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Antibiotics for a sore throat, cough, or runny nose

When children need them—and when they don't

If your child has a sore throat, cough, or runny nose, you might expect the doctor to prescribe antibiotics. But most of the time, children don't need antibiotics to treat a respiratory illness. In fact, antibiotics can do more harm than good. Here's why:

Antibiotics fight bacteria, not viruses.

If your child has a bacterial infection, antibiotics may help. But if your child has a virus, antibiotics will not help your child feel better or keep others from getting sick.

- Most colds and flus are viruses.
- Chest colds, such as bronchitis, are also usually caused by viruses. Bronchitis is a cough with a lot of thick, sticky phlegm or mucus. Cigarette smoke and particles in the air can also cause bronchitis. But bacteria are not usually the cause.
- Most sinus infections (sinusitis) are also from viruses. The symptoms are a lot of mucus in the nose and post-nasal drip. Mucus that is colored does not necessarily mean your child has a bacterial infection.



In most cases, antibiotics will not help your child.

Usually, antibiotics do not work against colds, flu, bronchitis, or sinus infections because these are viruses. Sometimes bacteria cause sinus infections, but even then the infection usually clears up on its own in a week or so. Many common ear infections also clear up on their own without antibiotics.

Some sore throats, like strep throat, are bacterial infections. Symptoms include fever, redness, and trouble swallowing. However, most children who have these symptoms do not have strep throat. Your child should have a strep test to confirm that it's strep, and then, if they're needed, the doctor will prescribe antibiotics.

Antibiotics have risks.

Side effects from antibiotics are a common reason that children go to the emergency room. The drugs can cause diarrhea or vomiting, and about 5 in 100 children have allergies to them. Some of these allergic reactions can be serious and life threatening.

Overusing antibiotics also encourages stronger bacteria to grow. The stronger bacteria do not respond to antibiotics. This means that the next time your child needs antibiotics for a bacterial infection, they will not work as well. This is sometimes called “antibiotic resistance.” The stronger bacteria can spread from your child to other family members and schoolmates, causing infections that are more difficult to cure and more costly to treat.

Antibiotics are a waste of money if used incorrectly.

Most antibiotics do not cost a lot. But money spent on drugs that are not needed is money wasted. Also, in severe cases, treatment of infections that are antibiotic-resistant can cost as much as \$29,000.

When does your child need antibiotics?

Your child may need antibiotics if:

- A cough does not get better in 14 days.
- A bacterial form of pneumonia or whooping cough (pertussis) is diagnosed.
- Symptoms of a sinus infection do not get better in ten days, or they get better and then worse again.
- Your child has a yellow-green nasal discharge and a fever of at least 102° F for several days in a row.
- Your child has strep throat, based on a rapid strep test or a throat culture. Antibiotics should not be prescribed unless one of the tests shows strep. Strep cannot be diagnosed just by looking at the throat.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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Advice from Consumer Reports

How to manage colds and flu

Make sure your child gets extra rest and fluids. Ask your child’s doctor about treatments for:

Stuffy nose:

- Use saltwater (saline) nose drops or spray. For infants, use a rubber suction bulb to suck out the extra drops or spray.
- Put a cool-mist humidifier or vaporizer in your child’s room. Clean the machine every day.

Cough:

- For children ages 1 to 5 years, try half a teaspoon of honey. Do not give honey to babies under one year—it is not safe.
- Try one teaspoon of honey for children 6 to 11, and two teaspoons for children 12 or older.
- Consider cough drops for children 4 and older.



Fever:

- Do not give your child aspirin, which has been linked to a rare but serious illness in children.
- Up to age 6 months, give only acetaminophen (Tylenol and generic).
- After 6 months, you can give either acetaminophen or ibuprofen (Advil, Motrin, and generic).
- Ask the doctor for the right medicine and dose for your child’s age and size.

Flu vaccine:

- Children 6 months or older should get a flu vaccine each year.
- For younger children, make sure the people around them have the flu vaccine.

Over-the-counter cough and cold medicines:

- Do not give these to children under age 4.
- Many cold medicines already have acetaminophen in them, so beware of double dosing.

If antibiotics are prescribed: Make sure children take them as directed, even if they feel better. If antibiotic treatment stops too soon, the infection may get worse or spread in the body. Call the doctor if your child is not getting better with treatment.