

COVID-19 and Stigma

A resource for understanding and preventing COVID-19 stigma in healthcare.

Social stigma

Social stigma is when society expresses their prejudices toward people with a condition, such as COVID-19. This often takes the form of fear, blame, and unfair treatment.

Stigma and pandemics

Pandemics tend to promote social stigma.

- Stigma is associated with poorer physical, mental, and emotional health.
- Stigma can cause people to hide their illness, which undermines testing and treatment efforts.
- Stigmatized individuals may also face social avoidance or rejection, and experience physical violence.

“People who have been affected by COVID-19 have not done anything wrong, and they deserve our support, compassion, and kindness.”

World Health Organization, 2020

Who is at risk for experiencing stigma during the COVID-19 pandemic?

Though physical distancing, quarantine, and travel restrictions have helped prevent the spread of COVID-19, they should not lead to the avoidance or mistreatment of people.

People perceived to be of Asian descent

- Though COVID-19 originated in a specific region of China, no one racial or ethnic group is at greater risk of infection or spread.
- The World Health Organization strongly recommends disease names should not include geographic location, specifically to avoid this kind of stigma.

People who have COVID-19 or have recovered from COVID-19

- People may experience avoidance after contracting COVID-19.
- People may be stigmatized for presumptions that they did not follow preventative measures like physical distancing and hand washing, though people may still contract COVID-19 in spite of these measures.
- People who have completed their quarantine period do not pose a risk to other people.
- People with pre-existing mental health or addiction concerns may be especially vulnerable to additional stigma brought on by COVID-19.

Healthcare workers treating COVID-19

- In disease epidemics, healthcare workers have reported feeling greater stigmatization than the general public.
- People should support and encourage those on the front lines responding to COVID-19.
- People should stay connected with loved ones working in healthcare, including through digital methods.

For more information, contact amh.knowledgeexchange@ahs.ca

© AHS, April 2020. This material is protected by Canadian and other international copyright laws. All rights reserved.

COVID-19 & Stigma
Last updated: 4/25/20 1121hrs
ECC Approval: 4/25/20 1218hrs

How can we help stop stigma during the COVID-19 pandemic?

1. Share facts.

Stigma can be heightened by insufficient knowledge about COVID-19. Share accurate information from trustworthy sources about COVID-19.

Adopting protective measures is an effective way to avoid contracting COVID-19.

For most people, this is a disease they can overcome.

COVID-19 is spread mainly by coughing, sneezing, or direct contact with a sick person or surfaces they recently touched.



Refer to the AHS [COVID-19 FAQ sheet](#) for information.

2. Bust myths.

Misconceptions and misinformation contribute to discrimination and hamper the COVID-19 response.



Correct misconceptions while acknowledging people's feelings are real.

COVID-19 is not an airborne illness.



Share sympathetic narratives, or the stories of people who have experienced or recovered from COVID-19.

There are no specific medications for COVID-19 at this time.

3. Use your words.

Use scientifically and medically accurate language, and person-first language. Correct stigmatizing language.

Instead of this...

...Say this

"The Chinese corona virus"
"The Wuhan virus" 

 Coronovirus
COVID-19

"COVID-19 cases"
"COVID-19 victims" 

 People who have COVID-19
People who have recovered from COVID-19
People who have died after contracting COVID-19

"COVID-19 suspects"
"Suspected cases" 

 People who may have COVID-19
People who are presumptive for COVID-19

"Transmitting COVID-19"
"Spreading the virus"
"Infecting others" 

 Acquiring COVID-19
Contracting COVID-19

References

APA (2020). *Combating bias and stigma related to COVID-19*. Retrieved April 16, 2020 from <https://www.apa.org/topics/covid-19-bias>.

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J.I. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).

CDC (2020). *Coronavirus Disease 2019: Reducing stigma*. Retrieved April 16, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>.

CDC (2020). *Coronavirus Disease 2019: Stop the spread of rumors*. Retrieved April 16, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html>.

Logie, C. H., & Turan, J. M. (2020). How do we balance tensions between COVID-19 public health responses and stigma mitigation? Learning from HIV research. *AIDS and Behavior*. <https://doi.org/10.1007/s10461-020-02856-8>.

Unicef (2020). *Social stigma associated with the coronavirus disease*. Retrieved April 16, 2020 from <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>.

WHO (2020). *Mental health and psychosocial considerations during the COVID-19 pandemic*. Retrieved April 16, 2020 from <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.