

# CLINICAL MANIFESTATION, LABORATORY CHARACTERISTICS, AND OUTCOMES OF

### COVID-19 AND INFLUENZA IN HOSPITALIZED PATIENTS

### AT THE HOSPITAL FOR TROPICAL DISEASES

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### Background

Seasonal influenza and COVID-19 are leading causes of severe respiratory disease and hospitalization worldwide, yet comparative data from developing countries remain limited. We evaluated clinical, laboratory, and outcome differences between the two infections in a tertiary care setting in Thailand.

## Methods

We performed a retrospective review of medical records for hospitalized patients with laboratory-confirmed COVID-19 (n = 215) and influenza (n = 53), admitted from January 2020 to June 2024 at the Hospital for Tropical Diseases, Bangkok. Demographics, comorbidities, symptoms, laboratory values, complications, intensive care unit (ICU) admission, length of stay, and mortality were analyzed.

### Results

**Table 1** Baseline characteristic of influenza and COVID-19 patients

Characteristics	Total	COVID-19	Influenza	p-value
	N (%) †	n (%) <sup>†</sup>	n (%) †	
Participants ††	268	215 (70.2)	53 (19.8)	
Age (years)	53	51	70	<0.001*
Median (IQR)	(32.3-67)	(32-64)	(35-83)	<0.001
Sex: Female	155 (57.8)	120 (55.8)	35 (66.0)	0.177**
Nationality				
Thai	255 (95.1)	206 (95.8)	49 (92.4)	0.295***
Foreigners	13 (4.9)	9 (4.2)	4 (7.6)	
Underlying medical conditions				
No disease	94 (35.1)	84 (39.1)	10 (18.9)	0.007**
≥ 1 condition	174 (64.9)	131 (61.4)	43 (81.1)	
Disease-specific conditions				
Hypertension	92 (52.6)	68 (51.9)	24 (55.8)	N/A
Diabetes mellitus	72 (41.1)	54 (41.2)	18 (41.9)	
Obesity	47 (26.9)	38 (29.0)	9 (20.9)	
Ischemic/valvular heart diseases	19 (10.9)	8 (6.1)	11 (25.6)	
Chronic kidney diseases	14 (8.0)	8 (6.1)	6 (14.0)	
Cerebrovascular diseases	12 (6.9)	4 (3.1)	8 (18.6)	
Asthma/COPD/Bronchiectasis	10 (5.7)	4 (3.1)	6 (14.0)	
Cirrhosis	3 (1.7)	2 (1.5)	2 (4.7)	
Immunocompromised status	1 (0.6)	1 (0.8)	0 (0)	
Others:	145 (82.9)	86 (65.6)	31 (72.1)	
History of vaccination	92 (34.7)	79 (37.2)	13 (24.5)	0.082***
COVID-19 vaccine	80 (87.0)	77 (96.2)	3 (23.1)	
Influenza vaccine	12 (13.0)	2 (0.9)	10 (18.9)	
History of recent infection in previous 6 months	9 (3.4)	2 (0.9)	7 (13.2)	<0.001***

IQR, interquartile range; N/A, not applicable; <sup>†</sup> Percentage by column; <sup>††</sup> Percentage by row; <sup>\*</sup> Two-sample Wilcoxon rank-sum (Mann-Whitney) test; <sup>\*\*</sup> Pearson's chi-squared test; <sup>\*\*\*</sup> Exact probability test

Influenza patients were significantly older and had a higher prevalence of underlying comorbidities. Although symptom profiles overlapped, fever, abdominal pain, and nausea/vomiting were more common in influenza. Laboratory and chest x-ray did not demonstrate the difference significantly.

Complication and ICU-admission rates did not differ significantly, but COVID-19 patients had a longer median hospital stay and higher in-hospital mortality.

Table 2 Symptoms of COVID-19 and Influenza

History of symptoms	Total	COVID-19 ¶	Influenza	
before admission	N (%) <sup>†</sup>	n (%) †	n (%) <sup>†</sup>	p-value
Duration of symptoms (da Median (IQR)	<b>ys)</b> 3 (2-5)	4 (2-7)	2 (1-3)	<0.001*
Fever	180 (72.6)	129 (66.2)	51 (96.2)	<0.001**
Cough	177 (71.4)	131 (67.2)	46 (86.8)	0.005**
Runny nose	106 (42.7)	77 (39.5)	29 (54.7)	0.047**
Sore throat	102 (41.1)	82 (42.1)	20 (37.7)	0.571**
Muscle soreness	71 (28.6)	53 (27.2)	18 (34.0)	0.333**
Dyspnea	59 (23.8)	42 (21.5)	17 (32.1)	0.110**
Headache	38 (15.3)	28 (14.4)	10 (18.9)	0.419**
Diarrhea	24 (9.7)	16 (8.2)	8 (15.1)	0.133**
Nausea/vomiting	21 (8.5)	9 (4.6)	12 (22.6)	< 0.001***
Chill	14 (5.6)	9 (4.6)	5 (9.4)	0.186***
Abdominal pain	10 (4.0)	5 (2.6)	5 (9.4)	0.039***
Rash	2 (0.8)	1 (0.5)	1 (1.9)	0.382***

IQR, interquartile range; ¶ Asymptomatic COVID-19 patients were excluded;

Table 3 Complications

Complications	Total	COVID-19	Influenza	میران م
	N (%) <sup>†</sup>	n (%) <sup>†</sup>	n (%) <sup>†</sup>	p-value
Developed complications	187 (69.8)	156 (72.6)	31 (58.5)	0.046*
COVID-19/Influenza pneumonia	162 (60.4)	146 (67.9)	16 (30.2)	<0.001*
Acute hepatitis	81 (30.2)	70 (32.6)	11 (20.8)	0.094*
Acute kidney injury	46 (17.2)	37 (17.2)	9 (17.0)	0.969*
Bacterial co-infection	15 (5.6)	6 (2.8)	9 (17.0)	< 0.001**
Hospital acquired infection	16 (6.0)	14 (6.5)	2 (3.8)	0.746**
Others	41 (15.3)	32 (14.9)	9 (17.0)	0.704*

<sup>&</sup>lt;sup>†</sup> Percentage by column; <sup>\*</sup> Pearson's chi-squared test; <sup>\*\*</sup> Exact probability test

#### Conclusion

In this cohort, influenza more frequently presents with fever and gastrointestinal symptoms, while COVID-19 is associated with prolonged hospitalization and increased mortality despite similar levels of complications. These findings support targeted resource allocation and strengthen clinical differentiation strategies in settings with overlapping viral respiratory epidemics.

## References

- 1. Khiewbanyang S, Sindhuprama C, Jirapanakorn S, Suphanchaimat R, Sukaew T. Thailand's Influenza burden before and during COVID-19 pandemic and factors associated with 30-day mortality among influenza patients between 2016 and 2020. Disease Control Journal. 2024;50(2):183-95.
- 2. Osman M, Klopfenstein T, Belfeki N, Gendrin V, Zayet S. A Comparative Systematic Review of COVID-19 and Influenza. Viruses. 2021;13(3).
- 3. Manzanares-Meza LD, Medina-Contreras O. SARS-CoV-2 and influenza: a comparative overview and treatment implications. Bol Med Hosp Infant Mex. 2020;77(5):262-73.
- 4. Czubak J, Stolarczyk K, Orzel A, Fraczek M, Zatonski T. Comparison of the clinical differences between COVID-19, SARS, influenza, and the common cold: A systematic literature review. Adv Clin Exp Med. 2021;30(1):109-14.
- 5. Cates J, Lucero-Obusan C, Dahl RM, Schirmer P, Garg S, Oda G, et al. Risk for In-Hospital Complications Associated with COVID-19 and Influenza Veterans Health Administration, United States, October 1, 2018-May 31, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(42):1528-34.

<sup>&</sup>lt;sup>†</sup> Percentage by column; <sup>\*</sup>Two-sample Wilcoxon rank-sum (Mann-Whitney) test; <sup>\*\*</sup> Pearson's chi-squared test; <sup>\*\*\*</sup> Exact probability test