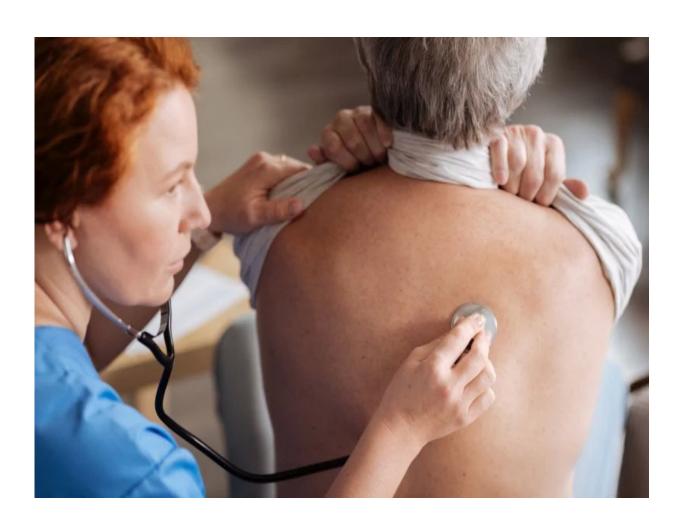


In-hospital morbidity, mortality up with flu in heart failure

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(HealthDay)—For patients with heart failure, influenza infection is



associated with increased in-hospital morbidity and mortality, according to a study published online Jan. 3 in *JACC: Heart Failure*.

Muhammad S. Panhwar, M.D., from the Case Western Reserve University School of Medicine in Cleveland, and colleagues queried the 2013 to 2014 National Inpatient Sample database for <u>adult patients</u> admitted with heart failure with and without concomitant influenza infection. Patients were matched using propensity score matching.

The researchers found that 0.67 percent of the 8,189,119 all-cause hospitalizations in patients with heart failure involved concomitant influenza infection. They observed a higher incidence of in-hospital mortality (6.2 versus 5.4 percent; odds ratio, 1.15), acute respiratory failure (36.9 versus 23.1 percent; odds ratio, 1.95), acute respiratory failure requiring mechanical ventilation (18.2 versus 11.3 percent; odds ratio, 1.75), acute kidney injury (30.3 versus 28.7 percent; odds ratio, 1.08), and acute kidney injury requiring dialysis (2.4 versus 1.8 percent; odds ratio, 1.37) for patients with concomitant influenza. Longer mean length of stay was seen for patients with influenza (5.9 versus 5.2 days), but average hospital costs were similar (\$12,137 versus \$12,003).

"Although the exact extent to which <u>influenza infection</u> contributes to morbidity, and mortality, in already compromised patients with <u>heart failure</u> has been difficult to estimate, the results of this study make it clear that during the winter months this contribution is neither negligible nor neglectable," write the authors of an accompanying editorial.

Several authors disclosed financial ties to the pharmaceutical and publishing industries.

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