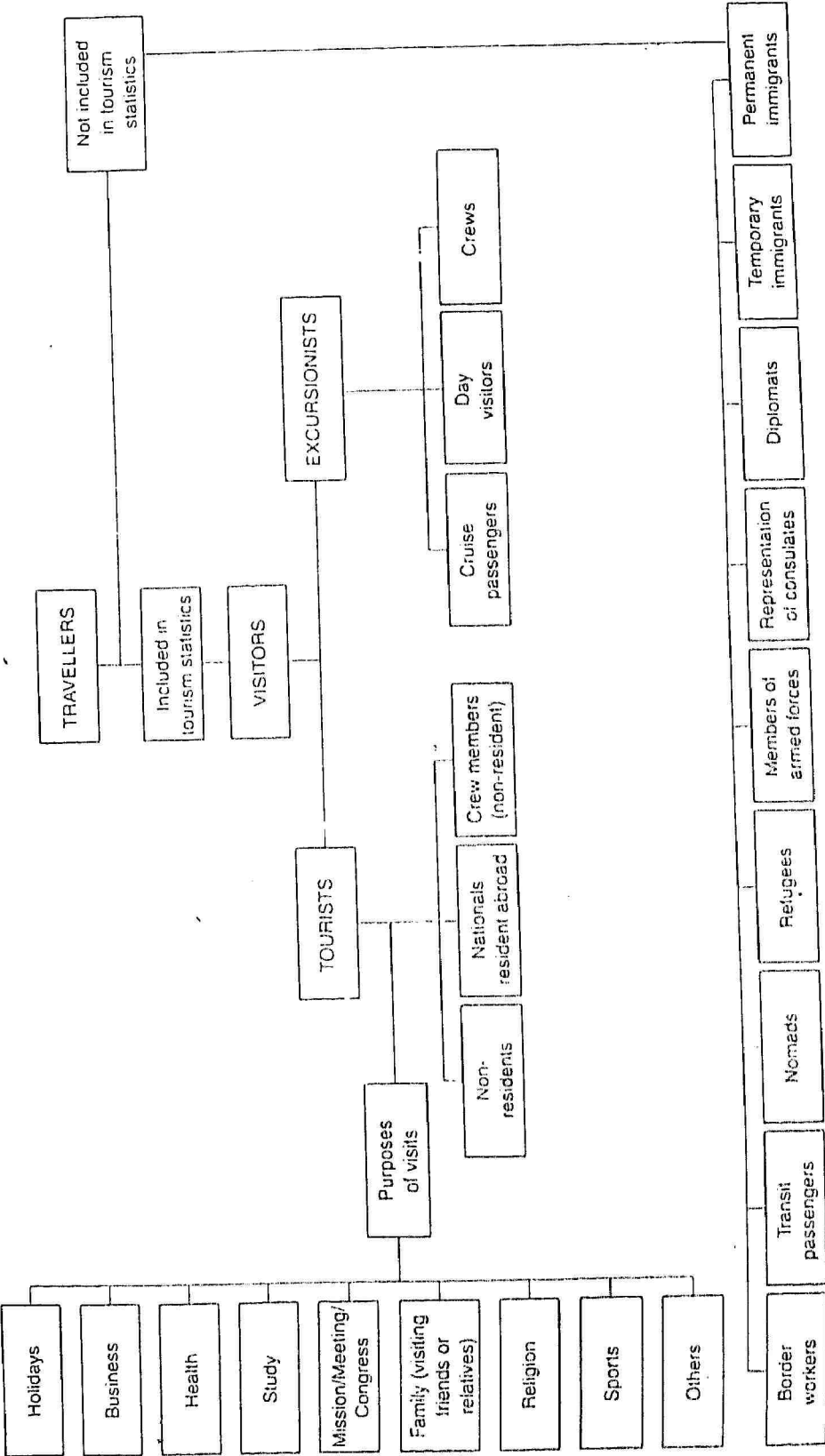


Appendix A : Figurative definition of tourism by WTO



Appendix B: Supply-side definition of tourism (International Standard Industrial Classification)

<i>ISIC divisions</i>	<i>Business activity^a</i>	<i>Example</i>
Construction	T	Hotels, recreational facilities, transport facilities, resort residence.
Wholesale and retail	P	Motor vehicles sales, sales of motor vehicle fuels, retail food sales, retail sales of textiles.
	T	Retail sales of travel accessories, souvenir sales, etc.
Hotels and restaurants	P	Fast food restaurants, food.
	T	Hotels, camping sites.
Transport, storage and communications	P	Transport via railways, chauffeured vehicles, inland water transport.
	T	Interurban rail, airlines, special rail tour service, long-distance bus services, cruise ships.
Financial intermediation	P	Exchange of currencies, life insurance, credit cards.
	T	Travel insurance.
Real estate, renting and business activities	P	Buying or selling of leased property, letting or owning of leased property.
	T	Rental of ski equipment, letting of owned tourism property.
Public administration	P	Translation services, customs administration, fishing regulation, foreign affairs, border guards.
	T	Tourism administration, information bureaux, visa issuance, regulation of private transport.
Education	P	Adult education, driving schools, flying schools, boating instruction.
	T	Hotel schools, tourism education programmes, recreation and park service schools, tourist instruction.
Other community	P	Swimming, scuba instruction, flying instruction, boating instruction, motion picture entertainment.
	T	Visitor bureaux, travel clubs, travel unions.
Extra-territorial organisations	P	OECD, World Bank, IMF, ASEAN.
	T	International tourism bodies.

^a P = part involvement with tourism; T = totally dedicated to tourism.

Source: WTO (1994).

Appendix C : WTO Secretarial Survey on the Effects and Management of the SARS epidemic in the field of tourism

COUNTRY:

DATE:

1. National SARS data

reported number of SARS:

reported number of deaths:

reported number of recoveries/cured:

2. Identification of where people were contaminated :

3. Assessment of effects on tourism flows

(a) Inbound tourism: variation arrivals January-April, 2002/2003:

attributed to SARS - %:	
attributed to other factors - %:	
<i>Tourist Generating Regions affected:</i>	
<i>Products affected:</i>	
<i>Segments affected:</i>	

(b) Outbound tourism: variation departures January-April, 2002/2003:

General

attributed to SARS - %:	
attributed to other factors - %:	
<i>Explanation of other factors:</i>	
<i>Products affected:</i>	
<i>Segments affected:</i>	

Of which:

Asia and the Pacific

attributed to SARS - %:	
attributed to other factors - %:	
<i>Explanation of other factors:</i>	

<i>Products affected:</i>	
<i>Segments affected:</i>	

(c) Domestic tourism: variation arrivals January-April, 2002/2003:

attributed to SARS - %:	
attributed to other factors - %:	
<i>Explanation of other factors:</i>	
<i>Products affected:</i>	
<i>Segments affected:</i>	

4. Measures undertaken on SARS

Institutional:

establishment of an <i>ad hoc</i> steering group	YES	NO
use of a permanent national Safety and Security facility	YES	NO
NTA /NTO	YES	NO
Department of Health	YES	NO
Airlines	YES	NO
Tourism Trade association	YES	NO
Other (<i>specify</i>)	YES	NO

Operational:

national travel advisory	YES	NO
WHO-recommended procedures at airport terminal	YES	NO
WHO-recommended procedures at other terminals	YES	NO
Press conferences	YES	NO
Cancellation of flights and trips to affected areas (<i>elaborate</i>):	YES	NO
Other (<i>elaborate</i>):		

5. Lessons learnt:

NAME OF RESPONDENT TO THIS QUESTIONNAIRE:

ORGANIZATION:

ADDRESS OF CONTACT (including email):

Appendix D: Tourist Arrivals To Malaysia From Selected Markets (Jan – Dec)

Country of Residence	2000	2001	(%) Change
Singapore	5,420,200	6,951,594	28.3
Thailand	940,215	1,018,797	8.4
Indonesia	545,051	777,449	42.6
Brunei	195,059	309,529	58.7
China	425,246	453,246	6.6
Japan	455,981	397,639	-12.8
Taiwan	213,016	249,811	17.3
Hong Kong	76,344	144,611	89.4
South Korea	72,443	66,343	-8.4
India	132,127	143,513	8.6
West Asia:	53,370	114,776	115.1
Saudi Arabia	27,808	39,957	43.7
Turkey	8,705	6,392	-26.6
UAE	2,391	13,762	475.6
Jordan	-	3,688	
Kuwait	-	7,458	
Lebanon	-	4,413	
Syria	-	18,205	
Oman	-	7,284	
Canada	55,799	38,935	-30.2
U.S.A	184,100	145,827	-20.8
Australia	236,775	222,340	-6.1
United Kingdom	237,757	262,423	10.4
Denmark	10,599	19,770	86.5
Finland	22,667	15,284	-32.6
Norway	11,866	12,530	-21.0
Sweden	48,739	35,053	-28.1
Germany	74,556	70,401	-5.6
Russia	5,799	4,276	-26.3
Italy	34,548	20,636	-40.3
France	31,785	32,922	3.6
South Africa	11,540	20,766	79.9
Others	722,000	1,246,602	72.7
TOTAL	10,221,582	12,775,073	25.0

Source: Malaysian Tourism Promotion Board (2003)

Basic Information

A New Disease Called SARS

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe. As of April 20, about 198 suspect cases of SARS and 38 probable cases of SARS had been reported in the United States. This fact sheet provides basic information about the disease and what is being done to combat its spread.

Symptoms Of SARS

In general, SARS begins with a fever greater than 100.4°F [$>38.0^{\circ}\text{C}$]. Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After 2 to 7 days, SARS patients may develop a dry cough and have trouble breathing.

How SARS Spreads

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

Who is At Risk For SARS

Cases of SARS continue to be reported mainly among people who have had direct close contact with an infected person, such as those sharing a household with a SARS patient and health-care workers who did not use infection control procedures while taking care of a SARS patient. In the United States, there is no indication of community spread at this time.

Possible cause of SARS

Scientists have detected a previously unrecognized **coronavirus** in patients with SARS. The new **coronavirus** is the leading hypothesis for the cause of SARS, however, other viruses are still under investigation as potential causes.

The Illness

What is SARS?

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe.

What are the symptoms and signs of SARS?

The illness usually begins with a fever (measured temperature greater than 100.4°F [$>38.0^{\circ}\text{C}$]). The fever is sometimes associated with chills or other symptoms, including headache, general feeling of discomfort and body aches. Some people also experience mild respiratory symptoms at the outset.

After 2 to 7 days, SARS patients may develop a dry, nonproductive cough that might be accompanied by or progress to the point where insufficient oxygen is getting to the blood. In 10 percent to 20 percent of cases, patients will require mechanical ventilation.

If I were exposed to SARS, how long would it take for me to become sick?

The incubation period for SARS is typically 2 to 7 days; however, isolated reports have suggested an incubation period as long as 10 days. The illness usually begins with a fever ($>100.4^{\circ}\text{F}$ [$>38.0^{\circ}\text{C}$]) (see signs and symptoms, above).

What medical treatment is recommended for patients with SARS?

It recommends that patients with SARS receive the same treatment that would be used for any patient with serious community-acquired atypical pneumonia of unknown cause.

Is the use of ribavirin (or other antiviral drugs) effective in the treatment of patients with SARS?

At present, the most efficacious treatment regimen, if any, is unknown. In several locations, therapy has included antivirals such as oseltamivir or ribavirin. Steroids also have been given orally or intravenously to patients in combination with ribavirin and other antimicrobials. In the absence of controlled clinical trials, however, the efficacy of these regimens remains unknown. Early information from laboratory experiments suggests that ribavirin does not inhibit virus growth or cell-to-cell spread of one isolate of the new coronavirus that was tested. Additional laboratory testing of ribavirin and other antiviral drugs is being done to see if an effective treatment can be found.

Travel and Quarantine

What are quarantine officials doing to prevent and control the spread of SARS?

Quarantine inspectors or their designees are distributing health alert cards to air passengers returning in airplanes either directly or indirectly to the United States from China, Singapore, and Vietnam. The notices inform travelers about SARS and its symptoms and asks them to monitor their health for 10 days and to see a doctor if they get a fever with a cough or have difficulty breathing. CDC distributes approximately 18,000 health alert notices each day to air travelers returning from the affected regions at 23 ports of entry. Inspectors also are boarding airplanes if a traveler has been reported with symptoms matching the case definition of SARS.

What information about SARS is being provided to people traveling on ships?

SARS information contained on health alert cards is being provided by the major shipping associations and the International Council of Cruise Lines to people traveling on cargo ships and cruise ships at U.S. ports. Inspectors also are boarding ships if a passenger or crew member has been reported with symptoms matching the case definition of SARS.

What does a quarantine inspector do?

Quarantine inspectors serve as important guardians of health at borders and ports of entry into the United States. They routinely respond to illness in arriving passengers and ensure that the appropriate medical action is taken.

What is considered routine health inspections of airplanes or ships versus what is

happening now?

Routine health inspections consist of working with airline, cargo ship, and cruise ship companies to protect passengers and crew from certain infectious diseases. Quarantine inspectors meet arriving aircraft and ships reporting ill passengers and/or crew and assist them in getting appropriate medical treatment.

What is the risk to individuals who may have shared a plane or boat trip with a suspected SARS patient?

Cases of SARS continue to be reported primarily among people who have had direct close contact with an infected person, such as those sharing a household with a SARS patient and health-care workers who did not use infection control procedures while attending to a SARS patient. SARS also has occurred among air travelers, primarily travelers to and from Hong Kong, Hanoi, Singapore, and mainland China.

Who actually notifies quarantine officials of potential SARS cases? Is it the crew of the airplane or ship? The passengers?

Under foreign quarantine regulations, the master of a ship or captain of an airplane coming into the United States from a foreign port is required by law to report certain illnesses among passengers. The illness must be reported to the nearest quarantine official. If possible, the crew of the airplane or ship will try to relocate the ill passenger or crew member away from others. If the passenger is only passing through a port of entry on his/her way to another destination, port health authorities may refer the passenger to a local health authority for assessment and care.

What does a quarantine official do if a passenger is identified as meeting the case definition for suspected SARS?

Quarantine officials arrange for appropriate medical assistance to be available when the airplane lands or the ship docks, including medical isolation. Isolation is important not only for the sick passenger's comfort and care but also for the protection of members of the public. Isolation is recommended for travelers with suspected cases of SARS until appropriate medical treatment can be provided or until they are no longer infectious.

What does a quarantine official do if a passenger identified as meeting the case definition for suspected SARS refuses to be isolated?

Many levels of government (Federal, State, and local) have basic authority to compel isolation of sick persons to protect the public. In the event that it is necessary to compel isolation of a sick passenger, State and local officials to ensure that the passenger does not infect others.

Other**Is there any reason to think SARS is or is not related to terrorism?**

Information currently available about SARS indicates that people who appear to be most at risk are either health-care workers taking care of sick people or family members or household contacts of those who are infected with SARS. That pattern of transmission is what would typically be expected in a contagious respiratory or flu-like illness.

ause of SARS

What is the cause of SARS?

Scientists at CDC and other laboratories have detected a previously unrecognized coronavirus in patients with SARS. This new coronavirus is the leading hypothesis for the cause of SARS, however, other viruses are still under investigation as potential causes.

What are coronaviruses?

Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. These viruses are a common cause of mild to moderate upper-respiratory illness in humans and are associated with respiratory, gastrointestinal, liver and neurologic disease in animals.

What evidence is there to suggest that coronaviruses may be linked with SARS?

Scientists isolated a virus from the tissues of two SARS patients and then used several laboratory methods to characterize it. Examination by electron microscopy revealed that the virus has the distinctive shape and appearance of coronaviruses, and genetic analysis suggests that this new virus does belong to the family of coronaviruses but differs from previously identified family members. Tests of serum specimens from people with SARS showed that they appeared to have been recently infected with this virus. Other tests demonstrated that this previously unrecognized coronavirus was present in a variety of clinical specimens (including specimens obtained by nose and throat swab) from other SARS patients with direct or indirect links to the outbreak. These results and other findings reported from laboratories participating in the World Health Organization (WHO) network provide growing evidence in support of the hypothesis that this new coronavirus is the cause of SARS. Additional studies of the link between this coronavirus and SARS are under way.

If coronaviruses usually cause mild illness in humans, how could this new coronavirus be responsible for a potentially life-threatening disease such as SARS?

There is not enough information about the new virus to determine the full range of illness that it might cause. Coronaviruses have occasionally been linked to pneumonia in humans, especially people with weakened immune systems. The viruses also can cause severe disease in animals, including cats, dogs, pigs, mice, and birds.

WHAT IS BEING DONE ABOUT SARS

In a global effort to address the SARS outbreak the following actions have been taken:

- Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- Committed more than 300 medical experts and support staff to work on the SARS response.
- Deployed medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world.
- Provided ongoing assistance to state and local health departments in investigating possible cases of SARS in the United States.
- Conducted extensive laboratory testing of clinical specimens from SARS patients to identify the cause of the disease.
- Initiated a system for distributing health alert notices to travelers who may have been exposed to cases of SARS.