EDITORIAL

Coping with Contagious Diseases: A Global Perspective

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Historically, when compared to other ailments, contagious infectious have been feared greater in contrast to other diseases. A contagious disease is an infectious condition that spreads easily (i.e., is communicated) when a pathogen is exposed through direct or indirect contact with an infected person.[1] This infection has peculiar properties that elucidate the exaggerated level of anxiety; it spreads quickly and covertly; generally, it has been responsible for significant sickness and mortality; old forms reappear; new forms arise; and both the media and society are frequently in awe.[2] Such infection could be viral, bacterial, parasitic, fungal or any other such as, *Severe Acute Respiratory Syndrome (SARS),*[3] Middle East respiratory syndrome (MERS),[4] Ebola,[5] Tuberculosis,[6] COVID-19,[7] *Carbapenem-Resistant Enterobacter ales (*CRE),[8] Enterovirus D68,[9] Flu,[10] Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS),[11] Hepatitis (A and B),[12] Measles,[13] Hantavirus,[14] Monkeypox,[15] Pertussis,[16] Rabies,[17] Sexually Transmitted Disease,[18] Shigellosis,[19] West Nile Virus,[20] and Zika.[21,22] The occurrence, and swift spread of such contagious diseases as a pandemic provides a challenge worldwide.

Though the spread of contagious disease is undoubtedly a scientific phenomenon linked to a particular pathogen, understanding the pandemic requires a consideration of the culture-mind relationship, which is at the core of mental health. In terms of relative mortality, transmission rates, behavioral responses, official policies, compliance with authorities, and even the degree to which disease-spread beliefs have been politicized across diverse communities and cultures, startling discrepancies have been seen. Everyone may find these outbreaks upsetting, but especially those who are thought to be more sensitive to certain pandemics.[23] Additionally, cultural context has an impact on individual differences, for instance, intolerance of uncertainty, optimism, conspiratorial thinking, or collectivist orientation, which has implications for actions related to the spread and impact of contagious diseases, such as mask-wearing and social distancing.[24]

With a few justifiable exceptions, people must remain confined to their homes during such pandemic conditions. Moreover, this scenario altered people's lives profoundly and worry, stress, depression emerged as emotional, cognitive, and behavioral symptoms, which can have a wide range of psychosocial effects.[25] Thus, subsequent factors were associated to person's mental health: (1) demographics; (2) level of pandemic concern; (3) home confinement environmental conditions; (4) changes in daily life as a result of the disease outbreak; (5) contact with said communicable disease; (6) perceived and real severity of the emergency; (7) information about the disease; (8) perceived health status; and (9) participation in leisure activities.[23] Such infectious diseases might have a deleterious emotional resonance on those who are vulnerable, causing anxiety, denial, stigmatization, loss, distress, and fear that are all made worse by uncertainty, as well as depression, post-traumatic stress disorder ailments, general psychiatric morbidity, doubts about infection,[2] concerns about treatment, disruption of routines, financial and occupational worries, and upset expectations of healthcare. It was frequently noted that there was heightened awareness of non-pharmaceutical protective activities. Social support can be a protective factor for poor mental health although during an outbreak may be difficult to access.[23]

Although time is an eternal physician, but it takes time to heal the emotional scars that surfaced in patient diagnosed with infectious diseases. Intensity, and severity of these scars varies from individual to individual depending upon their level of exposure to certain contagious diseases. Primarily, there are three certain levels of exposure, *firstly*, is an infected

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individual being walking at double edged sword as it is possible to violate someone's privacy when attempting to manage an infection epidemic since the patient in an outbreak serves being both a victim and a transmission vector equally.[2] *Secondly,* a man becomes apprehensive after watching the news. His heartbeat raises, and his hands start to perspire. Hearing about a potential epidemic makes him feel anxious. The media bombards him with fragmented images of people running to emergencies, discussions on the necessity and prospective shortfall of antimicrobial drugs, media people reporting the death toll of prior epidemics, the hundreds of millions of expected victims worldwide, the extraordinary cost of the control of previous outbreaks, and the anticipated expense superficially required to improve preparedness. The amount of knowledge feels overwhelming to the man. Because of this, the whole public, particularly caregivers that are not infected, are not exempt from the psychological effects of such epidemics,[26-29] which may be caused by several things, such as disruptions to daily routines,[30] loss and grief, [31] considering the shame associated with such epidemics.[32,33] These psychological responses affect the well-being of the individual and community and can persist long after the outbreak.[34,35] *Thirdly*, an emergency department health care provider in a nearby hospital considers requesting a long-term leave of absence as he wants to be away when an outbreak occurs. He is worried about his family and believes he is unprepared to handle and be protected from deadly infection. Meanwhile, an infectious disease expert is flying home from an international infectious diseases congress after attending a lecture about the then evolving severe epidemic outbreak. These three clusters of people, among many others, regularly experience varying degrees of fear related to contagious diseases. In addition to having chronic stress, health care professionals who were at high risk of getting infectious patients also seem to have higher levels of sadness and anxiety.

Stress management could be helpful for front-line employees as they get ready for upcoming outbreaks. [36] They share the anxiety, the uncertainty, and the potential for irrational behavior due to fear of an unknown disease. There are self-management approaches to improve psychological well-being for the psychic symptoms of anxiety, despair, fear, and discomfort since they are common, manifest in different ways, and they are widely felt. These facts need to be known by clinicians. Health systems must put into place the short and long-term psychological support for clinicians providing COVID-19 care.[37] Additionally, the psychological responses shared by survivors, caregivers, professionals, and the public included anxiety/fears, despair, anger, guilt, grief and loss, post-traumatic stress disorder, and stigmatization, but also a greater sense of empowerment and concern for others.[23,38.]

When faced with an infectious disease, a person will typically adopt one of three coping mechanisms: avoidance, surrender, or overcompensation.[25] These coping mechanisms include problem-focused coping (looking for alternatives, protecting oneself and others), avoidance, and positive situational analysis.[39,41-45] A growing body of evidence, however, is needed to support the theory that immune system activation and infections may be responsible for the initiation, activation, and development of serious psychiatric illnesses. Additionally, attempts to combat stigmatization and prejudice through activism may have unintended consequences because these problems may also include ethical considerations. By raising health literacy, public health programmers can allay the public's apprehensions and help to lessen the negative psycho-social effects of infectious diseases.

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