

A Contemporary Analysis of *A Journal of the Plague Year* by D. Defoe after the Covid-19 Pandemic in Türkiye*

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Abstract

A Journal of the Plague Year (1722) is Defoe's fictitious and retrospective account of the plague which ravaged Britain in 1664-1665 after its break-out in Holland. The epidemic in 1664-1665 has many similarities with the pandemic COVID 19 which hit the world and Türkiye in 2020-2022 which is believed to have begun in China and quickly spread to other countries. In regard to the book's accuracy as a historical document, the aim of the paper is to explore *A Journal of the Plague Year* and to draw analogies between the 1664-1665 endemic in Britain and the COVID-19 outbreak in Türkiye through a comparative analysis of the reactions of the people and the measures taken by the authorities to curb the disease in two eras. The paper also attempts to set parallels between the economic, social, criminal, and administrative panorama of the contagions in 1664-1665 and 2020-2022 by comparing the narrative in the novel with similar issues in the pandemic. The paper concludes that in spite of the fact that the size of the affected areas are not equal, there is a 400-year gap between the diseases, and there are geographical, climatic, and cultural differences between the inflicted counties, Britain and Türkiye, the therapeutic measures applied, the preventive and curative methods the individuals and city officials resorted to in plague-afflicted communities in Britain of the 17th century and Türkiye of the 21st century indicate a lot of similarities with people taking the measures of quarantining, segregation, physical distance, curfews, escape from the crowded cities to rural areas, bans, and certificates.

Keywords: plague, COVID-19, Defoe, epidemic, pandemic

* This paper is a revised and extended version of the presentation delivered at the 16th IDEA Conference in 2024 in Cappadocia University, Nevşehir.

1. Introduction

Defoe's fictitious account of the plague which afflicted Britain in 1664-1665 has many similarities with the pandemic which knocked out the world in 2020-2022. In order to make a comparative analysis of the two contagions, the study attempts to show that a reading of *A Journal of the Plague Year* allows the readers to set parallels with the COVID-19 outbreak regarding onsets, symptomatic, diagnostic, therapeutic, economic, social and administrative measures, issues and concerns of the individuals and societies during the times of the diseases.

2. Discussion

In order to draw analogies between the epidemic in the 17th century and the COVID-19 pandemic, the personal, communal, economic, legal, and medical measures are compared to such measures in Türkiye in the face of the pandemic with regard to the information about how the contagions started, the medical attempts to contain the diseases, particularly quarantines, the symptoms of the outbreaks, the painstaking efforts of the medical and administrative personnel, the administrative measures like passes, certificates, curfews and lockdowns and the ensuing isolation, economic and environmental repercussions, abuses by some in terms of violating the restrictions and promoting fake medications.

The first similarity is the onset of the outbreaks as they began somewhere else and were transported through travellers. COVID-19 is believed to have begun in China and quickly spread to other countries. The plague in Britain broke out in Holland in 1664 and spread to Britain. Although in 1665, the city was not ready or prepared for such a dreadful disease, thanks to rapid communication means, Türkiye had some time to make the necessary preparations before the pandemic hit. Although the number of afflicted people is not specified in the novel, total coronavirus deaths in Türkiye is more than 100,000 with more than 17m reported and identified cases until May 2024 ("List of COVID-19 Vaccination Groups", 2024).

In the COVID-19 outbreak in Türkiye, as elsewhere in the world, and the plague in London in 1664-1665, numerous measures were taken by the national and local authorities to mitigate the spread of the contagion. Collaboratively working, health officials and municipalities attempted to prevent large numbers of people coming together by issuing a number of orders. Despite the 400-year lapse between the two outbreaks, the measures taken by the authorities are similar to a great extent. The first measures taken by the Turkish authorities in the early days of the pandemic were stopping international flights with the countries where the pandemic had already started, and closure of the land borders with some of the neighbouring countries from which the news of the pandemic came. As Güner et al. (2020) underlined, "quarantine is one of the oldest and most effective tools of controlling communicable disease outbreaks" (p. 575). In 1664-1665 nobody was sure how long the disease

may lie dormant, and they were not sure about the length of quarantine. The physicians disagreed about the cause of the distemper, and they learned more about the causes and cure of the infection throughout the pandemic with experience. In order to minimise the spread of contagion, in London, the authorities people put some time limits in line with their experience of the previous epidemic. Whoever contacting the sick had to be quarantined for twenty days with their houses shut up for 4 weeks. The removal of the infected person from a house was not allowed and the coaches used for infected people were banned for five-six days after its use and had to be aired. Therefore, people had to suffer “the paralysis of complete isolation” (Nixon, 2014, p. 77) as they were “trapped within a plague-afflicted community” (Nixon, 2014, p. 78) until the epidemic abated. Although in the 2020s, the physicians and officers of the Ministry of Health agreed on the duration of quarantine for the infected people and with similar concerns, in Türkiye, 14-day quarantine for the infected or people who were likely to infected was put into practice.

In the 2019 pandemic and the 1664-1665 epidemic, several abuses by people who had to stay quarantined in their houses were observed. People who were not allowed to leave their houses when infected found many ways to escape and to deceive the watchmen in 1664-1665 in a similar manner to people in the 2020s who were spotted outside despite being ill. Because it was ineffectual and impossible to shut up every infected house, people could freely roam the streets until the lockdowns and curfews and spread the disease in the streets.

One of the measures which to be effective immediately in March 2020 was closing all the shopping malls, restaurants, pubs, cafes, movie theatres, and the like. Online/ distance education at schools and universities began and people of 65 and older, and people under 20 were banned from leaving their homes. There were heavy restrictions on funerals, wedding ceremonies, feasting of all kinds, sports games, concerts in the early months of the pandemic which were either prohibited or allowed with little participation in order to prevent crowds in Türkiye. Demirbilek et al. (2020) mentioned that venues and areas where the restrictions implemented in Türkiye were:

[...] theater, wedding hall, mosque, tea garden, local [...] hairdresser, barber, beauty salon [...] pavilion, discotheque, bar, night club, theater, cinema, show center, concert hall, engagement/wedding hall, musical/music restaurant/cafe, casino, pub, tavern, coffeehouse, café, cafeteria, country garden, hookah hall, hookah cafe, internet lounge, internet cafe, all kinds of game halls (arcade, playstation etc.), all kinds of indoor playgrounds (including shopping malls and restaurants), tea garden, association lounges, amusement park, swimming pool, Turkish bath, sauna, thermal pool, massage parlor, SPA, sports centers and condolence houses' activities. (p. 492)

In 1664-1665, the international trade of Britain stopped immediately after the onset of the plague. The magistrates took some measures to prevent the spread of the disease like

shutting up houses and burying the dead immediately with an Act of Parliament. All entertainment activities, games, and sports were stopped and all restaurants, bars, taverns, and the like were closed. In London, the city administrators decreed that:

all plays, bear-baitings, games, singing of ballads, buckler-play, or such-like causes of assemblies of people be utterly prohibited [...] all public feasting, and particularly by the companies of this city, and dinners at taverns, ale-houses, and other places of common entertainment, be forborne till further order and allowance. (Defoe, 1969, p. 51)

Both in the 17th and 21st Centuries, the physicians and the scientists were initially unsure about the way the diseases spread. Due to the global struggles, advanced technology, and combined efforts of the scientists, soon after it began the pandemic was found out to be spreading airborne and the relevant measures were taken worldwide. In the novel, even though the narrator concluded that it was not possible to discover the true nature of the disease, many people thought that the disease spread air-borne:

[...] by some certain steams or fumes, which the physicians call effluvia, by the breath, or by the sweat, or by the stench of the sores of the sick persons, or some other way, perhaps, beyond even the reach of the physicians themselves, which effluvia affected the sound who came within certain distances of the sick, immediately penetrating the vital parts of the said sound persons, putting their blood into an immediate ferment, and agitating their spirits to that degree which it was found they were agitated; and so those newly infected persons communicated it in the same manner to others. (Defoe, 1969, p. 84)

Some others believed that the infection spread by “insects and invisible creatures, who enter into the body with the breath, or even at the pores with the air, and there generate or emit most acute poisons, or poisonous ovae or eggs, which mingle themselves with the blood, and so infect the body” (Defoe, 1969, p. 85).

As for symptoms, COVID-19 and the plague affected people in different ways. People with COVID-19 showed some symptoms like fever, cough, tiredness, loss of taste or smell, sore throat, headache, aches and pains, diarrhoea, a rash on skin, or discolouration of fingers or toes, red or irritated eyes, difficulty breathing or shortness of breath, loss of speech or mobility, or confusion, and chest pain (Güner et al., 2020). The plague, on the other hand, was manifest with painful, sometimes tormenting swellings in the neck or groin which turned into gangrene. In 1665, people had different signs and symptoms like “violent fevers, vomitings, insufferable headaches, pains in the back, and so up to ravings and ragings with those pains; others with swellings and tumours in the neck or groin, or armpits” (Defoe, 1969, p. 226). Some people were in agony, delirious, mad, and raving because of their pain and they did the most horrible actions like shooting themselves, drowning themselves in the Thames, or killing their kin in desperation because it was violent and intolerable to suppress their pain with swellings under their arms and swellings. Another similarity between the contagions was that sometimes

affected people were asymptomatic and sometimes the symptoms came out a few days after laying dormant in the body for some days. The narrator realised that even the most-healthy looking people were able to transmit the disease because they did not show any symptoms for several days until it was too late for treatment. The disease was so insidious that sometimes it was impossible to take precautions against the disease. Sometimes people who seemed very healthy suffered the worst deaths so people were careful not to be “within the reach of their breath or of any smell from them; and when they were obliged to converse at a distance with strangers, they would always have preservatives in their mouths and about their clothes to repel and keep off the infection” (Defoe, 1969, p. 236).

It is noteworthy that during the first days of the COVID-19 outbreak, there were some televised scenes of Chinese people who allegedly died on the streets suddenly. In a similar manner, in London some people “died in a moment, as with a sudden fainting or an apoplectic fit [...] as if they had been touched by a stroke from heaven as men are killed by a flash of lightning” (Defoe, 1969, p. 190). However, neither the COVID-19 sudden deaths nor such deaths in the 1660s were proven to be genuine or linked to the outbreaks.

In both outbreaks, physical contact and distance were people’s concern and people were extra cautious when they had to share some items with other people and social distancing was particularly a matter of concern (Bostan et al., 2020, p.2). People tried to mitigate the disease by not directly giving money to the other people or taking merchandise directly from their hands. Instead, they used hooks, they soaked money in vinegar, they carried small money for not taking any change and they avoided contact as much as possible when shopping. A similar care was shown on the exchange of money with the sailors and tradesmen as they exchanged money after soaking it into vinegar and loading and unloading the corn was done without contact. This behaviour reminds of the precautious people who were rather hesitant to touch the banknotes and even to shake hands lest they would be infected and therefore they frequently used contactless cards to minimize the risks of infection in the 2020s. As a precaution, people “burnt a great variety of fumes and perfumes in all the rooms, and made a great many smokes of pitch, of gunpowder, and of sulphur, all separately shifted, and washed their clothes, and the like” (Defoe, 1969, p. 183). During the plague, people carried bottles of scents and perfumes in their hands in a similar manner to the ultimate care to use cologne de water and disinfectants after contact with people and shopping items during the pandemic.

The extent of the epidemic and pandemic were the main determinants of the rank of the authorities to take responsibility and control. In the 2020s, the Minister of Health and the Minister of Internal Affairs took the reins in controlling the pandemic in Türkiye whereas in London the Lord Mayor of London issued orders to relieve infected people and authorised justices of the peace, mayors, bailiffs, head officers to appoint examiners, searchers, watchmen,

keepers and buriers. The orders clarified the officials to be appointed, their responsibilities, and transfer, segregation, medical, and burial procedures and how to appoint examiners in every parish, the responsibilities of the examiners' office, two watchmen for every infected house, searchers to report on the dead, surgeons to assist searchers to deal only with the infected. The orders also clarified what the master of every house to do if anybody is infected, how to segregate the sick, how to air the stuff used by the infected, the shutting up of the houses, how to transfer the sick to the pest-house, how to bury the dead, not allowing anything to removed out of the infected houses, isolating the people. In 2020, too, a series of economic, social, financial, legal and law-enforcement measures were taken by the authorities including isolating sick people in their homes and separate wards in hospitals, the obligation of wearing masks over faces and keeping social distance. As Kayaalp and Isik (2020) posited:

Covid-19 has posed unique challenges to existing healthcare infrastructure. Its relatively low fatality rate (compared with, for example, Ebola, MERS, and SARS), high transmissibility, and long incubation period have allowed the virus to spread widely, leaving hospital wards swamped and without sufficient equipment and protective gear to care for patients effectively and safely. (para. 3)

Because of the immensely increasing burden on the hospitals and health-care services and in the face of steeply rising need of hospitalisation and intensive care for the infected, two new hospitals were constructed in İstanbul. With a similar concern, two new pest houses were built at Westminster and London in 1664-1665.

Among the restrictions imposed by the authorities, lockdowns, curfews, certification and passes came to the fore. A short while after the pandemic began on March 2020, common people were discouraged from going out of their houses particularly during the peak times of the pandemic and there were curfews a couple of times to protect the people from the contagion, people working in the security, law enforcement, communication, logistics, market, municipalities, health, house-care services and the like were at work to ensure that people could be secure and safe, and they could meet their needs without going out much (Demirbilek et al., 2020; Cakir, 2020). The citizens of Türkiye were issued 10-digit codes and vaccination certificates for filiation and contact tracing. When the number of the infected people rose there were curfews throughout the country and only the people with passes issued by the Ministry of Internal Affairs could go out and travel. In London of 1664-1665, too, people needed passes and certificates of health from the Lord Mayor to travel out of the city. People needed a certificate of passing to travel, for a free passage, and a full certificate of health from a justice of peace upon the application of a constable. When the numbers increased significantly, the rumour had it that there would “turnpikes and barriers on the road to prevent people travelling, and that the towns on the road would not suffer people from London to pass for fear of bringing the infection along with them” (Defoe, 1969, p.8).

When COVID-19 hit the world, some people locked themselves with sufficient provisions for months until the disease abated. People who had detached summer houses went to live there in order to minimise their contact with the infected. A similar tendency was observed in the 1660s in London when wealthy families of nobility and gentry as well as less fortunate people preferred isolating themselves in the summer houses, rural areas even to tents to escape from the crowd and congestion of the big cities and lessen the chances of catching the virus. Although people hated being imprisoned in their houses by the authorities, some wealthy people isolated themselves on board ships lying at anchor with little or no contact with people ashore (Defoe, 1969, p. 121). The narrator in the novel, too, decided to go out of London on foot because it was impossible to find horses. But when his servant deserted him, he changed his mind and stayed home. During his stay at home, they baked bread and brewed beer as he had sufficient provision stocked at home. However, meat was in short supply because the disaster plagued the butchers and the slaughterhouses.

As a result of the move of many people from London and fewer people in the streets because of obligatory or volunteer confinement in the houses, London streets, offices, and churches were empty and quiet. Because the roads were not trodden on, even the paved streets were covered with grass. In the Covid 2019 pandemic, particularly during the very first days and when there were lockdowns and curfews, it was the same in Türkiye with desolate streets and stray animals around.

The most remarkable economic result of the outbreaks came out to be unemployment because of the enforced prohibitions. When the pandemic and the plague hit the cities, people were afraid that it would inflict everybody, so people isolated themselves at their houses and most trades came to a stop, but for the ones for immediate needs. Both the employers and employees of the businesses which were closed suffered economic problems as they were deprived of the means to make a living. Exportation stopped and stagnation began. People working in textile manufacturing, accessories, merchants, construction workers, carpenters, plumbers, smiths, seamen and boatbuilders were dismissed. The countrymen were obliged to sell their goods immediately and at the very first available spot and on the fields.

Nevertheless, a reverse effect of the pandemic on the economy of the countries was the creation and boosting of some businesses. In Türkiye, although many businesses suffered during the pandemic as they were not allowed to open, particularly mobile vendors, shipping and cargo companies, and online market shopping employed many people during the pandemic. In London, however, an unexpected need allowed a great number of people who were laid out to find employment. As Knowles (2019) indicated, although the plague new employment opportunities for the poor emerged as examiners, watchmen, buriers, and nurses were needed (p. 645).

The poor were in a more pitiful situation. They were vulnerable as they had to do the most dangerous jobs like “tending the sick, watching houses shut up, carrying infected persons to the pest-house, and which was still worse, carrying the dead away to their graves” (Defoe, 1969, p. 100). The poor were getting more and more desperate and difficult to control. The Turkish authorities in the 2020s asked people to donate in the efforts to help supply the basics for the needy and the poor. In Britain, in the 1640s, too, charitable and pious people in different parts of England collected, and donated money to the Lord Mayor to help the needy and the poor on a voluntary basis. The king also gave money on a weekly schedule to be distributed to people because a great number of people lived on charity. Besides, the people who were living in the neighbouring towns showed charity and assistance to the poor people of London when they were assured that there was no danger to themselves because most other close towns were also infected.

In both contagions, physicians and authorities were in search of cheap medicines, remedies and inoculation which could be available for everybody. In the COVID-19 outbreak, in addition to the preventive measures, some therapies and medications were prescribed to the infected in light of the experience of the previous outbreaks and research. However, some of the medications were ineffectual and some had adverse side effects. It took months to develop and supply vaccines to ensure immunity and protection of people from the contagion and to devise protocols to cure the infected (Öncü et al., 2020). The percentage of population over 18 years old with at least two doses of vaccination surpassed 85% with more than 150m doses of vaccines administered to almost 58 m people (“covid19asi.saglik.gov.tr”). In the 21st Century, thanks to advanced technologies, how the disease spread and inflamed the body was detected but in 1664-1665, the mechanics of the plague were not clarified so the narrator wished there had been microscopes at that time so that they could be spotted. In the 17th and 18th centuries, preventive treatments were “vinegar, garlic and brandy [...] tar, sulfur in fumigation, tarred water in wash, camphor, plants (as: mint, chamomile, yellow rattle) for tea, juices and balms) [...] gun powder, arsenic, pitch, money were washed in vinegar and brine” (Jeican et al., 2014, p.127). Trying some of these items and/or methods may have helped the people in those years, but it is certain that they were just based on the limited research of the time as well as traditional cures, superstitions and experiences of the previous outbreaks.

Both in Türkiye and Britain, the city authorities and medical staff risked their own lives for making the life go on without much change and with few risks for the common people. Inevitably, the people who were compelled the fight the outbreaks suffered great numbers of casualties as they were in contact with the sick. The medical personnel like physicians and surgeons, undertakers, bearers of the dead, churchwardens, constables, justices of Hamlet had high mortality rates. Because the midwives died the number of still born, abortive, chrisoms

and infants and dead mothers increased too. In 1664-1665, there were several drugs, preparations, perfumes, prescriptions for the infection which the physicians tried. Some people became so desperate that they sought remedies in the most illogical cures and fraud medicine “weak, foolish, and wicked things” and so-called physicians in market tried to deceive people “as if the plague was not the hand of God, but a kind of possession of an evil spirit, and that it was to be kept off with crossings, signs of the zodiac, papers tied up with so many knots, and certain words or figures written on them, as particularly the word Abracadabra, formed in triangle or pyramid” (Defoe, 1969, p. 36). Naturally they were no good. Some people tried to learn about their future from fortune-tellers, cunning-men, and fake astrologers. People were encouraged to make confession, fast and to visit churches more and many people devoted themselves to repentance and humiliation (Defoe, 1969, p. 32). Londoners saw the availability of some medicine and cure in market like “‘Infallible preventive pills against the plague.’ ‘Neverfailing preservatives against the infection.’ ‘Sovereign cordials against the corruption of the air.’ ‘Exact regulations for the conduct of the body in case of an infection.’ ‘Anti-pestilential pills.’ ‘Incomparable drink against the plague, never found out before.’ ‘An universal remedy for the plague.’ ‘The only true plague water.’ ‘The royal antidote against all kinds of infection’” (Defoe, 1969, p.33) due to “the susceptibility to superstition in the face of contrary evidence” (Flanders, 1972, p. 335). There were some illogical cures and fraud medications promoted all over the world in the 21st Century but in comparison to the 17th Century they were met with suspicion, reserve, and hesitation.

The climatic conditions and its effect on the outbreaks was a matter of debate in both cases. During the COVID 19 Pandemic, some argued that the virus would not survive the hot weather, which proved to be false in the long run (Selcuk, 2021; Meo, 2020, Şahin, 2020). Conversely, in the 17th Century, some were hopeful that “the cold weather would check the infection, or at least the violence of it would have spent itself, and would abate, if it were only for want of people left alive to be infected” (Defoe, 1969, p. 151). During the raging plague of 1664-1665, some believed hot rooms also helped spread the infection in different ways and “the contagion was nourished and gained strength in hot weather” (Defoe, 1969, p. 247); however, such people also maintained the idea that coal fires in the houses kept the contagion away (Defoe, 1969, p. 247).

In 1664-1665, the narrator says there was discrepancy between the real toll and the declared concerning the dead. It was almost impossible to calculate the exact number because people died on the roads, fields, secret places so they were not recorded in the bills of mortality (Defoe, 1969, p. 113). In the novel, “[s]uch scepticism is revealed by his attention to statistical inaccuracy [...] of the Bills of Mortality, where self-interest, fear and inexact observational procedures lead to fewer deaths being reported” (Payne, 2014, p. 626). This situation brings

into mind a similar concern and suspicion during the pandemic in Türkiye because some people never believed that the declared number of the sick and dead was not reflecting the truth and the administrators were concealing the real alarming numbers from the people.

Conclusion

Obviously, the reactions of the common people and state and city officials in the wake of a contagious disease which affected masses, preventive and curative methods they resorted to show great similarities despite the four centuries between the epidemic in the 17th Century and the pandemic in the 21st Century. Defoe's novel which portrayed and reflected the 1660s epidemic realistically showed that even four centuries ago people's first reaction was to protect themselves and the other people by means of preventive measures. Segregation, isolation, lockdowns, curfews were administered in both cases personally and communally. However, the most significant difference of the pandemic from the 17th Century epidemic was the improved technology which enabled to mitigate the worldwide disease which claimed the lives of millions of people although the epidemic hit a limited space and less population.

Disclosures

No potential conflict of interest was reported by the authors.

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