



## No. 1 – Colds and Flu

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Title: **Colds and Flu**

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Some ITP patients report that contracting a cold or 'flu can result in a reduced platelet count or an increase in the symptoms of ITP. Colds and 'flu are caused by viral invasion and during such the immune system is activated to attack viruses that have found their way into the body; it is possible that an ITP patient may find that an already low platelet count is aggravated by that mechanism.

A virus is a small organism (20-400 nanometers in diameter) which can reproduce rapidly in a host medium, such as the human body. When viral invasion takes place the immune system is alerted, generating antibodies which coat the viruses to mark them for elimination from the body. If the invasion is significant the body will take unmistakable measures to deal with the situation. It understands that viruses do not like to be overheated – we know this from everyday examples, like pasteurisation and cooking which can destroy bacteria and viruses, so the body raises its temperature in response to the invasion. Most viruses and bacteria can tolerate only a narrow temperature range and a fever will help to destroy some, and inhibit the growth of others. A fever is also thought to stimulate white cell/antibody activity, which is part of the immune system's response to fighting infection.

During a fever the patient will perspire, may feel alternately hot and cold and may be subject to profound sneezing or coughing. Depending on the viral strain and the severity of the infection, the patient may need bed rest while the body copes with the situation. Left in isolation there is less chance of a patient infecting other people, but if normal life is continued there is a much greater chance of passing the virus to someone else. One sneeze releases into the atmosphere minute droplets of mucus containing millions of the expelled virus; these hang in the air for a while, ready to be breathed in by another person and the process starts over again in a new host. Thus the virus spreads quickly from person to person and when people live and work in crowded conditions it is practically impossible to avoid coming into contact with them.

### **Colds**

In popular use there is often confusion between a simple 'cold' and 'influenza' (or 'flu). Generally, if we can continue with normal life, coping with perhaps a mild temperature increase, streaming nose and runny eyes, it can be said that we have a cold. If, however, we have no option but to stay in bed with a fever, accompanied by muscle aches, and feel far too ill even to collect our Saturday night lottery winnings, we possibly have a case of 'flu. The common cold can be caused by up to 200 known viruses. Most of these cause what are popularly known as 'head colds', i.e., the infection is confined to the nose and throat. Many people have their preferred method of treatment. Some take nothing at all and let the cold take its course, since it will clear up anyway. It is arguable that many of the advertised over-the-counter remedies do not accelerate recovery at all, but merely ease the patient's discomfort while the infection follows its normal course. If purchasing over-the-counter remedies from the local chemist, it would be wise for the ITP sufferer to first check with the pharmacist that the proposed choice is compatible with ITP conditions. Aspirin and NSAIDs (such as ibuprofen – Nurofen) should not be taken, but paracetamol can; other preparations, including a cough linctus, which may include antihistamine, decongestants, ephedrine, pseudoephedrine or phenylpropanolamine should be queried with the pharmacist first. Children may be given Calpol but not Calprofen.

The ITP Support Association asked Procter & Gamble, the manufacturers of VICKS Sinex – a nasal preparation - to ascertain its safety under ITP conditions. They advised that VICKS Sinex is not contra-indicated in ITP patients.

### **Influenza**

Influenza, popularly known as 'flu, is an infection of the respiratory tract caused by the myxoviruses type A, B or C. Symptoms can vary from a mild ailment, almost indistinguishable from the common cold, to an acute debilitating illness with muscular aches, headache, fever, fatigue and loss of appetite. The patient's temperature can rise to 38° to 40° C (101° to 104° F). The incubation period is usually 1-2 days and the onset of symptoms is often sudden and unexpected. The temperature usually normalises with three or four days and other symptoms subside gradually thereafter, although often leaving the patient feeling debilitated and 'out of sorts' for a week or more.

The best treatment is bed rest. Paracetamol can be used to reduce fever if excessive and relieve aches and pains, and the patient should drink plenty of fluids, preferably water, which may be warmed. Antibiotics might be needed to combat secondary infection. As a preventative, it is recommended that those on high dose steroids plus all patients over 65 should be offered the 'flu vaccine. The vaccine is made available to certain categories of patients who may be at greater risk from the illness, and anybody concerned that 'flu may be a problem for them should discuss the situation with their doctor. Patients should inform their GP if being treated with steroids or immune suppressants, as this may inhibit the body's response to the vaccination, reducing its benefits.

### **Going to the doctor**

In most cases of the common cold and uncomplicated influenza, going to (or calling out) the doctor is unnecessary and will not result in swifter recovery. It also gives the GP a greater workload over minor ailments which usually only require simple diagnosis, since self care and home treatment is generally all that is necessary. For example, research published in the British Medical Journal shows that sore throats take about the same length of time to get better whether or not they are treated with antibiotics. In addition, some people can have allergies to antibiotics and many GPs ask patients to wait at least 5 days before visiting the surgery with coughs and colds.

It is perfectly normal to cough during or after having a cold. This is the body's way of dislodging secretions that could cause trouble if allowed to settle at the bottom of the lungs. Although coughs can last several weeks after other cold symptoms have subsided, the doctor need not be consulted unless there are new (or more severe) symptoms such as, high fever, chest pain or coughing up blood.

As stated above, a fever is the body's way of dealing with inflammation and infection. Normal temperature is about 37° C (98.6° F), but this can vary a little throughout the day, also depending upon previous activity. If taken to alleviate symptomatic discomfort, paracetamol can also reduce a raised temperature a little, but usually by only a degree or so (never take more than the recommended dose of paracetamol or liver damage can result – always read the instructions on the label). For sweaty, uncomfortable conditions the body can be lightly sponged down with warm water – however, a raised temperature should not be reduced by more than 1° C per hour in order to prevent shock to the patient. It is not advisable to use a direct fan, alcohol, cold baths or leave a person enveloped in wet towels in order to reduce temperature.

With sensible home care and sufficient rest, most people recover from colds, coughs and 'flu within a week or so without complications and usually without needing to see a doctor. If symptoms worsen, or give cause for alarm, a doctor's examination should be sought without delay. If ITP conditions worsen, with increased bruising or bleeding, the patient's doctor should always be informed as a matter of urgency. For the majority, self treatment and home care over the normally mild conditions associated with colds, coughs and 'flu will help allow valuable NHS resources to be directed at more urgent or serious cases, where professional expertise and treatment is imperative.

### **Asplenic patients**

Special considerations apply to asplenic patients. It is a government recommendation that all asplenic patients should have the 'flu vaccine. Those who develop just a runny nose or a mild sore throat need not see their doctor, but should be aware that at the first sign of fever, muscle ache, drowsiness or bad headache they should contact their doctor without delay. Most asplenic patients will be taking antibiotics daily as a precaution against infection and will be aware of this caution.

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Title: **Swine Flu**

Author: **Professor Adrian Newland**

There is not a lot that we can specifically say about swine flu yet but there are many similarities to 'ordinary' flu that we can extrapolate from and we do have experience of previous pandemics. It is important that sensible precautions are taken, in particular regular hand washing, covering up for coughs, discarding tissues carefully and wiping contact surfaces regularly, and avoiding others who have a viral infection that could be swine flu.

We know from the yearly flu infections that even in normal people the infection can be serious (and very rarely fatal) but the vast majority have only a mild infection and fully recover. This is currently the case for swine flu. For these staying indoors, taking plenty of rest and fluid and paracetamol are adequate measures and most recover within a week.

### **Who is at risk**

People at serious risk from swine flu are, in particular, those with underlying medical problems, those with serious chest problems are especially vulnerable, as are also those on treatment with steroids or other immune-suppressants. A detailed list is on the NHS web-site. There is almost certainly no increased risk for patients who have had a previous splenectomy if they are off all other treatment.

If a patient with ITP catches swine flu this may, like all infections, drop the platelet count and a look out should be made for any change in the pattern of bleeding or bruising. We have not seen this in the small number of patients we have been involved with although we have seen a suppression of the white cell count in some and in one a fall in haemoglobin. These may be seen in all viral infections. The more general change in the blood, however, is an increase in the white count as a normal reaction to infection.

### **What to do if you suspect you have swine flu**

Tamiflu, if it is likely to help, should be given in the first 48 hours of the infection. It should be considered in any who are in a high risk group and have the signs of infection (high temperature, fatigue and debility, loss of appetite). If you consider that swine flu is a possibility stay indoors and either phone your GP or get someone to visit and pick up a prescription. Do not in these circumstances go out yourself and risk infecting others. There is no evidence that Tamiflu should adversely impact on the ITP.

### **Swine flu vaccine**

The vaccine will not be available until the late summer/early autumn and will not be given widely until the New Year according to the Chief Medical Officer of England. This will not be a live vaccine and can be given to patients on steroids although in these the response may not be optimal.

GPs should be able to identify patients at risk but any patient who feels they are in this category should contact their GP as they may be very busy at this time (as many are now). The vaccine will be relatively new and will not have had extensive testing and it is worth remembering that in 1976, a vaccine rushed into distribution against a different type of swine flu in the United States caused high rates of Guillain-Barre syndrome, a rare and potentially paralysing neurological disorder. The risks and benefits need to be weighed up and discussed.

1. Excerpt from Prescription Pad, Platelet, Dec 2000 by **Dr David Roberts** (GP Gt Staughton Surgery)

#### *Cold medications*

Cough linctuses come in two broad varieties. There are the decongestants that decrease the amount of mucus the airways produce. These are better for 'chesty coughs' and contain ephedrine, pseudoephedrine or phenylpropanolamine and they make it much easier to cough up the mucus that is there. The other type of linctus is the cough suppressant variety, which are better for tickly dry coughs, the sort that keeps you awake at night. These contain drugs like codeine, pholcodine and the antihistamines such as promethazine or brompheniramine. They tend to sedate, so you have to be careful if driving or operating machinery.

Other medications that are available over the counter for colds include various nose sprays. Again, there are the decongestants such as xylometazole (otrivine) and ephedrine which tend to dry up

the runny noses that we tend to get with colds. The main problem with these is that there tends to build up a tolerance to them so that they stop working after about 3–4 days, and even worse, cause rebound symptoms when stopped. For all year round runny noses (perennial rhinitis) cortisone drops such as Beconase spray and Syntaris are also available from pharmacies.

2. Excerpt from **Prescription Pad** in Platelet Dec 2009 by **Dr David Roberts** (GP Gt Staughton Surgery)

### *Respiratory infections*

As autumn turns to winter, we tend to see more coughs and colds. Many of these are viral and will get better in time, without anything more than supportive treatment such as cough linctuses which can be easily bought over the counter at Pharmacies. Most of these infections do not need antibiotics, and there are increasing concerns at the over-use of drugs to treat minor viral illnesses, which results in an eventual rise in resistant bugs that will not respond to medications when they are really needed.

So when do you or your children need an antibiotic? Many people have an expectation that antibiotics are the cure-all to make them feel better. In reality, in most cases the course of a minor respiratory illness is not affected in any way by antibiotics. NICE (the government's health advisory body) has recently issued guidance on this matter. The only people who really do need antibiotics are those who are at significant risk of developing complications\*. Certain patients may have a chronic illness like COPD (lung disease), heart, kidney, liver or muscular disease, or might be at risk for other reasons, such as being born prematurely. Those who have been in hospital in the last year, or who have diabetes, or who are taking steroids, and those who are more elderly (over 80) are also at higher risk. In these patients, we will want to see how ill they are before considering prescribing antibiotics, but we would be more prepared to do so than for other groups of patients.

For the rest of us, reassurance may be all we need. Apart from increasing the risk of resistant bugs, antibiotics can cause unpleasant side effects like diarrhoea, vomiting or allergic reactions. The bottom line message is that you should not expect an antibiotic will be prescribed. Most ear infections will get better in 4 days, most sore throats in a week, and most colds in 2-3 weeks. Chesty coughs with clear phlegm may take a little longer. Treat yourself with fluids, cough and cold medicines and wait to get better.

Sometimes we may offer "delayed prescribing" of an antibiotic – in other words, we would suggest you try to let the infection run its course, and either ask you to ring back if no better, or to take a prescription which you could cash at a pharmacy if there is no improvement in the timescales outlined above. If you feel there is another reason why you think you need an antibiotic, do not hesitate to mention it, but we may still ask you to let the illness run its natural course.

*\* Patients without a spleen fall into this category.*