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Title:

Health Threats in Tourism: Impacts of Communicable and Non-Communicable Diseases on
Destinations and Crisis Management

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4. 1. Introduction

5. Tourism is one of the fastest-growing sectors worldwide and is one of the most dynamic and rapidly growing industries globally. The tourism sector contributes to economic development, which boosts various industries. It also creates decent employment opportunities. However, the sector is also very vulnerable to outside shocks especially health-related events. The relationship between tourism and health is getting more attention because of the spreading of communicable diseases non-communicable diseases (NCDs). They are affecting travel patterns, destination competitiveness and global movement of people. Contagious diseases like COVID-19 and SARS have shown how fast such outbreaks can ruin international travel, tourist economies, and destination levels of the economy. An instance for the given statement is COVID -19 pandemic which brought about an unprecedented drop in worldwide tourist arrivals. This reflects the assessment of industry sensitivity to health risk (Rosselló et al., 2017). Cardiovascular diseases, diabetes, chronic respiratory diseases, among other NCDs, do not pose an immediate danger but are nonetheless important. As host destinations experience hidden demand on their healthcare system, travelling with these conditions can put delve hidden risks. People are getting older and more people of countries are suffering from NCD (Non-communicable diseases) as people are travelling more the destinations must ensure that medical and emergency facility can cater chronic ill travellers (Agyemang & van den Born, 2019) Furthermore, tourist destinations are changing with time and cleverly adapting to decades' long health problems is the rise of a wellness and medical phenomenon. The tourism industry must include public health in its crisis management, destination branding and vision planning; without this important growth, an industry cannot overcome communicable or non-communicable diseases. This paper analyses how health threats affect the flow of tourism, the image of tourist destinations and the strategic response of stakeholders to the problem for effective sustainable recovery and competitiveness

6. 2. Main Body

1. 2.1 Communicable Diseases and Tourism

Communicable diseases are those diseases caused by infectious agents like viruses, bacteria or parasites that can spread directly or indirectly between individuals. The transmission can occur via different routes. They include contamination of food or water, droplet infection, vectors like a mosquito, and contact. The movement of a large number of people across borders (e.g. at the borders and festivals), as well as acts of local people and foreign tourists, will allow such a disease to spread quickly. This global mobility not only accelerates transmission but also intensifies the challenges faced by tourism destinations in preventing and managing outbreaks. Several communicable diseases have profoundly influenced global tourism. The COVID-19 pandemic, beginning in 2019, caused a collapse in international travel as governments imposed border closures, quarantine requirements, and strict health protocols. Its impact has been described as the most severe crisis in the history of modern tourism, with global tourist arrivals dropping by more than 70% in 2020 (Rosselló et al., 2017). Earlier examples, such as the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, also demonstrated the vulnerability of the sector, particularly in Asia, where destinations like Hong Kong and Singapore experienced dramatic declines in arrivals due to traveler fears of contagion (Gallego et al., 2014). Similarly, the Ebola outbreak in West Africa during 2014–2016 created travel advisories and avoidance behaviors that extended beyond the directly affected countries, undermining the image of the entire continent (León et al., 2020). Endemic diseases such as malaria and cholera further constrain tourism in tropical and developing regions, deterring risk-averse tourists and influencing destination choices (Rosselló et al., 2017). The impacts of these diseases on tourism destinations are severe and multifaceted. First, they directly reduce tourist arrivals, as travelers often postpone or cancel trips when destinations are perceived as unsafe. This means that airlines, hotels, restaurants, and tour operators are seeing their revenues decline sharply. On top of everything, outbreaks will result in destination damage and adversely impact competitiveness for a long time. Thirdly, governments and local

communities spend a lot of money on surveillance, prevention, and treatment that could be used for something else. Ultimately, reduced tourist flows will cause a substantial loss of income and many jobs in tourism-dependent economies leading to increased poverty and social vulnerability. Research shows that the more disease risk the tourists feel a destination has, the less tourists will agree to pay to visit the destination (León et al., 2020). This demonstrates that how health crises change demand is measurable. As such, infectious diseases pose ongoing and immediate issues for international tourism systems.

2. 2.2 Non Communicable Diseases and Tourism

NCDs (non-communicable diseases) are chronic diseases that do not get transmitted from individuals to others, they develop over a long time due to genetic factors. The conditions responsible for most global deaths and ill health include cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and mental disorders. Diseases like cancers don't evolve quickly like infectious diseases. Their management is ongoing and lasts for years, and requires medications and lifestyle modification. When traveling, these conditions can pose a risk since medical emergencies overseas often relate to an NCD we did not know was present or it was poorly managed. Sanford & Flaherty, (2018) NCDs are the leading cause of death and disability in the world. They will play an increasing role in tourism as the population is aging and as the elderly traveller numbers are increasing (Agyemang & van den Born, 2019). The importance of NCDs in tourism refers to the risk that travelers are exposed to as well as the risk that destinations face. People who have a health issue already are travelling to another destination; however, there might not be adequate health care facilities. An ailment like stroke or heart failure, which won't be easy for the hospitals to manage, might make life difficult for the person. Such concerns are that destination may not have adequate infrastructure, trained healthcare professionals and emergency care. For instance, nations like Thailand and India have promoted their advanced hospitals and wellness resorts, as part of a strategy to attract NCD-conscious tourists. The impacts of NCDs on

destinations are considerable. Initially, they place a strain on healthcare infrastructure since destinations must uphold premium medical service levels to assure global visitors. The second is that NCD prevalence influences destination image: In particular tourists may go out of their way to avoid places that they believe do not have the healthcare resources and support needed to cope with emergencies if they arise. In addition to health costs, NCDs impose economic costs when a country depends heavily on tourism. Workers will be less productive in the service sector. Agyemang and Van den Born (2019) indicates that migrants or travellers are at greater risk of acquiring a new NCD or worsening an existing one. In this way, the NCDs are an aspect internally which we often do not regard as a health issue but has become one. It is also a strategic issue for tourism sustainability and other issues like image branding and more.

3. 2.3 Destination Image and Health Threats

Destination image is the mental representation of an object and its attributes. The object can be country, city, region, continent, anything basically. Further, it includes the beliefs, successes, and images. Majeed et al. (2024) state that a good destination image can bring tourists and encourage them to return again, while a negative image associated with health hazards can repel them for a long time. The importance of destination image in tourism becomes more significant in health crises when the nature of the tourism product is perceived to involve health issues. Health crises reshape perceptions of destinations in ways that are often disproportionate to the actual level of risk. Even short-term outbreaks can result in long-lasting reputational damage, as tourists tend to associate destinations with danger once crises are widely publicized. Čieľ et al. (2014) argue that perceptions of risk are influenced not only by the presence of disease but also by uncertainty, fear of contagion, and the belief that a destination is unprepared to protect visitors. Thus, the management of image during and after a health crisis becomes crucial for recovery. The role of media and traveler psychology is central to this process. News outlets, social media, and online platforms often amplify fears,

spreading images of danger far beyond the immediate outbreak zones. Tourists are highly sensitive to such reports, with risk perception sometimes outweighing rational assessments of safety (Khan et al., 2017). Negative coverage can create avoidance behaviors, even for destinations geographically distant from an outbreak. This dynamic highlights the importance of crisis communication strategies that emphasize transparency, preparedness, and safety measures. Several health crises illustrate how destination image can be reshaped. During the 2003 SARS outbreak, Hong Kong and other Asian destinations experienced dramatic declines in tourist arrivals, as international media coverage painted the region as unsafe. In West Africa, the Ebola epidemic of 2014–2016 significantly damaged not only the directly affected countries but also unrelated African destinations, as many tourists generalized risk across the continent (Čief et al., 2014). More recently, COVID-19 has affected nearly every destination globally, shifting traveler preferences toward countries with strong healthcare systems and clear safety protocols (Majeed et al., 2024). These examples underscore that health crises not only disrupt tourism flows in the short term but also reshape the long-term brand image of destinations, making resilience and health security essential components of sustainable tourism planning.

4. 2.4 Crisis Management Strategies in Tourism

Crisis management in tourism refers to the structured processes and strategies used to prepare for, respond to, and recover from disruptive events that threaten the stability of destinations. Health crises, whether caused by communicable or non-communicable diseases, require tailored responses that protect travelers while safeguarding tourism-dependent economies. Scholars argue that crisis management frameworks in tourism typically unfold in three stages: pre-crisis planning, immediate crisis response, and post-crisis recovery (Ritchie, 2004). In the pre-crisis stage, destinations conduct risk assessments, develop contingency plans, and train stakeholders. During the crisis, rapid responses such as medical protocols, safety measures, and communication strategies

are implemented. Finally, recovery emphasizes rebuilding reputation, restoring demand, and learning from the event to improve future resilience (Pforr & Hosie, 2008). Strategies for communicable diseases are particularly visible due to their direct impact on traveler safety. Destinations adopt measures such as airport screening, health declarations, and digital tracing tools to monitor and contain infections. Quarantine and isolation protocols remain central, while large-scale hygiene campaigns assure travelers of safety. Collaboration with international organizations such as WHO and UNWTO also strengthens credibility and aligns local practices with global health standards (de Sausmarez, 2007). These strategies were crucial during the COVID-19 pandemic, where international coordination and local measures determined the pace of tourism recovery. Additionally, wellness tourism has emerged as a growing sector, offering preventive health programs, spa treatments, and lifestyle retreats that position destinations as safe and health-oriented (Ritchie, 2004). Case studies highlight these strategies in practice. New Zealand managed COVID-19 effectively through strict border controls and strong communication, reinforcing its image as a safe destination. Dubai introduced the “Dubai Assured” hygiene stamp to certify compliance with safety measures, instilling confidence among international visitors. Thailand leveraged its reputation in medical and wellness tourism to attract health-conscious travelers, turning a global challenge into an opportunity for market repositioning (Pforr & Hosie, 2008). These examples demonstrate that integrated crisis management is not only reactive but also an opportunity to build resilience and strengthen competitiveness.

7. 3. Discussion:

Tourism is probably the most sensitive industry to health risk. For a long period now, public health and tourism have become more intertwined. Travel is impacted by communicable diseases like flu and disease of non-communicable origin, such as NCDs, which can be very frequent and cause plenty of disruption. To understand these dynamics, we need to look at disease threats, tourist psychology, media narratives, and

destination management together. By analysing international case studies and academic insights, communicable diseases and non-communicable diseases, while different, pose interrelated risks to tourism development, resilience and sustainability, as the Challenge assesses. Diseases that can be transmittable are those that a person can pass on to others. These diseases may spread in no time at all. Because of international tourism and human mobility, they travel easily across borders. The pandemic of COVID-19 showed how quickly the tourism economy sinks because of travel restriction, lockdown, and fear of contagion (Rosselló et al., 2017). Past outbreaks such as SARS in Hong Kong and Ebola in West Africa led to sharp decreases in international arrivals. This shows that the images of destinations are fragile when linked to health. Due to these crises, there are sharp drops in tourist flows, decreased revenue and long-term reputational loss. The time taken to recover varies depending on the severity of the outbreak and the response (León et al., 2020). On the other hand, NCDs cardiovascular diseases, diabetes, and recurrent respiratory diseases are not communicable but nonetheless have implications for the safety of travelers, healthcare facilities, and insurance. Unlike infectious diseases, NCDs do not lead to travel restrictions but require destinations to provide quality medical infrastructure and emergency preparations to ensure the safety of visitors. The country of Thailand is an example of this by utilizing expert health care (Agyemang & van den Born, 2019). In spite of differences in these two disease types, both of them are subjected to tremendous pressure on destination image—an important tourism decision variable. Once the event has occurred, media does not leave any chance to cover the event. Azarpazhooh et al. (2020) demonstrate that pandemic has further complicated the world wide NCD burden. As the healthcare system got disrupted, late treatment led to further complications of chronic disease patients. The situation presented a dual burden for tourism as destinations faced the fallout of the spread of infectious disease along with the weakening of healthcare systems and the travel confidence in medical safety overseas. To plan the crisis management of a destination, the communicable and non-communicable perspectives must be integrated. Crisis management strategies should have different phases, which include pre-crisis, response and recovery (Ritchie, 2004). Case studies reinforce the

importance of these strategies. New Zealand's strict border closures and effective communication during COVID-19 gave the country a strong reputation for safety. As a result, New Zealand's tourism sector enjoyed a faster recovery once restrictions were eased. Dubai's implementation of the "Dubai Assured" hygiene stamp shows how branding initiatives can enhance traveler confidence via visible health safety. Thailand made use of its healthcare system not only to manage risks but also to reposition the country as a medical and wellness tourism hub which is transforming crisis into opportunity (Pforr & Hosie, 2008). Baker (2015) emphasizes that the risks of infectious disease exposure extend beyond immediate health concerns to include broader implications for traveler behavior and destination competitiveness, underscoring why systematic management frameworks are necessary. Destinations that act with certainty and clearly communicate a message can emerge stronger. On the other hand, if your destination does not respond effectively, it could lead to long-term reputational damage. The risks of disease are also shaped by the role of globalisation and migration. In his work, Aguiar (2019) likewise highlights the usefulness of inclusivity and preparedness. For example, health and migration in the European Union illustrate these qualities towards communicable and non-communicable health threats. The health outcomes of tourists, migrants and local populations are interlinked and cannot be addressed in isolation. Tourism spots that forget about these relationships do not think clearly about their vulnerabilities, especially with climate change increasing vector-borne diseases, e.g. malaria. On the contrary, NCDs govern destination planning together with long term investment on health systems, bringing about market segmentation like wellness tourism and insurance-linked travel. However, both focus on the issue of trust: tourists must believe destinations are safe, prepared and able to manage risks. The discussion shows that being resilient in tourism needs a solution to a crisis but is also about a long term adaptation. Destinations must look back to health threats of the past to be better prepared; upgrade health infrastructure, as well as, develop and market. According to Hall (2006), tourism is a part of a larger global ecosystem that is impacted by environmental and social changes, which will result in health threats becoming a permanent feature of the tourism landscape.

8. 4. Conclusion

Tourism is one of the world's most interconnected industries, but it is also highly vulnerable to health-related disruptions. The discussions in this report have shown that both communicable and non-communicable diseases shape the way destinations are perceived, visited, and sustained. Communicable diseases such as COVID-19, SARS, and Ebola tend to cause sudden and dramatic declines in tourism through travel restrictions, loss of confidence, and economic shutdowns. Non-communicable diseases create longer term challenges by increasing demand for healthcare services, raising insurances costs, and adding pressure to local infrastructure. At the same time, they create new opportunities for destinations to develop wellness and medical tourism sectors. Essentially, people choose to travel (or not) to a country based on its destination image. Tourists rely more on media and public perceptions than on real risk, meaning the reputational impact of a crisis can last longer than the health threat that prompts it. This means clear communication, safety measures and branding must be done consistently for recovery. A good crisis management strategy should include planning for pre-crisis, responses during an outbreak and recovery post-crisis. New Zealand's response to COVID-19, Dubai's cleanliness stamp and Thailand's wellness tourism highlight how destinations can adapt to different health threats. To retain competitiveness, destinations must exhibit resilience, readiness, and the inclusion of public health in tourism planning and development. Thus, health-oriented destinations will avoid spillage and stay competitive.

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