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Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Tracking COVID-19 responsibly

As of March 25, 2020, WHO's online coronavirus disease 2019 (COVID-19) situation dashboard reveals that the pandemic spans 195 countries and territories with 375 498 cases. With this rapid expansion of the pandemic comes a growing need to ensure that accurate and credible information is accessible to public health authorities, researchers, and the wider public. This has prompted WHO, institutions, and individuals to develop online tools to track the spread of the pandemic. Although WHO's emergency preparedness is informed by established principles of international law,[1] the multiplicity of actors has the potential to create confusion and barriers to accessing reliable and consistent data. These actors' categorisation of countries and territories, which could be subject to geopolitical considerations, remains unaccountable to affected populations.

One of the most visible tools to track COVID-19 has been the online dashboard hosted by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University. Using data from WHO and health departments, among others, the CSSE dashboard has recorded COVID-19 cases, deaths, and recoveries worldwide since Jan 22, 2020.[2] Although effective in tracking the pandemic in real time, the dashboard has proven ambiguous in its country designations, particularly with respect to the occupied Palestinian territory (oPt).

Since March 5, 2020, when COVID-19 cases were first confirmed in Bethlehem, the number of cases in the West Bank has risen to 60, whereas two cases have been recorded in the Gaza Strip, and Israel has confirmed 2170 cases by March 25, 2020. Initially listing data recorded by the Palestinian Health Ministry in the West Bank and the Gaza Strip under its entry for Palestine, the dashboard separately listed cases confirmed by the Israeli Health Ministry. On March 10, CSSE replaced the entry for Palestine with oPt; on March 11, the oPt entry was removed and its figures merged with the entry for Israel. International law does not recognise Israeli sovereignty over any part of the oPt,[3,4] and the Israeli Health Ministry does not record COVID-19 cases in the West Bank and the Gaza Strip. How, then, can we effectively monitor the spread of the pandemic in the oPt using the CSSE dashboard?

Of all times, now is exactly when the international medical and public health community must cooperate to provide accurate, impartial, and sufficiently detailed information on the spread of COVID-19, to inform containment measures and public health research. The removal of the oPt from the CSSE dashboard goes against global scientific cooperation and solidarity, resulting in discrepancies with official data recorded by the Palestinian and Israeli Health Ministries. Consistency with international law and the need for impartial data on the spread of COVID-19 requires databases to list the oPt separately, as reflected in WHO practice. Instead, removing the oPt and merging it with Israel undermines the credibility of the CSSE dashboard. All the more concerning is the dashboard's use of US State Department country designations,[5] which have legitimised the acquisition of territory by force[6] and undermined Palestinian identity and rights in Jerusalem.[7]

It is regrettable that Johns Hopkins University, an institution with historic ties to the slave trade,[8] should continue its colonial violence against the indigenous Palestinian people by removing Palestine from the world map. In the same way that Johns Hopkins University has started acknowledging the indigenous Piscataway people, the traditional owners of the lands upon which the university is built,[9] Johns Hopkins University must also recognise symbolic violence[10] and ensure that it does not contribute to the erasure of indigenous peoples across the globe.

As countries around the world fight to contain the spread of COVID-19, it is more critical than ever to guarantee the ethical integrity and impartiality of scientific research and to ensure the delivery of accurate, reliable, and representative information to affected communities worldwide.

We have contacted CSSE twice on this matter since March 15, 2020, and have not received a response as of March 25, 2020.

We declare no competing interests.

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