

February 2013 Health Notes by Evelyn Ames

Comments on Upper Respiratory Infections

During the winter months WWURA members and friends are more likely to be indoors socializing, reading, exercising, dozing, partying, etc. The connection between upper respiratory infections such as the common cold which occur in winter months is more likely due to being indoors among other adults and children, seasonal changes in humidity, and lack of physical activity. Studies do not show that cold weather itself causes colds.

Defining Upper Respiratory Diseases: “Upper respiratory tract infection (URI) is a nonspecific term used to describe acute infections involving the nose, paranasal sinuses, pharynx, larynx, trachea, and bronchi... Influenza is a systemic illness that involves the upper respiratory tract and should be differentiated from other URIs.” <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/infectious-disease/upper-respiratory-tract-infection/#s0010> “Viruses cause most URIs, with rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus, coxsackievirus, and influenza virus accounting for most cases.” “Rhinoviruses (from the Greek *rhin*, meaning “nose”) cause an estimated 30 to 50 percent of all colds. Scientists have identified more than 100 distinct rhinovirus types” (which grow best at temperatures of about 91°F, the degree inside the human nose). “Scientists think coronaviruses cause about 10 to 15 percent of all adult colds. They bring on colds primarily in the winter and early spring.” <http://www.niaid.nih.gov/topics/commonCold/Pages/overview.aspx> “Approximately 20 million cases of acute sinusitis occur annually in the United States. About 12 million cases of acute tracheobronchitis are diagnosed annually, accounting for one third of patients presenting with acute cough. The estimated economic impact of non–influenza-related URIs is \$40 billion annually.” <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/infectious-disease/upper-respiratory-tract-infection/#s0010> Organisms that cause URIs are easily transmitted by droplet, aerosol (airborne), or direct hand-to-hand contact with secretions from infected persons. A person’s hands that have touched infected surfaces can easily transmit viruses to their nose and eyes. The public health message of “wash your hands” is so important in helping to reduce a person’s chances of being infected. Wiping door handles and phones in residences where people have URI’s is suggested.



Examples of URI's: http://www.medicinenet.com/upper_respiratory_infection/article.htm

- [rhinitis](#) (inflammation of the nasal cavity)
- [sinus infection](#) (sinusitis or rhinosinusitis) - inflammation of the sinuses located around the nose
- [common cold](#) (nasopharyngitis) - inflammation of the nares, pharynx, hypopharynx, uvula, and tonsils, pharyngitis (inflammation of the pharynx, uvula, and tonsils), epiglottitis (inflammation of the upper portion of the larynx or the epiglottis)
- [laryngitis](#) (inflammation of the larynx), laryngotracheitis (inflammation of the larynx and the trachea), and tracheitis (inflammation of the trachea).

Common cold: Sneezing, scratchy throat, and runny nose are some of the first signs of a cold. These usually begin about 2 to 3 days after infection. Other symptoms include mucus buildup in the nose, tiredness, and headache. Over 200 viruses have been identified as causing common colds. The large number of viruses and the fact that viruses mutate from season to season, are reasons why immunization against the cold has not been successful. Colds are usually mild with symptoms lasting from 1 to 2 weeks. Adults generally do not have a fever. If a fever occurs, the illness might be influenza or a bacterial infection. Future advances in technology have the potential of identifying another 20 to 30 percent of causes of adult colds.

Preventive Actions: “Several research studies show that people who exercise regularly have a significantly reduced number of respiratory tract infections, such as the common cold, compared with those who don't exercise. Research also suggests that allergic diseases that affect the nose or throat and psychological stress may increase your chances of getting infected by cold viruses.” “High fever,

significantly swollen glands, severe sinus pain, and a cough that produces mucus may be signs that you have a complication or more serious illness. If you have any of these signs, you should contact your healthcare provider.” <http://www.niaid.nih.gov/topics/commonCold/Pages/overview.aspx>.

Walking Pneumonia: Walking pneumonia is an informal term for pneumonia that is not severe enough to require bed rest or hospitalization. “Walking pneumonia is often caused by a type of bacterium that produces milder symptoms that appear more gradually than do those of other types of pneumonia.” <http://www.mayoclinic.com/print/walking-pneumonia/AN00137/METHOD=print> Ways of acquiring pneumonia include being infected by bacteria and viruses that live in our noses, sinuses, or mouths. These may spread to the lungs. A person may breathe pneumonia-causing germs directly into the lungs, or may inhale foods, liquids, vomit, or fluids from the mouth into the lungs. The latter is termed aspiration pneumonia. <http://www.nlm.nih.gov/medlineplus/ency/article/000145.htm> Community-acquired pneumonia is pneumonia that occurs among people who have not recently been in a hospital or other health care facility. <http://www.nlm.nih.gov/medlineplus/ency/article/000145.htm>

According to the American Lung Association, pneumonia often mimics the flu, beginning with a cough and fever. Age and status of general health are factors that affect signs and symptoms and whether the cause is viral or bacterial. Signs and symptoms may include fever, lower-than-normal body temperature in older people, cough, shortness of breath, sweating, shaking chills, chest pain that fluctuates with breathing (pleurisy), headache, muscle pain, and fatigue. <http://www.lung.org/lung-disease/pneumonia/symptoms-diagnosis-and.html> and <http://www.mayoclinic.com/health/pneumonia/DS00135/DSECTION=symptoms>

Who is more likely to be hospitalized: those who have another serious medical problem, have severe symptoms, are unable to care for themselves at home (and cannot eat or drink), are older than 65 or are a young child, and are not responding to antibiotics and getting better.

Information relating to when to see a doctor and differentiation between viral and bacterial pneumonia is described at <http://www.lung.org/lung-disease/pneumonia/symptoms-diagnosis-and.html> For treatment information: <http://www.niaid.nih.gov/topics/commoncold/Pages/treatment.aspx> Additional information at http://www.medicinenet.com/upper_respiratory_infection/page2.htm Detailed information on “cough” is at <http://www.nhlbi.nih.gov/health/health-topics/topics/cough/>