

# How Does COVID-19 Compare to the World’s Most Damaging Pandemic?

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Over the past 14 months, we’ve heard terms like “unprecedented” and “uncharted waters” on a regular basis. While the current pandemic has led to many firsts in our lifetime, these terms can give the illusion that this is Canada’s first pandemic.

Since Canada’s first birthday, the country has experienced five influenza pandemics, not to mention the ongoing HIV/AIDS pandemic, the 2003 SARS pandemic, and the 2009 H1N1 pandemic.\* This is not to make light of the devastating impact that the COVID-19 pandemic has had on our lives. On the contrary, looking at Canada’s history of surviving pandemics can make reality more manageable by helping us picture the last chapter of this seemingly never-ending situation.

This article compares the COVID-19 pandemic to the 1918 Spanish Flu pandemic, which is still referred to as “the most damaging influenza pandemic for Canada and the world.”\*

Keep reading for more detailed explanations on the information in this chart!

## A Brief Comparison

Section	Spanish Flu Pandemic	Coronavirus Pandemic
1. Type of virus	Influenza A, an H1N1 virus	SARS-CoV-2, a type of coronavirus which causes severe acute respiratory syndrome (SARS)
2. Place of origin	Unknown, but not Spain. England, France, China, and the United States have all been considered to be the initial source.*	Wuhan, China*
3. How the virus entered Canada	The virus was brought into the country by Canadian soldiers who had returned from fighting in World War 1.*	The virus was first brought into the country by a Canadian who had travelled to Wuhan, China.*
4. Duration	Spring 1918 to Autumn 1920*	Mar. 2020 to Present*

Waves: First wave	Spring 1918	Spring 2020 (Mar. to Jun.)
Second wave	Autumn 1918	Sept. 2020 to Feb. 2021
Third wave	Spring 1919	Mar. 2021 to Present
Fourth wave	Spring 1920	N/A
5. Percentage of Canadians who were infected with the virus	<u>25%</u>	3.47% ( <u>1,305,770 total cases</u> out of 37.59 million people in Canada)
6. Total number of deaths in Canada	<u>50,000</u>	<u>24,776</u>
7. Percentage of deaths for the Canadian Population	<u>0.625%</u>	0.066% ( <u>24,776 total deaths</u> out of 37.59 million people in Canada)
8. Percentage of Percentage of Deaths for Indigenous People Living in Canada	<u>3%</u>	N/A
9. Total number of deaths worldwide	Between 20 and 100 million people. Often estimated at 50 million people, one third of the world's population at the time.*	3.33 million people and counting.*

### Section 1: Type of Virus

#### **Spanish Flu:**

They didn't know this at the time, but the Spanish Flu pandemic was caused by an Influenza A virus, which is the same H1N1 virus that Canada experienced in 2009.\* Back then, most strains of the flu were deadly for those with reduced immunity, such as the elderly, the very young, and those with pre-existing health conditions. But during this pandemic, many able-bodied people between the ages of 20 and 40 died, which was unprecedented and shocking.\*

The major cause of death wasn't actually the flu: it was pneumonia.\* The flu greatly weakened people's immune systems, which enabled pneumonia to take over the body, often resulting in death.\* Nowadays, it's much rarer for people to die from pneumonia since we have discovered antibiotics and vaccines for this disease.\*

## **COVID-19:**

Just as H1N1 is a type of influenza, COVID-19 is a type of coronavirus. COVID-19 causes severe acute respiratory syndrome, also known as SARS.\* The 2003 SARS pandemic was also caused by a coronavirus, but not COVID-19.\*

Many COVID-19 symptoms are very similar to the influenza which drove the Spanish Flu pandemic, but they are different viruses. Click [here](#) for a chart that compares symptoms for COVID-19, the flu, and the common cold.

## Section 2: Place of Origin

### **Spanish Flu:**

In World War One, media coverage of the virus that had killed many soldiers was censored by the military in Great Britain, France, Russia, Italy, Romania, Japan, and the United States.\* Meanwhile, since Spain was neutral during World War One, the media was able to report on this virus and how many soldiers had died from it.\*

Even though the virus did not originate in Spain, it was called the Spanish Flu because the Spanish media consistently reported on it.\* The exact origin is unknown, but different historians have considered England, France, China, and the United States to be the initial source.\*

Sound familiar? We can compare this phenomenon to how COVID-19 variants are associated with the country that first discovered them, such as the UK variant, the South African variant, the Brazilian variant, and more. A stigmatizing label is attached to that country despite the fact that there is no evidence that these variants originated within their borders. In fact, the only thing that we know for certain is that those countries had the ability to discover that variant's existence and shared that information with the world. As we have seen with the current pandemic, the media continues to play a large role in shaping the stories we tell to help us make sense of pandemics.

### **COVID-19:**

In multiple reports, the World Health Organization (WHO) has identified the city of Wuhan, China as the birthplace of the virus. The following information is paraphrased from two documents written by the WHO and other sources about the origins of COVID-19.

Many of the first-to-be-infected people reported visiting or working at the Huanan Wholesale Seafood Market, a seafood and animal market in Wuhan.\* However, a similar number of milder COVID-19 cases were associated with other markets, and some of the city's cases were not associated with any markets.\* Nevertheless, a large outbreak began in Wuhan in December 2019.\* Since it is a transportation hub, COVID-19 quickly spread throughout the country.\* COVID-19 cases were concentrated in the cities with the most traffic with Wuhan.\*

These days, most emerging viruses come from an animal source, and there is definitive proof that COVID-19 is a zoonotic virus, meaning that it was spread from an animal to a person.\*

One theory is that someone ate a bat, and another theory is that someone ate a different animal which had been in contact with a bat that was carrying the disease.\*

Why a bat? Well, a bat virus has the closest genetic relationship with SARS-CoV-2.\* However, these viruses are quite distinct from each other, and nowadays we are becoming aware of many other mammals which are also able to transmit COVID-19.\* While it is common in some countries for people to eat bat meat and other wild animal meat, there is no evidence that COVID-19 came from a bat.\*

### Section 3: How the Virus Entered Canada

#### **Spanish Flu:**

As Canadian soldiers travelled home from fighting in World War One, the 1918 pandemic made its way across the country, even the most isolated communities.\*

#### **COVID-19:**

The virus was first brought into the country by a Canadian traveller who had visited Wuhan, China in late January 2020.\* After that, travel-related precautions at airports were only focussed on travellers from China.\* Many people had requested that the federal government screen all air travellers for COVID-19, as other countries were doing.\* However, federal officials delayed their decision to restrict travel until March 13th, 2020 — two days after the WHO declared COVID-19 to be a pandemic.\* Meanwhile, COVID-19-positive travellers from the United States, Iran, India, and the United Kingdom had already entered Canada throughout February and March 2020.\*

One major change between modern times and the 1918 pandemic is that disease spreads much faster with today's jet travel, according to Dr. Isra Levy, director of the Office for Public Health at the Canadian Medical Association.\*

### Section 4: Duration

#### **Spanish Flu:**

Some historians estimate that the virus originated elsewhere around February 1918, yet it didn't reach Canada until September 1918.\* The strain of influenza that caused this pandemic continued to be active in Canada until the mid-1920s.\*

#### **COVID-19:**

COVID-19 was first identified in early 2019, and it was officially declared a pandemic on March 11, 2020.\*

### Section 5: Percentage of Canadians who were Infected with the Virus

#### **Spanish Flu:**

In total, 2 million people in Canada were infected with the virus, which was 25% of the country's population at the time.\* That's 1 person out of every 4 people!

#### **COVID-19:**

At the time of writing, Canada has 1, 305, 770 confirmed cases of COVID-19, which is 3.47% of the country's population of 37.59 million.\* Toronto alone has had 158, 702 cases of the disease.\* Together, Ontario and Quebec have reported over 65% of COVID-19-related deaths in Canada.\*

As of May 12, the total number of COVID-19 cases is 499, 412 in Ontario, 360, 201 in Quebec, 213, 635 in Alberta, 137, 223 in British Columbia, 43, 673 in Saskatchewan, 43, 143 in Manitoba, 4, 301 in Nova Scotia, 2, 024 in New Brunswick, 1, 166 in Newfoundland and Labrador, 187 in Prince Edward Island, 594 in Nunavut, 114 in the Northwest Territories, and 84 in Yukon.\*

## Section 6: Total Number of Deaths in Canada

### **Spanish Flu:**

In total, around 50, 000 Canadians died from this pandemic, both in cities and even the most remote communities\*. More than 3, 000 people died in Montreal alone, and Toronto lost about 1, 600 people to the disease.\* The flu took the lives of more than 8, 700 people in Ontario, 4, 000 in Alberta, and 5, 000 in Saskatchewan.\*

### **COVID-19:**

At the time of writing, Canada has 24, 766 confirmed deaths from COVID-19.\* Toronto alone has lost 3, 224 people to the disease.\* Ontario and Quebec have reported just under 80% of COVID-19-related deaths in Canada.\*

As of May 14, the count of deaths related to COVID-19 is 11, 012 Quebec, 8, 374 in Ontario, 2, 123 in Alberta, 1, 625 in British Columbia, 1, 000 in Manitoba, 508 in Saskatchewan, 71 in Nova Scotia, 41 in New Brunswick, 6 in Newfoundland and Labrador, 4 in Nunavut, 2 in Yukon, 0 in the Northwest Territories, and 0 in Prince Edward Island.\*

## Section 7: Percentage of Deaths for the Canadian Population

### **Spanish Flu:**

From 1918 to 1920, 0.066% of the Canadian population died from this flu. That's 50, 000 people out of Canada's population of 8 million.\* In comparison, 60, 000 Canadians died in World War One, which lasted for four years.\* While people died from the flu every year, according to the Public Health Agency of Canada, at the time, the average number of Canadians who died from it was between 4, 000 and 8, 000 people per year.\*

### **COVID-19:**

At the time of writing, 24, 776 people in Canada have died due to COVID-19, which is 0.066% of the country's population of 37.59 million.\*

## Section 8: Percentage of Deaths for Indigenous People Living in Canada

### **Spanish Flu:**

Indigenous populations in Canada and around the world suffered the most from the 1918 pandemic.\* The Department of Indian Affairs reported 3,700 deaths from the Spanish Flu, which is 3.5% of the total population of 106,000 at the time.\* There is no research or data that gives a genetic explanation for this overrepresentation.\* The social determinants of health that are associated with being Indigenous are used to explain the increased incidence of infection and death from influenza among Indigenous populations.\*

Along with other public health scholars, Dr. Laena Maunula argues that the inequalities which Indigenous people face every day are amplified in emergencies, which could lead to a higher risk of the number of cases and deaths during a pandemic.\* Maunula explained that First Nations communities can't fully follow public health behaviours due to structural conditions.\* For example, frequent hand washing can't be done when there are serious concerns about the availability of clean water.\*

### **COVID-19:**

According to Indigenous Services Canada (ISC), as of May 4, 96% of First Nations people living on a reserve who tested positive for COVID-19 have recovered.\* Also, Indigenous people living on reserves have fewer recorded, active COVID-19 cases as well as lower rates of virus-related death compared to the Canadian population.\* Statistics about Indigenous people who are diagnosed with COVID-19 but do not live on a reserve are recorded in the provincial and territorial case counts, but they are not distinguished from other cases.\*

In February 2021, the Public Health Agency of Canada published a report on how COVID-19 is affecting Indigenous people. Despite efforts by Indigenous communities and organizations to reduce mental distress, the report notes that "some Indigenous communities have experienced a marked increase in both suicide deaths and attempts since the beginning of the COVID-19 pandemic."\* One participant in the report noted: "People are being cut off from their cultural practices and, if you lived off reserve in the first few months, you couldn't go back, so there were people floating without their support systems."\*

The report says: "Some First Nations participants said that the lockdown was similar to the pass system that was in place for decades in Canada. Lockdown did not allow Indigenous People to move about or see people, which is reminiscent of how First Nations peoples needed permission from the Indian Agent to leave the reserve. Some public health messaging also urged individuals to stop taking part in ceremonies because of uncertainty of how COVID-19 was transmitted, culminating in a consequence whereby the government is dictating to Indigenous Peoples when they can access ceremony."\*

As more vaccines are being given out in First Nations communities, there have been fewer and fewer active cases of COVID-19.\* In Ontario's 3-Phase Vaccination Plan, adults in First Nations, Métis and Inuit populations were part of the first group to get their vaccines from December 2020 to March 2021.\*

## Section 9: Total Number of Deaths Worldwide

### **Spanish Flu:**

There are no exact numbers of confirmed deaths, but historians have agreed that the number of people who died from this flu is somewhere between 20 million and 100 million people.\* The total number of deaths worldwide is often estimated at 50 million people.\*

### COVID-19:

Currently, the publication *Our World in Data* reports a confirmed 3.2 million people who have died from COVID-19.\* Their website states that the actual number is probably higher due to issues with reporting.

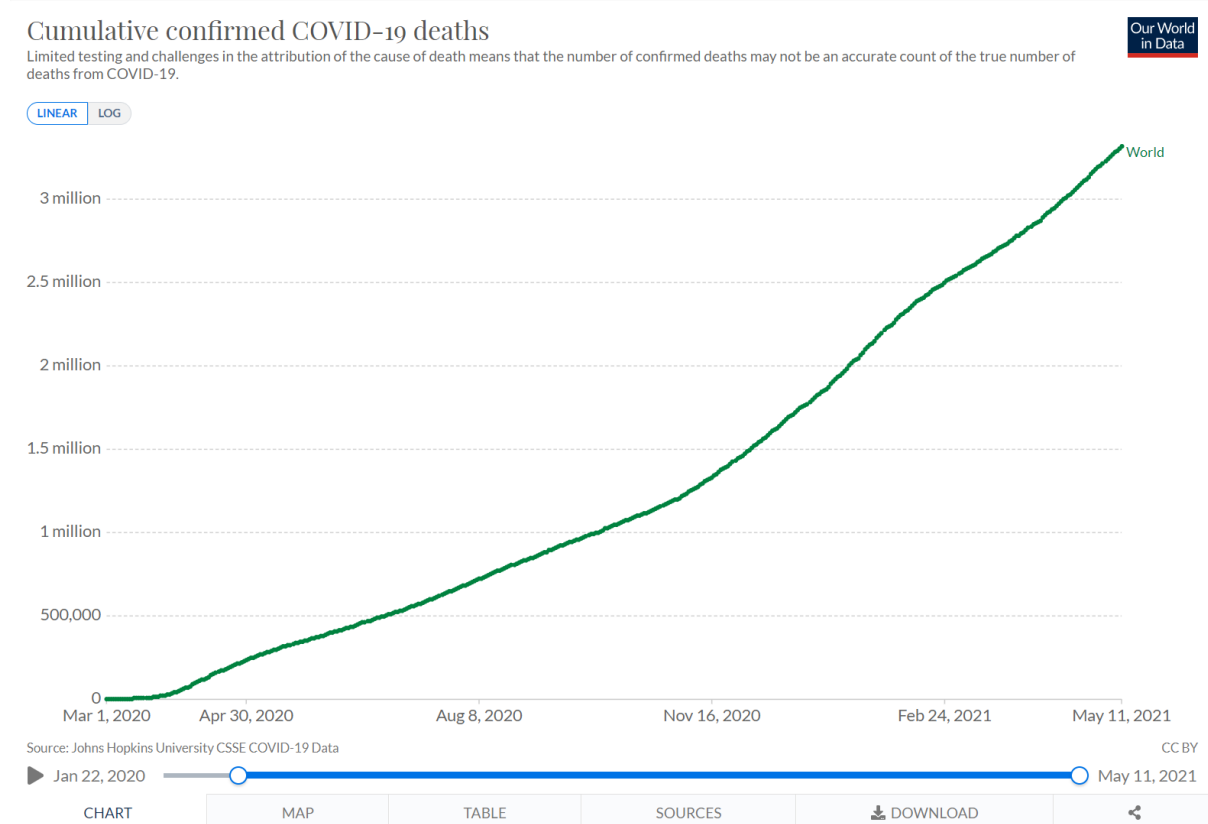


Chart Source: <https://ourworldindata.org/covid-deaths#>.

### Final Thoughts

So, how did the Spanish Flu pandemic end? Since that pandemic lasted 2 years, will the current pandemic last another year? While looking to the past is extremely helpful, there are limits to how much we can make comparisons. First of all, Influenza A and COVID-19 are different viruses. But in addition to that fact, it's important to remember that we have come a long way since the end of that pandemic in 1920.

One significant difference between historic Canada and the present is that there was no government entity that was solely dedicated to public health. A critical step towards the end of the Spanish Flu pandemic in Canada was the federal government creating the first Department of Health in 1919.\*

That was the point when all levels of government became responsible for protecting public health so that resources can be better coordinated across the country.\* Before this step, “each province dealt with [the pandemic] on its own”, says Heather MacDougall, an associate professor of history at the University of Waterloo in Ontario.\*

MacDougall mentions another noteworthy difference: since the Spanish Flu pandemic began during World War One, many Canadian doctors and nurses were outside of the country tending to injured soldiers.\* “That meant there was a huge shortage of trained medical personnel and therefore a significant dependence on volunteers,” she notes.\*

Canada was not the only country to reprioritize public health in response to the Spanish Flu pandemic. A public health revolution swept the world, and an International Bureau for Fighting Pandemics was created in 1919.\* This organization would later evolve into the World Health Organization.\*

Even though the current pandemic is ongoing and seems never-ending, without a doubt, it would last much longer without the many advancements in scientific research that we have made since 1918. A lot of this progress can be attributed to the World Health Organization, which shared that the road to developing COVID-19 vaccines has been accelerated thanks to an “unprecedented amounts of scientific work” being done around the world.\*

Since there were no vaccines for the Spanish Flu, survivors either died or developed immunity.\* If there had been more international cooperation in the field of public health back in 1918 as there is today, a vaccine for the Spanish Flu could have been created. The current level of international cooperation in the field of public health has resulted in discovering effective vaccines faster than ever before without compromising on the usual safety checks.\*

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If you or someone you know uses Augmentative and Alternative Communication (AAC), and requires resources related to COVID-19, please contact Sarah ([sarah.nydp@gmail.com](mailto:sarah.nydp@gmail.com)) and she can assist you in accessing and/or creating various communication tools.

If you think you may be experiencing symptoms of COVID-19, take the self-assessment at [www.ontario.ca/coronavirus](http://www.ontario.ca/coronavirus). Follow all directions from your medical provider or your local health unit at the following phone numbers:

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675

Please refer back to previous updates as lots of important information has been provided that may still be relevant. If you have any questions or require more information on how you can



protect yourself and those around you from the COVID-19 virus, please contact our Outreach  
Communication Facilitator Sarah, at 416-222-4448 or  
[sarah.nydp@gmail.com](mailto:sarah.nydp@gmail.com).