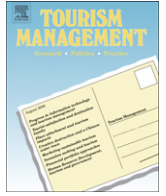




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## Research Note

## The reaction of elderly Asian tourists to avian influenza and SARS

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## ABSTRACT

Several cases of the H5N1 virus, or bird flu, have recently been discovered in Asia. In some isolated cases, the virus was found to have been transmitted from animals to human beings. However, most research suggested that the virus has low virulence in man. In 2005, the World Health Organisation urged vigilance, since as with other forms of influenza, the virus could mutate into form more easily communicable among human beings. As a result, some countries, issued travel alerts to their citizens to avoid all-but-essential travel to the affected areas. Visitors to Asian countries were told to avoid contact with and the consumption of poultry. This study investigates the impact of the avian influenza on elderly tourists in Asia, evaluating its findings in light of the earlier SARS outbreak in the region. It concludes that neither of these diseases significantly discouraged this group of tourists from undertaking their planned itineraries.

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## 1. Introduction

Several cases of the H5N1 virus, or bird flu, have recently been discovered in Asia. In some isolated cases, the virus was found to have been transmitted from animals to human beings. In 2005, the World Health Organisation, WHO, urged caution, since the virus could mutate into a strain more easily transmissible to human beings. As a result, some countries advised their citizens to avoid all-but-essential travel to infected areas. This study seeks to identify the impact of the 2004–2006 avian flu epidemic on international elderly tourism to Asian countries. It focuses on the following hypotheses:

*Hypothesis 1:*

The bird flu outbreak of 2004–2006 did not affect tourism in Asia, especially among the elderly, since the number of confirmed human cases was too small to cause panic.

*Hypothesis 2:*

Elderly tourists continued to visit Asia because most of them were from and acquainted with the region.

## 2. The impact of bird flu on elderly tourists in Asia

The first reported case of bird flu was discovered in 1997 in Hong Kong. Six years later, in 2003, the first two human cases in China were detected. In the past when people tried to minimise face-to-face contacts, demand in the service sector, and especially in tourism, fell. Older tourists tend to spend more and stay away longer when travelling and represent a key market segment for analysis. However, as the WHO indicated in its 2005 study, age is a risk factor in the contracting the flu. Consequently, when governments issued travel alerts during the bird flu outbreak, this sector of the tourism market should have been negatively affected.

## 3. Description of terms

*H5N1*: Influenza A, subtype H5N1. This influenza subtype is also known as avian flu or simply bird flu. The causative virus makes human beings ill, but no cases of human-to-human transmission, which would cause a global flu pandemic, have been detected.

*Severe Acute Respiratory Syndrome (SARS)*: This is a respiratory disease caused by the SARS coronavirus. Between November 2002 and July 2003, 8093 people were infected with the SARS virus, which led to 774 deaths in 37 countries.

## 4. Study methods

This study relies on travel statistics published on various websites. Data is examined to gauge the difference in tourism patterns, including those of the elderly, in three years: 2004, 2005, and 2006.

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These years were specifically chosen, since most bird flu cases were reported in the second of them. If this disease affected travel trends in Asia among the elderly, noticeable changes would have occurred in the numbers of tourists arriving in specific Asian countries in that period.

## 5. Research model

A deductive method is used to analyse the data on countries such as Singapore and China taken from the websites; the data are compared to determine which are most accurate. Although not part of this discussion, a literature review has also been conducted in order to gain insight into the theories, methods, and deductions of other researchers.

## 6. Findings

### 6.1. China

China received media attention related to the avian flu, since its poultry farms had high death rates because of the effect of H5N1 on chickens. Notably, China's tourism sector fell to a low point in 2003, due to it is thought, to fears of SARS. In 2004, however, inbound tourism rose tremendously. In 2005, the tourism sector performed even better, recording a 10.3 per cent growth from 2004. In all, 120.29 million travellers were on the move in China, of which 20.6 million came from the overseas.

### 6.2. Singapore

In a similar trend, Singapore's inbound tourism reached its nadir in 2003, again mainly because of SARS fears. In that year, Singapore had 6.1 million international visitors; their numbers jumped by 35.9 per cent in 2004. In 2005, the increase continued although at a slower 7.4 per cent growth rate, giving the nation 8.9 million visitors in 2005. In 2006, Singapore had 9.8 million inbound tourists, a 9.0 per cent increase from 2005.

## 7. Analysis

In comparing tourism in Singapore and China, several common trends can be identified:

- 1) Most inbound tourists came from Asian countries.
- 2) The markets suffered drastically from the SARS outbreak in 2003.
- 3) Tourism underwent significant recovery in 2004 and continued to grow in 2005.

Our data analysis suggests that the numbers of tourists varied little in 2004 and 2005, the year of the flu, and that the number of

elderly tourists increased in accordance with the general tendency. Remarkably, there was no decline in the number of tourists arriving in either country. There are several possible explanations for this resilience of elderly tourists in Asia in 2005:

- 1) Elderly tourists just like younger ones, ignored advisories against travel in Asia. The low numbers of human casualties from the avian flu led them to believe that the virus had not yet mutated.
- 2) The health sector's continued surveillance and the limitation of contagion to those who were in direct contact with infected chickens may also have convinced tourists to downplay the threat.
- 3) The fact that the virus had not been transmitted from human-to-human since its first appearance in 1997 may also have indicated that it would not suddenly become virulent and transmissible by human beings.
- 4) Most elderly tourists in Asia are from Asian countries, which might explain their resilience in 2005, since they knew that borders alone could not stop a pandemic and adopted a 'why not enjoy it now' attitude.

### 7.1. Data limitations and assumptions

This study was limited by the lack of published data on age-related tourism trends. For example, although there were data detailing the number of visitors aged 65 years and older visiting both Singapore and China, the origins of these visitors is unknown. We assume that the elderly tourists were from Asian countries, just as of the majority of inbound tourists. Hypothesis 1, therefore, is proven, since there seems to have been little apprehension among Asian nationals to visit other countries within the continent even in the height of bird flu (WHO, 2005).

## 8. Conclusion

Tourism is a very sensitive industry. Negative publicity surrounding a tourist destination often results in fewer tourists. Indeed, often even a slight risk, especially in regard to human safety (disease, terrorism, etc.), is enough to spur a drastic change of fortune for tourist destinations. It therefore seems extraordinary that the numbers of elderly tourists who visited Asia in 2005, at the height of bird flu fears, were not drastically affected. It appears that most tourists were convinced that the low fatality rate did not merit the cessation of travel.

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