

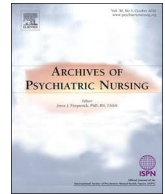


Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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The COVID-19 outbreak and behavioral changes, public perceptions and psychological responses in Iran



Emerging infectious diseases are known to be diseases that first appear over a period of time. These infectious diseases start in one country and seriously affect different populations in other countries, and often have negative effects (de Groot et al., 2013). With the rapid increase in global travel and overseas travel due to globalization and transport advances, there is a possibility of the spread of emerging infectious diseases (van der Hoek et al., 2004).

One of the most notable irresistible sicknesses that have as of has recently emerged and has had an overall effect is the COVID 19 infection. The illness started in China, was transmitted to different nations (Chinazzi et al., 2020). The new Coronavirus (COVID 19) is another kind of family that didn't exist before in people. Coronaviruses are zoonotic, which means they are additionally transmitted from creatures to people. Research shows that SARS is transmitted to humans by monkeys and cats. There are a few known coronaviruses in creatures that have not yet tainted people. Normal indications of the new infection incorporate respiratory manifestations, fever, hack, the brevity of breath, and respiratory issues. In increasingly serious cases, the disease can cause pneumonia, extreme intense respiratory disorder, and even death (Kamran et al., 2020).

One of the most recent infectious diseases that has recently affected people is COVID 19 infection. The disease began in China and spread to other countries (Chinazzi et al., 2020). The new Coronavirus (COVID 19) is another newcomer to the family. COVID-19 can be transmitted from animals to humans. Research shows that SARS is transmitted to humans by monkeys and cats. There are few known viruses in animals that have not yet been transmitted to humans. Common symptoms of a new infection include respiratory problems, fever, headache, etc. In severe cases, the disease can cause pneumonia, severe respiratory problems, and even death (Kamran et al., 2020).

COVID-19 was first seen on December 31, 2019, in Wuhan, China. According to the World Health Organization (WHO), COVID-19 has been shipped to about 180 countries. Countries, where COVID-19 has been seen so far, including China, Korea, Japan, Singapore, Australia, Malaysia, Vietnam, the Philippines, Cambodia, Thailand, India, Nepal, Sri Lanka, the United States, Canada, Italy, Germany, France, England, Russia, Spain, Belgium, Finland, Occupation System of Israel, Sweden, Iran, Saudi Arabia, Kuwait, Egypt, Lebanon, etc. About 80% of people get the disease. One in six people with Cod-19 is very ill and has a lot of problems. Older people and people with hidden clinical problems, such as high blood pressure, heart problems, or diabetes, are more likely to get the infection. To date, measurements show that about 6% of people with the disease have died (Cakir and Savas, 2020; Gondauri et al., 2020).

To curb the prevalence of COVID-19, efforts have been made to identify, treat, and isolate infected individuals, track and quarantine,

and promote cautionary behaviors among the general public. Therefore, the psychological and behavioral responses of ordinary people play an important role in controlling its prevalence. Previous studies on this issue in different cultural environments with SARS, pandemic influenza A (H1N1), and influenza A (H7N9) have revealed cultural differences in general responses, behavioral changes with government engagement, disease understanding, etc. accompanied (Naeim, 2020). The current COVID-19 prevalence provides a unique platform for studying behavioral changes for two main reasons. First, government involvement in controlling the spread of the disease has been unprecedented, such as locking up Qom and surrounding towns, extending holidays and closing schools, sending thousands of medical personnel to the affected areas, and launching intense public messaging campaigns. Second, people have relatively mixed information, partly because knowledge about the COVID-19 is growing. Both characteristics may lead to different reactions of people to the prevalence.

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