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Public health lessons from crisis-related travel: The COVID-19 pandemic

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Letter to the Editor

**Public health lessons from crisis-related travel:
The COVID-19 pandemic**

Dear Editor,

The novel coronavirus (COVID-19) outbreak that began in Wuhan, China, in December 2019 has transformed daily life in nearly every corner of the world. Individuals' schedules have been disrupted by governmental measures to control the virus, such as city- and country-wide lockdowns. Interventions such as physical distancing and contact tracing have been shown to stem the spread of COVID-19. However, it remains challenging to manage residents' and tourists' mobility; globalization has altered approaches to disease control and prevention [1,2].

The manner in which pandemic-related information is presented to the public shapes individual reactions [3] along with organizational decisions. Media coverage about COVID-19 continues to incite public panic, in part due to misinformation [4]. Even so, the virus's spread is undeniable, and pandemic-related travel concerns may affect certain demographics more than others. For example, many universities have shifted to online learning to decrease group contact. The closure of dormitories has forced international students in the U.S. and elsewhere to decide whether to remain in their host country for the duration of the pandemic or travel home to their families [5]. Similarly, many Americans studying abroad have been called back to the U.S. Just as "panic buying" and "hoarding" [6] of various items were common early in the pandemic, panic-induced travel may also affect people's behavior. Individuals are continuing to travel amidst COVID-19 despite restrictions; many are simply desperate to go home.

Domestic or international travel may promote COVID-19 transmission, as individuals can spread the virus even when asymptomatic. Some tourist groups, such as college-aged students, tend to exhibit low risk perceptions of travel-related infectious disease threats [7], which may play a role in transmission as well. Many locations have instituted a mandatory 14-day quarantine as a safeguard: inbound travelers from another state or country must self-isolate upon arriving in their destination to minimize the likelihood of viral transmission. However, not all individuals are abiding by these regulations; those who fail to adhere to guidelines could face fines, jail time, or even deportation. Neglecting safety precautions is only likely to prolong the outbreak and place more people at risk. Targeted risk mitigation strategies, and education efforts, are therefore essential to controlling this and future pandemics.

The scope of the COVID-19 outbreak is unprecedented. Accordingly, governmental and public health officials have limited experience from which to draw in addressing a public health crisis of this scale. The role of tourist mobility in COVID-19 should help epidemiologists and other experts plan for similar outbreaks in the future. Potential interventions could include instituting large-scale travel restrictions and isolation measures earlier in the outbreak trajectory to curb viral spread. International government officials and disease specialists should collaborate to develop awareness campaigns on virus protection and prevention (e.g., COVID-19 vaccination campaigns [8,9]); providing timely, accurate, and consistent information, particularly with the help of effective crisis communication [8,9], can alleviate public distress. Prioritizing investment in public health infrastructure would also help ensure sufficient capacity and supply to promote resident and tourist safety in the event of another global pandemic. By arming the public with reputable knowledge, citizens will be better prepared to make sensible decisions to reduce transmission.

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