Social Reaction toward the 2019 Novel Coronavirus (COVID-19)

With the number of people infected by the 2019 novel coronavirus (COVID-19), which is rapidly increasing worldwide, public anxieties and worries are elevated in many regions. As the COVID-19 outbreak is ongoing, a wave of fear and worry in the society has arisen. Following this wave of fear and worry, several communities seem to develop a new by-product of discrimination, that is, mutual discrimination within the Asian/Chinese societies. For example, people who reside in Taiwan are afraid of interaction with those living in Hong Kong; people in Hong Kong avoid interaction with China mainlanders; and people from southeastern or southern region of Asia are afraid of contacts with Chinese ethnic people. More recently, people in Hong Kong and Taiwan feel scared when interacting with Koreans and Japanese due to their recent community outbreak.

The fear and worry are understandable as people concern their health. No one wants to get infected with a virus that has a relatively high risk of death. Unfortunately, such fear and worry could be increased by misperception in the society; for example, a post office in a rural town of Canada evacuated the staff after a suspicious package from Wuhan, China, was received. Later, the public health officer clarified that “the risk of the virus spreading is person to person” and “a package through a mail could not spread the coronavirus,” and the post office was thus reopened. However, this reflects that the post office staff had worries toward an unfamiliar and dangerous agent, especially the staff did not have correct knowledge and information on the COVID-19.

Fear and stigma toward the epidemics of COVID-19 may lead to negative consequences of disease control, as prior SARS and Ebola outbreaks are vivid evidence. Therefore, I advocate that there is a need to design an effective antistigma program that breaks the misperception in COVID-19, increases public’s knowledge in COVID-19, and spreads encouraging positive and supportive messages. I believe that such a program can be designed with the use of social media, given the high access rate in social media. Social media through the Internet allows people to communicate without time and space limits, and different platforms of the social media (e.g. Facebook, WhatsApp, LINE, WeChat, Twitter, Skype) have been well developed.

With the correct information and knowledge posted on the social media, the fear and stigma are likely to be lowered. Nevertheless, I observed one example (i.e. a Facebook event called “I’m ok, you get the medical mask first”) which has been launched in Taiwan when there was no community outbreak of COVID-19. This event delivers the correct information that a medical mask is not always necessary for every person; instead, the maximum effect of using medical masks is leaving them to those who are really in need. However, additional related programs or events on social media are needed to overcome the current fear and stigma on COVID-19 globally. Therefore, I encourage health-care providers thinking about potential programs to combat COVID-19 misinformation, stigma, and fear.

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