

Interfering with Common Colds

Washing your hands helps and interferon seems a promising prophylactic

The common cold, whether treated or not, tends to last about a week. Many different treatments have been attempted but the large number of serologically distinct viruses which cause colds have prevented the development of a vaccine. Of the > 200 virus types in question, the most common are from the myxovirus, paramyxovirus, adenovirus, coronavirus and picornavirus families with rhinoviruses causing 30-50% of all adult common colds.

It has been noted that exposure to cold air or cold water does not affect the infection rate of the common cold but that it is more common in winter than in summer and is most likely to be transmitted from the hands of an infected person to those of a susceptible person and thence to the conjunctival or nasal mucosa. Frequent hand washing is recommended after contact with an infected person, but the application of antiviral agents to the hands or to tissues seems impractical.

Trials with antiviral drugs have been carried out and among the tested drugs is recombinant DNA-produced human α -interferon which, although capable of preventing common colds produced by rhinovirus, has been associated with a 10% risk of nasal toxicity (ulceration and bleeding) especially when used long term. Two recent studies [see *Therapy section, this issue, p 10*] have achieved similar results in the prevention of rhinovirus colds but no effect was noted against other viruses. **'The prevention of non-rhinovirus colds and the treatment of rhinovirus colds remain problems for further medical research.'**

Douglas Jr RG New England Journal of Medicine 314: 114-115, 9 Jan 1986