Correspondence

COVID-19: don't ignore Taiwan

As the COVID-19 epidemic unfolds, history is repeating itself in Taiwan. Still denied membership of the World Health Organization (WHO) and therefore participation in international decisions, Taiwan could again experience a disproportionate number of deaths, as it did during the 2003 SARS epidemic (see *Nature* **422**, 652; 2003). Taiwan needs help and, in turn, the WHO has everything to gain from allowing it to join in the fight against this crisis.

The COVID-19 epidemic calls for a response consistent with the principles of the WHO (see go.nature.com/2tbgqrd). In my view, Taiwan's alienation is an inexcusable liability for global health. Its health-care system is ranked first in the world by NUMBEO (see go.nature.com/2wbqckc). Its researchers identified receptor-binding proteins of the 2003 SARS virus (see go.nature.com/3cqqn82), established animal models for testing vaccines against it, and are now pursuing vaccine research and development against COVID-19.

Taiwan is separated from mainland China by a mere strait, across which thousands travelled to Taiwan every day until Taiwan imposed entry restrictions last month because of the epidemic. The WHO should look again at its exclusion of Taiwan. There is no place for political disputes when millions of lives are at stake.

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COVID-19: keep up with latest papers

An open-resource literature hub known as LitCovid curates the most comprehensive collection of international research papers so far on the new coronavirus disease COVID-19 (see go.nature.com/3almd5p). Developed with the support of the US National Institutes of Health's intramural research programme, LitCovid is updated daily with newly published articles. The aim is to provide timely insight from the scientific literature into the biology of the virus and the diagnosis and management of those who have been infected.

LitCovid has a more sophisticated search function than existing resources. It identifies roughly 35% more relevant articles than do conventional keyword-based searches for entries such as 'COVID-19' or 'nCOV'. Furthermore, the articles are categorized by topic — overview, disease mechanism, transmission dynamics, treatment, case report and epidemic forecasting — as well as by geographic location for visualization on a world map.

We welcome user feedback for further enhancement.

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Disaster research: for volunteers only

In our view, a code of conduct for research done in disaster zones should include a guarantee that people in the area can choose whether or not to participate (see J. C. Gaillard and L. Peek *Nature* **575**, 440–442; 2019). Fair and voluntary participation is a fundamental human right.

Residents in a disaster area fear for their lives in the acute phase, and face health risks in the recovery phase. They naturally seek help and support from their government and from professionals. Under such circumstances, residents might agree to take part in research without giving the matter enough thought. It is therefore important for researchers to make clear to them that studies could have harmful effects as well as benefits.

As an example, after the 2011 accident at the Fukushima Daiichi nuclear-power station, we undertook screening of local children for thyroid cancer, which can be induced by radioactive iodine (A. Ohtsuru *et al. JAMA Otolaryngol. Head Neck Surg.* **145**, 4–11; 2019). Although participants and their parents gave written consent, they were unaware of the risks of overdiagnosis, which include having unnecessary surgery to remove small, slow-growing tumours (see go.nature.com/2vfd9z7). Also, screening conducted during school time could have given the impression that participation was mandatory.

Such ambiguity underlines the importance of a code of conduct that makes participation in disaster-zone research voluntary.

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Disaster research: feedback to society

In our experience, the recovery of disaster zones can be improved by providing research feedback to affected communities (see J. C. Gaillard and L. Peek *Nature* **575**, 440–442; 2019).

In 2017, we questioned communities that had been evacuated following the 2011 Tohoku earthquake and Fukushima nuclear accident in Japan. We asked them about their awareness of the risks of living in the region and the factors that had been important for recovery. We then fed our results back to them — much to their surprise, because we were the first researchers ever to have done so. These communities knew nothing about the 20,000 publications related to the disaster.

In our view, this remoteness of researchers from those affected by such catastrophes needs to be corrected. It could stem from mere oversight or from a reluctance to sacrifice time that might otherwise be spent writing papers or grant applications. However, meetings with local communities before and after data collection are ethical and productive. Furthermore, reporting the details to guide the next generation of disaster-zone researchers should be mandatory.

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