What's Old is New! Similarities Between SARS-CoV-2 and HIV

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Today's date, March 24, 2020. I am working at home today, like so many. What I thought I knew in the morning is often very different by the time I go to bed. I am minimizing my exposure to the media because it is overwhelming and simultaneously frustrating. My days are unfolding very differently than planned.

As a nurse and scientist, I value evidence. I believe in the scientific method. I desire accuracy and precision. However, after more than 30 years of being an HIV nurse, I appreciate uncertainty. I also understand how a name stigmatizes populations, creates panic, and allows governments and societies to assign blame. We are hearing a great deal about Covid-19 (Co = corona, vi = virus, and D = disease) in the popular media. This new disease is impacting so many around the world, as well as how we work, travel, and the global economy. Although we are hearing so much about Covid-19 (the disease), we are rarely hearing anything about the SARS-CoV-2 (the official name of the virus that causes Covid-19, according to The Coronaviridae Study Group of the International Committee on the Taxonomy of Viruses; Gorbalenya et al., 2020).

According to the World Health Organization (WHO), "using the name SARS can have unintended consequences in terms of creating unnecessary fear for some populations, especially in Asia, which was worst affected by the SARS outbreak in 2003" (as cited in Hui, 2020). Hence, we are hearing much more about the disease, Covid-19, and not much about the virus, SARS-CoV-2. In time, I anticipate analysts examining the domestic and global response to this pandemic will evaluate if the use of Covid-19, in an effort to reduce global anxiety and fear associated with SARS, helped or hindered governmental responses and the initial public awareness about the emerging threat.

Regardless of the name, over the last several weeks, we have witnessed national leaders minimize the risk of

the virus. We have been told the situation is "totally under control." We have been told that when the weather gets warmer, "it will miraculously go away." We have been told that "this is the flu." And, we have been told that "we're very close to a vaccine." In reality, the situation is not under control. It is not the flu. It is not going to miraculously go away without global and individual cooperation. And, although a Phase I clinical trial was launched on March 16, 2020, to test a vaccine, we are months away, at very best, from having it publicly available if it is found to be efficacious.

As I witness the unfolding of the Covid-19 pandemic, I continue to think back to the early years of the HIV epidemic. Susan Sontag's book, *AIDS and Its Metaphors*, keeps coming to mind as I am witnessing similarities between then and now. Both HIV and the SARS-CoV-2 are "seen as an invasion of alien organisms" (p. 9). The *alien organism*, as described by Sontag, "inevitably comes from somewhere else" (p. 47). Throughout history, there has been the "German measles", the "French pox", and most recently the "Middle East Respiratory Syndrome"—another coronavirus. In the need to assign geographic blame, HIV was "thought to have started in the "dark continent," then spread to Haiti, then to the United States and to Europe" (p. 51-52). Furthermore, early in the HIV epidemic, we had the "gay plague," "gay cancer," and "GRID" or Gay-Related Immune Deficiency. The early terminology of the HIV epidemic assigned blame to gay men and downplayed the already existing evidence that other individuals, not just gay men, were also at risk.

Comparably, in recent weeks, we have heard the SARS-CoV-2 be referred to as the "Wuhan virus," the "Chinese virus," and the "kung flu" (Hui, 2020). Even the President of the United States has repeatedly used the term, "Chinese virus," reinforcing the perception of an *alien organism that came from somewhere else*. Throughout time, the name given to a disease, especially an infectious disease, poses serious negative consequences. For example, the name of disease can "provoke a backlash against members of particular religious

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<http://dx.doi.org/10.1097/JNC.000000000000174>

or ethnic communities, create unjustified barriers to travel, commerce and trade, and trigger needless slaughtering of food animals. This can have serious consequences for peoples' lives and livelihoods" (World Health Organization, 2015). For this exact reason, the WHO, in May 2015, issued a statement outlining best practices for naming new human infectious diseases (World Health Organization, 2015). Unfortunately, President Trump's referral to the SARS-CoV-2 as the "Chinese virus" is contrary to the 2015 WHO recommendations and has serious implications, including racism and xenophobia toward Asians and Asian Americans (Sandler, 2020).

"Just as one might predict for a disease that is not yet fully understood as well as extremely recalcitrant to treatment, the advent of this terrifying new disease, new at least in its epidemic form, has provided a large-scale occasion for the metaphorizing of illness" (Sontag, 1989, p. 16). Today, the SARS-CoV-2 pandemic, like the HIV epidemic of the 1980s and 1990s, is a metamorphosis described as "invading the society, and efforts to reduce mortality ... are called a fight, a struggle, a war" (Sontag, 1989, p. 10). Yes, we must fight to reduce the burden of Covid-19, but we must not fight one another and blame individuals and governments from certain countries or regions for causing this current pandemic.

In the United States, we are constantly hearing about getting tested, the availability of test kits, and the delays in getting test results after being tested. Metaphorically, as Sontag (1989) wrote, "in the older era of artisanal diagnoses, being examined produced an immediate verdict, immediate as the physician's willingness to speak. Now an examination means tests. And being tested introduces a time lapse that, given the unavoidably industrial character of competent medical testing, can stretch out for weeks: an agonizing delay for those who think they are awaiting a death sentence or an acquittal" (p. 35). For this contemporary pandemic, we know that testing is critical in limiting the number of new infections. Interestingly, everyone wants to be tested for SARS-CoV-2, or at least that is what is being portrayed in the popular media. However, despite guidelines from CDC in 2006 that recommended HIV testing for everyone between the ages of 13 and 64 years as part of routine health care, we do not see people asking to be tested for HIV. We do not routinely see providers include HIV testing as part of the annual wellness examination. If we did, we would not see one out of seven persons living with HIV not knowing their status. Maybe a beneficial outcome of this pandemic will be an increased awareness about the

valuable role of routine testing, decreasing the stigma associated with HIV testing for many key populations.

In the early 1980s, a common message from the government to alleviate "hysteria" and "frenzy" associated with the AIDS epidemic was that it "will not spread to 'the general population'" (Sontag, 1989, p. 64). Today, however, we are being bombarded with messages related to Covid-19 that raise "the disease's metaphorical stature by keeping alive fears of its easy transmissibility, its imminent spread" (Sontag, 1989, p. 64). While we are learning about this novel coronavirus as the pandemic unfolds, we, as nurses, need to continue to be informed to help reduce the "hysteria" and "frenzy" that seems to be part of any pandemic related to infectious disease.

Similarly, HIV providers, including nurses and nurse practitioners from around the world, are wondering what to advise persons living with HIV about this contemporary threat. The U.S. Centers for Disease Control and Prevention (CDC) has published a great resource document, entitled *COVID-19: What people with HIV should know* (CDC, 18 March 2020), which is available at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/hiv.html>. Unfortunately, like HIV, stigma is becoming a part of the discourse associated with Covid-19's disease trajectory. We are seeing discrimination toward Asians and Asian Americans, persons who have traveled, and health care providers (CDC, 21 March 2020). Again, the CDC (March 21, 2020) has published a valuable resource document, entitled *Reducing Stigma*, associated with this pandemic. Please read these documents, share with fellow colleagues, and share with your patients.

By the time this editorial is published in the May-June 2020 issue of *JANAC*, I know the world will be a different place. I am hopeful that all the health care workers around the world obtained the personal protective equipment needed to safeguard themselves. I am hopeful that self-isolation and shelter in place orders were adhered to so that we flattened the curve. I am hopeful that scientists identified a vaccine that is clinically beneficial. I am hopeful that the increasing numbers of deaths from complications associated with Covid-19 were halted. I am hopeful that my friends and colleagues around the world remained strong and healthy. Although I will continue to hope, I know that nurses from around the world will continue "to promote health, to prevent illness, to restore health, and to alleviate suffering"—the four fundamental responsibilities of nursing as outlined by the International Council of Nurses Code of Ethics (International Council of Nurses, 2012, p. 1).

During these times of uncertainty, I know that nurses are making a difference in every corner of the world. I know that they will continue to do so not only today but also tomorrow, and next week, and next year. I know that as a profession, we have always risen to the occasion and will continue to do so. We, as HIV nurses, know, as stated by Florence Nightingale, “how very little can be done under the spirit of fear.” Thus, I know that nurses everywhere, despite fear and uncertainty, will continue to rise to the occasion to care for themselves, each other, and individuals and communities in every corner of the world! With its origins rooted in early African American hymns, and so eloquently spoken by Dr. Martin Luther King so many years ago, I know that “we shall overcome.”

Disclosures

The author reports no real or perceived vested interests related to this article that could be construed as a conflict of interest.

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