### IPCRG practice driven answers on COVID-19 and respiratory questions





# What are the distinguishing features of COVID-19 vs other respiratory illnesses?

### What the research says

COVID-19 illness is associated with a wide range of respiratory symptoms that are similar to those caused by other respiratory viruses. including influenza (Hagemann et al 2021). Fever and dry cough and are the most common symptoms of COVID-19 (WHO 2020). New loss of smell (anosmia) or taste (non-congestive) was one of the most important predictors of testing positive for COVID-19 while the Delta variant was dominant, and a distinguishing symptom from other seasonal viral respiratory diseases (ZOE COVID Study). However, this appears to have changed with the emergence and dominance of the Omicron variant with fewer people experiencing loss of sense of smell or taste and the most common symptoms being runny nose, headache, fatigue, sneezing and sore throat (ZOE COVID Study;

https://joinzoe.com/learn/omicron-symptoms). Onset of influenza symptoms is rapid and usually occurs within 1–4 days after exposure/infection while for COVID-19, it is more gradual and this can be up to 14 days after exposure/infection. A shorter incubation period (3 days) has been reported for the Omicron variant (Jansen et al 2021).

As influenza and COVID-19 often cannot be distinguished based on symptoms alone, testing for SARS-CoV-2 infection will continue to be an important part of the diagnostic process.

Guidance from WHO, EU CDC and US CDC is that confirmation of COVID-19 illness requires laboratory confirmation of infection irrespective of clinical signs and symptoms (CEBM 2020).

## What this means for your clinical practice

- Continue to maintain a high degree of suspicion for SARS-CoV-2 infection in patients presenting with any respiratory symptoms indicative of a viral infection
- If SARS-CoV-2 infection is suspected patients should undergo testing where available in order to be able to offer timely treatments for COVID-19 as they become available [See our answer on COVID-19 treatments available for use in the community setting] and to enable isolation and minimise the likelihood of further infections in the community
- For more information on testing to diagnose SARS-CoV-2 infection see our response What is the most appropriate test to diagnose COVID-19 in an individual presenting with suggesting symptoms.





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	COVID-19	Influenza	Other respiratory viruses
Distinguishing symptoms	New loss of taste or smell, although the absence of this symptom is no longer indicative of an alternative diagnosis	<ul><li>Muscle or body aches</li><li>Loss of appetite</li></ul>	RSV in infants:     absence of fever,     poor feeding,     irritability, audible     wheezing, apnoea
Overlapping symptoms	<ul> <li>Fever</li> <li>Runny nose</li> <li>Sneezing</li> <li>Dry cough</li> <li>Sore throat</li> <li>Fatigue</li> <li>Headache</li> <li>Nausea, vomiting</li> <li>Diarrhoea</li> </ul>		
Less common distinguishing symptoms	<ul> <li>Chills</li> <li>Shortness of breath or difficulty breathing</li> <li>Congestion (vs influenza)</li> </ul>	None	None
Onset (from infection to symptoms)	• 5–14 days	• 1–4 days	RSV:  • 4–6 days  Common cold:  • 1–3 days
Progression to severe symptoms	Often rapid	Usually gradual	Usually gradual
Clinical assessment of how sick the patient is	Potentially very sick	Potentially very sick	RSV:  Less sick except among infants and the elderly (potential for pneumonia or bronchiolitis)  Common cold:  Less sick

RSV, respiratory syncytial virus.





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### Useful links and supporting references

CDC. Symptoms of COVID-19. Available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>. Accessed December 2021.

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