

HAS W.H.O DONE AN ERROR WITH COVID-19 IN REGARDANCE WITH ITS JANUARY-2020 REPORT ON HUMAN TO HUMAN TRANSMISSION- A SURVEY ON A POPULAR PERCEPTION

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ABSTRACT

The COVID-19 epidemic in China is a world health threat. So far now it is the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in 2003. Within weeks of the onset of COVID-19 the total number of cases and deaths exceeded those of SARS .SARS is similar to COVID-19, and SARS is a beta-coronavirus that can be spread to humans through intermediate hosts such as bats, though the actual route of transmission of COVID-19 is still debatable. The World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern on 30 January 2020. It has been debated among the political leaders claiming that there is error from the part of WHO in giving a wrong impression at the golden hour where the pandemic could have been averted. A survey conducted with a self prepared questionnaire comprising 15 questions with a sample of 100 people of Tamil Nadu state. The questionnaire was prepared with questions comprising of covid 19 and who January WHO report, these questions help to determine perception on COVID-19 and WHO January report and that help to depict their knowledge and awareness on this topic and what is their critical perception of the role of WHO in handling the COVID pandemic. WHO plays a role in the process of updating the methods to prevent and cure the pandemic outbreak COVID-19. WHO is found to test the positive and negative responses shown by the possible methods present against COVID-19 and displays the most trusted method among the available methods.In the previous study, more than half of the participants are found to show high concern about swine influenza pandemic. In the present study, around 71% of the participants are aware of the COVID-19 pandemic and the controversial role played by WHO in spreading the COVID-19 pandemic. This study concludes that during this pandemic outbreak most of the participants are aware of the role of WHO in the process of controlling and updating information related to the global pandemic condition. It is evident from this study that people are sceptical about the role played by WHO in managing COVID-19.

KEY WORDS: COVID 19, January report, Pandemic, survey,WHO

INTRODUCTION

The COVID-19 epidemic in China is a world health threat (Wang *et al.*, 2020; Johnson *et al.*, 2020). So far it is the largest outbreak of typical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in 2003. Within a few weeks of the onset of COVID-19 the total count of cases and deaths increased those of SARS (Hawryluck *et al.*, 2004; Sekar *et al.*, 2019). SARS is similar to COVID-19, and the pneumonia, severe acute respiratory syndrome is a beta-coronavirus that can be transmit to humans to intermediate hosts such as bats (Krishna *et al.*, 2016; Nandhini *et al.*, 2018; Paules, Marston and Fauci, 2020), though the actual route of transmission of COVID-19 is still under discussion. Human-to-human transmission has been through virus respiratory droplets, as rising in a number of patients reported is not found to have wet animal market exposure, and patients have also found in healthcare workers too (Mangaraju *et al.*, 2004; Affshana and Others, 2015; Huang *et al.*, 2020).

The COVID-19 pandemic was first reported in late December 2019 when clusters of pneumonia with unknown origin were found to be linked with somehow linked exposure to a wet animal market exposures in the Wuhan city of Hubei Province (Singh, 2007; Hafeez and Thenmozhi, 2016; Subashri and Thenmozhi, 2016; Nishiura, Jung, *et al.*, 2020). Since then, the number of positive cases has continued to increase particularly in the Wuhan city of China, spreading to 34 regions of China by 30 January 2020. The World Health Organization (WHO) declared that the COVID-19 pandemic outbreak a public health emergency of international concern on 30 January 2020, exactly on the same day (Thejeswar and Thenmozhi, 2015; Choudhari and Thenmozhi, 2016; Pratha, Ashwatha Pratha and Thenmozhi, 2016; Mahase, 2020). 5.2 days is the average incubation period, it varied among patients (Li *et al.*, 2020), and it causes a type of asymptomatic spread (Sriram *et al.*, 2015; Cuiyan Wang *et al.*, 2020; Rothe *et al.*, 2020). Symptoms of COVID-19 include fever, chills, cough, coryza, sore throat, breathing difficulty, myalgia, and associated problems such as nausea, vomiting, and diarrhea (Kannan and Thenmozhi, 2016; Keerthana and Thenmozhi, 2016; Seppan *et al.*, 2018; Chen *et al.*, 2020). Older men with medical difficulties are more likely to get infected with COVID-19, and are reported with worse outcomes (Samuel and Thenmozhi, 2015; Menon and Thenmozhi, 2016; Chen *et al.*, 2020). The provisional case fatality rate by WHO is around 2%, but some researchers estimate the rate to range from 0.3% to 0.6% (Choudhari and Thenmozhi, 2016; Nishiura, Kobayashi, *et al.*, 2020).

Since the COVID-19 outbreak, response and the action taken by the government of China have been swift, and three weeks into the epidemic, in an uncertain move to minimise the spread of the virus, a lockdown was imposed on Wuhan on 23 January, with a lot of travel restrictions. Within a few days, the quarantine was imposed on additional provinces and cities, reported to have affected 50 million people suffering with this infection. Most citizens were asked to remain in home quarantine and were socially isolated to prevent themselves from being infected, leading to a “desperate plea” (Horton, 2020). The WHO is providing guidance on early investigations, which are critical in an outbreak of a new virus. The data collected from the protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of COVID-19, to help understand spread, severity, spectrum of disease, impact on the community and to inform operational models for implementation of countermeasures such as case isolation, contact tracing and isolation (Balkhy *et al.*, 2004), WHO is researching with its networks of experts and other researchers to coordinate world work on, epidemiology, surveillance, diagnostics and virology, clinical care mathematical modelling, and treatment, infection prevention and control, and risk communication. WHO has issued guidance for countries, which are updated regularly in a monthly manner.

China, among the global countries was the first country to report a mysterious small number of pneumonia cases on December 31 2019, According to the WHO report in early January, analysed more information

from Beijing and advised the global countries against the practice of any travel or trade restrictions based on the current information available on China. In late January, World health organisation Director General Tedros Adhanom Ghebreyesus in discussion with the Chinese President Xi Jinping in Beijing discussed and praised China's response to the coronavirus crisis. "WHO appreciates the seriousness of COVID-19 with which China approaches the global pandemic outbreak, especially the contributions from top leaders, and this shows the transparency said Tedros. The agency has drawn criticism over the years as too bureaucratic, badly structured and too dependent on major donors. This information act as the main centre of the controversial role played by WHO in reporting the information regarding the current COVID 19 pandemic.

MATERIALS AND METHODS

A survey conducted with a self Prepared questionnaire comprising 15 questions. With a sample of 100 people of Tamil Nadu. The questionnaire was prepared with questions comprising of COVID-19 and WHO January report; these questions help to determine perception on COVID-19 and WHO January report and that help to depict their knowledge and awareness on this topic. Steps like, selecting survey participants randomly, fixing restrictions over the particular population, elimination of irrelevant questions being asked to participants were taken as few measures to prevent sampling bias in the survey. The response recorded using the online platform "Google forms" was analysed using the statistical software SPSS version 20.0 chart analysis was carried out with the responses recorded in the software and the result was represented using the pie charts and bar charts.

RESULT AND DISCUSSION:

The study aimed mainly at understanding the people's perception on the global pandemic outbreak COVID-19 and the role of WHO in controlling or Updating information occurring globally with respect to the health of the population. WHO plays a major role in the process of updating the methods to prevent and cure the pandemic outbreak COVID-19. WHO is found to test the positive and negative responses shown by the possible methods present against COVID-19 and displays the most trusted method among the available methods. In the previous study (Balkhy *et al.*, 2004), more than half of the participants are found to show high concern about swine influenza pandemic. In the present study, around (Fig. 1) 71% of the participants are aware of the COVID-19 pandemic. It is evident from (Fig. 2) that 61% of the participants are aware about WHO.

The present found that around (Fig.3) 55% of the participants are aware of the possibility of human to human transmission which was quite similar to previous study conducted that 69.9% are aware of human to human transmission of COVID-19 (Balkhy *et al.*, 2004). Fig. 4 depicts the information about the monthly reports produced by WHO and around 65% responded that they are aware. Fig.5 illustrates the 62% are aware about the current COVID-19 situation. Fig. 6 reveals that 60% of the people possess adequate knowledge about the contagious nature of COVID-19. The current study reveals that survey participants believe that COVID-19 is a airborne disease, The previous study performed proves that around particles less than 5µm present in the air contributes for the spread of COVID-19 which was similar to the current study findings (Lockhart *et al.*, 2020). Study conducted by Modi *et al.* (2020) discovered that respondents are aware of the rate of spread of COVID-19 when compared to the present study correlating the findings of the present study that the survey participants are aware of the COVID-19 spread rate (Modi *et al.*, 2020).

The current study shows that the participants are aware that COVID-19 is pandemic. The previous study shows based on WHO reports that COVID-19 is declared as pandemic in December, 2019 (Nguyen and Vu, 2020). In the present study, the responses recorded (Fig. 7) depicts that the WHO role in fighting

against COVID-19, 49% responded positively and the present study findings was similar to the previous study finding, previous study showed that 57% of the participants are aware of personal protective equipment (Rimmer, 2020).The present study on the role of monthly WHO report (Fig.8) on provoking awareness among participants and about 48% are aware. Results on the suggestion of WHO with regards to the infection (Fig.9) shows that 48% responded positively of the study reveals that 48% of the participants are aware of the suggestion provided by WHO regarding the COVID-19 infection. The previous study performed proves that WHO analyzes the transmission routes of the disease and provides specific disinfection suggestions regarding COVID-19 which was correlating our study finding (J. Wang *et al.*, 2020). It is evident from Fig.10 that more than half of the population around 52% think that WHO has done an error in the analysis and reporting regarding COVID-19.

CONCLUSION:

This study concludes that during this pandemic outbreak most of the participants are aware of the role of WHO in the process of controlling and updating information related to the global pandemic condition. The public is of the opinion that WHO has made a mess of the COVID-19 situation by its approach and could have wasted a golden window period that could have stalled the situation to an epidemic status. It is evident from this study that people are sceptical about the role played by WHO in managing COVID 19.

AUTHOR CONTRIBUTION: All the authors contributed equally in concept, design , carrying out the research and analysis of the study.

CONFLICT OF INTEREST: The authors have none to declare .

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GRAPHS:

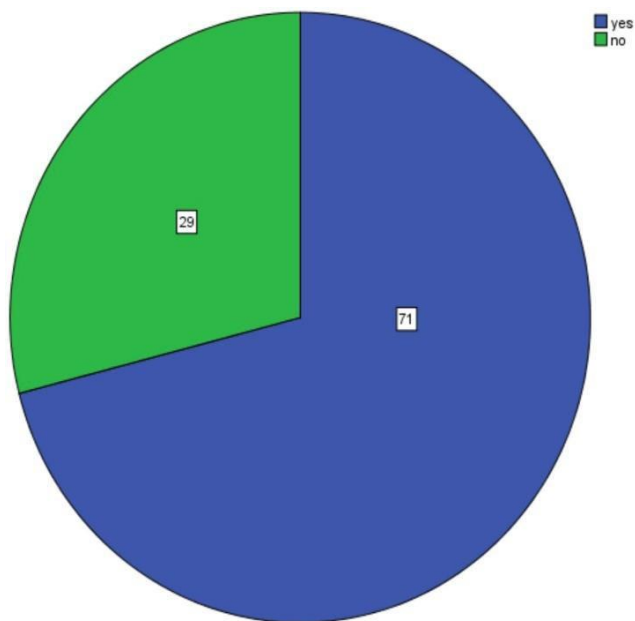


Figure 1: Pie chart representing the percentage distribution of awareness of participants about the pandemic outbreak COVID-19. Majority of participants 71% responded yes (blue) and 29% answered no (green).

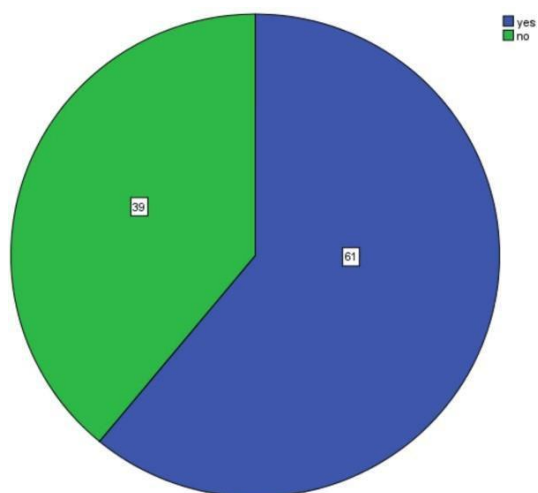


Figure 2: Pie chart representing the percentage distribution of awareness among participants about WHO. Majority of participants 61% responded yes (blue) and 39% answered no (green).

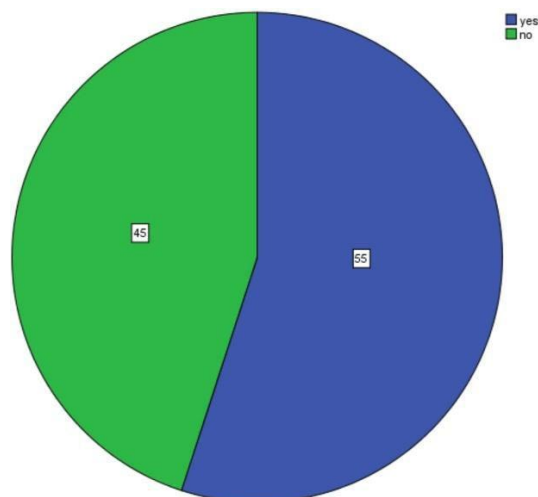


Figure 3: Pie chart representing the percentage distribution of awareness among participants about the possibility of human transmission of COVID-19. Majority of participants 55% responded yes (blue) and 45% answered no (green.)

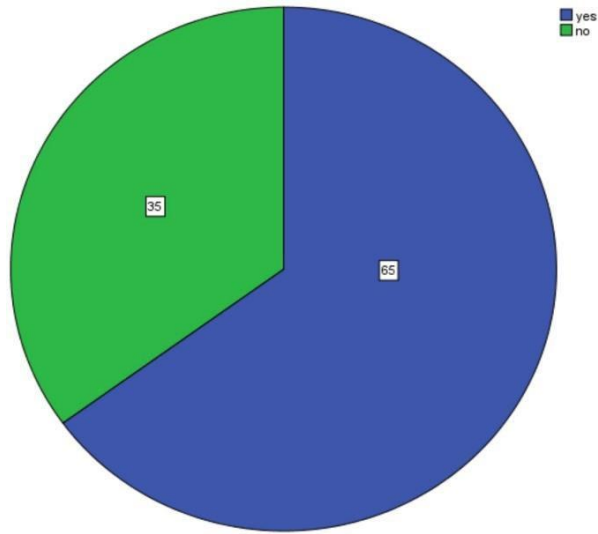


Figure 4: Pie chart representing the percentage distribution of information about the monthly reports produced by WHO. Majority of participants 65% responded yes (blue) and 35% answered no (green.)

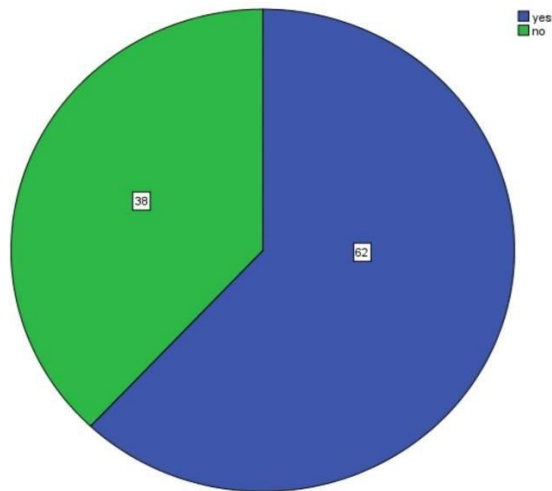


Figure 5: Pie chart representing the percentage distribution of awareness among participants about the current COVID-19 situation across the globe. Majority of participants 62% responded yes (blue) and 38% answered no (green).

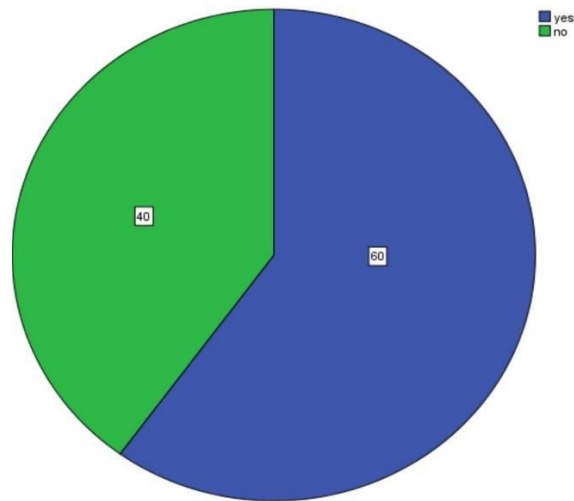


Figure 6: Pie chart representing the percentage distribution of awareness about the contagious nature of COVID-19 among participants . Majority of participants 60% responded yes (blue) and 40% answered no (green).

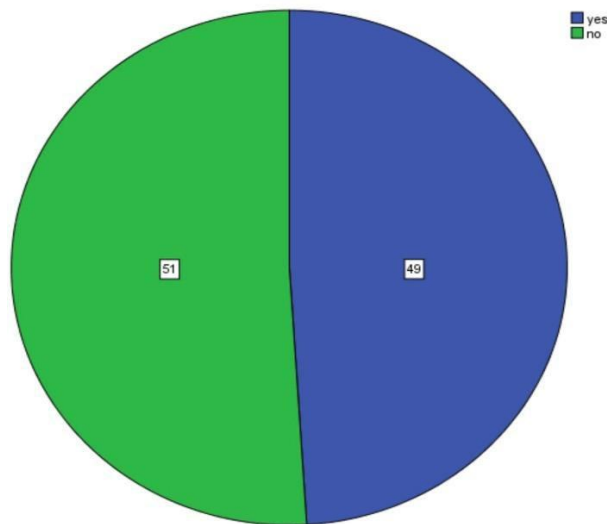


Figure 7: Pie chart representing the percentage distribution of WHO role in fighting against COVID-19 . Majority of participants 49% responded yes (blue) and 51% answered no (green.)

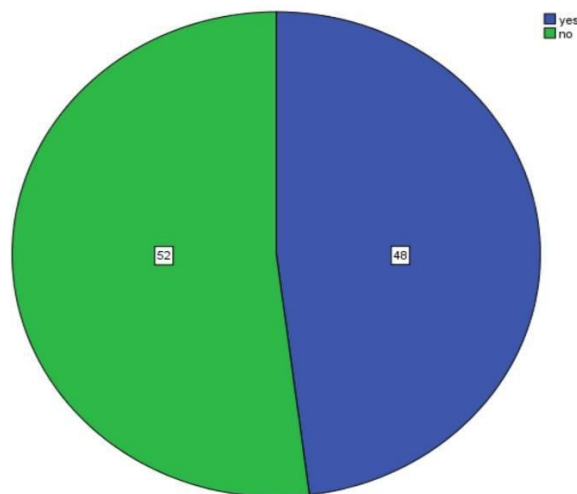


Figure 8: Pie chart representing the percentage distribution of awareness the role of monthly WHO report on provoking awareness among participants. Majority of participants 48% responded yes (blue) and 52% answered no (green.)

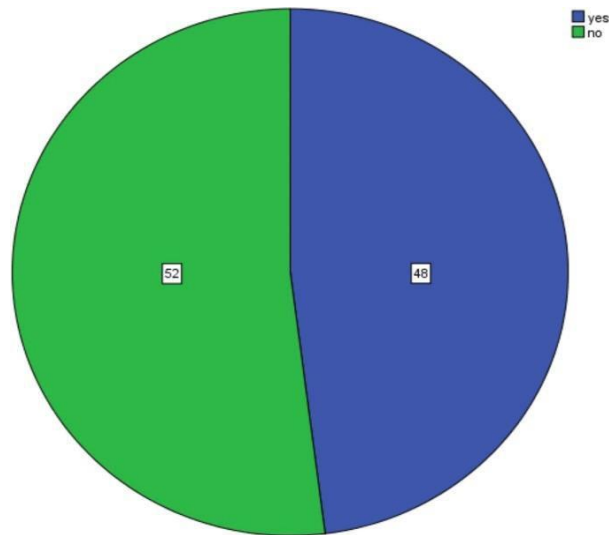


Figure 9: Pie chart representing the percentage distribution of awareness the suggestion of WHO with regards to the infection. Majority of participants 48% responded yes(blue)and 52% answered no (green.)

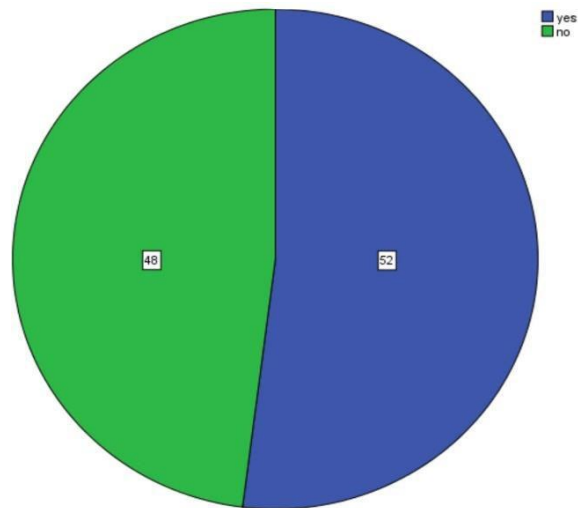


Figure 10: Pie chart representing the percentage distribution of awareness The WHO error so far done. Majority of participants 52% responded yes (blue) and 48% answered no (green).

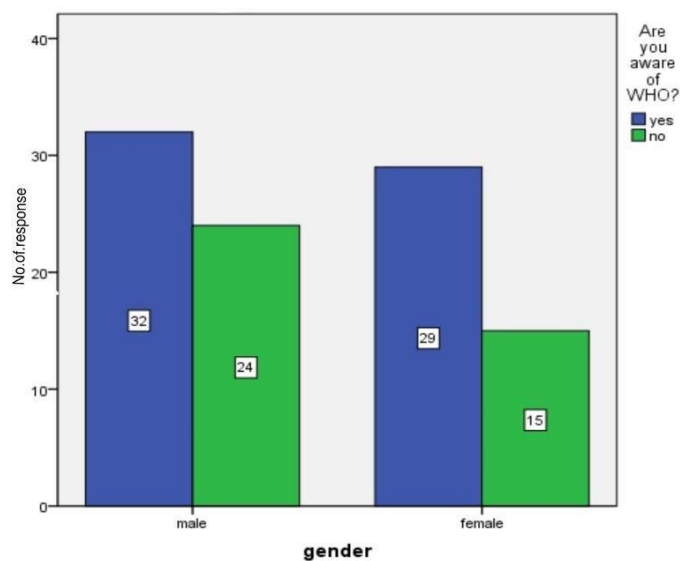


Figure 11: Bar chart showing the association between gender and awareness on the role of WHO in global health. X axis represents Gender ,Y axis represents the number of participants aware (blue) and not

aware (green). Out of 71% of participants who were aware, 32% constitutes male and 29% constitutes females which shows males are slightly more aware than females about the role of WHO in global health. The association between the variables were analyzed using the Chi-square test (Pearson's Chi-square value - 0.457; df-1, P-value -0.499) at 95% confidence interval and was found to be statistically not significant which signifies there is no difference between gender and awareness of the role of WHO in global health. .

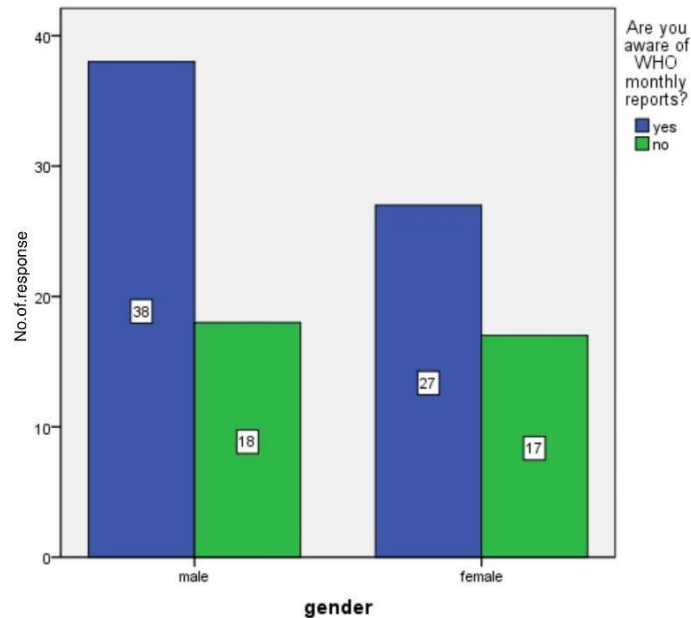


Figure 12: Bar chart showing the association between gender and awareness of WHO monthly report. X axis represents Gender, Y axis represents the number of participants aware (blue) and not aware (green). Out of 65% of participants who were aware, 38% constitutes male and 27% constitutes females. Which shows males are more aware than females, but when the association between the variables were analyzed using the Chi-square test (Pearson's Chi-square value - 1.286; df-1, P-value -0.257) at 95% confidence interval it was found to be statistically not significant which signifies there is no difference between gender and awareness of WHO monthly report.

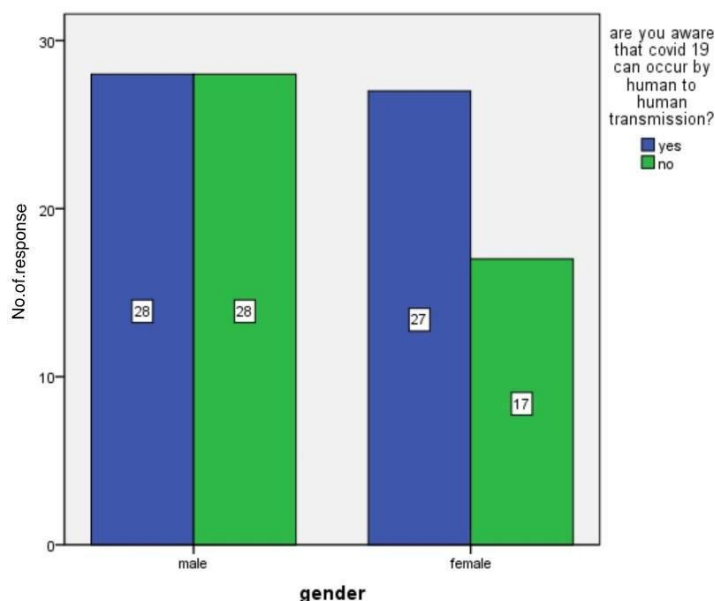


Figure 13: Bar chart showing the association between gender and awareness about COVID-19 can occur by human to human transmission. X axis represents Gender, Y axis represents the number of participants

aware (blue) and not aware (green). Out of 55% of participants who were aware, 28% constitutes male and 27% constitutes females which shows there is a slight numerical difference favouring the awareness of males to be more than females about COVID-19 can occur by human to human transmission. However when the association between the variables were analyzed using the Chi-square test, there is no difference (Pearson's Chi-square value - 0.974; df-1, P-value -0.324) between gender and awareness about human to human transmission of COVID 19 infections at 95% confidence interval and it was found to be statistically not significant.

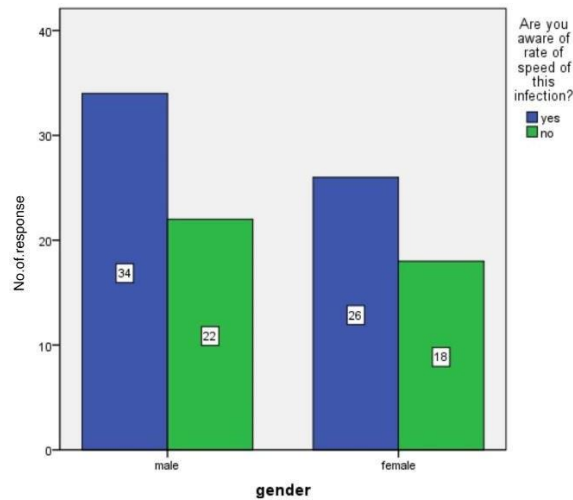


Figure 14: Bar chart showing the association between gender and awareness about the rate of spread of this infection. X axis represents Gender, Y axis represents the number of participants aware (blue) and not aware (green). Out of 60% of participants who were aware, 34% constitutes male and 26% constitutes females. Even though the males are more aware than the females, there is no statistical significance (Pearson's Chi-square value -1.470; df-1, P-value -0.225) between gender and awareness about the rate of spread of this infection which is confirmed by Chi-square analysis for gender association at 95% confidence interval.