Received: 8 August 2020 | Revised: 23 February 2021 | Accepted: 16 April 2021

DOI: 10.1111/ppc.12815

REVIEW

Perspectives in PSYCHIATRIC CARE WILEY

Stigmatization spreads faster than the virus. Viruses do not discriminate, and neither should we." Combatting the stigmatization surrounding coronavirus disease (COVID-19) pandemic

Ayfer Ozturk PhD

Department of Nursing, Faculty of Health Sciences, Bartın University, Bartin, Turkey

Correspondence
Ayfer Öztürk, Nursing Department, Bartin University, Faculty of Health Sciences, Agdaci Kampusu, Agdaci, 74100 Bartin, Turkey.
Email: ayferozturk.83@yahoo.com

Abstract

Infectious diseases are one of the most important problems of the last century. Epidemics have caused the stigmatization of managers, healthcare professionals, and those likely to be infected throughout history. Although many infectious diseases caused stigmas both in the past and today, a new name is added to the list of epidemics in various regions in the world each year and the masses become alerted. The latest disease added to the list is the new coronavirus (COVID-19). Today, because of the COVID-19 pandemic, which has influenced the whole world, the risk of social stigmatization reappears. In this context, it is very important to take the necessary measures to prevent stigmatization and to plan the interventions.

KEYWORDS
combat, COVID-19, mental health, outbreak, stigma

1 | INTRODUCTION

Throughout human history, health problems periodically emerge that suddenly enter the world and concern all of humanity.[1] One of these is the new coronavirus (COVID-19) disease, which emerged in China and has spread very rapidly in many countries, causing an acute infectious lung inflammation epidemic.[2,3] COVID-19, which is caused by the new coronavirus, has turned into a pandemic and is a serious threat to humans worldwide.[4]

The World Health Organization (WHO) China Representative Office reported cases of lung inflammation of unknown etiology in Wuhan city in Hubei Province, China in December, 2019.[4,5] The possibilities of other coronaviruses, influenza, and other such diseases were ruled out by laboratory diagnostics.[5] On January, 2020, the agent that caused the disease was identified as a new type of coronavirus (2019-nCoV), which was not previously detected in humans.[6] Thereupon, the disease caused by the 2019-nCoV virus was called COVID-19. The WHO declared this disease a pandemic on March, 2020.[7,8] COVID-19 has become a global health threat in a short time. As of January 2021, there are more than 100 million confirmed cases globally,[9] with two million in Turkey alone, reported by Ministry of Health.[10]

The current global pandemic inevitably has consequences for mental health, as shown through previous health crises.[11] Psychological reactions of the people in pandemics are commonly associated with emotional distress, which plays an important role in the course of the disease. During these periods, psychological disorders can be triggered and exacerbated by pandemic stress factors, and the pandemic can have long-lasting psychological effects on individuals.[12] Similar to previous epidemic diseases, the effects of COVID-19, as a medical condition, on the physical health of people was affected directly and indirectly by the disease as well as the effects of the reaction of society to the consequences of this disease and pandemic on psychological health are inevitable.[13,14] Supporting the previously conducted studies, current studies associate the COVID-19 pandemic process with many serious psychological problems and regard it as a threat to the well-being of the individual.[15] In addition to the disease itself, other factors play a role in anxiety

and other psychological disorders that occur during pandemic periods. Other uncertainties associated with the course of the disease are also important factors that cause anxiety and psychological distress[12,16] in pandemics. The COVID-19 outbreak continues with considerable uncertainty around the world. Because international responses and decisions vary, the interregional processes are operating differently.[16] Uncertainty, fear, and anxiety about a disease can cause social stigmatization of people, places, or things.[17,18] People belonging to a particular nationality, population, or region may experience discrimination even if their risk of contracting the virus is not high.[19] Similarly, stigmas and discrimination may occur when people associate a disease such as COVID-19 with a particular population or nationality, even though all the people in the relevant population or region do not carry a risk of disease. People who are out of the COVID-19 quarantine may be exposed to stigmatization even if they no longer carry, or are at risk of spreading the virus.[17–19]

2 | OUTBREAKS AND STIGMATIZATION: WHY HAS COVID-19 BROUGHT STIGMA WITH IT?

According to the WHO, health-related social stigma occurs when there is negativity associated with a group of people who share characteristics or have been affected by a disease.[20] This negativity may manifest as discrimination, treating the person differently, stereotypes/labels, or decreased status of the person. This can be distressing for those with the disease and their caregivers, family, friends, and communities. Those without the disease that possess similar characteristics as the targeted group might also be subjected to social stigma.[21]

Mentioning infectious diseases with stigmas is not a new situation. Infectious diseases have serious social consequences and they have become one of the stigmatizing medical issues in modern history. Epidemics have caused the stigmatization of managers, healthcare professionals, and those who carry the disease or are likely to be infected throughout history.[22,23] Other infectious diseases have also been associated with social stigma, discrimination, and exclusion[24,25] (e.g., influenza A [H1N1], bubonic plague, Asiatic flu, cholera, Ebola virus disease, Zika virus, HIV, tuberculosis, SARS, and MERS).[26] In the past, people who were infected with syphilis were cursed by the people, leprosy disease was regarded as an "evil" sent by God, and the plague was considered a punishment for people's sinful behaviors.[27] More recently, after returning to society, survivors of the 2013–2016 West Africa Ebola outbreak encountered ostracization and unemployment.[28] There have been many infectious diseases causing stigmas both in the past and today. A new name is added to the list of epidemics in various regions of the world each year and the masses become alerted. The last name added to the list was COVID-19.

The level of stigma associated with COVID-19 is based on three main factors: As it is new and has no cure, the disease may also be stigmatized.[29] The disease is new and there are many aspects that are not yet known, we are often afraid of the unknown, and it is easy to associate this fear with "others." The fact that people are confused, worried, and afraid is, therefore, understandable. Unfortunately, these factors also fuel harmful stereotypes.[20] Discriminatory discourses, superstitions, and unfounded information about whether various ethnic groups and races will be affected by the disease have spread faster than the epidemic in the media and social media since the first days of the disease. Conspiracy theories about the emergence of the disease also target some governments to strengthen discrimination.[22] In addition, the public health response to COVID-19 itself may increase stigma and cause discrimination.[30] Because one of the most common problems during the COVID-19 pandemic is the disruption of social support structures. Social support structures are disrupted as people try to avoid the spread of the virus. As places such as mosques, churches, schools, and workplaces are closed, the chance of benefiting from social support is eliminated and feelings of isolation and sensitivity may arise.[29] Social distancing, which is essential for containing the virus, can result in the "Othering" of those affected. The enactment of travel bans, movement restrictions, and quarantines may disproportionately affect people who are already stigmatized, such as the homeless, incarcerated, migrants and refugees, undocumented immigrants, and minorities. COVID-19 travel restrictions may also encourage stigmatization and xenophobia by reinforcing the idea that the virus is like a foreign invader, which perpetuates social hierarchies and power inequities.[31,32]

3 | RISK GROUPS IN STIGMATIZATION RELATED TO COVID-19

COVID-19 has led diverse groups of people to experience stigma and discrimination.[30] Healthcare workers caring for patients with COVID-19, people who have recovered from COVID-19, those in lower socioeconomic groups, and those with specific religious and racial identities experience this discrimination.[33–35] Discriminatory and stigmatizing discourses and behaviors directed toward Asians, especially the Chinese, at the beginning of the outbreak targeted many people and groups as the disease spread worldwide, especially those traveling to risky areas, the elderly, emergency teams, and healthcare professionals, and individuals infected or quarantined who survived and their relatives.[19]

As a result, COVID-19 has led to the reinforcement of pre-existing stereotypes against various groups. Many groups are at risk for COVID-19-associated stigmatization, including elderly individuals (particularly people aged 65 and over), Asian people and foreigners, people who travel to and from high-risk areas, emergency response teams and healthcare professionals, people infected with the virus, quarantined, or recovered from the virus and their relatives, and people who have influenza symptoms, such as a runny nose or cough, which are similar to the symptoms of COVID-19.[19,22,36]

4 | EFFECTS OF STIGMATIZATION ON GROUPS AND INDIVIDUALS

Stigmas can make individuals feel isolated from and even abandoned by society.[20] The stigma carries serious consequences, including fueling fear, pessimism, hopelessness, weakness, social withdrawal, inadequacy, helplessness, anger, and intolerance directed at other people, feelings of guilt, shame, regret, sadness, self-pity, anger, internalized emotions, self-doubt, overwhelmed feelings, negative self-talk, unrealistic expectations, and perceived sense of failure.[20,22,30,37,38] People may feel sad, hurt, and angry when their friends and other members of their community avoid them over the fear of being infected with COVID-19.[20] In such cases, they may feel anxieties and fears regarding the future, intense anger toward the people surrounding them, and a desire to hurt themselves may emerge. Anxiety symptoms, social withdrawal, pessimism, hopelessness, inadequacy, helplessness, and guilt may trigger mental illnesses.[20,22] More importantly, stigmas can cause potential patients to avoid accessing the healthcare system with the concern of exclusion by others and continue to spread infection instead.[29] The fear of discrimination can cause two detrimental clinical and public health consequences: symptomatic patients delaying healthcare (prognostic deterioration) and underidentification of infectious individuals (increasing viral transmission to susceptible contacts).[39]

Thus, stigmatized people are more likely to be reluctant to seek treatment, leading to delayed treatment and increased morbidity and mortality.[30] Studies on past pandemics have shown that stigmas harm the tests and treatment efforts regarding the disease.[40] A delayed diagnosis is associated with more severe illness, particularly for the elderly and other vulnerable groups, whereas delayed reporting of an infectious patient can accelerate community spread of COVİD-19.[41]

5 | COVID-19 FACTS TO COMBAT STIGMA

It is very important to plan interventions to prevent social stigma for risky groups during the process of combating COVID-19.[42] Knowing the facts, sharing them with those around you, and awareness can help reduce this stigmatization.[19,22,40] People with more personal resources (income, education, and social support) and good mental health have increased knowledge regarding emerging infectious diseases, are less worried, and less likely to stigmatize others.[41] Education, clear and honest communication, and nondiscriminatory language could improve the knowledge, attitudes, and behaviors associated with COVID-19 and reduce related social stigma.[43] National, regional and local healthcare services that communicate transparently and work reliably and efficiently can also alleviate fears amongthe community and reduce stigmatisation and social discrimination [44]

The WHO defines an infodemic, characterized by an overabundance of news, mixing facts, rumors, and fake news, as too much information, including false or misleading information, about COVID-19. The WHO notes that it is a key driver of social stigma in our time.[45,46] The WHO also states that an infodemic can cause panic and fear in societies, make the fight against the disease difficult, and increase stigmatization. Therefore, preventing an infodemic in digital and physical environments is emphasized.[46] Within this context, the importance of individuals' ability to obtain accurate information from reliable sources about preventative measures, life-saving actions, and early screening and treatment is paramount. Gently correcting discriminatory or untrue information and preventing its dissemination when noticed, disseminating the correct information that the virus can spread in any society, race, and religious group, and, therefore, promoting an accepting, understanding, and supportive approach to the groups with a high risk of contamination is highlighted.[17,18,20]

Descriptions and expressions used in the media in the process of combating the epidemic, as well as the collective consciousness that these definitions will create, can direct stigmatizing attitudes, especially toward risky groups, after COVID-19.[42] According to the WHO, any attitude developed toward the disease ranging from words to different definitions used to prevent stigmatization is important. The WHO emphasizes the importance of the expressions used and notes that the words and definitions used for COVID-19 can trigger and increase stigmatization. They suggest appropriately using the expressions, such as case definition and isolation, that are used to describe the disease and its process. Otherwise, crucial stages, such as clinical tests and quarantine, can be harmed. Individuals in society, health professionals, and the media have important roles.[20] Accordingly, the organization suggests that people who are positive for COVID-19 should not be described as "COVID-19 cases," "victims," "COVID-19 families," or "sick," instead, expressions such as "people with COVID-19," "people receiving treatment for COVID-19," "people recovered from COVID-19," "people who lost their lives due to infection of COVID-19," or "people with a possible diagnosis of COVID-19" should be used.[20,22]

In this process, health professionals should share correct information about the spread of the virus, respect and protect the privacy of patients and persons with a potential contact, raise awareness about COVID-19 without increasing fear, and be sensitive to images shared on social media. In line with these attitudes, the importance of not reinforcing stereotypes in society is emphasized.[17,18,20] In addition, it is very important for health professionals to educate the public by correcting incorrect or missing information.

6 | CONCLUSION

Stigma in health refers to the negative or discriminatory attitudes toward the person or group diagnosed with a particular disease, the areas where the disease occurs. Today, because of the COVID-19 pandemic, which has influenced the whole world, the risk of social stigmatization reappears. It is stated that the vast majority of individuals subjected to stigma may adopt social prejudices and stereotypical thoughts themselves over time. Accordingly, as a result of this situation, thoughts of harming both self and others around including feelings of intense anger may emerge via guilt, shame and concerns about the future, and thus, this may threaten psychological health. In this context, it is very important to take the necessary measures to prevent stigmatization and to

plan the interventions.[42] The psychosocial consequences of an outbreak cannot be separated from the global health crisis; they reinforce each other in a continuing cycle. Stigmatization is more than a negative consequence of pandemics. Stigmas should be considered a biosocial phenomenon in the context of an infectious disease. It may become both a contributing factor to the spread of the epidemic and disease of its own. Therefore, the social harm that spreads with the disease should also be taken into consideration when dealing with COVID-19. Otherwise, we may face the risk of promoting social antagonism, which has the potential to accelerate the spread of the disease.[47] While psychological interventions have been applied in several ways during the spread of the COVID-19 virus, a public approach is required to overcome its common psychological effects. Hence, it is extremely important to establish a public system to verify the validity of the information published by the media. In addition, the media should take responsibility for the dissemination of misleading and sensational titles that promote stigmatization. Communities and mental health units should always strive to improve their social support systems and prevent stigmas related to the disease. A targeted mental health strategy for different communities, including those under quarantine and healthcare workers, could be useful as well.[29]

It is extremely important that mental health professionals provide the necessary support to those who are exposed to the disease and the caregivers. Special efforts should be made for vulnerable communities, such as infected people, their families, and colleagues, communities of people with a previous mental/physical condition, and healthcare teams and aid workers, including the nurses and doctors, who work directly with the infected people or those in quarantine. Nurses and physicians should also understand what this experience means to each patient. They should provide sensitive, appropriate, and effective care for each patient by providing and planning holistic care for the infected and sick people.

In conclusion, society, health professionals, and the media have important roles in the process of fighting against stigmatization.

7 | IMPLICATIONS FOR NURSING PRACTICE

This crisis has implications for psychiatric-mental health nurses, as the consequences of COVID-19 can result in mental health problems among both the general public and nursing workforce.[48] Psychiatric-mental health nurses should work to promote optimum mental health outcomes for both the general public and nursing workforce in light of COVID-19. While the physiological consequences of COVID-19 cannot be overlooked, it is critical that psychiatric-mental health nurses advocate to assure that mental health consequences of COVID-19 are also given commensurate attention. Promoting mental health during COVID-19 may be challenging due to the stigma associated with mental health problems; however, psychiatric-mental health nurses are well-positioned to fulfill leadership roles throughout the care continuum in response to COVID-19. It is clear that psychiatric-mental health nurses must act now as leaders in addressing and mitigating COVID-19-related mental health consequences.

CONFLICT OF INTERESTS

The author declares that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Ayfer Ozturk, conceived, designed, wrote and edited the manuscript.

ORCID

Ayfer Ozturk https://orcid.org/0000-0002-3092-0671

REFERENCES

1. Institute of Medicine. *Infectious Disease Emergence: Past, Present, and Future. (US) forum on microbial threats. Microbial evolution and co-adaptation: A tribute to the life and scientific legacies of Joshua Lederberg: Workshop summary*. Washington, DC: National Academies Press (US); 2009. https://www.ncbi.nlm.nih.gov/books/NBK45714/
2. Bao Y, Sun Y, Meng S, Shi J, Lu L. 2019-nCoV epidemic: Address mental health care to empower society. *Lancet*. 2020;395(10224):e37-e38. https://doi.org/10.1016/S0140-6736(20)30309-3
3. Cao W, Fang Z, Hou G, Han M, Xu X, Zheng J. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Res*. 2020;287:112934. https://doi.org/10.1016/j.psychres.2020.112934
4. Huang C, Wang Y, Li X, Ren L, Zhao J, Cao B. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395:497-506. https://doi.org/10.1016/S0140-6736(20)30183-5
5. Ikhlaq A, Bint-e-Riaz H, Bashir I, Ijaz F. Awareness and attitude of undergraduate medical students towards 2019-novel corona virus. *Pakistan J Med Sci*. 2020;36:S36. https://doi.org/10.12669/pjms.36.COVID19-S4.2636
6. Zhu N, Zhang D, Wang W, Li X, China Novel Coronavirus Investigating and Research Team. A novel coronavirus from patients with pneumonia in China, 2019. *N Engl J Med*. 2020;382:727-733. https://doi.org/10.1056/NEJMoa2001017
7. Sahin AR, Erdogan A, Agaoglu MP, Dineri Y, Cakirci A. 2019 Novel coronavirus (COVID-19) outbreak: A review of the current literature. *Eurasian J Med Oncol*. 2020;4:1-7. https://doi.org/10.14744/ejmo.2020.12220
8. World Health Organization (WHO). Novel coronavirus (2019-nCoV) situation report; 2020. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
9. John Hopkins University Coronavirus Resource Center. Global map; 2021. https://coronavirus.jhu.edu/map.html
10. Ministry of Health. Covid-19 information page; 2020. https://covid19.saglik.gov.tr/TR-66935/genel-koronavirus-tablosu.html
11. Haider II, Tiwana F, Tahir SM. Impact of the COVID-19 pandemic on adult mental health. *Pakistan J Med Sci*. 2020;36:S94. https://doi.org/10.12669/pjms.36.COVID19-S4.2756
12. Taylor S. *The Psychology of Pandemics: Preparing for the Next Global Outbreak of Infectious Disease*. Newcastle upon Tyne, UK: Cambridge Scholars Publishing; 2019.
13. Huang Y, Zhao N. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: A web-based cross-sectional survey. *Psychiatry Res*. 2020;288:112954. https://doi.org/10.1016/j.psychres.2020.112954
14. Tandon R. The COVID-19 pandemic, personal reflections on editorial responsibility. *Asian J Psychiatr*. 2020;50:102100. https://doi.org/10.1016/j.ajp.2020.102100
15. Poudel K, Subedi P. Impact of COVID-19 pandemic on socio-economic and mental health aspects in Nepal. *Int J Soc Psychiatry*. 2020;66:748-755. https://doi.org/10.1177/0020764020942247
16. Rettie H, Daniels J. Coping and tolerance of uncertainty: predictors and mediators of mental health during the COVID-19 pandemic

[published online ahead of print August 3, 2020]. *Am Psychol*. 2020. https://doi.org/10.1037/amp0000710
17. Centers for Disease Control and Prevention. COVID-19. Reducing stigma; 2019. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html
18. Centers for Disease Control and Prevention. Novel coronavirus, Wuhan, China. Information for Healthcare Professionals; 2019. https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
19. Korte KJ, Denckla CA, Ametaj AA, Koenen KC. At the Harvard TH Chan School of Public Health. Stigma: Viruses don't discriminate and neither should we!; 2020. https://gsas.harvard.edu/student-life/harvard-resources/stigma-viruses-dont-discriminate-and-neither-should-we
20. UNICEF, WHO, IFRC. Social stigma associated with COVID-19 A guide to preventing and addressing; 2020. https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19
21. Bruns DP, Kraguljac NV, Bruns TR. COVID-19: Gerçekler, kültürel düşünceler ve damgalanma riski. *J Transcult Nurs*. 2020;31(4):326-332. https://doi.org/10.1177/1043659620917724
22. Turkish Psychiatric Association (TPD). COVID-19 ve stigma; 2020. https://www.psikiyatri.org.tr/uploadFiles/243202003110-DamgalanmaCOVID.pdf
23. Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. *Psychiatry Clin Neurosci*. 2020;74:281-282. https://doi.org/10.1111/pcn.12988
24. Daftary A, Frick M, Venkatesan N, Pai M. Fighting TB stigma: we need to apply lessons learnt from HIV activism. *BMJ Glob Health*. 2017;2:e000515. https://doi.org/10.1136/bmjgh-2017-000515
25. Zachariah R, Harries AD, Srinath S, Ram S, Viney K, Edginton ME. Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? *Int J Tuberc Lung Dis*. 2012;16:714-717. https://doi.org/10.5588/ijtld.11.0635
26. Fischer LS, Mansergh G, Lynch J, Santibanez S. Addressing disease-related stigma during infectious disease outbreaks. *Disaster Med Public Health Prep*. 2019;13:989-994. https://doi.org/10.1017/dmp.2018.157
27. Özdemir H. *Salgın Hastalıklardan ölümler 1914–1918*. Ankara: Türk Tarih Kurumu; 2010.
28. Kelly JD, Weiser SD, Wilson B, Cooper JB, Glayweon M. Ebola virus disease-related stigma among survivors declined in Liberia over an 18-month, post-outbreak period: an observational cohort study. *PLOS Neglected Trop Dis*. 2019;13:e0007185. https://doi.org/10.1371/journal.pntd.0007185
29. Jung SJ, Jun JY. Mental health and psychological intervention amid COVID-19 outbreak: perspectives from South Korea. *Yonsei Med J*. 2020;61:271-272. https://doi.org/10.3349/ymj.2020.61.4.271
30. Chopra KK, Arora VK. Covid-19 and social stigma: role of scientific community. *Indian J Tuberc*. 2020;67(3):284-285. https://doi.org/10.1016/j.ijtb.2020.07.012
31. Logie CH. Lessons learned from HIV can inform our approach to COVID-19 stigma. *J Int AIDS Soc*. 2020;23:e25504. https://doi.org/10.1002/jia2.25504
32. Logie CH, Turan JM. How do we balance tensions between COVID-19 public health responses and stigma mitigation? Learning from HIV research. *AIDS Behav*. 2020;2:1-4. https://doi.org/10.1007/s10461-020-02856-8
33. Bana PE. Evaluation of the social implication perception of healthcare employees in the Covid19 outbreak process. *Press Academia. 6th Global Business Research Congress (GBRC)*. 2020;11:115-120. https://doi.org/10.17261/Pressacademia.2020.1251
34. Sahoo S, Mehra A, Suri V, Malhotra P, Yaddanapudi LN, Grover S. Lived experiences of the corona survivors (patients admitted in COVID wards): a narrative real-life documented summaries of internalized guilt, shame, stigma, anger. *Asian J Psychiatr*. 2020;53:102187. https://doi.org/10.1016/j.ajp.2020.102187
35. Singh R, Subedi M. COVID-19 and stigma: social discrimination towards frontline healthcare providers and COVID-19 recovered patients in Nepal. *Asian J Psychiatr*. 2020;53:102222. https://doi.org/10.1016/j.ajp.2020.102222
36. Urooj U, Ansari A, Siraj A, Khan S, Tariq H. Expectations, fears and perceptions of doctors during Covid-19 pandemic. *Pakistan J Med Sci*. 2020;36:37. https://doi.org/10.12669/pjms.36.COVID19-S4.2643
37. Mukhtar S. Psychological health during the coronavirus disease 2019 pandemic outbreak. *Int J Soc Psychiatry*. 2020a;66:512-516. https://doi.org/10.1177/0020764020925835
38. Mukhtar S. Mental health and psychosocial aspects of coronavirus outbreak in Pakistan: psychological intervention for public mental health crisis. *Asian J Psychiatr*. 2020;51:102069. https://doi.org/10.1016/j.ajp.2020.102069
39. Rong XM, Yang L, Chu HD, Fan M. Effect of delay in diagnosis on transmission of COVID-19. *Math Biosci Eng*. 2020;17:2725-2740. https://doi.org/10.3934/mbe.2020149
40. Mayo Clinic. COVID-19 (coronavirus) stigma: what it is and how to reduce it; 2020. https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-stigma/art-20484278
41. Sotgiu G, Dobler CC. Social stigma in the time of coronavirus disease 2019. *Eur Respir J*. 2020;56:2002461. https://doi.org/10.1183/13993003.02461-2020
42. Ertem M. COVID-19 pandemia and social stigmatization. *İzmir Kâtip Çelebi Universitesi Sağlık Bilimleri Fakültesi Dergisi*. 2020;5(2):135-138.
43. Gollust SE, Nagler RH, Fowler EF. The emergence of COVID-19 in the U.S.: A public health and political communication crisis. *J Health Polit Policy Law*. 2020;45:967-981. https://doi.org/10.1215/03616878-8641506
44. Sotgiu G, Carta G, Suelzu L, Carta D, Migliori GB. How to demystify COVID-19 and reduce social stigma. *Int J Tuberc Lung Dis*. 2020;24:640-642. https://doi.org/10.5588/ijtld.20.0233
45. Naeem SB, Bhatti R. The Covid-19 "infodemic": a new front for information professionals. Health Information and Libraries. *Journal*. 2020;37(3):223-239. https://doi.org/10.1111/hir.12311
46. World Health Organization (WHO). Social Stigma associated with COVID-19. A guide to preventing and addressing social stigma; 2020. https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19
47. Nylander D. How might the social stigma around covid-19 perpetuate the spread of disease? 2020. https://blogs.bmj.com/bmj/2020/03/23/social-stigma-surrounding-covid-19-perpetuate-spread-of-disease/
48. Brayden N, Kameg DNP. Psychiatric-mental health nursing leadership during coronavirus disease 2019 (COVID-19). *J Psychiatr Ment Health Nurs*. 2020;00:1-2.

How to cite this article: Ozturk A. Stigmatization spreads faster than the virus. Viruses do not discriminate, and neither should we. "Combatting the stigmatization surrounding coronavirus disease (COVID-19) pandemic". *Perspect Psychiatr Care*. 2021;57:2030-2034. https://doi.org/10.1111/ppc.12815