



Common Cold vs. Influenza (flu)

Common Cold

Influenza (flu)

CLINICAL MANIFESTATIONS

Infection of upper respiratory tract characterized by:

- » head cold, increased production of mucus
- » sneezing
- » watery eyes
- » irritated nose and throat
- » chills
- » malaise lasting 2 to 7 days
- » occasional fever, headache
- » no fatalities ever reported
- » a predisposition to more serious complications, such as sinusitis, otitis media, laryngitis, tracheitis and bronchitis.

Acute viral disease of respiratory tract, characterized by:

- » acute onset of fever
- » chills
- » malaise
- » headaches
- » muscular pain
- » exhaustion/fatigue
- » sore throat
- » severe and prolonged cough
- » usually self limited with recovery in 2 to 7 days
- » nausea, vomiting diarrhea reported in up to 25% of children in school outbreaks of Influenza A and B
- » complications: pneumonia, sinusitis, otitis, febrile seizures, encephalitis, myositis and Reye syndrome (use of ASA)

INFECTIOUS AGENTS

- » Rhinoviruses (more than 100 recognized serotypes) are the major known agents in the fall season.
- » Coronaviruses also responsible for winter and early spring colds.
- » Infectious agents are unidentified in over half of the cases.

Influenza viruses fall into three types:

- » **TYPE A:** associated with widespread epidemic (Includes numerous sub-types.)
- » **TYPE B:** associated with localized and widespread epidemics
- » **TYPE C:** sporadic cases and minor localized outbreaks

MODE OF TRANSMISSION

- » Human beings are the only known hosts.
- » Transmitted by direct contact or inhalation of airborne droplets.
- » Indirectly by hands and freshly soiled articles.
- » Rhinoviruses and other similar viruses are transmitted by contaminated hands to the eyes or nose.

- » Human beings are the primary hosts.
- » Transmitted by direct contact or through large droplet infection.
- » May persist for hours in dried mucous and be transmitted by indirect contact.

Questions?

613-933-1375 or
1 800 267-7120
Ask for Health Line.

DIAGNOSTIC TESTS

- » There is no known diagnostic test for common cold.
 - » White blood count is usually normal.
 - » Studies of nasal secretions may demonstrate a known virus in 20 to 35% of cases.
- » During early febrile stage, confirmation is made by recovery of the virus from pharyngeal and nasal secretions.

INCUBATION PERIOD

- » The incubation period lasts twelve hours to 5 days, but usually 48 hours.
 - » The period of communicability is uncertain, but probably from 24 hours before the onset to 5 days after.
- » The incubation period usually lasts 24 to 72 hours.
 - » Patients are most infectious for 24 hours prior to, and after the onset of symptoms.
 - » The period of communicability is from 3 to 5 days after onset (up to 7 days in children).

INCIDENCE OF INFECTION

- » Common in all age groups with increased incidence in fall, winter, and spring.
- » Often highest in school-aged children, because they have no prior immunity.

SUSCEPTIBILITY AND RESISTANCE

- » Susceptibility is universal.
 - » Frequency of healthy carrier is undetermined.
 - » Common in children under 5 years of age; declines with age.
- » Susceptibility is universal.
 - » Infection produces immunity to the specific infecting virus.
 - » Vaccine produces response specific to the virus used.

PREVENTIVE MEASURE

Infection Prevention and Control Measures:

- » Avoid crowding.
- » Wash your hands frequently.
- » Cough or sneeze into your sleeve or elbow, or cover your mouth and nose with a tissue.
- » Throw away your used tissues.
- » Stay home when you're ill.
- » Remember that during outbreaks, the Health Unit will provide assistance with infection prevention and control.
- » Remember that ill people should avoid direct and indirect contact with young children, debilitated or aged persons.
- » Avoid smoking in households with children. Their risk of pneumonia increases with exposure to second-hand smoke.
- » Report **epidemics** to the Health Unit.

No treatment is indicated.

Infection Prevention and Control Measures:

- » Avoid crowding.
- » Cough or sneeze into your sleeve or elbow, or cover your mouth and nose with a tissue.
- » Wash your hands frequently.
- » Throw away your used tissues.
- » Stay home when you're ill (until fever is gone).
- » Get your flu shot.
- » Avoid salicylates (ASA) because of association with Reye's Syndrome.
- » Isolate ill residents who live in institutions.
- » Avoid smoking in households with children. Their risk of pneumonia increases with exposure to second-hand smoke.
- » All cases reportable to the Health Unit.
- » Report outbreaks to the Health Unit.

Treatment

- » Antibiotics indicated for bacterial complications only.
- » Antiviral treatment must be initiated within 48 hours of onset.