**Introduction**

In December 2019, an outbreak of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) responsible for coronavirus disease 2019 (COVID-19) occurred in Wuhan City, Hubei Province, China. In January 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern. The first officially confirmed COVID-19 patient in Thailand was reported on January 13, 2020.

The current COVID-19 pandemic has affected people of all ages, including children, adults, and elderly individuals. COVID-19 can affect children, especially those under five years of age, in several ways. In addition to physical illness, many young children’s mental, emotional, and social well-being have been affected. Trauma faced at this developmental stage may have long-term consequences across their lifespan. Among adults and elderly individuals, the risk of severe illness with COVID-19 (hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death) increases with age; however, adults of any age with certain underlying medical conditions (eg, type 2 diabetes mellitus, obesity, heart failure, chronic kidney disease, etc.) are also at an increased risk of severe illness.

Usually, outbreaks of deadly infectious diseases trigger considerable fear and anxiety among the public, especially when the death toll rapidly climbs. The COVID-19 outbreak has had a significant impact on public health and the socioeconomic system in many countries. Many resources (eg, funds, laboratory testing, and medical personnel) are needed to respond to the outbreak. Having recognized the risk of the COVID-19 outbreak, health authorities should be on alert and re-examine their capacity to manage an epidemic if such a mishap should recur in the future. Many governments established various control measures to prevent any further transmission and minimize the number of additional cases. The Thai government applied community-wide containment measures, including increased social distancing among community members, cancelling public gatherings, and implementing mandatory 14-day self-quarantine periods for individuals at risk of infection or those with COVID-19.

As a lesson from the past, quarantine measures have been used to control and eradicate the spread of infectious diseases, such as severe acute respiratory syndrome (SARS), with success. SARS was eventually controlled by interrupting all human-to-human transmission, ie, prompt isolation of patients, strict enforcement of the quarantine of all contacts, and community-level quarantine. Although quarantine measures were effective against the SARS outbreak, they were tarnished by the negative influences of socioeconomic issues, generalized fear, lack of understanding, posttraumatic stress disorder (PTSD), depression, discrimination, and rebellion.

For a better COVID-19 outbreak response, there is a need to understand communities’ knowledge, attitudes, and practices toward COVID-19. The results of a previous study concerning severe respiratory tract infections due to viral pandemics other than COVID-19 suggested that extensive standardized educational health campaigns and assessment of prior knowledge are necessary for preventing disease outbreaks by improving public awareness. In addition, mitigating fear and discrimination directed toward persons infected with SARS can be important in controlling outbreaks.