Coronavirus: The outbreak continues to spread in new geographies.

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Introduction

The outbreak of the new coronavirus (SARS-CoV-2) has triggered the worst worldwide public health disaster in more than a century. The Coronavirus Disease 2019 (COVID-19) has infected over 10 million people around the world, resulting in over 500,000 deaths worldwide. Political, economic, and social crises have exacerbated existing disparities, disproportionately affecting the most disadvantaged elements of society. The global pandemic has had far-reaching spatial ramifications, and as the current crisis unfolds, geographers and other researchers must critically study the repercussions. This opening piece gives a synopsis of the current special issue on the COVID-19 pandemic's geographies, which includes 42 commentaries submitted by individuals from all over the world. The papers in this special issue showcase the various theoretical views, methodological techniques, and thematic foci that geographical studies may provide to better comprehend the Coronavirus/unequal COVID-19's geographies [1].

The world is once again in peril. Since December 2019, when the coronavirus (SARS-CoV-2) and its associated sickness (COVID-19) spread internationally, hundreds of thousands have died, millions more have been affected, and entire economies have ground to a standstill due to government-imposed lockdowns. The COVID-19 pandemic is first and foremost a global public health emergency, but its consequences go far beyond epidemiology [2]. In addition, we are witnessing a political, economic, and social catastrophe unprecedented in the world since the 1918 influenza epidemic and the Great Depression.

Border closures have limited international travel quarantine, and stay-at-home orders have emptied city streets, parks, and public spaces; unemployment rates have risen; schools and universities have closed their doors as many quickly transitioned to online courses; and nursing homes, prisons, migrant detention centres, and slaughterhouses have all become hotbeds of death and disease—all of which has exacerbated existing social inequalities and economic disparities.

Simultaneously, there has been a massive outpouring of mutual aid and social solidarity to help people in need. On a daily basis, health care and other 'necessary' workers risk their lives to provide medical care, keep grocery store shelves stocked, and keep public transportation systems working. Medical researchers are rushing to develop a coronavirus vaccine and other treatments for COVID-19, while labour rights advocates and trade unions fight to end exploitative and unsafe working conditions, and grassroots organisations raise funds and form solidarity networks to support socially just responses to the global pandemic [3]. Despite these attempts, the COVID-19 pandemic's darkest days may still be ahead, and much that will become clear with hindsight in the future remains obscured in the immediate aftermath of the current catastrophe. However, one thing is certain: we cannot afford to wait till the crisis is ended before critically assessing its consequences.

Although the exact origins of the SARS-CoV-2 virus are still being investigated, worldwide pandemics are well-known to be more than 'natural' calamities. Rather, they are linked to the creation of novel infections as a result of industrialised agriculture, livestock production, deforestation, and capital's constant exploitation of nature. The first documented symptoms of a new coronavirus, SARS-CoV-2, were observed on December 8, 2019 in Wuhan, China. A cluster of 41 illnesses had been detected on December 31 and linked to a seafood market that closed on January 1, 2020. On January 7, Chinese authorities discovered the new virus, later dubbed SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), and verified that it propagated through human-to-human contact [4].

While the majority of individuals had flu-like symptoms, it was evident that the condition might lead to acute respiratory distress, multi-organ failure, and death. China had 571 confirmed cases and 17 deaths as of January 22, with confirmed cases in Hong Kong, Japan, South Korea, Taiwan, and the United States. In an effort to prevent further spread, China placed lockdown measures on the 57 million people who live in Hubei province on January 23. The first case of COVID-19 in Europe was reported on January 24, however evidence suggests that by the end of December 2019, it had spread to at least one European country (France). On January 30, the World Health Organization (WHO) declared a worldwide health emergency, then on March 11, a global pandemic. By early-to-mid March, dozens of countries had transitioned from a containment phase of response (which included increased hygiene as well as testing, tracing, and isolating) to a delay phase (which included reducing the peak of impact and limiting overburdening health-care systems) (using containment measures plus physical distancing, self-isolation, and quarantining; limiting travel and social gatherings; closing businesses; and enforcing lockdowns) [5].

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There were more than 10 million confirmed cases and more than 500,000 deaths worldwide as of July 2020, spanning at least 216 countries, territories, and other places.

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