

‘More dangerous than terrorism’ – the media versus the facts

‘Killer coronavirus is “the worst enemy you can ever imagine” and may pose a greater global threat than terrorism, World Health Organization warns.’^[1] Thus speaks *The Daily Mail*, arguably not one of the most trusted sources of information, but read by millions daily, in print and online. Sadly, this headline is typical of media coverage of the latest coronavirus outbreak, with even the usually more rational *Guardian* joining in.^[2]

Let’s look at the facts. At the time of writing (12 February 2020), the latest World Health Organization (WHO) situation report^[3] showed that, in the previous 24 hours, there were 43 103 confirmed cases globally, 2 560 of which were new. In China, there were 42 708 confirmed cases (2 484 of which were new), 7 333 severe cases (849 new) and 1 017 deaths (108 new). Elsewhere in the world there were 395 confirmed cases, with 76 newly reported, in 24 countries, with one death. This is an overall case fatality ratio within China of 2.4% and outside China of 0.25%. The case fatality rate in China is high. The WHO risk assessment is ‘very high’ for China and ‘high’ regionally and globally.

As the epidemiologists at the WHO headquarters in Geneva, and in the country offices in China and the other affected countries, were compiling these data, public health experts from around the world were travelling to Geneva for a meeting. More shocking headlines appeared after Hong Kong’s leading public health epidemiologist, Prof. Gabriel Leung, was widely quoted as saying that the coronavirus epidemic (not yet called a pandemic, note) could spread to about two-thirds of the world’s population if it could not be controlled. ‘60% of the world’s population is an awfully big number,’ Leung said. This figure was based on the reproductive number of 2.5, meaning that each infected person would transmit to about 2.5 other people. This reproductive number is so far based on that seen in the quarantined cities in China, where people have been forbidden to leave and even though individuals are supposedly in isolation, proximity is likely to result in transmission among family members and other close contacts.

The WHO has declared the coronavirus outbreak in China a Public Health Emergency of International Concern (PHEIC), largely to allow them to put into place many of the statutory and normative functions that the organisation has in dealing with emergencies. Of course, this has been seen by the media and the public as a sign that this particular viral outbreak is particularly frightening. Importantly, the WHO has *not* recommended travel or trade bans – it seldom does when declaring a PHEIC. But of course this is how many countries have responded, ignoring public health science and responding to media hysteria and essentially closing their borders to anyone from mainland China. Travel bans to control the spread of disease have been tried since 1377 when Dubrovnik imposed a 40-day isolation period on ships suspected of carrying the black plague that tried to enter the city waters.^[4] However, travel bans did not work for SARS in 2003 or for H5N1 avian flu in 2006 or for H1N1 swine flu in 2009 – and so on and so on. Indeed the WHO Director, Tedros Adhanom Ghebreyesus, drawing on both public health data and economics, said that travel restrictions cause more harm than good because they stop information sharing and medical supply chains, and harm economies.

Where did the terrorism headline come from? What Ghebreyesus actually said was, ‘Viruses can have more powerful consequences than any terrorist action.’ He was not referring specifically to this particular coronavirus. But this statement, coupled with Leung’s earlier remark about 60% of the world’s population potentially being infected, resulted in media headlines calculated to cause panic. Scientists need to be very

careful how they phrase things when talking to the press – or even to each other, since Ghebreyesus’ statement was made publicly to those attending the meeting in Geneva.

So let’s go back to the WHO situation report, carefully put together daily by teams of epidemiologists who are working to control this epidemic – again note, not yet a pandemic. In it, the surveillance data are compiled, along with maps showing regional and international spread. The ways to limit human-to-human spread are outlined – again, simple public health best practice: rapid identification, diagnosis and management of cases, identification and follow-up of contacts, infection prevention and control in healthcare settings (more on that just now), implementation of health measures for travellers, awareness-raising in the population and risk communication. Not rocket science.

There are, however, three very scary (medical) things about this outbreak in China. The first is the sheer numbers infected, the second is the case fatality ratio of 2.5%, which is similar to the pandemic influenza of 1918/19, and the third is human-to-human spread outside China. The very scary non-medical things about the outbreak are the way in which China has dealt with so-called whistleblowers, who did not allow the country to cover up as they did with SARS, and the general trampling on human rights that has occurred with the unprecedented and far from evidence-based quarantine measures imposed on affected local populations.

So what do we do about it? Nothing that we don’t already know and (hopefully) do: avoid close contact with obviously ill people (unless you are treating them); wash your hands frequently (this message does not seem to have reached the public, who are impressed with the idea of face masks); if you are sick, isolate yourself and make sure you don’t cough and sneeze over everyone; and, where appropriate, avoid close contact with farm or wild animals.

And finally, just something to think about: a recent study suggests that the global mortality from seasonal influenza is estimated to be around 294 000 to 500 000 deaths annually.^[5] While nothing like the potential number of deaths should this coronavirus end up infecting 60% of the world’s population, this is not an insignificant number of deaths from a disease that we more or less ignore each year. There are a few lessons to be learnt from the media response to this outbreak, I think. Let’s not fuel any more panic.

Bridget Farham

Editor

ugqirha@iafrica.com



1. Mail Online. Killer coronavirus is ‘the worst enemy you can ever imagine’ and may pose a greater global threat than terrorism, World Health Organization warns. <https://www.dailymail.co.uk/health/article-7994665/Killer-coronavirus-poses-greater-global-threat-terrorism-World-Health-Organisation-warns.html> (accessed 12 February 2020).
2. The Guardian. Coronavirus should be seen as ‘public enemy number one’, says WHO. <https://www.theguardian.com/world/2020/feb/11/coronavirus-vaccine-could-be-ready-in-18-months-says-who> (accessed 12 February 2020).
3. World Health Organization. Novel Coronavirus (2019-nCoV): Situation Report – 22. Data as reported by 11 February 2020. https://www.who.int/docs/default-source/coronavirus/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1_2 (accessed 12 February 2020).
4. Beluz J, Hoffman S. The evidence on travel bans for diseases like coronavirus is clear: They don’t work. *Vox*, 23 January 2020. <https://www.vox.com/2020/1/23/21078325/wuhan-china-coronavirus-travel-ban> (accessed 12 February 2020).
5. Paget J, Spreuwenberg P, Charu V, et al. Global mortality associated with seasonal influenza epidemics: New burden estimates and predictors from the GLAMOR Project. *J Glob Health* 2019;9(2):020421. <https://doi.org/10.7189/jogh.09.020421>

S Afr Med J 2020;110(3):169. <https://doi.org/10.7196/SAMJ.2020.v110i3.14654>