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NEWS

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* * * 'Tis the season for colds and flu.
UTHSCD doctors offer hints for stopping
the spread.

DALLAS--Yes, Virginia, people do catch more colds and flu during the holidays.

The kids are coming home from college and bringing new viruses to share. People are getting together more and touching and kissing more. Every contact adds to the probability of having a virus transmitted. But doctors at The University of Texas Health Science Center at Dallas are not suggesting that people ought to become hermits to avoid infection.

They do have information about the way viruses spread that may help people curtail the spread of respiratory infections. And one person touching another may make a handier bridge for the "common cold" virus than the well-known cough or sneeze.

In a report prepared by Dr. Steven Seidenfeld, fellow in Infectious Diseases in the Department of Internal Medicine, winter is shown to be a peak time for the activity of many common respiratory viruses. "Upper respiratory infections may be caused by a variety of viruses, but in almost half the cases no causative agent can be identified. In individual cases, the diagnosis is based on clinical symptoms," says Seidenfeld in his article used for continuing education at Dallas Veterans Administration Medical Center.

The illness called the "common cold" is an upper respiratory viral infection, usually a mild disease that runs its course in seven to 10 days. Characteristic symptoms include nasal congestion and discharge, sore throat, headache and low-grade fever. In persons who smoke cigarettes, says Seidenfeld, the illness may be more severe and last up to three weeks.

Rhinovirus, the major virus that causes colds, has two peak activity periods during the year--one around the time school starts and the other in mid-winter.

"It's not clear why the incidence of viral respiratory illnesses rises during the winter, but exposure to cold temperature is not felt to play a major role," says Seidenfeld. Children are at highest risk of developing colds and frequently introduce them into their households where other family members may be infected. Families of young children have more colds than families of teen-agers, for example.

Different viruses are transmitted in different ways. Rhinovirus (the most common cause of colds) seems to be passed through direct contact with infectious secretions on skin and environmental surfaces that are then introduced into the nose. It is probably best for patients to use disposable tissues, dispose of them and wash their hands after blowing their noses.

Influenza and adenovirus, which causes sore throat and bronchitis, may be transmitted through airborne droplets dispersed by sick people coughing, sneezing or talking.

In contrast to a cold, influenza may produce severe illness. The incubation period ranges from 18 to 36 hours after which there is usually an abrupt onset of high fever (101°-104°F.), headache, muscle aches, non-productive cough and fatigue. Most symptoms subside after three to five days although cough and fatigue may last for weeks or months. The patients are also more susceptible to bacterial infections.

In young, healthy people the disease usually runs its course. However, pregnant women, people over 65 and the chronically ill often develop pneumonia and other complications. Vaccination is important for these groups of people at high-risk for influenza complications.

(over)

2-holiday "flus"

There is no specific therapy for most of these respiratory infections. Patients may be made more comfortable with aspirin or acetaminophen (Tylenol), decongestants and warm salt water gargles, but these have no effect on the course of the disease. Antihistamines are of no benefit, and antibiotics are not useful unless complications develop. Despite its popularity, there is no evidence that vitamin C is helpful in preventing or treating the cold.

The drug amantadine (Symmetrel) may prevent influenza A if taken on exposure. Recent studies have shown that amantadine may decrease the duration and severity of symptoms if taken within 18 hours of exposure.

Last year during an influenza A outbreak on one of the wards at Dallas VAMC, Beverly Brown, the infection control nurse, found amantadine helpful in preventing the spread of flu to other patients. Fifteen hospital employees in contact with the infected patients received amantadine as a preventive measure, and none contracted the disease. Amantadine therapy and other infection control measures initiated by Brown stopped the spread of influenza A within four days of the first patient infection.

Flu and other viruses spread quickly in families. But Dr. James Smith, chief of Infectious Diseases at Dallas VAMC and professor of Internal Medicine at UTHSCD, has some suggestions that may help stop such outbreaks:

* If you have an infection, wash your hands before preparing food and frequently during the preparation if you are "going for your Kleenex." Be especially careful when preparing food such as salads that will not be cooked and when preparing food for a party or other large group.

* Hugging's fine but kissing may pass a cold virus. "But living involves taking chances," says Smith. "There's no need to be compulsive about this. You may give or get the virus anyway. Only about 10 percent of the people who get a cold or flu know where they got it."

* If someone in the family has the flu, those who have not been immunized should consult with the family doctor about taking amantadine for three to five days.

* Drink in moderation only. Excessive drinking won't cause you to be more vulnerable to a virus, but if you have been drinking excessively and get the flu, you're more likely to get complications.

* "The most important tip for health maintenance during the holidays is 'Don't drive if you drink,'" says Smith. "There's much more risk involved in drinking and driving than in catching a bug at a party."

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