

Hospital mortality higher for critically ill with COVID-19 versus flu

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groups also had similar rates of acute kidney injury and shock requiring vasopressors. Patients with COVID-19 had slower improvements in oxygenation, longer durations of mechanical ventilation, and lower rates of extubation compared with those with influenza, although the need for invasive mechanical ventilation was similar between the groups. Hospital [mortality](#) was 40 and 19 percent in COVID-19 and [influenza](#) patients, respectively (adjusted relative risk, 2.13).

"Our findings underscore the importance of efforts for limiting transmission as well as ongoing investigations for effective therapies and vaccines," Cobb said in a statement.

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(HealthDay)—The risk for hospital mortality is higher for critically ill patients with COVID-19 infection compared with influenza, according to a study published online Nov. 13 in the *Annals of the American Thoracic Society*.

Natalie L. Cobb, M.D., M.P.H., from the University of Washington in Seattle, and colleagues examined the risk for mortality by comparing critically ill patients with COVID-19 and those with seasonal influenza in a retrospective study.

A total of 65 critically ill patients with COVID-19 and 74 with influenza were included. The researchers found that COVID-19 patients were more likely to be male, have higher body mass index, and have elevated rates of chronic kidney disease and diabetes. Thirty-seven and 10 percent of COVID-19 and influenza patients, respectively, identified as Hispanic. The proportion of patients with fever and lymphopenia on [hospital](#) presentation was similar between the groups (about 40 and about 80 percent, respectively). The

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