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**Relation between Tourism and Health:
Case Study AIDS in Lebanon**

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Abstract

Each year, around 600 million tourists travel abroad to practice various types of tourism. Nowadays, whatever is the type of tourism practiced, it is considered a real public health problem which can contribute to the spread of several diseases such as AIDS, H1N1, NDM1 as well as others. In Lebanon, each year the number of people infected by HIV/AIDS increase with an average of 85 new cases as reported by the Lebanese ministry of health. By the end of 2011, Lebanon had 1,455 declared cases of which, 50% of these cases returned to the mobility, travel and migration. Given the interest of this kind of epidemic, it would be interesting to study the Evolution of HIV/ AIDS and its relation with travel and tourism. The main objective of this research is to study in general the relation between tourism and health, more specifically to understand the relation between tourism and AIDS. The problem of the transmission of HIV in Lebanon, the ways of infection and the countries from which these people are contaminated.

Keyword: tourism, health, AIDS/ HIV

Introduction

The link between tourism and health may also prove to be negative. In fact, tourism can contribute to serious public health problem. It can contribute to the spread of transmissible diseases such as AIDS (acquired immune deficiency syndrome) H1N1 (Hemagglutinin Type 1 and Neuraminidase Type 1) NDM1 (New Delhi metallo-beta-lactamase-1) One can also add public health problems related to accidents, drug use, or poisoning.

Health hazards are hazards that may affect the health of the population due to infectious agents (viruses, bacteria), chemicals (asbestos, pollution) or radioactive substances, materials used in medicines, blood, organs, care of therapeutic acts or failures of care (infectious diseases) organizations [1].

To better understand the health dangers of tourism, we have based our study mainly on articles and research that discuss the different dangers of tourism primarily related to communicable diseases in the world. In what regards the Lebanon, specifically in order to understand this negative tourism aspect, we have based our study on surveys conducted with patients infected by HIV/AIDS, interviews with travel agencies, doctors, representatives from the Ministry of health, and the Lebanese national airline Middle East Airlines (MEA).

Methodology

In this paper, we will implement the following research methods in order to study the relation between tourism and health, more specifically, AIDS in Lebanon and its relation to tourism. To better understand this relation we are based our research on:

- Collection of the statistical data from the Ministry of Health, and the national carrier of Lebanon (MEA)
- Questionnaires addressed to patients infected by AIDS or HIV as well as medical doctors in order to gain a deeper understanding and information about this disease, its effects and progress, and the its relation to tourism.
- Interviews with directors of travel agencies in Beirut in order to understand the role of travel agencies in preventing such diseases and the possibility of protecting tourists visiting Lebanon

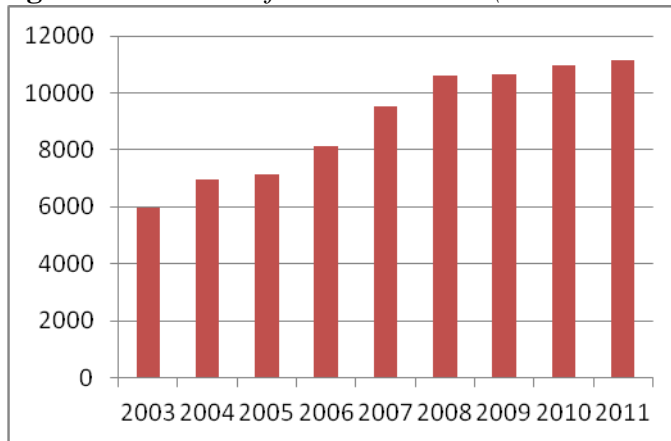
Road Accidents

Unfortunately, during travel and movement, tourists are prone to accidents. Local populations may be affected by accidents caused by tourists, and vice versa. The main causes of accidents may not always be due to the excessive use of alcohol or drugs but may be related to unfamiliarity with road conditions (lack of lighting, rules of the code of Local road, weather conditions) which

can cause injuries and possibly death to both local residents and tourists. (Bauer, 2008)

In Lebanon, the statistics related to road accidents cannot be precisely estimated due to the lack of reliable statistics. The Lebanese Red Cross and “Kunhadi”, a local NGO, state that the number of road accidents has been increasing every year from 2003 till 2011. In 2003, the number of road accidents was 5990, it increased to 6947, 7148, 8115, 9546, 10630, 10649, 10965, 11161 in years 2004, 2005, 2006, 2007, 2008, 2009, 2010 and 2011 respectively. The majority of drivers in the reported accidents were men in the age range between 18 and 30 years old. (Feat, 2012)

Figure 1. *Statistics of Road Accidents (Red Cross George Kettaneh)*



In addition, according to the Red Cross, there are several reasons for increasing road accidents in Lebanon: traffic violations, lack of sanctions, missing of information, inexperience on the part of drivers, irresponsibility and distraction of drivers, loopholes in the highway code, poor road conditions, bad weather, speeding and consequent lack of control on the secondary roads, the misuse of seat belts, the dilapidated state of cars, disregard of regulations such as the priority of crossing intersections, the ultimate lack of control over driving on remote roads.

In relation to tourists and accidents, we have not been able to access statistics on the number of injured travelers. For that reason, we contacted heads of the principal Beirut hospitals and they are American University of Beirut Medical Center AUBMC, Rizk Hospital and Hotel Dieu de France Hospital HDF). Additionally, we have interviewed at the airport five tourists who had accident in Lebanon. According to hospital officials, the majority of alien accidents are reported to occur at the Dahr el Baydar pass. Most of them are Arab tourists who came by land to visit Lebanon.

The five tourists surveyed had an accident in Lebanon during sightseeing. A German tourist had a road accident in the south during their car driving, which required an urgent operation, while two other tourists from Arab countries had car crash at Dahr el Baydar. Additionally, two tourists of Lebanese origin during their family visit had an accident at the Jbeil highway.

Poisoning

Tourists can get sick during their visit and this can be due to cooking, the quality of the water as well as other factors. However, reports pointed out the poor quality of food as well as food workers mishandlings that take place at slaughterhouses. This worrying alarm drove the need for testing few meat samples taken from supermarkets and stores. The results of tests undertaken at the American University of Beirut laboratories have shown high levels of toxic substances especially between years 2011 and 2012.

Overall, there is no doubt that we do not have effective food-control policies in Lebanon. Nevertheless, the lack of statistics on the number of cases of food poisoning in the Ministry of Tourism and Ministry of Health does not give us a very clear idea of this problem. But according to the health minister there are tourists who are at risk of experiencing foodborne illness on a daily basis.

We approached associations such as Lebanese Poisoning in order to get an idea of the intoxicated tourists. According to this association, 100 cases were reported per day during this period.

In addition, the existence of groups such as food poisoning victims of Lebanon and Lebanese association against food poisoning on social websites as Facebook reported that in 2011 and 2012 a large number of imported food products were adulterated.

Transmissible Diseases

Every year, 600 million tourists go abroad to practice all types of tourism. While traveling, tourists may take risks they would not take in their home environment. They may drink more, use drugs more, experience new activities, new types of food, or involve in adventures that include sexual risks. Whatever type of activity being practiced while traveling, it can be a disease vector. Medically, vector means any organization involved in the transmission of a pathogen, transmission which can be either human or animal to humans such as H1N1, Avian Flu, African Trypanosomiasis, malaria, etc. Other diseases currently are a real scourge, such as AIDS. Some people travel with the aim of relaxing and having fun while, sometimes forgetting to take the necessary precautions.

To present latest epidemics that required international action, we can report the cases of SARS that hit Asia and the world in 2003. The SARS (Severe Acute Respiratory Syndrome) virus, found predominantly in China, Hong Kong, the Viet Nam and Singapore, is transmitted by the respiratory tract. Unfortunately, the vaccine does not always exist. This virus is endangering the lives of travelers and tourists who may be contaminated quickly. SARS was discovered and its impact on tourists was confirmed when several travelers have been infected by this virus [2]

Another global virus that appeared for the first time in Mexico in March 2009 and then continued its spread is the avian influenza which is "influenza caused by

a new A (H1N1) virus that had never been circulated previously in humans". This virus is not related to any virus former or current seasonal flu transmitted from human to human: by coughing and sneezing. According to WHO (world health organization), there are no vaccines to protect populations and tourists, but the general measures for prevention of the influenza: avoid close contact with people who appear not healthy and who have fever and cough, wash the hands with soap and water frequently. In the end, have a good hygiene of life and get enough sleep, eat properly and keep a physical activity.

Finally, the enzyme NDM1 is composed of super-resistances bacteria to antibiotics, published in hospitals in India, it has continued its spread to reach Europe especially France and United Kingdom. There are several factors that support this extension: alteration of the normal flora, improper use of antibiotics, the use of antibiotics with broad spectrum without indication, dosage and application errors, the lack of hygiene and infection control measures, no insulation of holders of agents resistant multi, the force-feeding of animals and veterinary medicine, the pd abuse antibiotics such as stimulating growth in livestock animals, and recurring treatments inappropriate diseases that are generally of viral origin [3]

For example: London is concerned with the very strong rise in health of English citizens in India travel, since the enzyme is released. Then the risk of a pandemic is it real? One thing is certain: unless the enzyme NDM1 is an uncontrollable and sudden, pandemic Indian medical tourism should continue its expansion, the Department of health in London also noted that according to its official statistics, none of its citizens only had cancelled his health trip to the India after the discovery of the NDM 1

HIV/AIDS and the Tourism Sector

AIDS (Acquired Immune Deficiency Syndrome) emerged in the 1980s and was considered on the most terrifying diseases. AIDS is sexually transmitted and through blood transfusion. Mother can transmit the disease to their babies in utero and through breastfeeding. [8]

Tourism is one of the largest and fastest growing industry in many countries. The spread of epidemic diseases in such countries can seriously harm its tourism and consequently its economy.

Tourism is associated with having fun and pleasure. The workforce of tourism industry is generally young including migrant and mobile workers. To provide the environment of fun and pleasure, access to alcohol and sex is not difficult. Therefore, this can lead to getting involved in high risk activities. Sexual activity increase during tourism trips, as tourists become more adventurous and practice unsafe sexual contact with other tourists or with local community. Such activity occasionally involve payment for sex. [9]

Needless to mention "sex tourism" which is a huge business. Unfortunately, the statistics related to this industry is unavailable due to the fact that prostitution is prohibited in most countries.

Ford (1991) [9] summarized the reasons why tourism industry is vulnerable to HIV/AIDS by the following: First, the characteristics of tourism workforce; as they are generally young, single and sexually active. They are often living alone and away from their families for extended periods of times. Second, the opportunities and occasions for sexual interactions between tourists and employees is available and frequent. Third, commercial sex is displayed and available to both tourists and employees. Forth, the use of alcohol and drugs.

Additionally, the hospitality industry is a service industry. Delivery of service in a hotel can make it more susceptible to HIV/AIDS. This can be linked to the characteristics of hospitality service. The inseparability characteristic of service requires both the employee and tourist to be present simultaneously for the service to occur. This allows for more contact and interaction between customer and employee. The second characteristic of hospitality service is intangibility which means that the customer leaves without a product in hand but only memories and experiences. Employees play a major role in creating a positive and pleasant experience and memory. Therefore, employees attempt to impress the guest and positively affect his/her experience and satisfaction. For both characteristics employee appearance is of high importance to achieve successful service in hospitality industry.

From another perspective, tourists are becoming more aware and responsible as they are increasingly demonstrating their preference for companies that practice social responsibility. Some companies have taken the effort and commitment to address epidemic diseases such HIV/AIDS. Air France for example, presented a series of documentaries and informational movies on HIV/AIDS and other communicable diseases that reached of millions of travelers. Another act of responsibility was by Accor Group in 2006 when the CEO of Accor Group, Gilles Pélisson, signed the Global Business Coalition's Declaration of Commitment and launched the Travel and Tourism Industry Dialogue (TTID). The main task of this dialogue is to join effort in fight against AIDS.

Given the global nature of tourism industry, it can play a significant role in the fight against communicable diseases. Educating employees is crucial as they can start promoting awareness and spreading the idea of global citizenship and respect to others. This can translate to realistic changes.

AIDS in Lebanon

A number difficult to assess yet nonetheless growing, engaged in a very special kind of holiday, it is sex tourism. This kind of tourism has experienced a very rapid expansion and it appears to act as a vector of sexually transmitted diseases (AIDS). This drama touches more young people. In fact, the countries concerned by this kind of tourism are developing countries where this genre is considered a source of re-entry for foreign currency and became a remedy for their economic crisis.[4] This type of tourism is experiencing a "snowball effect" that is guiding it in the direction of mass. For example, in Thailand, new customers in this niche tourism are even younger and younger in age. This kind

of tourism promotes the rapid expansion of HIV/AIDS in many countries and especially in the third world. Lebanon is not spared by the spread of this disease.

Tourism has its share of responsibility in communicable diseases (viruses, epidemics). According to the Ministry of Health, there are cases of tuberculosis, malaria and HIV/AIDS. Malaria has been eradicated in Lebanon. According to the national program to combat tuberculosis, 501 sporadic cases have been reported in 2009 among the Lebanese living in endemic areas especially in Beirut and Tripoli, which has the largest number of patients.

With regards to HIV/AIDS, Lebanon is always considered as a low HIV prevalence country. However, the potential risks associated with the mobility of the population, migration and permissive sexual behavior require immediate and intensive interventions.

The total number of cases reported by the national program to combat HIV/AIDS in Lebanon since 1989 until the end of 2011 is 1455 cases, with an average of 85 new cases per year over the last three years. This figure is beyond the 70 cases identified between the years 2003 and 2006. There are currently 350 living patients with HIV. (Interview with Dr. Al nakib)

Travel and migration represent 39.24% of the risks reported by cumulative cases. The main mode of transmission remains sexual contact and represents about 70% of the cases reported, with a net increase of cases concerning homosexual men (Ministry of health).

The prevalence of mother-to-child transmission of HIV remains limited despite two new cases in 2009. It is important to note that since 1993 no case related to transmission through blood transfusion has been reported. The male/female ratio is 4.62 with 28% of the cases were among the under thirties of age, 30% were among people aged between 31 and 50 years, and 9% were among people over 50 years.

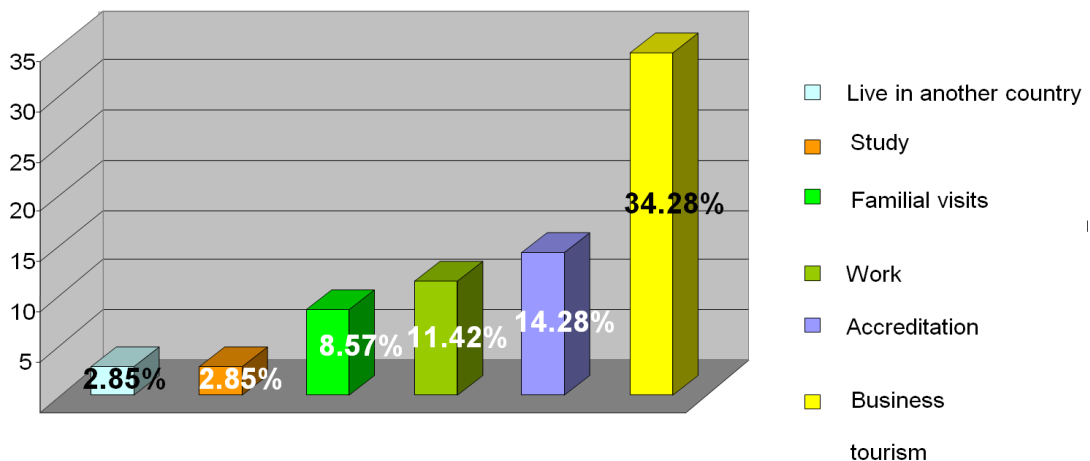
HIV-related deaths are low and are estimated less than 10 per 100,000 per year. Approximately 13% of the cases come from foreigners living in the country. [5] It is worth noting that since 2000, all people living with HIV are entitled to the free antiretroviral (ARV) treatment by the MSP eligibility criteria developed with the learned societies.

To better understand the problem of the transmission of HIV to Lebanon, to identify ways of contagion and the origin countries in which these people were infected, we conducted a survey of 50 people of different ages, AIDS groups. We were able to reach them through an association, Anwar Al Mahaba which facilitated the contact.

Reasons of Travel

According to our respondents, there are many reasons to travel. We note that the tourism business and leisure have the largest percentages. There are other motivations are studies (2.85%), family visit, medical reasons (8.57%) as well as others. (Figure 2)

Figure 2. Reasons of Travel for of AIDS Patients

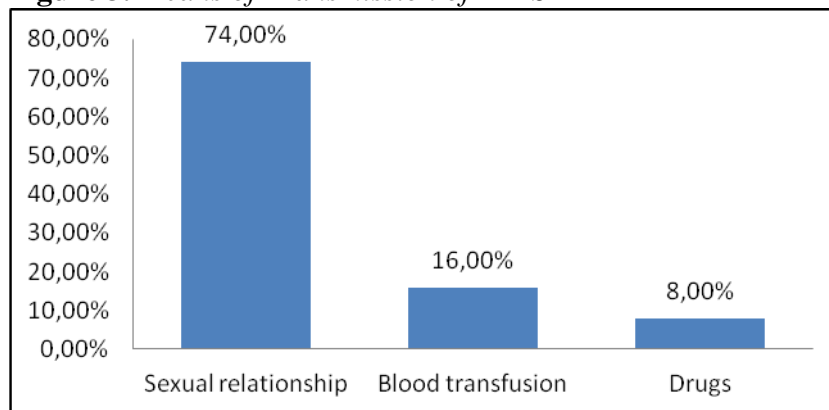


Source: Anwar al Mahaba association, personal communication with patients [7]

Means of Transmission of AIDS

Whatever may have been the reasons for traveling, all these people have been contracted by HIV during their travel. Sexual relations count for 74% (37 cases out of 50) which is the first responsible cause of contagion. Sex became an essential element of tourism. [6] The drugs were found in 8% of the cases. We can also point out that 5 people who had travelled for medical reasons, got contracted with HIV after a blood transfusion. People who travel for work or for relaxation make parallel relations. Drugs (more exactly, the tools used for the consumption of this product) count for 5 cases (8%) and blood transfusion counts for 8 cases (16%) (Figure 3).

Figure 3. Means of Transmission of AIDS



Source: Personal communication with patients

40 cases were diseased abroad especially in Africa (18 cases), which appears as the lobby of the disease. This could be explained by the fact that the African continent is ravaged by this disease and many Lebanese have migrated or are still working there. The second region is Europe and more specifically Eastern Europe. 12 cases of the sufferers were diseased in Europe. Eastern Europe is

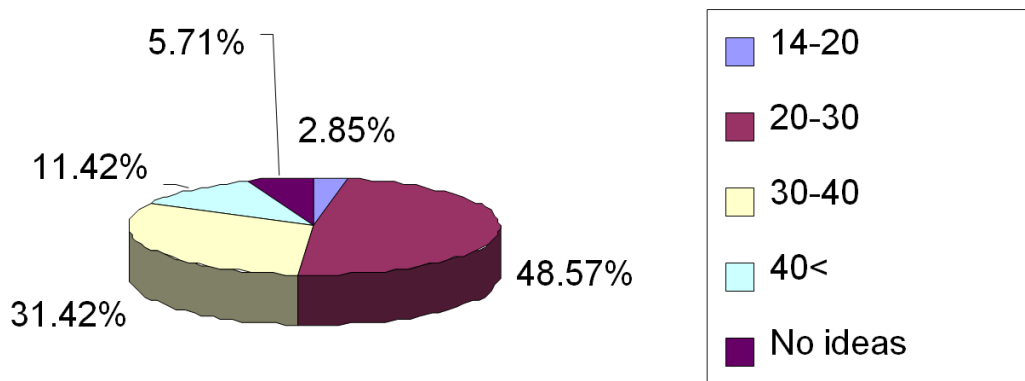
popular for tourism at a good price and appears as a privileged destination for Lebanese youth. They are attracted by a new way of life where there exist more liberty at the level of practices and traditions. Thus they are seduced by the city nightlife and all the adventures it offers. 6 cases originate from United Arab Emirates and 4 cases originate from United States of America. These numbers are relatively high. People who have visited the United Arab Emirates and the United States were traveling within the context of work, especially young females who are involved in the performance and show business such as singers and dancers.

Age of People affected with AIDS

For the age group, the majority of people affected are youth ranging between 20 and 30 years old (48.57%). This is the age group for people who travel more and dive in sexual adventures. Then there is the segment of adults between 30 and 40 years and it is comprised mainly of people travelling on business trips. This segment represents 31.42%.

11.42% of people aged above 40 years old. Generally, in this age segment most of them are leisure travelers. 2.85% of young teens aged comprised between 14-20 are drug addicts and live with a double problem of drug addiction and disease (Figure 4)

Figure 4. *Age of People affected with AIDS*



Source: Anwar al Mahaba association, personal communication with patients [7]

The majority of people contracted were informed about AIDS, but they took no precautions thinking that the disease would not reach them. Often, patients were able to be diagnosed only after the appearance of the symptoms of this disease. The symptoms include a rapid weight loss or problems related to low immunity. This is the point when they usually perform the necessary medical tests and discover the reality of their disease. 14.42% knew that they were HIV-

positive in prenatal examinations and for others, they knew during their detoxification treatment.

The majority of the people, after having been informed of their illness, were arrested to travel for health reasons as well as for economic reasons since many of infected cases were terminated from their work.

In addition to surveys, we interviewed Dr. Bilan, a specialist in internal medicine and infectious diseases and responsible for patients of the association for three years. The purpose of this interview was to obtain his opinion on the role of tourism in the spread of the disease.

According to Dr. Bilan, the reasons for the increase in the number of AIDS cases in Lebanon is homosexuality, poverty, prostitution, sex tourism and the lack of counselling centers which provide information to tourists and locals. According to Dr. Bilan, apart from the Lebanese, there are foreigners from Philippines, Ethiopia, France, or the Arab Gulf who traveled to Lebanon to be treated. Lebanon is chosen for mainly two reasons. First, for privacy reasons since many of those travelers have hidden the fact of their illness from their family and relatives. Second for the price of treatment since medications cost five times less in Lebanon than in France or the United States. This difference could be explained by the origin of the treatment that is imported from India. In Europe and United States medications cost could reach up to \$1,000 a month while in Lebanon price varies between \$200 and \$300 a month. This difference could be explained by the origin of the drug since in Lebanon the drug is imported from India. [7]

Strategy to avoid Health Diseases

In order to have a better presentation of the strategies to be implemented for avoiding the development of certain diseases, we have conducted the surveys on AIDS patients. According to the respondents, the Ministry of Health is not adopting any policy or strategy for prevention either before or during the trip. Same for travel agencies, they do not inform travelers on communicable diseases in the countries of destination.

Respondents emphasized the important role of travel agencies which can contribute to decreasing the number of infections. This can be achieved by a simply informing clients with the dangers faced when travelling abroad. To confirm with the feedback of respondents, we reached out to various actors in the field of tourism such as travel agencies, Ministry of Health and Lebanese National Carrier (MEA). The purpose was to get a better understanding of the strategies adopted by these tourism actors to avoid health hazards.

Brochures

The brochures distributed by travel agencies play a significant role. Only 84 travel agencies, representing 62% of travel agencies, distribute plates of information on proposed destinations.

We have collected 84 brochures from the 84 travel agencies. In all 84 brochures, we noticed no existence of any notification on the potential threats of diseases or contamination. The brochures merely display information on the countries to be visited such as prices, travel, hotels, sites, etc.

In fact, it turns out that travel agencies and tour operators give little to no importance to possible health risks incurred during travelling, even in at-risk countries. It is necessary that every traveler receives all needed information and precautions related to his/her trip. Special attention needs to be given to unaccompanied travelers, especially the young ones. Travelers need to be clearly informed on risks of HIV infections, ways to prevent them and locations of condoms selling points at the tourist destinations.

Besides the brochures collected from travel agencies, we have visited the Ministry of Health to determine whether the responsible Department distributes leaflets on such diseases. We noticed that distributed brochures include all the necessary information on diseases such as HIV, H1N1, means of transmissions, means of prevention, as well as other information. However, the brochures give no information on the at-risk countries.

Activity Programs

Several activities and programs have been implemented by the Ministry of Health with the purpose of reducing communicable diseases and intoxication. For example, the PNLIS introduced by the Ministry of Health, is a program that aims to fight AIDS. It is responsible for identifying cases of infections and working on a prevention program. This program publishes an annual journal on the first of December. The issue represents news and updates on AIDS and is published in Lebanon and Middle East. This program aims as well to help disease sufferers in collaboration with various associations who work for the fight against AIDS. In addition, the Ministry of Health is involved in several projects such as the Council and voluntary testing (VCT), CACP (knowledge, attitudes, behaviors and practices) that gives a clear description and information on HIV/AIDS to the Lebanese population, the launching of a center for HIV/AIDS medication distribution, as well as participation in international and regional workshops.

Laws

Article 14 of the 1944 International Civil Aviation Convention (ICAO) also called Chicago Convention requires the Contracting States to "take effective measures to prevent the spread by the air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and any other contagious disease that Contracting

States decide to designate appropriate". ICAO coordinates the efforts at the global level so that all Contracting States can have a plan that allows them to react to counter the risks posed by a communicable diseases can be the origin of a public health problem. The organization seeks to reduce the likelihood of spreading of a disease through air travel.

Other laws were issued by the Ministry of Health regarding food poisoning. The first law was issued on February 27, 2012. The Ministry in cooperation with the restaurant and hotel union in Lebanon, issued a decree number 217, that restaurants and hotels must apply the Hazard Analysis Critical Control Point (HACCP). A list of restaurants and hotels that practice this system was issued, the main question is: Did all the restaurants in Lebanon have an HACCP certificate? The answer is no, because there is no direct decision that obligate all the restaurants to have this certificate for that reason the tourists are still in the danger zone).

The second law was issued on June 22, 2012, decree number 838. The purpose of this law is to reduce the number of poison cases caused by mixing energy drinks with alcohol. The drinks containing more than 500 caffeine were prohibited from entering Lebanon and from being served in restaurants.

Despite the fact that the two aforementioned laws were issued, two questions remain; is there a serious control? And is the number of foodborne illness cases decreasing after issuing the laws?

Limitations

The spread of certain diseases can be traced to movement of people. It was not possible in one research work to study comprehensively the transmission of diseases. However, we were able to look at one of the plagues of the 21st century that is AIDS. The destination of travel could be one of the main sources for transmission. This established fact, calls for implementing a prevention strategy that would save a lot of lives.

In addition to the limitations imposed by the datasets, in the context of the further study, it was impossible to extend our area of research to include more Lebanese cities and villages. The assumption could be made that Beirut and other Lebanese regions, having the characteristics discussed in the present study, experience somewhat similar development in tourism. However, to provide strong evidence in favor of this argument, a broad-spectrum fieldwork would have been required. However, it could not be completed given the time-frame of the present study.

Finally, we would have preferred to be able to observe more infected patients. The limitation was in the fact that it is socially undesirable and sometimes objectionable to talk about such diseases in the Lebanese community. Yet, we were successful to meet patients through the association "Anwar al Mahaba" being volunteers in this association.

Community Awareness

Regardless of the government efforts, laws and strategies, real change cannot take place without community collaboration. The culture of silence needs to be addressed with serious campaigns and affected people need to be encouraged to speak out. Many cases can be helped if the needed actions were taken early enough. We have noticed throughout the fieldwork and from our meetings with affected people that it is socially undesirable to discuss the issue of sexually transmitted diseases. Thus, the existing patients are not getting the needed emotional support from the society.

Visits to universities, schools and community gatherings to discuss such serious diseases is important. Awareness campaigns through various channels of communication will elevate the topic from private ground to a public issue that need to be addressed.

Conclusion

The relation between tourism and health can have some obstacles since tourism sector is a likely target for HIV/AIDS interventions in some countries. Therefore, it was not possible to get a comprehensive perception of tourism without understanding the dangers associated with its activities.

Movement of people can lead to various risks ranging from car accidents to foodborne illnesses and poisoning to transmissible diseases. Nevertheless, joint efforts can make difference in the prevention of such risks.

Travel agencies and tour operators can play a significant role in spreading the awareness before taking the trip. Whether on the brochure or through word of mouth, the travel agent can notify the traveler of the potential risks and ways of taking precautions.

The government and particularly the Ministry of Health can contribute to fighting the spread of communicable diseases through implementing activities and programs aiming to spread awareness and helping the existing cases. Joint efforts between the public and private sectors can play an important role in community awareness.

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