



## NEWS RELEASE

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### **What is Unique About COVID-19 Compared to Seasonal Flu**

Sterling, Colo. – June 12, 2020: While it might seem like we've been in collective quarantine forever, Covid-19 has only been present in humans for just over 6 months. COVID-19 is still a very new disease that shares a familial strain with the seasonal flu, but is not flu. Health professionals and scientists agree that there is still a lot to learn about this disease.

On the surface, COVID-19 seems like the seasonal flu and it does have some similarities. Both have similar symptoms such as fever and body aches, is transmitted through respiratory droplets through person to person contact and neither virus is treatable with antibiotics, but COVID-19 is not like the common flu and in many ways it's much worse.

Humans have been living with influenza for over a century, successfully treating and creating vaccines that reduce the effects of the disease. On the other hand, the long-term consequences of COVID-19 are still unclear (e.g., Pediatric Multisystem Inflammatory Syndrome). Unlike the flu, there is a wider concern of growing reports of symptoms lingering for weeks and months after recovering from the cough and fever. These symptoms include chronic lung damage, crippling fatigue, joint pain and deep

bone aches, chest pain, heart palpitations, headaches and dizziness. Unlike influenza, there no successful treatments shown to be consistently effective, nor any vaccines developed for COVID-19. Furthermore, we don't yet understand if those people already recovered from COVID-19 have immunity and if they do have immunity, how long it will last.

Take for example the mortality rate for COVID-19 compared to the seasonal flu.

According to [a recent study conducted by the University of Washington](#), U.S. rates of death among people infected who show symptoms, is 1.3 percent, significantly higher than seasonal flu that kills typically [0.1 percent of patients](#). This is over 10 times higher than for the seasonal flu currently in circulation. According to the Centers for Disease Control and Prevention in 2017–2018 flu season (19 weeks), which was a particularly bad, 61,099 people in the United States were estimated to have died from the flu.

Between March 21, 2020 and June 18, 2020 (13 weeks) there are more than 113,000 confirmed deaths in the United States due to COVID-19. Additionally, it is still unclear if COVID-19 has a season like influenza. Warm weather states such as Texas and Florida continue to be hit hard with new cases even as temperatures rise. Will there be a peak and then subside or will northeast Colorado see an increase in COVID-19 cases throughout the summer? Time will tell.

Another difference is in the severity of cases compared to flu. While both viruses effect the elderly more severely, [a case study from Wuhan, China](#), showed 41% of serious cases occurred among people under the age of 50, compared with 27% among individuals over 65. It just goes to show that serious cases can happen in relatively young people with no prior conditions. With that in mind, experts say the number of

cases requiring hospitalization – and, often ventilation to support breathing could easily overwhelm our health systems.

Without precautions, you are more likely to contract COVID-19 than the common flu. Nationally, disease experts estimate that each COVID-19 sufferer infects between two to three other individuals. That's a Reproduction (RO) value up to twice as high as seasonal flu, which typically infects 1.3 new people for each patient. Colorado likely started with an RO value between 3 and 4. Wearing masks, social distancing and other measures have lowered it to close to 1, but with counties reopening and people beginning to socialize more, there is an increased likelihood it could ramp up quickly.

While individuals who get influenza may have varying degrees of symptoms from mild to severe, the symptoms are consistent. However, the symptoms among positive COVID-19 cases can range from none or very mild, to moderate or severe. In addition, some individual's experience only 1 or 2 symptoms while others experience all of them. Then there are those that endure unusual symptoms such as loss of smell, dizziness, and rash. The asymptomatic cases, which are estimated to be around 50% of COVID-19 cases, facilitate the spread because it is hard to detect and isolate if someone isn't feeling sick while exposing others in their lives without even realizing they are spreading the virus.

There is also a long incubation period or delay between exposure (day 1) and onset of symptoms (on average day 5) unlike Influenza, which has a short incubation period. This delay further facilitates the spread of COVID-19 because people are contagious before they even realize they are exposing colleagues, friends and loved ones. In addition, the delay in detection is also concerning because people with symptoms are not getting

tested on average until day 8 and hospitalizations are averaging around day 13 of illness. Due to all of these delays (between the time of exposure, to onset of symptoms, to testing, to hospitalization) the public health data is often lagging 1 to 2 weeks.

Public Health has gained a lot of knowledge about this new virus in recent months but there is still a lot to learn. What we do know is that COVID-19 is nothing we have seen before and cannot be compared to any of the existing influenza lineages currently in circulation.

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