

# Emerging infectious diseases, racism, and xenophobia



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According to the latest figures released by the World Health Organization (WHO), the number of deaths due to COVID-19 is still increasing [1]. The Black Death, the plague that swept across Europe in the mid-14th century, claimed the lives of 25 million Europeans, equivalent to a third of the European population at the time [2]. Looking back, three epidemics have been linked to the spread of the plague. The first, also known as the Justinianic Plague, began in Egypt in the mid-6th century and spread rapidly throughout the Mediterranean basin [3]. The second pandemic, called the Medieval Black Death, was a devastating outbreak that began in the 14th century (1346-1353). It repeated intermittently for more than 300 years and is generally recognized to have started in or near China (Yersinia pestis genome sequencing identifies patterns of global phylogenetic diversity) [4,5]. The third pandemic began in 1772 in Yunnan Province, southwest China, where 2.6 million people were infected and 2.2 million died [6]. The three plagues described are proof that plagues are global crises caused by particular infectious agents and are not related to race.

Racist and xenophobic responses are the obstacles to defeating epidemics.

However, many people blamed certain races for the outbreaks. During the plague pandemic in the 14th century, Jewish community members seemed to die in fewer numbers than Christian community members did [7]. Therefore, many believed that Jews deliberately spread the disease by poisoning wells and rivers. As a result, Jews across Europe were tortured and killed. During the outbreak in the late 16th and early 17th centuries, the fear of Jews quickly transformed into a fear of all outsiders. Only outsiders with a “gate pass” were allowed to enter certain cities.

Nowadays, sharing and transmitting information is easier than in previous centuries, but we still face the same rumour and geographical discrimination crises. The public is becoming increasingly influenced by the considerable amounts of information of unknown origin present, leading to discrimination against individual groups. When global epidemics are not seen in the light of science, discrimination against specific regions may evolve. The “Spanish flu” is a shameful example in the history of disease-naming. In 1918, before the end of the world war, the belligerents introduced censorship to avoid spreading news that might dampen morale. Being neutral, Spain did not have such concerns, so news of the first confirmed cases spread quickly. The flu had spread in other countries as well, but the information had been controlled, and people believed that the

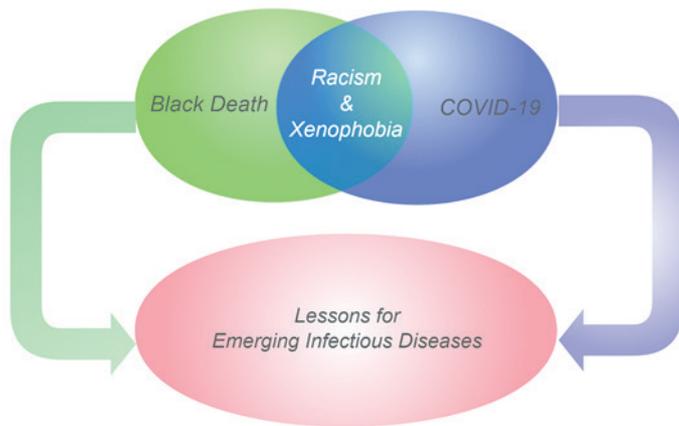


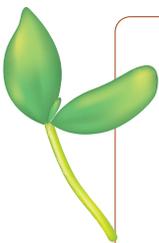
Photo: From the Black Death to the COVID-19, racist and xenophobic responses are the obstacles to defeating epidemics. The lessons of the past remain important tools for preventing further racism and xenophobia. We should respond to emerging infectious diseases according to scientific and effective guidelines. Source: The photo was created by the authors. All the authors permit the use of the photo.

appropriate disease name be assigned by the person who first reports the disease”, the WHO guidance notes [10]. It added that disease-naming should follow the guidelines to “minimize the unnecessary negative impact of disease names on trade, tourism, or animal welfare, and avoid offending any cultural, social, national, regional, professional, or ethnic group” [11]. Unlike Ebola or several influenza strains, SARS-CoV-2 was not named after any geographical location or likely animal vectors or hosts, showing the public that the occurrence and epidemic of infectious diseases is a global problem and should not be blamed on any country or race.

We should respond to emerging infectious diseases according to scientific and effective guidelines.

Most countries affected by COVID-19 now recognize that the racist and xenophobic responses resulting from the outbreak of the epidemics were wrong. Tensions between Jews and Christians were high before the Black Death outbreak, and similarly, anti-outsider sentiment in some groups existed long before the outbreak of the current COVID-19 pandemic. The new coronavirus is only a catalyst for the spread of existing racism and xenophobia. If the history of epidemics teaches us anything, it is that we should respond to an epidemic according

to scientific and effective guidelines, drawing lessons from countries and areas with better epidemic prevention. Public health interventions in mainland China have proven to be effective in stopping the spread of outbreaks and reducing their scope and severity, according to the World Science Journal [12,13]. We should now put the lives and safety of people first, all around the world. The lessons of the past remain important tools for preventing further racist and xenophobic attacks.



**Acknowledgments:** We appreciate all the individuals and organizations contributing against COVID-19.

**Funding:** None.

**Authorship contributions:** WF came up with the theme of this article from human infectious disease history and the current situation of COVID-19. ZW and WM collected the data and wrote the first draft of the paper. All authors read and approved the final version of the manuscript for publication.

**Competing interests:** The authors completed the ICMJE Unified Competing Interest Form (available upon request from the corresponding author) and declare no conflicts of interest.

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