

## Risk of death from COVID-19 3.5 times higher than from flu

10 February 2021

COVI	D-19	VERSUS	INFLUENZA
A VISUAL RESEARCH ABSTRACT			
STUDY COHORT 1027 hospital admissions with COVID-19 and 783 with influenza discharged between Nov. 1, 2019 and June 30, 2020 at 7 hospitals in Toronto and Mississauga, Ontario.		<b>OBJECTIVE</b> To describe patient characteristics, clinical care, resource use, outcomes and prognostic scores in hospital admissions for COVID-19 and influenza.	
	COVID-19	INFLUENZA	PATIENTS ADMITTED WITH COVID-19 VERSUS INFLUENZA
Median age	<b>65</b> yr	<b>68</b> yr	3.5x Trisk of death
Male 👩	<b>59%</b>	51%	
No comorbidities 💕	54%	39%	Use of ICU
Mechanical ventilation	18%	<b>9</b> %	1.5x 1.5x Length of hospital stay
AMONG PATIENTS ADMITTED WITH COVID-19			
21% < 50 years $26%$ Admitted to ICU $24%$ ICU admissions: <50 years			
TAKE-AWAY Patients admitted to hospital for COVID-19 were at higher risk of death, ICU use and longer hospital stay compared to patients with influenza.			
Source: Verma AA, Hora T, Jung HY, et al. Characteristics and outcomes of hospital admissions for COVID-19 and influenza in the Toronto area. CMU 2022. doi: 10.1533/cmuj.202785; early-released February 10, 2021. 62021 Joule Inc. or its licensors			

Risk of death from COVID-19 3.5 times higher than flu. Credit: CMAJ

A new study published in *CMAJ (Canadian Medical Association Journal)* found that the risk of death from COVID-19 was 3.5 times higher than from influenza.

"We can now say definitively that COVID-19 is much more severe than seasonal influenza," says Dr. Amol Verma, St. Michael's Hospital, Unity Health Toronto, and the University of Toronto. "Patients admitted to hospital in Ontario with COVID-19 had a 3.5 times greater risk of death, 1.5 times greater use of the ICU, and 1.5 times longer hospital stays than patients admitted with influenza."

These findings are similar to study results recently reported in France and the United States.

The study compared hospitalizations for influenza between November 1, 2019, and June 30, 2020, in 7 large hospitals in Toronto and Mississauga—areas with large populations and high levels of COVID-19. It included all patients admitted to <u>medical services</u> or the <u>intensive care unit</u> (ICU) for influenza or COVID-19. There were 783 hospitalizations for influenza in 763 unique patients compared with 1027 hospitalizations for COVID-19 in 972 unique patients (representing 23.5% of all hospitalizations for COVID-19 in Ontario during the study period).

Most patients hospitalized with COVID-19 had few other illnesses, and 21% were younger than 50 years of age. People younger than 50 also accounted for almost 1 in 4 (24%) admissions to the ICU.

"Many people believe that COVID-19 mainly affects older people," says Dr. Verma. "It is true that COVID-19 affects <u>older adults</u> most severely. We found that among adults over 75 years who were hospitalized with COVID-19, nearly 40% died in hospital. But it can also cause very serious illness in younger adults. Adults under 50 accounted for 20% of all COVID-19 hospitalizations in the first wave of the pandemic. Nearly 1 in 3 adults younger than 50 hospitalized with COVID-19 required intensive care, and nearly 1 in 10 required an unplanned readmission to hospital after discharge."

People hospitalized for COVID-19 had greater use of the ICU, were more likely to be put on a ventilator and had longer <u>hospital</u> stays than people with influenza.

"These differences may be magnified by low levels of immunity to the novel coronavirus compared with seasonal influenza, which results from past infections and vaccination," says Dr. Verma. "Hopefully, the severity of COVID-19 will decrease over time as people are vaccinated against the virus and more effective treatments are identified. There is, unfortunately, also the possibility that



variants of the virus could be even more severe."

**More information:** Amol A. Verma et al. Characteristics and outcomes of hospital admissions for COVID-19 and influenza in the Toronto area, *Canadian Medical Association Journal* (2021). DOI: 10.1503/cmaj.202795

Provided by Canadian Medical Association

Journal

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