



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

CLINICAL MANIFESTATIONS

Table 5.2: Comparison Between Seasonal Influenza and SARS-CoV-2

Adapted from JAMA: Influenza in the COVID-19 Era 8/14/2020

Characteristics	Seasonal Influenza Viruses	SARS-CoV-2
Primary route of transmission	Droplet	Droplet (airborne, fomite, and fecal-oral transmission possible but less important)
Overall infectivity	Less contagious	More contagious
	The basic reproduction number (R_0) of both viruses is highly dependent on non-pharmacologic interventions effective in decreasing transmission	
Dynamics of infectivity	Patients are most infectious after symptom onset	Patients are most infectious starting 48 hours prior to symptom onset
	Both viruses capable of asymptomatic transmission, but less than during pre-symptomatic and symptomatic phases	
Incubation period	1-4 days (median, 2 days)	2-14 days (median, 5 days)
Risk factors for severe disease	<ul style="list-style-type: none"> • Age >65 years and <2 years • Immunosuppression • Pregnancy (through 2 weeks postpartum) • Morbid obesity • Chronic lung disease, cardiac disease, advanced liver disease, chronic kidney disease • Residence in nursing homes or long-term care facilities • American Indian/Alaska Native heritage 	<ul style="list-style-type: none"> • Advanced age (risk increases with age) • Male sex • Obesity • Hypertension • Chronic lung disease, cardiac disease, type 2 diabetes, cancer, chronic kidney disease, advanced liver disease • Surgery during the incubation period • Residence in a nursing home • Structural racism, poverty
Most common clinical manifestations	Fever, chills, headache, myalgias, cough, nasal congestion, sore throat, fatigue	Fever, chills, headache, myalgias, cough, shortness of breath, fatigue, anosmia
	For both viruses, the majority of infections are either subclinical or mild	



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Pediatric disease and role in transmission	<ul style="list-style-type: none"> • Common, especially high risk in children <2 years • Children play a leading role in propagating outbreaks 	<ul style="list-style-type: none"> • Uncommon, with typically mild disease • Multisystem Inflammatory Syndrome in Children (MIS-C) has been observed in children but is rare • Limited and conflicting evidence on children as a source of infection
Complications	Pneumonia, respiratory failure, acute respiratory distress syndrome, sepsis, cardiac, multiple-organ failure, worsening of chronic medical conditions, inflammation of the heart, brain, or muscle tissues, secondary bacterial infections	The same complications as for influenza AND <ul style="list-style-type: none"> • Thromboembolic disease (pulmonary, cardiac, and peripheral vascular) • MIS-C
Case-fatality rate	=0.1%	=0.25%-3.0%
Dynamics of symptoms	Symptoms typically peak during the first 3-7 days of illness	Symptoms can peak during week 2 or 3 of illness
Vaccine	Multiple approved	No vaccine currently licensed
Clinical diagnostics	Nucleic acid amplification and antigen-based assays from respiratory samples	<ul style="list-style-type: none"> • Nucleic acid amplification and antigen-based assays from respiratory samples • Serologies
Available antiviral agents	<ul style="list-style-type: none"> • Neuraminidase inhibitors (Tamiflu) • Cap-dependent endonuclease inhibitors (Xofluza) • M2 channel blockers (Amantadine - Not recommended) 	Nucleoside analogue (remdesivir)

Excerpted from the Clinical Manifestation section of the CCHCS Interim Guidance for Health Care and Public Health Providers: <https://cchcs.ca.gov/covid-19-interim-guidance/>