

Bird Flu Panic: A Case Report

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Citation

V Wiwanitkit. *Bird Flu Panic: A Case Report*. The Internet Journal of Mental Health. 2006 Volume 3 Number 2.

Abstract

Atypical bird flu infection (avian influenza), caused by the H5N1 virus, is a new and emerging infectious disease. This disease has become an important disease under surveillance. Repeated broadcasting of the virulence of atypical bird flu infection can result in some psychological effects on the general population. In this article, the author reports a case of "bird flu panic," an example of a maladaptive psychological response to the rumors of bird flu in Thailand.

INTRODUCTION

Atypical bird flu infection (avian influenza), caused by the H5N1 virus, is a new and emerging infectious disease (1). Since 2004, it has become a new infection with high fatality rates in humans living in Vietnam and Thailand. Most infected cases usually developed progressive pneumonia with acute respiratory distress syndrome and then consequently died. The main clinical manifestation of this infection is fever and flu-like symptoms. This disease has become an important disease under surveillance. It is recommended that any patients presenting with flu-like symptoms and with a history of direct avian contact should be further investigated by health care workers (2).

Only a few case reports exist of this infection (3,4,5,6). Repeated broadcasting of the virulence of atypical bird flu infection can result in some psychological effects on the general population. A common reaction is avoidance of eating avian products despite their being well cooked. In this article, the author reports a case of "bird flu panic", an example of a maladaptive psychological response to the rumors of bird flu in Thailand.

CASE REPORT

A 48-year-old female Thai patient with a bachelor degrees educational level visited a physician at a health clinic complaining of several symptoms. From general physical examination focusing on vital signs, chest, and heart examination, no physical abnormality was detected. Further history taking was performed focusing on her recent travel history, animal/bird contact history, as well as drug use. This history taking showed that she had visited 10 days previously her hometown in Pichit Province where the recent outbreak of bird flu in Thailand had occurred. She also

reported that she saw that several chickens had died while traveling on the bus toward her hometown. She had stayed at her hometown for two days on the weekend before returning to Bangkok for her work. She reported intense fear about this bird flu outbreak, had insomnia, and felt a serious infection had occurred within her body. The physician did not order any further laboratory examination. The patient was diagnosed with generalized anxiety disorder. Treatment included an anxiolytic drug prescription (diazepam at 5 mg oral daily at bedtime for 5 days) and reassurance that her health condition was not due to bird flu. At follow-up one week later, the patient reported full recovery without any physical abnormality or anxiety symptoms.

DISCUSSION

A possible response to infectious disease outbreak is panic. Panic can lead to difficulty in case identification and control of the infectious disease. A similar example of panic occurred with the Severe Acute Respiratory Syndrome (SARS) outbreak a few years ago (7). During the recent outbreak of bird flu infection in tropical Asia, rumors of widespread disease affected the local population (8). Rumors such as these can cause the occurrence of mental health difficulty in the general population.

In this case of "bird flu panic," the diagnostic processes began with observation that there were no actual physical flu-like symptoms and also that the patient expressed excessive fear of bird flu infection. In this case, if no careful history taking and physical examination were performed, a number of unnecessary laboratory investigations (e.g., complete blood count (CBC), serological test, viral culture, as well as PCR assays for H5N1) could be expected. Indeed, bird flu infection is a viral infection and the disease occurs

rarely after a week of contact. In addition, only living or seeing in the area of outbreak without history of close contact with infected chickens has never been reported to be a mode of transmission of bird flu. Without of course minimizing the potential severity of actual bird flu, clinicians should consider that psychological symptoms can occur during times of bird flu outbreak that are not due to physical symptoms from bird flu and may just be a psychological reaction to the presence of bird flu.

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