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COVID-19, Tourism and Knowledge Production

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"Everything we do before a pandemic will seem alarmist. Everything we do after will seem inadequate" (Michael Leavitt, ex-head of the US Department of Health and Human Services, in Baldwin & di Mauro, 2020, p.11).

"The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum there arises a great diversity of morbid symptoms" (Italian Philosopher Antonio Gramsci [1891-1937]; in Achcar, 2021; Fernando, 2020b, p.636).

Abstract

This paper presents a general review of the available COVID-19 literature with a brief overview of crisis and disaster management. The study tries to explore the knowledge about various spheres of tourism and the society brought by COVID-19 pandemic through literature contributed by academicians. The exploratory and descriptive nature of the study is carried out based on secondary sources. The study has focused mainly on areas like virus and virocene, anthropocene, lovecene, tourism and health crisis, health belief model, tourist health and safety, crisis and risk, the four horsemen of fear, panic buying behavior, crowding perceptions and mass gathering, social distance, shock, xenophobia, ethnocentrism, protection motivation theory, anthropause and anthropulse, Herzberg's two factor theory, microadventure, resilience, and major pandemics and pathogen outbreaks. The study has raised questions like what kind of knowledge could be acquired from the literature of COVID-19 and tourism?

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Introduction

The COVID-19 pandemic is often conceptualized as a type of crisis or disaster. It is thus essential to examine the definition of each term before discussing the state of tourism research on the pandemic. The term 'pandemic' means a serious infectious disease that spreads rapidly among people and occurs at the same time not only in one country but around the world (Hawker, 2005; Crowther, 1998; in Sulkowski & Ignatowski, 2020). It is very difficult to forecast the directions and depth of necessary changes during the development of the pandemic. This is because different scenarios and the pace of development of COVID-19 are considered in different countries. Thus, public policies in the fight against pandemics are also different in individual countries. Assessments of the social, economic, and cultural effects of the pandemic must be multidimensional, and thus, subject to significant uncertainty (Ragheb, 2020; Sulkowski, 2020; in Sulkowski & Ignatowski, 2020).

The 21st century has seen increased sensitivity and awareness of crisis and disaster management in the global tourism industry. Although the terms “crisis” and “disaster” are often used interchangeably, some scholars have pointed out differences. Notably, Faulkner (2001; in Yang et al., 2021) differentiated a disaster from a crisis as follows: a disaster occurs when “an enterprise … is confronted with sudden, unpredictable catastrophic changes over which it has little control” (p. 136). By contrast, a crisis is at least partially attributable to internal organizational structures. A crisis thus refers here to internal events, whereas a disaster concerns external events. Crisis and disaster are treated interchangeably. According to Noorashid and Chin (2021), the outbreak of COVID-19 has impacted the tourism industry significantly, and affected human freedom and traveling rights, while also challenging public services and hospitality, job precariousness, and emotional health and wellbeing. Continuous efforts have been undertaken to mitigate the impacts of the pandemic and to prepare for a more adaptive and resilient industry while paving the way to transform in coping with the unprecedented global health crisis and potential post-COVID-19 tourism.

In terms of COVID-19, a few researchers have argued that it is important to conceptualize the pandemic as a disaster to better understand how external factors (e.g., viral outbreaks) influence tourism (e.g., Hao et al., 2020; in Yang et al., 2021). Conversely, a large number of researchers maintain that the notions of disaster and crisis are interchangeable in relation to COVID-19’s role in tourism (Hall et al., 2020). A large-scale event such as COVID-19 will inevitably trigger internal and external challenges. In this vein, crises and disasters are unexpected occurrences that threaten the operation of tourism-related businesses, compromise destination reputation, and influence traveler confidence (Ritchie & Jiang, 2019) terms. Every crisis is context specific, including scale (global to national to local to sector to individual business), nature (natural, war, medical, etc), extent (severity

vs. ability to keep the event fairly localized), timeframe (short to long term duration and impact), affected sectors (markets destination or both) and stage of the event (incipient rapid growth, peaking, getting better, second wave, recovery post event" (McKercher, 2020). In general, crises and disasters are well-researched phenomena. Puchant and Mitroff (1992; in Zenkor & Kock, 2020) distinguish between a crisis as "disruption that physically affects a system as a whole and threatens its basic assumptions, it's a subjective sense of self, it's an existential core" (Pauchant & Mitroff, 1992, p.15; in Zenker & Kock, 2020) and disasters as " situations where an enterprise (...) is confronted with a sudden unpredictable catastrophic change over which it has little control (Scott & Laws, 2005, p.151).

In order to know about the reason behind the lockdown in 2020, this study suggests to go through the International Commission of Jurists, Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (1984) and the academic works of Baum & Hai (2020, p.2398), Rubenstein and Decamp (2020), and Sun (2020). In this regard, Baum and Hai (2020) write, "Governments have applied the public health justification within the Siracusa Principles (1984; in Baum & Hai,2020, p. 2398) to take action through the use of emergency powers that very directly enables them to limit the application of and enable derogations from a range of economic, social and cultural rights (Müller, 2009, for example, explains how such limitations and derogations can be applied; in Baum & Hai, 2020). As a consequence, the global health pandemic has impacted the way people live, including their entitlement to personal mobility through access to travel both locally and further afield and to be tourists, something increasingly taken for granted as a right in many societies (Baum & Hai, 2020, p. 2398).

To begin, search keywords were identified including: “coronavirus tourism,” “pandemics tourism,” “pandemic tourism,” “COVID tourism,” “coronavirus tourist,” “pandemics tourist,” “pandemic tourist,” and “COVID tourist.” These were searched in two major databases - *Google Scholar* and the *Web of Science (WoS)* (Yang, Zhang, Rickly, 2021, p.2). The COVID-19 pandemic has brought unparalleled impacts to the global tourism industry, thus inspiring a wave of academic research. The direct question comes “What kind of knowledge could be acquired from the kinds of literature of COVID-19 and tourism?” The objective of this study is to know about the contributions made by academicians in various spheres of tourism and society brought by the COVID-19 pandemic.

The study is based on secondary sources based on published materials on COVID-19 and tourism studies. The approaches are from different disciplines. Hence, it is a multidisciplinary approach. This is exploratory and descriptive in its nature. This paper presents a general review of the available COVID-19 literature with a brief overview of crisis and disaster management. This study does

not incorperate pandemic and intelligence (Kunwar, 2021, pp. 12-17). Likewise, the impact of COVID-19 on tourism is also excluded because it has already been published (Kunwar, Adhikari, & Kunwar, 2022). The study has mainly focused on the following areas: virus and virocene, anthropocene, lovecene, tourism and health crisis, health belief model, tourist health and safety, crisis and risk, the four horsemen of fear, panic buying behavior, crowding perceptions and mass gathering, social distance, shock, xenophobia, ethnocentrism, protection motivation theory, anthropause and anthropulse, Herzberg's two factor theory, microadventure, resilience, and major pandemics and pathogen outbreaks.

Anthropocene

Anthropocene studies attract to dicuss on the Sixth Great Mass Extinction But to understand it, one should know about the earth's history.Throughout the 4.6 billion years of Earth's history there have been five major mass extinctions (excluding Sixth Great Extinction) events that each wiped out an overwhelming majority of species living at time.These five mass extinctions include the Ordovician Mass Extinction,Devonian Mass Extinction, Permian Mass Extinction,Triassic -Jurassic Mass Extinction,and Cretaceous-Tertiary (or K-T) Mass Extinction .The 6th mass extinction is also named Holocene because it is the current epoch we are living in.The Holocene epoch started about 12,000 years ago. Anthropocene is also used as an alternative name for this extinction because it is the result of human activity. (Scoville, 2020; Zalasiewicz, Williams, Steffen, & Crutzen,2010).

Scientists believe the collision between the Old and New Worlds led to the start of the anthropocene. The arrival of Christopher Columbus in the America started and exchange of people, crops-and diseases. Anthropocene begun in 1610, almost 100 years after the arrival of Europians in America (Science Photo Library, n.d.; in Chowdhary, 2022). The Anthropocene is a proposed term for a new phase in the history of humanity and the Earth. The concept of the Anthropocene originates from the natural sciences (Stefen and McNeill, 2007; in Gren & Huijbens, 2014), but has recently gained considerable momentum also in the social sciences and the humanities (Alberts, 2011; Chakrabarty, 2008, 2012; Cohen, 2012a; Lorimar, 2012; Mathews, 2011; Robbins & Moore, 2013; in Gren and Huijbens, 2014). The recently coined term "Anthropocene" connotes that humans are responsible for increased carbon emissions, global temperature rise, a mind-boggling degree of habit destruction, and direct elimination of a staggering number of the planet's fauna- to name just the most noteworthy results of human-driven planetary level change (Higgins, Martin, & Versperi, 2020). It is believed that humans displace the Holocene as a geological age, starting with industrialization, and human activity exerts a profound influence on the environment. Earth is set on a different transitory that undermines its immense potential, living behind a biosphere depleted as never

before (Crutzen & Stoermer, 2000; Biermann et al., 2016; Castree, 2016; Gren & Huijbens, 2014; in Fernando, 2020). Although this COVID-19 pandemic has not rendered humans powerless, it certainly seems to have shifted the balance of power.

The next epoch is the seventh mass extinction. The scenario takes place from 2010 to approximately 2080 and leads to an extinction that is precipitated by human-caused activities, the global warming of the Earth (leading to famine, flooding, and resource wars), the release of a series of fatal genetically engineered organisms (precipitating from a new world order and heightened terrorism), and finally an impact cataclysm (leading to earthquakes, tsunamis, more famine and flooding, and ultimately bringing on glaciation) (Carpenter & Bishop, 2009).

Virus and virocene

Viruses are formidable enemies. They are by far the most abundant life form on earth-there are billions of viruses, more than all other life forms combined, and we have only just begun to explore the diversity and extent of the earth's massive virosphere. And they are ancient, most likely the oldest form of life on our planet (Kavey & Kavey, 2020, p.298).

In 1953, the virus was first visualized by electron microscopy and was seen to be small and round with a slightly irregular contour. By the 1960s, antibodies against yellow fever could be identified by simplified laboratory tests. The terminology was formally adopted by the WHO in 1963.The yellow fever virus is a single-stranded positive-sense RNA virus that was first reported in1985 and classified as a new taxonomic, the Flavivirus genus in 1994. The first mammalian virus to be assigned to this classification included the yellow fever virus which lent its Latin name "flavus" for the characteristic yellow color of its victims, to the group (Kavey & Kavey, 2020, p.298).

The family Flaviviridae contains three genera: the above-described flaviviruses, which include yellow fever virus (YFV), West Nile virus (WNV), dengue virus (DENV) and Zika virus (ZIKV); the hepaci viruses, which include hepatitis Band C viruses; and the pestiviruses which infect hoofed mammals. The vector-borne arboviruses are grouped as a clade within the Flavivirus genus and this is subdivided into a mosquito-borne blade and a tick-borne clade. The mosquito clade is divided into two branches: one branch contains the neuro neurotropic viruses, often associated with encephalitic disease or humans or livestock. The second branch is the group associated with hemorrhagic disease in humans.

Fernando (2020b) argues that Virocene is both the current moment and a distinct epoch in the lineage of other epochs: Ecocene, Holocene, Plantationocene, Anthropocene, Capitalocene, Chthulucene, Gynocene, Virocene,and Lovecene. The COVID-19 pandemic has brought the world into the “Virocene” epoch, a

period in which viral activity has evolved as a dominant force shaping human-nature relations. While viruses are "a sub-microscopic family of infectious agents, as mentioned above, that multiply and grow using the living cells of their hosts, causing disease in humans, animals, and plants", the "cene" in Virocene indicates newness, or novelty, signifying a historically unique moment of interaction between humans and ecosystems (Farnando, 2020a, p.636; in Fernando, 2020b, pp.686-687). The “Coronacene” might well be as worthy of attention as the Anthropocene (Higgins, Martin, & Vesperi, 2020). The Virocene is a historic moment in which interoperation between human and non-human actors becomes existentially threating on a planetary scale (Fernando, 2020a, p.639). Consequently, there has arisen a sense of urgency to question, challenge, rethink, reimagine and act on our current ways of being in, and with, the world. Emancipation from the Virocene epoch requires radical articulations of an ethical paradigm of multispecies rights, justice, and power (Fernando, 2020). Virulence invokes three forms of fear. One is the fear of sickness and loss of life shared by all social classes. Second, is held primarily by the economically and racially privileged; fear of resistance against capitalism taking an aggressive turn in response to its social and ecological failures, brought to the fore by the pandemic. Third, marginalized social groups themselves have either internalized the same worldview as the privileged and are unwilling to take the risks and certainties necessary to embrace the idea of alternative world order (Fernando, 2020a, p.638).

COVID-19 calls us to treat vulnerabilities, and planetary, animal, and human health as deeply interconnected. Viral interactions with humans evolve as the relationship between humans and nature evolves. In the case of zoonotic or potentially zoonotic viruses such as SARS-CoV-2it is important to raise questions about human and non-human proximity, and how political economy organizes human-nature relations. For example, Alex de Wall notes that "the Ebola epidemic was ultimately the product of disruptions to West Africa's ecology caused by the expansion of commercial agriculture into forest zones" (De Wall, 2007, p.13; in Fernando,2020b, p.663).The evolution of the world's food regimes-their perspective ontological, production, distribution, consumptions, cultures, and politics, are important determinants of the zoonotic transmission of viruses and immunity deficiencies that disproportionately impact marginalized social groups (Galt, 2017; in Fernando, 2020b, p.663).

Lovecene

Similarly, Fernando (2020b) has also proposed the last epoch called Lovecone. The Lovocene is an era in which human beings are all in process of perpetually becoming stewards of multispecies justice-rights-power nexus of this epoch is constituted, shaped, and embodied by love. More specifically, the Lovecene is an era seeking emancipation from capitalism and racism’s dominance in the

current planetary order, and navigating it towards a just and equitable multispecies coexistence (Fernando, 2020).

Tourism and health crisis

An increasing number of studies has focused on tourism crises and change in recent years, however only a few of them explicitly investigate health- related crises (Gossling, 2002; Hall, 2006; Hall, 2011; Mair, 2014; in Yu, Li,Yu, He, & Zhou, 2020). In the last fifteen years, many health- related crises, especially epidemics have led to severe damage to the tourism industry in the regional and international level such as SARS (Zeng et al., 2005; in Yu et al., 2020), Ebola (Novelli et al., 2018), and Foot and Mouth Disease (Frisby,2003; in Yu et al., 2020).While reviewing literatures, Novelli, Burgess, Jones, & Ritchie state that Mair, Ritchie, and Walters (2014) found that only four out of sixty- four studies conducted from 2000 to 2010 specifically related to health crises. The majority of previous research has focused on the impacts of epidemics on tourist flows and economic revenue (Jiang, Ritchie & Benckendorff, 2017; in Novelli et al., 2018; Yu et al., 2020).

To begin, a biographic analysis of a 33-year data set of a human infectious diseases from the Global Infectious Disease and Epidemiology Network included 12,202 outbreaks of different diseases (Smith, Goldberg, Rosenthal et al.,2014 ; in Kavey & Kavey, 2021, p.300). The analysis showed that the total number of outbreaks increased exponentially between 1980 and 2014 with the greatest increase in viral pathogens and significant increase in zoonotic dissension both vector- borne and non-vector- borne disease. Fear, loss of confidence in institutions, unpredictability and pervasive loss of safety may emerge during an epidemic (Rittichainuwat & Chakraborty, 2009; in Novelli et al., 2018).

'Quarantine' is one of the most frequent words mentioned in the public health topic from several aspects. First, communication focused on the discussion of the two-week quarantine after travelling carried by many countries, which can be a critical risk for tourists. However, comments presented the panic of being quarantined could conversely push people to 'travel' to less infected places, which would increase the difficulty to implement quarantine order. Second, it is worth noting that some comments even expressed more anxiety with respect to going into quarantine compared with getting infected by virus. The different attitude towards 'quarantine' and 'mask' demonstrated some peoples' concern being more about the placement by government on individual limits to mobility rather than health (Yu et al., 2020).

Health belief model

The Health Belief Model (HBM) was first proposed in the early 1950's by social psychologists (Hochbaum, Rosenstock, & Kegels, 1952; in Yao, Pang, Zhang, Wang, & Huang, 2021, p. 2), and has since been widely used in the health behavior

industry to better understand health education and interventions (Xu, Li, & Shan, 2021; in Ya et al., 2021, p. 2). This model recognizes that personal health beliefs and the effects of those beliefs on attitudes toward preventive activity may be the first in a series of events leading to health promotion. Based on this, health educators can improve their risk communication based on a solid understanding of the psychological mechanisms (Greening, Stoppelbein, Chandler, & Elkin, 2005). Though the HBM was created to understand patient practices in relation to specific diseases or their willingness to have early checkups for these diseases, this study proposes that the model can be used to explain the safety behavior associated with online MICE because this behavior can be viewed as a way to prevent or reduce the probability of contracting a disease (Finfgeld, Wongvatunyu, Conn, & Grando, 2003; Stratman & Youssef-Morgan, 2019; in Yao et al., 2021, pp. 2-3). According to the HBM, health beliefs play a significant role in preventive health behavior, and the ways of knowing and acting are founded on subjective schemata (VanDyke& Shell, 2017; Rosenstock & Monogr, 1974; in Yao, Pang, Zhang, Wang, & Huang, 2021, p. 3). According to the HBM, perception variables such as the perceived safety threat, outcome expectations (acomposite score based on perceived barriers and advantages),and self-efficacy can predict health or protection behavior (Dodel & Mesch, 2017; in Yao et al., 2021).These beliefs are thought to be part of the cognitive mediation process (Skinner, Tiro, & Champion, 2015; in Yao et al., 2021). However, little research has been undertaken to investigate the effects of health attitudes on health risk avoidance behavior in the MICE (Meetings, Incentives, Conferences, and Exhibitions) context. This is even though there is undeniable proof that travel and tourism can hasten the spread of infection (Hall, Scott, & Gössling, 2020; in Yao et al., 2021) and that ignoring the importance of protective health habits can lead to new outbreaks in local communities (Yuen, Cai, Qi, &Wang, 2021; in Yao et al., 2021).This is justified by the concept that the mass gathering is believed that contribute to pandemics. In this regard, Ibrahim and Memish (2020) write:

- Infectious diseases are the most common health problems encountered at mass gathering (MG) · Many MGs have a disproportionately high percentage of developing country participants that are endemic to treatable infectious diseases, and emerging pathogens
- Resource-poor countries with high MG participant volume may have a high prevalence of self and prescription use of antibiotics
- Per-capita contact with farmed and wild animals is highest among developing countries that harbor resistant infectious agents
- Demographics of MG participants may precipitate disease transmission, as they may be elderly and with underlying chronic conditions, or younger populations emerging from countries without herd immunity from exposure

to diseases

- Suboptimal surveillance system in MG participating countries
- Suboptimal preparedness for pandemics (Ebrahim & Memish, 2020)

Tourist health and safety

The travel motivation literature relating to COVID-19 and previous health crises has predominantly focused on potential demotivators to travel and recognized various risk-related factors, including perceived health risks (Bae & Chang, 2020; Dandapat et al., 2020; in Aebli et al., 2021, p. 2), negative effects for mental wellbeing including anxiety (Chua et al., 2020a; in Aebli et al., 2021, p. 2), negative anticipated emotions (Das & Tiwari, 2020; in Aebli et al., 2021, p. 2), and the risk of being judged negatively (Matiza, 2020; in Aebli et al., 2021, p. 2). Authors also identified 'a reliable health system' (Ivanova et al., 2020; in Aebli et al., 2021, p. 2), 'preventive health behaviour' (Chua et al., 2020b; in Aebli et al., 2021, p. 2) and destination-specific factors including 'destination image' and 'accessibility of destination information' (Ahmad et al., 2020; in Aebli et al., 2021, p. 2) as risk factors in the context of COVID-19. Hygiene and safety concerns (Novelli et al., 2018; Wen et al., 2005; in Aebli et al., 2021, p. 2) and overall perceived risks (Cahyanto et al., 2016; in Aebli et al., 2021, p. 2) were found to be main deterrents in previous health crises more generally.

Surprisingly, the travel motivation literature in the context of health crises largely ignores travel motives. Travel motives refer to the socio-psychological needs that represent the driving motivational force and are fundamental to understanding motivation in highly emotional contexts such as tourism (Gnoth, 1997; in Aebli et al., 2021, p. 2), especially during crises. Besides, as risk perceptions are highly individual (Carr, 2001; in Aebli et al., 2021, p. 2), risk may not be an absolute barrier to travel. Sometimes travelers are willing to adopt personal, non-pharmaceutical risk-reduction practices during travel to reduce their risk perceptions associated with travel (Lee et al., 2012; in Aebli et al., 2021, pp. 2-3). Thus, with the goal of exploring tourists' travel motivation, need-based theories of motivation are suitable as they emphasize socio-psychological needs as motivational drivers but also acknowledge the conditions required in the environment to satisfy those needs (Deci & Ryan, 2000; in Aebli et al., 2021, p. 3).

Crisis and risk

The term "crisis" refers to sudden and unexpected events that can result in major unrest and threats to citizens. An event that suddenly transpires into an unfavourable situation is known as crisis (Laws & Prideaux, 2005; in Novelli, Burgess, Jones, & Ritchie,2018).Crisis management can be defined as :"An ongoing integrated and comprehensive effort that orgsnizations effectively put into place in an attempt to

first and foremost understand and prevent crisis, and to effectively manage those that occur, taking into account in each and every step of their planning and training activities, the interest of their stakeholders" (Santana, 2004,p.308; in Novelli et al.,2018,p.78).Crisis management must address the immediate challenge, ensuring the safety of tourists and the community, and sustaining and/or rebuilding the tourism sector (Byrnett,1998; Prideaux,2004; Speakman & Sharpley, 2012 in Novelli,2018).

A public health crisis is a difficult circumstance that affects individuals in several geographic regions or a whole country. In the case of a global health crisis, this frequently originates in a particular region before spreading to an entire country and the entire planet as in the current COVID-19 crisis. A global health crisis is defined as a health emergency crisis such as an epidemic or a pandemic occurring across international borders, where transmission takes place simultaneously worldwide, affecting many people such as SARS virus, Ebola, and Coronavirus.

It is not sufficient to describe risk in terms of smart sayings like the one advanced by financiers Warren Buffet: "Risk is not knowing what you are doing". Risk is related to the following concepts of safety, danger, hazard, loss, injury, death, toxicity, peril, and vulnerability. From this perspective, Risk can have two possible meanings:

1. It could mean: "hazard, peril, exposure, to injury or loss." In this context, it refers to an unrealized potential for harm. It is most to notice that once the danger becomes realized it is no longer a risk: it becomes injury, loss, or death.

2. Risk could be considered as the "chance" of loss, injury, or death. Chance, likelihood, and probability are all related words for an underlying random process described by the laws of "Probability Theory" Managing risk uses the tools of Probability Theory and Possibility Theory. Probabilistic Risk management, on the other hand, is not about enhancing success; it is about avoiding failures that are unacceptable.

Probabilistic Risk Assessment, also designated as PRA, is a formal analytical method used for the protection of the public's health and safety. Its goal is the development of methods for predicting or “anticipating" safety concerns before they become manifest through the possibility of loss, injury, and death. A few such external critical events occurred in the past decade, and illustrate the extent that tourism demand can be affected. The Bali bombings led to a greater than 40% fall in outbound tourists arrivals (Hitchcock & Dharma Putra, 2005; in Hajibaba, Gretzel, Leisch & Dolnicar, 2015), and the SARS pandemic caused an up to 55% decline in the number of Japanese people traveling overseas (Cooper, 2006; in Hajibaba et al., 2015), and the Global Financial Crisis (GFC) led to a 13% drop in arrivals to OECD countries (OECD, 2010; in Hajibaba et al., 2015).In addition,

people also encounter situations in their own lives. For example, sickness and family emergencies can lead to booking cancellations.

The tourism literature acknowledges that engaging in tourism-related behaviors can be associated with a wide range of risks (Chew & Jahari, 2014; in Hajibaba et al., 2015). Scholarly opinion on tourism and crises falls into two main contexts: risk perception at the individual level (on the demand side) and crisis management at the collective level (on the supply side). Research on the perceived risks associated with tourism has focused on tourists' perspectives rather than on the perspectives of destination communities, with the concept of perceived risk in tourism being associated primarily with studies of consumer behavior (Sharifpour et al., 2014; in Qiu, Park, Li, & Song, (2020).Tourism -related risks may be those associated with terrorism, war, social instability (political or criminal), or health concerns. From a supply -side viewpoint, the impact of crises on the destination or on the tourism industry as a whole has been a dominant theme in previous studies. Research has focused on the impact on tourism demand of various crises, such as the global financial crisis (2007–2008), the swine flu (H1N1) pandemic (2009) (Page, Song, & Wu, 2012; in Qiu et al., 2020), earthquakes, the September 11 attack on the U.S. (2001) and other terrorist activities (Seabra, Reis, & Abrantes, 2020; in Qiu et al., 2020), and the outbreak of severe acute respiratory syndrome (SARS) (2003) (Wang, 2009; in Qiu et al., 2020), and of tourist boycotts (Yu, McManus, Yen, & Li, 2020; in Qiu et al., 2020) . Page, Yeoman, Munro, Connell, & Walker (2006; in Qiu et al., 2020) examined the effects of the swine flu pandemic on destination planning, in consideration of the risks presented to the public by the frenzied media coverage of this influenza outbreak.

Nonetheless, in the recent review of Ritchie and Jiang (2019; in Qiu et al., 2020), covering 142 published studies on tourism crisis management, response and recovery strategies, and crisis prevention and planning practices, a lack of comprehensive theoretical and methodological assessments of the impacts of crises on the tourism industry was identified . Altogether, Qi et al., (2020) collected 513 research papers related to COVID-19 which were also discussed on the issue. Each articles' suitability was evaluated following the systematic review method (Pickering & Byrne, 2014; in Yang et al., 2021), yielding 249 journal articles for analysis. This review in the starting point talks about crisis and disaster management and the major research themes identified are: (1) psychological effects and behavior; (2) response, strategies, and re-silience; (3) a sustainable future; (4) impact monitoring, valuation, and forecasting; and (5) technology adoption. Finally, several prevalent issues in current COVID-19 research are discussed, and areas for future work are outlined. Notably, a lack of theoretical development is a concerning trend in this body of literature, raising questions about the significance of current COVID-19 research for the advancement of tourism theories (Yang et

al., 2021).

China was the first country affected by the pandemic of 2019 novel coronavirus disease (COVID-19), caused by severe acute respiratory syndrome coronavirus 2. Several unique characteristics of China's COVID-19 epidemic patterns and its management policy prompted a heightened public mental health crisis. First, many Chinese residents still remember the 2003 outbreak of severe acute respiratory syndrome (SARS) and its effect on China's social life and economy (Bouey, 2020). COVID-19 is more transmissible than SARS, and the case-fatality rate (2.3%) is substantially higher than that for seasonal influenza (China CDC Weekly, 2020). The uncertain incubation period of the virus and its possible asymptomatic transmission cause additional fear and anxiety. Second, the government's initial downplaying of the epidemic's severity eroded public trust in the government's decision-making transparency and competency. Third, unprecedented large-scale quarantine measures in all major cities, which essentially confine residents to their homes, are likely to have a negative psychosocial effect on residents (Brooks, Webster, Smith, Woodland, Wessely, & Greenberg et al., 2020). Fourth, reports of shortages of medical protective supplies, medical staff, and hospital beds in Wuhan and the surrounding areas soon followed the citywide quarantine and caused enormous concern throughout the nation. Last, a unique "infodemic"—an overabundance of (mis)information on social media (WTO, 2019) and elsewhere—poses a major risk to public mental health during this health crisis.

Therefore, the choice of traveling and visit a destination depends on tourists" perceptions regarding their safety and security (Taylor & Toohey, 2007; in Fotiadis et al., 2021) and the imagery formed by how the media or social media report the crisis. As a result, it becomes difficult for the tourism industry to face the challenges posed by health crises as these crises are often subject to negative media coverage (Novelli, Burgess, Jones, & Ritchie, 2018).

Shortly after the new coronavirus outbreak in Hubei province was officially declared by Chinese authorities in January, discriminatory rhetoric and attacks against people from the region began to emerge online and in public. For instance, pictures of banners stigmatizing people traveling back home from Hubei went viral in social media. A widely circulated picture shows a banner in Sanghai with the message, "People coming back from Hubei are all times bomb" (Zeng, 2020). Racial discrimination was extracted from manual content analysis because latent meanings were expressed by messages instead of specific words...Several communications identified racial discrimination in news coverage focusing on anti-Asian sentiment (see also Aratani, 2020, March 24; Zing, 2020, February 27; in Yu, Li, Yu, Ha, & Zhou, 2020, p.4). Fear and concern emerging around the current coronavirus outbreak are being manifested in forms of discrimination and xenophobia that have little basis in medical facts. Incidents are being reported about

local residents reactions and avoidance of Chinese restaurants, etc. (Aguilera, 2020 on the role of social media, and Fang, 2020, on disease socialization and SARS; in Jamal & Budke, 2020). Many Wuhan residents traveling elsewhere in China or abroad are experiencing discrimination, exclusion, and marginalization, including being denied access to hotels in other parts of China, while some residents in locations under lockdown lack access to adequate medical services and provisions (Gan, 2020; in Jamal & Budke, 2020, p.183).

COVID-19 (declared as a pandemic by WHO, March 11, 2020) significantly impacts the global economic, political, and social-cultural systems. Health communication strategies and measures (e.g. social distancing, travel and mobility bans, community lockdown, stay-at-home campaigns, self-or mandatory - quarantine, and curbs on crowding) have halted global travel, tourism, and leisure (Sigala, 2020). Not surprisingly, tourists' perceived health risk associated with the pandemic has been identified as a major deterrent to travel (Chua et al., 2020a; in Aebli et al., 2021, p. 1).

COVID-19 tourism impacts will be uneven in space and time, and apart from the human tool, estimates show an enormous international economic impact; international tourist arrivals are estimated to drop by 78% causing a loss of US$ 1.2 trillion in export revenues from tourism and 120 million direct tourism job cuts representing seven times the impact of September 11, and the largest decline.

The four horsemen of fear

One psychological aspect of the pandemic is fear. Fear is defined as an unpleasant emotional state that is triggered by the perception of threatening stimuli (de Hoog et al., 2008; in Pakpour & Griffiths, 2020). Extraordinary situations such as disease outbreaks and epidemics can induce fear among many people. Such fear has led to individuals committing suicide because they had COVID-19 even though the autopsies showed that they did not (Goel et al., 2020; Mamun & Griffiths, 2020; in Pakpour & Griffiths, 2020).

A century after the great Austrian psychoanalyst, Sigmund Freud (1856-1939), coined the term *Reiseangst* (from the German, "fear of travel"), the word seems more apt than ever in describing a new wave of travel anxiety which has gripped humanity in the throes of this contagion. The travel experience remains greatly curtailed and onerous, with fear of available flight routes, frequent cancellations, reciprocal travel corridors, travel green lists, health declarations, passenger locator forms, pre-arrival viral screening , and the post-arrival quarantine in both the destination and, in some cases, the traveler's home country. All of these approaches are effective and based on sound epidemiological principles (Dickens, Koo, Lim et al.; in Flaherty & Nasir, 2020).

In the pre-pandemic travel era, culture shock, transport delays, navigational confusion, and language barriers all posed an affront to the traveler's mental health (Bonny-Noach & Sagib-Alayoff, 2019; in Flaherty & Nasir, 2020).

Schimmenti, Billuex, & Starcevic (2020) argue that fear experiences during the COVID-19 pandemic are organized on the psychological level around four interrelated dialectical domains, namely (1) fear of the body/fear for the body, (2) fear of significant others/fear for significant others, (3) fear of not knowing/fear of knowing, and (4) fear of taking action/fear of inaction. These domains represent the bodily, interpersonal, cognitive, and behavioral features of fear, respectively.

Conquering pathological fear in the context of the COVID-19 pandemic requires that is relatively simple, as well as those that are more complex and are best implemented in collaboration with a mental health professional. Considering a need to maintain social distance, psych education, and psychological treatment delivered remotely via communication technologies can provide individuals with appropriate support (Sucala, Shehanur, Constantino, Miller, Brackman, & Monigomery, 2012; in Schimmenti, Billuex, & Starcevic, 2020). and improve their quality of life (Lange, van de Ven, & Schrieken, 2003; Schimmenti et al., 2020).In fact, improving the psychological health of individuals is vital for strengthening the resilience of society as a whole. Schimmenti et al. (2020) argue that the objective could be achieved by applying the following measures: (a) improving appraisal of the body, (b) fostering attachment security, (c) improving emotion regulation, (d) adopting acceptance and (e) promoting responsibility.

Therefore, sudden outbreaks of public health events always pose huge challenges to the mental health service system. So far as human security is concerned, more commonly, commentators have tended to focus on two of human security's key freedoms: freedom from want and freedom from fear. There is another definition defined by one report of 1994 prepared by the UN Development Program (1994). The report argued that security: has for too long been interpreted narrowly: as security of territory from external aggression, or in the protection of national interest in foreign policy ...Forgotten were the legitimate concerns of ordinary people who sought security in their daily lives ...For many of them, security symbolized protection from the threat of disease hunger, unemployment, crime social conflict, political repression and environmental hazards...For most people, a feeling of insecurity arises more from worries about daily life than from the dread of a cataclysmic world event (UNDP, 1994, p.22; in McInnes, 2015). Despite the interest generated in human security in some quarters, and its apparent complementarities with the increased interest in humanitarianism and poverty relief at the turn of the millennium, human security has failed over the last decade to establish itself as the main security narrative (McInnes, 2015, p.13).

Panic buying

Pandemics are associated with undetectable, volatile, and uncontainable risks on a global scale (Pen & Meng, 2018; in Prentice et al., 2021).The current COVID-19 pandemic has resulted substantial interruption to the economic, social and political system. To combat the pandemic, government imposed various interventions such as travel bans, lockdowns, and social distancing. Pandemics create fear among the public, such as fear of being infected, fear for family and friends, fear of disruption of essentials supplies, fear of job loss, and financial constraints. These fears likely lead to essential irrational behaviors, such as stockpiling or panic buying. Panic buying is a herd behavior that transpires when consumers buy oddly large volumes of a product is the anticipation of a perceived disaster and recourse scarcity, or after a disaster (Singh & Rakshit, 2020; in Prentice et al., 2021).

Crowding perception and mass gathering

Previous research has noted that perceptions of and attitudes toward crowding vary depending on which fundamental motive is activated. For example, the affiliation motive has been linked to a preference for crowded retail spaces as a way of getting closer to others (Thomas & Saenger, 2019; in Kock, Nørfel, Josiassen, Assaf, &Tsionas, 2020), while the activation of the behavioral immune system increases people's perceptions of crowding and the feeling of negative affect toward such environments (Wang & Ackerman, 2019; in Kock et al., 2020). The latter finding has been explained as an adaptive way of avoiding disease as the risk of contracting a disease is higher in crowded environments (Wang & Ackerman, 2019; in Kock et al., 2020). Indeed, depictions of a crowded space have even been used as part of measuring disgust sensitivity. Prior literature has investigated tourists' perceptions of crowding and demonstrated how crowding perceptions impact tourist experiences (Lee & Graefe, 2003; Li, Zhang, Nian, & Zhang, 2017; in Kock et al., 2020). However, due to the relative absence of evolutionary research in tourism, disease avoidance has yet to be investigated as an important determinant of tourists' crowding perceptions.

Mass gathering (MG) medicine emerged against the backdrop of the 2009 pandemic H1N1 Public Health Emergency of International Concern (PHEIC) when the Kingdom of Saudi Arabia (KSA) hosted the largest annual mass gathering of over 3 million pilgrims from 180 plus countries (Ebrahim & Memish, 2020) However, the events surrounding the latest threat to global health, the PHEIC COVID-19, may be sufficient to highlight the role of mass gatherings, mass migration, and other forms of dense gatherings of people on the emergence, sustenance, and transmission of novel pathogens. The COVID-19 spread illustrates the role of MGs in the exacerbation of the scope of pandemics. Cancellation or suspension of MGs would be critical to pandemic mitigation. It is unlikely that medical countermeasures are available during the early phase of pandemics. Therefore,

mitigation of its impact, rather than containment and control becomes a priority during pandemics (Ebrahim & Memish, 2020). Mass gathering (MG) related factors that contribute to pandemics:

- Infectious diseases are the most common health problems encountered at MG
- Many MGs have a disproportionately high percentage of developing country participants that are endemic to treatable infectious diseases, and emerging pathogens
- Resource-poor countries with high MG participant volume may have a high prevalence of self and prescription use of antibiotics
- Per-capita contact with farmed and wild animals is highest among developing countries that harbor resistant infectious agents
- Demographics of MG participants may precipitate disease transmission, as they may be elderly and with underlying chronic conditions, or younger populations emerging from countries without herd immunity from exposure to diseases.
- Suboptimal surveillance system in MG participating countries
- Suboptimal preparedness for pandemics (Ibrahim & Memish, 2020)

Social distance

The study of social distance began in the early part of the 20th century. Simmel noted those living in an urban lifestyles had formed a unique way of dealing with people since living in a metropolis requires constant contact with many individuals. To maintain their psychological balance, urbanites avoid displaying too much enthusiasm in relationships. In this way, the distance between individuals remains constant, that is, there is an "internal barrier" between individuals (Simmel, 1964/1902; in Chen, Zhang, Sun, Wang, & Yang, 2020). Simmel's core idea is that social distance represents the emotional state of urban people under the influence of the modern urban lifestyle, which is rational, arrogant, indifferent and reserved (Simmel,1964/1902).Park provided a specific definition of social distance as: "the grades and degrees of understanding and intimacy which characterize personal and social relations generally" (Park,1924; in Chen et al.,2020).Park's conception of social distance becoming a widely accepted indicator of intimacy between individuals (Brewer,1968; Karakayali, 2009; Liekens et al.,2012; Weinfurt & Moghaddam, 2001; in Chen et al., 2020). Kock,Nørfelt, Josiassen, Assaf, & Tsionas (2020) have remarked three important transformations in the field of tourism these are xenophobia (avoiding contact without group members), ethnocentrism (pathogen threat has also been linked to increased in-group favourability which poses less health risk) and crowding perceptions (disease avoidance from the external crowd) (2020).

Shock

This is not like culture shock rather it is a warning to both tourism origin countries and tourism receiving countries for not getting closure with each other based on individuality and groups because social distancing became a big warning to the large scale of humanity in order to prevent the contagious virus. In such a situation two types of shocks could have emerged in the tourism origin countries and tourism receiving countries and they are demand shock and supply shock respectively (Baldwin & di Mauro, 2020, pp.3-22). The direct supply-side impacts of human reactions to the virus are obvious and abundant. Authorities and firms in several countries have shuttered workplaces, schools, hotels, restaurants, airlines, nightclubs, temples, stadiums, museums, monasteries, shopping malls, theatres, and city markets. From an economic perspective, these closures and travel bans reduce productivity directly in a way that is akin to temporary drops in employment (Baldwin & di Mauro, 2020, p.12). As far as demand shock is concerned, according to Baldwin & di Mauro (2020), two aspects are worth distinguishing: practical and psychological. Practical since some consumers are or will be prevented from getting to stores, so their demand disappears from the market. Likewise, some home delivery services are suspended, so goods and consumers are coming together less frequently. This global crisis led to the consumers and firms tend to embrace a 'wait and see' attitude when faced with massive Knightian(Frank Knight, 1921, *Risk, Uncertainty and Profit*.) uncertainty (the unknown-unknowns) of the type that COVID-19 is now presenting to the world (Baldwin & di Mauro, 2020, p.15). COVID-19 was first seen as a China shock, then as a regional shock. It is now clear that the virus is traveling as an unwanted guests, and humans are facing a global and common shock.

Xenophobia

In today's globalized world, xenophobia is maladaptive and detrimental, however, in ancestral environments, avoiding contact with out-group members served several functions (Schaller & Neuberg, 2012; in Kock et al., 2020). Specifically, xenophobia serves the function of disease avoidance: Out-group members could have carried diseases the in-group had not built immunity against (Faulkner et al., 2004; in Kock et al., 2020). Many studies have empirically found links between the behavioral immune system and xenophobia, documenting that negative attitudes toward out-groups are predicted by perceived vulnerability to disease and disease risk perceptions (Faulkner et al., 2004; Kim et al., 2016; Prati & Pietrantoni, 2016; in Kock et al., 2020). Unsurprisingly, such effects are then particularly relevant during major disease outbreaks: during the 2014 Ebola outbreak, the higher American respondents' perceived vulnerability to the disease was, the more xenophobic their responses were (Kim et al., 2016; in Kock et al., 2020), and a link between Ebola risk perceptions and prejudice toward African immigrants was

found among an Italian sample (Prati & Pietrantoni, 2016; in Kock et al., 2020). While some tourism scholars have hinted at xenophobic responses in the wake of the COVID-19 pandemic, they provide rather proximate explanations for the tendency, such as biased media coverage (Wen, Aston, Liu, & Ying, 2020; in Kock et al., 2020). In contrast, Kock, Josiassen, and Assaf (2019, p.156; in Kock et al., 2020), explain the role of xenophobia through the fundamental motive of disease avoidance. Tourist xenophobia is defined as "a tourist's perceptual discomfort and anxiety associated with strangers encountered at foreign destinations" and the researchers demonstrate its association with outcomes such as preference for travel vaccination, willingness to travel to foreign destinations, and intention to book travel insurance.

On March 25, 2020, after returning from Dhaka, a 36-year-old Bangladeshi man (Zahidul Islam, from the village of Ramchandrapur) committed suicide because he and the people in his village thought he was infected with COVID-19 based on his fever and cold symptoms and his weight loss (Somoy News, 2020; in Mamun & Griffiths, 2020). Due to the social avoidance and attitudes by others around him, he committed suicide by hanging himself from a tree in the village near his house. Unfortunately, the autopsy showed that the victim did not have COVID-19 (Somoy News, 2020; in Mamun& Griffiths, 2020). The main factor that drove the man to suicide was prejudice by the others in the village who thought he had COVID-19 even though there was no diagnosis. Arguably, the villagers were xenophobic towards Mr. Islam. Although xenophobia is usually defined as a more specific fear or hatred of foreigners or strangers, xenophobia is the general fear of something foreign or strange (in this case COVID-19 rather than the victim's ethnicity). Given that the victim believed he had COVID-19, it is also thought that he committed suicide out of a moral duty to ensure he did not pass on the virus to anyone in his village. A very similar case was reported in India on February 12 (2020; in Mamun & Griffiths, 2020), where the victim, returning from a city to his native village, committed suicide by hanging to avoid spreading COVID-19 throughout the village (Goyal et al., 2020; in Mamun & Griffiths, 2020). Based on these two cases, it appears that village people and the victim's moral conscience had major roles in contributing the suicides. In south Asian country like Bangladesh and India, village people are arguably less educated than those that live in cities. Therefore, elevated fears and misconceptions surrounding COVID-19 among villagers may have led to higher levels of xenophobia, and that xenophobia may have been a major contributing factor in committing suicide. Suicide is the ultimate human sacrifice for anyone who cannot bear mental suffering. However, the fact that the fear of having COVID-19 led to suicide is preventable and suggests both research and prevention is needed to avoid such tragedies. At present, it is not known what the level of fear of COVID-19 is among the Bangladeshi population although levels of fear are high among countries where there have been many deaths such

as Iran according to a recent study examining fear of COVID-19 (Ahorsu et al., 2020; in Mamun & Griffiths, 2020).

Ethnocentrism

The tourism phenomenon essentially entails a quest and encounter with the otherness, which are often articulated in the traveler's involvement with worlds, values, and lives of those inhabiting other cultures. In the field of social sciences, tourism and ethnocentrism can be seen as two important phenomena concerning human mobility. Tourism is described as a sociocultural consumption phenomenon whose processes involve human mobility across geographical and cultural boundaries (Jafari, 1977; Pizam & Milman, 1986; in Boukamba, Tatsuo, &Sano, 2020, p. 1). Ethnocentrism on the other hand, is a nearly universal sociopsychological trait, which is summarized into the tendency of judging other cultures [the outgroup] according to the standards of one's own [the in-group's], and the beliefs that one's ethnic and cultural group is superior to others (Sumner, 1906; LeVine & Campbell, 1972; in Boukamba et al., 2020, p. 1).

Comprehensive reviews such as Bizumic (2014, 2015; in Boukamba et al., 2020, p. 3) note that the concept of ethnocentrism was initially employed by sociologists and psychologists. In one of the earliest documented uses of the concept, sociologist Gumplowicz (1881; in Boukamba et al., 2020, p. 3) considers ethnocentrism as a similar concept to "geocentrism" and "anthropocentrism." The former, geocentrism, relates to the Ptolemaic system in the field of astronomy, which believes that the earth is the center of the universe (Inglis, 2015; in Boukamba et al., 2020, p. 3). The latter, anthropocentrism, refers to the belief that humans are the center of the universe (Goralnik & Nelson, 2012; in Boukamba et al., 2020, p. 3).

Etymological analyses concur with the meanings of these two notions within the concept of ethnocentrism. For instance, literature notes that ethnocentrism is made of two words of Greek origin. The first word is *ethnos*. It refers to a nation, and it is also related to the Greek word *ethnikos*, which means belonging to the ethnic group (Reisinger & Dimanche, 2010; in Boukamba et al., 2020, p. 3-4). The second word, *kentron*, refers to center (Klopf, 1995; in Boukamba et al., 2020, p. 4), which literally translates into the view that one's country is the center of the universe.

Influenced by the works of Gumplowicz (1883, 1892; in Boukamba et al., 2020, p. 4) on ethnocentrism, Sumner (1906; in Boukamba et al., 2020, p. 4) subsequently described ethnocentrism around the conceptual boundaries of centrality and grouping (Bizumic, 2014; in Boukamba et al., 2020, p. 4). Researchers, however, note Sumner's (1906; in Boukamba et al., 2020, p. 4) emphasis on the terms *in-group* and *outgroup*, and his later work that included additional intragroup characteristics (e.g., devotion, group cohesion) and intergroup characteristics such

as the defense of the in-group interest against the out-group (Sumner, 1911; in Boukamba et al., 2020, p. 4).

Alternatively stated, Sumner drew attention to two essential attitudinal components of ethnocentric behavior. These include the attitudes toward the in-group (which are expected to be positive), and the attitudes toward the out-groups, which are expected to be negative (Segall, 1979; in Boukamba et al., 2020, p. 4). Thus, owing to these fundamental conceptualizations, the classic definition of ethnocentrism states that ethnocentrism is "the technical name for the view of things in which one's own group is the center of everything, and all others are scaled and rated concerning it" (Sumner, 1906, p. 13; in Boukamba et al., 2020, p. 4).

For instance, the theory maintains that culture influences communication and that intercultural communication does not only focus on language use but also recognizes how culture outlines who we are, how we behave, how we think, and how we speak (Dodd, 1995; in Boukamba et al., 2020, p. 4). Since tourism is a cross-cultural phenomenon, intercultural communication in tourism, therefore, involves the interaction between tourists of different cultural backgrounds, between tourists and the local populations where they spend their stay, between tourists and specialized personnel with whom they meet, etc. Hence, intercultural communication can be viewed as a process within tourism.

To efficiently capture ethnocentrism in the tourism context, we suggest that a proposed construct should essentially account for the meaning of "place" on both sides of the tourism system. This is argued on the accounts of environmental psychology, in which place is predominantly defined by a physical environment constructed based on its interrelationship with individuals' internal psychological and social processes, attributes, and activities conducted at the place (Smaldone, Harris, & Sanyal, 2005; in Boukamba et al., 2020, pp. 4-5). This implies that a place is a manifestation of human culture, consequently making it difficult to remove the human element from the destination (Gieryn, 2000; in Boukamba et al., 2020, p. 5). To integrate this argument to the current discussion, we suggest that the tourist's home environment (demand side) be viewed within the hierarchical framework of place attachment (Williams et al., 1992; in Boukamba et al., 2020, p. 5), where place dependence and place identity would affect levels of ethnocentrism and shape the tourist's behavior. Similarly, on the supply side of the system, the tourist destination needs to equally be viewed within the multidimensionality of the concept of place. This also concurs with the notion that the concept of place is physical as well as psychological (Montgomery, 1998; in Boukamba et al., 2020, p. 5). Hence, calling for a multidimensional approach were not only functional, but most important, psychological attributes of the destination (e.g., the customs and the way of life of residents) would interact with tourist ethnocentrism and thus shape his or her behavior before, during, and even after the travel experience.

Following a similar logic as with xenophobia, pathogen threat has also been linked to increase in group favorability. That is, when a pathogen threat is present, it becomes more attractive to interact with in-group members, as it poses fewer health risks and in-group members may provide support in cases where an individual has contracted a disease (Navarrete & Fessler, 2006; in Kock et al., 2020). In support of this theory, scholars have found a link between perceived vulnerability to disease and ethnocentrism (Navarrete & Fessler, 2006; in Kock et al., 2020). Ethnocentrism has even been found to be particularly strong during the first trimester of pregnancy, when the mother and fetus are particularly vulnerable to pathogens (Navarrete, Fessler, & Eng, 2007; in Kock et al., 2020). At a regional scale, researchers have also found a correlation between collectivism (of which ethnocentrism is said to be a specific manifestation) and the prevalence of pathogens (Fincher, Thornhill, Murray, & Schaller, 2008; in Kock et al., 2020). While ethnocentrism has received little attention in a tourism context, it has important implications for tourism behaviors. Indeed, Kock, Josiassen, Assaf, Karpen, and Farrelly (2019, p. 427-28; in Kock et al., 2020) found a link between tourism ethnocentrism (defined as "an individual's prescriptive beliefs and felt a moral obligation to support the domestic tourism economy") and willingness to engage in domestic tourism and support for tourism development. However, the potential association between pathogen threat and tourism ethnocentrism has yet to be examined.

They are Mostafanezhad, Cheer, & Sin (2020) who studied the political geography of tourism in which they made commentary revealed how the geographical anxieties of tourism are mediated by historical geographies of race as well as contemporary geo-economic relations to the Asia-Pacific region. Driven by the insecurity of uncertain and/or threatening geographical imaginaries, geopolitical anxieties-that is, anxieties related to the implications of geopolitical narratives and practices - have been heightened in the COVID-19 pandemic (Mostafanezhad et al., 2020). Touristic encounters can both reinforce and challenge historically rooted and space-based geopolitical imaginations which are never settled, but rather constitute an ongoing negotiation of meaning that is mapped into people and places in both remarkably familiar and new ways in COVID times. While geopolitical anxieties have perhaps always punctuated the touristic encounter, COVID-19 has brought these symptoms into sharp relief. Airports, borders, and checkpoints provoke anxious bio-political responses as they sort, categorize, and contain tourist bodies while social categories such as race, class, gender, and citizenship are operationalized at gatekeeping mechanism (Fluri, 2009; in Mostafanezhad et al., 2020).Responses to COVID-19 heightened geopolitical anxieties that have unfolded in every day and mediated tourism encounters. Early in the pandemic, racist narratives were played out globally where representations of ethnic difference became connotative of disease and culpability. For instance, the Wall Street Journal was criticized for its derogatory reference in an Op-ed

titled, 'China Is The Real Sick Man of Asia', associating Chinese ethnicity with criminality, poverty, addiction, immoral behavior, and even communism (Luu, 2020; in Mostafanezhad et al., 2020).

Racial discrimination was extracted by manual content analysis because latent meanings were expressed by messages instead of specific words. A number of communications identified racial discrimination in news coverage such as headlines that were perceived to biased that included an anti-Asian sentiment (Aratani, 2020, March 24; Zing, 2020, February 27; in Yu et al.,2020). Comments suggested that exaggerated media coverage has caused Asian tourists (or tourists with 'Asian' faces) intense anxiety because of perceived or actual discrimination during their travels.

Protection motivation theory

The present study adopts the protection motivation theory, which was initiated by Ronal Rogers in 1975 to elaborate better understanding on how and why individuals respond to the potential threats to their health and safety (Clubb & Hinkle, 2015; in Samdin et al., 2021, p. 3). Janmaimool (2017; in Samdin et al., 2021, p. 3) attributes the individual's motivation to protect and save themselves from threats, such as natural disasters, global climate change, disease or nuclear explosion, and therefore, influences the individual's decision to practice the risk preventative behavior. According to Rogers (1975, 1983; in Samdin et al., 2021, p. 3), threat appraisal is related to the cognitive process that individuals use to estimate the levels of threat. This appraisal consists of an assessment of the perceived severity of the threat (the degree of seriousness of the possible harms that is perceived by an individual) and the perceived probability of receiving adverse impacts from the threat (reflects individual's perception of their sensitivity of the harms). These perceptions of the severity, vulnerability and reward can motivate an individual to execute adaptive responses such as pro-environmental behaviours. Meanwhile, the coping appraisal consists of self-efficacy (an individual's perception of their ability to perform a particular behaviour) and response efficacy (perceived effectiveness of the suggested risk preventative behaviours). The coping appraisal is also referred to as response cost, which explains the cost of performing the recommended behaviour (McCool et al., 2009; Moran, 2011; in Samdin et al., 2021, p. 4). High levels of risk appraisal and high levels of coping appraisal are predicted to have a positive collective effect on the adoption of adaptive coping responses. Contrary, low levels of risk and coping appraisal lead to the lesser protection motivation and coping responses (Prentice-Dunn & Rogers, 1986; Rogers & Prentice, 1997; in Samdin et al., 2021, p. 4). Verkoeyen and Nepal (2019; in Samdin et al., 2021, p. 4) stressed out that the protection motivation is typically related to behavioural intentions, operating as a mediating variable between the threat and coping appraisal processes and protective behaviour.

The protection motivation theory has been widely used in the past studies and clearly explains why people engage in health-protective behaviour. Wang et al. (2019; in Samdin et al., 2021, p. 4) found that both threat and coping appraisals significantly predict the behavioural intention. Similarly, Horng et al. (2014; in Samdin et al., 2021, p. 4) and Verkoeyen and Nepal (2019; in Samdin et al., 2021, p. 4) found that threat and coping appraisals significantly influence tourist behavioural intentions and carbon reduction behaviour intention, respectively.

Anthropause and anthropulse

For the first time, while studying wildlife tourism an eminent ecologist Christian Rutz (2020; in Searle, Turnbull, & Lorimer, 2021, p. 71) coined the term anthropause and later on anthropulse during the time of COVID-19. Before defining and describing these two terminologies, the author including his colleagues start mentioning the types and examples of anthropause events

Pandemic - Black Death (14th century) pandemic in Eurasia and North Africa, Columbian smallpox exchange (16th century), "Spanish" influenza (20th century), COVID-19 (21st century) Anthropogenic disaster- the nuclear exclusion zones in Chernobyl (1986), Ukraine and Belarus, and Fukushima, Japan (2011),State/ Military intervention- the Korean demilitarized zone, military bases, and nuclear-tested sites (e.g., Diego Garcia, Bikini atoll; in Searle et al., 2021, p. 71).

Economic Crisis -1930s Great Depression, 1970s US "Rust Belt" de-industrialization, 2008 financial crisis, Eurozone and Argentina monetary crises. Rutz (2022) has developed a basic classification scheme for human pauses based on how widespread (spatial extent), sustained (duration) and pronounced (magnitude) reductions in human mobility are. Importantly, the author recommends that the label anthropause be reserved for events of high magnitude at continental to global scape (and of any duration).

Pause is an interval in a course of action, a space of silence or inactivity; moments of uncertainty doubt or reflection; an intermission; a delay, a lag, a hesitation, a breath, a rest-a pause for thought (*Oxford English Dictionary*; in Searle, Turnbull, & Lorimur, 2022).In a recent Nature article, Christian Rutz et al. (2020, p.1156) a team of ecologists and biologists-coined the term "anthropause" to signify the considerable global showing of modern human activities" due to worldwide mobility restrictions. Briefly, anthropause is an unusual, substantial, temporary, and continental-to-global scale reduction to human mobility (Rutz, 2022). Anthropause has been followed by anthropulse in a recent study of Rutz (2022). Anthropulse is an unusual, substantial, temporary, continental-to global -scale increase in human mobility. Likewise, the term human pause and human pulse are shown equally important in the context of studying anthropause and anthropulse. Human pause is an unusual, temporary reduction in human mobility.

An anthropause is an extreme case of a human pause, in terms of magnitude and spatial extent. While human pulse is an unusual, temporary increase in human mobility. An anthropulse is an extreme case of a human pulse, in terms of magnitude and spatial extent. It is noteworthy to mention regarding human mobility. Human mobility is the movement is the humans and their vehicles (such as cars, ships, and planes) across the environment, including the release of any associated by-products (such as light, noise and pollutants). The above-mentioned definitions, the Black Death pandemic and early COVID-19 lockdowns caused anthropauses, while the Chernobel disaster was followed by a regional human pause. Some authors have used the word anthropause as a synonym for positive environmental change caused by lockdowns. Some obvious and immediate effects reflected in worldwide reports of reduced traffic congestion, clearer skies, clearer waterways the emergence of wildlife into human settlements. In addition to anecdotal reports, effects are being detected in a variety of long-term physical observations (from improved air quality to reduced seismic noise) and socioeconomic indicators (such as reduced mobility and declining economic growth and greenhouse-gas emissions).While some of these impacts might be considered beneficial to the environment negative consequences are also emerging, cascading effects of poverty, food security, mental health, disaster preparedness and biodiversity (Diffenbaugh et al., 2021). Indeed the way the anthropause concept was originally framed, it makes no assumptions about the sign of environmental responses and any associated conservation impacts. Second, human mobility must be defined, COVID-19 lockdowns caused notable reductions in pedestrian counts and road, water and road traffic (and associated pollutant outputs), all of which likely cause environmental impacts (Rutz, 2022).

The travel motivation literature relating to COVID-19 and previous health crises has predominantly focused on potential demotivators to travel and recognized various risk-related factors, including: perceived health risks (Bae & Chang, 2020; Dandapat et al., 2020; in Aebli et al., 2021, p. 2), negative effects for mental wellbeing including anxiety (Chua et al., 2020a; in Aebli et al., 2021, p. 2), negative anticipated emotions (Das & Tiwari, 2020; in Aebli et al., 2021, p. 2), and the risk of being judged negatively (Matiza, 2020; in Aebli et al., 2021, p. 2). Authors also identified ‘a reliable health system’ (Ivanova et al., 2020; in Aebli et al., 2021, p. 2), ‘preventive health behaviour’ (Chua et al., 2020b; in Aebli et al., 2021, p. 2) and destination-specific factors including ‘destination image’ and ‘accessibility of destination information’ (Ahmad et al., 2020; in Aebli et al., 2021, p. 2) as risk factors in the context of COVID-19. Hygiene and safety concerns (Novelli et al., 2018; Wen et al., 2005; in Aebli et al., 2021, p. 2) and overall perceived risks (Cahyanto et al., 2016; in Aebli et al., 2021, p. 2) were found to be main deterrents in previous health crises more generally.

Herzberg's two factor theory

Herzberg's theory of motivation serves as a useful framework to consider tourists' needs relating to both the 'benefit' (travel motives) and 'cost/risk' (potential deterrents) side of travel. Herzberg's two factor theory suggests humans have two different sets of needs that can be distinguished into lower order needs such as perceived security and higher-order psychological needs such as achievement or recognition (Herzberg et al., 2007; in Aebli et al., 2021, p. 3). Although conceptually related to Maslow's hierarchy of needs theory (Maslow, 1962; in Aebli et al., 2021, p. 3), Herzberg's two-factor theory differentiates between motivational and demotivational factors that respectively add to one's satisfaction or dissatisfaction.

The motivation factors describe content-related features and refer to socio-psychological needs linked to individual aspirations (Herzberg et al., 2007; in Aebli et al., 2021, p. 3). The demotivational factors, also termed 'hygiene factors', describe the basic conditions or contextual features (Herzberg et al., 2007; in Aebli et al., 2021, p. 3). When these latter factors decline to a level considered below acceptance, dissatisfaction or demotivation occurs. However, the presence of hygiene factors does not necessarily lead to motivation as the two factors are not part of one continuum, that is, they act independently from each other. For example, increased perceived security in a travel context does not necessarily motivate travel, since motivation is stimulated by socio-psychological needs, such as social relatedness. Factors related to the context concern the basic 'survival' needs of a person; they serve to meet the needs for avoiding unpleasant situations (Herzberg et al., 2007; in Aebli et al., 2021, p. 3). Both hygiene and motivation factors are required; but it is primarily the motivation factors that lead to behaviour (Herzberg et al., 2007; in Aebli et al., 2021, p. 3). In accordance with Herzberg's theory, hygiene factors in this study represent the contextual factors that are expected, leading to demotivation otherwise; whereas tourists' motives describe inner drivers that motivate tourists to travel.

Microadventure

It is time to reimagine adventure. The COVID-19 pandemic fundamentally questions the importance of discretionary travel for leisure and personal well-being. Prior to recent unprecedented mobility restrictions, adventure travel (e.g., travel to undertake novel, physically challenging activities in remote natural environments) experienced significant growth. This growth was fueled not only by demand from individuals seeking adventure benefits (e.g., nature connection, self-development, well-being), but also by proposed supply-side benefits. Adventure travel was touted for its "vast potential… to address some of the world's most pressing challenges, including socioeconomic growth, inclusive development and environmental preservation" (WTO, 2014, p. 10; in Mackenzie & Goodnow, 2020, p. 1). Nevertheless, the rationale for extended travel requiring significant

equipment, finances, and emissions to fragile environments and communities for personal development is questionable across environmental and social justice fronts.

The 'microadventure' movement, which has gained traction in Europe and North America since 2016, emerged in response to these dilemmas. It espouses "adventure that is close to home, cheap, simple, short, and … effective. It still captures the essence of big adventures, the challenge, the fun, the escapism, the learning experiences and the excitement" (Humphreys, 2014, p. 14; in Mackenzie & Goodnow, 2020, pp. 1-2). This movement reconceptualises adventure from being 'out there' (i.e., remote, time and resource intensive) to 'right here' (i.e., local, attainable) and reflects broader calls for locavism: short distance, lower-carbon travel that retains financial and social capital locally (Hollenhorst, Houge Mackenzie & Ostergren, 2014; in Mackenzie & Goodnow, 2020, p. 2).

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Resilience

According to UNWTO Secretary-General, Taleb Rifai: "Tourism is one of the most resilient and growing economic sectors but it is also very sensitive to risks, both actual and perceived. As such, the sector must continue to work together with governments and stakeholders to minimize risk respond effectively and build confidence among travelers" (https://media.unwto.org/press-release/2016-11-07/; in Raj & Griffins, 2017, p.4).

Resilience is one of the most important theories of tourism studies in the context of studying the reset of crises and disasters. Studies based on resilience have been focused by several scholars in the field of tourism crises. Resilience has been used either as a metaphor or as an outcome or process resulting from a triggering event (Hall et al., 2018; Sharifi & Yamagata, 2016; in Prayag, 2020, p. 180).

Resilience in this study is defined as the ability of a socioecological system (SES) to absorb disturbances and reorganize itself after a triggering event, so that it essentially retains the same functions, structures, identity, and feedbacks (Walker, Holling, Carpenter, & Kinzig, 2004; in Prayag, 2020, p. 180). Borrowing from the notion engineering resilience, ecological resilience has been defined as the ability of a system to main and adapt its essential structure and function in the face of disturbances and environmental stress (Walker, Holling, Carpenter & Kinzig, 2004).Within tourism studies, ecological resilience has been the foundation of many conceptual (Bec, McLennan, & Moyle, 2016; Butler, 2017; Cheer & Lew, 2018; in Prayag et al., 2019) and empirical studies (Becken, 2013; Biggs et al., 2012; Orchiston et al., 2016; in Prayag et al., 2019).To date, the resilience of sociological systems, such as tourist destinations (Amore, Prayag, & Hall, 2018; Buultzens, Ratnayake, & Gnapala, 2017; Calgaro, et al., 2014; in Prayag et al., 2019) and local tourism communities (Bec et al.,

2016; in Prayag et al., 2019), has been the dominant scale of analysis (Hall et al., 2018; in Prayag et al., 2019). Studies have also examined the resilience of the socio-ecological systems due specifically to disasters (Becken & Khazal, 2017; in Prayag et al., 2019). Organizations within an ecosystem are vulnerable to both internal and external shocks (Lee et al., 2013; in Prayag et al., 2019). However, the resilience of tourism organizations, often referred to as business resilience (Cheer & Lew, 2018; in Prayag et al., 2019) or enterprise resilience (Dahles & Susilowati, 2015; in Prayag et al., 2019), remains sparsely researched (Hall et al., 2018; Xu et al., 2018).

Macrolevel resilience	• Tourism system (components, structures, relationships, stability) • Tourism destinations (where and why) • Tourism dependent communities (vulnerability, diversification, sustainability)
Mesolevel resilience	• Tourism organizations (size and ownership) • Tourism non-governmental organizations (NGOs) and public institutions Tourism networks and value chains (supply chain)
Microlevel resilience	• Tourism employees (where and why) • Tourists (impacts and opportunities, segments) • Residents (support and animosity) • Other tourism related temporary population (second-home owners, seasonal workers)

Figure 1. The proposed research agenda for tourism resilience due to pandemics; Source: Prayag (2020, p. 181)

As Figure 1 suggests, a pressing need is to understand what components of the tourism system have been impacted by the pandemic and how this affects existing structures and relationships. Other related questions worth investigating would

be gauging the scale of impacts on the tourism industry from a geographical and temporal perspective (Which regions, countries, destinations, and communities have been impacted and why they have been impacted? How long will such impacts last and how can these be managed?). Recent studies have started to examine some of these questions (see Hall et al., 2020). For tourism-dependent communities, in particular, assessing their vulnerability and diversification pathways to reduce their dependency on tourism should be explored (Prayag, 2020, p. 181). It is time to reset not only for the tourism industry but for tourism researchers as well! (Prayag, 2020, p.183).

Psychological resilience during the COVID-19 shelter-in-place period is related to a higher level of exercise, sleep quality, social support and spirituality (Killgore, Taylor, Cloonan & Dailey, 2020; in Flaherty & Nasir, 2020). A greater understanding of the factors which contribute to resilience across the travel spectrum should lead to the development of tools that can be used during the pre-travel consultation and to support travelers during and post travel.

Social media communication presents different attitudes towards news media reporting. A number of comments suspected the real purpose and authenticity of media coverage and criticized the over attention of epidemic, reports rather than rational cognition (Yu, Li, Yu, He & Zhau, 2020).

The coronavirus (COVID-19, As of 22 April, 2020,over 2.5 million cases and 180,000 deaths with significant under reporting) is the current darling on the media (Yu et al.,2020) and before that it was Dengu (2016, 100 million cases and 38000 deaths), before that Zika (2015, unknown number of cases but can result in microcephaly in infants born by infected mothers and in Guillian Barren syndrome), before that Ebola (2014 -present, Hemorrhagic, 28,600 and 11,325 cases), before that MERS -CoV (2012,Coronavirus; transmitted by camels and humans, case-fatality rate of 35%), before that Swine flu (2009, Influenza-284,000 deaths), before that SARS (2002-2003;coronavirus; 8098 cases and 774 deaths), before that Cholera (1961-present, 1.4 to 4 million annual cases and 21000 to 143000 annual deaths), before that HIV/AIDS (1960-present,Human immunodeficiency virus infection,75 million cases and 35 million deaths-primarily Africa), before that Hong Kong flew (1968-1969, Influenza, 500,000 to 2 million deaths), before that Asian flew (1957-1958, influenza, 1 to 2 million deaths), before that Spanish flew (1918-1920, Influenza,500 million cases and 21 to 100 million deaths) (Hall, Scott, & Gossling, 2020). The media loves a good pandemic story, even if they have to make one into a pandemic (Code MC-3).

Major pandemics and pathogen outbreaks

Covid-19-: 2019 - till present	The effect of a pandemic on the international tourism industry shows that the international tourist numbers have fallen by 22% just in the first quarter of 2020 with a loss of US$ 80 billion in tourism income. The number could fall by 60-80% over the whole year with an estimated loss of US$ 300 billion to US$ 450 billion in international tourism earnings in 2020 (UNWTO, 2020b; in Kunwar, Adhikari, & Kunwar, 2022, p.117).
Dengue: 2016 - till present	Dengue is the most important vector-borne viral disease of humans and likely more important than malaria globally in terms of morbidity and economic impact. The total annual global cost of dengue illness in 2013 was estimated at US$8.9 billion. Outbreaks occur periodically but the 2016 outbreak was global in scale.
Zika: 2015 - till present	No vaccine available. The World Bank estimates that the short-term impact of the ZIKV outbreak for 2016 in Latin America and the Caribbean was about US$3.5 billion primarily in countries where tourism is significant, especially given the hosting of major sporting events.
Ebola: 2014 - till present	Caused by a virus transmitted from wild animals, with a case-fatality rate of up to 90% (50% average). The Ebola vaccine is now available. Estimates of the economic burden of the West African outbreak range from $2.8 to $32.6 billion in lost GDP.
MERS-2012	No vaccine available. The MERS outbreak in Korea in 2015 resulted in an estimated $2.6 billion in tourism loss. MERS advisories continue for those taking Hajj and Umrah pilgrimage to Saudi Arabia.
Swine flu - 2009 Influenza	The economic impact of the pandemic outbreak in Mexico where the swine flu pandemic started was estimated as >$3.2 billion (0.3% of GNP) with estimated tourism losses of US$2.8 billion.
SARS 2002 – 2003	Estimated global economic cost of US$100 billion, and US$48 billion in China alone. Originating in China, International travel allowed the SARS virus to spread to37 countries.

Cholera: 1961 - till present	Cholera outbreaks impact negatively on both domestic and international demand for tourism industry services of affected countries. The seventh cholera pandemic began in South Asia in 1961. Recent notable outbreaks include those in Zimbabwe (2008–2009), Haiti (2010–present), and Yemen (2016 – present).
HIV/AIDS: 1960 - till present	First identified in 1983. The earliest known case was in 1959. The decreased life expectancy in many African countries as a result of HIV/AIDS is associated with an estimated lowering of economic growth rates by -0.3 to -1.5% and potentially higher.
Hong Kong flu: 1968 – 1969	The Hong Kong flu was the first virus to spread extensively due to air travel. The WHO (2009) estimated it contributed to a loss of between -0.4 to -1.5% of global GDP.
Asian flu: 1957–1958 Influenza	The WHO (2009) estimates that between one to four million people died as a result of the pandemic with the resultant change of -3.5% to 0.4% of global GDP. Accelerated development of a vaccine limiting the spread of the responsible strain.
Spanish flu: 1918–1920	The Spanish flu affected one-third of the world's population and claimed the lives of 1–5% of the world's population, far exceeding the death toll of WWI.

Sources: Al-Tawfiqef et al., 2014; Bell et al., 2003; Bloom & Cadarette, 2019; Girard et al., 2010; Gubler, 2012; Huber et al., 2018; Joo et al., 2019; Kirigia et al., 2009; Petersen et al., 2016; Russy & Smith, 2013; Shepherd et al., 2016; Siu & Wong, 2004; Taubenberger & Morens, 2006; WHO, 2009; WTTC, 2020; modified and adapted from Hall, Scott, & Gössling, 2020, pp. 5-6.

Conclusion

In recent years, health and safety information has been recognized as one of the essential components in the tourism literature, especially during the unprecedented COVID-19 crisis . United Nations also designed several policies such as building confidence through safety and security in all tourism operations at the tourism destinations including heritage sites, implementation of electronic check-in at hotels, touchless border control and airline boarding to improve the tourists' safety and security at the tourism destinations, and application of 'new norms' (including the practices of wearing a mask and social distancing). Similarly, Chew and Eysenbach (2010), Reynolds and Seeger (2005) and Vos and Buckner (2016) stressed that it is essential to provide information related to the risk of infection, the seriousness of the infection, and precaution actions during a pandemic to ensure

the public aware the risk and respond effectively.

Throughout several decades, the tourism and hospitality industries have been sensitive to and affected by external and internal factors, such as uncertainties, challenges, crises, and pandemics. One of the most significant among these are pandemics and disease outbreaks that have played a major role in social and economic change throughout the world, particularly in developing and least developed countries. Especially tourism and hospitality industries suffered heavy damage as a result of the COVID-19 pandemic (Maditinos, Vassiliadis, Tzavlopoulos, & Vassiliadis, 2021; in Christou & Fotiadis, 2022, p. ix). The spillover impact of COVID-19 in the field of tourism has been evidenced particularly in the global economy, global tourism and its impact on other sectors.

As global hospitality, travel and tourism have expanded over the past 70 years, so people have moved increasingly to viewing such experiences as an entitlement, arguably a right. McCabe and Diekmann (2015; in Baum & Hai, 2020, p. 2398) address the evolution of the notion of tourism as a right or entitlement and recognise that, in a global context, the practical right to travel for tourism is privileged and by no means universal, for a combination of political, economic and sociocultural reasons. Reasonably, McCabe and Diekmann (2015, p. 202; in Baum, 2020, p. 2399) are cautious when they conclude that "tourism might not be considered a human right, and there is no legal basis to support such a right" but they do argue the case that tourism is a social right, extending the context beyond links exclusively to employment (Baum, 2020, p. 2399).

The global hospitality, travel and tourism industry faces a precarious future across its operating sectors and many businesses will not emerge from the crisis in their former shape if at all.

When COVID-19 was declared as pandemic, the researchers have been conducting several researches in different phases. While writing an editorial in their book (2022, p. ix), Christou & Fotiadis developed COVID-19 into three phases. In phase one, there was a plethora of studies that tried to investigate the end of the pandemic and its impacts. However, the studies failed to predict the aftermath of COVID. But it was clear that the pandemic will change the way of tourism operations. Everyone was anticipating the solution, several pharmaceutical companies started producing vaccine drives, this gave hope for tourism stakeholders leading to phase two. Bigger events like Dubai Expo 2020, Olympic Games, and so on were resumed by following COVID-19 health protocols. In this phase, researchers studied the successful COVID-19 intervention by tourism destinations, the role of media and Information Communication Technology (ICT) in the time of the pandemic. In the third phase, people's perceptions about vaccination and other emerging contextual topics are lined up for study.

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