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## The Spanish Influenza: a tale from my grandmother's day

When I was a girl, I spent all my summers by a lake in the Laurentians. My mother's parents rented a cottage near ours. My summer memories are full of smells and tastes from my grandmother's kitchen: raspberry or blueberry upside-down cake, chocolate cake with white frosting, frogs' legs, date squares, fudge, fresh trout, wild strawberries in real cream and other treats.

I was very fond of my grandparents, and they played a big role in shaping my imagination. I heard all kinds of stories, about children who drowned because they hadn't waited three hours after eating, or the bear that attacked children in a cottage while their parents were off at church! That one frightened me so much that I even planned how I would defend the cottage from bears if ever the need arose. One of the most fascinating stories of all, though, was the Spanish Influenza, or Spanish flu.

First of all, I often wondered why it was a *Spanish* flu. Why not Chinese, for example? What had the Spanish done that was so awful that they spread such a deadly disease? Everyone caught the flu, so what was so special about this Spanish kind? They said that many, many people had died from this flu. My grandmother told of how in a farm neighbour's family back in Drummondville, both the father and son perished in the space of 24 hours.<sup>1</sup> The end of the war had brought our soldiers home, but also a deadly virus. It was astonishingly virulent. If you visit the cemetery in the ghost town of Val-Jalbert, in the Lac-Saint-Jean region, for example, you'll see that 1918 was particularly cruel. A great number of women and children

died that year.<sup>2</sup> For decades, people feared the Spanish flu almost as much as the plague in the Middle Ages. I comforted myself with the knowledge that there were now "penicillin shots" that could protect us from everything – or almost.

Last fall, as I watched the news and the regular reports on the advancing avian flu, my childhood nightmares came back to haunt me. The infamous H5N1 virus is transmissible only between birds and humans, but could eventually mutate and be passed between humans.<sup>3</sup> There was much talk in the media about the darkest hours of the Spanish flu, and the fact that it infected 50% of people worldwide, causing 20 to 40 million deaths (mainly young people ages 20 to 40), including about 50,000 in Canada. Some magazines carried photos from back then, of police officers wearing masks and gymnasiums serving as makeshift hospitals. I also remember an article in *Time* that mentioned how hard it was to identify and bury so many bodies in such a short space of time.

The whole world is now on high alert, watching and waiting for an avian flu epidemic. In September 2004, the federal government created the Public Health Agency of Canada (PHAC), which is now responsible for updating and disseminating the *Canadian*

1. According to Annex G of the *Canadian Pandemic Influenza Plan*, the complication that causes high mortality is primary viral pneumonia. It can progress to hypotoxemia and even death in one to four days (February 2004, p. 224).

2. According to the same source, in 1918, the mortality rate among infected pregnant women was 51.4%, as compared with 33.3% for the rest of the population (p. 221).

3. The MSSS notes that over one hundred human cases of H5N1 influenza have been reported in Asia, and more than 50% of them proved fatal.

*Pandemic Influenza Plan.* According to the Quebec Department of Health and Social Services (MSSS), the risk of a new pandemic is very real, and Minister Philippe Couillard has issued a *Quebec Pandemic Influenza Plan*.<sup>4</sup> A pandemic is a global outbreak of a contagious disease that could have major repercussions for public health but also the world's economy (depending on the number of people affected).

When we met with representatives of the Public health protection branch of the MSSS, they told us that it is not a matter of if, but when, for this pandemic. In other words, it is highly probable that it will come, but we cannot know precisely when. Perhaps in a few months, or maybe in a few years. Three of four conditions have already been met: a new virus strain (H5N1), a highly virulent one, and our lack of immunity. All that is missing is the ability to be transmitted between humans.

The MSSS also projects a serious, but realistic scenario in which 35% of Quebecers would be affected by the first wave of the pandemic. About 1.4 million people would need medical care, 33,000 would need to be hospitalized, and about 8,500 would die. All in the space of eight weeks! You can easily imagine that doctors and nurses would be on the front line fighting the plague, and would face plenty of obstacles.

The Quebec plan met with a very positive reception, and preparations to respond to the pandemic are already underway. All across Quebec, health agencies have begun implementing the plan. It looks at the strategic role that Info-Santé and Info-Social would play, the priority distribution of antiviral drugs to front-line healthcare staff, the distribution of self-care guides, preparation of pre-hospital emergency units and intensive care units, the deployment of non-traditional healthcare facilities such as schools, and so on. A model will be tried out in four target regions so as to test the feasibility and effectiveness of such facilities. There will be no vaccinations in the first wave of the pandemic, since it takes about four to six months to produce vaccines. Once they are available, vaccination will be done in two stages: priority groups first of all, followed by everyone else, at public vaccination centres.

The OIIQ's role in preparing for the pandemic consists of talking to all nurses who have been inactive



**My grandmother, Annie Marier Durocher (August 1957)**

for less than five years and those working outside the public health network, to find out whether they are interested in helping to respond to the pandemic. A listing of available nurses will be maintained. The Order will also talk to nursing students with a view to possibly making use of their services, assuming that colleges and universities would be closed during the pandemic.

Another aspect involves all health-care professions, and that is the number of people who might refuse to work, on personal, family or other grounds. The OIIQ feels that nurses have always been ready to help in epi-

demics, armed conflicts or natural disasters. If nurses refused to serve in this case, however, the normal professional ethical criteria would not apply; instead they would be covered by instructions issued by the MSSS or the Department of Public Security. I hope that we would all pull together under such circumstances, but I can't help feeling that nurses would also have to take care of their own family members, and would find themselves facing daunting ethical dilemmas.

My maternal grandparents were born in 1894, and so were 24 years old at the time of the Spanish flu pandemic. They were spared. I try to reassure myself that I must have good genes. Viral and bacterial infections have decimated human and animal populations over and over again through the ages – they are unavoidable, a recurring part of life. But scientific and technological progress should help us do better at fighting off future pandemics, shouldn't they?

True, my grandmother escaped the Spanish flu, but I didn't mention that she contracted poliomyelitis that left her with an atrophied leg. And that her own mother died of typhoid. But that's another tale from my grandmother's day. ●

Gyslaine Desrosiers  
President

4. [www.pandemiequebec.ca/en/news/news.aspx](http://www.pandemiequebec.ca/en/news/news.aspx)