**Peculiar Presentation of the Common Cold in the Midst of Omicron Variant COVID-19 Wave: Case Series from Zambia**

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**Abstract:** Common cold is mainly caused by rhinoviruses. Unusual common cold symptoms that begins with a dry cough could be Omicron variant COVID-19 in this era of the pandemic. We present case series of patients that presented with peculiar order of development of symptoms of common cold from Zambia. We conclude that a high proportion of patients with the common cold might actually be omicron variant COVID-19.

**Keyword:** Peculiar, common, cold, omicron variant, presentation.

1. **INTRODUCTION**

Common cold is an upper respiratory tract infection caused by several viruses[1]. However, the most common cause is a group of viruses called rhinoviruses. [2]. Other viruses that cause common cold include para influenza and seasonal corona viruses. These viruses are transmitted from infected people to others via the air and close personal contact [3]. Infection may also be transmitted by contact with infected stool or respiratory secretions from an infected person. Typical symptoms of common cold include first runny and stuffy nose and sore throat [4].This is followed after one day with the following order of symptoms: sneezing, cough, congestion, slight body aches or mild headache, low-grade fever, and generally feeling unwell. Most people recover in about 7-10 days. Viruses that do not produce lasting immunity include respiratory syncytial virus (RSV), parainfluenza viruses (PIVs), and human corona viruses (HCoVs). Viruses that have numerous serotypes but produce lasting serotype-specific immunity after infection include rhinoviruses, adenoviruses, influenza viruses, and enteroviruses [2, 5, 6, 7].There are no antiviral agents available that are effective for the treatment of the common cold. In adults, first generation antihistamines such as chlorpheniramine have been shown to provide modest symptomatic relief with decrease in nasal discharge, sneezing, nose blowing, and duration of symptoms [8].

We present case series of patients that presented with unusual sequence of development of symptoms of the common cold during the omicron -variant COVID-19 wave.

2. **THE CASE SERIES**

We attended to four adult patients in our clinical practice over a period of two weeks from 12th December 2021. We named our patients A, B, C, and D. Patient-A was a 38 years old woman, Patient-B was a 59 years old man, Patient-C was a 23 years old woman, and Patient-D was a 62 years. COVID-19 vaccination history was as follows: Patient-A had received one dose of Johnson and Johnson vaccine while the rest of the patients had received two doses of Astra-Zeneca vaccine. All the four patients gave a uniform set of symptoms that led to a diagnosis of the common cold. The first symptom to develop was a dry cough. Night sweats, severe headache, scratchy sore throat, and severe body pains followed this. All patients, apart from Patient-B also developed fever. All these symptoms developed in the first one to two days of the illness. Thereafter, all the patients developed a runny nose, sneezing, blocked nostrils and productive cough productive. This happened from Day -3 of the illness. No COVID-19 test was done on any of the patients. All the patients were prescribed the following medication: erythromycin, cough syrup, coldrid (a combination of paracetamol,
caffeine, and chlorpheniramine), brustan (a combination of ibuprofen and paracetamol), vitamin C, and sinutab nasal spray (xylometazolineHcl). All the patients recovered from the illness within seven days of treatment. However, the cough persisted in all the patients but subsided in the second week after commencement.

3. DISCUSSION

We observed that the clinical presentation of the common cold in our four patients was unusual in that the illness started with a dry cough. Severe headache, severe body pains, and night sweats are not typical presentation of the common cold. We did not request the COVID-19 testing on any of our patients as the whole procedure of getting the test done is cumbersome. Being mindful that we were in the midst of the omicron variant COVID-19 wave, the common cold presentation in our patients could as well have been omicron variant COVID-19 illness. If this is the case then all common colds presenting with first a dry cough, which is followed by severe headache, severe body pains, and night sweats and thereafter-typical common cold symptoms, should be provisionally diagnosed as omicron variant COVID-19 illness until proven otherwise.

Just like in all cases of the common colds, prevention of spread of the infection should be instituted at the onset of the illness. Prevention of omicron-variant COVID-19/the common cold should follow the usual guidelines; stay at home while one is sick, avoid close contact with others-hugging, kissing, or shaking hands, move away from people before coughing or sneezing, cough and sneeze into a tissue and then throw it away or cough and sneeze into one’s upper shirt sleeve, completely covering one’s mouth and nose, wash one’s hands after coughing, sneezing, or blowing one’s nose, disinfect frequently touched surfaces and objects as the rhinoviruses can survive as long as 2 hours on human hands and up to several days on other surfaces [9], and use of face masks [10].

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REFERENCES

[1] Hendley J.O., Clinical virology of rhinoviruses. Adv Virus. 54: 453-66 (1999).
[2] Hendley J.O., Epidemiology, Pathogenesis, and treatment of the common cold. SeminPedatr Infect Dis. 9; 50-55 (1998).
[3] EC. Dick et al., Aerosol transmission of rhinovirus colds. Infect Dis. Sep (1987).
[4] Ville Peltola, WarisMatti, RikkaOsterback, Petri Susi, TimoHyypia, Olli Ruuskanen., Clinical effects of rhinovirus infections. J ClinVirol. 43(4): 411-4 (2008).
[5] Longtin J, Bastien M, Gilca R., Human bocavirus infections in hospitalized children and adults. Emerg. Infect Dis. 14: 217-220 (2008).
[6] Ruohola A, Waris M, Allander T., Viral etiology of common cold in children. Finland. Emerg Infect Dis.15: 344-345 (2009).
[7] Arden KE, Chung AB, Lambert SB.,Newly identified respiratory viruses in children with asthma exacerbation not requiring admission to hospital. J Med Virol. 82: 1458-1461 (2010).
[8] Howard JC, Kantner TR, Lilienfield LS., Effectiveness of antihistamines in the symptomatic management of the common cold. JAMA. 242: 2414-2417 (1979).
[9] Winther B, McCue K, Ashe K, Rubinio J, Hendley JO., Rhinovirus contamination of surfaces in homes of adults with natural colds: transfer of virus to fingertips during normal daily activities. J Med. 83(5): 906-9 (2011).
[10] Partridge DG et al. Universal use of surgical masks is tolerated and prevents respiratory viral infection in stem cell transplant recipients. L Hosp. Infect. (2021)