



Medical personnel at a coronavirus testing center in New Rochelle, New York, on Friday. (John Minchillo/AP Photo)

This Coronavirus Is Unlike Anything in Our Lifetime, and We Have to Stop Comparing It to the Flu

Longtime health reporter Charles Ornstein says that comparing the novel coronavirus to the flu is dangerously inaccurate. Not one public health expert he trusts has called that comparison valid. Here's why.

by [Charles Ornstein](#) March 14, 5 a.m. EDT



[Series: Coronavirus](#)

Is the United States Prepared for COVID-19?

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As a longtime health care reporter, I see the unfolding coronavirus pandemic as representing everything I've read about — from the [early days of epidemiology](#) to the staggering toll of the [1918 Spanish Flu pandemic](#) — but had not covered in my lifetime.

And still, I have been caught off guard by the pushback from top elected officials and even some friends and acquaintances who keep comparing it to the flu.

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Are you a public health worker, medical provider, elected official, patient or other COVID-19 expert? We're looking for information and sources. Help make sure our journalism is responsible and focused on the right issues.

"So last year 37,000 Americans died from the common Flu," President Donald Trump [wrote on Twitter](#) on March 9. "It averages between 27,000 and 70,000 per year. Nothing is shut down, life & the economy go on. At this moment there are 546 confirmed cases of CoronaVirus, with 22 deaths. Think about that!"

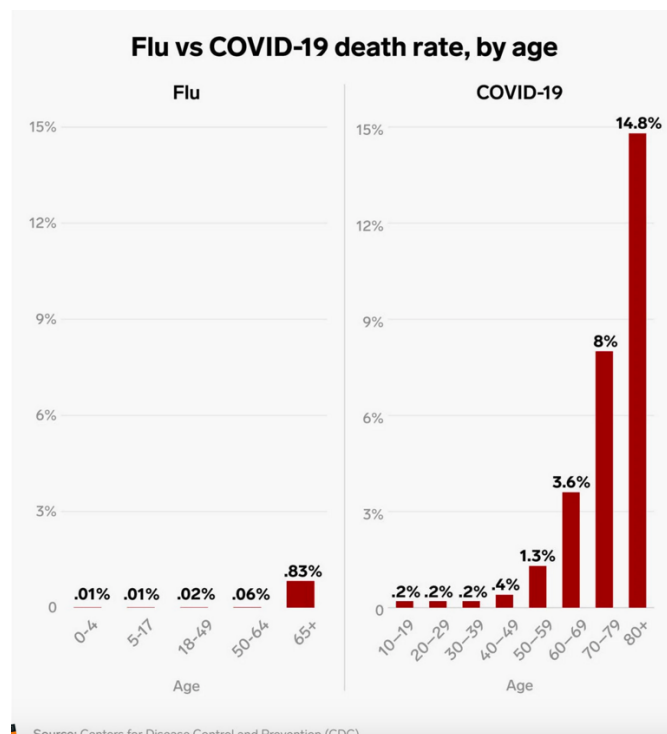
By Friday, Trump had declared coronavirus a [national emergency](#), freeing up resources and removing hurdles for a faster response.

In the meantime, not one public health expert I trust — not one — has said this flu comparison is valid or that we’re overdoing it. Every single one, from former FDA Commissioner [Scott Gottlieb](#) to Harvard professor [Ashish Jha](#), has said we’re not doing enough, that this is far more serious than it is being taken.

Here’s why that is:

This is far deadlier than the flu.

As Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and others have said, COVID-19 is deadlier than the flu. It’s deadlier for young adults. It’s deadlier for older adults. In China, early data shows that it was 10 times deadlier. This chart from [Business Insider](#) compares U.S. flu deaths to deaths in China from COVID-19.



Ruobing Su/Business Insider

The flu kills [less than 1% of infected people who are over age 65](#). By comparison, in China, COVID-19 killed 8% of those infected who were 70-79 and almost 15% of those infected who were age 80 or older. That’s a staggering difference.

Even for younger people, the difference was striking. Flu killed .02% of infected patients age 18-49. It’s 10 times that for COVID-19.

In other countries, such as South Korea, the death rate has been far lower.

But if 1 in 12 people age 70-79 who get the virus and 1 in 7 people age 80 or older who get the virus die, and the virus spreads to 20%, 40% or 70% of the population, we’re talking massive death tolls, the likes of which we have never seen before in our lives.

“I mean, people always say, well, the flu does this, the flu does that,” Fauci said Wednesday during congressional testimony. “The flu has a mortality of 0.1%. This has a mortality rate of 10 times that. That’s the reason I want to emphasize we have to stay ahead of the game in preventing this.”

Our health care system doesn’t have the capacity to deal with this.

Epidemiological experts keep talking about the need to “flatten the curve.” What they mean by that is that we need to slow the speed at which new cases are reported. We may not be able to stop the spread of the coronavirus, but we have to try to manage it. If 1,000 new cases happen over a month instead of a week, the health care system is more able to handle them.

Here’s why this is a worry: Overall, our hospitals have fewer beds than other developed countries, according to [recent data](#) from the Organization for Economic Cooperation and Development. The United States had 2.8 beds per 1,000 residents. By comparison, Germany had 8 beds and China 4.3 per 1,000.

The United States looks better when it comes to [intensive care beds](#), but there’s tremendous variation between regions and states. If we experience what parts of China and [Italy](#) saw, we won’t have anywhere for sick patients to go. We will quickly run out of capacity.

Even if we have the capacity, we may not have enough supplies.

In a crisis moment, supplies like ventilators and N95 face masks will be key. But as [National Geographic](#) and other media have reported, the United States has only a fraction of the medical supplies it needs.

“Three hundred million respirators and face masks. That’s what the United States needs as soon as possible to protect health workers against the coronavirus threat. But the nation’s emergency stockpile has less than 15 percent of these supplies,” the magazine reported.

[Others](#) have reported shortfalls as well, and ProPublica has been hearing from health care professionals across the country who say their own institutions are running short of supplies. (Share your story [here](#).)

U.S. Surgeon General Jerome Adams tweeted at the end of February, “Seriously people- STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus, but if healthcare providers can’t get them to care for sick patients, it puts them and our communities at risk!”

Another challenge: Hospital staff have been exposed too.

And if that weren’t enough, there’s another problem. Health care workers who have been exposed to the virus are now quarantining themselves, further reducing available staff at hospitals. [Kaiser Health News](#) reported on the effects of this:

“In Vacaville, California, alone, one case — the first documented instance of community transmission in the U.S. — left more than 200 hospital workers under quarantine and unable to work for weeks.

“Across California, dozens more health care workers have been ordered home because of possible contagion in response to more than 80 confirmed cases as of Sunday afternoon. In Kirkland, Washington, more than a quarter of the city’s fire department was quarantined after exposure to a handful of infected patients at the Life Care Center nursing home.”

This week, Banner Health in Colorado [informed employees](#) that a co-worker is among those with the coronavirus, The Colorado Sun reported. “People who came into prolonged, close contact with the woman in a Banner Health emergency room are being notified and asked to home-quarantine for 14 days, according to a source close to the investigation who spoke to The Sun on the condition of anonymity.”

And my ProPublica colleagues reported Friday [how some EMS workers are also being quarantined](#) because of exposure. (It didn’t help, of course, that the EMS system was slow to get up to speed on the threat.)

More than that, many health care workers have children and as schools begin to close, they have to figure out how to care for their own families.

People in rural areas will have little care nearby should they be affected by COVID-19.

Rural areas in the U.S. are losing their hospitals entirely, and residents are having to travel hours for care. According to the [Cecil G. Sheps Center for Health Services Research](#) at the University of North Carolina at Chapel Hill, 126 rural hospitals have closed since 2010, including six so far this year. That’s about 6%.

An analysis by the Chartis Center for Rural Health and iVantage Health Analytics this year found that about a [quarter of the nation’s 1,844 open rural hospitals](#) are vulnerable.

As [The Washington Post](#) described it last year, “Hospitals like Fairfax Community [in Oklahoma] treat patients that are on average six years older and 40 percent poorer than those in urban hospitals, which means rural hospitals have suffered disproportionately from government cuts to Medicaid and Medicare reimbursement rates. They also treat a higher percentage of uninsured patients, resulting in unpaid bills and rising debts.

“A record 46 percent of rural hospitals lost money last year. More than 400 are classified by health officials as being at ‘high risk of imminent failure.’ Hundreds more have cut services or turned over control to outside ownership groups in an attempt to stave off closure.”

What I’m doing.

This is serious, and I’m making changes to the way I live and work. I’m working from home, trying to get enough sleep and avoiding crowds of any kind. And watching events unfold in what I hope is a once-in-a-lifetime event.