

Fighting COVID-19: What's in a Name?

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The Experience

Coronavirus Disease 2019, or COVID-19, first appeared in Wuhan, China, in late December 2019.¹ Since little else was known about the outbreak, the then-unidentified disease became associated with the city where it was first identified by the scientific community, followed by the press and then the public, and became known as the "Wuhan virus". In the weeks that followed, speedy research efforts and consultations between scientists and clinicians revealed the pathogen responsible to be a Coronavirus, now officially recorded as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Though the name "Wuhan virus" was initially adopted for ease of reporting and in the absence of any details about the cause, we now know much more about COVID-19 beyond its geographic origins. Yet, the obsolete "Wuhan virus" remains in use, to the detriment of anyone or anything even remotely linked to Asia, and indeed, to all of our detriment. Similar to the current pandemic, the 2009 H1N1 Influenza virus led to World Health Organization (WHO)-classified pandemics, spurred national emergency declarations in the United States (US), and led to widespread morbidity and mortality.² However, unlike SARS-CoV-2, the 2009 H1N1 Influenza virus was first detected here in the US. While SARS-CoV-2 has erroneously continued to be referred to as the "Chinese Coronavirus", the H1N1 Influenza virus has never been referred to as the "American Virus", even though it was first identified in the American state of California. Instead, it has sometimes been referred to as "Swine Flu".³ H1N1 benefits from being referred to by its scientific name, even as other closely-related influenza viruses continue to be called the "Asian Flu" (1957) and "Hong Kong Flu" (1968).

In a world free of racism, these terms would be harmless. But as the US struggles to contain a global pandemic that has left more than [125,000 Americans dead](#), people are concerned about their health and that of their family and friends, and unfortunately, also quick to cast blame. The medical and research communities have attempted to avoid perpetuating this naming trend by adhering to the accepted scientific name of the new virus once the strain was identified. We have seen this adherence in the *International Journal of Medical Students* COVID-19 Hub (<http://ijms.info/IJMS/coronavirus>). In addition, we conducted a brief review of the literature using Google Scholar and Pubmed, searching for the terms "Wuhan Virus", "Wuhan Coronavirus", "Chinese Virus", and "Chinese Coronavirus". In the earliest days of the pandemic, when little else was known about the outbreak, scientists resorted to using "Wuhan virus" in reference to the location where the first cases of COVID-19 clustered and came to clinical attention, not necessarily in reference to where the virus may have originated or in an effort to disparage the Asian community. Positively, we found only occasional

use of "Wuhan virus," "Wuhan Coronavirus," and "Chinese Coronavirus," but determined that these instances pre-dated discovery of SARS-CoV-2 and were employed as a matter of practicality in the absence of more substantive information about the outbreak, not as an indictment of the people of Wuhan or China. Furthermore, we did not find any publications that have continued to use the non-scientific names after the term SARS-CoV-2 came into use, except as keywords, which we interpreted as an effort by authors to ensure accessibility of their work to the widest possible audience.⁴⁻⁹ This use of the term is in stark contrast to national leaders and elected officials continuing to use these now-out-of-date and misleading terms in order to sow division and stoke xenophobia.³

As during other historical pandemics, there has been a significant exchange of wildly inaccurate health information, from ineffective DIY hand sanitizer to telemarketing calls boasting limited-time offers to a COVID-19 vaccine that does not yet exist. Among the inaccuracies in circulation is the ongoing use of the "Wuhan virus" name, with significant consequences. Referring to SARS-CoV-2 as a "foreign", "Chinese" virus has reinforced the inaccurate narrative of blaming Asians and Asian Americans for the pandemic, even though by now China is considered to have taken effective steps to contain the epidemic within its borders.¹⁰ An Ipsos poll showed that 32% of Americans witnessed someone blaming Asian people for the Coronavirus pandemic.¹¹ Consequently, this has contributed to a significant number of public outbursts of verbal attacks, discrimination, and outright violence against Asian-Americans, exhibiting a similar pattern of abuse against specific ethnic groups seen in past pandemics.¹² Most concerning is the speculation that SARS-CoV-2 was genetically engineered in Wuhan, despite extensive analysis of the virus' genome concluding that the virus originated naturally from wildlife, as noted by public health experts.¹³ In response, the Asian Pacific Policy and Planning Council (A3PCON) – a US-based coalition of Asian American and Pacific Islander civil rights organizations representing Americans of Asian descent, including Chinese, Japanese, Korean, Cambodian, and Thai Americans – established a resource for reporting anti-Asian incidents, the STOP AAPI Hate Reporting Center; so far, over 2100 reports have been made since March 2020.¹⁴ As the COVID-19 death toll continues to rise, the FBI has warned of an ongoing rise in crime against Asian Americans due to COVID-19.¹⁵

It is worth noting that other viruses causing outbreaks that, at least in part, stemmed from or progressed by region-specific cultural practices have not been named according to the geographic area from which they originated or were first identified. For example, during the deadly 2014-2015 Ebola virus outbreak in West Africa, WHO officials identified

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traditional burial and funeral practices as a major mode of transmission, accounting for some 80% of cases in Sierra Leone.¹⁶ These rites involve close, if not direct, contact with the body of a person who died of Ebola virus, such as bathing in water used to wash the deceased or spending several nights sleeping near the deceased.¹⁶ Containment of the virus became critically dependent on modifications of these practices.¹⁷ Similarly, resurgence of the Measles virus in recent years in the US can be attributed almost entirely to vaccine hesitancy fueled by a now-retracted and heavily-discredited 1998 article positing a link between immunization and the development of autism.¹⁸ Yet, neither West Africans nor Americans have been subjected to the indignity of having their association with these outbreaks forever memorialized in the naming of these viruses as the “West African virus” or the “American virus”, and rightly so. Identifying and modifying practices that facilitate the spread of deadly diseases is a responsible way to respond to our current situation; making sweeping generalizations about entire communities, regions, countries, or cultures is not. The basis for the inclusion, or exclusion as it were, of the area of assumed “origin” from names of epidemic pathogens in popular media, appears to be a manifestation of underlying racial prejudices, not scientific data. More important than biology and semantics, however, are the very real economic and social impacts of using non-scientific names for human diseases. The effects are considerable and include jeopardizing trade, travel, tourism, and overall community welfare to such an extent as to

have motivated the WHO to develop and publish guidelines in May 2015 for the naming of new diseases that exclude geographic location or ethnicity in an important effort to minimize stigma.¹⁹

As physicians-in-training, we consider it our mission to understand the human body and the natural world that acts on it to the greatest extent possible limited only by the available technology of our times. It is our understanding that race and ethnicity are effectively social constructs. Viruses exist all over the world, originate from all over the world, and spread all over the world, to any available host without discrimination. At this point, SARS-CoV-2 has extended its reach far beyond China's borders, with the US now leading in COVID-19 cases and mortality.²⁰ Indeed, our best chance now at stopping the spread are the evidence-supported, universally-accepted measures of good hand hygiene and strict social distancing, not just from those of non-native origins or foreign descent, but from everyone. With lives hanging in the balance, this is not a time to sow division, but promote cooperation against a shared adversary, the COVID-19 virus. It is a time to turn to each other, not against each other, in solidarity. We urge everyone to exercise their most analytical, critical, and ethical judgments. Regardless of where or how COVID-19 began, the undeniable reality is that it is now everywhere. A pandemic is, by definition, a worldwide phenomenon, and as such, demands a worldwide response. Let's give it one.

References

- Allen-Ebrahimian B. Timeline: The early days of China's coronavirus outbreak and cover-up. Axios. Available from: <https://www.axios.com/timeline-the-early-days-of-chinas-coronavirus-outbreak-and-cover-up-ee65211a-afb6-4641-97b8-353718a5faab.html>. Last updated: Mar 18, 2020; cited 2020 Jul 26.
- Dawood FS, Iuliano AD, Reed C, Meltzer MI, Shay DK, Cheng PY, et al. Estimated global mortality associated with the first 12 months of 2009 pandemic influenza A H1N1 virus circulation: a modelling study. *Lancet Infect Dis*. 2012 Sep;12(9):687-95
- Muwahed J. Democrats demand apology after McCarthy tweets about 'Chinese coronavirus'. ABC News. Available from: <https://abcnews.go.com/Politics/democrats-demand-apology-mccarthy-tweets-chinese-coronavirus/story?id=69513372>. Last updated: Mar 10, 2020; cited Jul 26, 2020.
- Robyn R, Jocelyne L, Tiansheng Z, Magie F, Bei X, Melissa R, et al. 2019-nCoV (Wuhan virus), a novel Coronavirus: human-to-human transmission, travel-related cases, and vaccine readiness. *J Infect Dev Ctries*. 2020 Jan 31;14(1):3-17.
- Phelan AL, Katz R, Gostin LO. The Novel Coronavirus Originating in Wuhan, China: Challenges for Global Health Governance. *JAMA*. 2020 Jan 30; 323(8): 709-10.
- Kofi Ayitette F, Dzuvoor C, Kormla Ayitette M, Bennita Chiwero N, Habib A. Updates on Wuhan 2019 novel coronavirus epidemic. *J Med Virol*. 2020; 92(4): 403-7.
- Wang LF, Anderson DE, Mackenzie JS, Merson MH. From Hendra to Wuhan: what has been learned in responding to emerging zoonotic viruses. *Lancet*. 2020 Feb 22;395(10224):e33-e34.
- Shaikh K, Shrestha C, Dutta D. Treatment options in people with COVID-19: Selecting the best armamentarium against the novel virus. *J Pak Med Assoc*. 2020 May;70(Suppl 3)(5):S69-S73.
- Chen WH, Strych U, Hotez PJ, Bottazzi ME. The SARS-CoV-2 Vaccine Pipeline: an Overview. *Curr Trop Med Rep*. 2020 Mar 3;1-4
- Kai Kupferschmidt JC. China's aggressive measures have slowed the coronavirus. They may not work in other countries. *Science*. Available from: <https://www.sciencemag.org/news/2020/03/china-s-aggressive-measures-have-slowed-coronavirus-they-may-not-work-other-countries>. Last updated: Mar 2, 2020; cited Jul 26, 2020.
- Chris Jackson JB, Jinhee Yi. New Center for Public Integrity/Ipsos Poll finds most Americans say the Coronavirus Pandemic is a Natural Disaster. Ipsos. Available from: <https://www.ipsos.com/en-us/news-polls/center-for-public-integrity-poll-2020>. Last updated Apr 28, 2020; cited Jul 26, 2020.
- Shoichet CE. What historians hear when Trump calls coronavirus 'Chinese' and 'foreign'. CNN. Available from: <https://www.cnn.com/2020/03/12/us/disease-outbreaks-xenophobia-history/index.html>. Last updated: Mar 17, 2020; cited Jul 26, 2020.
- Calisher C, Carroll D, Colwell R, Corley RB, Daszak P, Drosten C, et al. Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19. *Lancet*. 2020 Mar 7;395(10226):e42-e43.
- Farivar M. US Watchdog Tracks Over 2,100 Anti-Asian Incidents. Voice of America. Available from: <https://www.voanews.com/usa/race-america/us-watchdog-tracks-over-2100-anti-asian-incidents>. Last updated: Jun 27, 2020; cited Jul 26, 2020.
- Margolin J. FBI warns of potential surge in hate crimes against Asian Americans amid coronavirus. ABC News. Available from: <https://abcnews.go.com/US/fbi-warns-potential-surge-hate-crimes-asian-americans/story?id=69831920>. Last updated: Mar 27, 2020; cited Jul 26, 2020.
- World Health Organization (WHO). Factors that contributed to undetected spread of the Ebola virus and impeded rapid containment. WHO. Available from: <https://www.who.int/csr/disease/ebola/one-year-report/factors/en/>. Last updated: Jan 2015; cited Jul 26, 2020.
- Baseler L, Chertow DS, Johnson KM, Feldmann H, Morens DM. The Pathogenesis of Ebola Virus Disease. *Annu Rev Pathol*. 2017 Jan 24;12:387-418.
- Rao TSS, Andrade C. The MMR vaccine and autism: Sensation, refutation, retraction, and fraud. *Indian J Psychiatry*. 2011 Apr;53(2):95-6.
- Fukuda K, Wang R, Vallat B. Naming diseases: First do no harm. *Science*. 2015 May 8;348(6235):643.
- Finnegan C. Despite world's highest COVID-19 death toll, US is 'the world leader in the pandemic' response: Pompeo. ABC News. Available from: <https://abcnews.go.com/Politics/worlds-highest-covid-19-death-toll-us-world/story?id=71670169>. Last updated: Jul 8, 2020; cited Jul 26, 2020.

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