

Historic Pandemics

1. Cause of historical pandemics

Figure 1. List of major historical pandemics/epidemics (top 20 in terms of death toll noted [1]).

Pandemic/Epidemic	Years	Location	Infected	Deaths	Notes
Covid-19 (9)	2019-2021	Global	171.5m	3.69m	Coronavirus (SARS-CoV2)
Seasonal Flu	2017-2018	USA	?	46-95k	Influenza A (H3N2)
Ebola	2013-2016	West Africa	28,600	11,325	Ebola
Swine Flu	2009-2010	Global	1400m	150k – 600k	Influenza A (H1N1)
HIV – AIDS (4)	1981 ongoing	Global	+40m	35m	? Sexually transmitted
Russian Flu	1977-1979	Global	?	700k	Influenza A (H1N1)
Hong Kong Flu (12)	1968-1970	Global	?	1-4m	Influenza A (H3N2)
Asian Flu (11)	1957-1958	Global	?	1-4m	Influenza A (H2N2)
Russian Typhus (10)	1918-1922	Russia	?	2-3m	Typhus
Spanish Flu (2)	1918-1920	Global	500m	17-100m	Influenza A (H1N1)
Russian Flu (19)	1889-1890	Global	?	1m	Influenza
Third Cholera (17)	1846-1860	Global	?	+1m	Cholera
Persian Plague (15)	1772-1773	Persia	?	2m	Bubonic Plague
Marseille Plague	1720-1723	France	?	100k	Bubonic Plague - 30% of population died
London Plague	1665-1666	UK	?	100k	Bubonic Plague
Naples Plague (16)	1656-1658	Italy	?	1.25m	Bubonic Plague
Italian Plague (18)	1629-1631	Italy	?	1m	Bubonic Plague
Cocoliztli (13)	1576-1580	Mexico	?	2-2.5m	Smallpox
Cocoliztli (6)	1545-1548	Mexico	?	5-15m	Smallpox
Mexico Smallpox (8)	1519-1520	Mexico, S America	?	5-8m	Smallpox brought in by Spanish explorers
Black Death (1)	1346-1353	Europe, Asia and N Africa	?	75-200m	Bubonic Plague (Yersinia pestis)
Japanese Smallpox (14)	735-737	Japan	?	2m	Smallpox
Plague of Justinian (3)	541-549	Europe and West Asia	?	15-100m	Bubonic Plague
Antonine Plague (7)	165-180	Roman Empire	?	5-10m	Smallpox or Measles
Plague of Athens	430BC		?	100,000	? Typhus Fever

The deadliest pandemic/epidemic was the Black Death (Bubonic Plague) of 1346-1353 during which the bacterium *Yersinia Pestis* killed 30% to 60% of the European population (it is estimated that over 75 million people died).

Prior to 1900 most major pandemics were bacteriological, i.e., plague, typhus/typhus fever or cholera. Today these diseases are well understood and can be easily controlled through good

personal hygiene, good sanitation and antibiotics. Other than bacteriological infections smallpox was the only other major killer particularly in populations with no natural immunity. Through a world-wide vaccination campaign smallpox was finally declared eradicated in 1980.

Plague:

Culprit – bacteria, *Yersinia pestis* spread by flea bite

Risk Factors – poor sanitation, contact with rodents, fleas

Symptoms – fever, headaches, vomiting, swollen lymph nodes

Varieties - bubonic plague, septicemic plague and pneumonic plague

Treatment – antibiotics

Death Rate – 10% if treated, 50% to 90% untreated

See: https://en.wikipedia.org/wiki/Bubonic_plague

Typhus (Typhus Fever):

Culprit – bacteria, *Rickettsia prowazekii* spread by body lice

Risk Factors – poor sanitation, close contact with infected individuals

Symptoms – fever, headache, rash

Varieties – epidemic typhus, scrub typhus, murine typhus

Treatment – antibiotics

Death Rate – 0% if treated, 10% to 60% untreated

See: <https://en.wikipedia.org/wiki/Typhus>

Cholera:

Culprit – bacteria, *Vibrio cholerae* transmitted via human feces (fecal oral route)

Risk Factors – consumption of contaminated drinking water, uncooked seafood

Symptoms - very watery diarrhea, vomiting, muscle cramps, dehydration

Treatment – oral rehydration, zinc, antibiotics

Death Rate – 5% to 50% untreated

See: <https://en.wikipedia.org/wiki/Cholera>

Smallpox:

Culprit – virus, *Variola major/minor* spread between people

Risk Factors – exposure to contaminated objects, cloths, blankets etc., or people

Symptoms – fever, vomiting, mouth sores, fluid filled blisters which scab over, blindness

Treatment – supportive care, smallpox vaccination

Death Rate – 30% untreated

See: <https://en.wikipedia.org/wiki/Smallpox>

Since 1889 all major pandemics/epidemics have been viruses, particularly varieties of influenza.

2. Virus Mania

The book *Virus Mania*, written by Torsten Engelbrecht and Claus Kohnlein [2] provides an interesting perspective on the many recent virus pandemics/epidemics, starting with the Spanish Flu in 1918. Basically, they believe that they are all primarily constructs of the pharmaceutical industries, because of their ability to generate massive profits, and are not real “independent” pandemics/epidemics.

Interestingly, they also point to the fact that no definite link between HIV and AIDS has ever been proved. Early deaths from AIDS in the San Francisco homosexual community could more likely be attributed to drug use (poppers) and lifestyle, and later to the use of the highly toxic medications developed to supposedly treat the disease, such as AZT. Likewise, the African AIDS pandemic is more likely attributable to malnutrition rather than HIV.

The pharmaceutical industry dominates viral and epidemiological research funding, so research findings are always biased to their needs and the products they develop to supposedly fight these pandemics/epidemics (Tamiflu). Even organizations such as The Center for Disease Control in the USA (CDC) are not beyond this influence, and it has also been said that the CDC itself invents pandemics simply to justify its existence. Today pandemics/epidemics are more profitable than war.

This said, influenza can be a serious disease which kills many people annually, especially the old and those with serious preexisting conditions. It is estimated that influenza accounts for around 389,000 respiratory deaths globally each year [3].

References:

1. Wikipedia, List of Epidemics, see https://en.wikipedia.org/wiki/List_of_epidemics
2. Engelbrecht, T., and Kohnlein, C., 2020, “*Virus Mania: How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense*”, Published by emu-Verlag, Lahnstein, 577 pp.
3. Paget, J. et.al. 2019, “*Global mortality associated with seasonal influenza epidemics: New burden estimates and predictors from the GLaMOR Project*”, J Glob Health 9(2):020421. See <http://jogh.org/documents/issue201902/jogh-09-020421.pdf>