cook all animal products thoroughly, including meat and eggs, to kill germs. Make sure that animal products are hot all the way through.
- Cover food and water to protect them from dirt, flies, other insects and animals.
- Wash utensils (plates, cutlery, etc.) with clean water and soap. Use a rack to dry dishes.
- Wash vegetables and fruits thoroughly with clean water.
- If you use firewood or charcoal to cook food, make sure that the room in which you cook is well ventilated.

Use community message:

4

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12

31

Good food hygiene

Community messages

- Wash hands with water and soap before you prepare food and before and after you eat.
- Cooked food should always be stored properly and covered to keep out dirt, flies, other insects and animals.
- All animal products, including meat and eggs, should be cooked thoroughly before eating, to kill all germs.
- Vegetables should either be cooked thoroughly or washed well with water.
- Raw fruits and vegetables should be washed with clean water.



32 Sanitation

Overview

- Good sanitation is vital to stop the spread of many epidemics, such as diarrhoea and cholera.
- As volunteers, you can encourage members of the community to improve their sanitation by using latrines, disposing of rubbish and removing standing water.

What you need to know

These are the most important sanitation initiatives for preventing disease

- Dispose of excreta (faeces) safely (by constructing latrines).
- Dispose of solid waste and rubbish safely.
- Bury corpses and destroy animal carcasses safely.
- Control disease vectors and protect people from them.
- Incinerate medical waste.
- Drain or remove waste water and standing water. (Camps should be designed with this in mind.)
- Promote hygiene and teach people how to keep themselves safe and clean.

Use community message: **6 7 8 11 23 27**

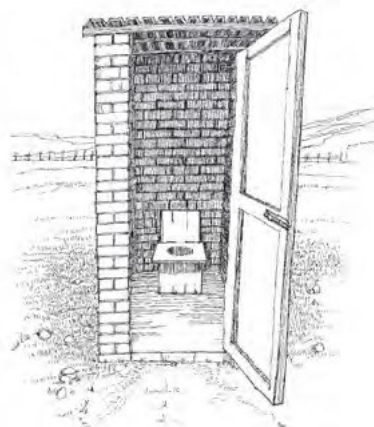


Talk to your community about proper sanitation practices.

32 Sanitation

What you can do

- Promote the construction and use of latrines.
- Encourage the community to burn or bury rubbish.
- Mobilize the community to reduce standing water where mosquitoes are likely to breed.



Dispose of waste safely.

33 Building and maintaining latrines

Overview

- Many diseases (including diarrhoea, cholera, typhoid, and hepatitis E and A) spread to others when faeces contaminate water, hands, food or flies and enter another person's mouth. This form of transmission is called "faecal-oral".
- Using a latrine and disposing of faeces properly can save many lives during an epidemic.

Why build latrines?

- When everyone uses latrines, the environment is clean. It is more difficult for germs in faeces to spread to another person and make them sick.
- Latrines help to keep water sources free from germs. Flies cannot easily land on faeces and transfer germs to food.
- Using latrines can prevent gastrointestinal diseases.
- It is important to put the faeces of children and babies in the latrine too. Their faeces contain just as many germs!
- In an epidemic, building latrines and encouraging the community to use them is an important part of preventing the spread of disease.

Many types of latrines, such as pit latrines, can be built easily with local materials. The type of latrine you build will depend on:

- The preferences of the community.
- The soil type and how close the water in the ground is to the surface (the water table).
- How much space the community has.
- The location of water sources.
- The number of people who will use the latrine(s).

Ask the WASH focal point or your volunteer supervisor for information on how to build latrines.

Building latrines in places where doing so is difficult

- Urban areas may have little space to build latrines. It is hard to dig latrines where the ground is hard and rocky; where the soil is thin; where the soil is unstable; or where the water level is very high (just below the surface), for example after floods.
- In these situations, you still have options. Involve members of the community in finding a solution that will work for them.
- You might consider the following options: to build raised latrines (that use large tanks or other containers to hold the faeces); to use plastic bags; to build small (family sized) container latrines; to build raised composting latrines; to employ other forms of emergency toilet.

Use community message:

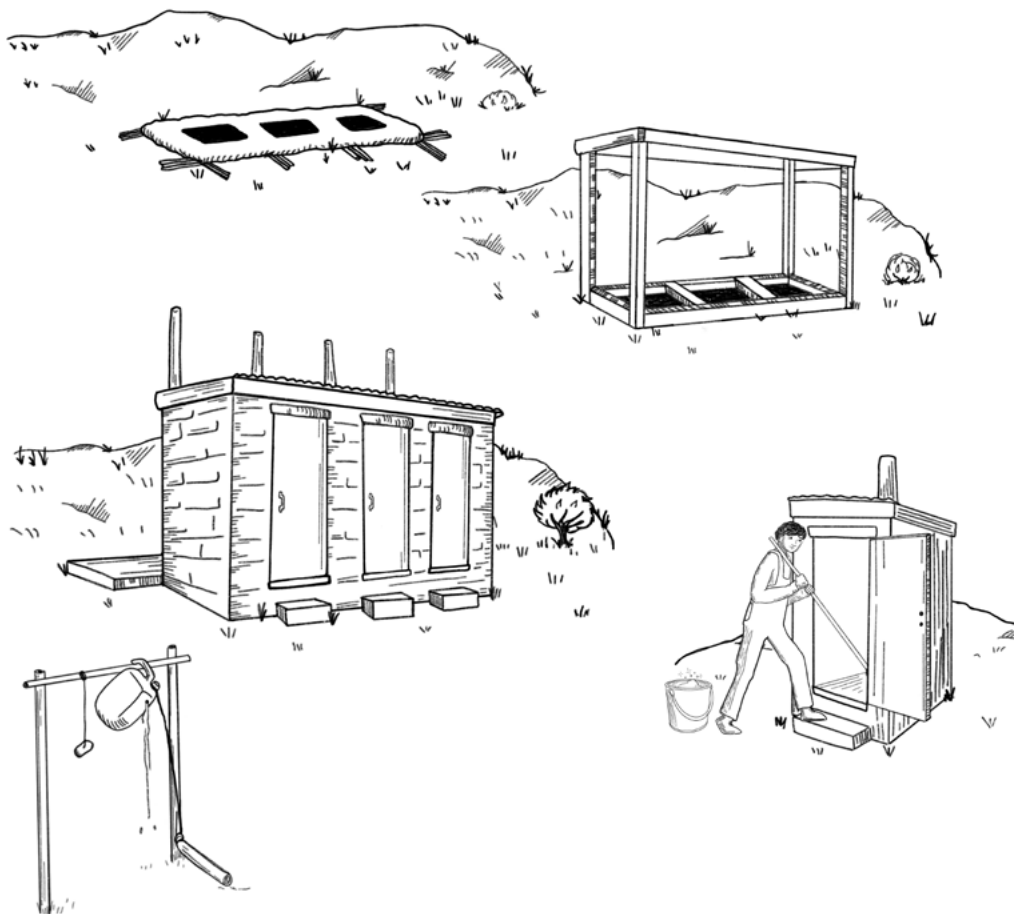
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33 Building and maintaining latrines

Important things to remember about latrines

- It is very important to wash hands after going to the toilet to prevent the spread of disease. All latrines should have a place to wash hands close by, that works, and has water and soap available.
- Provide locally appropriate anal cleansing material (to wipe or wash after going to the toilet).
- If using a trench latrine, you may need to provide soil to cover the faeces.
- Make sure women and girls feel safe to use latrines during the day and at night. Males and females should use separate latrines. Latrines should be well-lit and users should be able to lock them from the inside.
- Building latrines is the easy part. Many social and cultural issues may cause people not to use them. Find out what will motivate people to use the latrines and encourage them accordingly.
- Latrine pits and tanks fill up and need to be emptied. How quickly this happens depends on how many people use them, how big the pit or tank is, the soil type, and whether people throw rubbish or menstrual pads into the pit.



34 Handwashing with soap

Overview

- Washing your hands is one of the most important ways to prevent the spread of many epidemics, especially diarrhoeal diseases.
- Handwashing is easy and everyone (including children) can do it.
- To be able to wash their hands, people need running water, liquid soap or ash, and paper towels.

When to wash hands

Wash your hands BEFORE:

- Preparing or eating food.
- Treating a wound (yours or someone else's).
- Caring for someone who is ill.
- Breastfeeding.

Wash your hands AFTER:

- Using the toilet.
- Washing or changing a baby or infant.
- Coughing or sneezing.
- Caring for someone who is ill.
- Coming into contact with a sick person in an epidemic (see *Action tool 35*).
- Handling raw meat.
- Contact with animals (including pets).
- Handling rubbish or anything that might be contaminated.

How to wash hands

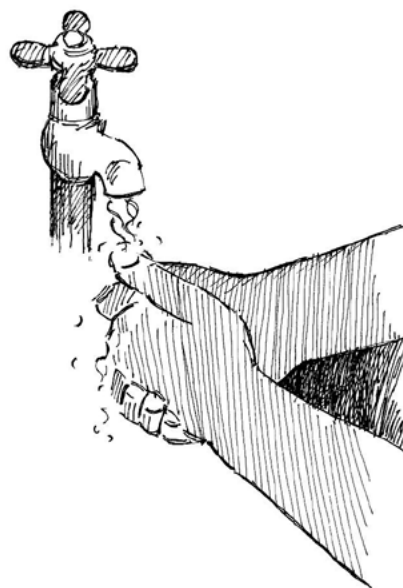
- Wet your hands and rub them with soap or ash.
- Rub all parts of your hands together for 10 to 15 seconds.
- Use lots of force (push your hands together hard) and remember to wash all surfaces, including the backs of the hands and between the fingers.
- Rinse hands well so they are free of soap or ash.
- Dry hands with a paper towel. If there is no towel, wave them in the air until they are dry.

Use community message:

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34 Handwashing with soap



35 Handwashing in a highly infectious epidemic

Overview

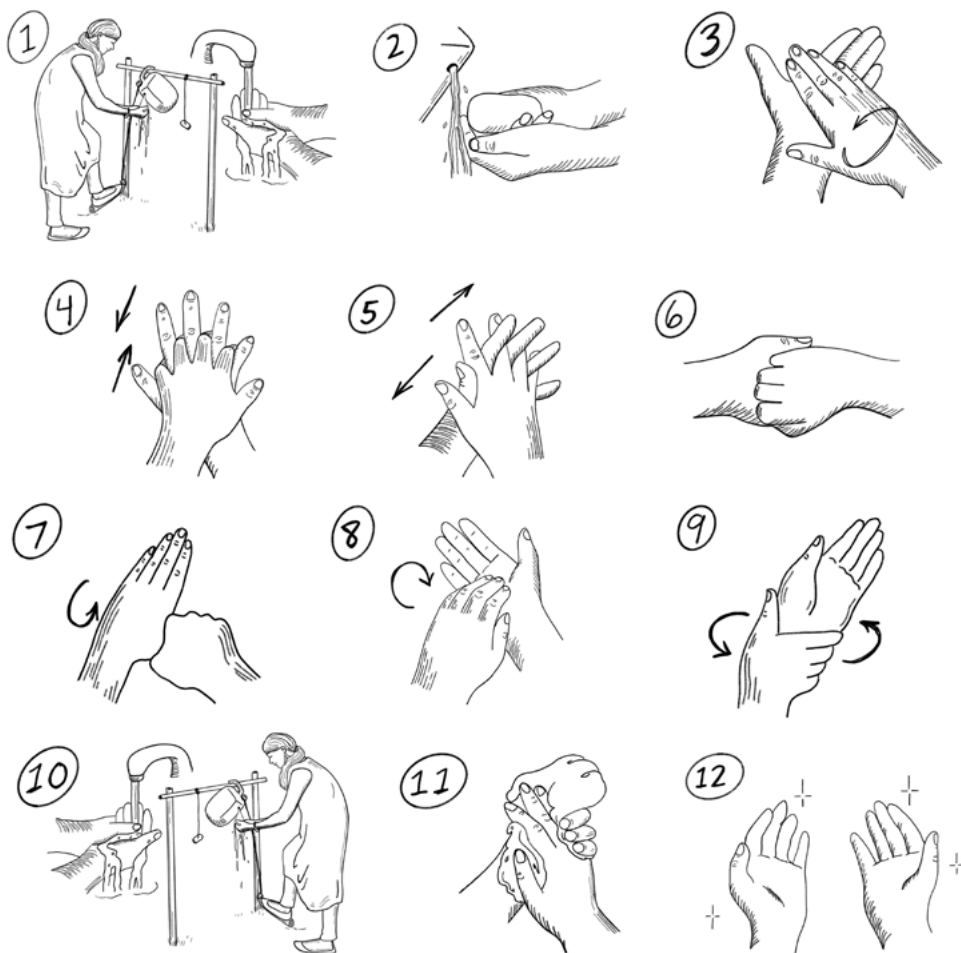
- If you are not extremely careful, you are likely to fall sick in certain epidemics when you try to help people. (See *Action tools 5 and 6* on volunteer protection and using PPE.)
- Handwashing is a vital source of protection when you deal with Ebola, Marburg fever, Lassa fever, plague, MERS and monkeypox.

Why is handwashing important and why is handwashing different in epidemics?

- Highly infectious germs are spread very easily through body fluids and certain diseases can even be transmitted via the bodies of people who are dead.
- Very vigorous and comprehensive handwashing is needed in such cases.
- When working in such epidemics, it is critical to use all available forms of protection. (See *Action tools 5 and 6* on volunteer protection and using personal protection equipment.)
- When you wash your hands during an epidemic, to eliminate all the germs on your hands you need to:
 - Use soap or an alcohol-based disinfectant.
 - Wash your hands as usual.
 - Then wash thoroughly between your fingers.
 - Scrub the tips of the fingers of the two hands together.
 - Wash each of your thumbs with the other hand.
 - Scrub the tips of the fingers of each hand on the palm of the other hand.
 - (See instructions on the other side of this card.)
- During an epidemic (of a highly infectious disease, or another disease such as diarrhoea or cholera, or a respiratory infection), it is a good idea to use this handwashing method every time you have touched something that can pass on an infection.

Use community message: **10**

35 Handwashing in a highly infectious epidemic



36 Vector control

Overview

- Many diseases are spread by vectors.
- Vectors are insects or animals that spread an infectious disease through a bite, or contact with their urine, faeces, blood, etc.
- Vectors include mosquitoes, flies, ticks, rodents, cockroaches and fleas.
- Diseases spread by vectors include malaria, dengue fever, Zika, chikungunya, yellow fever, Rift Valley fever and plague.

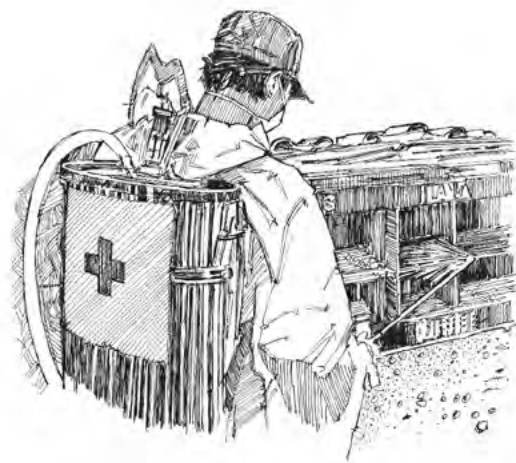
How you can help

- It is very important to remember that spraying chemicals to get rid of vectors can be dangerous, especially if you do not have the proper equipment or materials and do not know how to spray safely.
- **Always** ask professionals to spray against vectors. (Only help if you are trained or guided by a well-trained person.)
- Volunteers can nevertheless help in many other ways, including by promoting recommended hygiene and sanitation practices.
- Talk to people in your community about storing food and water properly, keeping shelters and houses clean, cleaning the environment, using bed nets at night, and wearing clothing (for example, with long sleeves) that protects against vectors such as mosquitoes.
- See the table on the other side of this card for more information on how volunteers can help.

Use community message: 4 6 7 11 12 17 20 27



Keep the community clean



Always ask professionals to spray against vectors.

36

Vector control

Main mosquito-borne diseases and control methods

Disease	Vector	Vector biting time	Vector/reservoir breeding site	Primary community prevention method	Secondary community prevention method
Malaria	Anopheles mosquito	Most species bite at night (with notable exceptions)	Unpolluted water	Long-lasting insecticide-treated nets; indoor residual spraying; intermittent preventive treatment	Insecticide-treated materials; space spraying; larviciding
Dengue	Aedes mosquito	Morning, afternoon	Containers, small pools, unpolluted water	Environmental management; vaccination	Larviciding
Chikungunya	Aedes Mosquito	Morning, afternoon	Containers, small pools	Environmental management	Larviciding
Yellow fever	Aedes Mosquito	Morning, afternoon	Containers, small pools	Vaccination	Environmental management, larviciding
Zika	Aedes Mosquito	Morning, afternoon	Containers, small pools, unpolluted water	Environmental management	Larviciding

Other vectors

- Plague bacteria are most often transmitted by the bite of an infected rodent or flea. To prevent contamination, people should: store food and water (including animal food) in rodent-proof covered containers; screen or close holes in walls and roofs; remove rubbish and environmental debris from around dwellings; sleep on a raised platform (not on the floor); and use repellents. See *Action tool 38* and *Community message tool 27*.



Vectors: mosquito, flea, fly and rat

37 Mosquito nets

Overview

- Mosquito nets help significantly to prevent diseases, such as malaria, that are spread by mosquitoes.

What you need to know

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|--|---|
| <ul style="list-style-type: none"> • Mosquito nets are one of the most important ways to protect against malaria and other diseases spread by mosquitoes. • The most effective nets (ITNs) are treated with long-lasting insecticide (which kills mosquitoes). | <ul style="list-style-type: none"> • These nets are effective for three to five years. • To be effective, nets must be used properly. |
|--|---|

How to use long-lasting insecticide-treated mosquito nets (LLINs) properly

1. Hang the net above the sleeping space.
2. Make sure the net is tucked under the mattress or mat to prevent mosquitoes from getting inside.
3. Keep the net closed while sleeping and during the day while you are away from the sleeping place.
4. Washing the net can remove insecticide. When you wash the net, follow the washing instructions provided with the net. Do not wash the net too often.
5. Repair any rips or tears in the net.
6. Replace the nets at regular intervals, as advised (every three to five years).

Use community message: 17

What you can do

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|---|---|
| <ul style="list-style-type: none"> • Encourage every member of the community to sleep under a mosquito net every night. It is particularly important for children and pregnant women to do so. • Promote the use of long-lasting insecticide-treated mosquito nets (LLINs). • Make sure that as many people as possible have bed nets in your community. • Find out where to obtain LLINs and help your local National Society branch to distribute them. | <ul style="list-style-type: none"> • Show people how to hang their nets properly. Visit households to help hang nets and encourage their use. • Follow up to ensure that households use their bednets. • If people are not using their bed nets, find out why. • Follow the directions on the other side of this sheet to make sure that bednets are used properly. |
|---|---|

37

Mosquito nets



38 Waste disposal and clean-up campaigns

Overview

- Rubbish can attract rodents and create a breeding area for flies and mosquitoes.
- Animal faeces near houses and in the village increase the number of flies and insects that carry germs, cause diseases and contaminate water sources.

What you need to know

- | | |
|--|--|
| <ul style="list-style-type: none"> • Animal faeces around houses and in the village attract and multiply the flies and insects that carry germs, cause diseases and contaminate water sources. • Mosquitoes (which carry malaria, dengue fever, chikungunya, Zika and yellow fever) breed in standing water. | <ul style="list-style-type: none"> • Rubbish should be burned or buried. • Vegetation should be cleared from river banks and ponds near the village. • The area around water sources (pumps, wells) should be kept clean. |
|--|--|

Use community message: 17 20



Tell community members how important it is to keep their community clean. Organize regular clean-up campaigns. Include houses and latrines, etc.

38 Waste disposal and clean-up campaigns

What you can do

- Work with traditional and political leaders, the village health committee and other community partners to decide what needs to be cleaned up and how to go about it.
- Help to organize activities on agreed “clean-up” days.
- Ask community leaders to organize volunteer groups for each clean-up initiative.
- Organize special clean-up days in which all members of the community participate (twice a year or more often if possible).
- Organize a community initiative to plan and create a central garbage disposal area.

Motivate and support the community to work together to:

- Keep the community free of animal faeces.
- Keep the community free of puddles and other mosquito breeding sites.
- Keep the community free of rubbish and garbage (by burning or burying it).
- Clean the areas around water sources (such as pumps and wells).
- Create and maintain water soak pits around water sources.



***Make sure to dispose of waste properly.
This will help to protect the community from germs.***

39 Preparing and using disinfectants

Overview

- Disinfectant is a solution that can be used to kill germs on surfaces, bedding, clothing and dead bodies.
- It is especially useful in epidemics to kill the germs that are causing the epidemic.
- Many different ingredients can be added to water to create disinfectants.
- Making disinfectants can be dangerous because it involves mixing chemicals with water. **Always follow the instructions and use the help of trained people to make disinfectants.**
- Look at the cholera kit (see *Action tool 6*) for more information on the preparation and use of disinfectants.

Disinfectants are especially useful in the following cases:

- In cholera and acute watery diarrhoea epidemics, they can be used to disinfect beds and surfaces that have been in contact with vomit or diarrhoea. Disinfectants should also be used to disinfect the bodies, before their burial, of people who die from cholera in the community or a clinic.
- In Ebola, Marburg fever, Lassa Fever, plague, MERS and moneypox outbreaks, because these diseases can spread as a result of almost any contact with the sick person, disinfectants are vital for cleaning surfaces and other objects that a sick person may have touched, and for cleaning dead bodies. Other items used by a sick person, such as clothing and sheets, should be burned, where possible in an incinerator. (See *Action tool 40*.)
- Disinfectants keep health facilities such as clinics and hospitals clean and reduce the spread of disease among patients. Remember to clean the latrines as well.
- Chlorine can also be used to treat water for drinking and other purposes. This can only be done by volunteers who are trained and under the supervision of a water and sanitation specialist.

39 Preparing and using disinfectants

Preparation of different strengths of chlorine solution

	2%	0.5%	0.2%	0.05%
HTH powder (70% active chlorine)	30 grams in 1 litre of water or 2 level tablespoons in 1 litre of water	7.5g in 1 litre of water or 1 level teabspoon in 2 litres of water	3g in 1 litre of water or 2 level teabspoon in 10 litres of water	0.7g in 1 litre of water or 0.5 level teabspoons in 10 litres of water
NaDCC At 8.68g active chlorine per tablet	4 tablets in 1 litre of water	1 tablet in 1 litre of water	4 tablets in 10 litres of water	1 tablet in 10 litres of water
Liquid bleach (5% active chlorine)	400 ml of bleach in 600 ml of water (total amount one litre)	100 ml of bleach in 900 ml of water (total amount one litre)	40 ml of bleach in 960 ml of water (total amount one litre)	10 ml of bleach in 990 ml of water (total amount one litre)
Examples of use	To disinfect dead bodies, stools and vomit in cholera outbreak	To disinfect dead bodies, surfaces, blood, vomit, stool, PPE, vehicles etc. in Ebola outbreak	To disinfect wards, floors, toilets, shower units, kitchen, beds etc. in cholera outbreak	To disinfect hands and skin

Use of disinfectants

- Always take care when using disinfectants because they are dangerous. Always wear gloves, a face mask and goggles, and an apron or overalls to protect your clothes.
- When specialists are available, always follow their advice on preparing, handling and using disinfectants.
- Do not touch 1:10 disinfectant with your hands or let it touch your bare skin. **Always use thick gloves for protection.**

40 Building an incinerator for medical waste

Overview

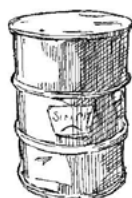
- In some epidemics, you will need to prevent germs on items (such as bed sheets and clothes that have been contaminated by the patient's body fluids) from spreading to other people.
- This is especially important when you are dealing with Ebola, Marburg fever, Lassa fever, plague and monkeypox.
- An incinerator can burn such items and prevent the disease from spreading to others.
- Do not incinerate items yourself if an alternative is available, such as incineration in health facilities.
- Be very careful when building and using incinerators, because they can be dangerous. Always have to hand something to put the fire out (for example, a bucket of water or sand).

Tips for building an incinerator

- To build an incinerator, follow the instructions on the other side of this card.
- Keep a bucket of water or sand by you in case you need to put the fire out.
- If you have never built an incinerator before, ask a professional or someone who has already built one to help or advise you.
- Wear protective clothing, in particular gloves, when handling contaminated clothing or other items belonging to a deceased person. Place items carefully in the incinerator and leave them to burn until they have turned to ash, destroying all the germs.
- Tell people in the community what you are doing so that they know to stay away and keep safe.

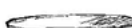
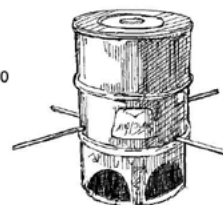
40 Building an incinerator for medical waste

STEPS FOR BUILDING AN INCINERATOR



1. Find a 220 litre (55 gallon) drum.

6. Cut 4 holes in the sides of the drum. Thread 2 metal rods through these holes so that they cross inside the drum.



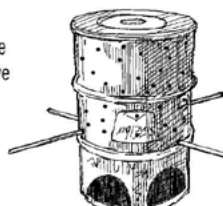
2. Cut open the drum. Remove and save the top cutaway piece.

7. Punch holes in the top cutaway piece to make a platform.



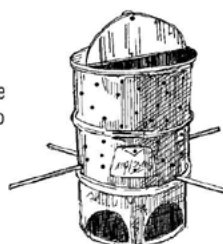
3. Hammer the edges of the drum so that they are no longer sharp.

8. Pierce a series of holes in the side of the drum, above the crossed rods to improve the draw of the fire.



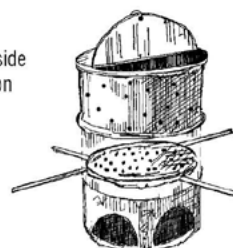
4. Cut 3 half-moon openings just above the top end of the drum.

9. Cut away half of the top. Attach the wire loops to the cutaway half to make a trap door. Attach another loop for a handle to open the trap door.



5. Turn the drum upside down. The bottom of the drum becomes the top.

10. Place the platform (7) inside the drum so that it rests on the crossed rods.



41 Handling and slaughtering animals

Overview

- Animals such as cattle, poultry (birds), rats and pigs can carry and spread germs that cause diseases.
- Animals can carry germs in their bodies when they are alive and in their meat when they are slaughtered for food. Animal by-products, such as milk or eggs, can also carry germs.
- Animals that have died (including foetuses that aborted or animals that died during birth) can also carry germs.
- To avoid spreading diseases, it is important to wear personal protective equipment and follow recommended hygiene practices when dealing with live or dead animals and their by-products.

Disease	Animals	Transmission
Rift Valley fever	Sheep, cattle. other animals. Signs and symptoms in infected animals: abortion; deaths in young.	Transmitted by mosquito bites; droplets in the air; the blood of sick animals; the bodies of infected dead animals.
Avian influenza	Wild and domestic poultry (birds). Signs and symptoms in infected animals: death or neurological signs; may have no signs of illness.	Transmitted through droplets in the air; feathers; and potentially the eggs and meat of infected birds.
Monkeypox	Mainly monkeys. Also rats, squirrels and prairie dogs. Signs and symptoms in infected animals: mainly none. Skin sores, breathing problems in prairie dogs.	Transmitted by touching infected animals or their body fluids; the bite or scratch of an infected animal; the meat of infected animals.
Plague	Mainly rats. Also rabbits, squirrels and prairie dogs. Signs and symptoms in infected animals: none in above. May cause disease in cats and occasionally dogs.	Transmitted by flea bites; droplets in the air; the bodies of dead infected animals.
Leptospirosis	Cattle, pigs, rodents (mainly rats). Signs and symptoms in infected animals: abortion; liver and kidney disease. None in rats.	Transmitted by contact (through a cut, eyes, mouth etc.); or ingestion of the urine of an infected animal.
MERS	Camels. Signs and symptoms in infected animals: none.	Transmitted by close contact with an infected animal or person.
Hantavirus pulmonary syndrome	Rodents (mainly rats). Signs and symptoms in infected animals: none.	Transmitted by droplets of rodent urine or faeces in the air; the bodies of dead infected rodents; a bite or a scratch.
Anthrax	Sheep, cattle (cows) and other animals. Signs and symptoms in infected animals: sudden death in sheep and cattle; neck swelling with breathing difficulties in pigs, dogs and cats.	Transmitted by contact with, or eating, infected animal products; spores in the air.

Use community message: **8** **9** **25**

41 Handling and slaughtering animals

How to handle and slaughter animals

Poultry (birds)

- Be careful when keeping domestic birds at home: never let the birds inside the house.
- Keep the birds in a closed pen where they have plenty of room to roam.
- Do not let children play where the birds are kept.
- Cook poultry (meat or eggs) thoroughly.
- When preparing raw meat or eggs, always use clean utensils (knives, forks) and clean surfaces. After cooking, use new utensils for eating. Never use the same utensils that you cook with.
- When slaughtering and handling poultry, be sure to protect yourself. Wear gloves and goggles if possible.
- Never touch sick or dead birds without protection.

Sheep and cows

- Keep sheep or cows in a closed pen where they have plenty of room to roam.
- Do not let children play where animals are kept.
- Cook beef and mutton thoroughly.
- Boil milk before drinking or cooking it.
- When preparing raw meat, always use clean utensils (knives, forks) and clean surfaces. After cooking, use new utensils for eating. Never use the same utensils that you cook with.
- When handling or slaughtering sheep and cows, be sure to protect yourself. Wear gloves and goggles if possible.
- Never touch sick or dead sheep or cows without protection.
- Observe cattle and sheep for signs of sickness. If you detect illness, inform the authorities.

42 Promoting safe sex

Overview

- Some diseases can be transmitted or passed from one person to another during sex, usually in semen, vaginal fluids or blood.
- “Sex” means any kind of oral, vaginal or anal sex, or sharing of sex toys.
- Having “safe sex” is about protecting yourself from diseases that can be transmitted during sexual activity.

Which diseases can be passed to another person through sex?

- Sexually transmitted infections (STIs) such as chlamydia, herpes, gonorrhoea, syphilis and HIV.
- Zika virus.
- Viral haemorrhagic fevers (Ebola, Marburg fever, Lassa fever).

When to promote safe sex

- During an outbreak of Zika, Ebola, Marburg fever or Lassa fever, explain how the disease is transmitted through sex, and how to practise safe sex. Run social mobilization and behaviour change communication activities.
- **Remember that safe sex is only one way to prevent disease. It should not be the principal focus of your messages during an epidemic!**

How to practise safe sex

- Use a male or female condom when having sex. Condoms are a barrier and block any infectious semen or fluid that may transmit an infection.
- Try other ways (instead of sexual intercourse) to be intimate with your partner.

Key facts on Zika:

- A pregnant woman can pass Zika to her unborn baby. It can cause severe brain defects in the baby.
- A man or woman who has Zika can pass Zika to his or her partner during sex for up to six months after acquiring the infection (whether they were sick and showed symptoms or not).
- If you are pregnant and live in an area where Zika is present, it is important to go to a health centre for a check-up and to discuss the risks. In general, it is best either not to have sex or to use condoms during the whole pregnancy.
- If you are planning a pregnancy and live in an area where Zika is present, it is important to discuss the risks, protect both partners from mosquito bites, and consider postponing the pregnancy until after the outbreak has ended.

Use community message: **26**

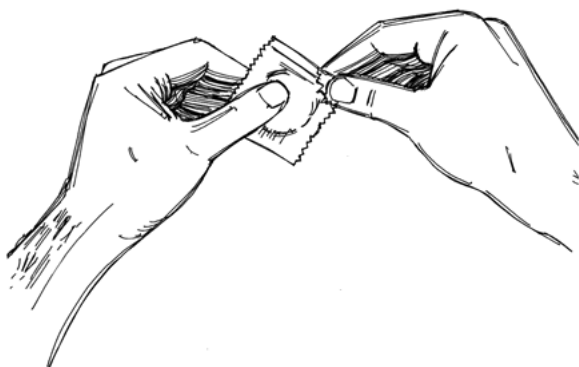
42 Promoting safe sex

Key facts for Ebola, Marburg and Lassa

- Men who have recovered from Ebola, Marburg fever or Lassa fever can pass the disease on to another person during oral, vaginal or anal sex.
- Men who have recovered from Ebola or Marburg should use a condom for at least 12 months from when they got sick or until their semen tests negative twice for the virus.
- Men who have recovered from Lassa fever should use a condom for at least three months after they get better.

What you can do

- | | |
|---|--|
| <ul style="list-style-type: none"> • Make sure you understand the facts, and how diseases including Zika, Ebola, Marburg fever and Lassa fever can be transmitted through sex. • Remember that sex can be a very sensitive, taboo or embarrassing topic for people to talk about. You may have to change your approach or way of communicating to get your messages across. • Carry out social mobilization and behaviour change communication activities in an outbreak of Zika, Ebola, Marburg fever or Lassa fever. (See Important points above and <i>Action tool 3 and 43.</i>) | <ul style="list-style-type: none"> • Remember that sex is only one way of transmitting these diseases, and often it is not the main way. Talk to your volunteer coordination/team leader or local branch health office about which prevention methods should be emphasized during your community visits. • Make sure you know and can demonstrate how to use a male and female condom correctly. |
|---|--|



43 Social mobilization and behaviour change

Overview

- During an epidemic, it is important to work with the community to change risky behaviour quickly in order to stop the disease from spreading.
- Our goal in an epidemic is to identify barriers to change and, working with the community, develop a strategy that will mobilize communities to protect themselves by adopting safer, less risky behaviour.
- Safer behaviours may include agreeing to and accepting vaccinations, washing hands with soap at the five critical times, regularly wearing mosquito repellent, consistently using a mosquito net, or agreeing to be isolated from others while sick.

What you need to know

- | | |
|---|---|
| <ul style="list-style-type: none"> • People in your community must be involved in efforts to change their behaviour. Fear, grief, social norms, cultural and religious beliefs, traditional practices and misinformation all influence behaviour and need to be taken into account when health interventions are planned. • Simply providing information about an epidemic will not cause people to change their behaviour. Consider the five stages of behaviour change. | <ul style="list-style-type: none"> • It is important to talk to people about their beliefs, norms, ideas and fears with respect to the disease, to listen carefully to what they say, and take their opinions into account. Once you understand what people know, believe and do, you can begin to think about influencing their behaviour. You can decide how you will share with people the information you have about the disease, its symptoms, how it is spread, and how it is treated. • Any social mobilization or behaviour change strategy you use must place the community at its centre, including when you identify solutions and strategies. |
|---|---|

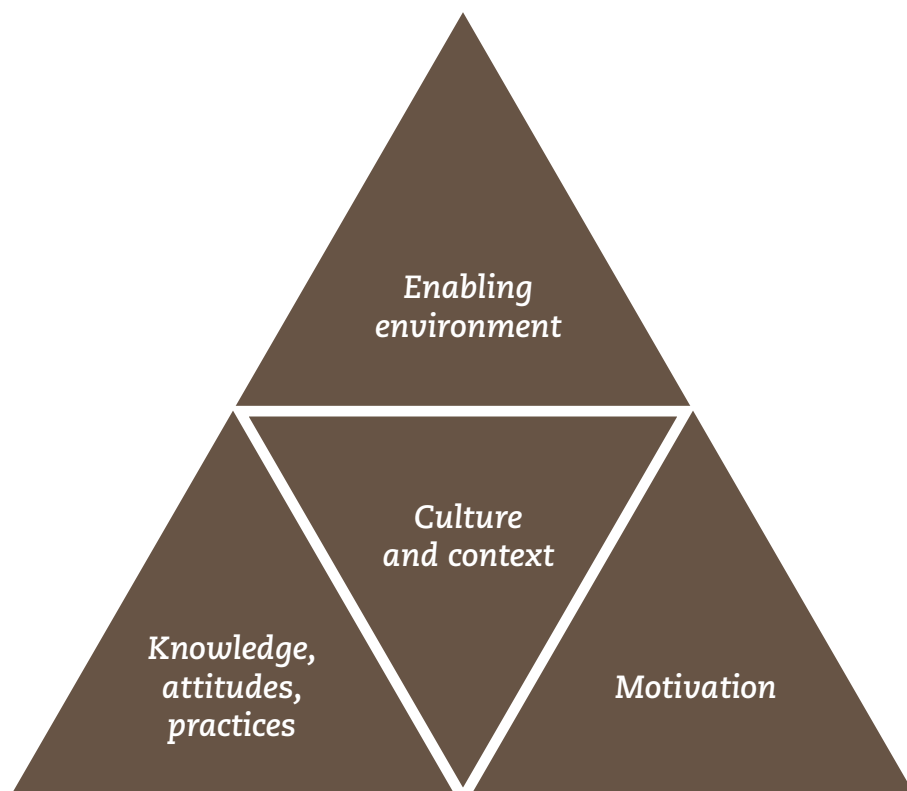
Use community message: **23**

43 Social mobilization and behaviour change

What is behaviour change in an epidemic?

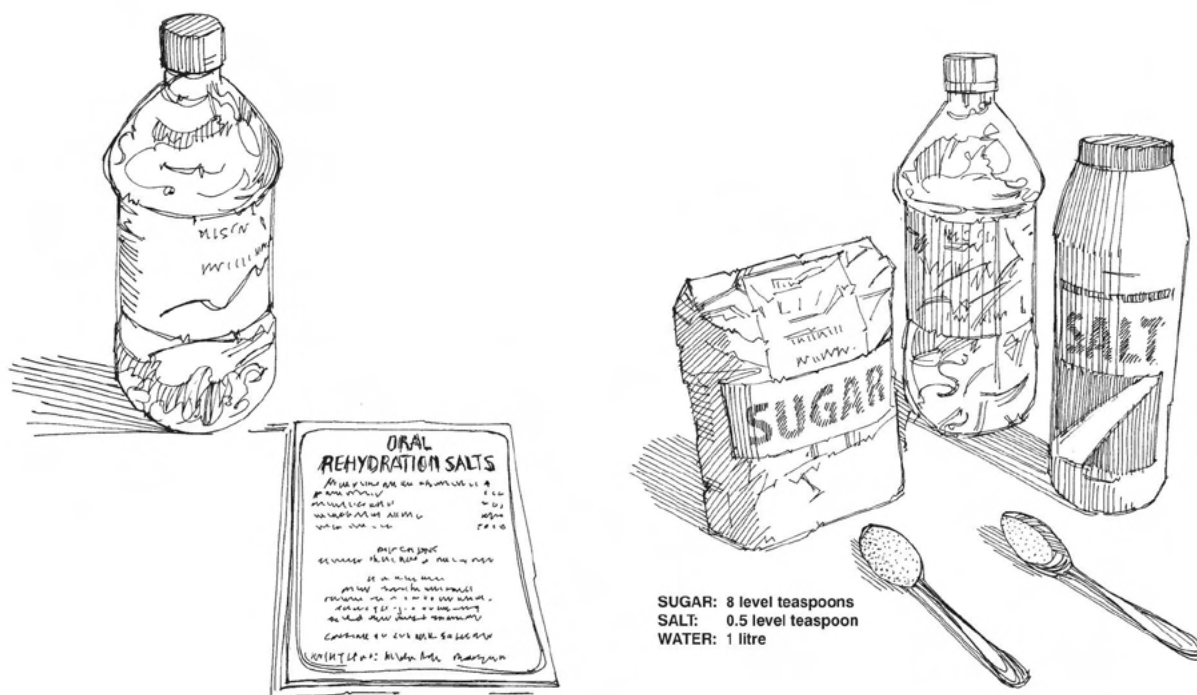
In any context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



1. Preparing and giving oral rehydration solution (ORS)
2. Caring for a person with fever
3. Breastfeeding
4. Storing water properly
5. Using clean safe drinking water
6. Using a clean latrine
7. Protecting yourself against mosquitoes
8. Washing hands with soap
9. When to wash hands
10. Steps for washing hands in epidemics
11. Cleaning up places where mosquitos breed
12. Good food hygiene
13. Good personal hygiene
14. Vaccinations for children
15. Using vaccination cards
16. Attending vaccination campaigns
17. Sleeping under mosquito nets
18. Coughing correctly
19. Safe burial practices
20. Collecting and disposing of rubbish
21. Social distancing
22. Good ventilation
23. Encouraging healthy behaviours in a community
24. Finding sick people
25. Handling and slaughtering animals
26. Practising safe sex
27. Keeping rodents out
28. Preparing and giving zinc
29. Attending nutrition checks

1 Preparing and giving oral rehydration solution (ORS)



Cholera can be prevented by:

- Drinking safe water, water that has been boiled at least one minute.
- Keeping water in a clean container with a cover.
- Eating hot and cooked food.
- In times of an epidemic avoid eating seafood, fish and raw food (fruits and vegetables can be contaminated). Do not eat fruit or vegetables that you have not peeled yourself.
- Wash your hands with soap or ashes after using the latrine and before eating.
- Food preparers should wash their hands before touching or preparing food.
- Protect food from flies.

[illegible]

2 Caring for a person with fever



To take care of someone with a fever,
cool the body down and make them drink
lots of fluids.

2 Caring for a person with fever

[illegible]

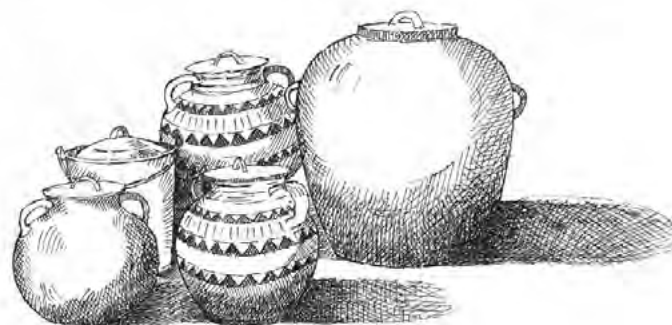
3 Breastfeeding



Breastfeeding is nutritious and
can stop your child from getting sick.

[illegible]

4 Storing water properly

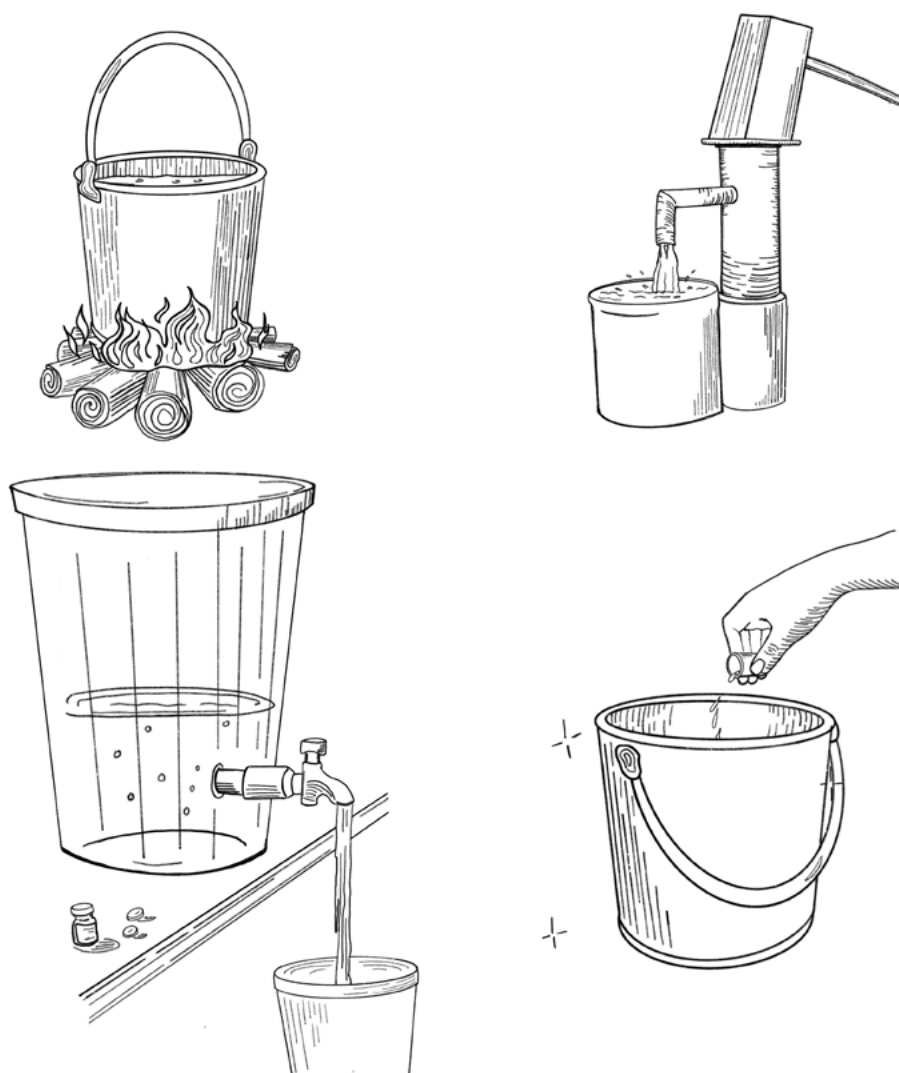


Dirty water can cause sickness:
keep your water containers clean
and covered.

4 Storing water properly

[illegible]

5 Using clean safe drinking water



GermS in water can spread disease.
Always use a protected water source –
or treat with chemicals, boil or filter to make
sure the water you and your family drink
will not make you sick.

* There are different types of chemicals that are used to make water safe to drink. People who use chemicals to purify water need to be trained with specific instructions on how to prepare safe water with the chemical they use.

5 Using clean safe drinking water

[illegible]

6 Using a clean latrine



Faeces (poop) has a lot of germs
that can make you sick.

Use a clean latrine to stop the
spread of disease! It is important
to put children's poop in the latrine
also or bury it.

6 Using a clean latrine

[illegible]

7 Protecting yourself against mosquitoes

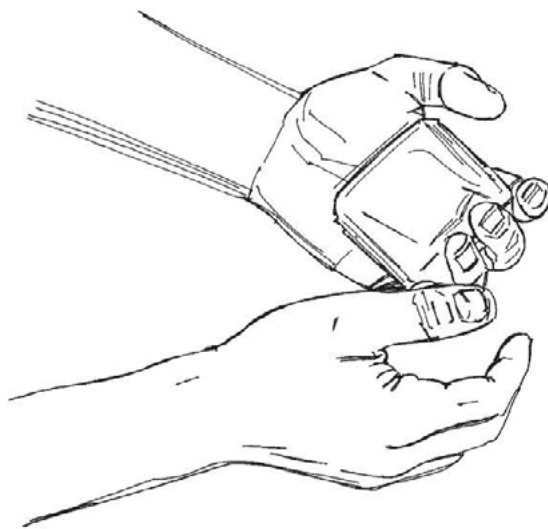


Mosquitos can spread disease when they bite. Use mosquito nets. Use screens on doors and windows, wear long sleeves and trousers, or use repellent to protect yourself against mosquito bites.

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8

Washing hands with soap



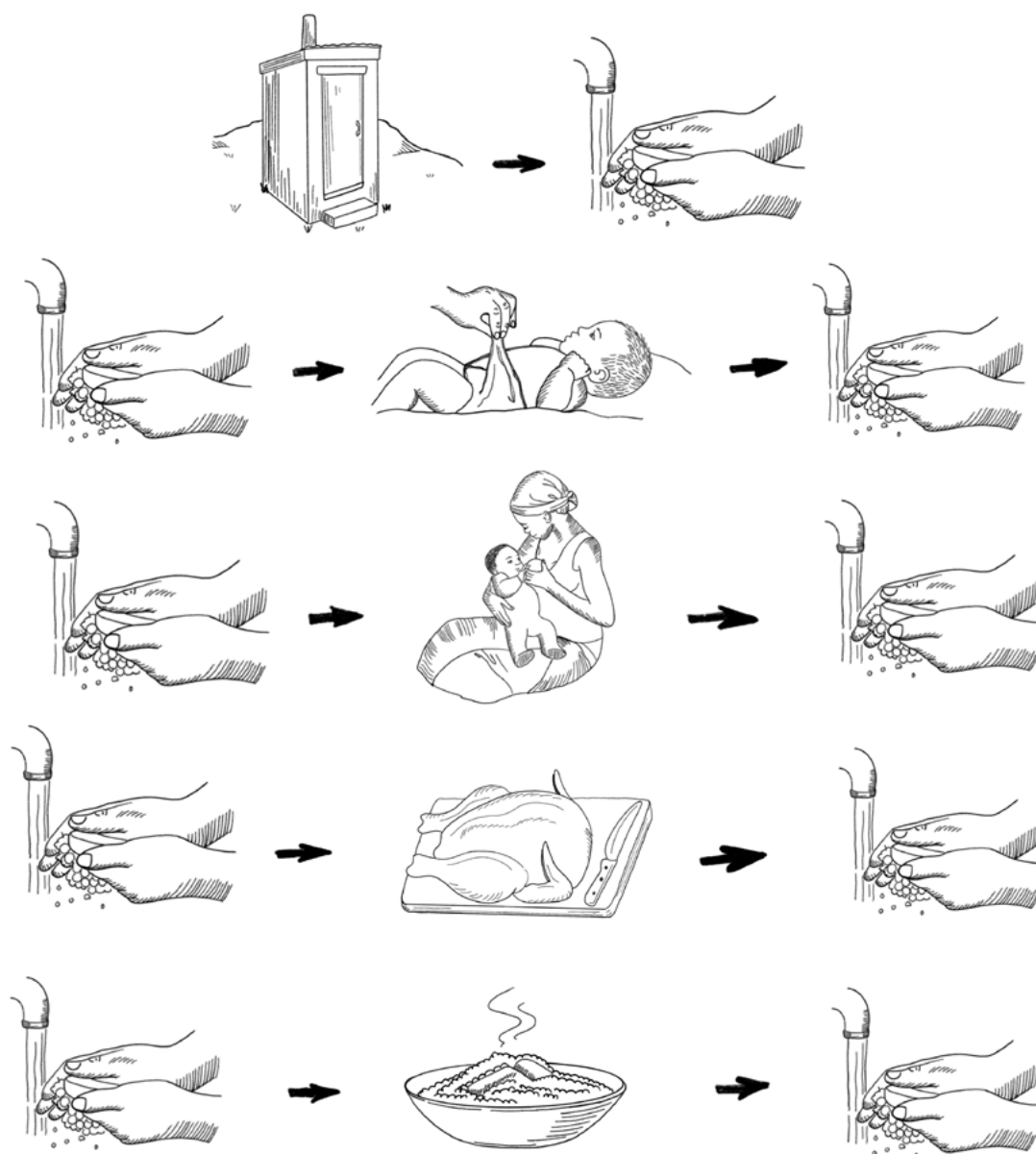
Washing hands with soap
stops disease.

8 Washing hands with soap

[illegible]

9

When to wash hands

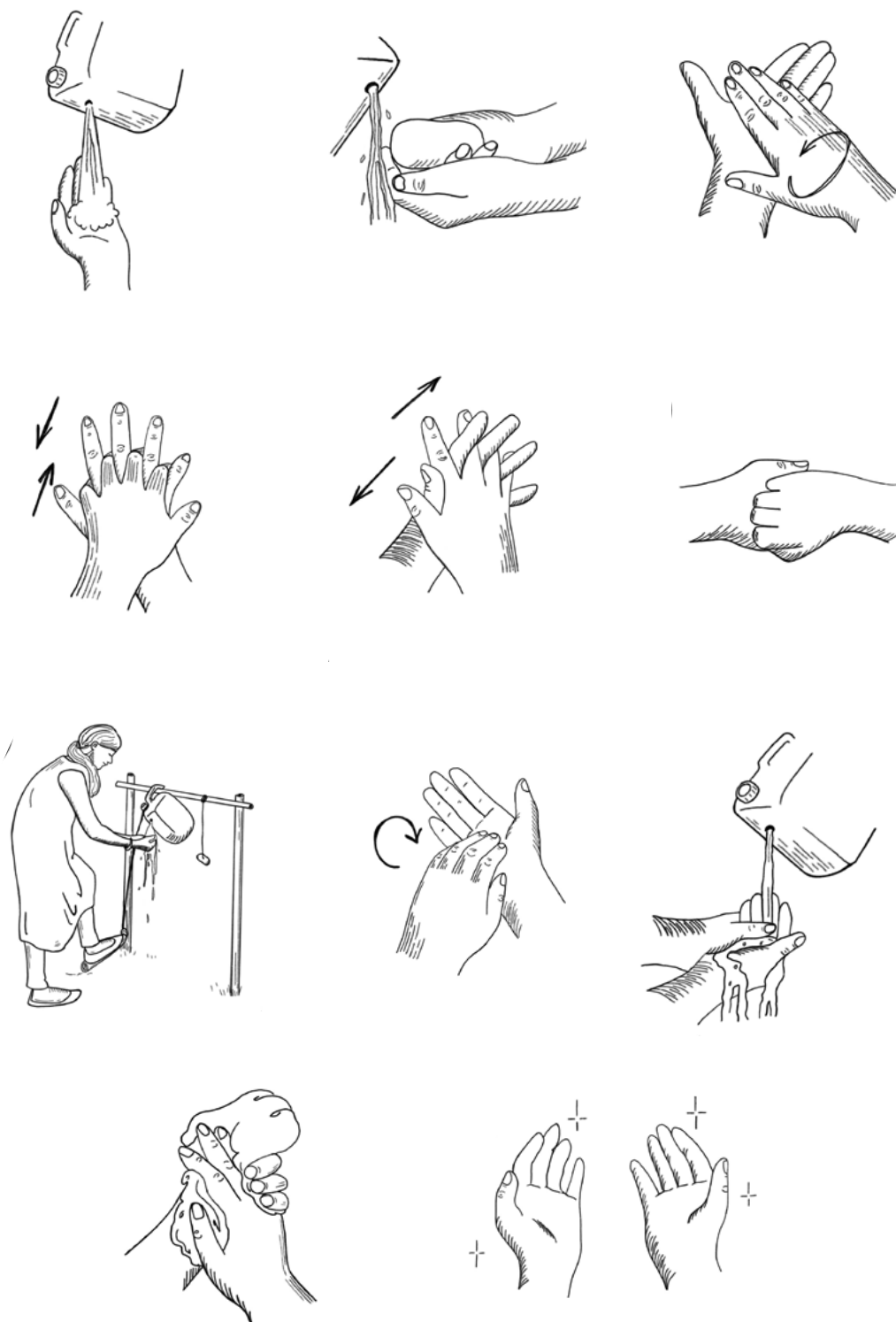


Wash your hands with soap
after going to the toilet or cleaning
the baby, and before breastfeeding,
preparing or eating food.

9 When to wash hands

[illegible]

10 Steps for washing hands in epidemics



Wash your hands correctly during an epidemic to protect yourself and stop the spread of germs.

10 Steps for washing hands in epidemics

[illegible]

11 Cleaning up places where mosquitos breed

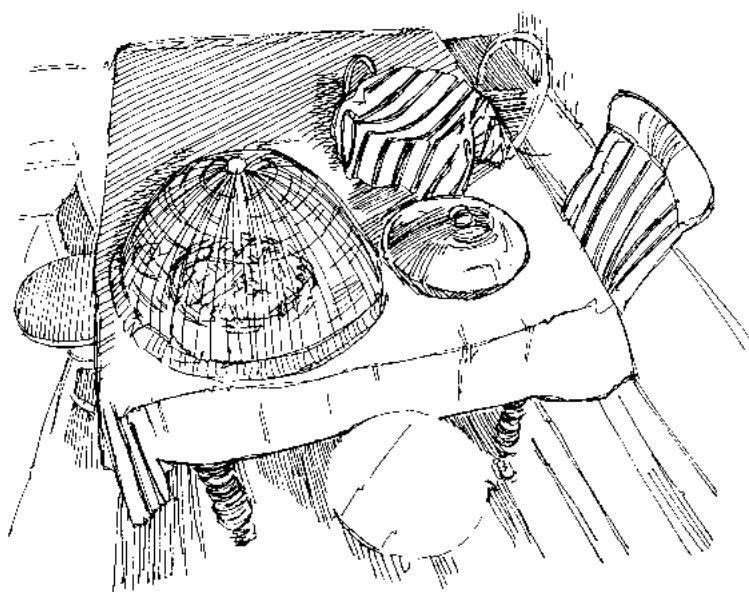


Keep your community clean
and free from rubbish and stagnant
water where mosquitos can breed!
Mosquito bites can spread disease.

11 Cleaning up places where mosquitos breed

[illegible]

12 Good food hygiene

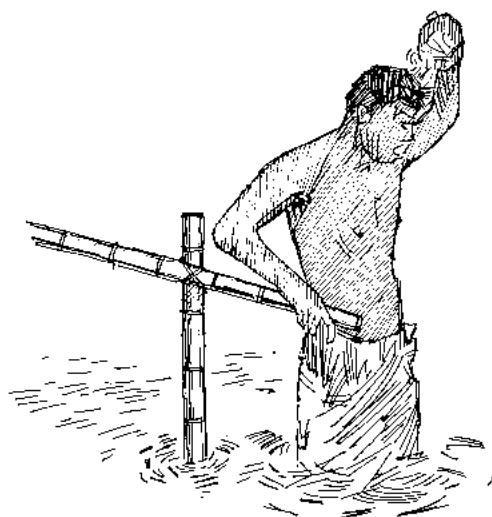


Keep food covered
and utensils clean.

[illegible]

13

Good personal hygiene

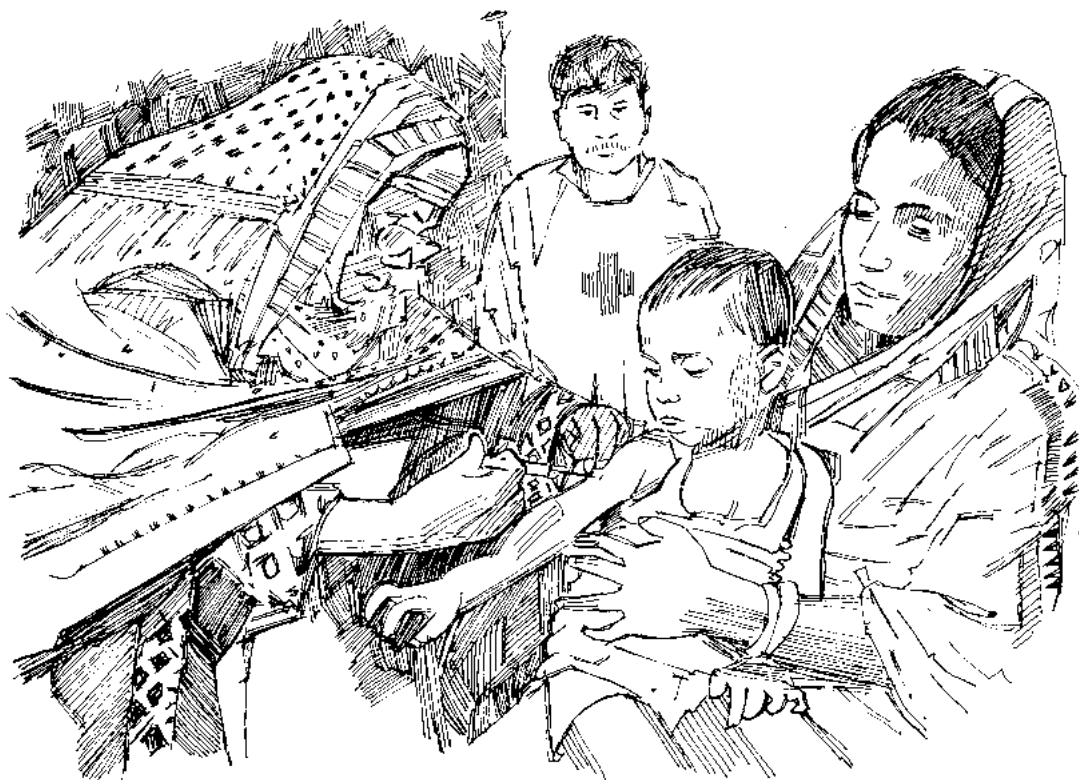


Good personal hygiene keeps
germs away! Be sure to bathe often
and keep nails short.

13 Good personal hygiene

[illegible]

14 Vaccinations for children



Get your children vaccinated to protect them from the disease.

14 Vaccinations for children

[illegible]

15

Using vaccination cards

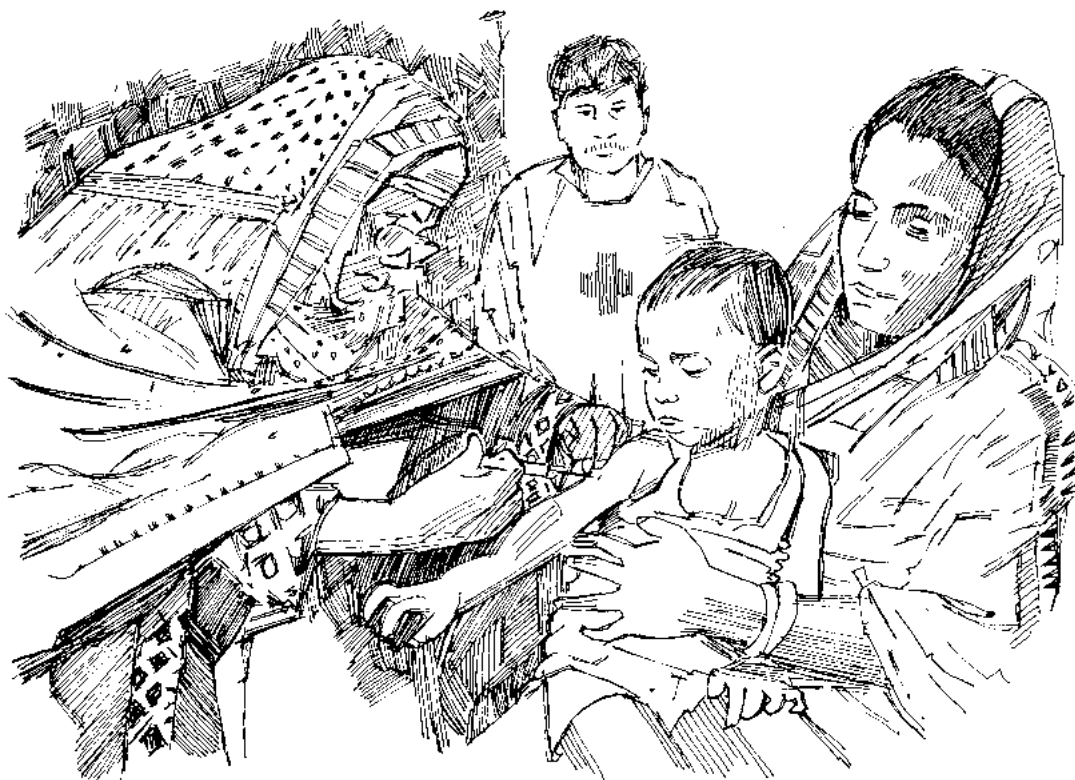


It is important to keep
your child's vaccinations up-to-date.
Use a vaccination card to help you
remember.

15 Using vaccination cards

[illegible]

16 Attending vaccination campaigns

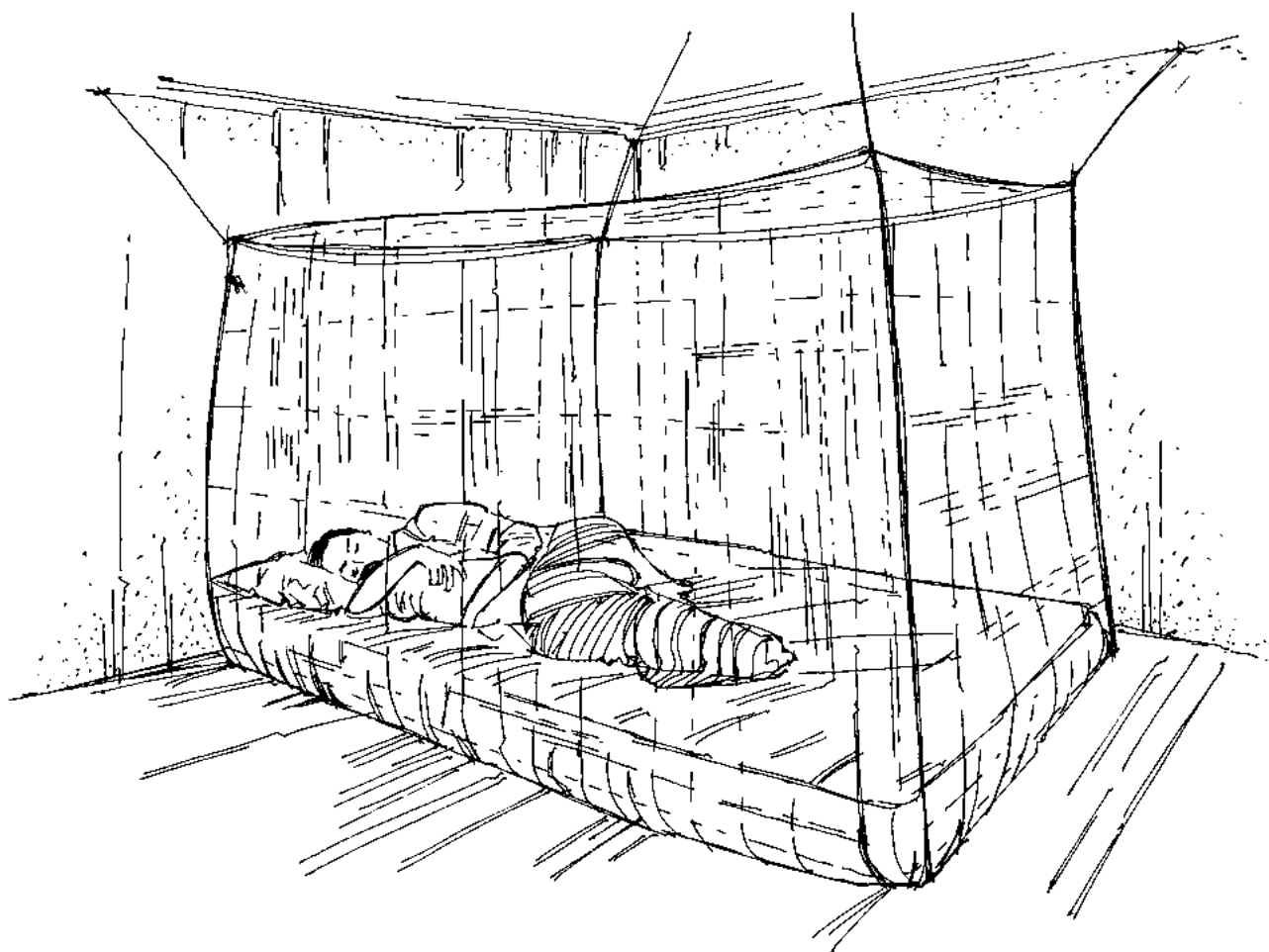


Vaccination campaigns
help to stop disease spreading
in your community. It is important
to attend them.

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17

Sleeping under mosquito nets



Sleeping under a mosquito net is one of the best ways to protect against mosquito bites that spread malaria.

[illegible]

18 Coughing correctly



Correct



Incorrect

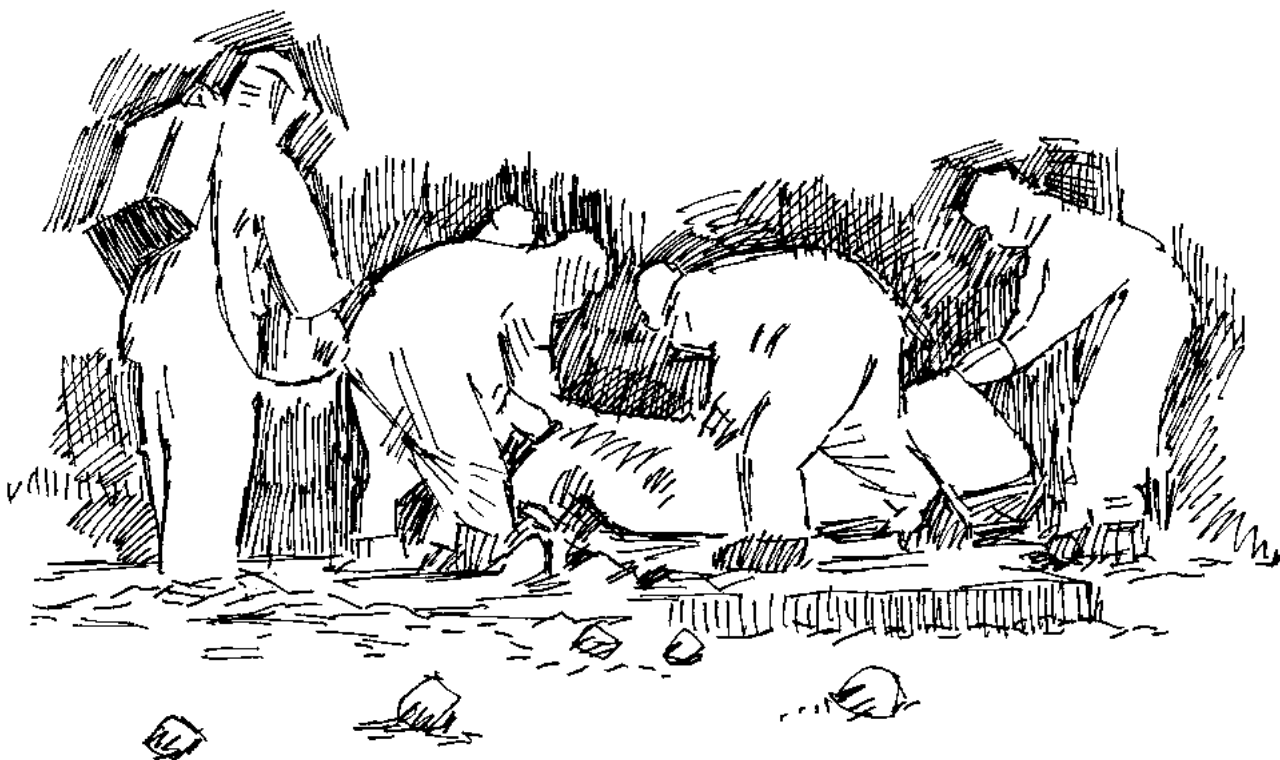


Cough into your sleeve or a handkerchief/cloth so that you do not spread germs to others.

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19

Safe burial practices



Touching the body of someone who died from infectious disease is very risky. Always ask for professional help and advice before burying dead bodies.

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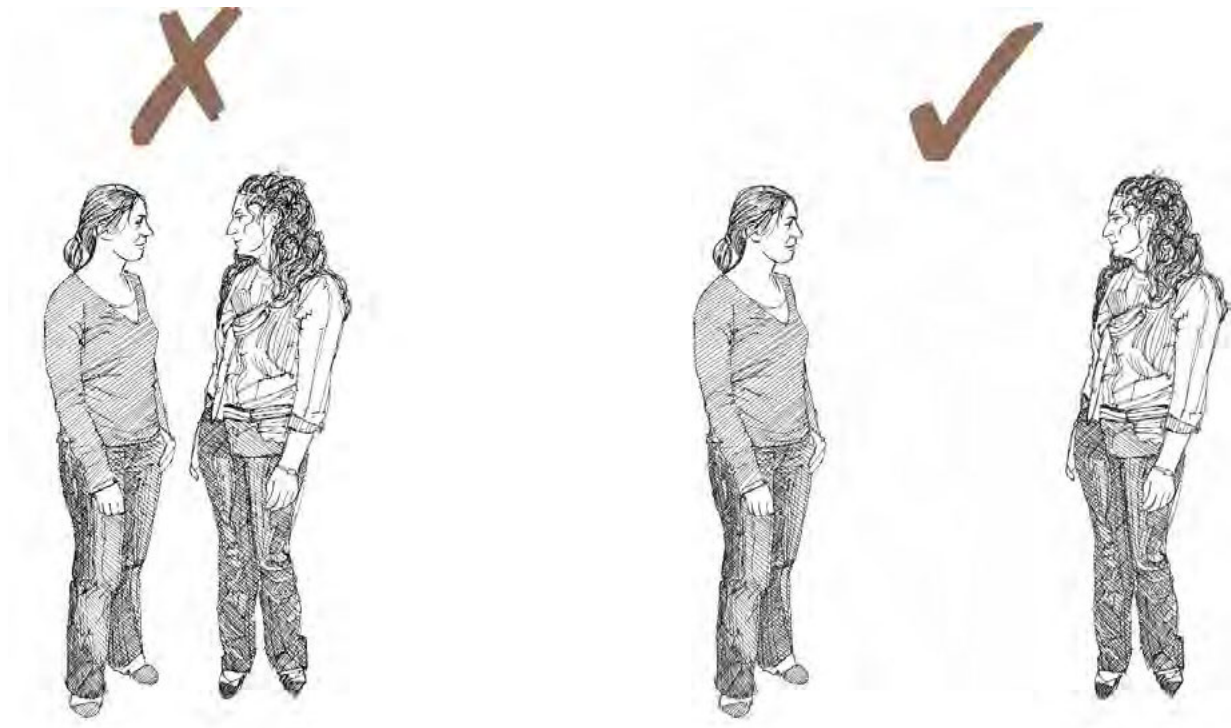
20 Collecting and disposing of rubbish



Rubbish and waste attract flies and insects that carry germs. Waste can also contaminate water. Make sure to collect and dispose of waste properly.

[illegible]

21 Social distancing



Keeping a safe distance from those who have a disease is one of the best ways to prevent its spread.

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22

Good ventilation



Having a good flow of air through your home can help to prevent diseases that are spread by coughing and sneezing. Open windows to let fresh air in.

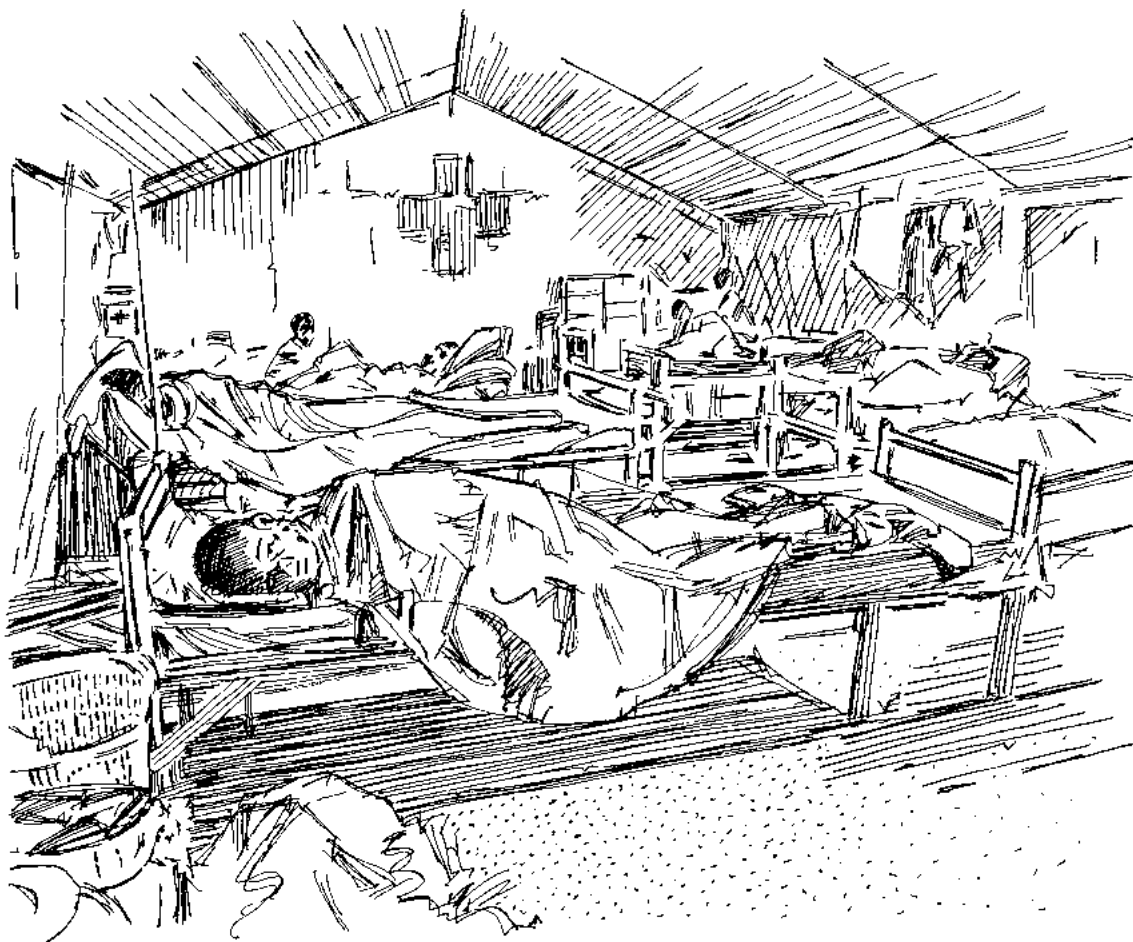
[illegible]

23 Encouraging healthy behaviours in a community



Encourage and support your family,
friends and community to practice
healthy, safe behaviours.
Avoid the spread of disease
in your community.

24 Finding sick people



Sometimes people cannot be treated
at home by volunteers
or family. They need to go to the
nearest health clinic or hospital
to get the help they need.

24 Finding sick people

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

25 Handling and slaughtering animals

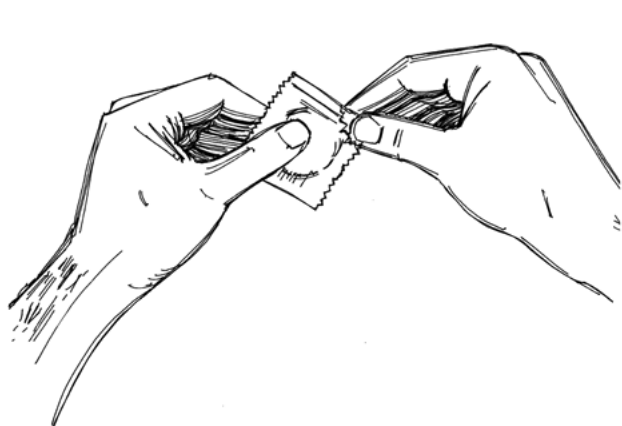


Animals can carry germs
that spread disease to people.
Never touch sick or dead
animals without protection.
Always wash hands after touching
or slaughtering animals.

[illegible]

26

Practising safe sex



Some diseases can be spread to another person during sex, even if they feel well and have recovered.
Always use a condom.

[illegible]

27

Keeping rodents out



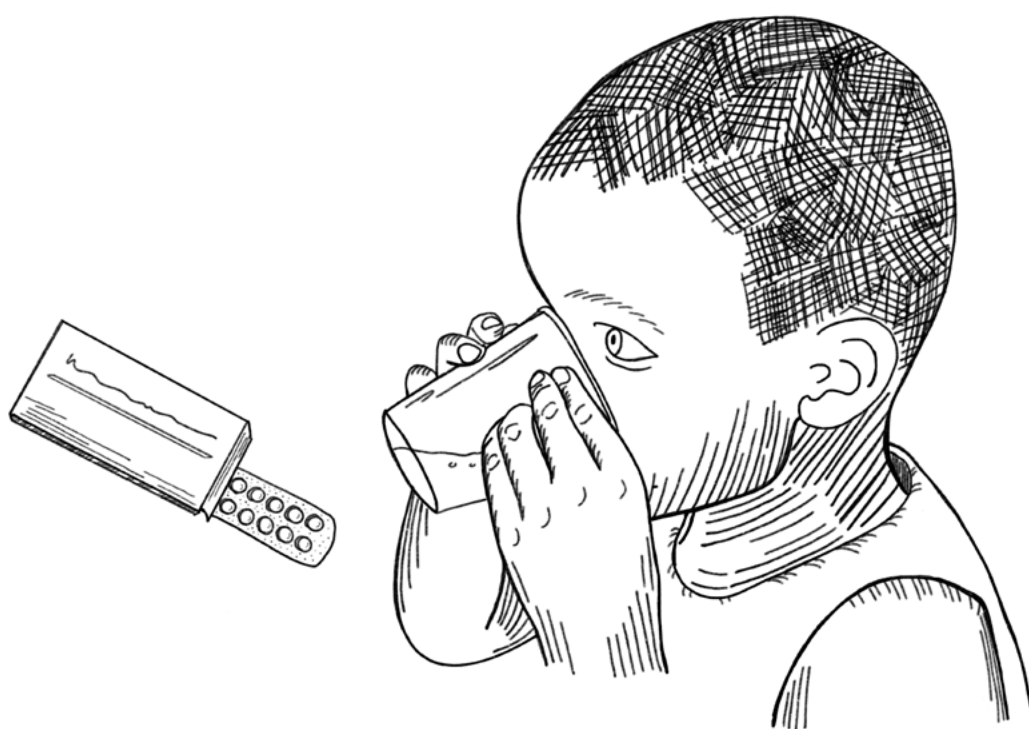
Keeping rodents out of your house is important! Keep food and water in covered containers. Fix or screen holes and cracks in walls.

Notes

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28

Preparing and giving zinc



Zinc helps children to recover faster from diarrhoea. Give zinc together with ORS.

28 Preparing and giving zinc

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

29

Attending nutrition checks



Well-nourished children can fight diseases better! It is important to take your child to get checked.

[illegible]

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