

Covid-19 as a Coat of Many Colours: An Insight into its Varied Impacts on Humanity. A Perspective View Paper

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ABSTRACT

COVID-19 pandemic has come with various aspects and impacts on humanity causing colossal damage that has collectively deepened the impact and its gravity. This review perspective research paper looked at the various aspects of humanity that have been touched by the disease causing pain to humanity. Literature search was carried out on websites such as: Google Scholar, PubMed, MedLine, WHO Global COVID-19 Database, Johns Hopkins University COVID-19 Research Centre, medRxiv and US CDC web pages among others where various social, economic, cultural, psychological and financial among others were extracted. Narratives and reports from various social media platforms such as Facebook, WhatsApp, Instagram, Twitter, Tiktok, Instagram on reactions and attitudes of humans to the disease were also sieved and compiled. Data obtained was analysed qualitatively by noting down occurrences of such incidents and their respective impacts. COVID-19 was found to come with fear, anxiety, economic losses, hunger, poverty, stigmatization, discrimination, racism, injustice, inequalities, health disparities, global overstretched health systems and infringement of various fundamental human rights. The disease also came with increased domestic violence, murders and homicides of close relatives, a general distrust of the world social world order by a large segment of the global community, serious demographic challenge, costly experimentations at expense of human lives, widespread public disorder, a deepening political and economic war among nations, and increased spiritualism. What could be seen as secondary effects of the disease needs to be properly handled as their short, medium and long term impacts could outpace the direct clinical effects of the disease on entire humanity.

Keyword: Coat, Colours, COVID-19, Humanity, Impacts, SARS-CoV-2



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INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease is both scientifically and politically disputed to have originated from Wuhan China late December 2019. The disease at its first outbreak in a major hospital in China was looked upon as a purely medical disease that would require also purely drugs and other supporting medications to cure it. While the aggressive search for its effective cure continued amidst its rapid spread across China and also to other continents and regions of the world with high mortalities, the need for urgent prevention through vaccine arose. This then brought in a wave of aggressive search for both effective drugs which were initially not available for this novel disease except on clinical trial basis, and an effective preventive vaccine^{1,2}.

COVID-19 disease was first reported to World Health Organization (WHO) by the Chinese authorities on 31st December 2019; and the disease was declared a global health emergency by WHO on 30th January, 2021 and subsequently a global pandemic on 11th March 2020. From January 2020 to date (September 2021), and looking back at the effects of COVID-19 from when and where it started spreading locally, it took a very short time for the disease to spread throughout the world. In the first and second week of January, 2020, from all the samples screened from patients with fever and cough in Wuhan China, only three cases of COVID-19 were detected, and by 20th February, 2020 there were already over 55,924 laboratory confirmed cases in China³⁻⁵.

By September 30th 2021 the cumulative COVID-19 morbidities and mortalities right from onset globally stood at 235.67 million infections with 4.81 million deaths respectively; Africa so far has recorded 8.41 million cases with 212,493 deaths; and Nigeria has so far 206,064 infections with 2,724 deaths⁵⁻⁷.

Apart from the clinical impact of the COVID-19 with

widespread morbidities and mortalities, the disease has brought with it a milieu of uncertainties, misinformation, fallacies, phobias and outright fears. These have all worsened and deepened the impact of the disease on the social and economic configurations of the world systems with far reaching consequences. This perspective paper looks into the various presentations of COVID-19 that have made it to be a unique disease of its kind in the history of modern medicine⁸⁻¹⁰.

Criteria for selection and search strategy

A search was carried out on several databases using the relevant key words and phrases such as: SARS-CoV-2, COVID-19, Fear, Phobia, Misinformation, Fallacy, Coronaphobia, Discrimination, Xenophobia, Racism, Sigma, Inequality, Injustice, Economic downturn, vaccine controversy, Demographic challenge, Distortion of Social order among others. Other terms such as: Coronavirus 19, 2019-nCoV, Novel Coronavirus, SARS-2 were similarly included in the search. Databases that were consulted to curate a comprehensive overview of the topic for this research were: Google Scholar, PubMed, MedLine, WHO Global COVID-19 Database, Johns Hopkins University COVID-19 Research Centre, medRxiv and US CDC web pages. Other sources of information for this study included: Clinical trials.gov, Our World in Data (OWID), Government and Ministerial web pages as captured on Google, Oxford COVID-19 Government Response Tracker (OxCGRT), Other United Nations (UN) and Socio-Economic-Related Forums and Reports as captured on Google. Reports, narratives and reactions of humans to the disease as captured on various social media such as Facebook, WhatsApp, Instagram, Twitter, Tiktok, Instagram were also sieved and compiled.

Data was analysed qualitatively and various relevant reports and inferences pooled together for the purpose of the study.

Clinical COVID-19

Angiotensin II converting enzyme (ACE II) located on several human cells including type II alveolar cells and cells of various organ systems. The spike (S) protein of SARS-CoV2 is cleaved by a cellular enzyme named furin at the S1/S2 site leading to the easy entry of the SARS-CoV-2 virus into the alveolar cells. There is degradation of angiotensin II and concomitant production of angiotensin which in turn counteracts ACE II^{11,12}. It is the disturbance in the ACE II/angiotensin balance that is responsible for clinical features such as hypokalemia, vasoconstriction and the development of acute respiratory distress syndrome (ARDS). Following infection there is release of inflammatory cytokines by macrophages and monocytes such as IL-2, IL-6, IL-7, IL-10), GCSF, IP-10, MCP-1, MIP-1A and TNF- α . There is also a marked reduction in CD4⁺, CD8⁺ and Natural killer cells^{13,14}.

Haematogenous spread of the virus from local tissue multiplication leads to involvement of distant tissues and organs with ACE II receptors such as lungs, heart, kidney, brain, and gastrointestinal tract. The pneumonia leading to respiratory failure presents with bilateral multiple lobular and sub-segmental areas of ground glass appearance on computerized tomography scan. Extra-pulmonary manifestations include: septic shock, acute hepatitis, myocarditis, acute nephritis, ocular problems, neurological manifestations and disseminated intravascular coagulopathy with widespread micro-thrombi formations. The most common symptoms are headache, fever and cough while pneumonia is responsible for most deaths^{15,16}. The figure below highlights the common complications of COVID-19.

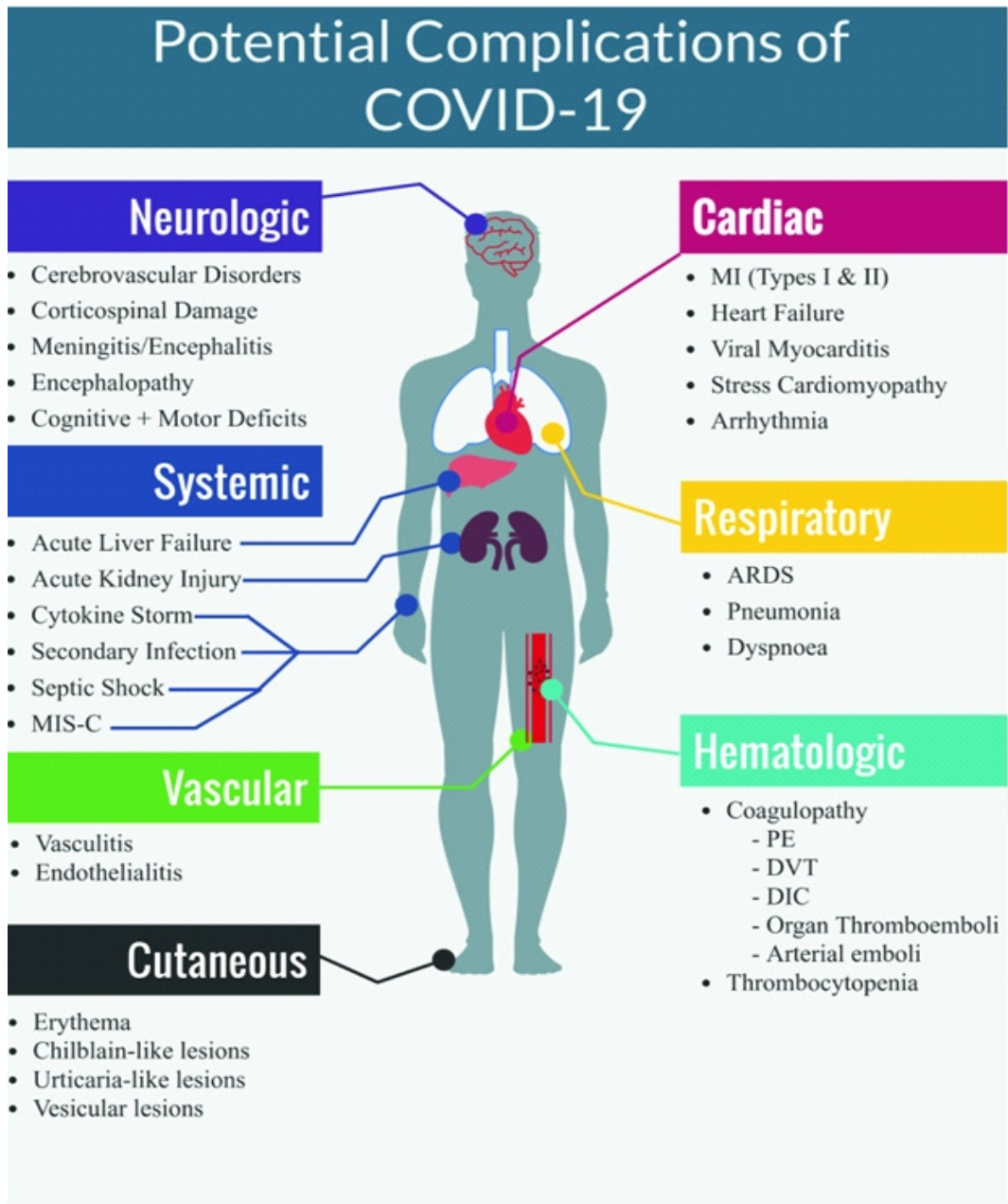
COVID-19 Lies, Misinformation and Falsehood

COVID-19 has remained one disease that has been riddled with so much lies and falsehood about its entire nature. From the causative agent, the mode of its transmission, presentations, treatment, to modes of

prevention and control have all been overshadowed by large scale public misinformation. This scale of misinformation is said to be largely fuelled by the social media (Facebook, WhatsApp, Instagram, Twitter, Tiktok, Instagram) and unregulated media outfits that have literally swallowed up the conventional and properly regulated and reliable sources of information. This large body of falsehood is believed to have given rise to several conspiratorial theories, delusional proneness as well as intolerance of uncertainty, both of which have made difficult the acceptance and internalization of the control measures across the global population more difficult to practice¹⁷.

Misinformation spread in market places, social, religious and other gatherings as well also decreases considerably the ability of the populace to accept scientific facts and all its benefits associated with disease control. This has been going on since the outbreak of COVID-19 in early 2020 to date and the difficulty in practicing social distancing, wearing of face masks and regular handwashing is generally attributed to this, all fuelling further spread of the disease^{17,18}. Several falsehoods that have continued to come up include: a strong association with 5G cellular network; a disease of the rich; a disease of the white race; a disease of the temperate climates; use of face masks, hand washing and social distancing are purely political gimmicks; drinking dry gin, alcohol, lemons and other herbal concoctions could instantly eradicate the disease among others¹³.

This supposedly low trust in science and scientific facts emanating from researches on COVID-19 outbreak significantly fuelled the rapid spread of the disease till date. This is contrary to the ready public acceptance of science behind diseases managements generally as the bedrock of medical practice. Rejection of science behind COVID-19 outbreak is said to have been a major global undoing to further fuel the spread of the disease^{19,20}.



ARDS = Acute Respiratory Distress Syndrome DVT = Deep Vein Thrombosis, DIC = Disseminated / Intravascular Coagulopathy, MI = Myocardial Infarction, PE = Pulmonary Embolism, MIS-C = Multi-inflammatory Syndrome in Children

Figure 1. Pathogenesis and pathology of COVID-19 (Culled from Mallah SI et al., 2021).

COVID-19 Fears

Right from the time WHO declared COVID-19 a global pandemic, there has been palpable fear across all sectors of the society on how deadly the disease is. A report on case fatality of COVID-19 and number of deaths per 100,000 (Crude death rates) per region or country shows that: Burundi, China, South Korea and Australia has 0.2%/0.33, 4.5%/0.35, 0.8%/5.11, 1.1%/5.97 respectively. Also India, Russia, South Africa, USA and Peru have respectively, 1.3%/33.08, 2.8%/150.57, 3.0%/151.48, 1.6%/220.50 and 9.1%/614.49. The case fatality in Nigeria and CDR stands at 1.3%/1.38. Comparatively, malaria afflicts at least 200 million people across the globe with 1-3 million deaths while 10 million new cases of Tuberculosis occur each year with at least 1.5 million deaths. This shows that even at present, and in the midst of the ravaging COVID-19 pandemic, we equally have other deadly diseases which have not received the overbearing publicity COVID-19 is presently receiving²¹⁻²³.

This sensational and exaggerated publicity on COVID-19 has sent fear in the minds of the populace across the globe with mixed outcomes: whether the health institutions will be able to cope with the surge in COVID-19 patients and not overwhelmed, and whether every infected person will be given the desired medical attention. On one hand, people appear to be over-expressing whatever symptoms and signs they have as COVID-19 hence suppressing chances of diagnosing other diseases that have not retreated as well. On the other hand, people stricken with panic about the disease would not just want to be associated with the disease and hence suppressing obvious COVID-19 clinical features and promoting its spread. In several of such instances such persons would prefer seeking healing and remedies from other sources other than allopathic medicine, and hence promoting further spread of the disease^{24,25}.

There is fear of travel both within and across international borders hampering various socio-

economic activities and this fear has generally been grouped into fear of the unknown, social isolation, hypochondriasis, disgust, information-driven fears, and compliance. It can progress into more severe forms of anxiety and other neurotic states. Management of COVID-19 fear should be a collaborative approach involving medical and paramedical personnel, rescue officers, fire fighters, police and first responders with: exercise caution in the dissemination of COVID-19 news; low illness anxiety disorder; tolerance to social isolation; some tolerance for the unknown; and low levels of disgust sensitivity among others^{26,27}.

COVID-19 Social Stigma

Social stigma as related to health is a negative attitude towards a person, group of persons, tribe or a country who share certain characteristics and a particular disease. In the advent of COVID-19 outbreak, individuals, group of persons and countries have been labelled, stereotyped, discriminated against, treated separately apart from others and or humiliated as a result of perceived association or infection with COVID-19. This type of negative treatment can affect both those with the disease, their caregivers, those residing in the same community with them, and those that share similar characteristics with them as well. It is a social order set to exclude those perceived to be responsible for spread of the disease^{28,29}.

COVID-19 social stigma has grown rapidly since the outbreak due to the fact that: it is a new disease with many unknowns about the disease; also there is a general fear of the unknown as a result of the rapid distortion of the medical and socioeconomic orders of the society with emergence of new normals; and it is generally more convenient and plausible to associate that fear with others³⁰.

COVID-19 social stigma has continued to fuel the spread of disease in several ways: People infected would go into hiding until the disease gets worse; people may not readily turn out for routine and targeted

screening exercises; and may not be willing to collaborate in efforts to investigate contacts in their locality. Social stigma breeds discrimination and xenophobia as there has been reports from several western cities and towns of discrimination against Chinese and Asians in general. Reports from Paris, London, Berlin, Washington, New York among others showed refusal of free association of natives with Chinese and other Asian nationals, and cases of violent attacks on them creating social disharmony and tension^{31,32}.

COVID-19 caused diplomatic row between nations generating ill feelings where presidents of some countries directly associated the SARS-CoV-2 virus with others countries' deliberate attacks on others. The disease gave rise to wide scale racism and injustice as children of Chinese decent and other Asian countries were banned from attending classes in some American and European countries, and Chinese nationals in various parts of the world had to hurriedly self-repatriate back home due to perceived hostilities against them³³.

COVID-19 Public and Social Disorder

As at December, 2019 and backwards to time in history, we have had instances of travel bans by nations and localities from certain geographic locations across the globe both within and international borders. The great Flu pandemic of 2018 as devastating as it was across the globe was not accompanied by the level of large scale social disorder at both local and international levels experienced during the COVID-19 pandemic. Both air, sea and land travels were literally grounded to a halt across communities and nations. There was cancellation of public events, schools were shut down, factories and industries were shut down, international travels were abruptly halted, with a culmination of total lockdown in several communities on the planet. Worship centres were deserted, with a sudden and complete deviation from time-tested and well established social order systems and norms^{34,35}.

The true cost of this aftermath of social disorder may be difficult to quantify at a global scale as it directly affected economic, medical, religious, commercial, technological, agricultural, and educational sectors of the society among others. In Nigeria for example, the poor performance of candidates in the University entry examination from the result released compared to previous years could be attributed to the prolonged period of school closure leaving little time to prepare the candidates for the examination adequately. Similar instances could occur in the higher learnings of Polytechnics, Colleges of Education and Universities in the country and in many other parts of the world³⁶⁻³⁸. The cumulative psychological effects of self-quarantine, Self-isolation, self-solitary confinement in addition to enforced restrictions on individuals and entire societies is already quite apparent. Here researchers in Germany advocated a training in sense of coherence in order to enhance resistance to these COVID-19 stressors³⁹.

COVID-19 and Costly Experimentation

When COVID-19 broke out in China, the main land government, Hong Kong and subsequently other communities that experienced outbreak did not waste time in imposing strict containment practices at the community levels. This was closely followed with total lockdown in all the communities affected to limit the spread of the disease in those countries. This approach was adopted by countries such as Germany, Australia, Canada and Nigeria which helped to a large extent to limit the spread of the disease⁴⁰⁻⁴².

The initial approach to COVID-19 outbreak in England and other parts of the United Kingdom was however different. It is widely reported that the UK government was reluctant in imposing strict community and hospital containment mechanisms but was rather more disposed to encouraging spread of the disease in the country with the hope to attain Herd Immunity. This government's decision which was borne out of recommendation of its own team of scientists in

collaboration with government ministers is said to have claimed at least 150,000 lives which could have been avoided. It is reputed to be one of the worst public health failures in British history, and curiously happening in this 21st century by simply accepting without proof that Herd Immunity was the best way out of the pandemic, and in a country with world class healthcare service delivery systems⁴³⁻⁴⁵.

It has however been argued out that, the manner the novel coronavirus disease came, and in the circumstances it spread rapidly with so many uncertainties and unknowns about the disease, such costly mistakes were inevitable even among the most knowledgeable^{46,47}.

COVID-19 Vaccine Controversy

Availability of vaccine to help in the control of any ailment afflicting humanity is always greeted with joy and a rekindling of hope towards elimination of such a disease. The situation has generally been different in the case of COVID-19 where arrival of candidate vaccines for its effective control attracted mixed feelings and reactions from different parts of the world with even demonstration against administration of the COVID-19 vaccine in some parts of the world⁴⁸. In Germany, a study showed that at least 35% of the populace were afraid or hesitant to take the vaccine⁴⁹; in Istanbul, a study showed that as much as 70% of the study population were hesitant to taking vaccine with 19% outrightly rejecting the vaccine, also 21% healthcare workers. Reasons advanced for vaccine rejection in Turkey were: fear of probable side effects, unknown scientific results, general lack of trust in information on COVID-19, and a general high COVID-19 anxiety state among others⁵⁰. In France, at least 25% of the healthcare workers interviewed would reject vaccine uptake as at mid last year for similar reasons as advanced in Turkey⁵¹. A survey of the 23 Arab nations about COVID-19 vaccine acceptability showed that 83% of the populace were hesitant or would reject the vaccine for fear of side effects. Other

reasons advanced in the study were the speed with which the vaccines were produced, lack of trust in the information from government and scientific community, lack of any major illness, and those with lower educational status⁵². Findings from a review study in South Africa showed that there was large scale COVID-19 vaccine hesitancy in the country and it was fuelled by factors such as age, race, education, politics, geographical location, and employment⁵³. In the U.S.A, at least a quarter of the entire populace is still hesitant to COVID-19 vaccine uptake, and the reasons mostly advanced are fear of vaccine safety and side effects and the high speed clinical trials went through⁵⁴.

COVID-19 vaccine hesitancy in other countries in percentages of general population is: Russia 33, Australia 34, Italy 13, Canada 14, U.K. 12, South Korea 15, Japan 16, Spain 9 and Brazil 4⁵⁴. In Nigeria, since the commencement of countrywide vaccination against COVID-19 in March 2021, only 2.3% of her over 200 million people have been fully vaccinated, and there is high vaccine hesitancy and rejection⁵⁵. Information around local communities and even major cities is that COVID-19 vaccine is a creation of the West to cause sterility among Africans of reproductive age and hence depopulate Africa. And also that, it is a weapon fashioned by a very few richest individuals in the world to take control of entire humanity on the planet^{56,57}. The generally recognized factors fuelling COVID-19 vaccine controversy include: misinformation, misconceptions, illiteracy, ignorance, limited supplies of COVID-19 vaccines, and logistical issues, as well as an underlying suspicion of authorities. It is also generally believed that the level of advocacy, sensitization and information dissemination is inadequate to deal with the dual problem of COVID-19 apprehension and associated economic uncertainty facing the country^{55,58}.

COVID-19 and Deepening Inequality among Nations

Prior to the establishment of multinational

organizations such as United Nations (UN), World Health Organizations (WHO), International Monetary Fund (IMF), World Bank, and World Trade Organization (WTO) from the middle of the 20th century, struggle for military and economic supremacy among nations of the world was the order of the day. These organizations were meant to checkmate the excesses of member nations, respect each other and assist each other to grow, hence bridging the gap between the highly and lowly endowed nations. COVID-19 outbreak has shattered all the prescriptions and guiding principles of the above organizations as the rich nations of the earth continue to have more access to drugs, equipments and now vaccines to control the disease. At present, the entire population of Africans with a total population of 1.4 billion people is far less than the total population of British people (68.4 Million) vaccinated. Africa is experiencing a huge gap and shortage in vaccine supply and at the current conservative rate at which COVID-19 vaccines are trickling into Africa, it may take at least 10 years for the continent to attain herd immunity^{59,63}.

African nations would need to establish COVID-19 vaccine manufacturing laboratories, and international financial organizations should step up the financing of these projects to help bridge the wide vaccine gap on the continent. This would also help address the growing disparity in healthcare delivery systems among the High and Middle and Low income countries.

COVID-19 Impact on Economy and Demographic Challenge

A literal narrative of the total number of deaths across the globe due to COVID-19 which presently stands at 4.81 million which is simply counting the dead is really a conservative number but is still huge for a disease causing such number of deaths in less than two years. The true demographic impact of COVID-19 right from the time of its outbreak to date involving its mortalities can better be appreciated when viewed in the light its age-specific mortality. Projections from America alone

has shown that if COVID-19 causes the death of 1 million Americans, it would have reduced the life expectancy by 2.94 years, and brought down the remaining life years to 11.7 per death. And that 1.75 million deaths is equivalent to 20.5 Trillion person years of life lost, and avoiding this would cause at least 17.5 Trillion US Dollars⁶⁴⁻⁶⁷. This picture which is similar to that in every other region of the world where COVID-19 has wreaked havoc is attacking a very useful segment of the populace with impact far outpacing HIV/AIDS and Opioids epidemic which have occurred over a long period of time spanning decades. On the contrary, COVID-19 has caused these casualties over a short period of time of few months with global impact only less than that of the Spanish Flu of 1918⁶⁸.

Deploying huge financial and logistic services to fight one disease at the expense of other diseases would open the flood gate to other hitherto properly controlled diseases such as Tuberculosis, malaria, typhoid fever, HIV/AIDS, leprosy among others to surge due to lack of adequate attention with increased mortalities.

In another vein, by analyzing the premature deaths caused by COVID-19 in 81 countries, it was found that by early January 2021, COVID-19 had already claimed 20.5 million Years of Life Lost (YLL). It was found that the disease caused 2-9 times the average mortalities of seasonal influenza, three quarters of YLL among those aged 75 and above; a third of deaths among those below 55, and men lost 45% YLL more than women^{69,70}. The combined impact of the withdrawal of services of such a large industrious and innovative segment of the society from science, technology, health, commerce, industry, economy among others is extremely huge.

COVID-19 and Global Economic Downturn

In 2020 COVID-19 pandemic took its toll on the global economy as evidenced by abrupt crash of most stock markets such as Nikkei -30%, Shanghai -10, Dow Jones -20%, MIB -25%, CAC 40, DAX and FTSE 100 -28% among others with majority losing a quarter of their

initial market values. The New York Stock Exchange valued at over 33 Trillion USD was shut down for several months in 2020 for the first time in over 200 years and is yet to recover to her full operational capacity. Unemployment rate rose to 13.4% in Brazil, 11% in Italy, 9.7% in Canada, 8.9% in USA and France, and 5.4%, 4.3% and 3.3% respectively in United Kingdom, Germany and Japan, and oil prices dipped by 65%. Job vacancies dwindled in all those economies and generally across the globe with each country experiencing a shrinking GDP and throwing same into economic recession⁷¹⁻⁷³. The only economy that had real growth in 2020 was China at a rate of 2.3%. Both cargo and passenger flights were disrupted, hospitality industry came to a standstill in the whole of 2020 and tourism industry froze cold. The total money the global economy is estimated to lose to COVID-19 is estimated at not less than 4 Trillion USD in 2020-2021 which will increase to 8.5 Trillion USD in 2024, and this figure is bound to increase further.

The direct and indirect consequences of the above scenario is: more hunger in the world, increased violence and restiveness, less money to fight other communicable and non-communicable diseases and hence more deaths from them, abandonment of other critical sectors such as education, agriculture, science and technology with long term consequences^{74,75}. This effect is more pronounced in sub-Saharan Africa where extreme poverty, hunger, unemployment, youth restiveness and violence, and diseases have all skyrocketed since the outbreak of the pandemic. The situation in Africa has worsened as a result of the plummeting of Foreign aids to the continent as a result of COVID-19 toll on donor nations^{76,77}.

COVID-19, Domestic Violence and Suicide Rates: Quarantine Paradox

A team of researchers have analysed suicide rates amidst the COVID-19 pandemic in several high and middle income countries and came to a conclusion that there was no significant increase in suicide rates during

the pandemic compared to the pre-epidemic era. This achievement is believed to be associated with the early sensitization, education and psychological support services that were commenced early in the outbreak of the disease. It is however believed that as it is the trend with most epidemics, suicide rates linked to COVID-19 are likely going to increase in not too distant future in those communities as the impact of the large-scale social and economic disruptions continues to weigh down⁷⁸. In another study carried out in Nepal, a low income country found a sharp increase of suicide and self-harm cases of 44% and 77.9% respectively during the period of lockdown compared to similar earlier periods⁷⁹.

COVID-19 Lockdowns in 2020 is said to have caused social, economic and financial distress and the financial difficulty is said to have precipitated stress and frustration with negative coping strategy such as drugs and substance abuse and depression. These have all been known as baseline triggers for domestic violence. In a survey at the peak of lockdown in 2020, it was observed that cases of homicide, murder and physical assault among close relatives sharply increased from this period of prolonged confinement.⁸⁰⁻⁸²

COVID-19 a Political or economic weapon?

It appears up till now a significant section of the global community still looks at COVID-19 as a political weapon fashioned by some nations to bring down their rivals, and also as an instrument of bioterrorism. In the USA, not a small segment of the party faithful precisely the Republican Party believed that the disease was designed to cause their electoral woes at the polls and bring down their candidate which was fast approaching, and it indeed came to pass, thus confirming their belief⁸³. The manner frontline economies across the globe started tumbling at the expense of the Chinese economy which showed more resilience raised more suspicion in the hearts of people with this view as well. Those with this line of thought viewed COVID-19 as a pure economic war and a struggle for global economic

dominance⁸⁴. Also, the manner in which each nation with requisite technology to produce COVID-19 vaccine was in a hurry to release same carried with it a desire to have a competitive edge over others rather than a pious desire to address a global medical emergency⁸⁵.

COVID-19 and Others

Other aspects of human endeavour that COVID-19 gave a severe blow include: overstretched health systems where majority of health workers were deployed to manage COVID-19 leaving few personnel to manage myriad of other diseases and border closures that severely hindered asylum seekers and other legitimate migrants from escape. Others viewed the disease more of a spiritual disease than real, hence ignoring the known pharmaceutical preventive measures with attendant consequences. This has seen an upsurge of activities of Spiritualists' National Union (SNU) in the United Kingdom with similar approaches in different parts of the world in a bid to commune with the dead and find lasting solution to the pandemic^{86,87}. Also, the large scale closure of churches, mosques and other worship centres denied healthcare workers frontline workers and the public from holistic care for psychological and emotional balance needed most to confront the epidemic successfully^{88,89}.

DISCUSSION

Drawing from the above narrative, it is crystal clear that COVID-19 is a disease that is different from other diseases of humanity in recorded history. Never a time has there been a disease that apart from the direct clinical effect which hinges on the number of sick people and the number of deaths from it, has touched the main fabric of entire socio-economic structure and ripped it open with incalculable damage. The number of deaths that could arise from domestic violence, homicides, murders, drug and substance abuse, depression and mental disorders, poverty, hunger, and

other associated COVID-19-triggered disorders could possibly rival deaths from the main disease itself in years to come. The ease of travel and communication among continents, national and international borders of the world at present could have possibly fuelled the aggressive nature of the spread and expansion across the world. This is different from other similar epidemics in the past which were limited by inherent constricted movements and communications at the time, and hence naturally localizing them⁹⁰.

COVID-19 may appear not to have unfolded its full extent of harm and damage to humanity; however, the presently identified devastations need to be carefully addressed through focused policy directions at local, national, regional and multinational levels⁹¹. The most disturbing belief about the socioeconomic and other non-clinical forms of COVID-19 manifestations is that, they have the potential to continue to hunt humanity even after the war against the disease would have been won still causing incalculable damage to lives and property⁹².

CONCLUSION

This study has shown that COVID-19 pandemic apart from its clinical manifestations with high mortality and morbidity, the disease has come with attacks on humanity through fear, anxiety, economic losses, hunger, poverty, stigmatization, discrimination, racism, injustice, inequalities, health disparities, global overstretched health systems and infringement of various fundamental human rights. The disease also came with increased domestic violence, murders and homicides of close relatives, a general distrust of the world social world order by a large segment of the global community, serious demographic challenge, costly experimentations at expense of human lives, widespread public disorder, a deepening political and economic war among nations, and increased spiritualism. These have the potential of causing as much harm to humanity as the disease itself and could

outlive the disease when it would have been conquered.

Recommendations

While we may not have brought out all the ills COVID-19 pandemic has brought on humanity, this paper has opened another dimension to the pandemic that needs to be thoroughly addressed as they have the potential to outlive the disease hence causing more harm. We cannot guarantee the absence of newer, hitherto unknown, indirect insults from the disease in future; hence, more vigilance and surveillance is required by looking at the disease beyond the virus.

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