



KEY DIFFERENCES BETWEEN SEASONAL FLU AND PANDEMIC FLU

SEASONAL FLU	PANDEMIC FLU
Occurs every year during the winter months.	Occurs rarely (three times in 20 th century – the last time in 1968).
Globally, kills 500,000 – 1 million people each year; 36,000 – 40,000 in the U.S.	The worst pandemic of the last century – the “Spanish Flu” of 1918 – killed 500,000 in the U.S. and 50 million worldwide.
Most people recover within a week or two.	Usually associated with a higher severity of illness and, consequently, a higher risk of death.
Deaths generally confined to “at risk” groups, such as the elderly (over 65 years of age); the young (children aged 6-23 months); those with existing medical conditions like lung diseases, diabetes, cancer, kidney, or heart problems; and people with compromised immune systems.	All age groups may be at risk for infection, not just “at risk” groups. Otherwise fit adults could be at relatively greater risk, based on patterns of previous epidemics. For example, adults under age 35 (a key segment of the U.S. workforce) were disproportionately affected during the 1918 pandemic.
Vaccination is effective because the virus strain in circulation each winter can be fairly reliably predicted.	A vaccine against pandemic flu may not be available at the start of a pandemic. New strains of viruses must be accurately identified, and producing an effective vaccine could take six months.
Annual vaccination, when the correct virus strain is used, is fairly reliable and antiviral drugs are available for those most at risk of becoming seriously ill.	Antiviral drugs may be in limited supply, and their effectiveness will only be known definitely once the pandemic is underway.
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home).	May cause major impact on society (e.g., widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings).

2/2006