

Colds, Allergies, Sinus Infections, and Flu: How To Tell The Difference?

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Your child's nose is running. She's coughing, and she has a sore throat and a headache. She's been sick for two days, and has a low-grade fever. Does she have a cold, or allergies, or a sinus infection? Or could she even have the flu? How do you tell the difference?

Allergies seldom cause a sore throat, and never cause a fever. Colds, on the other hand, usually begin with a sore or scratchy throat, along with a low-grade fever usually under 102 degrees F, and clear nasal drainage often accompanied by sneezing. Postnasal drip causes the sore throat, and the cough that often soon begins.

Colds cause a tired sensation, and an increased need for sleep, though for young children sleep may be difficult due to congestion and cough. Fevers are a normal and expected part of the way your child's body fights a cold and may last up to three days, while the infection may last up to two weeks. After a few days, the nasal secretions may become thicker and darker, which does not usually indicate a sinus infection.

Myths about colds abound. Colds are not caused by going hatless on a windy day. Nor are they caused by sleeping near an open window, or getting your feet wet.

Colds, known to doctors as upper respiratory infections, are almost always caused by a virus. And viruses cannot be treated by antibiotics. There are more than two hundred known cold viruses, and the average child gets six to eight colds each year! Colds are simply an unavoidable part of growing up.

Colds are highly contagious. Cold viruses are spread person to person, either directly or by contaminating common surfaces, such as door and faucet handles, countertops, and grocery cart handlebars. Colds generally occur more in winter and early spring, when we spend more time huddled indoors.

Cold viruses can cause a wide range of symptoms, including runny nose, sore throat, cough, fatigue, muscle aches, loss of appetite, swollen glands, and headaches. The combination of symptoms experienced by one child may be very different from those experienced by another. We all are different in the strength of our immune system.

Sore throats are common with colds – most sore throats are not caused by strep. However, a sore throat occurring for several days without congestion, cough, and runny nose could represent a strep infection, and an office visit is usually necessary.

Sinus infections never occur out of the blue. There must first be ongoing allergies, or an upper respiratory infection. The classic signs of a sinus infection include a sudden new fever, worsening headache, or worsening cough, especially at night. Sinus infections seldom occur until a cold has been ongoing for more than ten days, though a few children seem to develop them more quickly. Again, thickened or darkened nasal drainage does not usually indicate a sinus infection.

Some parents think the flu is a stomach bug. But while a few children may have nausea or vomiting with flu, influenza is also an upper respiratory infection. Key symptoms include high

fever, often above 102 degrees F, chills and shakes, intense body aches, extreme fatigue, sore throat, and a dry hacking cough.

There is no such thing as “twenty-four hour flu”. The flu is caused by one of three types of influenza viruses, each of which causes illness usually between the months of November through March. February is the peak month for flu. The average length of a flu illness is seven to ten days, with the worst symptoms during the first two to four days.

A word about fevers: fevers are the way in which your child’s body attempts to fight off an illness. Most viruses don’t spread nearly as well within the body at temperatures above 100 degrees F.

In fact, the more often parents give their children fever reducers early in an illness, the longer the illness is likely to last. Try to avoid fever reducers unless your child is very uncomfortable, or refusing to drink fluids.

There are still several reasons to be concerned about a fever. Any baby under 2 months of age with a fever above 100.4 degrees F needs medical attention, day or night. Older than 2 months, any child with a fever that has lasted more than 72 hours, or has gone above 104 degrees F should be seen by a doctor. Finally, any fever that reappears later during an illness needs evaluated within twenty-four hours.

How can parents help their children feel better when they are sick? First, by being loving and patient. Colds cannot be cured with medication. There is little use for medical attention for a cold unless for one of the fever reasons, or unless you suspect that your child has developed a secondary infection, such as an ear or sinus infection, or pneumonia. Most secondary infections come with new fevers, and a sudden worsening of the child’s symptoms.

Next, give fluids, fluids, and more fluids. It is okay if your child is not eating as much when sick, so long as she is drinking plenty of fluids. Monitor your child’s urine output, and call the doctor if your child goes more than 8 hours during the day without urinating.

Run a cool-mist vaporizer wherever your child is sleeping, to help keep the nasal drainage thin and flowing. Have your child take showers instead of baths. Allow for extra sleep. And elevate your child’s head during the night. For babies, place a pillow beneath one end of the mattress.

Avoid all over-the-counter cold medications in children under the age of two years. Avoid cough medications for children under the age of five years. Nasal saline drops and sprays are useful for babies and young children, especially before sleep and before eating.

Finally, reduce the spread of infection by washing hands frequently during fall and winter months, or using hand sanitizer. And avoid exposing your child to cigarette smoke, which increases her susceptibility to colds, and worsens her cold symptoms.