

Education/Recommendations – Acute Respiratory Symptoms

Assessment:

- **Fever** ($\geq 100\text{F}/38\text{C}$) or subjective fever
- Acute Respiratory Symptoms:
 - **Cough**, runny nose, sneezing, sore throat
 - **Shortness of breath/difficulty breathing**
 - Myalgias, malaise

- Determine if exposure to COVID-19 travel or close contact with confirmed case

**symptoms in red are the most common symptoms associated with COVID-19*

Severe cases of Influenza and COVID-19 can cause bronchitis, pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Influenza: Characteristically begins with the **abrupt onset** of fever, headache, myalgia, and malaise, following an incubation period of one to four days (average two days). These symptoms are accompanied by manifestations of respiratory tract illness, such as nonproductive cough, sore throat, and nasal discharge. In some cases, the onset is so abrupt that patients can recall the precise time at which illness began

COVID-19: The most common presentation was one-week prodrome of myalgias, malaise, cough, low grade fevers gradually leading to more severe trouble breathing in the second week of illness. It is an average of 8 days to development of dyspnea and average 9 days to onset of pneumonia/pneumonitis. It is not like Influenza, which has a classically sudden onset. Fever was not very prominent in several cases.



Call your doctor if you...

Develop **symptoms**, and **have been in close contact** with a person known to have COVID-19

OR

Have **recently traveled from an area** with [widespread or ongoing community spread of COVID-19](#).

Most patients will recover from acute respiratory viruses (including influenza and COVID-19) with homecare, and do not need to seek medical care. It is important to identify high-risk individuals, as they are at risk for severe disease and death and may warrant earlier intervention or surveillance.

Patients at risk for severe illness due to respiratory viruses (including COVID-19):

- Over 60 years of age
- With underlying health conditions including include heart disease, lung disease, or diabetes
- With weakened immune systems
- Who are pregnant
- Who smoke or vape

High risk for Influenza complications:

- children <2 years (children <5yr are also considered at risk for influenza complications but <2 is the highest risk)
- adults ≥ 65 years
- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematologic (including sickle cell disease), metabolic disorders (including DM) or neurological and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as CP, epilepsy, stroke, MR, moderate to severe developmental delay, muscular dystrophy or spinal cord injury)
- persons with immunosuppression, including that caused by medication or HIV
- Pregnant women (or within 2 weeks postpartum)
- persons <19 receiving long-term aspirin therapy
- American Indians/Alaska Natives
- morbidly obese (BMI ≥ 40)
- residents of nursing homes and other chronic-care facilities

Notes on COVID-19:

- *Very young age is associated with better outcomes, fewer cases.*
- *Fever and dry cough are two most prevalent symptoms in confirmed cases; most patients think of cold and runny nose.*
- *Smoking is associated with worse outcomes.*
- *Comorbid hypertension and cardiovascular disease are associated with worse outcomes (more so than diabetes, more so than cancer).*
- *Family spread in China transpired more often than other avenues of spread.*

Treatment and Homecare Recommendations

Testing: Not everyone who is symptomatic with acute respiratory symptoms needs to be seen in the clinic and/or tested for respiratory viruses

- Once influenza is in the community, confirmatory testing is not necessary if it will not change the course of treatment. Testing should be prioritized for severe cases or those high risk who may benefit from antiviral treatment for influenza.
- Currently there is not testing available in out-patient clinics for COVID-19. Testing needs to be approved by KDHE or OSDE for patients who meet criteria (see *Definition of a PUI*).

Treatment: For patients with mild to moderate respiratory illness recommend **homecare**:

Treat symptoms: Treating the symptoms of influenza and respiratory viruses can help you to feel better but will not make the flu go away faster.

- **Rest** until the flu is fully resolved, especially if the illness has been severe.
- **Fluids** – Drink enough fluids so that you do not become dehydrated. One way to judge if you are drinking enough is to look at the color of your urine. Normally, urine should be light yellow to nearly colorless. If you are drinking enough, you should pass urine every three to five hours.
- **Acetaminophen** (Tylenol) or **ibuprofen** (Motrin) can relieve fever, headache, and muscle aches. Aspirin and medicines that include aspirin (eg, bismuth subsalicylate [brand name: Pepto-Bismol]) are not recommended for children under 18 because aspirin can lead to a serious disease called Reye syndrome.
- Cough medicines are not usually helpful; cough usually resolves without treatment. We do not recommend cough or cold medicine for children under age 6 years.

When to seek help: Most people with the flu and respiratory viruses recover within one to two weeks without treatment. However, serious complications of the flu can occur. Call your doctor or nurse immediately if:

- You feel short of breath or have trouble breathing
- You have pain or pressure in your chest or stomach
- You have signs of being dehydrated, such as dizziness when standing or not passing urine
- You feel confused
- You cannot stop vomiting or you cannot drink enough fluids

In children, you should seek help if the child has any of the above or if the child:

- Has blue or purplish skin color
- Is so irritable that he or she does not want to be held
- Does not have tears when crying (in infants)
- Has a fever with a rash
- Does not wake up easily