

Acute Respiratory Infection (ARI) Control

Quick review notes – PHO HA

a) Background of ARI in Nepal

- **Acute Respiratory Infections (ARI)**, including **pneumonia**, are leading causes of morbidity and mortality in children under 5 years in Nepal.
- ARI includes conditions such as **pneumonia**, **bronchitis**, and **upper respiratory tract infections (URIs)**. **Pneumonia** alone is responsible for a large proportion of child deaths.
 - **Pneumonia** is caused by bacteria, viruses, and sometimes fungi, and is more dangerous in young children due to underdeveloped immune systems.

b) Key Objectives of ARI Control Program

- **Reduce the incidence** of pneumonia and other respiratory infections.
- **Strengthen diagnostic and treatment capabilities** at healthcare facilities and community levels.
- **Promote appropriate treatment** for ARI cases, including **antibiotics for bacterial infections** and **symptomatic treatment** for viral infections.
- **Improve awareness** of pneumonia prevention through vaccination and early treatment.

c) Major Interventions for ARI Control

1. Vaccination

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- **Pneumococcal Conjugate Vaccine (PCV)**: Introduced into the National Immunization Program to protect against the **Streptococcus pneumoniae** bacteria that causes pneumonia.
- **Haemophilus influenzae type B (Hib)**: Another vaccine introduced to prevent bacterial infections like **pneumonia** and **meningitis**.

2. Treatment and Management

- Training of healthcare providers at all levels on proper diagnosis, treatment, and management of ARI cases, with a focus on identifying and treating **pneumonia**.
- **Pneumonia Case Management Guidelines** to ensure proper use of antibiotics and supportive care.

3. Community-Based ARI Management

- Involvement of **FCHVs** in community education and treatment referral, especially in **remote areas**.
- Educating caregivers on the **signs of pneumonia** and the need to seek medical care promptly.

d) Challenges in ARI Control

- **Limited healthcare access** in remote and mountainous areas.
- **Misdiagnosis** of pneumonia, especially viral versus bacterial infections.
- **Lack of awareness** about early signs and symptoms of pneumonia.

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- **Inadequate healthcare infrastructure**, including **trained medical personnel** and diagnostic facilities in rural areas.
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e) Future Directions in ARI Control

- **Expansion of vaccination** programs, including **PCV** and **Hib** vaccines.
 - **Improvement in pneumonia management** protocols at all levels of care.
 - Enhanced **community surveillance** and reporting of ARI cases.
 - **Strengthening health system capacity**, especially in rural areas, to provide **timely and effective treatment** for ARI.
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