The Black Death (or Bubonic Plague) was one of the most catastrophic pandemics in the world. Its origin is somewhere in Central Asia, which was disrupted by the expansion of the Mongol Empire in the 13th and 14th centuries. Indeed, the pandemic struck China, India, Persia, Syria and Egypt in the early 1340s.The people who gathered on the docks of Messina to welcome the merchant ships saw with dismay that most of the sailors were dead and those who were still alive were seriously ill. It was characterized by large painful buboes (swelling of the lymph nodes), as well as blackened skin patches, high fever and sometimes coughing up blood. The authorities then ordered the ships to return to sea immediately, but it was already too late.

Many scientists believe that this bacterium spread so rapidly to different communities during the fourteenth century as it morphed in some areas into pneumonic strains, which infected people’s respiratory systems . This enabled the disease to spread more quickly amongst people through cough and sneeze droplets, making it more contagious and deadly. The Black Death spread at a time of growing societal interconnections, including long-distance trade, ironically, facilitated by the Mongols, whose empire extended over 6,000 miles across the Eurasian landmass by the early 1300s. Also, people did not have immunity to this disease. The last outbreak of the plague had occured some 700 years earlier, so for the fourteenth-century Eurasian population, this was a new disease. The earliest recorded outbreak of this disease occurred in Hubei province in Mongol-ruled China, sometime in the early 1330s, before spreading to the rest of China. From there, it travelled in a westerly direction, traversing the major overland and sea trade routes, affecting societies in Central Asia, the ‘Middle East’, and eventually reaching the Mediterranean region by 1347/1348. Once reaching the Mediterranean region, it then travelled by ship to major port cities, such as Cairo, Alexandria, Marseilles, and the Italian city-states, including Venice and Genoa. From these bustling port cities, the disease then ‘proceeded to penetrate almost all of Europe, [North Africa] and the Near East along routes radiating inland from the seaports.

The outbreak of COVID-19 in December 2019 can be compared to the Black Death in several respects. Although caused by a virus, not a bacterium, COVID-19 is a novel virus for our generation, as the Black Death was for the fourteenth century. Therefore, we have no immunity to this virus. In terms of symptoms, although there remain key differences, interestingly, there are comparisons too. Although COVID-19 presents more like the flu than bubonic plague did, with fever, body aches, a dry cough and nasal congestion amongst other symptoms, the worst cases of COVID-19 have died after experiencing a continuous cough, high fever and difficulty breathing, similar to the pneumonic versions of the plague. Also, similar to pneumonic plague, COVID-19 is transmitted from infected people to others in close proximity, primarily through a cough or sneeze, or by touching contaminated surfaces, where the virus is then absorbed by an uninfected person when they touch their eyes, nose or mouth.

It is also believed that COVID-19 had its first outbreak in Hubei province, China, where the Black Death began. The first known cluster of cases was traced to an area in the city of Wuhan, with early theories linking it to a ‘wet market’ in this city that sold fresh (including live) species of animals, including exotic species, for consumption and use in traditional medicine preparations. Similar to the Black Death, many believe COVID-19 to be caused by a zoonotic disease spread from infected animals to humans, which has explained the origins of other disease outbreaks in recent years. Presently, the working theory postulates that COVID-19 likely spread from bats and/or pangolins to humans, though this theory has not yet been proven.

Analogous to the Black Death, COVID-19 circulated within China before spreading elsewhere. During the first few weeks of January 2020, it spread rapidly to neighbouring countries, such as South Korea, Thailand, Japan and Taiwan, and then further afield to the United States. By the end of January, the World Health Organisation (WHO) had declared a global public health emergency, with new cases in Europe, the United Kingdom, Russia, Sweden, and the United Arab Emirates (Taylor 2020). A couple of weeks later, it had reached Egypt and Algeria by 14 and 17 February, respectively; Brazil by 26 February and South Africa by 5 March as a result of infected travellers returning from ‘hotspot’ areas in Asia, Europe and the United States. Unlike the Black Death, which reached most of AfroEurasia via overland and oceanic routes, COVID-19 travelled much more rapidly across the world due to international air travel. On 11 March 2020, the WHO declared COVID-19 a global pandemic.

To resume, both pandemics had their origins in ‘the East’, devastating communities across Asia and Europe, forcing people into lockdowns and quarantines. It also severely affected the economies of Asia and Europe. But there were differences too. COVID-19 is occurring in an age of digital technologies, which has encouraged a wider awareness of the disease and its impact than only via word of mouth. These similarities and differences also allude to how societies reacted and responded to pandemics in diverse geopolitical settings, in different times and space.

All viruses – including SARS-CoV-2, the virus that causes COVID-19 – evolve over time. When a virus replicates or makes copies of itself, it sometimes changes a little bit, which is normal for a virus. These changes are called “mutations”. A virus with one or more new mutations is referred to as a “variant” of the original virus. When a virus is widely circulating in a population and causing many infections, the likelihood of the virus mutating increases. The more opportunities a virus has to spread, the more it replicates – and the more opportunities it has to undergo changes. Most viral mutations have little to no impact on the virus’s ability to cause infections and disease. But depending on where the changes are located in the virus’s genetic material, they may affect a virus’s properties, such as transmission (for example, it may spread more or less easily) or severity (for example, it may cause more or less severe disease).