



Common Cold

Definition

A common cold is a viral infection of the upper respiratory tract—your baby’s nose and throat. Nasal congestion and a runny nose are the primary signs of a common cold in babies.

Babies are especially susceptible to the common cold, in part because they’re often around other children who don’t always wash their hands. In fact, within the first year of life, most babies have up to seven colds. Younger babies have immature immune systems, and have had limited time to acquire immunity to common viruses.

Preschool children are at greatest risk of frequent colds, but even healthy adults can expect to have a few colds each year. Most people recover from a common cold in about a week or two. If symptoms don’t improve, see your doctor.

Treatment for the common cold in babies involves taking steps to ease their symptoms, such as providing plenty of fluids and keeping the air moist. Very young infants must see a doctor at the first sign of the common cold, because they’re at greater risk of complications such as croup or pneumonia.

Symptoms

The first indication of the common cold in a baby is often:

- A congested or runny nose
- Nasal discharge that may be clear at first, but then usually becomes thicker and turns shades of yellow and green

Other signs of a common cold may include:

- A low-grade fever of about 100.4 F (38 C)
- Sneezing, watery eyes

- Coughing, itchy sore throat
- Decreased appetite
- Irritability
- Difficulty sleeping
- Mild fatigue

When to see a doctor

Babies:

Your baby's immune system will need time to conquer the cold. If your baby has a cold with complications, it should resolve within about a week.

If your baby is younger than 2 to 3 months of age, call the doctor early in the illness and for any fever greater than 100.4 rectally. For newborns, a common cold can quickly develop into croup, pneumonia or another serious illness. Even without such complications, a stuffy nose can make it difficult for your baby to nurse or drink from a bottle. This can lead to dehydration. As your baby gets older, your doctor can guide you on when your baby needs to be seen by a doctor and when you can treat his or her cold at home.

Most colds are simply a nuisance. But it's important to take your baby's signs and symptoms seriously. If your baby is age 3 months or older, call the doctor if he or she:

- Fever of 100.4 F rectally in newborns to 6 weeks of age
- Fever of 102 F (38.9 C) or higher in children ages 6 weeks to 2 years
- Isn't wetting as many diapers as usual
- Has a temperature higher than 102 F (38.9 C)
- Seems to have ear pain
- Has red eyes or develops yellow eye discharge
- Has a cough for more than a week
- Has thick, green nasal discharge for more than two weeks
- Has any signs or symptoms that worry you

Seek medical help immediately if your baby:

- Refuses to nurse or accept fluids
- Coughs hard enough to cause vomiting or changes in skin color
- Coughs up blood-tinged sputum
- Has difficulty breathing or is bluish around the lips and mouths

Children:

In general, children are sicker with common colds than adults are and often develop complications, such as ear infections. Your child doesn't need to see the doctor for a routine common cold. But seek medical attention right away if your child has any of the following signs or symptoms:

- Fever of 103 F (39.4 C) or higher in children age 2 or older
- Signs of dehydration such as urinating less often than usual
- Not drinking adequate fluids
- Fever that lasts more than three days
- Vomiting or abdominal pain
- Unusual sleepiness
- Severe headache
- Stiff neck
- Difficulty breathing
- Persistent crying
- Ear pain
- Persistent cough

If symptoms in a child or an adult last longer than 10 days, call your doctor.

Causes

The common cold is an upper respiratory tract infection caused by one of more than 100 viruses. The rhinovirus and coronavirus are common culprits, and are highly contagious.

Once your baby has been infected by a virus, he or she generally becomes immune to that specific virus. But because there are so many viruses that cause colds, your baby may have several colds a year and many throughout his or her lifetime.

A common cold virus enters your baby's body through his or her mouth or nose. Your baby may be infected with such a virus by:

- **Air.** When someone who is sick coughs, sneezes or talks, he or she may directly spread the virus to your baby.
- **Direct contact.** The common cold can spread when someone who is sick touches his or her mouth or nose, and then touches your baby's hand. Your baby can then become infected by touching his or her eyes, nose or mouth.
- **Contaminated surfaces.** Some viruses can live on surfaces for two hours or longer. Your baby may catch a virus by touching a contaminated surface, such as a toy.

Risk factors

A few factors put infants at higher risk of common colds.

- **Immature immune systems.** Infants are, by nature, at risk for common colds because they haven't yet been exposed to or developed resistance to most of the viruses that cause them.
- **Exposure to other children.** Infants tend to spend lots of time with other children, and children aren't always careful about washing their hands and covering their coughs and sneezes. So, if your baby is in child care or has an older, school-age brother or sister in the house, your baby may have a higher risk of catching a cold.
- **Time of year.** Both children and adults are more susceptible to colds in fall and winter, when the air is dry. Children are in school and most people are spending a lot of time indoors, which can make germs easier to spread from person to person.

Complications

- **Acute ear infection (otitis media).** Between 5 and 15 percent of children who have the common cold develop an ear infection. Ear infections occur when bacteria or viruses infiltrate the space behind the eardrum.
- **Wheezing.** A cold can trigger wheezing, even if your child doesn't have asthma.
- **Sinusitis.** A common cold that doesn't resolve may lead to sinusitis—inflammation and infection of the sinuses.
- **Other secondary infections.** These include strep throat (streptococcal pharyngitis), pneumonia, bronchiolitis and croup. Such infections need to be evaluated by a doctor.

What you can do in the meantime

While you wait for your baby's appointment, you can take steps to help make him or her more comfortable. These include moistening the air in your home and using saline and a suction bulb to remove mucus from your child's nose.

Treatment and drugs

Unfortunately, there's no cure for the common cold. Antibiotics don't work against cold viruses. The best you can do is take steps at home to try to make your baby more comfortable, such as suctioning mucus from his or her nose and keeping the air moist. Again, call the doctor early in the illness if your baby is younger than age 3 months.

Over-the-counter (OTC) medications should generally be avoided in infants. Fever-reducing medications may be safely used—carefully following dosing directions—if fever is making your child uncomfortable. Cough and cold medications are not safe for infants and young children.

Fever-reducing medications

OTC pain relievers such as acetaminophen (Tylenol, others) may help to relieve discomfort associated with a fever. Be careful giving acetaminophen to infants and older children because the dosing guidelines can be confusing. For instance, the infant-drop formulation is much more concentrated than the syrup commonly used in older children. Call your doctor if you have any questions about the right dosage for your baby.

Ibuprofen (Motrin, Advil, others) also is ok, but only if your child is age 6 months or older.

Do not give these medications to your baby if he or she is dehydrated or vomiting continuously. And never give aspirin to someone younger than 18 years of age, because it may trigger a rare but potentially fatal condition called Reye's syndrome.

Cough and cold medication

The Food and Drug Administration (FDA) strongly recommend against giving over-the-counter (OTC) cough and cold medicines to children younger than age 2. Over-the-counter cough and cold medicines don't effectively treat underlying cause of a child's cold and won't cure a child's cold or make it go away any sooner. These medications also have potential side effects, including rapid heart rate and convulsions.

In June 2008, the Consumer Healthcare Products Association voluntarily modified consumer product labels on OTC cough and cold medicines to state "do not use" in children under 4 years of age, and many companies have stopped manufacturing these products for young children.

FDA experts are studying the safety of cough and cold medicines for children older than age 2. In the meantime, remember that cough and cold medicines won't make a cold go away and sooner—and side effects are still possible. If you give cough or cold medicines to an older child, carefully follow the label directions. Don't give your child two medicines with the same active ingredient, such as antihistamine, decongestant or pain reliever. Too much of a single ingredient could lead to an accidental overdose.

Lifestyle and home remedies

Most of the time, you can treat an older baby's cold at home. Consider these suggestions:

- **Offer plenty of fluids.** Liquids are important to avoid dehydration. Encourage your baby to take in his or her normal amount of fluids. Extra fluids aren't necessary. If you're breast-feeding your baby, keep it up. Breast milk offers extra protection from cold-causing germs.

- **Thin the mucus.** Your baby's doctor may recommend saline nose drops to loosen thick nasal mucus. Look for these over-the-counter drops in your local pharmacy. Alternatively, saline may be made at home by adding $\frac{1}{4}$ teaspoon of salt to $\frac{1}{2}$ cup of sterile lukewarm water. Make this fresh everyday & use a sterile container. Suction your baby's nose. Keep your baby's nasal passages clear with a rubber-bulb syringe. Squeeze the bulb syringe to expel the air. Then insert the tip of the bulb about $\frac{1}{4}$ to $\frac{1}{2}$ inch (0.64 to 1.27 centimeters) into your baby's nostril, pointing toward the back and side of the nose. Release the bulb, holding it in place while it suctions the mucus from your baby's nose. Remove the syringe from your baby's nostril, and empty the contents onto a tissue by squeezing the bulb rapidly while holding the tip down. Do NOT suction your baby's nose more than 4 times a day as frequent suctioning may inflame the lining for the nose and cause rebound congestion.
- **Moisten the air.** Running a humidifier in your baby's room can help improve runny nose and nasal congestion symptoms. Aim mist away from your baby's crib to keep the bedding from becoming damp. To prevent mold growth, change the water daily and follow the manufacturer's instructions for cleaning the unit. It might also help to sit with your baby in a steamy bathroom for a few minutes before bedtime.

Prevention

The common cold typically spreads through infected respiratory droplets coughed or sneezed into the air. The best defense? Common sense and plenty of soap and water.

- Keep your baby away from anyone who's sick, especially during the first few days of illness. If you have a newborn, don't allow visits from anyone who's sick. If possible, avoid public transportation and public gatherings with your newborn.
- Wash your hands before feeding or caring for your baby. When soap and water aren't available, use wipes or gels that contain germ-killing alcohol.
- Clean your baby's toys and pacifiers often.
- Teach everyone in the household to cough or sneeze into a tissue—and then toss it. If you can't reach a tissue in time, cough or sneeze into the crook of your arm.

Simple preventative measures can go a long way toward keeping the common cold at bay.