



Viral Acute Upper Respiratory Infections or “Common Cold” in Adults

“COMMON COLD” IN ADULTS

- » Benign and self-limited syndrome
- » Caused by different viruses such as rhinovirus, coronaviruses, respiratory syncytial virus, parainfluenza viruses, adenovirus, enterovirus, and metapneumovirus
- » Symptoms can last up to 2 weeks in patients (average 3-7 days)

Common symptoms

- » Nasal congestion, running nose, sneezing, sore throat, cough, fatigue, headache, pressure in ears or face
- » Color of nasal discharge does not differentiate a viral infection from bacteria.

Management

- » Antibiotics are NOT indicated for the treatment of common cold.
- » Rest and hydration
- » Symptomatic treatment such as analgesics, nasal decongestants (limited duration) and throat lozenges

Complications

- » Complications are uncommon and include acute bacterial rhinosinusitis, lower respiratory tract infections (pneumonia), acute otitis media, acute exacerbation of COPD, asthma or chronic heart failure.
- » Antibiotic treatment does not prevent complications.
- » Patient should get further evaluation if:
 - Common cold symptoms have not improved after 10 days
 - Meet criteria for acute rhinosinusitis, bronchitis, pharyngitis (see table)
 - Meet criteria for pneumonia (see pneumonia guidance document)

	Acute rhinosinusitis	Acute bronchitis	Acute pharyngitis
Pathogen	Mostly caused by viruses. Only 0.5 to 2% caused by bacteria.	Mostly caused by viruses.	Group A streptococcus (GAS) causes 5-15% of adult acute pharyngitis.
Diagnosis	<p>Clinical presentations</p> <ul style="list-style-type: none"> • Purulent nasal discharge* • Nasal congestion • Facial pain or pressure • Fever, fatigue, headache, hyposmia or anosmia <p>*Color of nasal discharge does not indicate a bacterial infection. **Purulent sputum and wheezing do not indicate a bacterial infection.</p>	<p>Clinical presentations</p> <ul style="list-style-type: none"> • Cough with or without sputum production for <3 weeks** • Wheezing 	<p>Centor Criteria (1 point for each)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Tonsillar exudate <input type="checkbox"/> Tender anterior cervical lymphadenopathy <input type="checkbox"/> Absence of cough <p><u>Centor Criteria</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 0-1 points: GAS unlikely <input type="checkbox"/> 2-3 points: GAS possible <input type="checkbox"/> 4 points: GAS likely <p>Rapid antigen detection test (RADT) if ≥ 3 Centor criteria</p>
Management	<p>Symptomatic treatment</p> <ul style="list-style-type: none"> • Analgesic • Antipyretic • Nasal decongestants • Hydration • Rest <p>NO antibiotics</p>	<p>Symptomatic treatment</p> <ul style="list-style-type: none"> • Throat lozenges • Dextromethorphan or guaifenesin • Hydration • Rest <p>NO antibiotics</p>	<p>Symptomatic treatment</p> <ul style="list-style-type: none"> • Throat lozenges • Analgesic • Honey • Hydration • Rest
Antibiotic Therapy	<p>Consideration of antibiotic treatment if:</p> <ul style="list-style-type: none"> • Persistent symptoms last ≥ 10 days • Worsening symptoms within the first 7 days after an initial improvement <p><u>First line</u> Amoxicillin/ clavulanate X 5-7 days</p> <p><u>Alternative</u> Doxycycline X 5-7 days</p>	<p>Antibiotic treatment does not prevent complications.</p>	<p>Antibiotic treatment if:</p> <ul style="list-style-type: none"> • Symptomatic pharyngitis • A positive RADT or culture for GAS <p><u>First line</u> Amoxicillin 500mg BID X 10 days</p> <p><u>Alternative</u> Cephalexin 500mg BID X 10 days</p>

