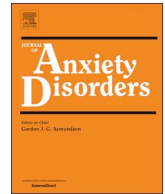




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Editorial

Coronaphobia: Fear and the 2019-nCoV outbreak



The outbreak of the novel coronavirus, 2019-nCoV, has dominated headlines throughout the world. This is not surprising. The virus is new, rapidly spreading, with a mortality rate of about 2% at the time of writing this editorial, and there are many uncertainties concerning its origins, nature, and course. The number of 2019-nCoV infections continue to rise, as do the number of deaths. People are being quarantined. Surgical masks and gloves, often used as a barrier to viral transmission, are selling out, even though health authorities such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) advise people that masks and gloves are not useful or necessary for avoiding infection in healthy people.

Data from recent public opinion polls show that 2019-nCoV is having a significant psychological impact. An Angus Reid poll of 1354 Canadian adults conducted in early February 2020 indicated that one-third of respondents were worried about the virus and 7% were “very concerned” about becoming infected (Angus Reid Institute, 2020). At the time of the poll, only 4 Canadians were infected, indicating a very low risk for a country of approximately 37 million; yet, 7% of the population—that is, 2.6 million people—were very concerned. There was also an increase in hygienic and avoidance behaviours. Since hearing about the outbreak, 3% of respondents in the Angus Reid poll had purchased a facemask, 41% washed their hands more often, 4% avoided taking public transit, and 12% avoided public places (Angus Reid Institute, 2020). Consistent with findings from previous epidemics and pandemics (Taylor, 2019), many people in this poll (33%) were not confident that the healthcare system in their community was prepared to deal with new cases of the coronavirus. Lack of faith in the healthcare system is likely to fuel fears about the consequences of becoming infected.

Broadly similar findings were reported in U.S. polls. A poll of 808 U.S. adults was conducted on January 31–February 1, 2020 (National Public Radio, 2020). Most respondents (66%) thought that 2019-nCoV was a real threat and most (56%) were very concerned about the spread of the coronavirus in the U.S. About a quarter (26%) of respondents thought the U.S. government was not doing enough to prevent the spread of infection.

The Morning Consult company conducted a poll of 2200 American adults from January 24–26, 2020, at which time there were 5 cases of the coronavirus in the U.S. and no fatalities (Morning Consult, 2020). Over a third of respondents (37%) said they were very concerned about the coronavirus spreading in the U.S. A quarter (25%) of respondents were more worried about the coronavirus than they were about the 2014 outbreak of Ebola virus disease. Many respondents were not confident that the spread of infection could be controlled by the CDC or by President Donald Trump (20% and 54%, respectively).

In the wake of the 2019-nCoV outbreak, there have been numerous reports of xenophobia directed toward Chinese people (Aguilera, 2020).

For example, there have been reports of Chinese restaurants having to close or lay off staff because patrons are avoiding the premises, Chinese nationals have been barred from some restaurants, and cruise ship operators have announced bans on Chinese nationals from traveling on their cruise ships (e.g., Evelyn, 2020; Lowen, 2020). Many (32%) U.S. respondents in the Morning Consult poll blamed the Chinese government for the spread of 2019-nCoV into the U.S. The rise of infection-related xenophobia has been reported in many previous epidemics and pandemics, and appears to be an unfortunately common response when people are threatened with an infection that originates from outside of their community (Taylor, 2019).

The fear of 2019-nCoV is likely due to its novelty and the uncertainties about how bad the current outbreak might become. Fear of 2019-nCoV is much greater than fear of seasonal influenza, even though the latter has killed considerably more people. According to the Morning Consult (2020) poll, 37% of Americans were very concerned about 2019-nCoV whereas 27% were very concerned about seasonal influenza, and most respondents (62%) were more worried about 2019-nCoV than they were about seasonal influenza. These figures contrast sharply with the actual number of infections and deaths in the U.S. due to these viruses. As of February 8, 2020, there had been 11 cases of 2019-nCoV in the U.S. and no fatalities. Yet during the seasonal flu season in the U.S. (i.e., from October 2019 to February 2020) there had been 22 million flu illnesses, 210,000 hospitalizations because of influenza, and 12,000 flu-related deaths (CDC, 2020). In other words, the American public was more worried about 11 cases of 2019-nCoV with no fatalities than it was about 22 million cases of flu infection and 12,000 fatalities.

While the nature and impact of 2019-nCoV on mental health remains to be determined, there are clues in the existing literature that may help us begin to understand what to expect. Research on the psychological reactions to previous epidemics and pandemics suggests that various psychological vulnerability factors may play a role in coronaphobia, including individual difference variables such as the intolerance of uncertainty, perceived vulnerability to disease, and anxiety (worry) proneness (Taylor, 2019). More research is needed to understand the relationship between coronaphobia and coronavirus-related xenophobia. Research from other outbreaks of infectious disease suggests that individual difference variables such as the perceived vulnerability to disease may play a role in both coronaphobia and coronavirus-related xenophobia (Taylor, 2019). Likewise, lack of information and misinformation, often aided by sensational popular media headlines and foci, have been shown to fuel health-related fears and phobias (Taylor & Asmundson, 2004). These factors may also play a significant role in coronaphobia.

Much also remains to be learned about the best ways of reducing coronaphobia and related xenophobia. If infection is widespread, these

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phobias also will likely be widespread. Screen-and-treat approaches for coronaphobia could be implemented, in conjunction with community-based interventions for both infection-related fears and xenophobia (e.g., educational materials) (Taylor, 2019). The merits of such interventions, as well as the most accessible forms of delivery, remain to be investigated.

An important question is whether healthcare systems throughout the world are ready to deal with the surge of so-called “worried well” patients; that is, the surge into hospital emergency rooms of people who misinterpret their bodily sensations as signs of potential infection with the 2019-nCoV coronavirus. During the 2009 H1N1 influenza pandemic there were reports of hospitals being flooded with “worried well” patients who mistakenly believed that their benign coughs or fevers were indications of pandemic influenza (Taylor, 2019). The same will occur for 2019-nCoV, and is likely happening right now in Wuhan, China, as we write this editorial.

A great deal of media attention has been devoted to the critical question of whether the healthcare systems throughout the world are ready to deal with the influx of cases of coronavirus infection. What has been lacking in the media, and in news briefs from the WHO and CDC, is a discussion of whether we are ready for a surge of patients into hospital emergency rooms whose problems are not coronavirus, but minor respiratory ailments combined with coronaphobia. The current outbreak of 2019-nCoV represents a call to action for psychosocial researchers and practitioners. It is vitally important to understand the psychosocial fallout of 2019-nCoV, such as excessive fear (or lack of concern and due caution) and discrimination, and to find evidence-based ways of addressing these issues. This will be important not only for 2019-nCoV, but also for future outbreaks of infection. Regardless of whether 2019-nCoV becomes a pandemic, virologists predict that the next severe pandemic is inevitable and may arrive in the coming years (Taylor, 2019).

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Gordon J.G. Asmundson*

Department of Psychology, University of Regina, Canada

E-mail address: gordon.asmundson@uregina.ca.

Steven Taylor

Department of Psychiatry, University of British Columbia, Canada

E-mail address: steven.taylor@ubc.ca.

* Corresponding author.