

Similarities and differences between

SARS-CoV-2 and Influenza

Lennie Derde – EMA meeting



UMC Utrecht

(potential) COI	
For meeting potential relevant relationships with companies	drugs REMAP-CAP trial Roche Products Ltd Sanofi (Aventis Pharma Ltd) Swedish Orphan Biovitrum AB (Sobi™) Faron Pharmaceuticals Dimerix
Sponsoring and grants	ECRAID-Base HORIZON-Health (2021-2026) ZonMw Pandemic Preparedness (2023-2028) ZonMw IMPRINT (2024 – 2028)
Honoraria and Stocks	none
Academic COI	SSC steering committee, ESICM co-vice chair, patient panel and INF IAB Sepsis Canada Ecraid Coordinating Committee (NGO under Dutch law) PANTHER TSC EMPRESS DSMB

Introduction

Influenza and SARS-CoV-2

have pandemic potential

can cause severe illness and strain hospital resources

antivirals (and other therapies) not well investigated in severe illness

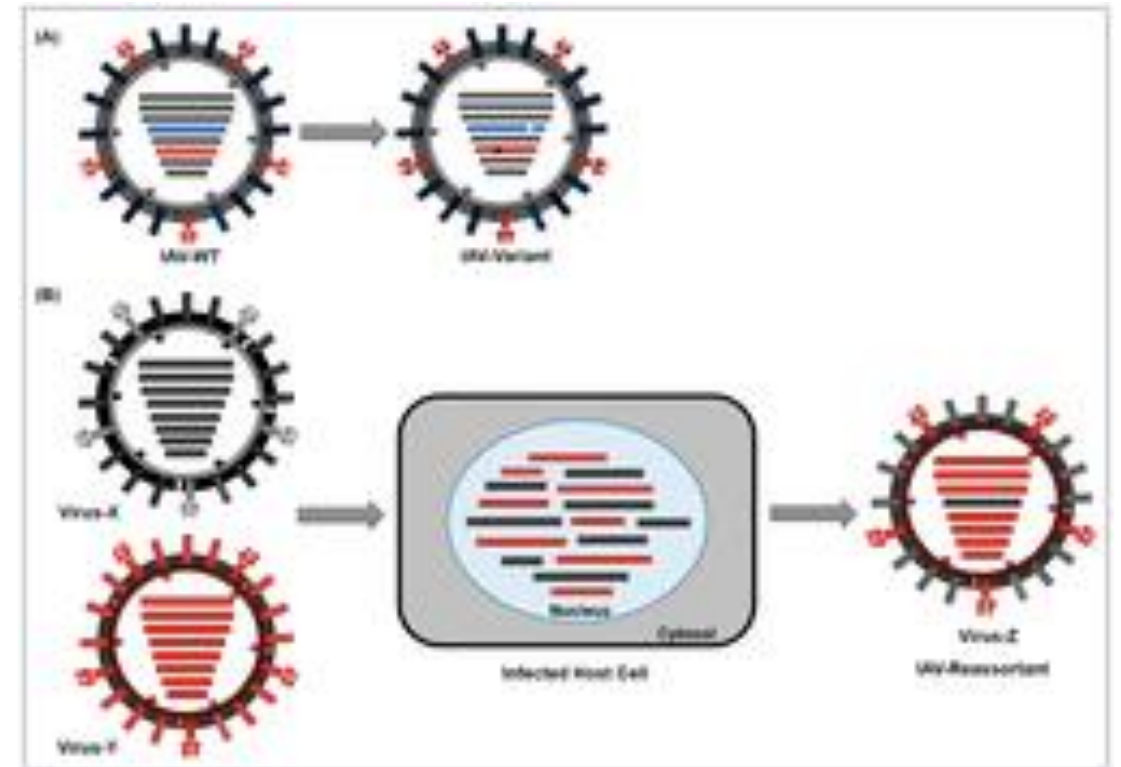
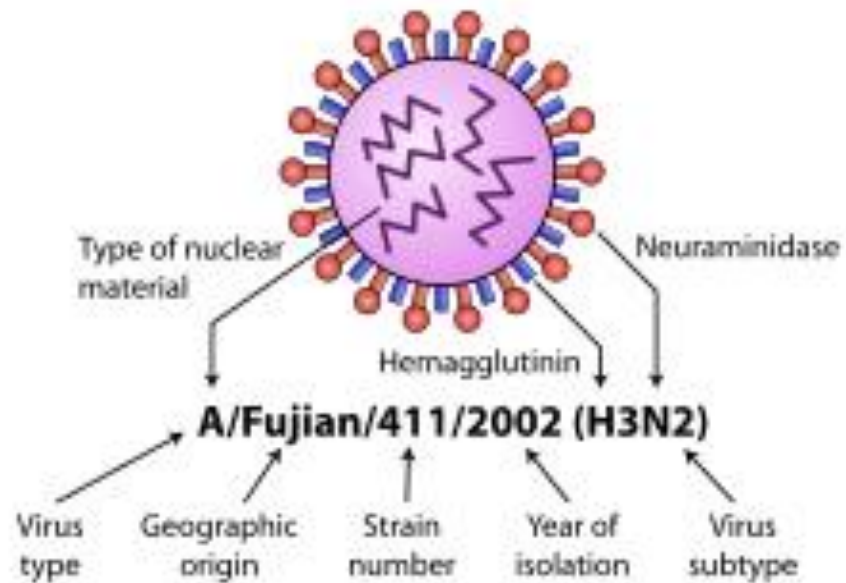
Understanding relevant for pandemic (research) preparedness - **trial design,**

regulatory strategy, and future development of (**antiviral) drugs** (and vaccination)



Influenza virus

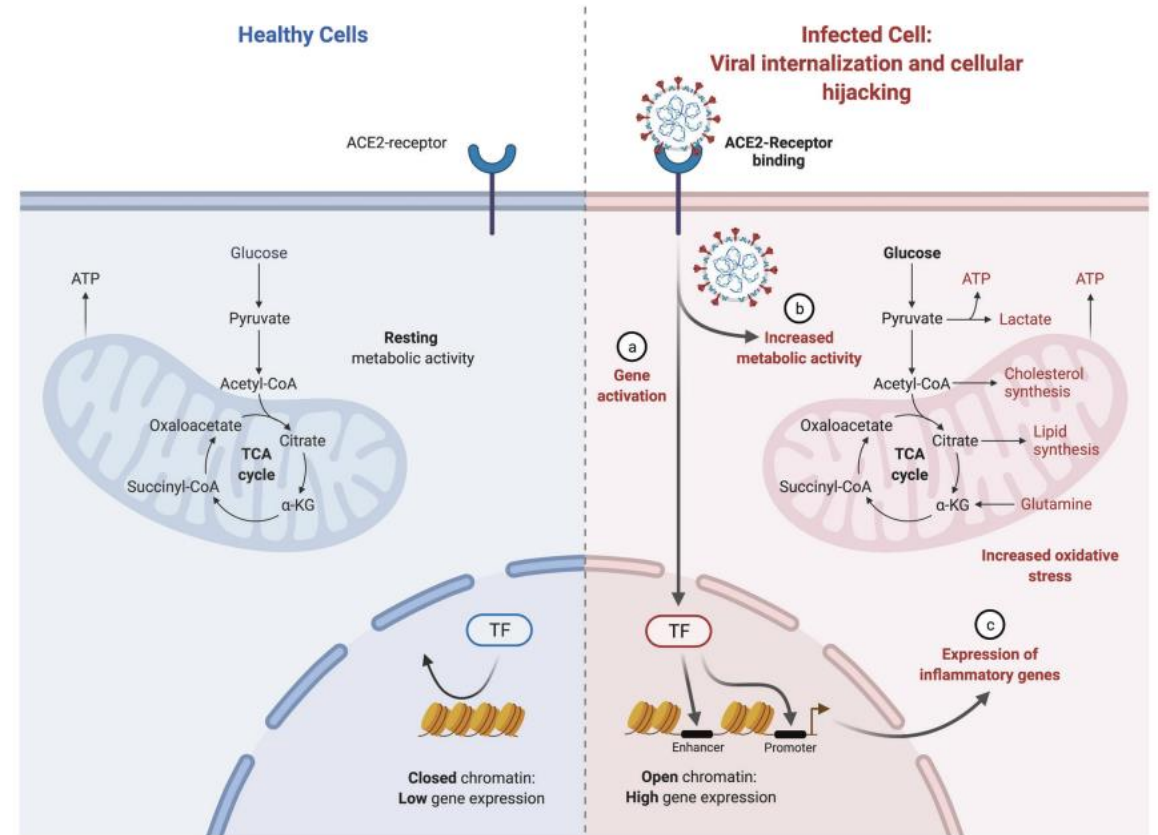
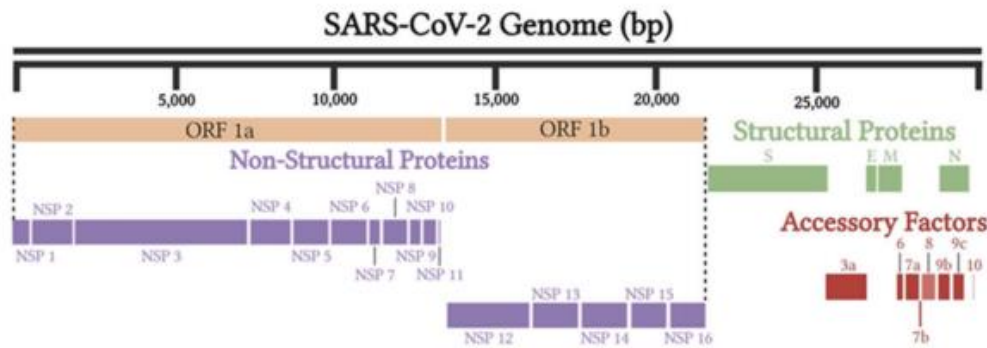
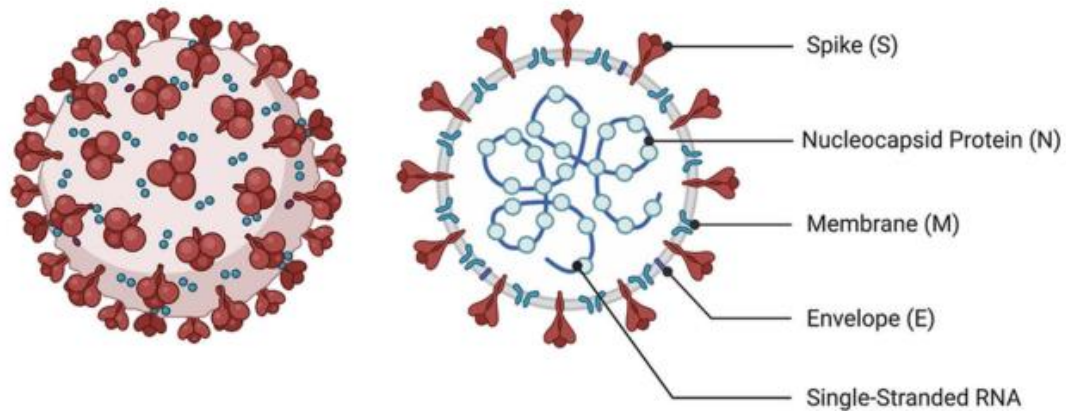
Orthomyxovirus; A, B, C, (D)



- (A) antigenic drift – drives annual influenza epidemics
- (B) antigenic shift – novel virus & zoonotic transmission

SARS-CoV-2 virus

Betacoronavirus



Differences between viruses

Rates of co-infection (bacterial, fungal)

Initial SARS-CoV-2 variants more thrombo-inflammation

Risk factors for severe disease

Patterns of circulation

Long-term sequelae

Host-pathogen interaction

Also differences between variants of Influenza and SARS-CoV-2

‘ hyperinflammatory response’

Differences (IL-1 higher in severe influenza compared to COVID-19)

Similarities - elevated levels of IL-6, IL-8, MCP-1, MIG, IP-10, IL-12, and MIP-1 β in both

Different from moderate influenza and controls





Regulatory/ research needs

Broad inclusion of acute respiratory illness

Rapid testing, including for influenza and SARS-CoV-2

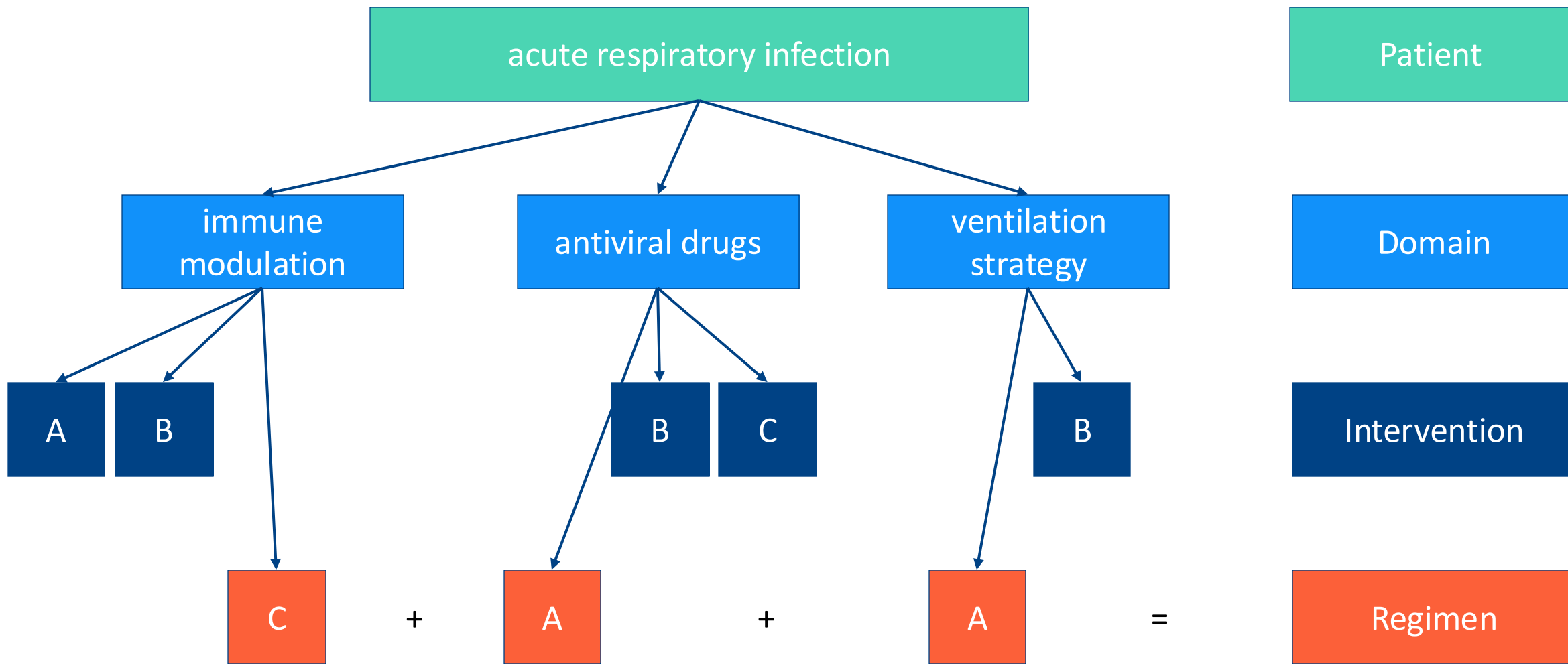
Testing therapies as they become available

Antiviral, immune modulation, supportive care

Include diverse patient groups

Including children, pregnant women, immune compromised

Can evolve with changing variants and treatments



RECOVERY and REMAP-CAP

9

countries in continental Europe

14

active sites

100

patients enrolled



Patient enrolment data

REMAP-CAP
Europe

24

Available interventions
in 8 domains

97

Active sites

8491

Total patients

15607

Patient randomisations

Enrolment in Europe

97

Active sites

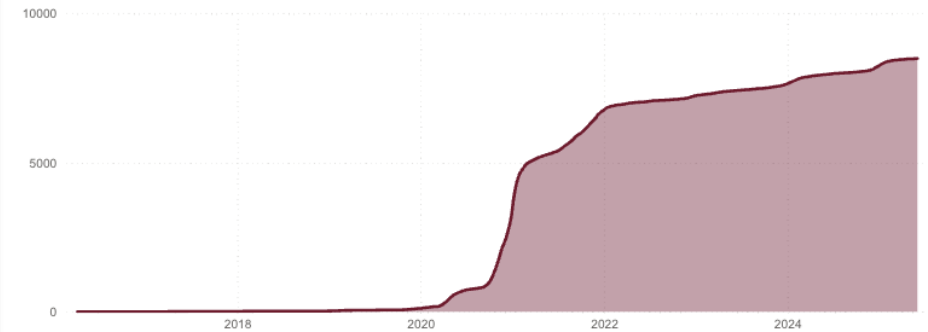
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Total patients

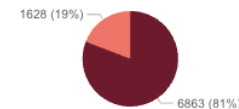
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Patient randomisations

Cumulative number of patients enrolled in REMAP-CAP



Patients per stratum



Patients per state



Active site: open to recruitment in at least one domain
CAP, community acquired pneumonia; COVID-19, suspected or proven COVID-19

Data last updated
2-6-2025

Date range

1-1-2016

5-6-2025

Country

- Belgium
- Croatia
- Czech Republic
- Estonia
- Finland
- France
- Germany
- Hungary
- Ireland
- Italy
- Netherlands
- Portugal
- Serbia
- Slovenia
- Spain
- Switzerland
- United Kingdom

> 49,000 participants in UK, Asia and Africa, 13 current or completed interventions

>25,000 randomizations in 298 sites globally, 66 current or completed interventions

Conclusion

Prevention of spread is key

Vaccination research is important

For those with severe illness:

clinical presentation is undifferentiated acute respiratory illness

trials need to include diverse populations, be multifactorial and flexible

actively recruiting studies are key

Thank you