

AFD Ep 300 Links and Notes - Spanish Flu

- https://en.wikipedia.org/wiki/Spanish_flu#Hypotheses_about_source
- <https://www.cnn.com/2020/03/15/us/philadelphia-1918-spanish-flu-trnd/index.html>
 - *The virus spread to Philadelphia on September 19, 1918, through the Philadelphia Navy Yard, according to information from the University of Pennsylvania Archives & Records Center. In a matter of days, 600 sailors had the virus. Yet Philadelphia didn't cancel its Liberty Loan Parade, scheduled for just a little more than a week later. Meant to be a patriotic wartime effort, the parade went on as scheduled on September 28, bringing 200,000 Philadelphians together. By October 1, there were 635 new cases in Philadelphia, according to UPenn. Philadelphia was one of the hardest-hit US cities. More than 12,000 people died in six weeks, with about 47,000 reported cases, according to UPenn. By the six-month mark, about 16,000 had died and there were more than half a million cases. The Division of Global Migration and Quarantine at the CDC cites the Philadelphia parade as an example of what not to do during a pandemic. St. Louis canceled its parade while Philadelphia did not. In the end, the death toll in St. Louis did not rise above 700, according to the CDC. "This deadly example shows the benefit of canceling mass gatherings and employing social distancing measures during pandemics," the CDC said.*
- <https://www.history.com/news/spanish-flu-second-wave-resurgence>

While the [global pandemic](#) lasted for two years, the vast majority of deaths were packed into three especially cruel months in the fall of 1918. Historians now believe that the fatal severity of the Spanish flu's "second wave" was caused by a mutated virus spread by wartime troop movements.

Reported cases of Spanish flu dropped off over the summer of 1918, and there was hope at the beginning of August that the virus had run its course. In retrospect, it was only the calm before the storm. Somewhere in Europe, a mutated strain of the Spanish flu virus had emerged that had the power to kill a perfectly healthy young man or woman within 24 hours of showing the first signs of infection.

In late August 1918, military ships departed the English port city of Plymouth carrying troops unknowingly infected with this new, far deadlier strain of Spanish flu. As these ships arrived in cities like Brest in France, Boston in the United States and Freetown in South Africa, the second wave of the global pandemic began.

Harris - historian at Ohio State University who studies both infectious disease and World War I - believes that the rapid spread of Spanish flu in the fall of 1918 was at least partially to blame on public health officials unwilling to impose quarantines during wartime. In Britain, for example, a government official named Arthur Newsholme knew full well that a strict civilian lockdown was the best way to fight the spread of the highly contagious disease. But he wouldn't risk crippling the war effort by keeping munitions factory workers and other civilians home.

According to Harris's [research](#), Newsholme concluded that "the relentless needs of warfare justified incurring [the] risk of spreading infection" and encouraged Britons to simply "carry on" during the pandemic.

The public health response to the crisis in the United States was further hampered by a severe nursing shortage as thousands of nurses had been deployed to military camps and the front lines. The shortage was worsened by the American Red Cross's [refusal to use trained African American nurses](#) until the worst of the pandemic had already passed.

- <https://www.infectioncontroltoday.com/public-health/100-years-after-spanish-flu-lessons-learned-and-challenges-future>

"We are probably a plane ride away from a major threat in the U.S.," says Keith Kaye, MD, MPH, president of the Society for Healthcare Epidemiology of America (SHEA) and professor of internal medicine and infectious diseases at the University of Michigan. "That sounds overly dramatic but it's true. One positive development that I have seen related to preparedness -- fueled by Ebola and conjointly with recognition of antimicrobial resistance and the CRE threat -- is a greater regional effort through with joint hospital and public health partnerships. I've noticed many more joint initiatives around either preparedness for pandemics or emerging infections as well as for more commonly encountered resistant organisms like CRE or Acinetobacter or even MRSA and VRE. One advantage that we have compared to five years ago, is stronger collegiality and cohesiveness between public health and healthcare, which puts us in a much better position to combat pathogens such as Ebola or SARS."

- <https://www.pnas.org/content/104/18/7582>

Comparisons across 17 U.S. cities show that the first peak in excess P&I (pneumonia and influenza) death rates during the fall wave of the 1918 influenza pandemic was ≈50% lower in cities that implemented multiple NPIs (non-pharmaceutical interventions) to control disease spread early in their epidemics than in cities that made such interventions late or not at all. This finding suggests that such interventions may be capable of significantly reducing the rate of disease transmission so long as they remain in effect.