Key Points

- More than 200 different viruses can cause the common cold (viral URI).
- Viruses do not respond to antibiotic treatment.
- Symptoms due to viral URI typically last 2 – 14 days, but some symptoms can linger for several weeks. (Most people recover in about 7-10 days.)
- Gradual appearance of productive cough or discolored nasal discharge down the front of the nose does not necessarily require antibiotic therapy. (See When to Seek Treatment.)
- Influenza (flu) is a viral infection caused by the influenza virus.

Table Comparing Cold, Flu, Inhalant Allergy, Sinusitis Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cold</th>
<th>Flu</th>
<th>Inhalant Allergy</th>
<th>Acute Sinusitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare, usually under 101.5</td>
<td>Characteristic, high (102–104°F); lasts 3–4 days</td>
<td>None</td>
<td>Common</td>
</tr>
<tr>
<td>Clear, runny nose</td>
<td>Prominent at outset</td>
<td>Can be present</td>
<td>Upon exposure to allergen</td>
<td>Occasional</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Prominent, at outset</td>
<td>Rare</td>
<td>Common</td>
</tr>
<tr>
<td>General aches, pains</td>
<td>Slight</td>
<td>Usual; often severe</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Fatigue, weakness</td>
<td>Mild</td>
<td>Can last up to 2–3 weeks</td>
<td>Sometimes</td>
<td>If associated if Virus</td>
</tr>
<tr>
<td>Extreme exhaustion</td>
<td>Never</td>
<td>Early and prominent</td>
<td>Rare</td>
<td>If associated if Virus</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Very Common</td>
<td>Sometimes</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Usual</td>
<td>Sometimes</td>
<td>Very Common</td>
<td>If associated if Virus</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Common</td>
<td>Sometimes</td>
<td>Occasional</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Chest discomfort, cough</td>
<td>Mild to moderate</td>
<td>Common; can become severe</td>
<td>Some Asthma + Cough</td>
<td>If associated if Virus</td>
</tr>
<tr>
<td>Complications</td>
<td>Sinusitis or earache</td>
<td>Bronchitis, pneumonia; can be life-threatening</td>
<td>Sinusitis; Cough</td>
<td>Orbital Abcess; Meningitis</td>
</tr>
<tr>
<td>Prevention</td>
<td>None; Good Hygenie</td>
<td>Annual vaccination; antiviral medicines</td>
<td>Avoidance; Cromolyn; Immunotx</td>
<td>None; Good Hygeine</td>
</tr>
</tbody>
</table>

What To Do If You Develop Symptoms of a Viral Infection

- Get plenty of rest.
- If you typically use a nasal steroid spray discontinue its at the first sign of a viral infection. Resume use after 5 days.
- Drink plenty of fluids. Have a healthy diet. Most recent data suggests Zinc orally or by intranasal gel may shorten the duration of the common cold and whether or not high dose vitamins (eg. Vit. C) is beneficial remains unproven.
- Acetaminophen (Tylenol ®) is generally preferred for fever and pain. Ibuprofen (Advil ®) and/or naproxen (Naprosyn®) appear to carry less risk for Reye’s syndrome than aspirin.
- Over the counter cold (OTC) preparations (Nyquil®, Tylenol Cold® & Sinus®, others) can give significant symptom relief. Differing cold preparations fit different circumstances so read the labels to identify if the medicine your buying fits your individual needs and to determine if that medicine is safe for you.
- Traditional anti-histamines (diphenhydramine [Benadryl®], others) dry the nose and offer some mild relief of nasal obstruction but can produce sedation. Driving and other complex tasks should be avoided when taking these medications. All antihistamines are best used for allergy, but they can be helpful for
suppressing some viral URI symptoms. Newly available OTC loratadine (Claritin®) is non-sedating but may not be as effective for suppressing viral URI symptoms.

- Oral decongestants (pseudoephedrine [Sudafed®], others) provide some relief for “stuffy,” clogged noses, but can be associated with insomnia, nervousness and irritability in susceptible patients. Often decongestants are combined with other drugs (especially antihistamines) in OTC medications. A “-D” at the end of a medication’s name suggests that the medication includes an oral decongestant.

- Guaifenesin (Robitussin®, Mucunex®, Humibid LA®) a mucus thinner can help thin thick discolored drainage so you can expectorate it or blow it out.

- Dextromethorphan can be helpful as a cough suppressant.

- Prescription anti-flu medications (amantadine, rimantadine, zanamivir, oseltamivir) can be used to treat and prevent flu. Typically they must be started within 48 hours of onset of symptoms to shorten the severity and duration of the infection but they can have significant side effects.

When To Seek Treatment

Viral infections can be associated with bacterial overgrowth and occasionally lead to a bacterial infection (acute bacterial rhinosinusitis), which typically requires antibiotic therapy. Viral URIs also may worsen asthma symptoms (wheezing) in patients with asthma; such symptoms also require further evaluation and treatment.

You should seek medical advice or treatment when any of the following occur:

- Symptoms are getting worse after 7 days.
- Symptoms are unchanged or getting worse after 10 days.
- If you are experiencing shortness of breath or any respiratory difficulty.
- If you are unable to drink adequate fluids; this can lead to dehydration – light headedness, confusion
- High fever (> 102°F) occurs.
- Eye pain/ swelling and/or vision changes develop.
- Severe head or facial pain/swelling occurs.
- If you have other medical conditions which place you at risk for complications such as a depressed immune system.

Prevention

Hand washing

Cold and flu viruses are spread by touching infected persons or objects that have come in contact with the virus and then touching one’s nose or mouth. Frequent hand washing is important to prevent this process. (Inhalation of infected particles in the air can spread colds/respiratory viral infections.)

Vaccinations

There is currently no vaccine against the common cold. There is a vaccine to prevent influenza infection, a viral infection known as the “flu.”

Who should get the flu vaccine (Influenza vaccine)

- Persons age >50 years
- Residents of nursing homes and other long term care facilities
- Adults and children (> 6 months of age) who have chronic heart or lung conditions, including asthma
- Adults and children (> 6 months of age) who need regular medical care or require hospitalization because of metabolic diseases (diabetes), chronic kidney disease, or weakened immune system.
- Children and teenagers (age 6 months to 18 years) who are on long-term aspirin therapy
- Women who will be more than 3 months pregnant during the flu season
- Persons who can give the flu to people who are at high risk for complications (healthcare workers, caregivers)
- Household members of patients at risk, employees in health care, nursing homes, or long care facilities)
- Anyone (>6 mos of age) who wants to lower their risk of getting the flu.

**Anti-flu medications**

Two medicines are approved for prevention of influenza viral infection. Amantadine and rimantadine are approved for prevention of Influenza A and oseltamivir is approved for preventing Influenza A and B in children (age >13 years).

Information obtained from reports released by the NIH ([www.cdc.gov](http://www.cdc.gov)) and the CDC ([www.nih.gov](http://www.nih.gov)).