≥ 2 consecutive days of:

Major

- **Type 1 severe**
  - Dyspnea
  - Sputum volume
  - Sputum purulence
  - 3/3

Minor

- **Type 2 moderate**
  - Dyspnea
  - Sputum volume
  - Sputum purulence
  - 2/3

- **Type 3 mild**
  - Dyspnea
  - Sputum volume
  - Sputum purulence
  - 1/3

+ ≥ 1/5

Cough

Sore throat

Common cold

Wheezing

Fever