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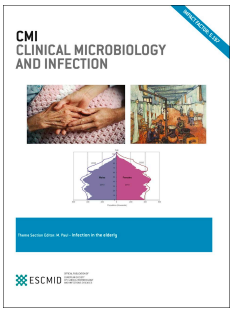


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*Commentary*

# Fighting stigma and discrimination against COVID-19 in China

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## Stigma and discrimination against COVID-19

As of October 28, 2022, there were 634,725,675 confirmed cases and 6,589,734 deaths attributed to COVID-19 (https://www.worldometers.info/coronavirus/) worldwide. Around 614 million COVID-19 patients have recovered, and more patients will return home and work after recovery. In China, recovered COVID-19 patients have frequently suffered stigma and discrimination in daily life and at work. In a quantitative study of 2377 participants in China, 79.76% of the participants displayed discrimination against recovered COVID-19 patients.[1] In the early stage of the pandemic, COVID-19 survivors were not allowed to enter public places, including restaurants, shops, and public transports. Afterwards, they often faced discrimination in other spheres, including health-related insurance, renting houses, and even job promotion. Recently, "no positive COVID-19 history" is often required in Chinese labor market.[2] People with a previous history of COVID-19 infection are unable to socialize normally and may face bankruptcy.

Since the COVID-19 pandemic, such stigma and discrimination have been experienced by patients with or recovered from symptomatic and asymptomatic infections, and even expanded to close contacts and suspected cases.[3] In a quantitative survey study of 7,942 Chinese participants, people residing in the epicenters of COVID-19 outbreak reported greater stigmatization and perceived discrimination than those in no-COVID-19 regions; the stigmatization and discrimination were also higher in people socially associated with COVID-19 outbreak area.[4] According to several domestic studies in China, COVID-19-related stigma and discrimination could significantly impair people's mental health and well-being, not only in patients discharged from hospital [5, 6] but also in people geographically or socially associated with COVID-19 outbreaks.[4]

## The loop of fear and discrimination

The COVID-19 pandemic has created widespread fear. Fear is a key ingredient for discrimination to thrive. COVID-19-related discrimination not only harms the rights and dignity of innocent people, but also hinders the control and treatment of the disease.

When the disease is associated with discrimination, the patients are more inclined to conceal their infection to avoid unfair discrimination. The unreported infections will make the epidemic more difficult to manage, hampering the efforts of controlling disease spread.[7] Additionally, early treatment could reduce disease severity and prevent the long-lasting sequela of COVID-19.[8] Concealing disease will delay early treatment, causing severe negative consequences. The strength of our health system in disease control and treatment is inseparable from social inclusion, tolerance, solidarity, and justice. Without these key factors, discrimination will continuously deepen the fear of the disease, which in turn magnifies the discrimination.

**Fighting COVID-19-related fear and discrimination**

The world has seen pandemics and epidemics for centuries. The fear and discrimination against contagious diseases are nothing new in human history. In the modern era of medicine, with effective prevention and treatment of disease, this instinctive fear and discrimination could gradually fade and eventually disappear.

In China, a “dynamic zero-COVID” policy was adopted with massive viral testing, universal vaccination, and strict quarantine of COVID-19 patients.[9] After recovered patients were discharged from the hospital, the Chinese National Health Commission recommended continuing health monitoring for seven days as a precaution.[10] The recovered COVID-19 patients will generally not be infected again in a short period of time, nor will they cause a threat to the public.

The COVID-19-related discrimination highlights the poor knowledge and misconceptions about the disease. Therefore, public education should play a critical part in fighting discrimination. Here, we call on public media to provide sufficient and accurate scientific information about COVID-19 to help eliminate COVID-19 discrimination. Additionally, COVID-19-related inflammatory rhetoric and scapegoating should not be allowed. After all, when COVID-19 patients return from recovery, what they need most is understanding and fair interpersonal treatment in daily life and at work.

**Refractory fear and discrimination due to socio-economic inequality**

Under China's adherence to the "dynamic zero-COVID" policy, viral transmission is controlled in a minimum range of very few COVID-19 patients and sporadic asymptomatic infections.[9] However, fear and discrimination still prevail, which have expanded to close contacts, secondary close contacts, and even family members of COVID-19 patients. This kind of fear and discrimination is refractory due to its complex overlapping with social and economic inequalities. The pandemic disproportionately imposes a heavy socio-economic burden on people with a higher likelihood of viral exposure, including those—to name a few—working in an essential service that requires close contact with others, living in overcrowded houses with poor air ventilation, or living in neighborhoods with poor hygienic conditions. The COVID-19 pandemic exacerbates socio-economic inequality in housing, labor markets, and access to health services. Therefore, the above-stated fear and discrimination did not emerge simply as a result of the pandemic, but also due to socio-economic inequality.

In response to growing COVID-19 outbreaks, China has continuously revised the COVID-19 diagnosis and treatment guidelines in nine editions. In the latest 9$^{th}$ edition of isolation and discharge criteria, the precaution after discharge has changed from 14-days quarantine to 7-days health monitoring at home,[10] showing a sign of China's initiative to explore anti-COVID-19 policies with minimal socio-economic cost. On October 16, 2022, the 20th National Congress meeting of China was held, and a national agenda of fighting COVID-19 was proposed to coordinate anti-COVID-19 policies with social and economic development, aiming to strike a balance between socio-economic benefits and people's health.

**Emerging legal and ethical challenges**

COVID-19 discrimination exposes the weaknesses in current legal protection and underlying ethical framework. To address COVID-19 discrimination, several improvements have been made directly by targeted measures in China. On July 13, 2022,

the executive meeting of the Chinese State Council declared that it is strictly forbidden to discriminate against employees recovered from COVID-19, and this discrimination will be penalized. Meanwhile, according to the Chinese laws on infectious disease control and the Employment Promotion Law, employers and human resources service agencies are prohibited from using health and medical information in hiring or promotion. Moreover, COVID-19 test results 30 days before will no longer be presented in the Health Kit (健康宝)——an official smartphone app providing “health passport”, so job employers could no longer ask for "no positive COVID-19 history" in job recruitment. However, there is still a need for effective implementations of these laws and policies. For example, an official channel for logging discrimination complaints is still lacking; inconsistencies and gaps still exist in the coverage and enforcement of current laws and policies.

The above laws only apply to protect legal rights. In the longer term, COVID-19 will force us to face ethical challenges for which we have not fully prepared. For the benefit of individuals, it is better to protect the privacy and liberty of COVID-19 patients to avoid discrimination, but should we permit a heightened risk of disease spread? For the benefit of society, it is optimal to pursue the greatest good for the greatest number of people, but should we accept the utilitarianism of reducing mortality as the first principle and sacrifice those who have already lost their health and life from the disease? The sooner we start to face these legal and ethical challenges, the better prepared we will be.

**Weighing the balance between individuals and society in policymaking**

In the face of current legal and ethical challenges, we should advocate for proactive modifications in policymaking according to the development of the pandemic. We could weigh the vulnerability of those who suffer the burden of COVID-19 discrimination, while considering the balance with the benefit of sacrificing civil rights to prevent disease spread. In the early phase of the pandemic, the disease only occurs in a minority of the population. The balance between individuals and society is easy to weigh, since the benefit of society far outweighs those of individuals. Therefore, strict quarantine and

disease control policies could be adopted. However, with the pandemic spreading to more and more people, the balance will inevitably reach a tipping point, where policymakers need to optimize the trade-offs between the benefits of individuals and society by updating pandemic policies. Going forward, these systemic societal issues required extensive collaboration between scientific and political communities, a collaboration dedicated to incorporating an optimizing balance between individuals and society in policymaking.

## Declarations

### Competing interests

The funders had no role in writing this manuscript. This study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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