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CORONAVIRUS MEDIA DISCOURSE AND CURRENT SITUATION (QCA FOR DIFFERENT RESPONSES TO COMBAT COVID-19)

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Abstract

Purpose of the study: Given the immense spread of the Coronavirus disease, it is imperative to note how the leaders and governments approach the issue and the suggestions made to protect the people and not spread panic.

Methodology: The study incorporates scrutiny of the available online media with official statements and news outlets made by state officials and leaders. Thus, one can note the implementation of qualitative comparative analysis to determine the difference in the attitudes and approaches of various world leaders to combat the disease.

Main Findings: Most world leaders acknowledge the threat Coronavirus poses to humanity yet are willing to sacrifice economic development for the survival of their people. Whereas others are more inclined to disregard the seriousness of the threat despite evidence of the lethal nature of the coronavirus and its effect upon people of all ages.

Applications of this study: The application of the study is primarily in the assessment of the position of world leaders with regards to the assessment of their leadership qualities and the success or failure of their decisions in terms of fighting the onset of the disease. When humanity overcomes coronavirus, numerous world leaders are likely to lose their job with this utilized information being the reason.

Novelty/Originality of this study: Considering the recent outbreak of the pandemic, no-one has utilized nor compared any of the information in terms of how the world leaders and various countries are combating the disease. This study provides a comparative analysis bringing successful and openly failed decisions to the fore of the society allowing every individual to assess the scope and effort made by the state.

Keywords: *Coronavirus, COVID-19, Epidemic, Media Discourse, Pandemic, Social Networks.*

INTRODUCTION

Coronavirus is the first pandemic of the information age. The increase in the number of cases in the world can be observed online, which gives some illusion of a common problem for mankind. Statistics strongly depend on the structure of health care in each particular country and, even more broadly, on the structure of society. Both are still local, not global factors.

China and South Korea have been successful in combating coronavirus through measures that are unacceptable in Europe, and in the United States, the damage from the epidemic may be more serious due to the structure of the health system.

The real risk of suffering from the consequences of the epidemic is very different for residents of different countries. Life expectancy is one of the main factors. With a high indicator, the size of the main risk group is greater - people aged 75+ (Roser, Ortiz-Ospina and Ritchie, 2019). Among the countries with the highest number of cases, Italy, Japan, and South Korea - on average, 83.5, 84.6, and 83 years living there. In China, this figure is significantly lower - 76.9 years, in Iran - 76.7 (Roser, Ortiz-Ospina and Ritchie, 2019). For poor countries, where people on average do not live to be 70 years old, coronavirus is most likely not so dangerous. However, is it so and that simple?

Another factor is the state of the universal health system. Here, the USA stands out among Western countries - medicine is very expensive, even going to the doctor for insurance often involves large surcharges. Therefore, for centralized diagnosis, special measures of the federal government are needed, which in the USA are just beginning, with a great delay, to take. Lifestyle, habits, and social norms also strongly influence the spread of the epidemic and determine different scenarios for combating it. Yet, the influence of the media and the reaction of the people are the two determining elements that contribute to the spread of panic and inadequate reaction to the situation. In the situation, with the coronavirus pandemic, one can note the presence of hysteria. Hysteria is when one just sneezed and immediately finds a million signs of a terrible disease. Among impressionable people, hypochondriacs, such processes occur at lightning speed. Medical workers toiling their shifts in clinics and hospitals complain that people calling on the hotlines are demanding that they are hospitalized urgently, although the only symptom may be a slight cough. Yet, most people demanding such treatment do not even have a fever.

Of course, it is precisely such people who are often responsible for inciting universal hysteria by making reposts of various information of a frightening nature on social networks, not particularly delving into how true it is. Some do not exclude that representatives of various sectors of the economy, who can make good money at this moment, also contribute to the spread of panic in the mass consciousness. These are food retailers, and sellers of miscellaneous goods

(especially the shadow segment) of essential nature that usually become scarce during the epidemic. In the case of the COVID-19, these are medical masks, antibacterial gels, and medical gloves.

Hypothesis

H1: The media play a key role in over-exaggerating the threat of the coronavirus, whereas the world leaders ought to focus more on the economy, which is becoming ruined by the quarantine actions.

H0: The media does not over exaggerate the threat of the coronavirus, and the world leaders are making sound precautions.

LITERATURE REVIEW

Recently, not a day has gone by in the press that another patient was hospitalized with suspected coronavirus or at the airport; they found another Chinese with fever (Lourenco et al., 2020). Some of this news is just fake (Hua and Shaw, 2020). In part, premature information is published (Hua and Shaw, 2020). In any case, even the media are trying to use the current situation for their own purposes, but meanwhile, ordinary people, medical organizations, and even the economies of entire countries suffer. Coronavirus is far from the first horror story of recent years (Abaido and Takshe, 2020). Throughout the two thousandth years, more and more new infections appear, such as bird flu, swine flu, SARS. And yet none of them caused really serious problems on a global scale.

Coverage of the outbreak of coronavirus in the media and social networks leads many to believe that the infection carries a mortal danger; however, in many cases, the infection passes without symptoms. Around the world, the number of those infected with COVID-19 exceeded 90 thousand people, but more than half of them have already been cured. Mortality from the disease is about 3%, and the number of deaths is reduced daily (Raoult et al., 2020).

From around mid-February, the epidemic has been declining. Every day, no more than 2-2.5 thousand patients are reported over the past day. Probably the peak period has passed. Yes, the virus causes a dangerous complication - pneumonia, which caused the death of so many people (Adhikaru et al., 2020). But if one compares these numbers with statistics on mortality from influenza, the picture appears in a completely different light: every year, about 650 thousand people die from complications associated with this disease. But the flu does not cause such a panic. Why? Because the press is not making a splash out of the annual flu story (Bjorkdahl and Carlsen, 2017). So, on the one hand, one must remember that, in fact, coronavirus does not pose a more serious threat than the “ordinary” flu, but, on the other, this is not a reason to neglect prevention (Zhang et al., 2020).

The topic of coronavirus has been on the top for several weeks now, so many publications and bloggers do not ignore it, playing on the high public interest and heating it even more. At the same time, all publications rumor about the hot topic: statistics of the infected and dead as a result of complications are constantly being updated, and there are reports that the virus has spread to another city (Adhikaru et al., 2020). In addition, against the background of publications reflecting the real picture, there are materials that sound outright fakes - about corpses on the streets, about millions of people who became victims of the epidemic, about the executions of Chinese people who violate quarantine, about the authorities' desire to hide the real situation, and so on (Abaido and Takshe, 2020). What's the point of this? Additional views and subscribers. As for the reliability of the information, this aspect is not of concern to everyone.

The excitement that has risen around the coronavirus epidemic certainly has “sponsors” - those who benefit from panicking because of a possible infection, do not trust the authorities, and at the same time buy miracle drugs that supposedly protect against coronavirus (Garret, 2020). Obviously, panic plays into the hands of pharmacological companies - people, frightened by a potential infection, are buying up antiviral drugs, which in this particular case are of dubious effectiveness, and homeopathy and manufacturers' profits are growing.

Another important aspect is the trade war between China and the United States, and the coronavirus has become one of its tools. Exaggerating the danger of infection has become for Americans a way to slow the growth of the PRC economy and improve their own position (Mandeville et al., 2014). The epidemic will also affect global stock indices and non-oil prices, which many major market players are interested in.

The world experience of recent years shows that absolutely all epidemics that could have acquired the character of a pandemic were safely stopped. Among them are outbreaks of Ebola, bird and swine flu, SARS, and other diseases. WHO efforts, modern medicines, and preventative measures do not leave epidemics a chance (McCauley, Minsky & Viswaanth, 2013).

US authorities intended to send $ 1.5 billion to the pandemic threat. President Barack Obama called on the nation to wash their hands, and its vice president Joe Biden went further, saying that we should refrain from traveling on airplanes, trains, and avoid mass contacts (Klemm, Das, & Hartmann, 2014). Shares of air carriers and travel companies, respectively, dipped on such recommendations from above, the three largest US airlines announced a sharp reduction in flights to Mexico on falling demand. The panic around swine flu spreads much faster than the virus. Despite the obvious fact that the deadly danger of swine flu is many times lower than the usual flu, the governments of the world act as if the hour of Armageddon has arrived (Hilton & Hunt, 2011).

In the US, there were calls for Obama to close the border with Mexico "for the sake of saving the nation." Despite official evidence that swine flu is not transmitted with pig meat, pig farms were destroyed in Egypt, and many countries have imposed temporary restrictions on imports of American and Mexican pork (Luth, Jardine, and Bubela, 2013). This is also a kind of hysteria. American pork producers lost about $ 270 million in April-June due to panic in the consumer market (Luth, Jardine, and Bubela, 2013).

The massive gusto-sickness associated with the disease, the fatal victims of which in the world were about two dozen people - residents of countries with low levels of medicine, has given rise to many of the most incredible "conspiracy theories" that are rapidly spreading over the Internet. There was a kind of phenomenon of the "Internet epidemic." "The chance that now that you are reading this, you have the swine flu virus in your hands is extremely close to zero," wrote bloggers who did not lose their sense of humor.

In the virtual space, there were versions that attributed the creation of the "deadly virus" to various "dark forces" - from the American pharmaceutical giants and the CIA to the "terrorist N1" Osama bin Laden, Mexican drug cartels, the ubiquitous Israelis and even aliens from outer space. Social web media like Twitter and Facebook, which previously established themselves as the power of good to deliver real-time information to people, have now become the basis for the spread of conspiracy theories (Ahmed et al., 2019).

The World Health Organization said on Saturday that although the number of confirmed cases of human infection with A / H1N1 influenza has increased in the world, the virus does not have a steady spread outside North America. Although hysteria is visible to the naked eye, the reaction nevertheless differs both with A / H1N1 and the coronavirus today (Seah, Su, and Lingam, 2020). At the beginning of the epidemic, inconsistent data on the spread of the virus is noted. Naturally, all the data on the outbreak are “raw” and vary from media to media; therefore, they raise panic in social networks by sending sensations like “The government hides the true number of cases!” Through a “spoiled phone” (Nelson, Simard, and Oluyomi, 2020). Well, of course, there are enemies everywhere, and the authorities specifically hush up the scale of the problem. Usually, panic is raised by people who think that anyone who is ill in the hospital is immediately given a “magic” test, they are immediately diagnosed, and just in case they decide not to advertise (Nelson, Simard, and Oluyomi, 2020). The reason for the general panic and distrust of the published data on the number of infected people is the conflicting data received from the Chinese authorities in the early stages. They tried to convince us that the virus is not transmitted from person to person, although among specialists, this already raised doubts (Hua and Shaw, 2020). It can also be assumed that initially, the Chinese government tried to calm the public and underestimated the statistics.

Thus, hysteria in the media was fueled by both deliberately disseminated misinformation and the inconsistency of data that now made a large number of people self-isolate in an attempt to prevent their own infection. This is fundamentally different from what happened with A / H1N1 (Ahmed et al., 2019). Although the level of hysteria was about the same level, nevertheless, with coronavirus, people are more worried about their health, given the clear example of European countries, especially Italy.

METHODOLOGY

1. Method

The current study implies the application of the Qualitative Comparative Analysis (QCA). The high popularity acquired by the method in the social sciences is explained by a number of its features. Like most data analysis tools, QCA can be used in various research situations: to establish causal relationships, categorize objects, search for factors, etc. (Kane & Kahwati, 2020). Initially, QCA was designed to implement causal analysis, since it allows us to establish the determinants of the phenomenon by detecting sufficient and necessary conditions for its occurrence on the basis of a comparison of objects in which this phenomenon is inherent. QCA allows you to establish patterns (determinants) in the form of combinations of values of independent attributes (Kane & Kahwati, 2020).

Another distinguishing feature of QCA is the possibility of studying equifinality — establishing several causal explanations for the same phenomenon (different determinants for a certain target value) (Kane & Kahwati, 2020). Thus, the QCA is aimed at searching and forming not a single averaged model that provides a general explanation for all objects, but several variants of the determinants of the same phenomenon that are characteristic of different subgroups of objects. This feature of the QCA is closely related to another - the ability to detect different determinants for each of the values of the target indicator, i.e., the search for patterns is based on the assumption that the causal relationship is asymmetric (Kane & Kahwati, 2020).

From a practical point of view, an important advantage of QCA is its orientation to working with “medium” in volume samples (10–50 objects), when there are too few objects for applying traditional statistical analysis and too many for a classical comparative case-study, which involves matching objects “manually” (Kane & Kahwati, 2020). However, the number of objects is not a limitation for the use of QCA; it can also be used to analyze large arrays (as will be shown in the example below).

This study focuses on QCA using fuzzy sets. The latter is of particular interest for sociological research, since it allows you to overcome the main limitation of the first version of the QCA (for clear sets), designed to use only dichotomous variables. When operating with fuzzy sets, objects can be described using multivalued variables, including those measured at the interval and absolute levels (Kane & Kahwati, 2020).

To apply the method of qualitative comparative analysis using fuzzy sets, the initial data (a set of objects described through the values of variables) must be prepared by transforming them so that the objects are represented using degrees of belonging to different sets (Kane & Kahwati, 2020). To do this, use the calibration procedure for the values of the source variables, namely the theoretical one ("manually" attributing the degree of belonging of objects to sets, using from 3 to 7 gradations) (Kane & Kahwati, 2020). As a result of calibration of the initial variables, new ones are obtained that contain information about the degree to which each object belongs to a certain set. Thus, information about objects expressed using various indicators is "translated" into the language of membership in sets.

The method of qualitative comparative analysis is intended to search for sufficient and necessary conditions for the phenomenon under study. This task is realized in the "language" of set theory (Kane & Kahwati, 2020). In turn, relations between sets imply a certain type of causal argumentation. Given the conditions of the study and the results of a literature review, we propose focusing on such factors as the dissemination of information about coronavirus in the media of different countries, the reaction of the government and world leaders to the pandemic about coronavirus, as well as the forecast of subsequent actions in different countries.

2. Sampling

Given the situation with the spread of coronavirus, it is logical to consider the reaction of the population and the dissemination of information in the media separately for countries struggling with a pandemic. Thus, it is proposed to consider the following countries: China, South Korea, small champions (Singapore, Taiwan, Bahrain), Spain, France, Germany, Switzerland, Norway, Great Britain, Italy, Canada, and the USA.

3. Tools

The findings are to be filled in accordance with the example table presented below:

#	Country Name	Virus Infected	Death Tally	Media Response	Leader Response	Forecast
1						

The number of virus-infected and the death tally are taken from the official WHO sources, whereas the media response, leader response, and forecast are taken from the media outlets, as well as the responses of the country leaders. One must note that the media response, leader response, and forecast are evaluated using a 5-point scale to measure the severity, ranging from 5 being least severe to 1 being most severe. As a reference, one used the DEFCON concept, which can be applied in the current situation.

FINDINGS

Table 1: Coronavirus Effect in World

#	Country Name	Total Virus Infected	Death Tally	%	Media Response	Leader Response	Leadership Forecast
1	China	83482	3349	4,01%	4	2	4
2	South Korea	10512	214	2,04%	3	3	4
3	Singapore	2299	1	0,04%	2	1	5
4	Bahrain	1040	6	0,58%	2	1	5
5	Spain	161852	16353	10,10%	2	3	2
6	France	92787	13814	14,89%	2	1	2
7	Germany	120479	2673	2,22%	2	2	3
8	Switzerland	24820	831	3,35%	3	3	4
9	Norway	6320	98	1,55%	2	3	4
10	The UK	78995	9875	12,50%	2	1	2
11	Italy	152271	19470	12,79%	1	1	1
12	Canada	22544	600	2,66%	2	3	2
13	USA	492881	18516	3,76%	1	4	2
	TOTAL	1250282	85800	-	-	-	-
	Average	-	-	5,42%	2,07	2,15	3,17

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Because the coronavirus pandemic is tackled mostly by countries separately and not unified, this allows suggesting that the efforts are not efficient. The findings show that despite the measures taken and the relatively later development of the pandemic on their territories, the European countries and the USA are suffering the most. The most amount of total virus-infected is the USA, then comes to Spain and Italy. Yet, by the number of deaths, Italy currently occupies first place with the USA close behind. Although the third parameter, which is the number of deaths of those who have been infected, shows that France is the one to be least effective. Yet, this is somewhat debatable as one must consider the state of the medicine, the life expectancy, as well as the immigration issue. Nonetheless, the data presented in Table 1, is shown visually in figure 1.

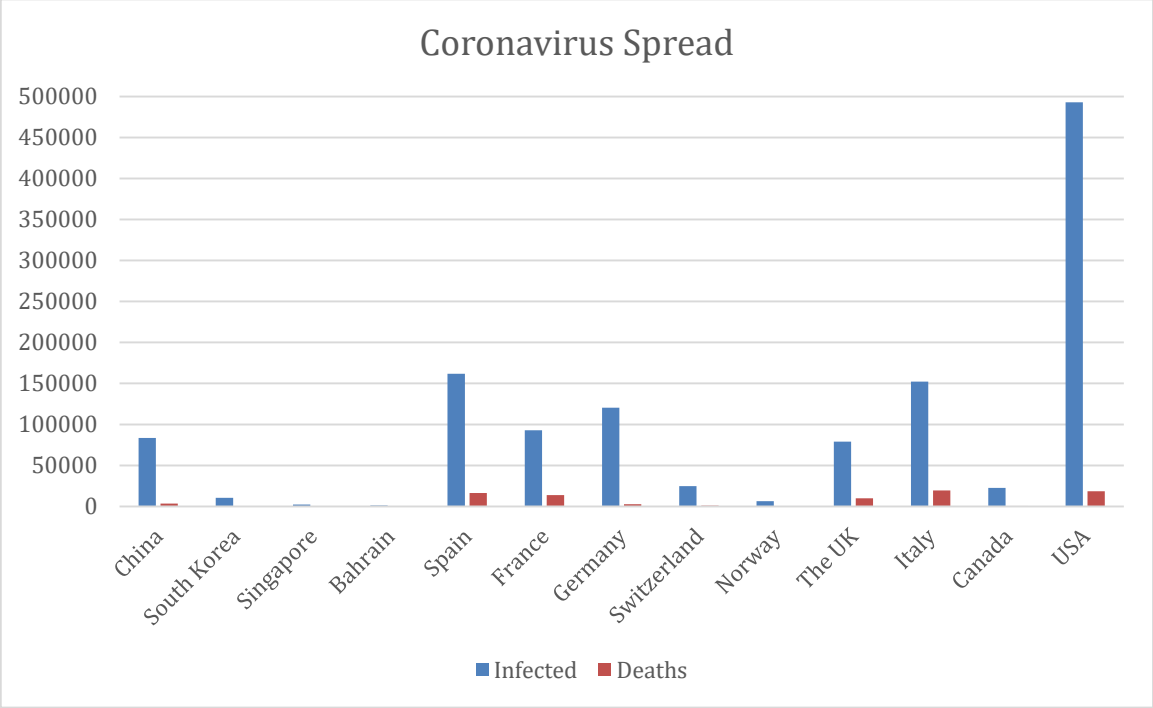

Figure 1: Coronavirus Effect in World

Figure 2 shows the percentage of those dead over those infected.

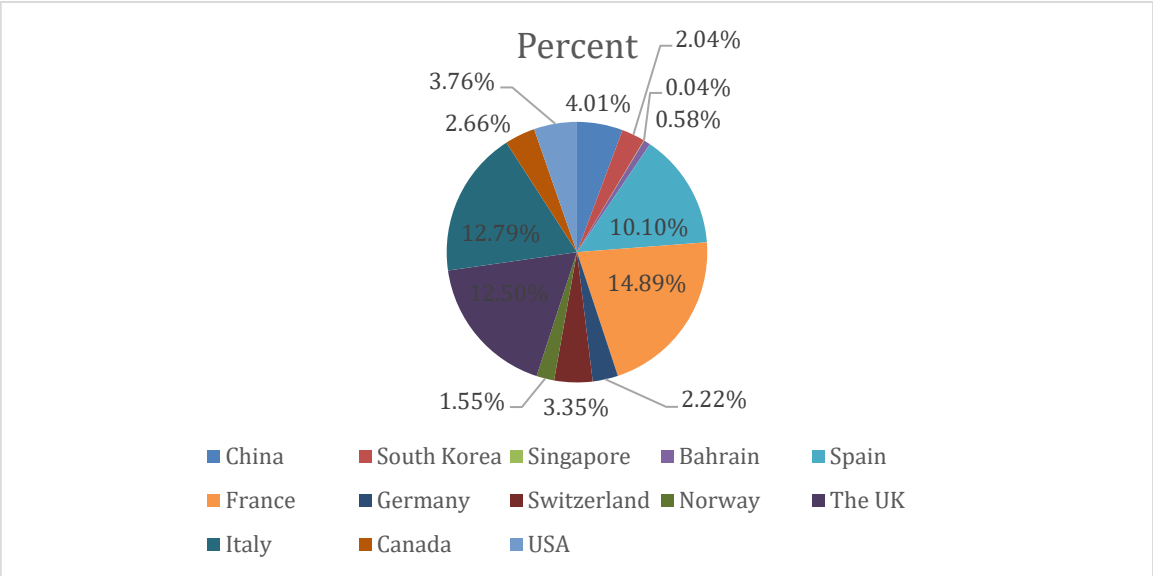

Figure 2: Percent of those dead vs. infected

And figure 3 shows the severity response in various countries.

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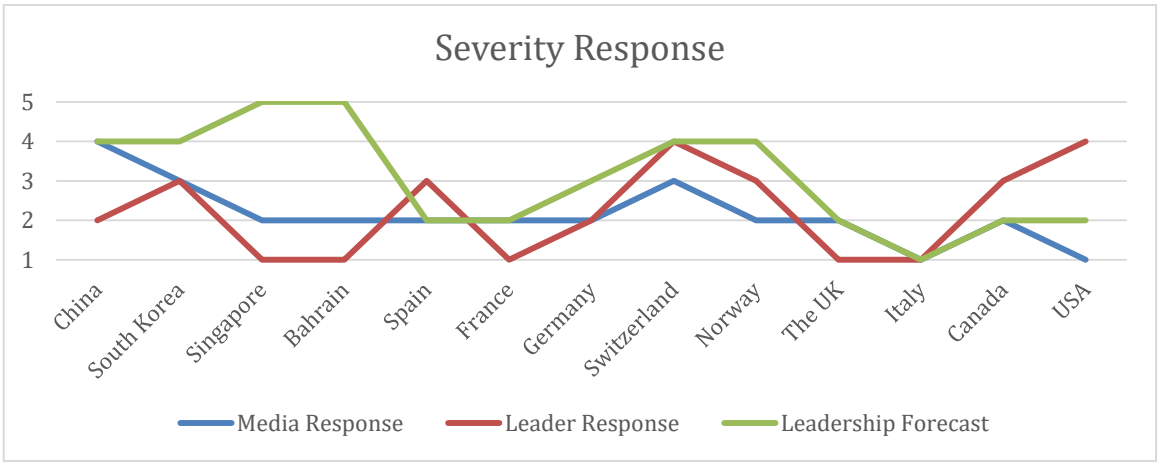

Figure 3: Severity Response

DISCUSSION

However, each of the states must be nonetheless considered for further comparative analysis of their efforts. China was the first to encounter the epidemic, but some suggest that the virus was in this region as early as the fall. The Chinese government did not know what it was facing, so it was impossible to act on the lead (Page, Fan, and Khan, 2020), But then unprecedentedly tough measures were taken. People in the foci of the disease were forbidden to leave their homes, and food was brought to them (Callick, 2020). A similar level of restrictions cannot be imagined in any democratic country. In Italy, only patients remain at home; everyone else goes to supermarkets, observing the prescribed distance of three-meter to another person. The number of tests made in China was large in number, yet the number of tests in the USA was even higher. Xi Jinping called the situation with the coronavirus COVID-19 “a crisis and a great test” for his country (Callick, 2020). The problem of the spread of coronavirus is “extremely serious and complex,” and the solution to the issue of prevention and control of the disease is at a critical stage. Xi Jinping acknowledged the "omissions" in the reaction of the Chinese authorities to the epidemic and stated the need to "generalize the experience and learn from their mistakes (Tan, 2020). “The epidemic will have "big consequences" for China's economy and society, but they will be "temporary and surmountable," said the Chinese leader (Tan, 2020).

South Korea is the official leader in testing: by April 12, 514 621 tests were done there, with a positivity rate of 2.1% (MOHW, 2020). After identifying a sick person, his movements in recent days were restored according to the “digital footprint” - data from telecom operators, banks, and from video surveillance cameras. Such measures are completely impossible, for example, in the EU, with its laws on the protection of personal data. Wide and fast testing coverage allowed to stop the disease, and also gave a record low mortality rate (Hasell et al., 2020). Perhaps this is a real assessment of the danger of the disease - in other countries, they simply know less about how many people are sick. The President of South Korea demanded that all ministries be prepared for emergencies. Moon Jae Ying said his country launched a war against the coronavirus (Yonhap, 2020).

Some small states have been able to correctly assess the risk and take harsh quarantine measures before the disease has truly spread. In Singapore, all medical manipulations associated with the new virus were made free of charge (Teo, 2020). This avoided the “normal” exponential growth for the epidemic in both territories. Li Xian Long emphasized that the situation with coronavirus should be viewed through the prism of public health, and not as a racial or international diplomatic problem (Beaubien, 2020). Serious measures were taken by Bahrain. The methods were the same, namely free mandatory testing, quarantine, public awareness. Experts agree that Asian and Middle Eastern countries learned a lot by surviving the outbreaks of other viruses, namely the SARS and MERS, as well as the A/H1N1 (Beaubien, 2020). Now, the successes in the fight against the new virus should be shown by the countries of Europe, which WHO considers the center of the pandemic and the United States.

According to March 13, coronavirus is rapidly spreading in Spain, France, Germany, Switzerland, and Norway. Given the transparency of borders, the spread of the virus within the EU is already a fact, so at some point, all European countries will close. EU members have similar policies in the field of health and social insurance (although the result may differ, at least in terms of the number of hospital beds per capita); therefore, the quarantine rules may be similar. However, coverage of the population with tests in European countries is still very uneven and inferior to the pace needed to control the epidemic. The number of tests in France is especially small, where on February 15, the first death in Europe from a coronavirus was recorded.

In Spain, the coronavirus epidemic is gaining momentum; the number of deaths is increasing every day - the patient dies in the capital of the state, Madrid, every 16 minutes. According to the publication El Pais, only on March 19, 3431 people were identified in Spain, the number of deaths reached 169 cases per day, and doctors in Madrid failed to save 88 patients (Gonzalez, 2020). The most difficult situation has developed precisely in Madrid, which accounts for the

majority of deaths. There are 3006 patients in hospitals in the Spanish capital. Today in Spain, the first death of a physician from a coronavirus was recorded - in the Basque Country, the nurse of the infectious ward died on March 19 (Gonzalez, 2020). King of Spain Philip VI made a televised address to the nation. He supported his people, called for unity and solidarity, and expressed confidence that Spain would win.

At the height of the coronavirus crisis, French President Emmanuel Macron told the Journal du Dimanche in detail how he was preparing for a pandemic that had already affected more than 16,000 French people and led to the deaths of 674 people, BFM TV reports (Gattegno, 2020). “We must face a health emergency, protect the weakest, and then our health care system. But we must also take responsibility for the whole of society. It will be a test of solidarity for our democracy (Gattegno, 2020). We must show that we can protect people from pandemics without denying any of our principles,” the head of state said. “This is a war. It will last. My role is to lead. I have to be at the front, go to meet teams in hospitals” (Gattegno, 2020).

In an appeal to the nation because of the coronavirus pandemic, Merkel said that Germany faced the biggest challenge “since the Second World War”. Merkel emphasized that the German healthcare system is one of the best in the world, but "even our hospitals will be overloaded if too many patients with serious symptoms of coronavirus arrive in a short time," (Franz, 2020) According to the Robert Koch Institute, the number of infections in Germany can reach 10 million in two to three months, if citizens do not limit contacts between themselves (Wieler, 2020). In her speech, Merkel assured that Berlin “will do everything possible to mitigate the economic consequences and preserve jobs,” and urged citizens not to sow panic in stores.

In Switzerland, by noon on Saturday, April 11, more than 800 people had already died from the effects of coronavirus infection. For several days, the number of new infections has been growing, but at a slower pace (FOPH, 2020). In the media, the government urges “not to relax,” otherwise the rate of increase in the number of cases of infection may increase again. The quarantine will be maintained until Sunday, April 26, then a gradual weakening of quarantine measures will begin, subject to the further observance of the principles of “social distance” and personal and public hygiene. In the afternoon of Saturday, April 11, federal experts reported that in the last few days, the number of new infections detected daily was in the range from 500 to 700 (FOPH, 2020). “We are seeing stabilization with a slight downward trend (the growth rate of the number of new infections),” claimed Daniel Koch of the Swiss Federal Office of Health (BAG). The appeal of the Swiss authorities, addressed to the population, not to go to Easter to the popular tourist regions of the country - especially to the Ticino canton - did not seem to be unheard: the traffic on the A1 Autobahn, the main motorway connecting the north and south of the country, fell to a historic low (FOPH, 2020).

Norwegian Minister of Health Bent Hoye said authorities have managed to control the outbreak of coronavirus and reduce infection (Nikel, 2020). It is reported by Life in Norway. According to the minister, the rate of transmission of coronavirus from an infected person to a healthy person in the country has decreased. Before the introduction of restrictive measures in Norway, an average of one person infected 2.5 people; so far, this figure has dropped to 0.7. "This means that we have taken control of the coronavirus infection," Hoye said (Nikel, 2020).

Great Britain, following several European countries, restricts freedom of movement for three weeks to combat the spread of the SARS-CoV-2 coronavirus. The inhabitants of the kingdom will be able to leave their homes only for the purchase of essential goods, doctor visits, and individual sports (Johnson, 2020). "Tonight, I give the British people one simple indication - you should stay home," British Prime Minister Boris Johnson said during a televised address to the nation on March 23. Travel to work is possible only if it is impossible to carry out from home. Also, the head of the British government called for refusing to meet with friends (Johnson, 2020). Violation of measures imposed at least before April 11 threatens with a fine, Johnson warned. The country will temporarily close all stores that do not sell essential goods, as well as libraries, temples, and sports grounds. Besides, any events involving crowds, except for a funeral, are prohibited (Johnson, 2020). “It's important to keep the disease from spreading to households,” Johnson explained. According to him, "without a large-scale attempt to curb the spread of the virus at the country level, there will come a moment when no healthcare system in the world can cope because there will be a shortage of mechanical ventilation devices, beds in intensive care units, doctors and nurses." The Prime Minister of the United Kingdom called the virus "the largest threat in several decades" (Johnson, 2020).

From the beginning of February, all people arriving at Italy’s international airports had their temperature measured, several patients were detected and isolated, and the situation seemed stable (Borrelli and Pedrazzini, 2020). Everything changed on February 20. Since then, measures to contain the virus have been introduced every day, but the first action to preempt, not to follow, was taken only on March 9, when quarantine was introduced at the national level (Borrelli and Pedrazzini, 2020). By mid-March, 12,000 tests a day were being done in Italy. While the number of sick and dead continues to grow exponentially, but this is natural - the system registers those who have become infected earlier because the incubation period of the coronavirus can last up to two weeks (Borrelli and Pedrazzini, 2020). High mortality, compared with China and South Korea, in Italy, is explained not only by the advanced age of the sick. Some experts note a difference in the approach to statistics: in Italy, it includes all the dead who have had a positive test for coronavirus (Borrelli and Pedrazzini, 2020). Some of them were seriously ill before the infection, whereas in Germany, for example, death, in this case, can be attributed to another ailment of the patient (Rettner, 2020).

The government of Canada has decided to close the country's borders due to the spread of coronavirus infection COVID-19, said Prime Minister Justin Trudeau during an appeal to the nation. This is reported by CBC. “These are exceptional circumstances requiring exceptional measures,” Trudeau said (Harris, 2020). However, he noted that an exception would be made for diplomats, family members of Canadian citizens, aircraft crews, and US citizens. According to the Canadian Prime Minister, the border with the United States will remain open, but only for Canadians and Americans (Harris, 2020). Trudeau also added that from March 18, only four airports will accept international flights - in Vancouver, Calgary, Montreal, and Toronto. Everyone who is allowed to enter the country will have to be quarantined for 14 days (Harris, 2020).

An investigation by The Washington Post showed that the US was late with the creation and production of tests (Boburg et al., 2020). By March 10, only 8554 tests were done there, which is one of the lowest rates among the countries affected by the epidemic. And American free-market traditions make it difficult to take drastic measures to combat the epidemic (Boburg et al., 2020). Republicans in the Senate blocked a bill entitling them to an emergency paid two-week sick leave for patients with symptoms of coronavirus. Many Americans do not have the right to sick leave and, being afraid of losing their jobs, continued to go to the office even after infection. Now the main question is whether the state of emergency declared by Trump will help, implying not direct administrative measures, but the allocation of up to $50 billion to states, including to solve the testing problem (Yeung et al., 2020).

The almost daily press conferences of Donald Trump on the theme of coronavirus should serve as a demonstration of the confidence and determination of the US president. However, those who are trying to navigate in this situation and are interested in the facts they are already pretty tired. In his speeches, the US president often spreads half-truths or even outright lies and attacks journalists who ask him clarifying questions (Baker, 2020). His conflicting statements and crisis management practices can cost many Americans their lives. When U.S. intelligence agencies warned him in January of a coronavirus epidemic, Donald Trump downplayed the danger (Stracqualursi, 2020). When the virus began to spread uncontrollably throughout the country due to a lack of tests, he claimed that everything was under control. Now he calls himself a “wartime president” who fights an invisible enemy.

CONCLUSION

Even though the mortality rate of seasonal flu is 34 times less (0.1% or 1 death per 1000 cases of infection), there is no debate on social networks about what to consider a new infection. A unique challenge for globalized mankind weaned from pandemics, or just another type of SARS, an analog of the flu, the panic around which was artificially inflated by the media. The main argument in favor of the latter opinion is an allegedly large number of cases of infection that proceed easily and, accordingly, are ignored by doctors. Among the popularizers of such allegations is US President Donald Trump, who claims that the mortality rate of coronavirus is "much lower than 1%" (Ward, 2020). This is indirectly confirmed by data from South Korea, where they do not spare the tests and check absolutely everyone who can have coronavirus. In this country with highly developed medicine, the mortality rate of coronavirus is 0.6%. Which is still almost four times higher than during the so-called epidemic. Swine flu A / H1N1, when mortality in South Korea stopped at 0.16%. Does this mean that there is nothing to worry about, but the precautions being taken - an extra waste of time, effort and an unjustified blow to the economy? For comparison, one can see how the hysteria of fear developed in comparison with the hysteria about swine flu A / H1N1 (Ward, 2020). Yet, one must note that the epidemic is spreading with more people becoming ill and demonstrating symptoms of the coronavirus. Considering the percentage of lethal cases from those infected, it is imperative to note that there are numerous factors to consider the lethal outcome, which may not always be attributed to the coronavirus but several external influences and factors. Yet, the role of the media is not to be underestimated. Taking extra precautions would limit the spread of the virus with those infected being treated and the disease becoming disseminated (Ward, 2020). Thus, the position of most leaders focusing on combating the disease first, as well as the presentation of this idea over the media is sound. The media is the tool of the government, and it can both become a tool of propaganda as well as the tool of control. In the case of the European countries, the position of the state and leaders is to better be safe than sorry, whereas the USA is foremost concerned with the economy (Ward, 2020). Especially if one is to consider the relatively low percentage of lethal cases over those who have become infected (when compared to other countries). However, the intensity of the spread is becoming too much for Trump to handle with the state not being capable to forecast the outcome.

LIMITATIONS

The limitations of this study include the fact that it is conducted on an ongoing issue with the data changing by the minute. This exact study considers the data from April 12th, 2020 as the reference point. However, by April 13th, the data would be very much different. At the same time, this study covers only 13 of the world countries most mentioned by the media. Many countries are not even mentioned by the world media, and data can be retrieved only from the WHO official data, which is almost never 100% truthful. Many countries tend to decrease the numbers of those infected and dead for political reasons. Thus, when politics intervenes with medicine and human survival, issues may arise. Thus, a state quarantine may seem reasonable.

FURTHER STUDY

The further study possibilities imply further situation development and what has each state done to help its citizens and decrease the influence of the virus itself as well as the media hysteria amongst the population.

AUTHORS CONTRIBUTION

This research is conducted by a single author, as Dr. Nermeen Singer has conducted the study and all its analyses, written the research and concluded all the results.

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