

Influenza and Flu-like Illness

Many viruses can cause a flu-like illness. There is usually a seasonal outbreak of influenza (flu) in the UK each winter. Flu-like illnesses typically cause a fever, aches and pains in muscles and joints, a cough and various other symptoms. Most people recover fully, but complications such as pneumonia can sometimes develop. Complications are sometimes serious. Every year some people die from the complications of flu. If you are at increased risk of developing complications, you should be immunised against seasonal flu (have a flu jab) each autumn.

What are flu and flu-like illnesses?

Influenza (flu) is caused by the influenza virus. However, many other viruses can cause an illness similar to flu. It is often difficult to say exactly which virus is causing the illness, so doctors often diagnose a flu-like illness.

There are three types of influenza virus - A, B and C. Influenza A and B cause most of the cases of influenza. Each winter a different type of influenza virus causes an outbreak of flu which affects many people. This is called seasonal flu. If you get a flu-like illness during an outbreak of seasonal flu, it is likely to be caused by the prevailing influenza virus. Most cases of influenza usually occur in a period of six to eight weeks during the winter.

Swine flu is caused by a particular strain of influenza A virus which is called influenza A virus (H1N1v). It seems to affect children and young adults more commonly than those over the age of 60 years. Most people with this type of influenza have a mild flu-like illness. You are more likely to have sickness and/or diarrhoea with this type of influenza.

Note: bird flu (avian influenza) is **different** and is more serious.

What are flu symptoms (or flu-like illness symptoms)?

Common flu symptoms in adults and older children include high temperature (fever), sweats, aches and pains in muscles and joints, a dry cough, sore throat, sneezing, and headache. You may also feel sick. The illness caused by the influenza virus tends to be worse than illnesses caused by other viruses which cause a flu-like illness. Even if you are young and fit, flu can make you ill enough to need to go to bed.

Common flu symptoms in babies and young children include fever, sweats, a cough, sore throat, sneezing, difficulty in breathing, lack of energy (lethargy) and poor feeding. Some young children with flu may have a **febrile convulsion**. A febrile convulsion is a fit that occurs in some children with a fever.

Typically, symptoms are at their worst after 1-2 days. Then they usually gradually ease over several days. An irritating cough may persist for a week or so after other symptoms have gone. Most people recover completely within two to seven days.

How do you catch flu?

Flu is passed from person to person by droplets created when someone with the infection sneezes or coughs. You can also catch it by touching a surface where the virus has been deposited. Flu can spread quickly in these ways.

What else could my symptoms be due to?

Other serious illnesses can have similar symptoms to flu when they first develop - for example, meningitis, malaria, or pneumonia. If you have a more serious illness, other symptoms usually develop in addition to those mentioned above.

Symptoms to look out for which may mean that you have a different and more severe illness include:

- Rash - in particular if dark red spots develop that do not fade when pressed.
- Stiff neck - particularly if you cannot bend your neck forward.
- A headache that becomes worse and worse.
- Dislike of bright lights - if you need to shut your eyes and turn away from the light.
- Drowsiness and/or confusion.
- Repeatedly being sick (vomiting).
- Chest pains.
- Coughing up blood or blood-stained sputum.

Note: it is important to tell a doctor if you have flu-like symptoms and you have been to a country within the previous year where malaria is present. Initial symptoms of malaria can be similar to flu.

What is the treatment for flu and flu-like illnesses?

Your immune system will usually clear viruses that cause flu and flu-like illnesses. Treatment aims to ease symptoms until the infection goes, and to prevent complications. There are several treatment options as outlined below.

General measures

Stay at home as much as possible to prevent passing on the infection.

Paracetamol and/or ibuprofen can lower your temperature, and also ease aches and pains. Drink plenty of fluids to prevent dehydration. It is best not to smoke. Decongestant drops, throat lozenges and saline nasal drops may be helpful to ease nose and throat symptoms.

Note: parents and carers should **not** use over-the-counter cough and cold medicines in children under 6 years old. There is no evidence that they work and they can cause side-effects such as allergic reactions, effects on sleep or even hallucinations.

Antiviral medicines

Antiviral medicines called **oseltamivir** (trade name Tamiflu®) and **zanamivir** (trade name Relenza®) are sometimes used. Antiviral medicines do not kill the virus but interfere with the way the virus multiplies. Antiviral medicines do not cure flu or offer long-term protection against flu. If you do not have an antiviral medicine you are still likely to make a full recovery. However, antiviral medicines reduce the risk of developing complications. They may also reduce the severity and duration of symptoms by a day or two.

An antiviral medicine may be prescribed if you are at increased risk of developing complications when you have flu (see list below). Treatment is usually taken for five days. GPs are only allowed to prescribe an antiviral medicine when national surveillance schemes show there is a lot of influenza in the community. An antiviral medicine is also often used in people who are admitted to hospital with flu.

Medication may also be prescribed to certain people to *prevent* flu - for example, if you live in a residential home and there is an outbreak of flu in the home. It is also given if you are at increased risk of complications and have been in close contact with a person with flu.

Antiviral medicines should be given within 48 hours of getting the flu (within 36 hours for zanamivir in children) or of having contact with someone who has the flu. This is because the sooner they are given, the better they work.

Antibiotics

Antibiotics kill germs called bacteria, but not viruses. Therefore, they are **not** routinely prescribed for viral illnesses such as flu or flu-like illnesses. However, they may be used if a complication develops like a chest infection caused by a germ (bacterium) or pneumonia (see below).

Admission to hospital

A small number of people with flu become ill enough to need hospital admission. This is usually because they have developed complications from flu.

What are the possible complications of flu and flu-like illnesses?

If you are normally well then you are unlikely to develop complications. You are likely to recover fully. However, see a doctor if symptoms change or become worse. Complications are more likely to develop if you are in any of the at-risk groups listed below.

The most common complication is a chest infection caused by a germ (bacterium). This may develop in addition to the viral infection (that is, a secondary infection). This can sometimes become serious and develop into pneumonia. A course of antibiotic medicines will often cure this. However, a bacterial infection can sometimes become life-threatening, particularly in those who are frail or elderly.

Note: with flu or a flu-like illness it is common to have a cough that lingers for 1-2 weeks after other symptoms have gone. Green sputum does not necessarily mean that you have a secondary chest infection. The symptoms to look out for that may indicate a secondary chest infection include a recurrence of a high temperature (fever), worsening of cough, shortness of breath, fast breathing, and chest pain.

Other complications that sometimes occur include a sinus infection and an ear infection. Other serious complications are rare, such as brain inflammation (encephalitis).

Who should be immunised against the seasonal flu virus?

Seasonal flu is the strain of flu virus that arrives in the UK each autumn. The actual strain varies from year to year. A new vaccine (often called the flu jab) is developed each year to protect against the strain that is most common that year. The 2012-2013 flu vaccine will also provide protection against the H1N1v strain.

The flu vaccine will protect 7-8 out of 10 people against infection with flu. It takes up to 14 days for full protection to be reached after having the vaccine. This protection lasts for around one year. The flu vaccine has also been shown to reduce the risk of developing a complication from flu, especially in the elderly.

The Department of Health (DH) issues advice on who should be immunised. This is reviewed from time to time. The aim is to protect people who are more likely to develop complications from flu. Current advice is that you should be immunised against the seasonal flu virus each autumn if you:

- Are aged 65 or over.
- Have any ongoing (chronic) lung diseases.
Examples include **chronic bronchitis**, emphysema, **cystic fibrosis** and severe **asthma** (needing regular steroid inhalers or tablets). It is also recommended for any child who has previously been admitted to hospital with a chest infection.
- Have a chronic heart disease.
Examples include **angina**, **heart failure** or if you have ever had a **heart attack**.
- Have a serious kidney disease.
Examples include **nephrotic syndrome**, **kidney failure**, a kidney transplant.
- Have a serious liver disease such as **cirrhosis**.
- Have **diabetes**.
- Have a poor immune system.
Examples include if you are receiving **chemotherapy** or steroid treatment (for more than a month), if you have **HIV/AIDS** or if you have had your spleen removed.
- Have certain serious diseases of the nervous system, such as **multiple sclerosis**, or have had a **stroke** in the past.
- Live in a nursing home or other long-stay residential care accommodation.

- Are pregnant. Even if you are otherwise healthy it is now recommended for **all** pregnant women.

In addition to the main at-risk groups of people listed above:

- You should be immunised if you are the main carer for an elderly or disabled person. This is because their welfare may be at risk if you fall ill with influenza. This includes staff who work in care and nursing homes.
- Staff involved in direct patient care may be offered immunisation by their employer.

Note: people who work in close contact with poultry are no longer thought to be at increased risk.

From September 2013 all 2-year-old children are to be offered an influenza vaccination that is given as a nasal spray and not as an injection. This will be extended to all pre-school and primary school-aged children from 2014. Secondary school-aged children will be enrolled in pilot schemes from 2014, which will be extended to all from 2015.

If you are healthy, aged under 65 and do not fall into any of the above categories, then you do not need immunisation against seasonal flu. This is because you are unlikely to develop complications from flu.

See separate leaflet called [Influenza Immunisation](#) for more details.

Further reading & references

- [HPA guidance on use of antiviral agents for the treatment and prophylaxis of influenza 2011-12](#) ; Health Protection Agency (December 2011)
- [Influenza - seasonal](#); NICE CKS, August 2009
- [Tamma PD, Ault KA, del Rio C, et al](#); Safety of influenza vaccination during pregnancy. *Am J Obstet Gynecol.* 2009 Dec;201(6):547-52. Epub 2009 Oct 21.
- [Jones JT et al](#); Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children (Review), The Cochrane Collaboration, 2013
- [The flu jab](#); NHS Choices

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