



## Pediatric Partners OF VIRGINIA

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### COLDS AND SORE THROATS

**GENERAL INFORMATION:** The common cold is the most frequent of all human illnesses. On the average, a young child under six will have an average of 6 to 10 colds per year. Children in a daycare setting will have significantly more colds than the average. If each cold lasts 7 to 14 days, a child may be ill for 6 to 14 weeks or more. These illnesses occur more frequently during the fall and winter months, which is the respiratory season. Immunity to colds is hard to acquire because a cold can be caused by any of more than 200 different viruses, some of which can cause repeated infections year after year.

**ACQUIRING A COLD:** Colds are most contagious 1-2 days before the onset of symptoms and during the first few days of illness. The time between exposure to the virus and the first signs of illness is usually 1 to 5 days.

Cold viruses spread from person to person by coughs and sneezes or from the hands. Viruses can be transferred when a person touches a table top, toy, or other object contaminated with infected mucous and then rubs his/her nose or eyes. Daycare centers and schools where large numbers of young children congregate provide an ideal environment for spread. Children who are in a home with smokers or who ride in a car where there has been smoking are more prone to colds and their complications.

**SYMPTOMS:** The symptoms of a typical cold include: a stuffy or runny nose, sneezing, a scratchy or sore throat, hoarseness, cough, and fever. Decreased appetite, crankiness, muscle aches, or headaches may occur. The normal evolution of a cold commonly involves the mucous changing from clear to white, yellowish or green. This color change does not indicate the presence of a bacterial infection.

**MANAGEMENT:** While nothing can cure a cold, the following may reduce the discomfort: The use of 3-4 drops of a solution of  $\frac{1}{4}$  teaspoon of table salt in a cup of water, instilled into a nostril, followed by gentle suction with an ear bulb syringe may help. This is particularly helpful before feeding small infants or before naps or bedtime. Do not continue this approach if it isn't helpful. Be sure to wash out the bulb thoroughly after each use. It is unclear whether a cool mist vaporizer will help. If it is used, it needs to be cleaned on a daily basis.

For significantly obstructed noses: 1/8% phenylephrine (e.g. neo-synephrine) for infants less than a year of age, ¼% phenylephrine can be used for children older than one year of age, and pediatric oxymetazoline (e.g. pediatric Afrin) can be used for children 2 years or older. **These should not be used for more than 4 days** to avoid rebound increased nasal swelling.

For discomfort accompanying fever, aches, or pains an acetaminophen product may be given. These medications do not relieve congestion. Doses are listed in the “Important Facts About Fever” handout.

Oral decongestants (example: Triaminic or Dimetapp) are unlikely to be effective in reducing symptoms. The American Academy of Pediatrics (AAP) does not recommend use of over-the-counter cough and cold products for children under the age of four years old. Several studies have shown that these products do not work and in addition have potentially harmful side effects.

Keep in mind that a cold is caused by a viral infection, which unlike a bacterial infection and cannot be cured by antibiotics.

**RETURN TO DAYCARE OF SCHOOL:** In theory keeping children out of daycare or school during the first few days of illness might limit the spread of colds. This policy has never been shown to be effective, however, and is impractical for most families. Therefore, children with uncomplicated colds need not remain at home unless they have fever or cannot participate comfortably in general activities.

**COMPLICATIONS:** Occasionally colds lead to bacterial infection of the middle ear or sinuses, particularly in children prone to these conditions. Colds may trigger wheezing in a child who is predisposed.

We want to see your child if there is an earache, difficulty breathing, wheezing, severe cough, unusual crankiness, or if the cold lasts beyond 10 days without improvement.

### **SORE THROAT**

Sore throat or pharyngitis is a common complaint. In infants, toddlers, and pre-school aged children, the most common cause of this symptom is a viral infection. The sore throat usually occurs in the context of a cold. Children may develop a mild fever, but the illness usually resolves in about five days. By contrast, a typical colds last 7-10 days.

Strep throat is caused by a bacterium called *Streptococcus pyogenes*. Children often appear ill, with temperatures of 102° or higher. They have swollen glands externally, and pus is often seen on the tonsils internally. Antibiotics are required for proper treatment.

**MANAGEMENT:** Symptomatic treatment of pharyngitis includes Tylenol or Motrin for pain, plenty of fluids, and rest. Topical medicines such as Chloraseptic and throat lozenges may provide temporary pain relief for older children and adolescents.

Contact us if your child has a persistent sore throat that does not improve during the course of the day or if the throat pain is accompanied by stomach pain, headache, rash, fever, or vomiting.