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Rapid Review: What is known about stigmatization related to COVID-19 in Canada?



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Executive Summary

Background

Stigma and discrimination against people with COVID-19 infection, or people perceived to be associated with infection, can create a burden for those affected. In particular, Canadians of Asian ancestry may be subject to stigma and discrimination due to the perceived association of Asia with the origin of the virus.

This rapid review was produced to support public health decision makers' response to the coronavirus disease (COVID-19) pandemic. This review seeks to identify, appraise, and summarize emerging research evidence to support evidence-informed decision making.

This rapid review is based on the most recent research evidence available at the time of release. This version includes evidence available up to May 20, 2020.

In this rapid review, we provide the most recent research evidence to answer the question: **What is known about stigmatization related to COVID-19 in Canada? Who is experiencing stigma? To what extent is stigma experienced and what is the impact?**

Key Points

- No studies conducted in Canada specifically related to stigma were found.
- Discrimination and stigma associated with COVID-19 infection is a concern for those infected and those with infected family members. However, the certainty of the evidence is very low, and further evidence may change and enhance the current understanding.
- One study of Asian medical students in Poland reported discrimination in public and professional settings, especially while wearing facemasks.
- One study of health care workers in Italy found that those with discriminatory attitudes and fear about COVID-19 patients had lower satisfaction with their ability to provide care, higher burnout, and higher compassion fatigue, potentially affecting patient care.
- The use of discriminatory terms related to COVID-19 on Twitter increased when used by a prominent US figure, with the potential to increase stigma for Asian Americans.

Overview of Evidence and Knowledge Gaps

- There is very little research evidence related to stigma and COVID-19, and no studies conducted in Canada. This question should be reviewed again as more information becomes available from around the world.
- Once more primary studies become available, they need to be synthesized using rigorous methods, as no reviews of the evidence currently exist in this topic.
- The extent of the experience of stigma related to COVID-19, and the affected populations, are not known.

Methods

Research Questions

What is known about stigmatization related to COVID-19 in Canada? Who is experiencing stigma? To what extent is stigma experienced and what is the impact?

Search

On May 20, 2020, the following ten databases were searched for research evidence regarding stigmatization during the COVID-19 pandemic in Canada. This search identified published (or to-be-published) research evidence, but not grey literature.

- Pubmed’s curated COVID-19 literature hub: [LitCovid](#)
- [Trip Medical Database](#)
- World Health Organization’s [Global literature on coronavirus disease](#)
- Joanna Briggs Institute [COVID-19 Special Collection](#)
- [COVID-19 Evidence Alerts](#) from McMaster PLUS™
- [Public Health +](#)
- [COVID-19 Living Overview of the Evidence \(L-OVE\)](#)
- Cochrane Rapid Reviews [Question Bank](#)
- [Prospero Registry of Systematic Reviews](#)
- NCCMT [COVID-19 Rapid Evidence Reviews](#)

A copy of the search strategy is available on request.

Selection Criteria

The search first included recent, high-quality syntheses. If no syntheses were found, single studies were included. English-language, peer-reviewed sources and sources published ahead-of-print before peer review were included. Grey literature and surveillance sources were excluded.

	Inclusion Criteria	Exclusion Criteria
Population	People in Canada	
Intervention	Stigma related to COVID-19	
Comparisons		
Outcomes	Mental health outcomes Social outcomes such as access to health care, job loss, education loss Discriminatory behaviour, such as abuse, avoidance	

Data Extraction and Synthesis

Data on study design, setting, location, population characteristics, interventions or exposure and outcomes were extracted when reported. We synthesized the results narratively due to the variation in methodology and outcomes for the included studies.

We evaluated the quality of included evidence using critical appraisal tools as indicated by the study design below. Quality assessment was completed by one reviewer and verified by a second reviewer. Conflicts were resolved through discussion.

Study Design	Critical Appraisal Tool
Cohort	Critical Appraisal Skills Programme (CASP) Cohort Study Checklist
Case Report	Joanna Briggs Institute (JBI) Checklist for Case Reports
Cross-sectional	Joanna Briggs Institute (JBI) Checklist for Analytical Cross Sectional Studies
Mixed Methods	Mixed Methods Appraisal Tool (MMAT)

Completed quality assessments for each included study are available on request.

Findings

This document includes zero completed syntheses and one in-progress syntheses and five single studies, for a total of six publications included in this evidence review. The quality of the evidence included in this review is as follows:

		Total	Quality of Evidence
Syntheses	Completed Reviews	0	-
	In Progress Reviews	1	-
Single Studies	Completed	5	5 Moderate

Warning

Given the need to make emerging COVID-19 evidence quickly available, many emerging studies have not been peer reviewed. As such, we advise caution when using and interpreting the evidence included in this rapid review. We have provided a summary of the quality of the evidence as low, moderate, or high to support the process of decision making. Where possible, make decisions using the highest quality evidence available.

Table 1: In-Progress Syntheses

Title	Anticipated Release Date	Description of document
Gronholm, P., Nose, M., Barbui, C., Eaton, J., Ebenso, B., Fiekert, K., Hanna, F., Milenova, M., SUnkei, C., van Brakel, W., Thornicroft, G. (2020) Reducing stigma and discrimination associated with Covid-19: rapid review . PROSPERO 2020 CRD42020177677.	May 3, 2020	This review will seek to determine which interventions are effective in reducing COVID-19 stigma.

Table 2: Completed Single Studies

Reference	Date Released	Study Design	Stigmatized Population	Setting	Study description	Summary of findings	Quality Rating:
Guo, Q, Zheng, Y., Shi, J., Wang, J., Li, G., Li, C., Fromson, JA., Xu, Y, Liu X., Xu, H., Zhang, T., Lu, Y., Chen, X., Hu, H, Tang, Y., Yang, S, Zhou, X., ... Yang, Z. (2020). Immediate psychological distress in quarantined patients with COVID-19 and its association with peripheral inflammation: a mixed-method study . <i>Brain, Behavior, and Immunity</i> . Epub ahead of publication.	May 19, 2020	Mixed methods (Cross-sectional surveys followed by qualitative interviews)	Quarantined patients with/without COVID-19	China	This mixed-methods study included interviews with five COVID-19 patients in a larger study with 206 participants (103 patients with COVID-19 with mild symptoms, and 103 matched controls without COVID-19), involving self-reported mental health and inflammatory markers.	Stigma and uncertainty about disease progression were two main concerns of COVID-19 patients. No comparisons were made on concerns about stigma between the two groups.	Moderate

Gonzalez-Sanguino, C., Ausín, B., Castellanos, MA., Saiz, J., López-Gómez, A., Ugidos, C., Muñoz, M. (2020). Mental health consequences during the initial stage of the 2020 Coronavirus pandemic (COVID-19) in Spain . <i>Brain, Behavior, and Immunity</i> . Epub ahead of publication.	May 13, 2020	Cross-sectional	General population	Spain	This online survey of 3480 Spanish adults in March 2020, two weeks into lockdown due to COVID-19, studied self-reported mental health, discrimination, and risk and protective factors. 7% of the sample had tested positive for COVID-19 and 28.3% had an infected relative.	Discrimination and loneliness were positively and statistically significantly related to depression, anxiety and PTSD symptomatology, with loneliness being the strongest predictor. It is not known to what extent these levels of psychological distress are typical or elevated, and the exact nature of the discrimination is not reported.	Moderate
Budhwani, H. & Sun, R. (2020). Creating COVID-19 Stigma by Referencing the Novel Coronavirus as the "Chinese virus" on Twitter: Quantitative Analysis of Social Media Data . <i>J Med Internet Res</i> , 22(5), e19301.	May 6, 2020	Uncontrolled cohort	East Asians/ Chinese	US	This study of Twitter data compared the frequency of the terms "Chinese virus" and "China virus" at both the national and state levels after the US President first used the term on 16 March 2020.	There was a 972.43% increase in the use of these terms in the week after the first mention, as compared to the prior week. Comparatively, the number of tweets referencing "COVID-19" remained steady. The authors conclude that the use of these terms on Twitter by a powerful influencer could contribute to stigma for Chinese and Asian Americans and could result in reduced help-seeking among stigmatized individuals.	Moderate
Rzymiski, P. & Nowicki, M. (2020). COVID-19-related prejudice toward Asian medical students: A consequence of SARS-CoV-2 fears in Poland . <i>Journal of Infection and Public Health</i> . 13(6), 873.	May 3, 2020	Cross-sectional	East Asians (specifically medical students)	Poland	This online survey of 85 Asian medical students in Poland explored their experiences of discrimination related to COVID-19. Data were collected in February 2020, prior to the first case of COVID-19 in Poland.	61.2% of the respondents had experienced discrimination, which was more common for those wearing face masks (71.2% vs 28.2%). Most common contexts for discrimination were public transportation and on the street. 21% of these medical students had experienced negative reactions while wearing a mask when encountering patients as part of their studies.	Moderate

<p>Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social Stigma during COVID-19 and its Impact on HCWs Outcomes. <i>Sustainability</i> 12(9), 3834.</p>	<p>Apr 21, 2020</p>	<p>Cross-sectional</p>	<p>Health care workers</p>	<p>Italy</p>	<p>This self-administered questionnaire study explored stigma, self-efficacy, compassion fatigue, burnout and professional satisfaction among 260 nurses and doctors working in a large hospital with a COVID-19 ward in southern Italy, with data collected from 17-26 March 2020.</p>	<p>Discriminatory attitudes and fear towards exposed health care workers were strong predictors of lower satisfaction with their ability to provide care, higher burnout, and higher compassion fatigue. The measure of discrimination and fear reflected their attitudes toward health care workers exposed to COVID-19, rather than their own experiences.</p>	<p>Moderate</p>
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