EDITORIAL

Panicdemic in Light of Pandemic

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The past few months have seen increasingly worrying numbers of people testing positive for the novel COVID-19 virus. The World Health Organization (WHO) has since declared the situation a pandemic; a rarity, as the term often causes unreasonable panic and fear. For comparison, the Severe Acute Respiratory Syndrome (SARS), a coronavirus with a higher death rate than COVID-19, was not declared a pandemic. While there is no specific threshold for meeting the criteria of a pandemic, epidemics become pandemics when they occur over large geographic areas with sustained transmission, affecting exceptionally high proportions of the population exponentially. As of March 26th 2020 - the writing of this editorial, the global number of confirmed positive cases of COVID-19 is more than 500,000, with secondary disease hotspots in places such as South Korea, Italy, and Iran. In Malaysia, March 26th saw a leap to 235 new confirmed cases. The total confirmed cases in Malaysia is currently at 2,031, with roughly 200 new cases a day since then [1].

The spread has since slowed in China, given the effective but aggressive measures implemented by their government: social distancing, massive mandatory lockdowns, electronic surveillance, and quick construction of dedicated hospitals at the outbreak center (Wuhan). Globally, efforts have moved from containment to mitigation, surveillance, treatment and protection of vulnerable populations. Countries are adopting different measures with varying successes, including: lockdowns; cancellation of annual and sporting events; banning large public gatherings and cultural activities; temporary closure of schools, restaurants, businesses; travel bans; temperature checks; quick or free testing. More interesting, however, is the public’s response to the uncertainty and restrictions imposed. Global trends observed are panic-buying, lack of obedience to advice by health ministries, and stigmatization of certain races.

These are not novel reactions; historically, the above are recurrent phenomena following outbreaks, fear, uncertainty and the subsequent loss of control that ensues [2]. Concrete knowledge about this disease
is still evolving and with vaccines and widespread testing not yet available, the unknowns make it difficult to accurately respond to and assess disease-related risks. The non-stop media cycle further exacerbates this, leaving the public feeling overwhelmed, psychologically distressed, and with the responsibility to distinguish credible information from rumours and fearmongering. What we’re seeing are essentially maladaptive responses to the current conditions in an attempt to protect and regain control: inflated estimates of threat cost and probability, hypervigilance, deficient safety learning, behavioural and cognitive avoidance, and heightened reactivity to threat uncertainty [3]. The result are behaviours such as: reactance to directives of self-quarantining or lockdowns, leading to drastic policing measures by the government; panic-buying and xenophobia, which provide an outlet and direction for future behaviour. These reactions, while sometimes counterproductive, are understandable responses to the declaration of a pandemic. What we do know at a societal and global level is that solidarity, vigilance, and sensible action is vital in curbing this pandemic; there needs to be a global effort.

References


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