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Dear fellow World Travel and Tourism members, friends and colleagues,

Since the beginning of January of this year, Global Rescue has been on the frontlines fighting the Covid-19 outbreak in China and many other affected countries where the virus is impacting our members, enterprise clients and channel partners. Some of the situations we've encountered, to name only a few, include: (i) infected clients requesting medevac home, (ii) healthy clients being quarantined, (iii) operators being forced to alter or cancel planned tours and trips, (iv) humanitarian operations to deliver pallets of medical supplies to Wuhan hospitals, and (v) delivering updates, intelligence, situational awareness and advice to the more than 1 million members who rely on us to inform them about their safety, security and travel.

I wanted to share some of our observations with the WTTC community.

1. We know a lot more about the virus than we did a month ago

- a. We've sequenced (mapped) the DNA of the virus and human trials for a vaccine are expected to start in the next two weeks; however, a vaccine is not expected to hit production until Q1 2021.
- b. There are two strains of the virus and one is much deadlier (L-strain), though less geographically widespread, than the other (S-strain). However, it is believed more people have been infected with the L strain, primarily in and around Wuhan.
- c. The virus is primarily transmitted by two means:
 - i. Respiratory droplets (coughing, sneezing, sputum)
 - ii. Surfaces (desks, countertops) and fomites (clothes, furniture, sheets, hair, skin, tools)
- d. The incubation period averages about 5 days, though there are outliers that are over 20 days.
- e. Mortality rates vary dramatically by age based on a study of 72,314 patients by the Chinese CDC released on Feb 11:
 - i. >80: 14.8%
 - ii. 70-79: 8.8%
 - iii. 60-69: 3.6%
 - iv. 50-59: 1.3%
 - v. 40-49: 0.4%
 - vi. 30-39: 0.2%
 - vii. 20-29: 0.2%
 - viii. 10-19: 0.2%
 - ix. 0-9: 0.0%
- f. Men are more likely to die than women (2.8% vs 1.7%).

2. **The outbreak has not had a meaningful impact (yet) on leisure travel planning**
 - a. We conducted two surveys of our members which showed that leisure travel perceptions of risk had not meaningfully changed from January 31 to March 3. In fact, 89% of respondents to both surveys indicated they were “very likely” to travel in spite of the virus. Only 4% indicated they were likely to cancel and 8% indicated they would postpone their trips. 12% indicated they would modify their plans, but wouldn’t cancel them.
 - b. 76% indicated having access to virtual health and telemedicine resources versus utilizing local doctors/hospitals was preferred both during and after travel.

3. **We suspect this virus may not like warm weather and humidity**
 - a. Widespread community transmission of the virus is conspicuously absent in the warm, humid climates of Southeast Asia, despite the region’s proximity to China, significant exposure to Chinese travelers and challenged infrastructure. The personnel who work in our Manila Operations Center have been providing daily reports of virus activity in the region. The absence of community transmission in Southeast Asian countries is a positive indicator that as the northern hemisphere warms, transmission rates may fall.
 - b. Studies published in 2007 and 2013 showed that flu virus transmission was highly dependent upon climactic conditions, primarily temperature and humidity. We don’t know enough about Covid-19 to confirm this hypothesis, but if true, this could provide valuable time for a vaccine and treatments to be developed.

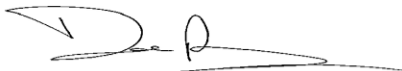
4. **Infection control measures designed to reduce viral flu spread have efficacy**
 - a. While we don’t know the virus’ attack rate (the average number of people infected by a contagious individual), standard practices of hand washing, social distancing, and other preventative measures should be employed.
 - b. An attack rate of <1 is needed for the disease to subside.

While the epidemics caused by Covid-19 are already creating economic shocks worldwide, we believe it is important to remember that this outbreak will likely be time-limited. The probability is high that a vaccine will be discovered and in production by Q1 next year and that existing medicines currently available may show efficacy in treating the disease.

In short, I believe the virus has the ability to slow down (or pause) the global travel and tourism industry in the near term, but that the long-term prospects for our sector are good. In the meantime, I know we will all do whatever we can to mitigate the impact of this crisis, assist those in need and save as many lives as possible.

If we can be helpful as we confront this global challenge together, please let us know.

Sincerely,



Daniel L. Richards