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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Letter to the Editor

COVID-19 and stigma: Social discrimination towards frontline healthcare providers and COVID-19 recovered patients in Nepal

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The outbreak of the 2019 novel coronavirus (COVID-19) was declared as a public health emergency of international concern on 30th January 2020 by World Health Organization. With this, by 7th June 2020, there have been 3448 infected cases including 13 deaths and 467 recovered cases as per the data of the Ministry of Health and Population in Nepal.

As the number of cases increases, the number of healthcare providers involved in managing COVID-19 crisis is increasing accordingly. Considering the key players for fighting this crisis, the frontline healthcare providers are facing challenges including stigma and discrimination at workplace and surroundings (World Health Organization, 2020a). Increasing cases and mortality during the outbreak pushes frontline healthcare providers towards extreme pressure due to multiple factors including social isolation, stigma and discrimination; and put them at higher risk of psychological problems (Xiong and Peng, 2020). The psychological problems in turn may alter their attention and decisioning capability which is not only limited to affect their mental wellbeing but can also affect in managing the ongoing crisis.

The stigma, discrimination and social isolation, therefore, need to be root out from the society. However, in the current situation these healthcare providers have been victims of the societal disapproval. Several frontline healthcare providers working in hospitals and laboratories are discriminated by staffs at hotels and are facing difficulties finding food and shelter (Poudel, 2020). Further, people and even some healthcare workers involved in non-COVID responses have been showing discrimination towards the frontline healthcare providers through behaviors such as refusal to talk to them and depicting disapproval to eat in the same cafeterias. In addition, neighbors and people in the community have been showing a kind of displeasure to allow the frontline healthcare providers reside in their home despite of the fact that healthcare workers are working with all necessary precautions. Even healthcare professional in the field of psychiatry was found to have faced difficulty at workplace initially due to incomplete information and fear associated towards COVID-19 (Tandon, 2020). There have been similar incidences with reports from news headlining attacks to healthcare providers in other countries as well including India, the USA, Australia; where they are even being beaten, threatened and evicted from their homes (Withnall, 2020; The Economist, 2020). Additionally, anyone who has been involved in providing healthcare facility in a setting with a large number of COVID-19 cases is treated as an untouchable. Unfortunately, the healthcare providers are being labelled, set apart and are facing loss of status and discrimination because of stigma attached with COVID-19. Additionally, while there are several effects of COVID-19 on mental health of the general population, the healthcare providers are too facing mental health challenges (Tandon, 2020). Once white coat, considered as an honored cloth, has now been tagged a symbol of infected and profane stuff. Moreover, not only active cases of COVID-19 and healthcare providers, but also those who have recovered from the disease are facing discrimination. Many of the recovered patients have been denied to enter in the community with the perception that they may be re-infected and transmit the virus to others. This attitude and stigma shown by the community has been creating a non-supportive environment to control this crisis and is adding burden on the healthcare providers and the administrators. The non-supportive environment, in turn has created more difficulty on tracing contact of COVID-19 infected people. Over and above that, to avoid discrimination due to the stigma attached to the disease, people may be driven towards behaviors including hiding their illness and not seeking healthcare which could ultimately lead them to more severe health problems. These behaviors evolved against the stigma, further, may lead to increased cases and deaths due to COVID-19.

In order to thwart stigma attached to COVID-19, it is imperative to disseminate precise information related to COVID-19 to the people. Moreover, accurate information plays a key role to enabling environment to make an appropriate decision-making towards fighting this public health crisis (Tandon, 2020). Whilst it is not clear as to how many cycles of COVID-19 a country may face, it is important to understand and learn from each other (Tandon, 2020). In this line, a research published by the South Korea Centers for Disease Control and Prevention has shown that the recovered COVID-19 patients aren't infectious and cannot transmit virus to the others (World Health Organization WHO, 2020b) even after they are tested positive again. Furthermore, the study also revealed that the recovered patients did shed viral material (i.e. dead lung parts) which was found to be not capable of infecting others (World Health Organization WHO, 2020b).

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Moreover, it is recommended that these recovered patients no longer required being isolated (World Health Organization WHO, 2020b).

It is important to emphasize on public health measures including use of personal protective equipment; physical distancing; isolation and/or quarantine and testing; enhancing body's immune system by eating foods rich in vitamins and minerals; sanitation and hygiene; and rooting out attached stigma to flatten the curve of COVID-19. Apart from these measures, it is also significant for people to understand the R0 (pronounced 'r naught') of this virus. It may be generally perceived by the people that if they come in contact with the COVID-19 infected person they might get the infection; suffer from discrimination and may die in absence of treatment. However, the R0 of this novel virus is estimated to be 3 (Beech, 2020; Rajbhandari et al., 2020). R refers to the effective reproduction number and measures the capacity of an infectious disease to spread; meaning that COVID-19 infected person on an average can transmit this virus to three other individuals (Beech, 2020; Rajbhandari et al., 2020). However, the susceptibility of the disease also depends on viral load, severity of the condition from which the virus is spread, and one's own immunity. The intention of public health measures at large scale should be to shrink down the value of R0 to lesser than 1 where subsequently the disease ceases to be a public health crisis (Beech, 2020; Rajbhandari et al., 2020). Nevertheless, this value is not constant and may either creep or get lower which basically depends on the immunity of the people and how they behave while all public health measures are at action.

Disseminating accurate information may not only help to counteract COVID-19 stigma in people but also root out social discrimination the frontline healthcare providers are facing which in turn will protect their mental wellbeing and help in controlling this public health crisis effectively.

In conclusion, emphasis on providing comprehensive support to the frontline healthcare providers both from the administrators and the society are required to create an enabling environment to improve the mental health of the patients, recovered patients and the frontline healthcare providers during COVID-19 crisis.

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Declaration of Competing Interest

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