

**Is it a cold, influenza,
COVID or allergies?
Oh, my!
By Dr. Marny Eulberg**

Every fall, going into winter, people who have sniffles, coughs, and/or fever ask themselves and their health care providers, “What causes that?” or “What is this thing that is making me feel sick?”. Fortunately, after the first killing frost, many of the allergies to plants go away until next growing season, but indoor allergens can bother people all year.

This year, COVID-19 gets thrown into the mix. Colds, flu, allergies and COVID may have many of the same symptoms. And yes, it is even possible to have allergies and COVID, or flu and COVID, or allergies and the flu, etc. etc. etc. COVID seems to be the only malady out of this list that can cause a person to have a new loss of the sense of taste or smell, but not all people infected with COVID lose their sense of taste or smell. Therefore, no one can say with certainty that because you can still taste and smell that you do not have COVID!

If the problem is only due to allergies it is very, very unlikely that the person affected will have a fever but will have bothersome sneezing, stuffy or runny nose, and itchy eyes.

The CDC put together a chart of possible diagnoses for those with respiratory symptoms to help determine whether a person might have a cold or influenza and I have added columns for allergies and COVID.

Signs & Symptoms	Allergies	Cold	Influenza	COVID
<i>Symptom Onset</i>	gradual--over days	gradual	sudden--over few hours	variable, no symptoms, over few hours to 7-10 days
<i>Fever (over 100.2 degrees)</i>	none	rare	usual, lasts 3-4 days	may be present
<i>Aches</i>	none to quite mild	slight	usual, often severe	may be present
<i>Chills</i>	none	uncommon	fairly common	may be present
<i>Fatigue/ Weakness</i>	fatigue can be present	sometimes	usual	may be present
<i>Sneezing</i>	frequent, plus itchy eyes	common	sometimes	rare
<i>Chest Discomfort/ Coughing</i>	possible including wheezing may be concerning if difficulty breathing	mild to moderate; hacking mostly dry cough	Common, can be severe	may be present; concerning if difficulty breathing
<i>Stuffy Nose</i>	common	common	sometimes	may be present
<i>Sore Throat</i>	occasional, esp. if post-nasal drainage	common	sometimes	may be present
<i>Headache</i>	may or may not be present	rare	Common	may be present
<i>New Loss of Taste or Smell</i>	rare	very rare	no	suggestive of COVID if present
<i>Nausea, Vomiting, Diarrhea</i>	no	no	no	may be present

IS IT A COLD. . . OH MY! CONT.

As you have likely learned from the media, at present there is no vaccine or preventive measures available to protect oneself from COVID other than frequent handwashing, wearing face coverings when outside one's home, and maintaining a distance of at least six feet from others that do not live in your household. These hygienic measures likely will decrease your risk of getting other respiratory infections such as colds and influenza.

Since there is a vaccine for influenza, it is very important for individuals to get the flu vaccine this year. Since nearly all of us polio survivors in the U.S. are 65 years or older, it is advised that we be given the "high dose" flu vaccine. This is not based on the fact we had polio but is purely based on our chronologic age. The "high-dose" vaccine has four times the amount of flu antigen to the four different flu viruses (hence called a quadrivalent flu vaccine) that are expected to be causing influenza this fall/winter compared to what is in the quadrivalent flu vaccine given to younger individuals. According to an article in the New England Journal of Medicine, the high dose flu vaccine was shown to be 24% more effective at preventing flu in persons 65 and older than the standard flu vaccine. Nevertheless, no flu vaccine is 100% effective at protecting recipients from getting the flu if they are exposed to someone with influenza. In the past several years, flu vaccines have been shown to be about 40-50% effective. So-o-o, it is possible to get flu even if you got the flu shot, but it is thought that, in that case, you will have a less severe case of flu than if you never received the flu shot.

Those who should not get the flu vaccine are those with severe allergies to eggs and those who are sick with fever or any suspected infection including possible COVID. Persons who are sick with fever or have been recently exposed to COVID should *delay* getting the vaccine primarily to avoid exposing the vaccinators and staff to *whatever* you may have.

Initial treatment for colds, flu, and COVID are pretty much the same—fluids, rest, and symptomatic treatment such as acetaminophen (Tylenol) or ibuprofen (Advil, etc.) for treatment of fever and body aches. If you suspect that you may have contracted COVID, it is advisable to get tested 3-5 days after the date you suspect you were exposed and, of course, isolate yourself from the time of possible exposure until you get negative test results back in order to minimize the risk of you transmitting COVID to others.

COMMON QUESTIONS ABOUT COVID-19

What is the difference between an epidemic and a pandemic?

An outbreak is called an epidemic when there is a sudden increase in cases. As COVID-19 began spreading in Wuhan, China, it became an epidemic. Because the disease then spread across several countries and affected a large number of people, it was classified as a pandemic.

Jul 1, 2020

TERMS TO KNOW

Epidemic: Sudden increase in cases of a disease.

Epidemiology: Study of disease and other health outcomes, their causes in a population, and how they can be controlled.

Outbreak: A higher-than-expected number of occurrences of disease in a specific location and time.

Pandemic: Event in which a disease spreads across several countries and affects a large number of people.

SOURCE: Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html>

Are there delays in the availability of flu vaccine?

Currently, vaccine manufacturers are not reporting any significant delays in distributing flu vaccine this season. Because a record number of flu vaccine doses are being manufactured this year, the time to produce and distribute them will be longer. CDC will continue to provide weekly updates on total flu vaccine doses distributed throughout the 2020-2021 flu season.

Can I have flu and COVID-19 at the same time?

Yes. It is possible have flu, as well as other respiratory illnesses, and COVID-19 at the same time. Health experts are still studying how common this can be.

Some of the symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Diagnostic testing can help determine if you are sick with flu or COVID-19.

Is there a test that can detect both flu and COVID-19?

Yes. CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give public health officials important information about how flu and COVID-19 are spreading and what prevention steps should be taken. The test will also help public health laboratories save time and testing materials, and to possibly return test results faster.

The Food and Drug Administration (FDA) has given CDC an Emergency Use Authorization for this new test. Initial test kits were sent to public health laboratories in early August 2020. CDC will continue to manufacture and distribute these kits.

Should a flu vaccine be given to someone with suspected or confirmed COVID-19?

No. Vaccination should be deferred (postponed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the criteria to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, patients should be instructed to notify the provider's office or clinic in advance if they currently have or develop any symptoms of COVID-19.

Additionally, a prior infection with suspected or confirmed COVID-19 or flu does not protect someone from future flu infections. The best way to prevent seasonal flu is to get vaccinated every year.

SOURCE: CDC

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>