

How do I know when to call my physician? Is it Allergies? A Cold? COVID ? Influenza? RSV?

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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. In 2020 COVID-19 got thrown into the mix. And then in 2023 & 2024

RSV (respiratory syncytial virus) got added to the list. Colds, flu, allergies, COVID and RSV 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, or the so called “tripledeemic” of flu, COVID and RSV all simultaneously. 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 !

RSV used to be thought of as only a childhood disease, but now we’ve learned that adults can also become ill from RSV. RSV is a common “cold-like” infection in children (almost all children will have had a RSV infection by age two years). Symptoms of RSV usually include runny nose, decrease in appetite, sneezing, coughing, fever, and possible wheezing. Most RSV symptoms go away on their own in 1 to 2 weeks, but RSV *can* be serious, especially in those less than 2 years old and in adults and infants with impaired respiratory function. They may need hospitalization to treat low oxygen levels or dehydration.

If the problem is only due to allergies it is very, very unlikely that the person affected will have a fever but they often have bothersome sneezing, stuffy or runny nose, and itchy eyes. The [National Foundation of Infectious Diseases](#) put together a chart of possible diagnoses (see page 2) for those with respiratory symptoms to help determine whether a person might have a cold, COVID, Influenza or RSV.

The best preventatives for COVID, flu, and RSV are the vaccines that are now easily available and in the US, the cost is covered by Medicare. Additionally, frequent handwashing, wearing face coverings when outside one’s home, and maintaining a distance from others that do not live in your household can be very effective. And, there is the old rule that applies whether it be colds, COVID, Flu or RSV - if you are sick? Stay home!

These hygienic measures will decrease your risk of getting and spreading these contagious respiratory infections.

There *are* vaccines that can prevent and/or decrease the severity of Influenza, COVID, and RSV. Since the vast majority of us in the US who had polio are 65 years or older, it is generally advised that we be given these vaccines including the “high dose” flu vaccine.

Note: This is not based on the fact that we had polio but is purely based on our age. The “high-dose” vaccine has four times the amount of flu antigen that is in the flu vaccine given to younger people to each of 4 different flu viruses (hence the term “quadrivalent”) that are expected to be the cause of influenza in any given year.

According to 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. Reminder: It takes two weeks after you’ve had the vaccine for it to be fully effective. In the past several years, flu vaccines have been shown to be about 40-50% effective.

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, flu, or RSV should delay getting the vaccine primarily to avoid exposing the vaccinators and staff to whatever you may have.

continued . . .

Is it Allergies, a Cold, Influenza, COVID or RSV? (continued)

Initial treatment for colds, flu, COVID, and RSV 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. Stay home to minimize the risk of you transmitting these respiratory viruses to others, with special avoidance of those with impaired immunity and infants under one year of age.

Can I Have Flu and COVID-19 At The Same Time?

Yes. It is possible to have the flu, as well as other respiratory illnesses, and COVID-19 at the same time. This is what happened with the “triple-demic” (when Flu, RSV, and COVID-19 cases collide). Some of the symptoms of flu, COVID-19, and RSV 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, COVID-19, or RSV.

Should vaccines be given to someone who feels ill? What if they have a fever?

No. Vaccination should ideally be deferred (postponed) for people who have a fever or severe respiratory symptoms. While mild illness is not a contraindication to vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patients to the viruses causing these illnesses.

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 have developed any symptoms of COVID-19, flu, or RSV.

Additionally, a prior infection with any of these viral illnesses does not protect someone from future infections, but the immunity resulting from the infection may give one protection from that same disease for a year or two. The best way to prevent these illnesses is to get vaccinated following the most recent vaccination schedule.

When should someone call their Healthcare Professional, go to Urgent Care, or to the Emergency Room?

Call your healthcare professional anytime you are concerned.

Consider going to an urgent care facility if you have a fever over 102 degrees Fahrenheit (38.9 C), are having trouble breathing including being shorter of breath than usual with ordinary activities, have had a fever over 101 degrees Fahrenheit (38.3 C) for more than 2-3 days or symptoms other than upper respiratory symptoms such as chest pain, urinary symptoms, or problems eating or drinking.

It’s time to go the ER – if you have severe shortness of breath, chest pain, fever lasting more than 3-5 days or over 103, severe pain anywhere, impaired level of consciousness, bleeding not related to a minor cut, or passing out.

SOURCE: CDC
www.cdc.gov/rsv/index.html

| HOW TO TELL THE DIFFERENCE BETWEEN FLU, RSV, COVID-19, AND THE COMMON COLD | | | | |
|---|------|-----|----------|-----|
| Common symptoms may include cough, headaches, sneezing, runny nose, and congestion. Different symptoms may include: | | | | |
| | COLD | FLU | COVID-19 | RSV |
| ACHES | XX | XXX | XX | X |
| DIFFICULTY BREATHING | X | X | XXX | XX |
| FATIGUE | XX | XXX | XXX | X |
| FEVER | X | XXX | XX | XX |
| LOSS OF TASTE OR SMELL | X | X | XX | X |
| SORE THROAT | XXX | XX | XXX | X |
| WHEEZING | X | X | X | XXX |

Image Source: National Foundation of Infections Diseases