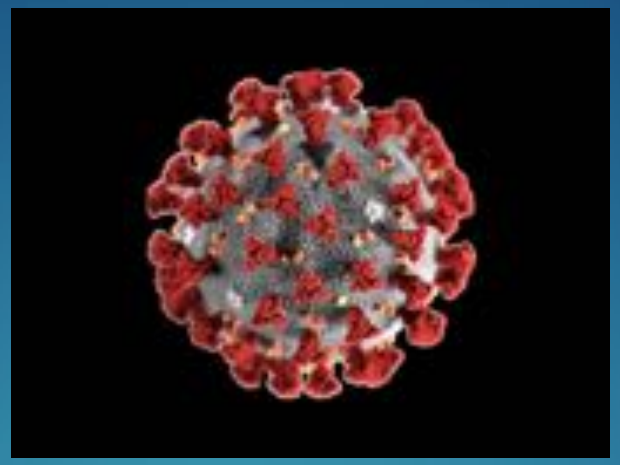


COVID-19 Webinar: Fear, Stigma and Steps Forward

Hosted by

American Anthropological Association

Society for Medical Anthropology

Anthropological Responses to Health Emergencies (SIG)

MARCH 19TH 2020

Disclaimer:
This is a fluid and ever changing situation. Please keep in mind the date of this webinar and future recording, as information and situations may have changed.

Connection:
Meeting ID: 618 237 403
One tap mobile
+16468769923,,618237403# US (New York)
+16699006833,,618237403# US (San Jose)

Zoom Menu:

- Allows you mute/unmute yourself
  - Please keep yourself muted

- Clicking on the chat icon opens the chat window
  - Please post any questions here

Introduction / Overview

Kristin Hedges, Ph.D.

Assistant Professor of Anthropology

Grand Valley State University

Co-Chair, along with Deon Claiborne, of Anthropological Responses to Health Emergencies

Anthropological Responses to Health Emergencies

- Anthropological Responses to Health Emergencies (ARHE)
  - SIG of Society for Medical Anthropology
    - The purpose of the group is to network among members to be able to rapidly respond to developing public health issues and emergencies.
      - Formed in April 2017
        - Zika, Ebola, Measles outbreak

- Facebook group
  - https://www.facebook.com/groups/128678891021711/?ref=bookmarks

- Expertise Database
  - https://goo.gl/forms/dXDKM0WIyoY4yYIG3

Webinar Outline

Jennifer Nuzzo, Ph.D. (Johns Hopkins)

- Overview of current COVID-19 outbreak

Samuel Spies, Ph.D. (Social Science Research Council)

- Misinformation, Logics and Tactics

Monica Schoch-Spana, Ph.D. (Johns Hopkins)

- Fear, Stigma, Steps Forward

Question / Answer session Moderated by Kristin Hedges

- Submit questions through QA function

COVID-19 Knowns, Unknowns and Projections of What May Come

Jennifer B. Nuzzo, DrPH, SM

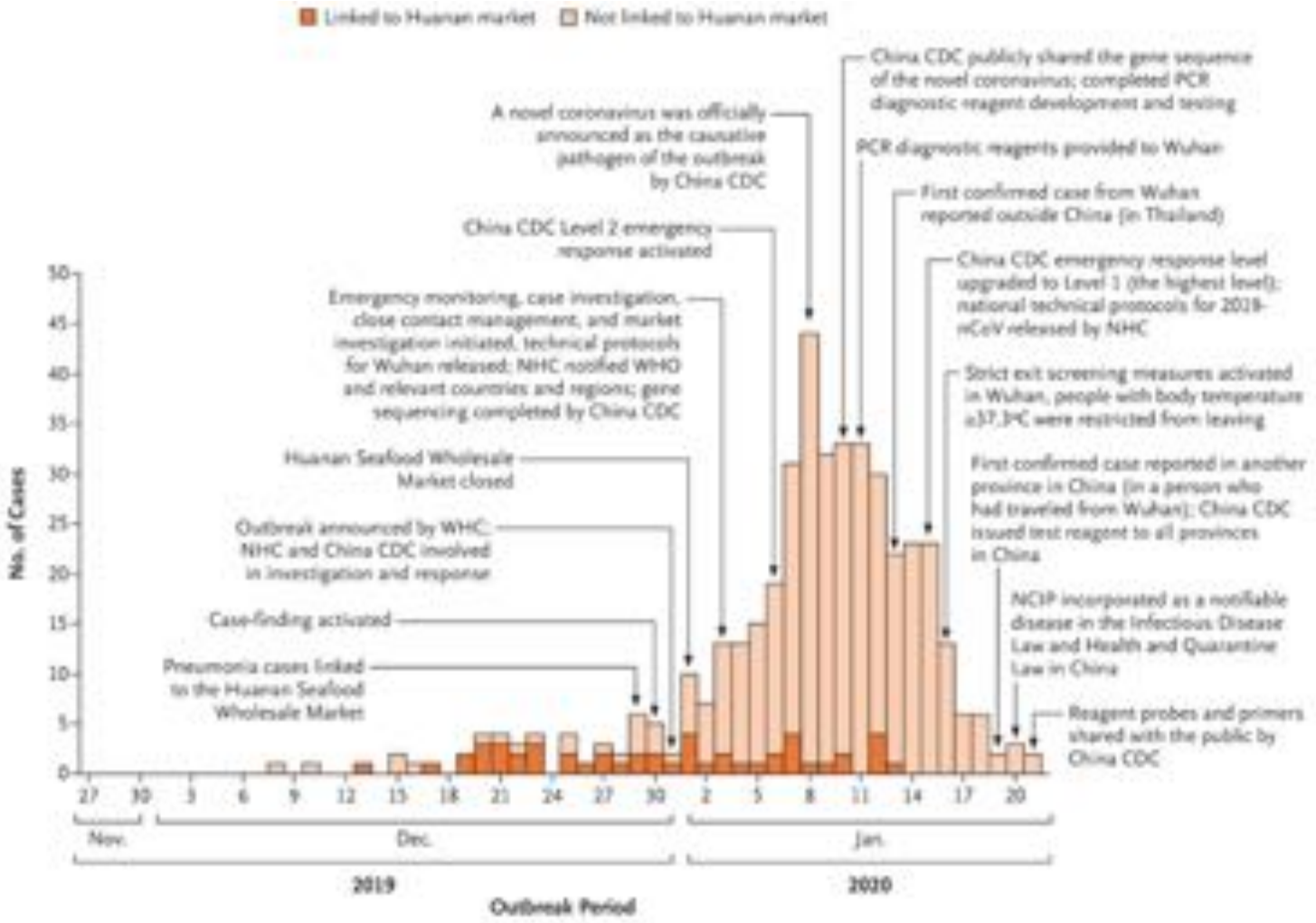
Outbreak of Viral Pneumonia (Wuhan, China)

Outbreak Observatory

Johns Hopkins Bloomberg School of Public Health | Center for Health Security
centerforhealthsecurity.org

WHAT DO WE KNOW?

Transmissibility of COVID19



https://www.nejm.org/doi/full/10.1056/NEJMoa2001316?query=featured_home

Figure 1. Onset of Illness among the First 425 Confirmed Cases of Novel Coronavirus (2019-nCoV)–Infected Pneumonia (NCIP) in Wuhan, China.

Factors Associated with Critical Illness

Table 1. Baseline Characteristics of Patients Infected With 2019-nCoV

	No. (%)			
	Total (N = 138)	ICU (n = 36)	Non-ICU (n = 102)	*P* Value*
Age, median (IQR), y	56 (42-68)	66 (57-78)	51 (37-62)	<.001
Sex				
Female	63 (45.7)	14 (38.9)	51 (37-62)	.34
Male	75 (54.3)	22 (61.1)	53 (52.0)	
Huanan Seafood Wholesale Market exposure	12 (8.7)	5 (13.9)	7 (6.9)	.30
Infected				
Hospitalized patients	17 (12.3)	9 (25.0)	8 (7.8)	.02
Medical staff	40 (29)	1 (2.8)	39 (38.2)	<.001
Comorbidities	64 (46.4)	26 (72.2)	38 (37.3)	<.001
Hypertension	43 (31.2)	21 (58.3)	22 (21.6)	<.001
Cardiovascular disease	20 (14.5)	9 (25.0)	11 (10.8)	.04
Diabetes	14 (10.1)	8 (22.2)	6 (5.9)	.009
Malignancy	10 (7.2)	4 (11.1)	6 (5.9)	.29
Cerebrovascular disease	7 (5.1)	6 (16.7)	1 (1.0)	.001
COPD	4 (2.9)	3 (8.3)	1 (1.0)	.054
Chronic kidney disease	4 (2.9)	2 (5.6)	2 (2.0)	.28
Chronic liver disease	4 (2.9)	0	4 (3.9)	.57
HIV infection	2 (1.4)	0	2 (2.0)	>.99

https://jamanetwork.com/journals/jama/fullarticle/2761044

COVID-19 in Children

Table 1 Characteristics of Children' COVID-19 Cases in China

Characteristics	All cases	Different Category		
		Confirmed	Suspected	*P* Value
Median age (Interquartile range)	7.00 (11.0)	10.00(11.0)	6.00(10.0)	<0.001
Age group				
<1	379(17.7)	86(11.8)	293(20.8)	
1-5	493(23.0)	137(18.7)	356(25.2)	
6-10	523(24.4)	171(23.4)	352(24.9)	<0.001
11-15	413(19.3)	180(24.6)	233(16.5)	
>15	335(15.6)	157(21.5)	178(12.6)	
Gender				
Boy	1213(56.6)	420(57.5)	793(56.2)	0.567
Girl	930(43.4)	311(42.5)	619(43.8)	
Severity of illness				
Asymptomatic	94(4.4)	94(12.9)	0(0.0)	
Mild	1091(50.9)	315(43.1)	776(54.9)	
Moderate	831(38.8)	300(41.0)	531(37.6)	
Severe	112(5.2)	18(2.5)	94(6.7)	<0.001
Critical	13(0.6)	3(0.4)	10(0.7)	
Missing	2(0.1)	1(0.1)	1(0.1)	
Days from symptom onset to diagnosis				
Median days (Interquartile range)	2(4.0)	3(4.0)	2(4.0)	<0.001
Range	0-42	0-42	0-36	
Province				
Hubei	984(45.9)	229(31.3)	755(53.5)	
Surrounding areas*	397(18.5)	155(21.2)	242(17.1)	<0.001
Others	762(35.6)	347(47.5)	415(29.4)	
Total	2143	731(34.1)	1412(65.9)	

Data are presented with median (Interquartile range) and n (%).
*Surrounding areas are the provinces and Municipality bordering Hubei, they are Anhui, Henan, Hunan, Jiangxi, Shaanxi and Chongqing.

https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf

WHAT ARE KEY UNKNOWNS

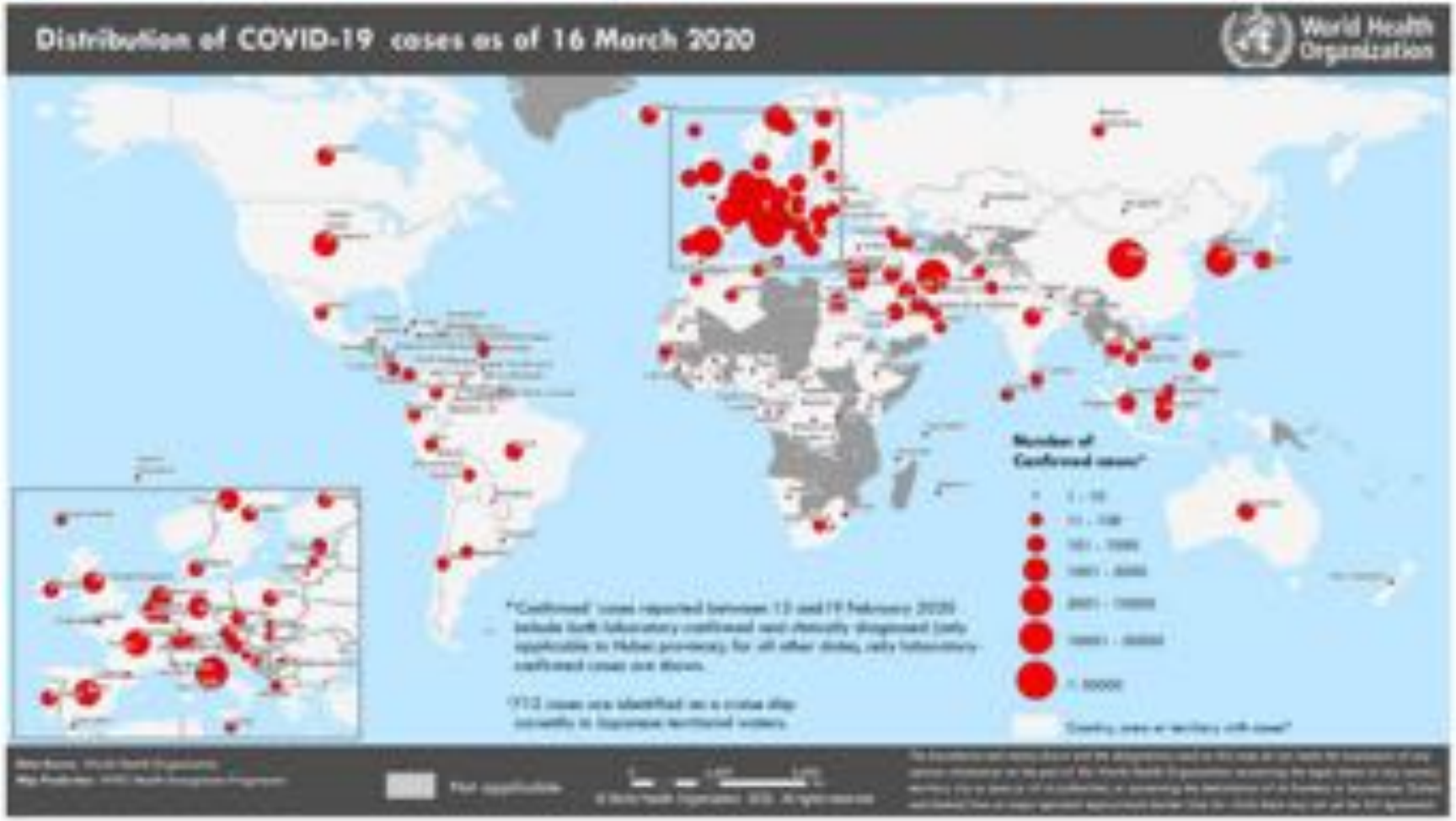
Estimating Severity

- WHO: data from 17,000 cases indicate
  - 82% of cases are mild
  - 15% are severe
  - 3% are critical
- Raw estimates of global reported deaths/reported cases >3%
- Diamond Princess study
  - case fatality ratios (CFR): 2.3% (0.75%-5.3%)
  - infection fatality ratio: 1.2% (0.38-2.7%)
    - IFR and CFR in China to be 0.5% (95% CI: 0.2-1.2%) and 1.1% (95% CI: 0.3-2.4%)

Severity in Context: Influenza

Global Spread

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 16 March 2020



SITUATION IN NUMBERS
total and new cases in last 24 hours

Globally
167 511 confirmed
(13 903 new)
6606 deaths (862 new)

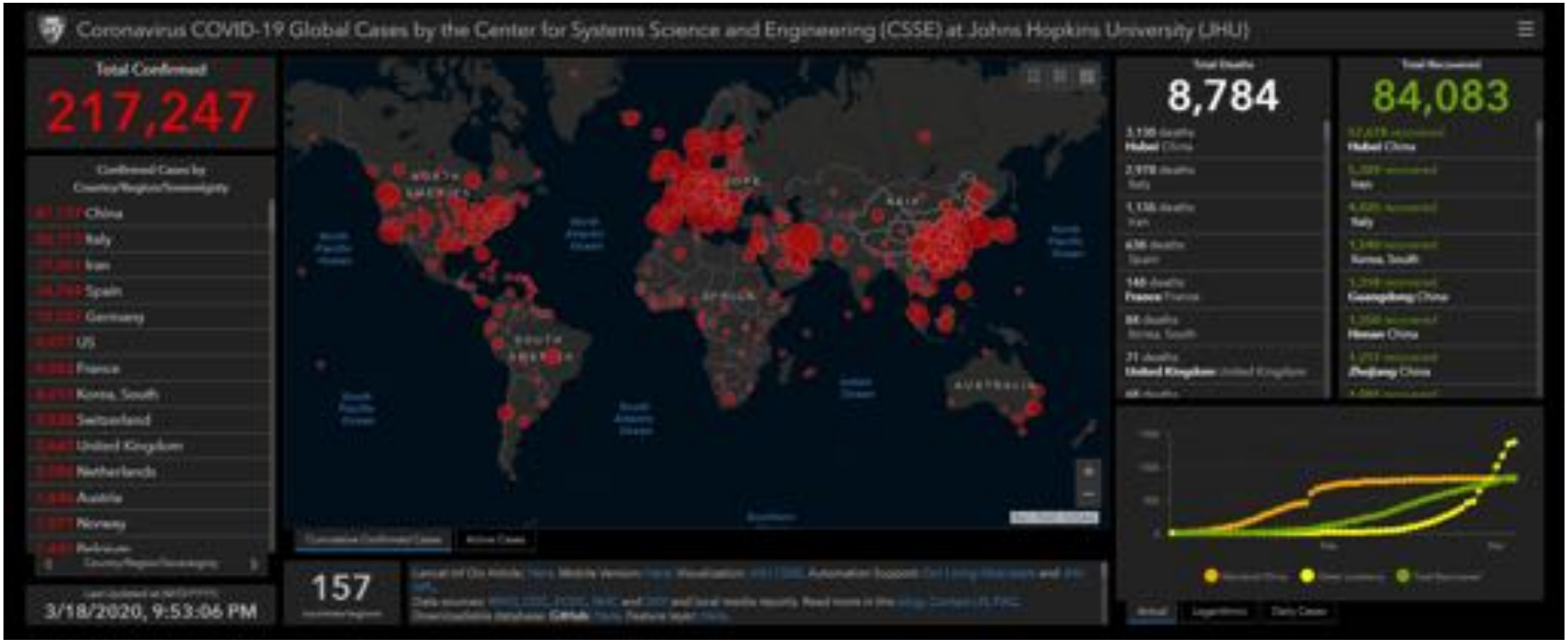
China
81 077 confirmed (29 new)
3218 deaths (14 new)

Outside of China
86 434 confirmed (13 874 new)
3388 deaths (848 new)
151 countries/territories/
areas (4 new)

WHO RISK ASSESSMENT

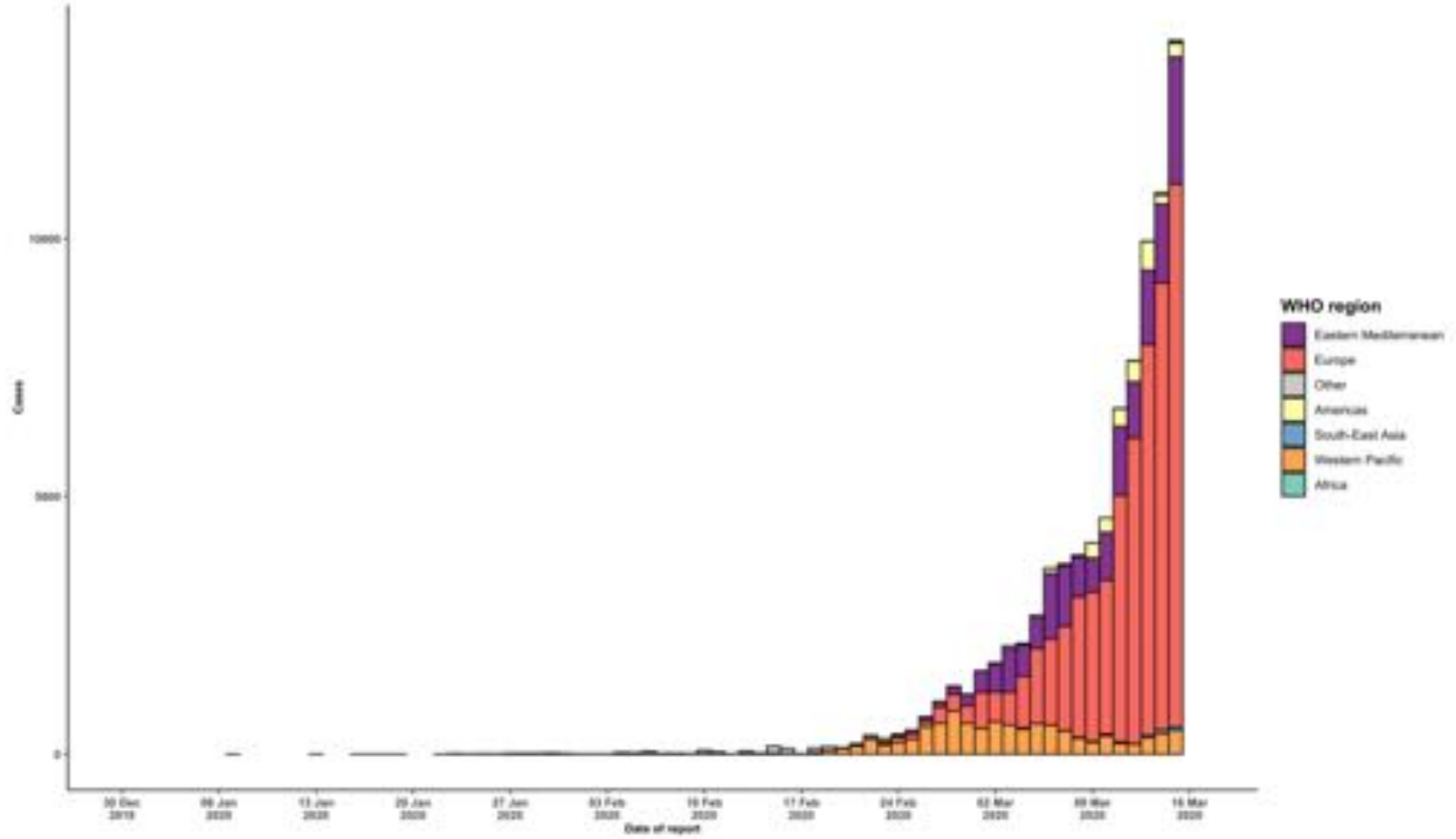
China	Very High
Regional Level	Very High
Global Level	Very High

Global Spread

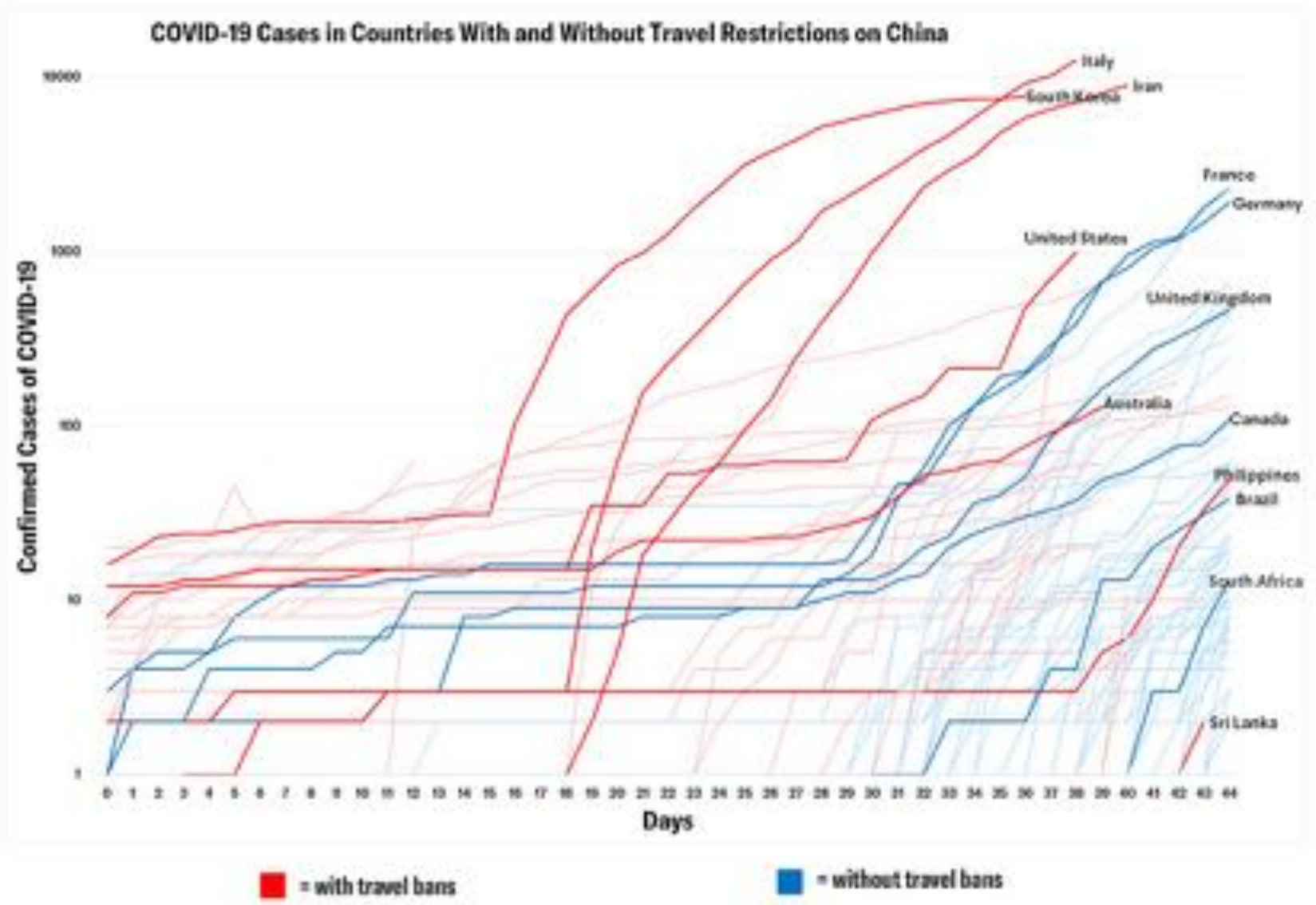


Spread Outside of China

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China, by date of report and WHO region through 16 March 2020



Banning Travel from China



https://www.thinkglobalhealth.org/article/tracking-coronavirus-countries-and-without-travel-bans

Biases in Surveillance

Criteria to Guide Evaluation of Persons Under Investigation (PUI) for 2019-nCoV

Circa February 2020

Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV.

Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact[2] with a laboratory-confirmed[3,4] 2019-nCoV patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China[5] within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China**[5] within 14 days of symptom onset

Worrisome Signs in Italy

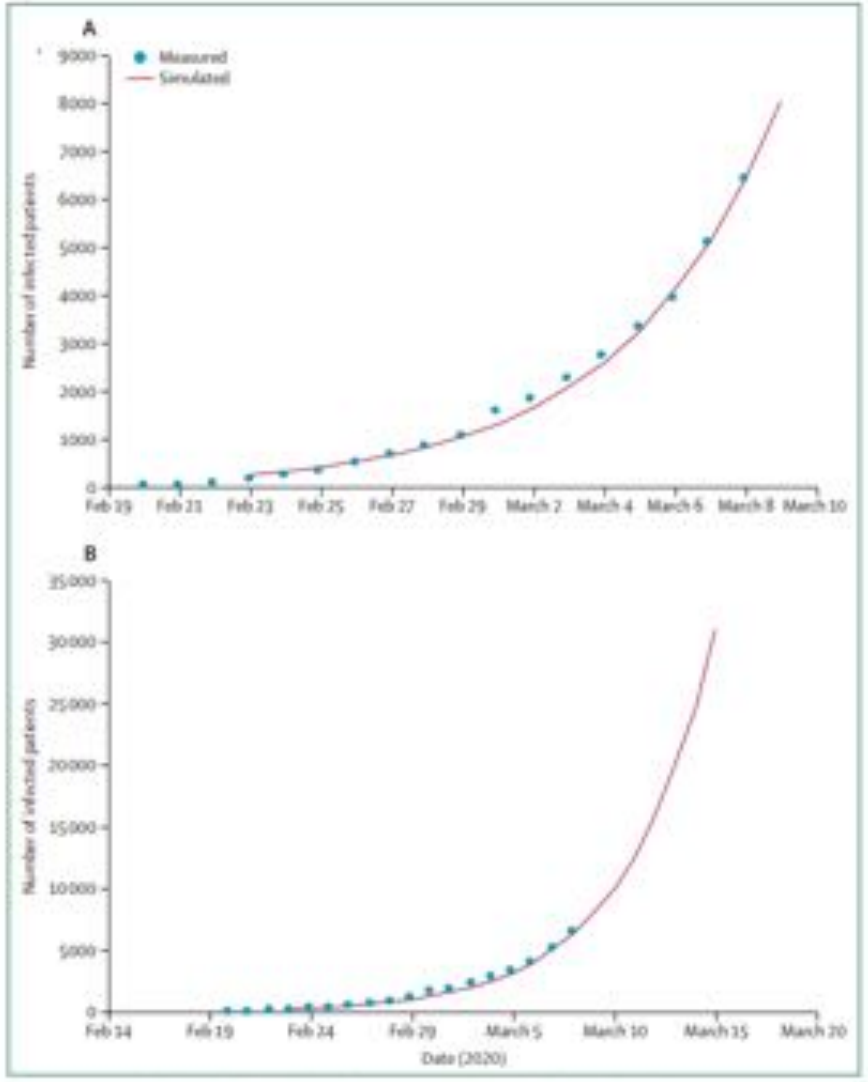


Figure 1: Measured and predicted number of patients reported to be infected in Italy using an exponential curve
Panel A shows number of infections in previous days and B shows projections for the coming days.

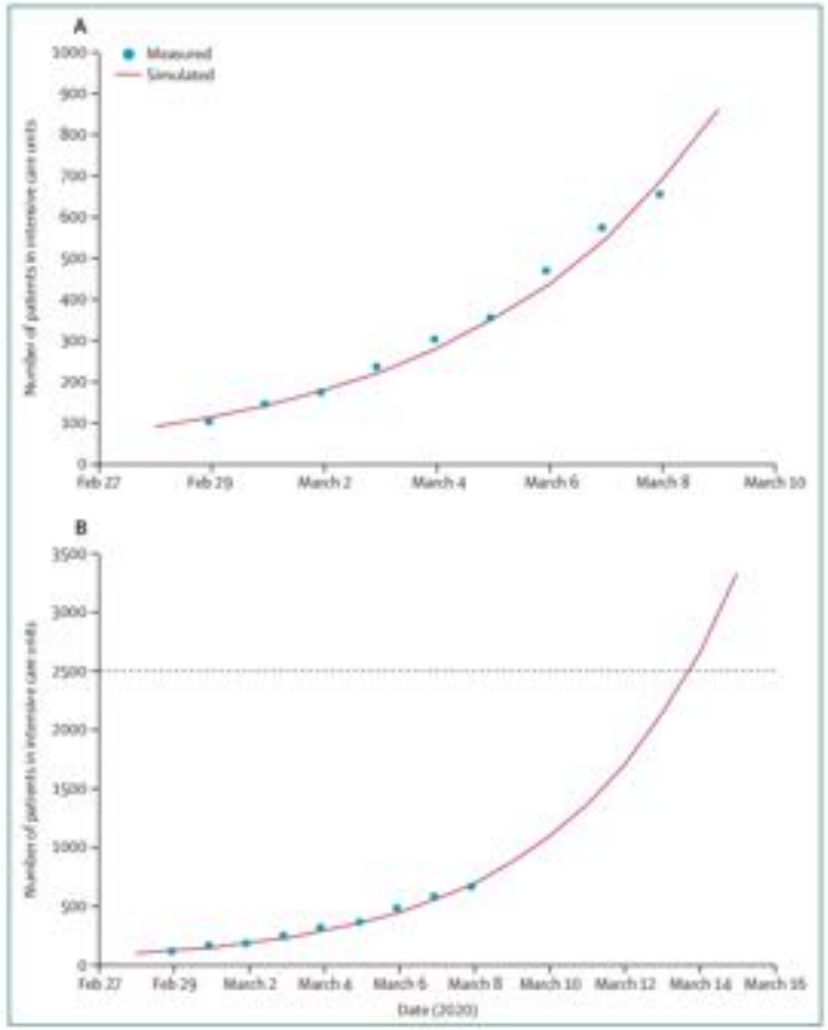


Figure 2: Measured and predicted number of patients in intensive care units in Italy using an exponential curve
Panel A shows number of patients in intensive care units in previous days and B shows projections for the coming days. The dotted line represents the estimated capacity of intensive care beds in Italy.

How Long Will it Last?

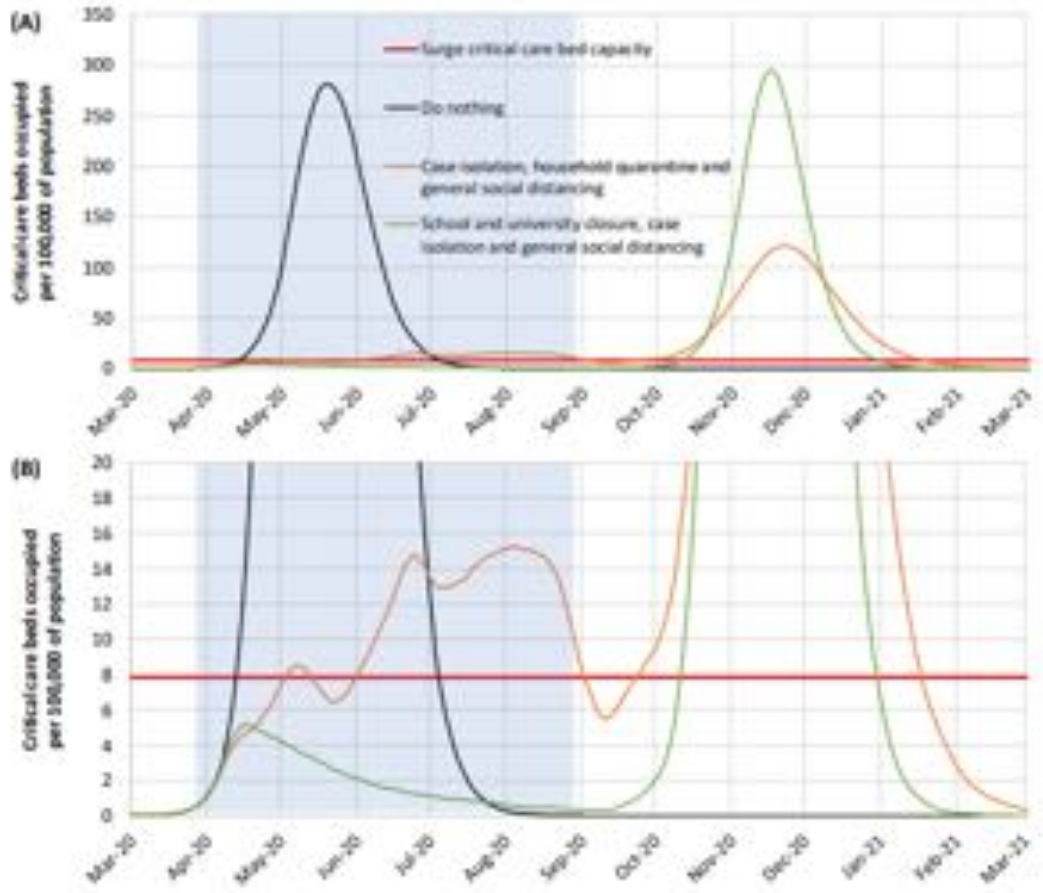
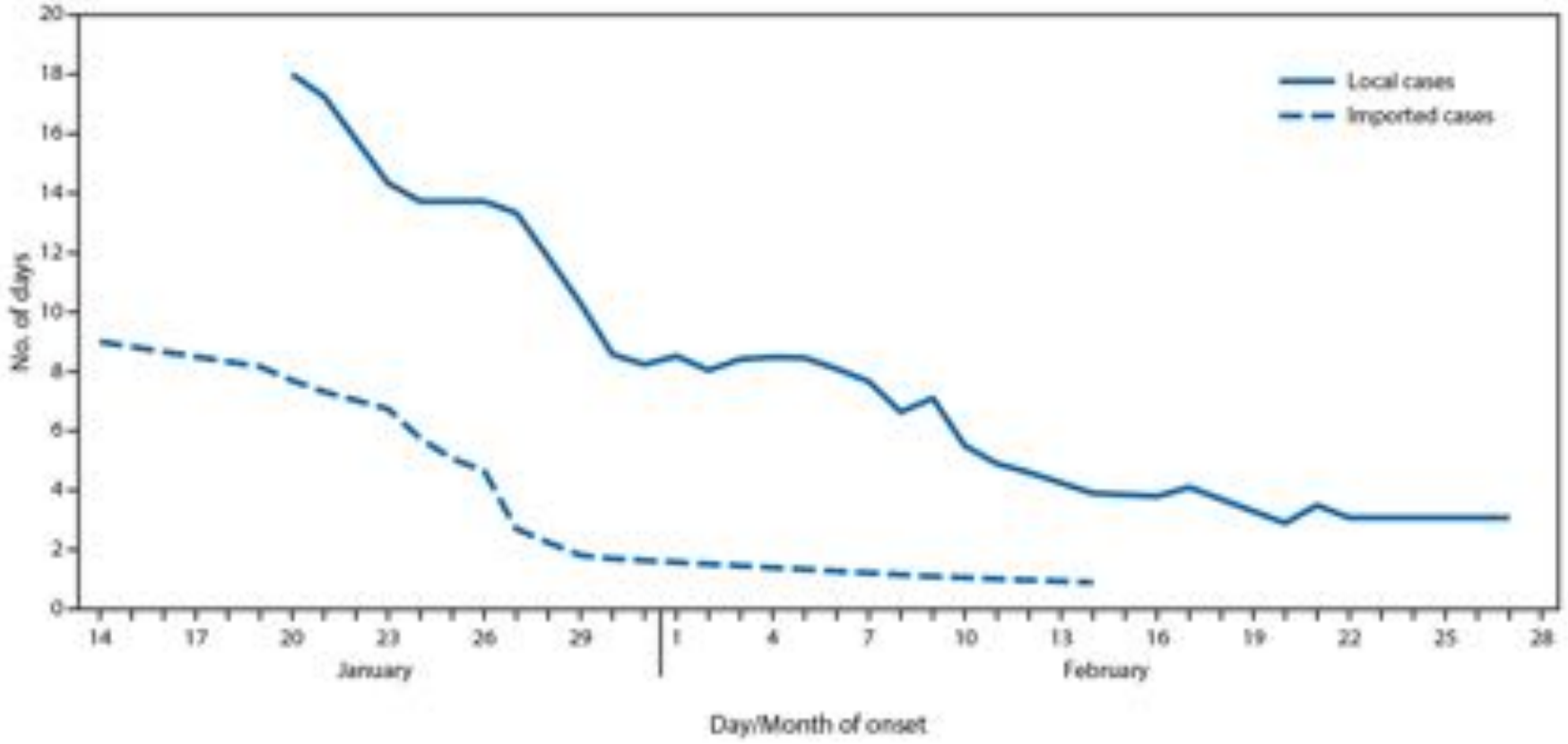


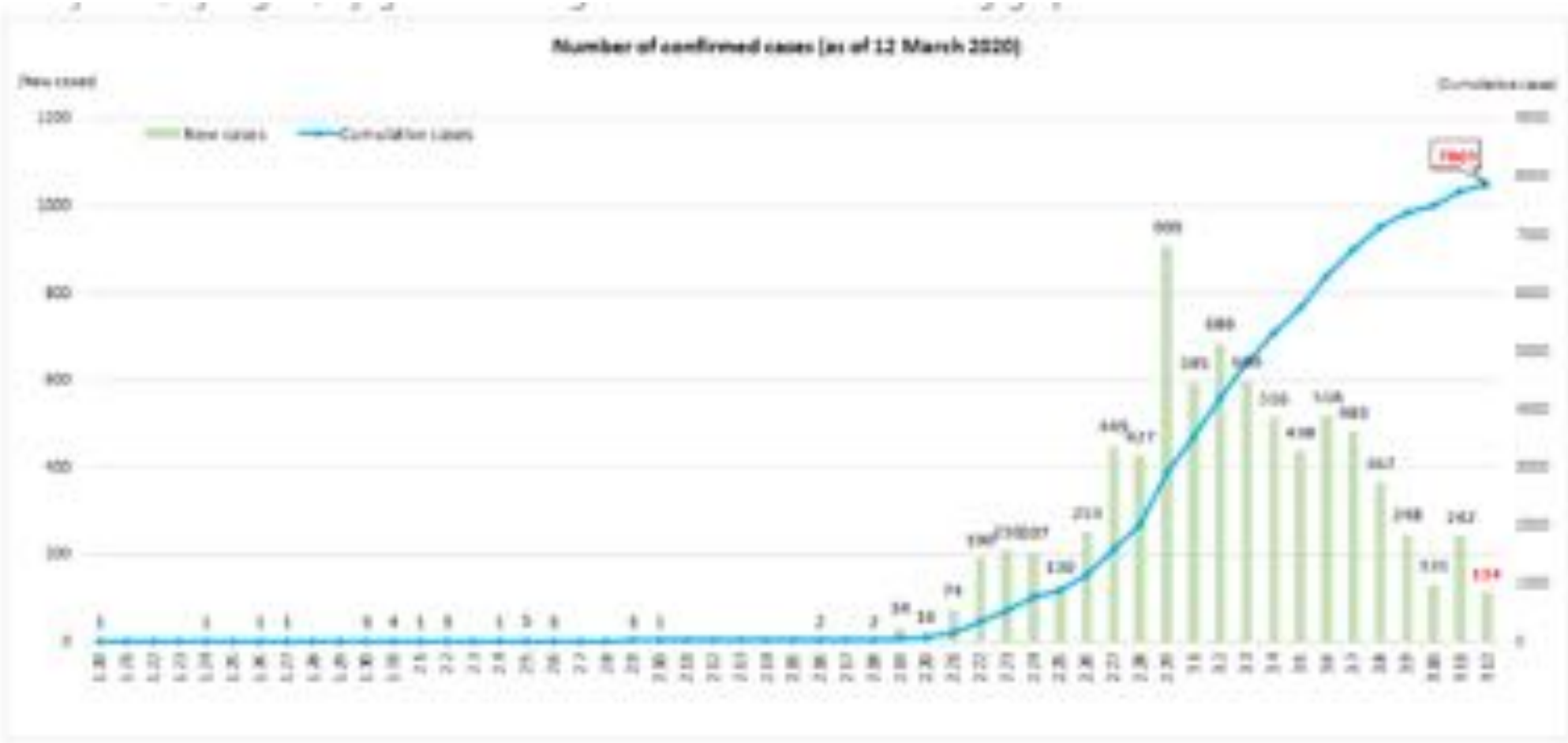
Figure 3: Suppression strategy scenarios for GB showing ICU bed requirements. The black line shows the unmitigated epidemic. Green shows a suppression strategy incorporating closure of schools and universities, case isolation and population-wide social distancing beginning in late March 2020. The orange line shows a containment strategy incorporating case isolation, household quarantine and population-wide social distancing. The red line is the estimated surge ICU bed capacity in GB. The blue shading shows the 5-month period in which these interventions are assumed to remain in place. (B) shows the same data as in panel (A) but zoomed in on the lower levels of the graph. An equivalent figure for the US is shown in the Appendix.

Isolation and Quarantine

FIGURE 2. Interval from symptom onset to isolation or hospitalization (7-day moving average), of coronavirus disease 2019 (COVID-19 cases) (N = 100), by importation status — Singapore, January 14–February 28, 2020



South Korea



Thank you

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Misinformation, Logics and Tactics

Samuel Spies, Ph.D.

Program Officer Disinformation
Research Mapping Initiative

Social Science Research Council

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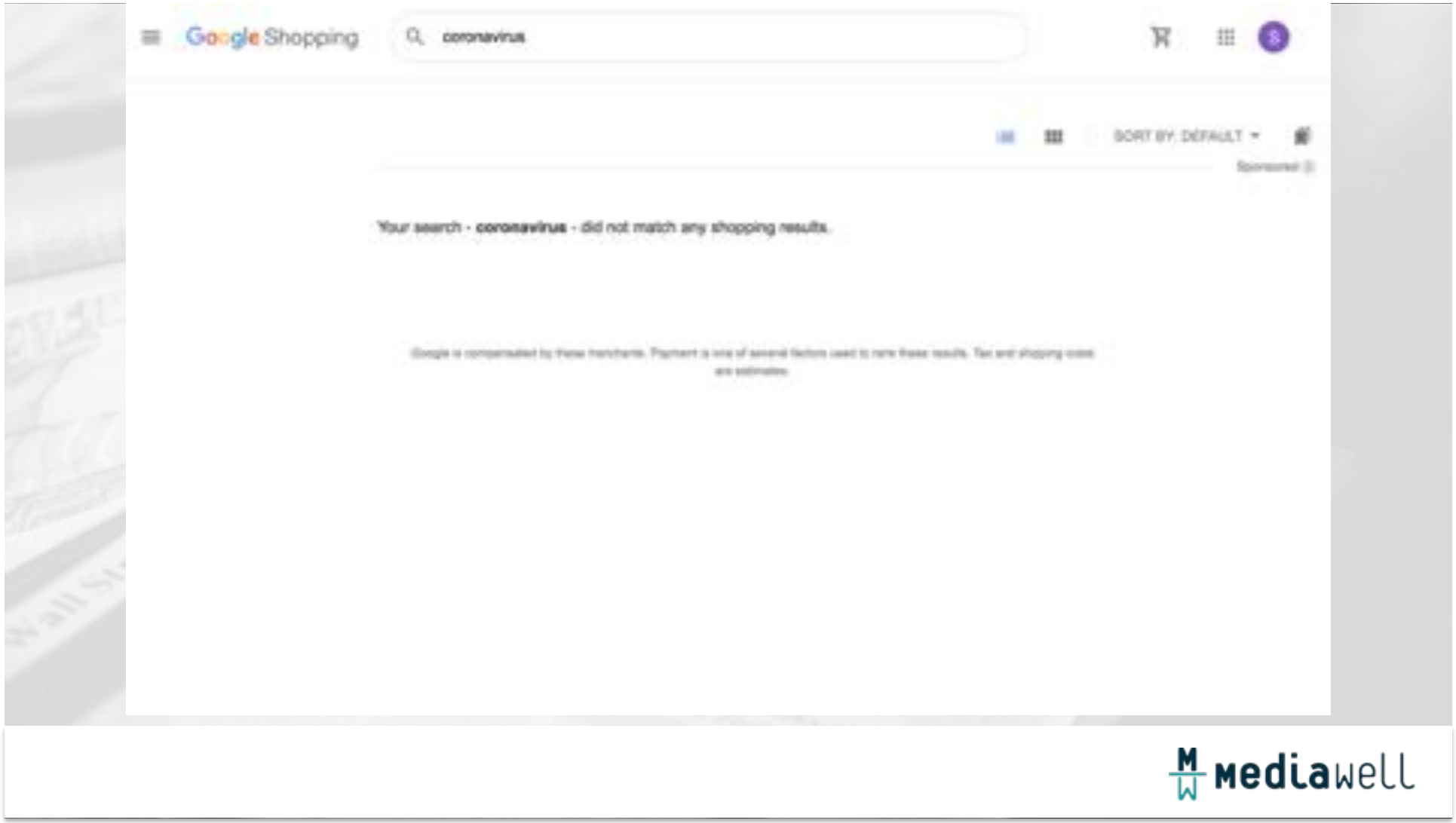
mediawell

SSRC


Google Shopping
coronavirus
SORT BY: DEFAULT
Your search - coronavirus - did not match any shopping results.

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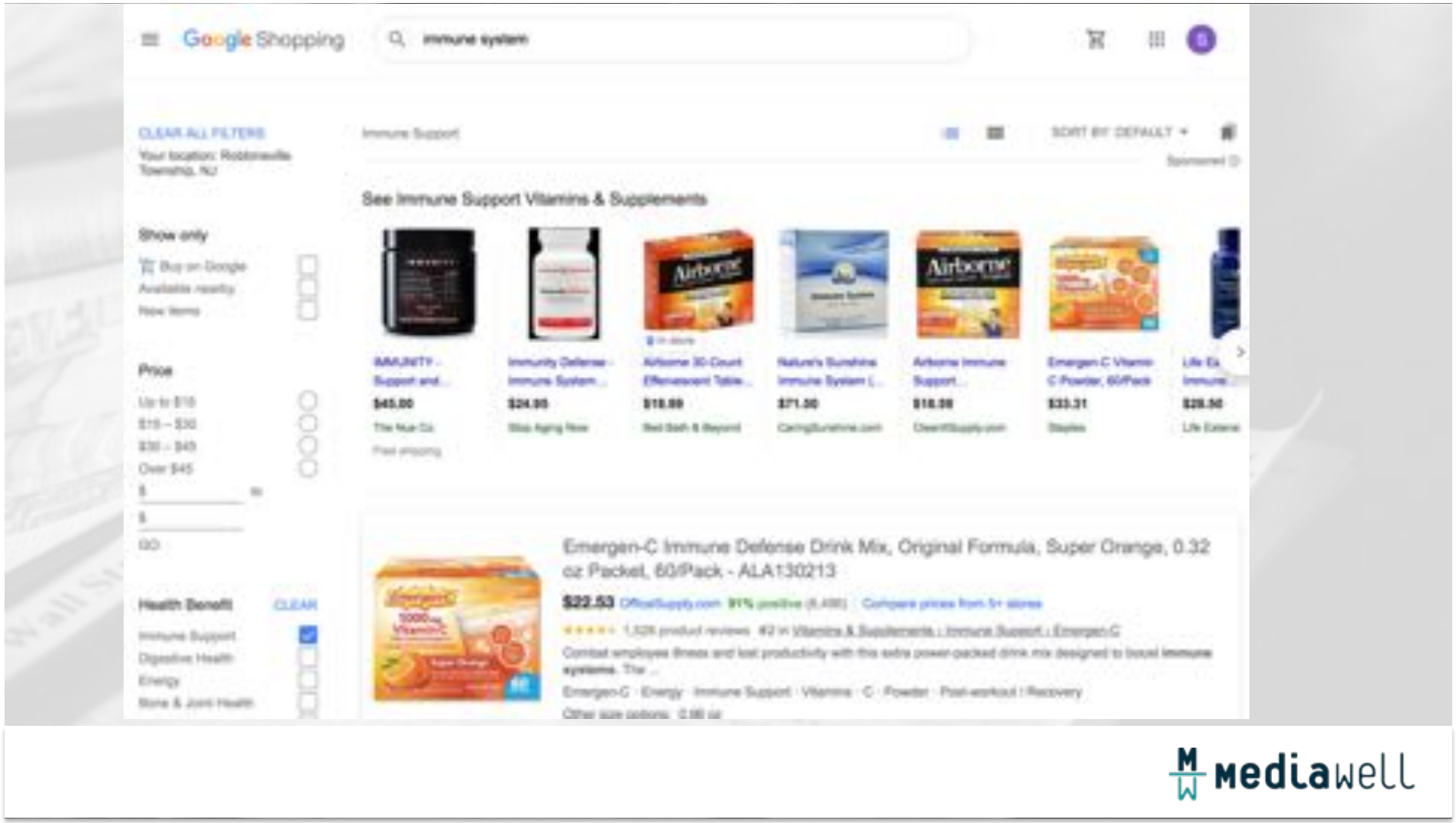
Google Shopping
immune system
CLEAR ALL FILTERS
Your location: Robbinsville Township, NJ
Show only
Buy on Google
Available nearby
New items
Price
Up to $15
$15 – $30
$30 – $45
Over $45
Health Benefit
CLEAR
Immune Support
Digestive Health
Energy
Bone & Joint Health
Immune Support
SORT BY: DEFAULT
See Immune Support Vitamins & Supplements
$45.00
$24.95
$18.69
$71.00
$18.99
$33.31
Emergen-C Immune Defense Drink Mix, Original Formula, Super Orange, 0.32 oz Packet, 60/Pack - ALA130213
$22.53

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live research from the digital edges of democracy

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Fear, Stigma, Steps Forward

Monica Schoch-Spana , Ph.D.

Medical Anthropologist

Johns Hopkins

Center for Health Security

Overview: Anthropology & Steps Forward in COVID-19

- Remember Our Professional Responsibility
- Seize this Teachable Moment
- Join the Pandemic Response Brigade
- Rewrite the COVID-19 Narrative
- Do Research that Cuts Epidemic Social Risks
- Model Human Connections in Contagion

Remember Our Professional Responsibility

- "Anthropology…is an irreducibly social enterprise. Among our goals are the dissemination of anthropologic knowledge and its use to solve human problems." – AAA Ethics Forum
- "We shall provide training which is informed, accurate, and relevant to the needs of the larger society." – SfAA Code of Ethics
- "To society as a whole we owe the benefit of our special knowledge and skills in interpreting sociocultural systems. We should communicate out understanding of human life to society at large." – SfAA Code of Ethics

Seize this Teachable Moment

- Tackle urgent and weighty issues that are squarely in our wheelhouse
  - Stigma: xenophobia, racism, naming practices
  - Human sociality: identify unintended adverse impacts of social distancing and ways to remedy
  - Social determinants of health: the virus may not discriminate, but its health impacts do
  - Enabling conditions for health behaviors: question the deficit model of public non-compliance
- Scale classroom walls to reach non-traditional learners: decision makers, media, neighbors, virtual communities, MOOC users…

Join the Pandemic Response Brigade

- The protracted pandemic's blunt, nuanced, and widespread impacts will severely test public health and safety systems.
- Anthropologists can activate interest groups to deepen bench of the emergency response workforce:
  - Anthropology of Aging: e.g., loneliness, resilience
  - Anthropology of Children & Youth: e.g., age-appropriate info
  - SMA – Alcohol, Drug & Tobacco: e.g., interrupted support to substance users
  - SMA – Mental Health: e.g., chronic & acute mental distress
  - SMA – Dying and Bereavement: e.g., loss, complicated grieving
  - Forensic anthropologists: e.g., aid to overwhelmed coroners, medical examiners
- Anthropologists with language and cultural competence in communities at the margins of society can bridge public health's outreach and increase salience.

Rewrite the COVID-19 Narrative

- Discuss the "shadow pandemic": profound psychosocial impacts at a time of insufficient parity between mental and physical health.
- Broaden understanding of "vulnerable populations": socially easier focus on the elderly versus harder focus on other groups (e.g., incarcerated, racial/ethnic minorities, detained immigrants).
- Question reports of an ignorant, selfish, and panicked public: communities are framed as fear-driven, reactive, and irrational – what is really driving collective behaviors?
- Relate prosocial and resilient behaviors of individuals and communities: we need stories of courage, strength, and ingenuity.
- Put "misinformation" into broader context: misinformation itself is treated as social driver versus the environment of social fragmentation and political marginalization in which it spreads.

Do Research that Cuts Epidemic Social Risks

- Recognize new phase in human-microbe-environment relationship:
  - Global Preparedness Monitoring Board : "new era of high-impact, potentially fast-spreading outbreaks that are more frequently detected and increasingly difficult to manage." (2019)
  - WHO reported that 1483 epidemic events had been tracked in 172 countries between 2011 and 2018.
- The science of epidemics is growing rapidly, but the contributions of microbiology, epidemiology, biomedicine, and computational modeling are outpacing those of the humanities and social science.
- Study social and economic impacts of epidemic controls: e.g., efficacy of containment measures is uncertain, while impacts are more certain. What is risk-benefit tradeoff? Are risks and benefits of controls evenly distributed?

Model Human Connections in Contagion

- Pitch in with groceries, supplies, and moral support when the elderly and other high-risk groups must avoid public spaces.
- Help improvise childcare and meal solutions when work and school routines become disrupted for neighbors.
- Love a hospital worker – help out with their family whom they will see less and less of as the pandemic peaks.
- Learn "psychological first aid" to help others cope with outbreak-related stress and trauma.
- Engage in "rage-baking" and share bread goods (safely!) with hunkered-down neighbors.
- Connect with family, friends, and co-workers via telephone, text, snail mail, email, Skype…

Thank you!

- Contact me at:

  mschoch@jhu.edu

- See issue fact sheets (e.g., diagnostics, response financing) at:

  http://www.centerforhealthsecurity.org/resources/COVID-19/index.html

- Sign up for Covid-19 situation reports at:

  http://www.centerforhealthsecurity.org/newsroom/newsletters/e-newsletter-sign-up.html

Question and Answer

- Response to collated questions throughout webinar
  - Submit any questions
    - QA function on platform

- AAA communities
  - https://communities.americananthro.org/communities/community-home?CommunityKey=6b5eeae2-f09a-4c9f-8a5b-dfbb7db6e77b
  - 'Library' of resources
    - Slide deck from Mark Nichter, PhD
  - Ongoing discussion and collaboration for next year

Moving Forward

- Future Webinars
  - COVID-19: Responsive Teaching and Learning in Anthropology
    - Part 1: 1:00 EST March 17, 2020
    - Part 2: 1:00 March 24th
      - https://secure.americananthro.org/eWeb/DynamicPage.aspx?Site=AAAWeb&WebKey=ced2aab5-ccd7-4f28-bd95-01edee542f5e
  - All Webinars will be recorded and available
    - www.amercianthro.org
- Expertise Database
  - https://goo.gl/forms/dXDKM0WlyoY4yYlG3

Thank you!

SPECIAL THANKS TO EACH OF OUR SPEAKERS

- JENNIFER NUZZO, PH.D.
- SAMUEL SPIES, PH.D.
- MONICA SCHOCH-SPANA, PH.D.

ADDITIONAL THANKS TO AMERICAN ANTHROPOLOGICAL ASSOCIATION

- ED LIEBOW
- JEFF MARTIN
- SCOTT HALL
- GABRIELLE DUNKLEY