

## Viewpoint

# Why the misinformation, shame and guilt associated with coronavirus?

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Mass media information, scientific articles and reports on measures to prevent infection are confusing at the least and figures from China and Iran lack cohesion. Reports suggest that Chinese scientists knew about coronavirus in early December 2019, but were told to conceal evidence by government. It is alleged that as cover-up, government officials intentionally withheld information that hospital workers had been infected by patients, a sign of how highly contagious the virus is. Researchers were also instructed to keep quiet and even ordered to destroy samples. Similar reports are also suggesting that Iran is under-reporting cases. In Africa, employees from a hospital in Zambia have also reported having been ordered not to speak publicly. They reported witnessing people who recently returned from China with coughs not being put in quarantine. Similar denials and cover-up strategies were seen in the 90s during the AIDS crisis. The guilt and shame that was associated with HIV were thought to have been associated with the intimate nature of transmission (mostly sexual) even though others got it through other routes including mother to child transmission etc. SARS-CoV-2 has not yet been proven to be intimately transmitted though having been isolated from semen. Why then the misinformation, shame, and guilt? How can countries move from the cover-up, blame games to responsibility as the virus defies containment? Some questions remain; How can cover-ups be prevented? How can governments be held accountable for cover-ups, misinformation, etc?

Mass media information, scientific articles and reports on measures to prevent infection are confusing at the least and figures from China and Iran lack cohesion.<sup>1,2</sup> Confusing enough is the figure that 8% of Iran's law makers, among them vice president and trade minister have tested positive.<sup>3,4</sup> Are all these cases contacts of the deputy health Minister that tested positive? <sup>4</sup> Of concern are indications that the authorities have refused to impose quarantines, regarding them as old fashioned, thereby leaving high traffic sites like shrines in the hotbed towns of the virus open.<sup>4</sup>

Reports suggest that Chinese scientists knew about coronavirus in early December 2019, but were told to conceal evidence by government.<sup>2</sup> It is alleged that as cover-up, government officials intentionally withheld information that hospital workers had been infected by patients, a sign of how highly contagious the virus is.<sup>2,5</sup> Researchers reported being instructed to keep quiet and even ordered to destroy samples.<sup>2,5</sup> Similar reports are also suggesting that Iran is under-reporting cases.<sup>4</sup> In Africa, employees from a hospital in Zambia have also reported having been ordered not to speak publicly. They reported witnessing people who recently returned from China with coughs not being put in quarantine.<sup>6</sup> Some reported a critical shortage of testing kits and protective gear.<sup>6,7</sup> Could that be a source of shame too?

### WHY THE MISINFORMATION, SHAME AND GUILT?

Transparency is not a window that can be opened and shut at the state's will.<sup>8</sup> Reports suggest that bodies were cremated in Wuhan without death records,, making it difficult to tell how fatal the virus really was.<sup>8</sup> Similar denials and cover up strategies were seen in the 90s during the AIDS crisis.<sup>8-10</sup> The guilt and shame that were associated with HIV was thought to have been associated with the intimate nature of transmission (mostly sexual) even though others got it through other routes including mother to child transmission.<sup>11</sup> SARS-CoV-2 has not yet been proven to be sexually transmitted.<sup>12,13</sup> though it has been isolated in semen.<sup>14</sup> Could that be the reason for the misinformation, shame and guilt? The very origins of SARS-CoV-2 are disputed.<sup>15,16</sup> with some suggesting a lab origin and others refuting it. Could that too be the source of shame and guilt? How can countries move from cover-up and blame games to responsibility as the virus defies containment?<sup>6</sup> Confusingly, SARS-CoV-2 infections have mostly been reported where testing is feasible. Even with substantial confirmed cases, low SARS-CoV-2 infection and mortality rates in Africa continues to boggle health experts.<sup>17,18</sup> Is it faulty detection, climatic conditions or genes?<sup>18</sup> Nobody knows. Bearing in mind the close trade links between China and Africa, and the fact that one million Chinese live in Africa, and 80000 African students are in China, should this be left to time and chance for us to know what is going on?<sup>18</sup> Algeria,

Egypt and South Africa were initially identified as the only countries with the best prepared health systems and the least vulnerable on the continent with regards to SARS-CoV-2.<sup>18</sup> Africa seems to have overcome the first wave without the initially projected overwhelmed hospitals and high mortality scenarios.<sup>17,18</sup> The pandemic though, seems still far from being over.

#### SUGGESTIONS TO AID IN UNDERSTANDING THE SARS-COV-2 PANDEMIC

The current data on SARS-CoV-2 is anecdotal. We need reliable data hence we propose the following;

- Setting up of prospective cohort studies in communities in affected countries ahead of the virus to ascertain risk
- Designing and conducting randomized SARS-CoV-2 PCR testing with a significant number of samples in populations in regions with fewer cases reported so far
- Designing and conducting randomized SARS-CoV-2 PCR testing among health care workers in settings where fewer cases of SARS-CoV-2 infection have been reported so far.
- Analyzing preventive measures taken to avoid infection among health care workers, testing a significant number of health care workers on SARS-CoV-2, and in parallel including them in a knowledge, attitude and practice (KAP) study in order to get reliable information on their knowledge, attitudes and practices related to SARS-CoV-2 infection and use of protecting measures.

#### CONCLUSION

Reported new efforts to increase SARS-CoV-2 testing capabilities at state and local labs and the plans to streamline the process for private development of test kits are welcome.<sup>19</sup> In the same vein, we propose efforts to design and conduct studies to generate reliable data in a scientific and transparent manner, so as to increase the understanding of SARS-CoV-2. United Kingdom has released figures showing that the virus seems to be defying containment<sup>11</sup> and a sec-

ond lockdown is looming.<sup>20</sup> Some questions remain; How can cover-ups be prevented? How can governments be held accountable for cover-ups, disinformation and misinformation.<sup>21</sup>

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#### DECLARATIONS

##### DISCLAIMER

The views expressed in this viewpoint are those of the authors and do not reflect the views of the journal or the publisher.

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