Starting to feel cold, achy, congested, and maybe even nauseous? Welcome to cold and flu season! Although both colds and the flu may elicit similar signs and symptoms, there are major differences between the two. Knowing these differences may help you avoid a doctor’s appointment and the potential for unnecessary medications and added costs.

Is it a Cold?
Both a common cold and the flu are viruses that enter the body through mucus membranes in the nose, eyes or mouth. However, when a cold strikes it usually only lasts for a few days to 1 week, maximum. It may start with a sore or itchy throat and evolve from there. It’s important to note that colds are less severe than the flu, so the following common signs and symptoms are often much milder when comparing the illnesses:

- stuffy nose
- sneezing
- sore throat
- hacking cough or mild-to-moderate chest discomfort

Less common signs and symptoms of a cold may include:
- headache
- mild achiness
- mild fatigue
- fever (more likely in children than adults)

If you have a cold that doesn’t go away after a week, and isn’t the flu, you may have allergies or a bacterial infection. Bacterial infections require treatment with antibiotics whereas a cold or flu is treated with decongestants, pain relievers, fever reducers or antiviral medications (flu only).

Or Is it the Flu?
The flu virus is a hard hitter. Signs and symptoms often appear out of the blue versus cold symptoms that may take longer to manifest. The following are common signs and symptoms of the flu:

- fever (100°F to 102°F) lasting at least 3 days
- headache
- severe achiness and overall pain
- extreme fatigue
- moderate-to-severe chest discomfort

Less common signs and symptoms of the flu are:
- stuffy nose
- sneezing
- sore throat
- nausea
- diarrhea
- vomiting

The time of year may help determine whether you have the flu—flu season typically starts in the fall and lasts until spring. Of course, you can get the flu anytime; flu season just puts you at heightened risk for infection.

Complications
When left untreated, or in their most severe form, both colds and the flu may cause complications. Two common complications of a cold are sinus and ear infections. Flu complications are much more serious and can include sinusitis, bronchitis, ear infections, hospitalization and pneumonia. Pneumonia occurs more often in children and the elderly.
I'm Sick. Now What?
Stay home! Keep contact with others to a mini-
mum. Pay attention to your symptoms and call
your doctor if you experience any of the following:
  • persistent fever
  • painful swallowing
  • persistent coughing
  • persistent congestion and headaches

If your healthcare provider determines that you
have the flu s/he may prescribe antiviral medica-
tions. For a cold (and flu), there are a number
of over-the-counter medications you can use
depending on your symptoms, which include
decongestants, cough suppressants/expectorants,
antihistamines and pain relievers/fever reducers.

Prevention
Preventing the cold and flu is relatively simple!
First and foremost, wash your hands and wash
them well. The recommended hand washing
protocol is to rub your hands together with warm
soapy water for at least 20 seconds. Avoid close
contact with anyone who's sick. Cough into your
shoulder or elbow to cover your mouth when
coughing or sneezing to avoid potential virus
transmission. If you’re sick, stay home! Get the
rest you need. Cold viruses are most contagious
during the first couple of days; flu viruses are
most contagious for up to 1 week or until a fever
subsides (children can be contagious until all
symptoms are gone).

When Should the Influenza Vaccine be
Administered?
The flu vaccine can be administered as soon as
it is available in healthcare settings, pharmacies,
and flu shot clinics. This may vary year-to-year
because it takes approximately six months to cre-
ate and manufacture flu shots. However, typically
flu shots are available by August or September. It is
best to be immunized by late October, but getting
immunized late can protect against late outbreaks.

Who Should Get the Influenza
Vaccine?
Most people should get the flu shot. It is especially
important for babies older than 6 months, children,
pregnant women, the elderly, and those working
in healthcare to receive a flu shot.

Those with chronic conditions are also recom-
manded to get a flu shot. Included, but not limited,
are those who have:
  • Asthma
  • Cancer and/or undergoing cancer
treatment
  • Chronic obstructive pulmonary disease
(COPD)
  • Diabetes
  • HIV/AIDS
  • Kidney and liver disease
  • Obesity

Most people should otherwise get the flu vac-
cine because it reduces the risk of developing the
flu – and those who get it will likely have reduced

The flu vaccine can be administered as
soon as it is available in healthcare settings,
pharmacies, and flu shot clinics.

Who SHOULDN’T get the flu vaccine?
• You should discuss the flu vaccine with your
healthcare provider if you have an egg allergy.
Most people with a mild egg allergy can receive
the flu vaccine without issue. Those with a
severe flu vaccine should get the flu vaccine
while supervised by a physician. There are also
flu vaccines available that do not contain egg
proteins – these are available for people who
are over the age of 18.
• Those who have had a previous severe reaction
to the flu vaccine should not get the vaccine.
Having a mild reaction to the flu vaccine, such
as body aches and a fever, is not a “severe” reac-
tion – this could be a coincidental infection or
your body’s production of protective antibodies.
• People with potentially compromised immune
systems should consult with their doctor
before getting a live vaccine.

Who is At Risk for Influenza?
Anyone can get the flu – it is highly conta-
gious. However, there are certain people who
are at a higher risk of developing the flu, even
when receiving an influenza vaccine. These
people include:
  • Those who are 65 years of age and older
  • Children younger than 5
  • Pregnant women
  • Those with chronic health conditions, such as
    heart disease, asthma, and diabetes

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