Q&A with dr. lisa sullivan

Is it a cold or the flu?

A cold typically refers to a viral upper respiratory infection that is not the flu. It will have any variety of runny nose, watery eyes, low grade fever, sneezing, coughing and nasal congestion. It is highly contagious and will usually run its course within seven to 14 days. It is best treated with lots of old fashioned rest, fluids, chicken noodle soup, humidified air, and nasal saline drops.

The flu (influenza) is also a viral upper respiratory infection, but to an un-immunized and unhealthy/weakened person, it can be severe and sometimes life threatening. It can evolve quickly to include other systems (not just the upper respiratory tract). A telltale early sign is a cold with high fever and body aches.

Influenza's effects can be dampened and sometimes prevented by a yearly flu shot. If a case of the flu is caught early enough, a special anti-viral medication can be prescribed. If you think you or your child has the flu, notify your doctor immediately. Anti-viral treatment needs to start in the first 48 hrs of symptoms or it will not work.

What does the color of snot mean?

Snot comes in a variety of colors, but each color is not specific for a condition. Other characteristics of snot are equally as important, such as how much and for how long. Generally, chronic clear mucus signifies a non-infectious problem (e.g., allergy) and yellow or green mucus signifies an infection. Being infected may not always equate to being contagious, as is the case with bacterial sinus infections. Also know that the flu and many other viruses start out with copious amounts of clear, watery, and highly contagious discharge.

Being infected also does not mean antibiotics will solve the problem. Check in with your doctor if a snotty nose problem seems to be worsening after a few days rather than improving. The best initial way to deal with snot is to try saline nasal drops once or twice a day. Increase fluid intake, and if over 2 years old, consider adding a mucus thinner, like plain Mucinex, to encourage drainage. If drainage occurs, the infection will likely go away on its own.

How about ear infections and antibiotics?

Ear infections are the most common illness of children for which antibiotics are prescribed in the US. A slight majority of ear infections are actually viral (i.e., not helped with antibiotics) but the standard of care in the US is to treat all ear infections with antibiotics to prevent secondary serious complications (e.g., meningitis, brain infections, bone infections). Europeans, for example, have a higher threshold for starting antibiotics for ear infections.

Typically ear infections occur between ages 6 months to 6 years. It is usually a simple matter of anatomy and immunity. It takes time for the Eustachian tube to grow and be able to efficiently drain the ear. If the ear doesn't drain, it becomes a perfect Petri dish for bacteria to grow.

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Also, maternal antibodies protect the baby until around 6 months at which time the baby starts to synthesize their own. However, babies won't make an antibody until they experience an infection or receive an immunization (which tricks the body into producing an antibody). Therefore, it takes time for a new person to develop an entire repertoire of antibodies to protect against all of the local varieties of infection. With full immersion in germs (e.g., daycare), it takes about two years. With gradual exposure to germs (e.g., home care) it can take until age 7.

Either way, each person needs to experience every germ at some point to keep from getting ill in the future. There is evidence that earlier exposure is somewhat protective and helps guard against developing an atopic (allergic) immune system.

How many ear infections are normal?

Generally, more than four ear infections in a year warrant a more intensive work up, even if daycare is to blame. This may include a trip to the allergist to rule out environmental or food allergy or immune dysfunction, a trip to the oto-laryngologist (ENT) to evaluate the anatomy or to see if ear tubes would help, or your doctor may suggest a trial of prophylactic antibiotics. A thorough work up should also include a hearing screen, especially if there is any speech delay.

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