The knowledge about coronavirus (COVID-19) among populations in two different Arab countries

Mazen Doumani1, Adnan Asaad Habib2, Ahmad Noor Alotaibi3, Abdulaziz Saeed Alharbi4, Mohammed Sulaiman Alduraibi5, Osama Abdullah Otain1, Moumena Shbib6, Sobhi Maher Sahari7

1Department of Restorative Dental Sciences, Alfarabi Colleges of Dentistry and Nursing, Riyadh, Saudi Arabia, 2Conservative Dentistry Department, Faculty of Dentistry, Aleppo University, Aleppo, Syria, 3Smile World Dental Center, Riyadh, Saudi Arabia, 4Private Dental Clinic, Riyadh, Saudi Arabia, 5Ministry of Health, Alquwayiyah Hospital, Riyadh, Saudi Arabia, 6Faculty of Education, Damascus University, Syria, 7Faculty of Economics, Tartus University, Syria

Abstract

COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most patients infected with the COVID-19 virus experience mild to moderate respiratory symptoms and heal without any special treatment. This survey aimed to assess the knowledge of Syrian and Saudi populations about the general information, symptoms, and methods of prevention of coronavirus (COVID-19). Materials and Methods: A standardized questionnaire composed of four sections (demography, general information about COVID-19, symptoms of COVID-19 infection, and methods of prevention) including 34 questions divided between the four mentioned sections were sent online to different social media in the Syrian Arab Republic and Kingdom of Saudi Arabia as a Google drive form. The collected data were coded, computerized, and analyzed using methods of descriptive statistics by SPSS 25. A Chi-square test was done. Results: The total number of participants was 790; most of them were in the age group of 18–30 years (60.3%) wherein females formed about 59.2% of the whole sample. About 94.6% of the respondents from Syria agreed that several coronaviruses are known to cause respiratory infections while 45.6% of Saudi people knew that diarrhea is one of the symptoms of coronavirus (COVID-19). The good results of this current study were clear in the section of coronavirus (COVID-19) prevention as most of the information was correct in more than 60% of answers. Conclusion: The knowledge of Syrian and Saudi populations about the general information, symptoms, and methods of prevention of coronavirus COVID-19 was very good to excellent except in very limited points.

Keywords: Coronaviruses, dry cough, fever, prevention, SARS, self-isolate, symptoms

Introduction

In December 2019, several patients presented to hospitals with a diagnosis of pneumonia of unknown causes. These patients were depending on their food on seafood and wet animal wholesale market in Wuhan.1,2,3 A lot of early reports predicted the onset of a potential coronavirus outbreak. The first cases were recorded in December 2019.4 The time elapsed between the onset of COVID-19 symptoms to death is ranging between 6 to 41 days.5 The shortest period until death was among patients more than 70-years of age.6 The symptoms at the beginning of COVID-19 infection are fever, cough, and fatigue.7 COVID-19 patients showed high leukocyte counts, abnormal respiratory findings, and also high levels of plasma pro-inflammatory cytokines. Mammals are the most possible mediator between COVID-19 and humans. Many studies suggested that person-to-person transmission is a

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probable way of the COVID-19 infection spreading. There was no proof that there is a transmission of COVID-19 from mom to child, but also it remains uncertain whether or not transmission can happen in the course of vaginal birth. A large number of countries have executed major prevention measures including travel screenings to control more spread of COVID-19. The current study was conducted as a step toward helping the health providers in taking a look at the society's level of knowledge about this new virus COVID-19.

**Materials and Methods**

A standardized questionnaire composed of four sections (demography, general information about COVID-19, symptoms of COVID-19 infection, and methods of prevention) including 34 close-ended questions divided between the four mentioned sections respectively (4,14,7,9) was sent online to different social media platforms (Facebook, Whatsapp, and Snapchat) in the Syrian Arab Republic and Kingdom of Saudi Arabia as a Google drive form. The same person was not allowed to answer more than one time. The pilot study was performed on 20 persons from each country to evaluate the validity of the survey questions, and minor modifications were done. The collected data were coded in an Excel sheet, then computerized and analyzed using methods of descriptive statistics by SPSS 25. A Chi-square test was performed for qualitative data comparison. Results were evaluated at a significant level of \( P < 0.05 \).

**Results**

Section 1: Demographic distribution:

As depicted in Tables 1 and 2, exactly 790 participants answered the required questions of the survey completely and re-sent it. Nearly 577 persons (73.03%) were Syrian while 213 (26.97%) were from Saudi Arabia. About 60.3% of the respondents were aged between 18–30 years. Females formed about 59.2% of the whole studied sample. For the educational level, 665 participants (84.2%) were university educated. The average monthly income was dominant among all participants as reported by 513 (64.9%) participants.

**Table 1: Distribution of the participants according to age, gender, educational level, and monthly income**

| Age (Years) | n | % | n | % | n | % | Total | Gender | Total | n | % |
|-------------|---|---|---|---|---|---|-------|--------|-------|---|---|
| 18-30       | 31-42 | >42 | Male | Female | | | | | | | |
| 476         | 60.3 | 236 | 29.9 | 78 | 9.8 | 790 | 100 | 322 | 40.8 | 468 | 59.2 | 790 | 100 |

Section 2: The knowledge about general information of coronavirus (COVID-19)

Tables 3 and 4 showed that 71.8% of the participants agreed that coronavirus (COVID-19) can affect animals and humans and 59.4% of all respondents went with the information saying coronavirus (COVID-19) is common among bats and other animals.

Notably, most of the people in these two studied countries (92.9%) were familiar with the ability of coronavirus (COVID-19) to cause respiratory infections. On the other side, only 306 (38.7%) knew that some coronaviruses can cause severe acute respiratory syndrome (SARS). About 86.5% had information that the patient infected with coronavirus (COVID-19) could have only mild symptoms. More than half (58.4%) of the recent studied respondents believed that there is a possibility of patients recovering without the need for hospital treatment while approximately the same percentage (59.5%) assured that this kind of disease is mild in children and young adults. Nearly 97.8% were aware that the infection of coronavirus (COVID-19) can spread from person to person through small droplets from the mouth or nose while speaking, sneezing, or coughing. It is possible to catch coronavirus (COVID-19) infection from a person who has just a mild cough and does not feel ill as mentioned by 75.6% of respondents. A low percentage of 38.2% of the whole sample declared that coronavirus (COVID-19) can be transmitted through the feces of infected people. Coronavirus (COVID-19) can survive for many days on surfaces as reported by 62% of participants. The time between exposure to COVID-19 and the moment of symptoms arising is commonly around 5 to 6 days and can reach up to 14 days; 94.3% of respondents were aware of this truth. More than 80% of participants had the knowledge of the insignificance of antibiotics intake in such cases (coronavirus [COVID-19]) and the unavailability of any effective vaccine or antiviral medicine against this new virus.

Section 3: The knowledge about symptoms of coronavirus (COVID-19) infection

More than 70% of people participating in the current study were familiar with most of the coronavirus (COVID-19) infection symptoms (fever, tiredness, dry cough, aches and pains, and sore throat) except for nasal congestion which was known among only (39.6%) and diarrhea among (44.3%) [Tables 5 and 6].

Section 4: The knowledge about coronaviruses (COVID-19) infection prevention methods

| Educational Level | Total | Monthly Income | Total |
|-------------------|-------|----------------|-------|
| n | % | n | % | n | % | n | % | n | % |
| Pri. s | Prep. s | Sec. s | Uni | | | | | | |
| 6 | 0.8 | 22 | 2.7 | 97 | 12.3 | 665 | 84.2 | 790 | 100 |
| low | Average | High | V. High | | | | | | |
| 202 | 25.6 | 513 | 64.9 | 70 | 8.9 | 5 | 0.6 | 790 | 100 |
About 77% of correspondents and more were familiar with the prevention methods of coronavirus (COVID-19) infection. Only 60.5% realized the necessity of wearing masks only in cases of having coronavirus (COVID-19) infection symptoms [Tables 7 and 8].

**Discussion**

In late December 2019, the first cases of coronavirus disease (COVID-19) appeared in Wuhan, China and during less than 3 months it became a widespread pandemic around the
world. This disease shocked the entire world and caused a major shift in the lifestyle of humans worldwide. For these reasons, it has received a great deal of attention from organizations, governments, and decision-makers. It was also the number one topic on global newscasts and social media. Therefore, this study was conducted as a step to help health providers to take a look at the society’s level of knowledge about this new disease. This survey aimed to assess the knowledge about coronavirus disease (COVID-19) in two important countries in the Middle East, Syria, and Saudi Arabia.

The total number of participants in this survey were 790. Syrians participants (577) were significantly more than Saudis (213) \( (P > 0.05) \). Most of the participants were females (59.2%), in the age group of 18–30 (60.3%), had university educational level (84.2%), and were average monthly income earners (64.9%).

This survey compromised questions to evaluate the knowledge level about general information, symptoms, and methods of prevention of new coronavirus disease (COVID-19).

Table 4: Assessment of the knowledge of citizens of general information about coronaviruses (COVID-19) depending on nationality

| Syrian                      | No | I do not know | Total | Saudi                      | No | I do not know | Total |
|-----------------------------|----|---------------|-------|----------------------------|----|---------------|-------|
| n                           | %  | n             | %     | n                          | %  | n             | %     |
| Coronaviruses (COVID-19) are a large family of viruses which may cause illness in animals or humans | 130 | 22.5 | 36 | 6.3 | 577 | 100       | 156 | 73.2 | 39 | 18.3 | 18 | 8.5 | 213 | 100 |
| Coronaviruses are a large group of viruses common among bats and animals | 143 | 24.8 | 89 | 15.4 | 577 | 100       | 124 | 58.2 | 47 | 22.1 | 42 | 19.7 | 213 | 100 |
| Several coronaviruses are known to cause respiratory infections | 19 | 3.3 | 12 | 2.1 | 577 | 100       | 188 | 88.2 | 21 | 9.9 | 4 | 1.9 | 213 | 100 |
| Several coronaviruses are known to cause Severe Acute Respiratory Syndrome (SARS) | 194 | 33.6 | 148 | 25.6 | 577 | 100       | 71 | 12.3 | 72 | 12.5 | 70 | 12.2 | 213 | 100 |
| Some people become infected but only have very mild symptoms | 58 | 10 | 16 | 2.8 | 577 | 100       | 180 | 84.5 | 22 | 10.3 | 11 | 5.2 | 213 | 100 |
| Most people recover from the disease without needing hospital treatment | 159 | 27.6 | 63 | 10.9 | 577 | 100       | 106 | 49.8 | 79 | 37.1 | 28 | 13.1 | 213 | 100 |
| The disease caused by infection with the coronavirus (COVID-19) is generally mild, especially in children and young adults | 172 | 29.8 | 49 | 8.5 | 577 | 100       | 114 | 53.5 | 81 | 38 | 18 | 8.5 | 213 | 100 |
| The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks | 8 | 1.4 | 5 | 0.9 | 577 | 100       | 209 | 98.1 | 0 | 0 | 4 | 1.9 | 213 | 100 |
| It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill | 70 | 12.1 | 54 | 9.4 | 577 | 100       | 144 | 67.5 | 33 | 15.5 | 36 | 17 | 213 | 100 |
| The risk of transmission of coronavirus COVID-19 through the feces of an infected person is limited | 136 | 23.6 | 191 | 33.1 | 577 | 100       | 52 | 24.4 | 52 | 24.4 | 109 | 51.2 | 213 | 100 |
| COVID-19 virus can survive for up to many days on surfaces | 182 | 31.5 | 38 | 6.6 | 577 | 100       | 133 | 62.4 | 58 | 27.2 | 22 | 10.3 | 213 | 100 |
| The time between exposure to COVID-19 and the moment when symptoms start is commonly around 5 to 6 days but can range from 1-14 days. | 12 | 2.1 | 20 | 3.4 | 577 | 100       | 200 | 93.9 | 2 | 0.9 | 11 | 5.2 | 213 | 100 |
| Antibiotics should not be used as a means of prevention or treatment of COVID-19 | 38 | 6.7 | 59 | 10.2 | 577 | 100       | 153 | 71.8 | 17 | 8 | 43 | 20.2 | 213 | 100 |
| There is no vaccine and no specific antiviral medicines against COVID-19 | 24 | 4.2 | 34 | 5.9 | 577 | 100       | 178 | 83.6 | 13 | 6.1 | 22 | 10.3 | 213 | 100 |
For general information, according to WHO, the following facts were noted: (https://www.who.int/ar/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses)

- Coronavirus (COVID-19) is a large family of viruses that may cause illness in animals or humans.
- Coronaviruses are a large group of viruses common among bats and animals.
- Several coronaviruses are known to cause respiratory infections.
- Several coronaviruses are known to cause Severe Acute Respiratory Syndrome (SARS).
- Some people become infected but only have very mild symptoms.
- Most people recover from the disease without needing hospital treatment.

- The disease caused by infection with the coronavirus (COVID-19) is generally mild, especially in children and young adults.
- The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes or speaks.
- It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill.
- The risk of transmission of coronavirus (COVID-19) through the feces of an infected person is limited.
- COVID-19 virus can survive for up to many days on surfaces.
- The time between exposure to COVID-19 and the moment when symptoms start is commonly around 5 to 6 days but can range from 1–14 days.
- Antibiotics should not be used as a means of prevention or treatment of COVID-19.
- There is no vaccine and no specific antiviral medicines against COVID-19.

Although statistically, there was no significant difference in the accuracy of most answers about general information between Syrian and Saudis, male and female, age groups, educational level, and monthly income ($P < 0.05$), the university educational participants were statistically better when compared to the rest of the age groups ($P > 0.05$).

Most participants showed good level of knowledge about coronavirus disease (COVID-19) for general information, especially in ways of transmission of coronavirus disease (COVID-19). Besides, most of the participants realized that antibiotics are not helpful for treatment and there is no vaccine and no specific antiviral medicines against COVID-19. These results could be due to widespread interest in the media and social media about coronavirus disease (COVID-19). The symptoms of COVID-19

**Table 5: Assessment of the knowledge of citizens of the signs and symptoms of coronaviruses (COVID-19) infection**

|     | Yes | No | I do not know | Total |
|-----|-----|----|---------------|-------|
|     | n   | %  | n   | %          | n   | %  |
| Fever | 770 | 97.5 | 9 | 1.1 | 11 | 1.4 | 790 | 100 |
| Tiredness | 715 | 90.5 | 33 | 4.2 | 42 | 5.3 | 790 | 100 |
| Dry cough | 765 | 96.8 | 9 | 1.1 | 16 | 2 | 790 | 100 |
| Aches and pains | 679 | 85.9 | 57 | 7.2 | 54 | 6.8 | 790 | 100 |
| Nasal congestion | 313 | 39.6 | 352 | 44.6 | 125 | 15.8 | 790 | 100 |
| Sore throat | 578 | 73.2 | 148 | 18.7 | 64 | 8.1 | 790 | 100 |
| Diarrhea | 350 | 44.3 | 289 | 36.6 | 151 | 19.1 | 790 | 100 |

**Table 6: Assessment of the knowledge of citizens of the signs and symptoms of coronaviruses (COVID-19) infection depending on nationality**

|     | Syrian |           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|-----|--------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|     | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      |
|     | No     | n       | %      | I do not know | n | % | Total | n| % |  |  |  |  |  |  |  |  
| Fever | 565 | 97.9 | 5 | 0.9 | 7 | 1.2 | 577 | 100 |
| Tiredness | 538 | 93.3 | 22 | 3.8 | 17 | 2.9 | 577 | 100 |
| Dry cough | 560 | 97.1 | 6 | 1 | 11 | 1.9 | 577 | 100 |
| Aches and pains | 500 | 86.7 | 43 | 7.4 | 34 | 5.9 | 577 | 100 |
| Nasal congestion | 217 | 37.6 | 268 | 46.4 | 92 | 16 | 577 | 100 |
| Sore throat | 426 | 73.8 | 111 | 19.2 | 40 | 7 | 577 | 100 |
| Diarrhea | 253 | 43.8 | 228 | 39.5 | 96 | 16.7 | 577 | 100 |

|     | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      | Yes    | n       | %      |
|-----|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|
|     | No     | n       | %      | I do not know | n | % | Total | n| % |  |  |  |  |  |  |  |  
| Fever | 205 | 96.2 | 4 | 1.9 | 4 | 1.9 | 213 | 100 |
| Tiredness | 177 | 83.1 | 11 | 5.2 | 25 | 11.7 | 213 | 100 |
| Dry cough | 205 | 96.2 | 3 | 1.4 | 5 | 2.3 | 213 | 100 |
| Aches and pains | 179 | 84 | 14 | 6.6 | 20 | 9.4 | 213 | 100 |
| Nasal congestion | 96 | 45.1 | 84 | 39.4 | 33 | 15.5 | 213 | 100 |
| Sore throat | 152 | 71.4 | 37 | 17.4 | 24 | 11.2 | 213 | 100 |
| Diarrhea | 97 | 45.6 | 61 | 28.6 | 55 | 25.8 | 213 | 100 |
The knowledge about coronavirus (COVID‑19) infection appear after an incubation period of approximately 5.2 days. The period from the onset of COVID‑19 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of

### Table 7: Assessment of the knowledge of citizens about coronaviruses (COVID‑19) infection prevention methods

| Yes | No | I do not know | Total |
|-----|----|---------------|-------|
| n   | %  | n  | %       | n   | %  | n  | %    |
| It is important to stay at least 1 m (3 feet) away from others | 90.3 | 40 | 5.1 | 37 | 4.7 | 790 | 100 |
| Regularly and thoroughly clean your hands with an alcohol-based hand rub. | 80.5 | 126 | 15.9 | 28 | 3.5 | 790 | 100 |
| Washing your hands with soap and water. | 98.1 | 7 | 0.9 | 8 | 1 | 790 | 100 |
| Avoid touching eyes, nose, and mouth. | 98.2 | 8 | 1 | 6 | 0.8 | 790 | 100 |
| Covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. | 96.8 | 16 | 2 | 9 | 1.1 | 790 | 100 |
| Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. | 96.2 | 25 | 3.2 | 5 | 0.6 | 790 | 100 |
| If you have a fever, cough, and difficulty breathing, seek medical attention, but call by telephone in advance if possible. | 97.1 | 16 | 2 | 7 | 0.9 | 790 | 100 |
| You do not need to wear a mask unless you have symptoms of Covid‑19 disease (especially coughing). | 60.5 | 282 | 35.7 | 30 | 3.8 | 790 | 100 |
| Avoid direct contact with animals and surfaces in contact with animals | 77 | 108 | 13.7 | 74 | 9.4 | 790 | 100 |

### Table 8: Assessment of the knowledge of citizens about coronaviruses (COVID‑19) infection prevention methods depending on nationality

| Syrian | Saudi |
|--------|-------|
| Yes | No | I do not know | Total | Yes | No | I do not know | Total |
| n | % | n | % | n | % | n | % | n | % | n | % |
| It is important to stay at least 1 m (3 feet) away from others | 91.7 | 26 | 4.5 | 22 | 3.8 | 577 | 100 | 184 | 86.4 | 14 | 6.6 | 15 | 7 | 213 | 100 |
| Regularly and thoroughly clean your hands with an alcohol-based hand rub. | 99.1 | 87 | 15.1 | 18 | 3.1 | 577 | 100 | 164 | 77 | 39 | 8.3 | 10 | 4.7 | 213 | 100 |
| Washing your hands with soap and water. | 98.3 | 4 | 0.7 | 6 | 1 | 577 | 100 | 208 | 97.7 | 3 | 1.4 | 2 | 0.9 | 213 | 100 |
| Avoid touching eyes, nose, and mouth. | 98.4 | 4 | 0.7 | 5 | 0.9 | 577 | 100 | 208 | 97.7 | 4 | 1.9 | 1 | 0.5 | 213 | 100 |
| Covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. | 96.7 | 12 | 2.1 | 7 | 1.2 | 577 | 100 | 207 | 97.2 | 4 | 1.9 | 2 | 0.9 | 213 | 100 |
| Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. | 96.4 | 17 | 2.9 | 4 | 0.7 | 577 | 100 | 204 | 95.8 | 8 | 3.8 | 1 | 0.5 | 213 | 100 |
| If you have a fever, cough, and difficulty breathing, seek medical attention, but call by telephone in advance if possible. | 96.9 | 13 | 2.3 | 5 | 0.9 | 577 | 100 | 208 | 97.7 | 3 | 1.4 | 2 | 0.9 | 213 | 100 |
| You do not need to wear a mask unless you have symptoms of Covid‑19 disease (especially coughing). | 59.3 | 214 | 37.1 | 21 | 3.6 | 577 | 100 | 136 | 63.8 | 68 | 31.9 | 9 | 4.3 | 213 | 100 |
| Avoid direct contact with animals and surfaces in contact with animals | 76.8 | 83 | 14.4 | 51 | 8.8 | 577 | 100 | 165 | 77.5 | 25 | 18.7 | 23 | 10.8 | 213 | 100 |
the patient’s immune system. It was shorter among patients above 70-years of age compared with those under the age of 70.\textsuperscript{10} The most common symptoms at the onset of COVID-19 disease are fever, cough, and fatigue, in addition to other symptoms as sputum production, headache, hemoptysis, diarrhea, dyspnea, and lymphopenia.\textsuperscript{1}\textsuperscript{9} Clinical features revealed by a chest computed tomography (CT) scan presented as pneumonia. On the other hand, we can find abnormal features such as RNAemia, acute respiratory distress syndrome, acute cardiac injury, and incidence of grand-glass opacities that led to death.\textsuperscript{1}\textsuperscript{9} In some cases, the multiple peripheral ground-glass opacities were observed in subpleural regions of both lungs that likely induced both systemic and localized immune response that led to increased inflammation.\textsuperscript{1}\textsuperscript{9} COVID-19 illness also showed some unique clinical features that include the targeting of the lower airway as evident by upper respiratory tract symptoms such as rhinorrhea, sneezing, and sore throat.\textsuperscript{1}\textsuperscript{1}\textsuperscript{2}\textsuperscript{12}\textsuperscript{13} Besides, chest radiographs in some cases showed an infiltrate in the upper lobe of the lung associated with increased dyspnea and hypoxemia.\textsuperscript{1}\textsuperscript{3} COVID-19 patients also developed gastrointestinal symptoms like diarrhea, Therefore, it is important to test fecal and urine samples to exclude a potential alternative route of transmission, specifically through healthcare workers, patients, etc.\textsuperscript{1}\textsuperscript{1}\textsuperscript{2}\textsuperscript{13}

The result of this survey revealed good knowledge among participants about the symptoms of coronavirus disease (COVID-19) since more than 85% of participants confirmed that fever; tiredness, dry cough, aches, and pains are explicit symptoms of coronavirus disease (COVID-19). While less than half of the participants (44.3%) confirmed that diarrhea is a symptom in this illness since these symptoms were related to gastrointestinal disorders and COVID-19 is related to the respiratory system. The World Health Organization reported on its web site many steps and methods to keep people safe and far away from the new virus (COVID-19), these recommendations can be summarized as follows:\textsuperscript{8}:

- It is important to stay at least 1 m (3 feet) away from others.
- Regularly and thoroughly clean your hands with an alcohol-based hand rub.
- Washing your hands with soap and water.
- Avoid touching eyes, nose, and mouth.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover.
- If you have a fever, cough, and difficulty breathing, seek medical attention, but call by telephone in advance if possible.
- You do not need to wear a mask unless you have symptoms of COVID-19 disease (especially coughing).
- Avoid direct contact with animals and surfaces in contact with animals.

The knowledge of the people about measures of safety and prevention in the two studied countries was very good to excellent. However, only 59.3% agreed with the necessity of wearing masks by health people. As the matter remains controversial; best practices should be followed about how to wear, remove, and dispose them and how to maintain hand hygiene after removal.\textsuperscript{14}

There was a statistical effect of gender on the importance of wearing the mask by healthy people \((P = 0.011)\), also this measure was clear to be statistically affected by educational level \((P = 0.013)\) and monthly income \((P = 0.000)\).

**Conclusion**

- The level of knowledge about the studied points relating to coronavirus disease (COVID-19) ranged from very good to excellent except very limited points which should be made clear through the TV, newspapers, and social media.
- The updated information about coronavirus disease (COVID-19) should be provided to people as soon as possible to keep them aware of the measures to be followed to protect themselves and their communities.
- Cross-sectional studies should be made everywhere to know exactly where the people are standing from the current pandemic.

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**Conflicts of interest**

There are no conflicts of interest.

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