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Ten things you need to know about pandemic influenza

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1. Pandemic influenza is different from avian influenza.

Avian influenza refers to a large group of different influenza viruses that primarily affect bird occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new strain emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt to become a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus but will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

2. Influenza pandemics are recurring events.

An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: "Spanish influenza" in 1918, "Asian influenza" in 1957, and "Hong Kong influenza" in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was considered one of the deadliest disease events in human history. Subsequent pandemics were milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system lacks pre-existing immunity. This makes it likely that people who contract pandemic influenza will have a more serious disease than that caused by normal influenza.

3. The world may be on the brink of another pandemic.

Health experts have been monitoring a new and extremely severe influenza virus – the H5N1 – almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 people to die, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreak of poultry on record. In December 2003, infections in people exposed to sick birds were identified.

Since then, over 100 human cases have been laboratory confirmed in four Asian countries (China, Indonesia, Thailand, and Viet Nam), and more than half of these people have died. Most cases occurred in previously healthy children and young adults. Fortunately, the virus does not jump from birds to humans or spread readily and sustainably among humans. Should H5N1 evolve to become as contagious as normal influenza, a pandemic could begin.

4. All countries will be affected.

Once a fully contagious virus emerges, its global spread is considered inevitable. Countries may try to slow its spread through measures such as border closures and travel restrictions, but delay arrival of the virus, it

stop it. The pandemics of the previous century encircled the globe in 6 to 9 months, even with international travel was by ship. Given the speed and volume of international air travel today could spread more rapidly, possibly reaching all continents in less than 3 months.

5. Widespread illness will occur.

Because most people will have no immunity to the pandemic virus, infection and illness rates expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to care for large numbers of people who suddenly fall ill.

6. Medical supplies will be inadequate.

Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defence for protecting populations. On present trends, many developed countries will have no access to vaccines throughout the duration of a pandemic.

7. Large numbers of deaths will occur.

Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of control measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative.

WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – but this provides a useful and plausible planning target. This estimate is based on the comparatively mild 1968 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

8. Economic and social disruption will be great.

High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Parts of the world or of a single country are expected to be severely affected at the same time, and economic disruptions could be temporary, but may be amplified in today's closely interconnected and interdependent systems of trade and commerce. Social disruption may be greatest when high rates of absenteeism impair essential services, such as power, transportation, and communications.

9. Every country must be prepared.

WHO has issued a series of [recommended strategic actions](#) for responding to the influenza pandemic threat. The actions are designed to provide different layers of defence that reflect the complex and evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

10. WHO will alert the world when the pandemic threat increases.

WHO works closely with ministries of health and various public health organizations to support surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles for governments, industry, and WHO. The present situation is categorized as phase 3: a virus is causing infections in humans, but does not spread easily from one person to another.

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