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ADVERSE PSYCHOLOGICAL ASPECTS OF PANDEMICS

ASPECTOS PSICOLÓGICOS ADVERSOS DE PANDEMIAS

ASPECTOS PSICOLÓGICOS ADVERSOS DE LAS PANDEMIAS

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ABSTRACT

Introduction: The psychological consequences caused by pandemics are diverse and are gradually being discussed in the literature. Recently, the new coronavirus (SARS-CoV-2 or COVID-19) is discussed, a highly transmissible virus responsible for causing respiratory complications. Soon after the first cases, the World Health Organization - WHO declared a global emergency. **Objective:** Survey and describe which adverse psychological aspects are characteristic of pandemics, using as reference descriptive studies that assess psychological effects in different populations. **Methodology:** This study is a narrative review of the literature. This methodology aims to provide a synthesis of knowledge through a given subject. The searches were carried out in the Virtual Health Library - VHL databases, including their indexed platforms, Researchgate, Google Scholar, publications of repositories and conference proceedings. The entire analysis was based on the interpretation of the texts and discussion of the results of the publications. **Results and discussion:** Due to the

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bibliographic survey, several types of research were found, varying the affected populations, based on these publications it was possible to compare psychological symptoms. In contexts, where there are stricter control measures, the occurrence of psychological, mild and severe conditions is common. **Conclusion:** In general, we can say that all these diseases cause psychological impacts. Many of these diseases trigger impacts with the same dynamics. We also emphasize the need for efforts by the scientific community to create increasingly effective mechanisms and methodologies for psychological support and treatment, in person and remote.

KEYWORDS: Pandemic; Psychology of Emergencies and Disasters; Psychological impacts; Crisis Intervention.

RESUMO

Introdução: As consequências psicológicas causadas pelas pandemias são diversas e estão gradativamente sendo discutidas na literatura. Recentemente, discute-se o novo coronavírus (SARS-CoV-2 ou COVID-19), vírus de alta transmissibilidade e responsável por provocar complicações respiratórias. Brevemente após os primeiros casos, a Organização Mundial da Saúde - OMS declarou situação de emergência global. **Objetivo:** Levantar e descrever quais os aspectos psicológicos adversos característicos de pandemias, tendo como referência estudos descritivos que avaliem efeitos psicológicos nas diversas populações. **Metodologia:** Este estudo é uma revisão narrativa da literatura. Essa metodologia objetiva-se proporcionar uma síntese de conhecimento através de um determinado assunto. As buscas foram realizadas nas bases de dados Biblioteca Virtual em Saúde - BVS, incluindo suas plataformas indexadas, *Researchgate*, Google Acadêmico, publicações de repositórios e anais de congressos. Toda a análise foi baseada na interpretação dos textos e discussão dos resultados das publicações. **Resultados e Discussão:** Em função do levantamento bibliográfico encontraram-se várias modalidades de pesquisas, variando as populações atingidas, com base nessas publicações foi possível comparar os sintomas psicológicos. Em contextos, onde há medidas mais rígidas de controle, é comum o surgimento de agravos psicológicos, leves e graves. **Conclusão:** De forma geral,



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podemos afirmar que todas essas doenças causam impactos psicológicos. Muitas dessas doenças desencadeiam impactos com uma mesma dinâmica. Ressaltamos ainda a necessidade de esforço da comunidade científica para a criação de mecanismos e metodologias cada vez mais eficazes de apoio e tratamento psicológico, presencial e remoto.

PALAVRAS-CHAVE: Pandemia; Psicologia das Emergências e Desastres; Impactos psicológicos; Intervenção em Crise.

RESUMEN

Introducción: Las consecuencias psicológicas provocadas por las pandemias son diversas y gradualmente se están discutiendo en la literatura. Recientemente se habla del nuevo coronavirus (SARS-CoV-2 o COVID-19), un virus altamente transmisible responsable de causar complicaciones respiratorias. Poco después de los primeros casos, la Organización Mundial de la Salud (OMS) declaró una emergencia mundial. Objetivo: plantear y describir qué aspectos psicológicos adversos son característicos de las pandemias, utilizando como referencia estudios descriptivos que evalúan efectos psicológicos en diferentes poblaciones. Metodología: Este estudio es una revisión narrativa de la literatura. Esta metodología tiene como objetivo proporcionar una síntesis de conocimientos a través de una materia determinada. Las búsquedas se realizaron en las bases de datos de la Biblioteca Virtual en Salud - BVS, incluidas sus plataformas indexadas, Researchgate, Google Scholar, publicaciones de repositorios y actas de congresos. Todo el análisis se basó en la interpretación de los textos y la discusión de los resultados de las publicaciones. Resultados y Discusión: Con base en el relevamiento bibliográfico se encontraron varios tipos de investigación variando las poblaciones afectadas, con base en estas publicaciones fue posible comparar síntomas psicológicos. En contextos donde existen medidas de control más estrictas, es común la ocurrencia de lesiones psicológicas, leves y graves. Conclusión: En general, podemos decir que todas estas enfermedades tienen impactos psicológicos. Muchas de estas enfermedades desencadenan impactos con la misma dinámica. También enfatizamos la necesidad de esfuerzos por parte de la comunidad científica para crear mecanismos



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y metodologías cada vez más efectivos para el apoyo y tratamiento psicológico, presencial y remoto.

PALABRAS CLAVE: Pandemia; Psicología de Emergencias y Desastres; Impactos psicológicos; Intervención de crisis.

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1. INTRODUCTION

Pandemic is a medical term that describes an “epidemic of great proportions, which spreads to several countries and more than one continent” (REZENDE, 1998, p. 154). Epidemic, however, represents a transient disease, which affects a large number of individuals in a given location at the same time. In other words, pandemics are large-scale epidemics that spread across the world.

Rutherford, et al. (2017) highlight that many and significant outbreaks of pandemics throughout history, among them the Spanish Flu, Hong Kong Flu, Ebola and Zika. These pandemics caused negative social impacts on the health and economy of the affected regions, in addition to causing negative psychological impacts and social distance.

The most recent pandemic, known as the new coronavirus pandemic, caused by the SARS-CoV-2 virus (GORBALENYA, et al. 2020), had the first cases of the disease recorded in the interior of China, in late December 2019 (SAPS, 2020; WHO, 2020).

This new coronavirus, also known as COVID-19, is responsible for causing respiratory complications and symptoms such as cough, fever and pneumonia, in addition to potentiating these symptoms in people who already had weak health. In less than a month after, the World Health Organization - WHO declared this pandemic as a public health emergency of international interest (WHO, 2020).

Despite this new pandemic proving to be so dangerous, according to the WHO, the biggest problem facing countries is not lethality itself, but high transmissibility. COVID-19 is able to resist on some surfaces outside a host for up to a week, facilitating new contagions, even far from an infected person (BBC, 2020).



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In addition to the damage and physical symptoms that diseases of this type bring, there are psychological, primary and secondary symptoms. These symptoms may arise due to the disease or are due to the limitations that the disease generates at an individual and social level.

Psychological factors are important to understand and manage psychosocial problems, physical and mental health conditions, information about the disease and its due care, in addition to the treatment itself (TAYLOR, 2019).

To understand how these psychological factors are triggered, aspects such as crises, emergencies, public calamities and disasters, whether natural or man-made, must be studied to plan interventions that reduce damage. In Brazil, the Psychology of Emergencies and Disasters seeks to cover various aspects of the psychological crisis, as well as to guide victims and teams that work with these victims (MELO and SANTOS, 2011).

The term "crisis" can be characterized by being a persistent pattern and with a limited time (DATTILIO and FREEMAN, 2004). Psychological crises favor the appearance of psychological symptoms, due to the individual condition of the subject, favoring disorders that lead to mental illness.

Psychology has been concerned with these issues for a long time. According to Melo and Santos (2011), the role of psychology in situations involving emergencies dates back to times of war. In Brazil, the first record of psychology interventions in a crisis situation occurred during the Radiological Accident in Goiânia/BR, in 1987.

Before the phase of managing the effects of a pandemic, it is recommended to know the available resources, their limitations and the characteristic symptoms that may arise during the resolution actions. For APA (2020) anxiety and depressive



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thoughts are among some of the main psychological effects of a pandemic, especially in cases where the person is quarantined.

An important aspect brought about by the COVID-19 pandemic, for example, was the fact that several countries decreed social distance, in addition to a series of stoppages in important sectors of society. These decrees were aimed at reducing the speed of contagion (WHO, 2020).

With the immediate stoppages, demands arose that yearned for psychological support, but even psychologists had to change their care strategies. As a result, online consultations that were previously licensed only to psychologists registered with the Federal Council of Psychology - CFP are now temporarily released to other psychology professionals due to the great demand and seriousness of the situation (CRP/16, 2020).

Despite the fact that experts already predicted and warned of the risks of a situation like this (TAYLOR, 2020), the whole world was caught off guard, having to reinvent itself to minimize the damage that was to come.

In the midst of these questions, we sought to answer the following reflections: "What are the types of psychological impacts caused by a pandemic?" and "Can the psychological impacts of a pandemic become an imminent risk?"

Seeking to understand these possibilities, this research aimed to raise and describe which adverse psychological aspects are characteristic of pandemics, using as reference descriptive studies that evaluate psychological effects in small and large populations..

2. METHODOLOGY



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The present study is a narrative review of the literature, with a descriptive and qualitative approach. This methodology is appropriate to provide a synthesis of knowledge through the state of the art of a given subject. This method is practical for contextualized discussions and does not need to establish rigorous and replicable methodologies (TOLEDO and RODRIGUES, 2017; ASSUNÇÃO and DA SILVA, 2019).

According to these authors, this method is necessary for information, evidence and updating knowledge. As it is a research that aimed to obtain historical data, the period of search for the publications was not limited, so that it was possible to retrieve older publications that highlight the objectives of this research, without jeopardizing the most current discussions, especially those that discussed about COVID-19.

The searches were carried out in the Virtual Health Library - VHL databases, including their indexed platforms, Researchgate, Google Scholar, publications of repositories and conference proceedings that brought relevant content to the research.

These searches were made using the following keywords: Pandemic; Psychology of Emergencies and Disasters; Psychological impacts; Crisis intervention, in addition to combinations of these terms.

The inclusion criteria were: publications in Portuguese, Spanish and English; complete publications; publications that discuss psychological impacts due to pandemics / epidemics; publications with a qualitative and descriptive approach.

Publications that were: Incomplete; Paid; and that were not related to the objectives of the present research. The analysis of the theoretical basis of the studies was carried out, through the reading of their abstracts and, then, the methodology applied for the construction of the research.



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To analyze the scientific productions identified, specific qualitative and / or quantitative techniques were not used. The entire analysis was based on the interpretation of the texts and discussion of the results of the publications, always with a descriptive and qualitative aspect.

3. PSYCHOLOGICAL IMPACTS ARISING FROM PANDEMICS

Throughout history, there have been several pandemics, each with its particularities and degrees of psychological devastation. The black plague is one of the most memorable, having been the most devastating pandemic in history.

This pandemic occurred between the years 1347 and 1351, beginning in Asia, making victims all over Europe (NETO, 2007), therefore, the Spanish flu, smallpox, cholera, swine flu - H1N1, typhus. All of these diseases caused direct and indirect psychological impacts on the affected populations.

It is necessary to establish psychological impacts as symptomatic changes or not, associated with subjectivity or the environment (APA, 2014). In a crisis situation it is understood that a large part of these impacts can be negative and can cause damage to the individual's mental health and functionality.

According to Ornell, et al. (2020) during epidemics, the number of people who may have their mental health is affected far greater than the number of people affected by the disease. This may be due to the panic generated by the disease itself, or by the intensification of news related to the progress or return of the disease.

Brooks, et al. (2020) during pandemic periods, symptoms of post-traumatic stress, confusion and anger are common. It is important to consider that worsening of



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these symptoms in mandatory control measures, such as in quarantine, can occur much more frequently, leading the person to an exacerbated increase in anxiety (SCHIMIDT, et al., 2020), since individuals are prevented from moving normally or exercising their daily functions.

Wheaton, et al. (2011) investigated psychological processes associated with anxiety related to swine flu, during the 2009–2010 Influenza H1N1 Virus pandemic. This study revealed that anxiety, fear of contamination, feelings of disgust and regression in response to swine flu was exacerbated and very common in all research participants.

With a similar purpose, McAlonan, et al. (2007) evaluated the psychological health of health professionals who were exposed during the outbreak of Severe Acute Respiratory Syndrome (SARS) 2002–2003. His study showed that health professionals were more susceptible to high levels of stress, fatigue, poor sleep, health concerns and fear of social contact.

According to the authors, in the following year these levels became even higher, with scores that indicated depression, anxiety and post-traumatic stress being raised, in addition to the very danger of contracting the virus and compromising your physical integrity.

Studies carried out during or after pandemic outbreaks are carried out both with health professionals and students, and with the population, which is most exposed to factors of mental health illness in these episodes.

That was what happened in 2007 in Australia. During an outbreak of highly infectious equine influenza, control measures were adopted, such as movement restrictions and quarantine, leading the population to high levels of non-specific psychological distress (TAYLOR, et al., 2008).



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This same researcher collected data about psychological suffering with aspects of anxiety, depression, anguish and PTSD, in addition to establishing a comparison between the general population and those who lived in areas of infection; the one in the most at risk areas was much more susceptible to psychological distress, specifically younger people and those with lower levels of formal educational qualifications.

Although the study by Taylor and colleagues proposed to raise information about the psychological suffering of a sample of 2760 people, there was no complete precision about the type of mental suffering or experience lived by this sample. The authors justified this limit because it is a "complex, disparate and unknown population and, therefore, it is difficult to comment accurately on the sample's representativeness" (TAYLOR, et al., 2008, p. 11).

The role of individual and collective mental health in coping with adversity is always put to the test during crises that involve risks to physical health or contagion. Bao, et al. (2020) wonder if there is information and understanding about mental health care and health care.

These authors recommend solid interventions and guidance and prevention measures, with the help of teams with psychologists, doctors, social workers and other professionals, who are able to expand their practices, including through virtual tools and social media. This would play a key role in crisis management and harm reduction to mental health.

4. COVID-19 PANDEMIC AND ITS PSYCHOLOGICAL IMPACTS



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The COVID-19 pandemic began in late December 2019 and spread throughout the world in the following three months, triggering crises in various systems of society, causing deaths and direct and indirect psychological impacts on the population.

Finsterbusch (1982) argues that in these situations these impacts can be defined as individual and social stressors, which can be enhanced with events that affect changes in the individual and his daily life pattern.

The COVID-19 pandemic had a unique impact on the media, due to factors such as its high transmissibility and because it spread and made victims so quickly. WHO recommended quarantine as a strategic and preventive measure, even for people who were not at risk groups, in order to avoid contagion.

Garcia and Do Duarte (2020) distinguish this type of quarantine as the social distance from people who have potentially contagious diseases and social distance as the voluntary removal or not from other people, thus reducing the risk of epidemics.

This emergency protocol proposed by WHO was used as an attempt to control the pandemic. As a consequence, countries around the world have decreed social distance and paralyzed many non-essential activities.

Wang, et al. (2020) report that, at least in the first 4 months, there was still not enough information collected on the types of psychological impacts and public mental health during the COVID-19 pandemic, but that the impacts have already begun to be noticed, mainly by manifestations in social networks (GAO, et al., 2020), an increasingly expressive resource in the dissemination of information.

In a short time, people who adhered to the measure of social distance reported idleness and anxiety symptoms. As a reflex, mental health has become an even more delicate issue to work on, precisely because of the distance that specialists are also



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subject to. Shigemura, et al. (2020) mention emerging aspects such as causing anger, fear, excessive use of alcohol and drugs, symptoms of post-traumatic stress disorder, depression and regressions.

Withdrawals and isolations, individuals tend to present these same symptomatic changes. Given this situation, it is also noted that anxiety is a factor that stimulates binge eating, generating a chain of effects that can be combined and worsen for long periods of time (ALMEIDA, ZANATTA and REZENDE, 2012).

The impact of COVID-19 generated crises that hit income streams, increased social losses and unemployment. The combination of unemployment, despair, social distance and other factors can result in symptoms of depression, not distant, in self-injurious behavior in the most socially vulnerable people (ALMEIDA, 2017).

In relation to these effects, Rossi, et al. (2020) conducted a study that sought to assess mental health in the Italian population, one of the countries most affected by COVID-19. This study was conducted through a questionnaire with 18147 individuals through the internet, between March 27 and April 6, 2020 and explored the impact of potential risk factors for the disease.

The results of that research demonstrated that there was an unusual growth in symptoms of post-traumatic stress, depression, anxiety, insomnia, perceived stress and symptoms of adjustment disorder. Most of the individuals in this research attributed and associated quarantine as a triggering factor.

Li, et al. (2020) also conducted a study with the objective of exploring the impacts of COVID-19 on people's mental health, in addition to seeking to create protocols for professionals such as social workers, psychiatrists and psychologists. His



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study also took place over the internet, but through the Sina Weibo platform, a very popular social network in China.

The survey involved 17,865 active users, with an Online Ecological Recognition approach. These authors calculated the frequency of the words that appeared on the site search engine before and after the COVID-19 pandemic and measured emotional indicator scores, such as anxiety, depression, indignation and happiness, in addition to cognitive indicators such as judgment of social risk and satisfaction with life, etc.

An unusual increase was found that suggested negative emotions, such as anxiety, depression and indignation and dissatisfaction with life. People have also shown to be more concerned with their health and family than with leisure and friends.

Rossi, et al. (2020) also found results with high rates of negative aspects of mental health in the Italian population, just three weeks after the COVID-19 containment measures. Although their research is not conclusive, the authors discuss different risk factors related to COVID-19.

In the face of situations like this, it is important to emphasize secondary aspects of families, such as those generated by the grief of the loss of family members, the imminent fear of death and also the aspects experienced by health professionals, who are subject to psychological risks, due to their work performed and the stressful environment itself, in addition to being more subject to contagion.

According to Taylor (2019) there is a fear of contagion, concern and distance from the family, overload and fatigue, as well as reports of threats and aggressions by people who seek care and cannot be welcomed by the limited resources.

In general, the few surveys that were published in the first four months of the pandemic showed similar aspects of psychological changes. Despite the short time of



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the pandemic, in just a few weeks it was already possible to notice changes in people's individual and social behavior, as well as their psychological changes, which could evidently evolve into disorders or disorders.

5. RESULTS AND DISCUSSION

The present study carried out a bibliographic survey in several databases, using the descriptors, resulting in 63 publications. The selection criteria were applied before reading the abstracts. After reading the abstracts, researches that would make up the body of the work were selected again, resulting in 38 publications in total.

Through this bibliographic survey, several types of descriptive research were found, with the most varied populations so that it was possible to establish a comparison between the psychological symptoms described in these studies.

Thus, based on the description of the psychological symptoms found in the publications surveyed, Table 1 was elaborated, below, which synthesizes in a more practical way the initial, complex and secondary adverse psychological aspects.

Table 1. Initial and complex adverse psychological aspects and secondary aspects.

INITIAL PSYCHOLOGICAL ASPECTS	COMPLEX PSYCHOLOGICAL ASPECTS	PROGNOSIS
Fear; Fear of contagion; Uncertainty.	Construction of dysfunctional beliefs; Changes in behavioral repertoire.	Behavioral disorders; Behavioral disorders.



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Excess/Lack of information.	Stress; Rage; Discomfort; indignation.	Depression; Sleep-related disorders.
Anguish; Deregulated eating habits.	Anxiety; Stress; Phobias.	Eating disorders; Panic attacks; Panic Syndrome.

Source: Research data.

The first column of table 1 presents initial psychological aspects, in other words, psychological impacts that are usually present in the beginning of pandemics, where there may be fear, excess or lack of information about the disease, form of contagion.

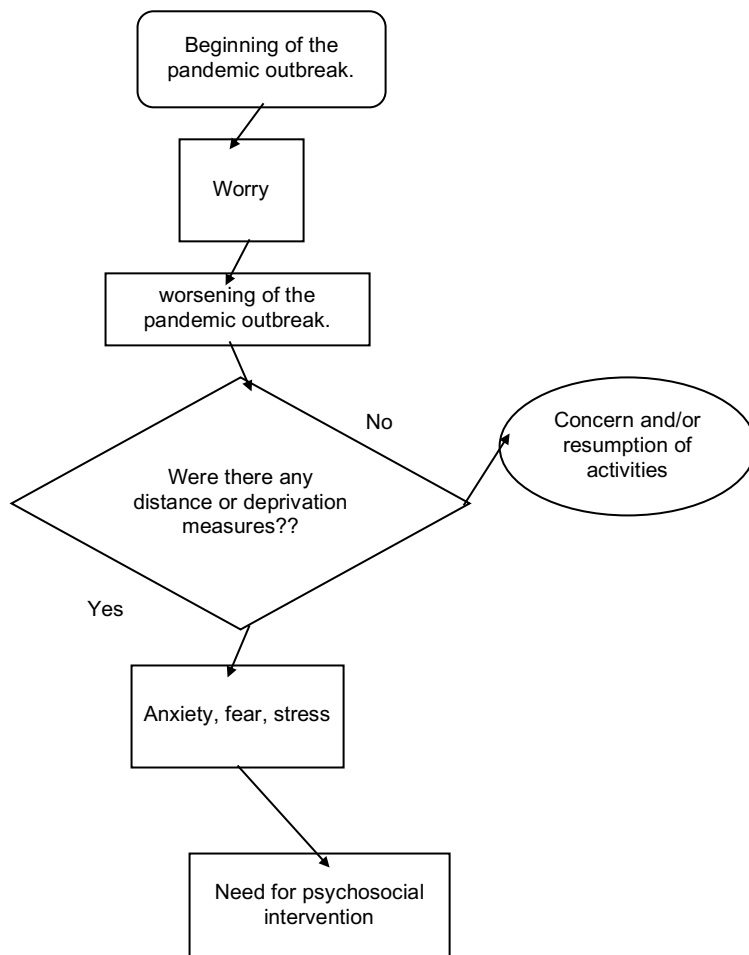
At the beginning of the COVID-19 pandemic, for example, it was common for reports from people, professionals and politicians to “not be taking it seriously enough” (JBR, 2020). This was due to a lack of information about the risks that the virus could cause.

These lack of information, or excess, as well as false news (Fake News), harm people, helping to spread disinformation, fear and panic, in addition to, in other cases, causing negationism and indignation (KALIL and SANTINI, 2020).

Column 2 of Table 1 presents complex psychological aspects, such as the construction of dysfunctional beliefs due to diseases resulting from pandemics and their impacts, including economic impacts, for example. This can cause a person to change their behavioral repertoire in a short time, in addition to causing stress, anger, and anxiety and related factors.

Still based on the researches raised, scheme 1 was elaborated, below, which proposes to present an evolution of the psychological impacts that may occur:

Scheme 1. Evolution of psychological impacts resulting from pandemics.



Source: Research data.

In contexts where there are measures of social distance, consequently there is a reduction in social activities and several other deprivations, Schmidt, et al. (2020)



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suggest psychological monitoring, stating that guilt, anger, frustration and sadness are common aspects and that the implications for mental health are challenging due to the breadth of the population and the amount of professionals and services available.

When talking about psychological impacts resulting from pandemics, it is interesting to note that the effects are similar to impacts from other diseases, as in the case of patients with hemodialysis (SILVEIRA, et al., 2014), patients who are diagnosed with cancer breast (PATRÃO and LEAL, 2004; MENEZES, SCHULZ and PERES, 2012). The speed of contagion can overwhelm health systems, as well as the work of mental health professionals.

6. FINAL CONSIDERATIONS

Through this study it was possible to describe adverse psychological aspects characteristic of pandemics, emphasizing the negative aspects brought about by diseases or fear of contagion. It is important to emphasize that every crisis has a positive side, as in the case of improving individual and collective resilience.

In short, health researchers have always been concerned with developing control, prevention and treatment measures, in addition to presenting characteristic symptoms of each episode, so that there are theoretical subsidies for practical action.

In the case of the COVID-19 pandemic, as it is a recent event, it is not yet possible to obtain information on the course of psychological impacts directly related to this pandemic. However, through the literature it was possible to verify the psychological impacts described up to the fifth month were similar to the impacts of surveys carried out in previous pandemics.



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As seen on several occasions, excessive fear can generate critical symptoms of anxiety, these symptoms can progress to serious behavioral disorders and even anxiety disorders in more severe cases.

In general, we can say that all these diseases cause psychological impacts, mild or acute. Many of these diseases trigger impacts with the same dynamics, ranging from voluntary detachment, fear, to the negative construction of self-image, depression and, in more severe cases, suicide. It is worth mentioning that, like everything in psychology, these factors do not occur in isolation, requiring specific contexts and even specific genetics that favor these mismatches in the individual's structure.

We also emphasize the need for efforts by the national and international scientific community in the initiative to carry out cross-sectional studies that provide theoretical support for the creation of increasingly effective mechanisms and methodologies for psychological support and treatment, both for the affected populations and for health professionals mental, who are exposed to a high level of stress and anxiety, in addition to being at greater risk of contagion, which can lead them to the same conditions of impacts exposed in this research.

Meanwhile, we rely on social distance and palliative measures for community-oriented education as a way to avoid contagion. The role of health professionals in assisting the sick, and also in the psychological monitoring of the population, needs to be aligned with the recommendations of health entities and regulatory authorities.

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