



The Common Cold

What is the common cold and how long does it last?

The common cold is a mild infection of the upper respiratory tract. The symptoms include a stuffy or runny nose, sore throat, coughing or sneezing, watery eyes and fever. This is usually after 3-4 days of feeling ill although some cold symptoms can last up to two weeks or more. It is not as serious as the flu, which has similar symptoms. Colds are caused by a virus which invades the cells in the nose and replicates. The virus concentration is highest and most contagious two to three days before a person develops symptoms and two to three days after. As a result, infected children and staff may have already spread the virus before they show signs of illness. So exclusion won't necessarily stop the spread of colds.

How are colds spread?

Cold viruses are most contagious just before symptoms occur and for about the first three days of the cold. There are over 100 cold viruses, so children can get one cold after another, sometimes for months. This is annoying and frustrating, but rarely abnormal. Children build up more resistance to each virus and will become sick with colds less frequently over time.

Everyone and no one is to blame for the transmission of these viruses. Twenty-five percent of people with colds may have the virus in their nose and throat area without experiencing any symptoms of illness. Yet these people can give the virus to someone else who does get sick. Colds can be spread through discharges from the nose and throat, through coughing, sneezing, kissing on the mouth, sharing eating utensils, and touching contaminated objects as well. Doorknobs, money (bills and coins), keys and toothbrushes harbor cold viruses. The virus can live on a

non-human surface for one to two hours. Animals and humans do not get each others' cold viruses.

Colds and allergies

The irritations from allergies and colds can coexist in a person's nose. If you think a child has allergies, you may want to suggest that parents discuss strategies with their health care provider to help control the symptoms.

Cold myths

Teething causes colds, fever and diarrhea. Newborns have temporary immunity from the cold viruses their mother has had. The antibodies are passed on to the fetus while in the womb. This immunity wears off between 4-6 months of age and the babies are then more susceptible to colds. This also happens to be the same age that babies begin teething, so frequently babies get their first cold and begin teething around the same time. They can get a fever from the cold, congestion and discomfort from both the cold and teething, and diarrhea.

Being cold or chilled can contribute to catching a cold. Colds are caused by a virus, not by being cold. In fact, fresh air indoors and playing outdoors reduce the spread of cold viruses.

Feed a cold, starve a fever. This saying is untrue, but eating tasty food will not make a cold worse and may help the cold sufferer feel better.

Dairy products worsen colds. Not true. It's OK to give milk unless there is a specific reason not to.

A child in care who gets a lot of colds has a weak immune system. This is a myth. In the first two years of life children can have eight to 10 colds. If they are in group care and have school-age siblings this number might go even higher. Small children

are just not good at the personal hygiene that helps prevent colds, such as proper handwashing.

Antibiotics are needed to treat a cold. Not true, since most colds are caused by viruses, not bacteria.

Complications from colds

Sinus infections. Green-yellow mucus does not mean the child has a sinus infection unless it continues every day for more than seven to 10 days. Yellow or green mucus does not require exclusion unless it's accompanied by a fever.

Ear and airways infections. Some children have small sinus, ear and bronchial tubes, where mucus can pool and become a reservoir for a cold virus. This increases the likelihood of ear infections, bronchitis, or pneumonia. It becomes less of a problem as children grow and these tubes become larger.

Conjunctivitis or "pink-eye" is a common symptom with both colds and allergies. The child may or may not require eye drops before readmission to child care.

Excess mucus. It's OK for the child to swallow or vomit phlegm instead of coughing it out.

Coping with colds in child care

It's not the child care provider's fault or family's fault that children get colds. It's a fact of life. However, there are coping strategies you can use to minimize the number of colds in your program.

- Make sure that both children and adults practice good hand washing.
- Teach children to cough into their elbow rather than in their hands, and away from people.
- Wipe noses with clean disposable tissues, dispose of them properly and wash your hands after using them.
- Routinely clean the environment and wash mouthed toys daily.
- Don't share food, bottles, toothbrushes or toys that can be put in the mouth.
- Play outdoors often and open windows to let fresh air into your program daily.

- Don't kiss children on the mouth, and discourage them from kissing other children on the mouth in order to avoid contact with saliva.

Exclusion policies

Children with colds can often participate in child care. For example, a fever in a child who is playful and feeling well and has no other symptoms is not a condition that requires exclusion. However, exclusion is recommended in the following situations:

- Severe coughing that causes the child to get red or blue in the face, or make a high-pitched whooping sound after coughing.
- A fever (100° F taken under the arm) along with behavior change or other signs of illness such as sore throat, rash, vomiting, diarrhea, earache, etc.
- A child who seems excessively irritable or sleepy (hard to wake up).
- Runny diarrhea (the child may need to be excluded and seen by a health care provider).
- An infant (4 months or less) who has a fever (99° F taken under the arm), is irritable and is refusing feedings should be excluded and seen by a health care provider immediately.
- A child who is too sick to participate or whose care requires more effort than a caregiver can provide and still care for the other children.

Make sure that your exclusion policy is clear on colds, as well as issues such as fever, diarrhea, vomiting, eye infections, or children who are just not feeling well and need to be at home.

References

Common Colds and Young Children, American Academy of Pediatrics (2000). www.aap.org.

Caring for Our Children, National Health and Safety Performance Standards for Out-of-Home Child Care Programs. Washington, D.C.: American Public Health Association and American Academy of Pediatrics (1992).

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