

COVID-19: fighting panic with information

As governments and health officials worldwide grapple with the epidemic of severe acute respiratory syndrome coronavirus 2, new developments in the accounting of and response to cases are occurring as part of a swiftly evolving crisis. On Feb 11, 2020, WHO announced an official name for the novel coronavirus disease: coronavirus disease 2019 (COVID-19). After a stabilisation in the number of new cases, on Feb 13, 2020, China reported nearly 15 000 new COVID-19 cases and 242 deaths in a single day in Hubei province. Previously, tallies had included only laboratory-confirmed cases, and this spike resulted from reclassification of old and probable cases diagnosed with broader clinical criteria, including radiographical confirmation of pneumonia. These revised criteria have been applied only in Hubei province and might provide a clearer picture of the situation at the centre of the outbreak, as the seemingly low previous numbers had caused doubt and consternation about the accuracy of reporting. WHO has indicated that the trajectory of the epidemic has probably remained the same, but it is still unclear which way it will go and the global community must remain vigilant. How key information is relayed to the public during the next phase of the epidemic is critical.

With as many as 72 000 cases, the national security strategy for COVID-19 within China has shifted to so-called wartime control measures, putting cities on lockdown and affecting an estimated 760 million people. Regional identification, isolation, and treatment implementation have brought a range of high-tech and militarised approaches. Identification of suspected cases has included extensive efforts in contact tracing, using everything from transportation documents to mobile phone hotlines. Harsh criticism has been levied about the silencing of dissenting voices in China, including Dr Li Wenliang, who was arrested after raising concerns about the virus on social media and subsequently died from COVID-19. Other concerns have been raised about reported measures such as isolation and mass round-ups and quarantining of people at makeshift medical facilities for unspecified durations. Western media have also reported that some residential areas have been sealed off in a grid system, with checkpoints and monitoring of movements, effectively detaining residents. Some internal public transport and external travel to China has been halted via advisories and bans restricting commercial flights. However, there is little

evidence that travel bans effectively halt the spread of infectious diseases, and instead they can hamper supply chains, lead to stigma and mistrust, and might violate the principles of the International Health Regulations, as outlined in a Comment published in *The Lancet*.

The international COVID-19 response has been focused on avoiding a pandemic, of which many experts suggest we could be in the early stages. As of Feb 18, 2020, WHO reported 804 total confirmed cases and three deaths in 25 countries outside China. In addition to confirmed cases from travellers to Wuhan and on cruise ships, countries including Singapore, Japan, Thailand, and South Korea have identified clusters of locally transmitted cases. The numbers are small, but the rate of secondary and tertiary transmission is of grave concern and misinformation and fear are rampant. Thousands of medical workers in China are thought to have COVID-19 and, as countries implement scaled up diagnosis and surveillance, the risks from inadequate protective gear and shortages in testing kits are heightened. The first confirmed case in Africa (in Egypt) is worrying, as weak primary health-care systems could undermine preparedness. WHO has called for more investment in surveillance and preparedness, but governments have been slow to take heed. A huge amount of funding has been committed for vaccine platforms but, even with four candidates in development, there is unlikely to be a viable vaccine for at least another 12–18 months. Dozens of clinical trials of treatment are underway, but it will be weeks or months before the results are known.

Addressing the Munich Security Conference on Feb 15, 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus said, “we’re not just fighting an epidemic; we’re fighting an infodemic.” The ease through which inaccuracies and conspiracies can be repeated and perpetuated via social media and conventional outlets puts public health at a constant disadvantage. It is the rapid dissemination of trustworthy information—transparent identification of cases, data sharing, unhampered communication, and peer-reviewed research—which is needed most during this period of uncertainty. There may be no way to prevent a COVID-19 pandemic in this globalised time, but verified information is the most effective prevention against the disease of panic. ■ *The Lancet*



CrossMark



TRG/Getty Images

For more on the **Feb 11 WHO briefing on COVID-19** see <https://www.who.int/dg/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020>

For more on the **increases in COVID-19 cases reported on Feb 13** see https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200213-sitrep-24-covid-19.pdf?sfvrsn=9a7406a4_4

For more on the **lockdown in Chinese cities** see <https://www.nytimes.com/2020/02/15/business/china-coronavirus-lockdown.html>

For more on **Dr Li Wenliang** see **Obituary** *Lancet* 2020; published online Feb 18. [https://doi.org/10.1016/S0140-6736\(20\)30382-2](https://doi.org/10.1016/S0140-6736(20)30382-2)

For the **Lancet Comment on International Health Regulations during the COVID-19 outbreak** see **Comment** *Lancet* 2020; published online Feb 13. [https://doi.org/10.1016/S0140-6736\(20\)30373-1](https://doi.org/10.1016/S0140-6736(20)30373-1)

For **Dr Tedros Adhanom Ghebreyesus' address to the Munich Security Conference** see <https://www.who.int/dg/speeches/detail/munich-security-conference>