

Colds in children



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Why children get so many colds

- The 'common cold' is caused by viruses that infect the nose, throat and sinuses. A virus is a germ that makes people sick.
- Young children get lots of colds, some as many as 8 to 10 each year before they turn 2 years old. Colds tend to be more common in fall and winter when children are indoors and in closer contact with each other, so it may seem like your child has one cold after another all winter long. Young children have more colds than older children and adults because they haven't built up immunity (defences) to the more than 100 different cold viruses that are around.
- Children can catch colds from siblings, parents, other family members, playmates or caregivers. Children with older siblings and those who attend daycare have more colds. Once you've had a cold virus, you become immune to that virus, so children get fewer colds as they get older. By the time they start school, children who attended daycare will have fewer colds than other children.
- If a child gets many colds, it's not a sign of a weak immune system. It just means he's exposed to many viruses. The only reason to have a child's immune system tested is if the colds often lead to more serious problems.

Is it just a cold or something more serious?

- Typical cold symptoms are a runny nose, nasal congestion, sneezing, coughing and a mild sore throat.
- Some children may not want to eat, have a headache or be more tired than usual.
- Colds can sometimes cause fever, but the fever usually isn't very high.
- Colds usually last about a week but can last for as long as 2 weeks.
- Some respiratory viruses that cause colds in older children and adults may cause more serious illness

when they infect infants and toddlers. These illnesses include croup (hoarseness, noisy breathing, barking cough), bronchiolitis (wheezing, difficulty breathing), or sore eyes, sore throat and neck gland swelling.

- The influenza (flu) virus causes high fever, cough and body aches, strikes more quickly than a cold and causes infected persons to feel sicker. While children with colds usually have energy to play and keep up their daily routines, children with influenza are usually in bed.

How colds are spread

Cold viruses are found in the nose and throat. Because children touch their noses, eyes and mouths often, put things in their mouths, and touch each other often during play, cold germs spread easily. There is also a lot of contact between parents or caregivers and children: holding hands, picking up, feeding, changing diapers and so on.

- Children with colds get viruses on their hands when they touch their runny noses or mouths or when they cough or sneeze. When they touch other children, they pass on the viruses.
- Children with colds get viruses on their hands and then touch an object, such as a toy or furniture. Cold viruses can live on objects for several hours and can be picked up on the hands of other children who touch the same object. These children then get infected when they touch their eyes, nose or mouth.
- Caregivers can get viruses on their hands and spread them between children by touch.
- Some cold viruses may be spread through the air when a child with a cold coughs or sneezes. Droplets from the cough or sneeze may reach another child's nose or mouth.

When to call a doctor

Babies under 3 months of age have difficulty breathing through a blocked nose. Feeding becomes difficult.

A Note from the Doctor

Call your doctor or take your baby to an emergency department if your baby:

- has trouble breathing;
- is not eating or is vomiting; or
- has a fever (rectal temperature of 38.5°C or higher).

Babies and children of all ages should see a doctor if the cold seems to be causing more serious problems. Call your doctor or take your child to an emergency department if you notice any of the following signs:

- your child is breathing rapidly or seems to be working hard to breathe;
- your child's lips look blue; or
- coughing is so bad that the child is choking or vomiting.

These can be signs of pneumonia (lung infection) or bronchiolitis (an infection of the tiny airways that lead to the lungs). These conditions need to be treated by a doctor.

Call your doctor if your child shows any sign of a middle ear infection, which can result from a cold. These signs include:

- high fever (especially fever that begins several days after the start of a cold);
- earache;
- crankiness;
- vomiting; or
- pus draining from the ear.

Other reasons to contact your doctor:

- If your child wakes in the morning with one or both eyes stuck shut with dried yellow pus. Although red eyes and watery discharge are common with a cold, pus is a sign of an eye infection and should be treated.
- If your child is much more sleepy than usual, doesn't want to feed or play, or is very cranky or fussy and cannot be comforted.
- It's common to have thick or discoloured (yellow, green) discharge from the nose with a cold. This doesn't need an antibiotic. However, if it lasts for more than 10 to 14 days, contact your doctor.

Treating colds: What parents can do

- There is no cure for the common cold. Colds usually go away on their own.

- Keep your child as comfortable as possible. If she doesn't want to eat, offer plenty of fluids and small, nutritious meals.
- 'Over-the-counter' cough and cold medicines (which don't need a doctor's prescription) should not be given to children younger than three years old unless prescribed by your doctor. Talk to your doctor or pharmacist before giving over-the-counter drugs to children under 12 years of age, or to anyone taking other medicines or with a chronic illness. Read label instructions carefully and do not give more than is recommended.
- Coughing helps clear mucus from the chest. If coughing is frequent, dry and is preventing an older child from sleeping, a product with dextromethorphan may help ease it, although studies have shown limited benefit.
- Decongestants and antihistamines have no effect on coughing. Decongestants taken by mouth are not very effective and can cause rapid heartbeat or insomnia (inability to sleep) in children. Antihistamines are not effective for colds.
- If an infant is having trouble feeding because of a stuffed nose, use a rubber suction bulb to clear mucus from the nose. Use saline nose drops or saline nose spray if the mucus is very thick. The spray goes well into the nasal passages and may be more effective than the drops.
- A cool mist humidifier may make a child with a stuffy nose more comfortable. Clean and dry the humidifier thoroughly to prevent contamination from bacteria or mould. Hot water vaporizers are not recommended because of the risk of burns.
- Medicated nose drops or sprays provide only brief relief and shouldn't be used for more than 2 to 3 days because the congestion can actually get worse. Don't use these products in children under 6 years old.
- Monitor your child's temperature. To ease pain, aches or a fever with a temperature greater than 38.5°C, use acetaminophen (eg, Tylenol, Tempra and Panadol). Ibuprofen (eg, Advil and Motrin) may be used for children over 6 months old. Use the dose and schedule recommended on the package or by your doctor or pharmacist. Acetylsalicylic acid (ASA [eg, Aspirin]), or any cold medicine containing it, should be avoided in children and teenagers with colds because it can lead to brain and liver damage (Reye syndrome).

- Colds cannot be treated with antibiotics. Antibiotics should be used only when children develop complications from bacteria, such as an ear infection or pneumonia.
- Children can continue their normal activities if they feel well enough to do so. If they have fever or complications, they may need a few days of rest at home. Your child can keep going to school if he feels well enough to take part in the activities.
- In winter, children with colds can still play outside.

Preventing colds: What parents can do

- Keep babies under 3 months old away from people with colds, if possible.
- Make sure your child has received all of the recommended immunizations. While they won't prevent colds, they will help prevent some of the complications, such as bacterial infections of the ears or lungs. Influenza vaccine protects against influenza but not against other respiratory viruses.
- Handwashing is the most important way to reduce the spread of colds:
 - Wash your hands after coughing, sneezing or wiping your nose.
 - Wash your hands after being in direct contact with someone who has a respiratory infection.
- Wash your own hands and your child's hands after wiping your child's nose.
- When water and soap are not available, use premoistened hand wipes or alcohol-based hand rinses. Keep hand rinses out of the reach of children because they may be harmful if swallowed.
- Teach children to prevent spreading colds by covering the nose and mouth with tissues when they sneeze or cough, by disposing of tissues immediately in a wastebasket, and by washing their hands after wiping the nose or handling tissues.
- Avoid sharing toys that young children place in their mouths until the toys have been cleaned.
- If your child attends daycare, tell the caregiver about any symptoms and ask if your child should stay away from daycare that day. When both parents work outside the home, plan ahead by making arrangements for when your child becomes ill.

Source: Canadian Paediatric Society Infectious Diseases and Immunization Committee, 2005.

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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