J BHM 2021, 7:2

Journal of
Business and Hotel Management

Short Communications A SCITECHNOL JOURNAL

The Consequences for Tourism Management

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Abstract

The fast transmission and high contagiousness characteristic of SARS-CoV-2 detected in Wuhan, China was determined by first studies that concluded, in a serial interval of 6-9 days, a median R0 value of 5.7 (95% CI 3.8– 8.9)[1] of human to human transmission, that alerted to the rapid domestic spread potential in China[2] by travels, an increased risk factor due to the proximity of the new year celebrations in China.

As a respiratory virus infection, the transmission occurs by direct or indirect contact, usually by droplet spray in short range or aerosol in long- range transmission. Some international health government agencies, advice to keep a safe distance from person to person of 6 feet to avoid respiratory droplets produced by talk, sneeze or coughs, with usually occurs in larger respiratory droplets (>5 μm) with a reduced life time in air and perform small distances.

The study of Setti et al. indicates that distance is safe only if everybody wears face masks[3] due to the virus can be in aerosolized droplets for 10 meters and remain viable up to 3 hours, when Virus-laden small (<5 μm - more than 3.3 feet) and can be carried by an air conditioned system[4] or in areas with high contamination as hospitals, the virus was found widely distributed in the air and on object surfaces in an area up to 13 feet[5].

These situations corroborate to an airborne transmission of SARS-CoV-2 with some researches appointing to other variabilities as the contamination of other surfaces as remote controls, computer mouse, cardboard, exercise equipment, even including the floor of Hospitals[5].

Slow process of classification and diagnosis and the delay in establishment of preventive and containment measures corroborated to the initial fast spread of the virus to other cities nearby Wuhan according to some studies[6].

The failure in local control of this infectious disease allied to no clearance and transparency process of information culminated in to a global pandemic condition with high transmission worldwide[7,8], exposing the main fragility in travellers transportation related to infectious disease spread due to the mass gathering condition, instead in the symbol of cruise ships[9–15], with the situation of Diamond Princess in Tokyo harbour and the fast infection of passengers onboard during the ship's quarantine.

Despite the high rates of morbidity and mortality consolidated by studies and scientific evidence worldwide (5.354.539 positive cases and 343.116 deaths), there is an insistence by the Brazilian government to deny the health risks represented by this infectious disease, resulting in the absence of a national health strategy against COVID-19.

The anti-science stance[16] adopted generate higher mortality rate (22.412 deaths) and incidence (354,460 positive cases) in Brazil, resulting in serious consequences for the planning and management of economic activities, with serious repercussions for the tourism activity.

Due to this situation, some countries may establish restrictive measures for the reception of Brazilian travellers as well as the recommendation that their citizens avoid traveling to the country because of the high risk of diseases' reintroduction in your nations.

In view of this new paradigm represented by COVID-19, we need to rethink tourism services, not only in Brazil but in all nations, with the appropriate adoption of these new hygiene and safety measures with the establishment of protocols that provide a safe environment for travellers, tourism workers, localities and communities that receive tourists, providing a general safety experience for everyone, being a great challenge for public health policy managers.

Biography :

Dennis Minoru Fujita is a research in Travel Medicine and works in Institute of Tropical Medicine of São Paulo – USP, Protozoology Lab/LIM-49, University Santo Amaro and Federal Institute of Education, Science and Technology of São Paulo. He holds a BA in Tourism Management, a Master of Philosophy degree in Tourism Management and a PhD in Infectious Diseases and International Health at the Institute of Tropical Medicine of São Paulo. Dennis has 20 years' experience as professor in public and private institutions in courses of Tourism Management and Public Health, and as researcher in epidemiologic field developed some studies in Travel Medicine published in prestigious journals..

Note: This work is partly presented at International Conference on Health and Medical Tourism (July 23-24, 2020, Dubai, UAE)