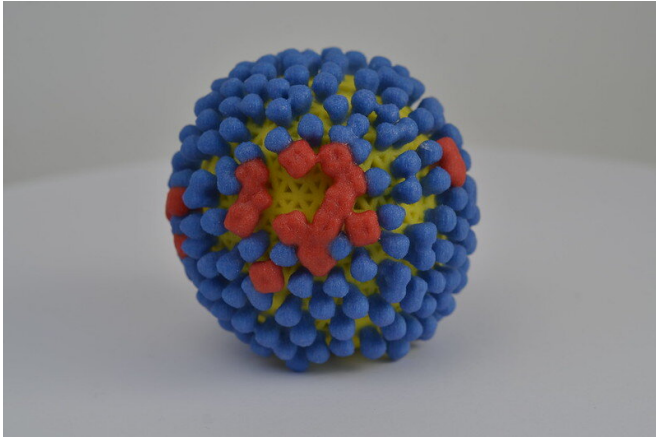


Noninfluenza viruses have rates of illness, death similar to flu

29 March 2021



3-D print of influenza virus. The virus surface (yellow) is covered with proteins called hemagglutinin (blue) and neuraminidase (red) that enable the virus to enter and infect human cells. Credit: NIH

Noninfluenza respiratory viral infections (NIRV) are associated with illness and death rates similar to influenza in hospitalized adults, according to new research in *CMAJ (Canadian Medical Association Journal)*.

In a study of 2119 adults admitted to two hospitals over three seasons (2015-2018) in Edmonton, Alberta, and Toronto, Ontario, with confirmed viral acute respiratory infections, more than half (54.6%) were NIRV infections compared with [influenza viruses](#) (45.4%). Among patients with NIRV infections, 21.1% needed respiratory support, 18.2% required lengthy hospital stays and 8.4% died within 30 days of diagnosis. About 15% of NIRV infections were acquired in hospital.

"These findings show that clinical status changes for patients with NIRV infections were comparable to patients with influenza," writes Dr. Nelson Lee, Division of Infectious Disease, Department of Medicine, University of Alberta, Edmonton, with

coauthors. "The associated costs of hospital admission were substantial."

Patients with NIRV infections were generally younger than those with influenza, although many had underlying conditions, such as compromised immune systems.

"Our findings highlight unmet needs and research gaps in therapeutics and vaccines for people at high risk of NIRV infection," the authors conclude.

"Burden of noninfluenza respiratory viral infections in adults admitted to [hospital](#): analysis of a multiyear Canadian surveillance cohort from 2 centres" is published March 29, 2021.

More information: Nelson Lee et al. Burden of noninfluenza respiratory viral infections in adults admitted to hospital: analysis of a multiyear Canadian surveillance cohort from 2 centres, *Canadian Medical Association Journal* (2021). [DOI: 10.1503/cmaj.201748](https://doi.org/10.1503/cmaj.201748)

Provided by Canadian Medical Association Journal

APA citation: Noninfluenza viruses have rates of illness, death similar to flu (2021, March 29) retrieved 3 June 2022 from <https://medicalxpress.com/news/2021-03-noninfluenza-viruses-illness-death-similar.html>

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