

Common Cold and the College Student

WHAT IS A COLD?

A “cold” is a viral upper respiratory tract infection that can cause many symptoms involving the ears, sinuses, throat, chest, and skin. Infection results from one of hundreds of viral strains. Rhinovirus is the “standard” cold virus, but colds also come from Coronaviruses, Parainfluenza viruses, Coxsackie viruses (hand/foot/mouth disease), Adenoviruses, Echo viruses, and Respiratory Syncytial Viruses.

HOW DID I CATCH IT?

Viral secretions from a cough, sneeze, or even hand-to-hand contact enter your body through mucous membranes (eyes, nose, mouth). Easy ways to spread the virus include shaking hands, kissing, opening doors, working-out at the gym, sharing phones/food/drinks, handling money, or being near an ill student in class, on the bus, or at a bar/party. College campuses are a “hot zone” of upper respiratory viruses due to the vast numbers of ill students in close proximity to one another. Peak incidence of the common cold is in the fall and winter, due to the cold, dry air that allow viruses to propagate, but colds can strike all year. Most adults will have several colds a year.

WHAT ARE THE SYMPTOMS OF A COLD?

One or more of the following symptoms may be present with a cold:

- ◆ Stuffy nose/sinus congestion
- ◆ Sneezing
- ◆ Sore throat
- ◆ Cough
- ◆ Hoarse voice/laryngitis
- ◆ Pink eye
- ◆ Headache
- ◆ Feeling generally unwell
- ◆ Fever
- ◆ Skin sensitivity
- ◆ Muscle aches/weakness

Colored mucous is a sign of a viral, bacterial, **or** allergic cause of inflammation. Green/yellow mucous (snot) on its own does not usually indicate the need

for an antibiotic. Stagnant mucous thickens and darkens overnight, or from antihistamine use, and from the arrival of white blood cells that produce cytokines (proteins) to fight the infection.

HOW IS A COLD DIAGNOSED?

The diagnosis is made based on your symptoms and the signs of illness seen on physical exam. In some cases, a Strep, Mono, or Flu test may be appropriate.

REALISTIC EXPECTATIONS: IS THERE A CURE?

HOW LONG DOES IT LAST?

Illness/colds are a fact of life. As a rule, you will feel poorly. Over-the-counter and prescription medications can help you feel better and return you to function at school or work, but no remedy or medication can cure you or fully prevent you from becoming ill. Antibiotics (e.g. Z-Pak[®], amoxicillin) don’t kill viruses. Misuse of these drugs puts you at risk for adverse effects from them, including serious allergic reactions, and promotes antibiotic resistant organisms. Your immune system is your best ally against upper respiratory viruses.

A common misconception is that colds last “just a few days” or that you can “kick-it” in 3-5 days. In general, fever >100 can last 1-3 days, and a bad sore throat may last up to 5 days. Nasal congestion/sinus pressure can last for 5-10 days. Cough will usually last a couple of weeks but may nag you for 3-4 weeks.

TREATMENTS

Sore throat, headache, sinus/ear pain, body/eye aches, fever

- ⚡ Ibuprofen (Motrin[®]/Advil[®]), naproxen (Aleve[®]), and acetaminophen (Tylenol[®]) — check drug label for dosing directions. Take ibuprofen or naproxen with food. Ok to take both ibuprofen *or* naproxen w/acetaminophen. NO alcohol with acetaminophen. Remember that many cold and prescription medications contain acetaminophen. NEVER take >3 g (3000 mg) of acetaminophen/day unless otherwise directed by a physician.

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Stuffy/runny nose

- ❏ Oxymetazalone (Afrin[®]) nasal spray 1-2x/day for NO MORE THAN 4 days
- ❏ Vicks VapoRub[®] ointment dabbed beneath the nose (like a mustache) and/or larger amounts rubbed on the neck/chest or the bottom of your feet (best used at night...also good for cough)
- ❏ Decongestants such as pseudoephedrine (Sudafed[®]) or phenylephrine (Sudafed PE[®]) as per dosing instructions on drug label. Other popular decongestants containing these ingredients and available over-the-counter include Mucinex-D[®], Claritin-D[®], Dayquil[®], Alka-Seltzer Cold/Sinus[®], and Tylenol Cold[®].
- ❏ Saline sinus rinse (e.g. Netti pot) has been proven to help with sinus congestion. These are available at any pharmacy, grocery store, or SHC. Hot showers/steam also help.
- ❏ Steroid nasal sprays (e.g. Flonase[®], Nasonex[®])
- ❏ First-generation anti-histamines such as diphenhydramine (Benadryl[®]), clemastine (Tavist[®]), and chlorpheniramine are more helpful than 2nd generation anti-histamines like loratadine (Claritin[®]), cetirizine (Zyrtec[®]), or fexofenadine (Allegra[®]).
- ❏ Apply petroleum jelly (Vaseline[®] ointment), Aquaphor[®], or vitamin A&D ointment to the outside nose/nostrils to prevent chapping.

Cough and Chest Congestion

- ❏ Use a warm air humidifier, if desired. Follow all manufacturer's directions, especially regular cleaning of the machine.
- ❏ To loosen mucous, guaifenesin (Robitussin[®], Mucinex[®]) can be helpful. Drinking more fluids also helps. Remember these products may come in multi-symptom formulations, so read the ingredients on the back of the box/bottle.
- ❏ Throat spray or lozenges can help to suppress cough and/or aid with a sore throat.
- ❏ Honey, hot tea/liquids, salt water gargles
- ❏ Dexamethorphan (Delsym[®], Mucinex[®]/Robitussin DM[®]) is often used as a cough suppressant, though studies do not find it very effective.

Pink eye

- ❏ TAKE OUT YOUR CONTACTS!!!
- ❏ Warm/wet compresses to eyes/face for 5-10 min
- ❏ Wash eyelids/lashes w/warm water (with/without baby shampoo) as needed
- ❏ Artificial tears for comfort; no eye make-up

General Symptom Care

- ❏ Increase fluids
- ❏ Avoid alcohol, recreational drugs, and smoking
- ❏ Increase sleep/rest — light exercise is ok if tolerated and no high fevers
- ❏ Healthy diet. Vitamin C, multi-vitamins, and Echinacea have **not** been proven to help. Zinc supplements early in the illness may offer some benefit, but watch dosing recommendations on drug label.
- ❏ Chicken soup, especially if home-made, does boost the immune system and may help.

PREVENTION SUGGESTIONS

- ❏ Wash hands with soap and water before eating, after going to the bathroom, and before touching your face. Alcohol-based hand sanitizers may be used in between hand-washing.
- ❏ Discard soiled tissues. Empty your trash, wipe down your personal space (desk, phone, remote, key board, mouse, bathroom sink, door knobs and light switch plates) with anti-septic (Lysol[®] or Clorox[®]) wipes. Change your pillow case and bedsheets at least weekly, washing them in hot water when possible.

When Should I See a Health Care Provider?

- ❏ Symptoms have not shown improvement within 7-10 days
- ❏ Fever >100° for >3 days
- ❏ Persistent, hard cough (cough fits) >7-10 days
- ❏ Severe ear pain or blood/discharge from the ear
- ❏ Enlarged tonsils that inhibit swallowing, cause choking, alter/thicken your voice, or are coated with thick discharge
- ❏ Inability to open your mouth wide
- ❏ Severe headache, stiff neck, or rash
- ❏ History of heart/lung/kidney disease or diabetes
- ❏ Severe chest pain, wheezing, or shortness of breath in the chest
- ❏ Severe swollen/tender lymph nodes in the neck, groin, and armpits
- ❏ Concern for basic functions (eating/drinking, sleeping, caring for self)

Did you know you can get some free cold medicines at our Cold Clinic? Go online (www.healthcenter.vt.edu) or call 231-6444 for information or an appointment. We reserve extra appointments for those with urgent needs that are not available online.