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Letter to the Editor

Pandemics and social stigma: Who's next? Italy's experience with COVID-19



RSPH

On December 31, 2019, Chinese authorities reported to the World Health Organization the first case of what is now known as COVID-19, a respiratory syndrome caused by Severe Acute Respiratory Syndrome - Coronavirus 2 (SARS-CoV-2). Four months later, the virus caused a pandemic that has changed the lives of billions of people. In the weeks after the announcement of the first COVID-19 case, while some Asian countries (i.e. South Korea, Singapore, Taiwan)^{1,2} promptly equipped themselves to face a probable national outbreak, most Western nations minimized the risks posed by the virus and limited their actions to travel bans, whose effectiveness is still debated.³ Italy, one of the first and most severely hit countries in the Western world, was among them. However, discussions on whether to admit people coming from the outbreak epicenter in China raged immediately not only at the political level but also on the media and social media, paired with xenophobic comments on Chinese wet markets and culinary habits.

Nowadays, it is a short step from digital discussions to real life, and at first, it was not the virus to hit Italy but another dangerous enemy: prejudice. Weeks before the national lockdown of March 11, 2020, when the *bel paese* had declared the state of emergency but everyday life was going on as always, the sentiment toward the Chinese community changed: their restaurants were left empty, more and more parents did not want their children to go to school if they had a Chinese classmate, and a high-profile politician offended the Chinese by saying on TV that 'we have all seen them eat live mice'.

This behavior is not new to the humankind: COVID-19, similar to other epidemics before, has gone hand in hand with xenophobia. Foreign populations were stigmatized and scapegoated when facing novel pathogens across history and, sadly, this time is no exception. We can find some parallel to today's pandemic-related xenophobia already in the 5th century BC when Tucidide, narrating the plague of Athens, writes that Athenians were accusing Spartans of poisoning the water, or in the 14th century, when during the Black Death, an outbreak of the bubonic plague, Jews were accused of the same thing. More recently, in 1918, when the Spanish flu was not already being referred to as such, Brazilians called it the German flu and the Senegalese called it the Brazilian flu, underlying the tendency for some kind of need to find someone to blame. Italians too were accused in the US of the spreading of the flu, as reported in two newspaper clips.⁴

'Catastrophes reveal the weakness of human memory',⁵ this time it was the Chinese who got targeted. However, despite facing

episodes of xenophobia, their behavior has been nothing but commendable. Notably, one of the most important and populated Chinese communities in Europe is in Prato,⁶ a city in Tuscany, Italy, that is famous for its textile manufacturers, where they represent 9.9% of the resident population (the national figure is 0.4%). This created fear among Italian authorities, especially when it was reported that in late January 2500 people were returning from China, after the Chinese New Year celebrations. What was remarkable at the time and is worthy of praise now is that the Chinese took the threat raised by the virus very seriously from the beginning, what was happening in China. This led to a change in habits that is now common to everybody but that nobody had ever experienced before. The Chinese living in Prato started to take measures to contain the spread of the virus voluntarily, before the government began acting. Social networks allowed them to keep in contact with relatives and friends in China to try to understand firsthand what was happening and consequently how to behave. Moreover, the members of the community have close relationships, and everyone was involved, trying to be proactive. Whenever meeting the Chinese around the city, they were always using masks, both on the streets and at the workplace, asking everybody to do the same when exchanging contacts with them. Italians were taking no precautions at that time and this worried the Chinese community who knew how serious the situation was and that it was fundamental to adopt non-pharmaceutical public health measures to mitigate the risk of COVID-19. Some of them also stopped sending kids to school, while still open, and started a voluntary quarantine; in the meantime, Italians took advantage of the eventual closure of the schools to go skiing.

The Italian National Institute of Statistics has released on May 4 the all-cause mortality data of the first quarter of the year⁷ to evaluate the impact of COVID-19 across the country. The comparison with 2015–19 data has shown us that not only was Prato not among the worst-hit areas but, quite surprisingly, was one of the least affected provinces of the country (the only province under 0% of excess mortality in North-Central Italy, Fig. 1).

The behavior of the Chinese community may have played an important role in avoiding the spread of the virus, and had their conduct been taken as an example from the start, nobody knows what the history of the pandemic could have been. However, instead of trying to understand, the human nature propelled xenophobic actions while preparedness efforts culpably lagged behind, favoring the spread of the virus.

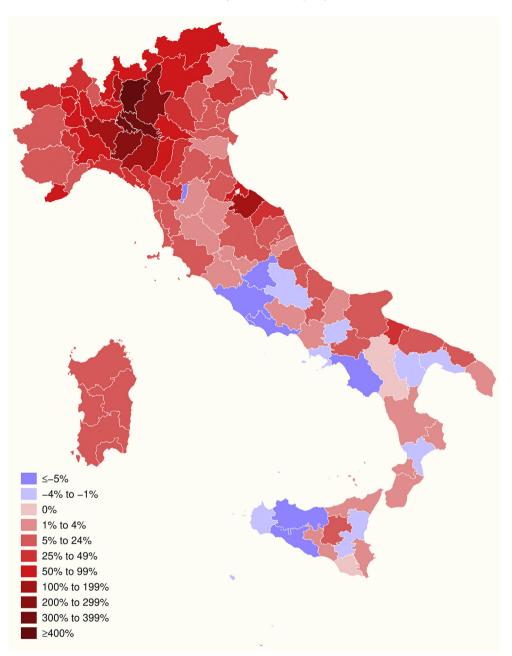


Fig. 1. All-cause excess mortality in the provinces of Italy between February 20, 2020 and March 31, 2020, using the average mortality in the same period for the years 2015/19 as the reference for comparison. *Note*: The shapefiles used to make this figure are made publicly available by the Italian National Institute of Statistics; administrative boundaries reproduced from https://www.istat.it/it/archivio/222527 under a CC BY license, with permission from the Italian National Institute of Statistics, original copyright 2020.

There will always be new and unknown threats to cope with in the future for humankind, but it is time that we start learning some lessons from our past. Unfortunately, old habits die hard, and once more it has been proven that diseases do not discriminate—people do. Nevertheless, with our actions as humans and scientists, we can actively help dissipate the harm that prejudice and stigma cause by providing accurate information. While all our efforts are addressed toward the battle against this virus that we will hopefully beat in the foreseeable future, it is clear that there is another long standing fight that we must win: the time to eradicate the stigma pandemic is now, and only united we will be victorious.

References

- Wong JEL, Leo YS, Tan CC. COVID-19 in Singapore—current experience: critical global issues that require attention and action. J Am Med Assoc 2020. https:// doi.org/10.1001/jama.2020.2467. published online February 20, 2020.
- Wang CJ, Ng CY, Brook RH. Response to COVID-19 in Taiwan: big data analytics, new technology, and proactive testing. J Am Med Assoc 2020. https://doi.org/ 10.1001/jama.2020.3151. published online March 3.
- Hoppe T. "Spanish Flu": when infectious disease names blur origins and stigmatize those infected. Am J Publ Health 2018;108(11):1462–4. https://doi.org/ 10.2105/AJPH.2018.304645.
- Desai A. Twentieth-century lessons for a modern coronavirus pandemic. J Am Med Assoc 2020. https://doi.org/10.1001/jama.2020.4165. published online April 27, 2020.

- Richard Horton. Coronavirus is the greatest global science policy failure in a generation. The Guardian; published April 9, 2020. Available from: https://www. theguardian.com/commentisfree/2020/apr/09/deadly-virus-britain-failedprepare-mers-sars-ebola-coronavirus.
- Italian National Institute of Statistics. Available from: http://dati.istat.it/Index. aspx?DataSetCode=DCIS_POPSTRCIT1.
- Italian National Institute of Statistics. Available from: https://www.istat.it/it/ files//2020/05/Rapporto_Istat_ISS.pdf.

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