Reviewer's report

Title: The Stigmatization Dilemma in Public Health Policy - The Case of MRSA in Denmark

Version: 2 Date: 16 February 2015

Reviewer: Rachel Smith

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Major Compulsory Revisions

• The review of studies providing evidence around stigma’s ability to change behavior is weak. Better reviews include work such as Vartanian and Smyth (2013) related to obesity stigma.

• The arguments around why stigmas evolve (e.g., Neurberg et al, 2000) have to do with eliminating threats, such as to effective group functioning. There is nothing in those arguments that stigmas were ever designed to change behavior or for rehabilitation more generally, but to eliminate dangerous people. The argument that stigmas would change behavior of stigmatized persons is flawed.

• Citation 3 bottom of page 3 and 4 does not support the claim that stigma changes behavior. Stigma can be present and people not adopt the stigmatizing behavior (e.g., not start smoking), without making it so that smokers, in fact, quit. Indeed, these results are also plausible when people start hiding a stigmatized behavior, such as hiding their smoking status.

• (5/6) The authors should include recent reviews of stigma consequences (citations 5 and 6 are from 1989 and 1997 respectively).

• The authors miss a critical aspect of stigmatization: to date, there has been no effective and reliable way to remove it. At the personal level, there is no evidence of retracting, for example, false-positive accusations of membership in a stigmatized group. To create a stigma on purpose and to mark someone as a member of a stigmatized group is to enact something that is a death-sentence, in the criminal metaphors used by the authors. At the end of the paper (p. 12) the authors argue that it should be possible to escape stigmatization. There is no brevity to stigma and stigmatization.

• Page 6 – stigma has been a primary means, for example for smoking in the US and for obesity in multiple countries. This should not be ignored.

• On page 8 – why would people infected with MRSA be stigmatized? Why would the public not galvanize public support for them, like we see with cancer? This argument needs to be made.

• There is a big of a post-hoc ergo propter hoc argument created by sharing the information from the Swedish qualitative study. Patients can feel insecure and isolated for many reasons, including being in quarantine. These experiences do not have to result from stigmatization. Is there any evidence of a social stigma
associated with MRSA?

- A stigma around being infected with MRSA, and being a source of creating the swine-MRSA (i.e., the farmer) should be considered separately.
- The authors need to face whether there is a way to share information with the public and engage in surveillance of an infectious disease without creating a stigma.

References mentioned:

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.