



Clinical Signs and Symptoms of Influenza



Health Care Providers

AUG. 8, 2024

PURPOSE

Clinical Signs and Symptoms of Influenza information for health professionals.

Signs and Symptoms

Uncomplicated influenza

Uncomplicated influenza illness is typically characterized by the abrupt onset of constitutional and upper respiratory tract signs and symptoms (e.g., fever, chills, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis). However, many people who are sick with influenza virus infection do not manifest fever, especially those who are older or immunosuppressed. Atypical signs and symptoms of influenza virus infection can occur, including in frail, institutionalized elderly long-term care facility residents (e.g., mental status changes). Among young children with influenza, nausea, vomiting or diarrhea may also occur with respiratory symptoms. Uncomplicated influenza signs and symptoms typically resolve after 3-7 days for the majority of people, although cough and malaise can persist for >2 weeks, especially in older people and those with chronic lung disease.

Complications

Influenza virus infection of the respiratory tract can cause a wide range of complications that can result in severe disease. Certain people are at [increased risk for complications](#) from influenza. In young children, otitis media and respiratory complications such as croup, bronchiolitis, and tracheitis can occur. Other complications in children include cardiac (myocarditis and pericarditis), musculoskeletal (severe myositis), and neurologic (encephalopathy, encephalitis, transverse myelitis, and acute disseminated encephalomyelitis). Reye syndrome is associated with influenza (more common with influenza B than influenza A virus infections) and salicylate exposure; however, Reye syndrome with influenza is very rare since aspirin use in children with influenza or varicella has been discouraged since 1982 . In people of all ages, influenza can result in dehydration, and exacerbation of underlying chronic medical conditions (e.g., heart failure, myocardial infarction, cerebrovascular accident, diabetes, chronic obstructive pulmonary disease (COPD) exacerbation, asthma exacerbation). Both primary influenza viral pneumonia and secondary invasive bacterial pneumonia (most commonly with *Streptococcus pneumoniae*, *Staphylococcus aureus*, methicillin-sensitive or methicillin-resistant, and group A *Streptococcus*) can lead to acute lung injury, respiratory failure, acute respiratory distress syndrome, septic shock, and multi-organ failure. Invasive infection with *Neisseria meningitidis* resulting in meningococemia and meningitis can follow influenza.

Resources

[Infectious Diseases Society of America Influenza Clinical Practice Guidelines](#) 

[Influenza \(Flu\)](#)

SOURCES

CONTENT SOURCE:

[National Center for Immunization and Respiratory Diseases \(NCIRD\)](#)