

Key Differences Between Annual Flu And Pandemic Flu

ANNUAL FLU	PANDEMIC FLU
Occurs every year during the winter months.	Occurs three to four times a century and can take place in any season. May come in "waves" of flu activity that could be separated by months.
Affects 5% to 20% of the U.S. population.	Experts predict an infection rate of 25% to 50% of the U.S. population, depending on the severity of the virus strain.
Globally, kills 500,000 to 1 million people each year; 36,000 to 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 to 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 years (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 or more.
Annual vaccination, when the correct virus strain is used, is fairly effective and antiviral drugs are available for those most at risk of serious illnesses.	Antiviral drugs may be in limited supply, and their effectiveness will only be known definitively once the pandemic is underway.

