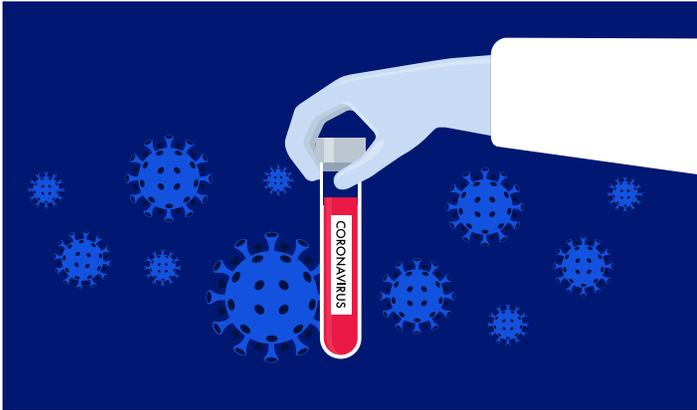


Global Coronavirus Outbreak



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Introduction

The Coronavirus (COVID-19) outbreak that originated in Wuhan city, China has now spread to more than 160 countries and territories worldwide, with more than 395,000 confirmed cases and more than 17,000 associated deaths. The rapid spread of the outbreak has prompted governments worldwide to implement widespread restrictions on travel, including the closure of land borders, the suspension of air travel services and the implementation of stringent health measures, such as mandatory medical quarantines for arriving travelers.

Compounding concerns over community transmission are allegations that multiple countries have underreported the number of confirmed cases of the virus. Given the increasingly global scale of the outbreak, it is essential that travelers acquire accurate data in order to make informed decisions.

Analysis

The U.S. Centers for Disease Control and Prevention (CDC) notes that, while many reported cases of COVID-19 present mild flu-like symptoms, complete clinical information regarding COVID-19 is lacking. Initial studies on cases in China suggest that 80 percent of infected individuals have mild symptoms, 15 percent exhibit serious symptoms and 5 percent of patients have critical illness; however, the severity of the illness is dependent on factors including the patient's age and the presence of preexisting, comorbid medical conditions. The exact percentage of coronavirus cases that can be categorized as mild, moderate or severe remains unclear, and there is no consensus among medical experts. Reports of asymptomatic COVID-19 cases are difficult to quantify, as there is no reliable method of confirming and reporting such cases. It is thought those most likely to present no symptoms of COVID-19 are children; however, children make up a small percentage of confirmed cases. There is currently no available vaccine for the virus, although numerous trials and research efforts are underway. Estimates of the timeline for a deployable vaccine are approximately 12 to 18 months.

On 3 March 2020, World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus announced a revised case fatality

rate for COVID-19 of approximately 3.4 percent. The revised rate – a simple calculation of confirmed deaths divided by the total number of confirmed cases – is much higher than the previously established case fatality rate of approximately 1 percent. The sharp increase in the recorded fatality rate of COVID-19 implies that the virus is becoming deadlier; however, there are several factors that contribute to the virus' overall fatality rate, including patient-specific information, the reliability and accuracy of testing and the quality of healthcare systems. Global public health officials have stressed that, as COVID-19 is studied further, more accurate information regarding its infectivity and lethality will become available.

The reported fatality rate of COVID-19 can vary significantly by age group, with older individuals particularly at risk of severe complications and death from the disease. According to statistics published in the Journal of the American Medical Association, cases among patients in Wuhan city, China, aged 80 years or older had a reported case fatality rate of 14.8 percent; among patients aged 70 to 79 years old, the case fatality drops to 8 percent. The study assessed an overall case fatality rate of 2.3 percent without controlling for factors such as age, case severity or the presence of preexisting medical conditions. The study also linked higher case fatality rates to the presence of preexisting, comorbid medical conditions. Cardiovascular disease was associated with a 10.5 percent case fatality rate. Diabetes was associated with a 7.3 percent case fatality rate, followed by chronic respiratory disease and hypertension at 6.3 percent and 6 percent, respectively.

The availability and volume of testing for suspected cases of COVID-19 can lead to notable variance in the case fatality rate. As of early March, South Korea had 81 deaths and 8,320 confirmed cases for a fatality rate of .97 percent. The U.S. has conducted at least 25,000 tests. Of the 4,661 confirmed cases in the U.S. and 95 deaths for a fatality rate of 2 percent.

Prevalence and Travel Restrictions

Of the more than 395,000 confirmed cases of the virus, more than 81,000 stem from China. The largest concentrations of cases outside mainland China are in Italy, the US, Spain, Germany, Iran, France, Switzerland, South Korea, the UK and the Netherlands.

The U.S. Centers for Disease Control and Prevention (CDC) indicates that there is widespread ongoing transmission of COVID-19, and there are restrictions on entry to the U.S. for individuals traveling from a number of countries. The CDC has assigned multiple Level 3 Travel Health Notices advising against nonessential travel to countries including Australia, Brazil, Canada, Chile, China, Ecuador, Indonesia, India, Iran, Israel, Japan, Malaysia, Pakistan, the Philippines, Qatar, Romania, Saudi Arabia, Singapore, South Africa, South Korea, Thailand, Turkey, the UK and much of mainland Europe.

Numerous airlines have curtailed or suspended service worldwide in recent weeks. Additionally, a number of foreign governments continue to implement preventative health measures in an attempt to limit the spread of the outbreak. The majority of these measures include health inspections such as temperature checks upon arrival from coronavirus-

impacted countries, with some countries imposing quarantines on individuals displaying symptoms of the virus. Additional restrictions are likely in the near term and may increase if the outbreak continues to worsen.

In recent weeks, the reported incidence of the virus has been significantly higher outside of China than within China. Despite travel restrictions, containment efforts to date have been of limited utility due to continued travel within and between coronavirus-impacted areas.

Underreporting

More than 395,000 cases of COVID-19 have been reported worldwide; however, it is difficult to quantify the true number of cases due to underreporting by various governments. The current stringent testing parameters in some countries may exclude coronavirus cases with no clear links to travel or established cases, as well as cases that exhibit mild flu-like symptoms. Healthcare systems are more likely to detect moderate to severe cases of COVID-19 as infected individuals seek medical treatment; however, mild cases of coronavirus are more likely to go undetected.

The number of confirmed cases of COVID-19 is likely to increase as testing kits are made readily available to most healthcare clinics and hospitals. Countries with a shortage of testing kits are prioritizing suspected cases linked to international travel and those linked to confirmed cases of COVID-19. WHO officials attributed an elevated case fatality rate to individuals with mild cases of coronavirus choosing not to seek medical treatment.

In the U.S. and other countries, the shortage of COVID-19 test kits has led to potential underreporting of cases. The U.S. government is attempting to distribute 1 million test kits in the near term. In the early days of the COVID-19 outbreak in Iran, there was a shortage of test kits and protective equipment for healthcare personnel. The WHO has since provided medical supplies and kits in an effort to assist with screening measures. In the Philippines, there was a reported shortage of test kits, with only 2,000 available nationwide. A surge in the number of reported cases and associated fatalities in China in February 2020 led to allegations that China had underreported the severity of the outbreak. However, China stated that the increase was attributable to a change in the government classification of COVID-19 cases.

Outlook

The total global number of COVID-19 cases is anticipated to continue growing in the near to medium term despite the unprecedented travel and movement restrictions enacted by various governments. While the precise trajectory of the outbreak is unknown, significant disruptions to business operations and travel can be expected to persist in the near term. The outbreak has resulted in shocks to global financial markets, prompted the initiation of business continuity plans and led to uncertainties surrounding global travel plans. Should the outbreak peak in the coming months, the relaxation of severe domestic and international travel restrictions can be expected. However, a sharp increase in the number and severity of confirmed cases could lead to more stringent measures by public health authorities and a further decline in economic activity. The success of containment and mitigation efforts will influence the ultimate outcome.

Recommendations

- Travelers are advised to monitor the latest developments as the situation remains fluid.
- Individuals are advised to adhere to all national and international public health directives.
- Travelers are advised to register their presence with their local consulate or embassy.
- Travelers who have recently visited coronavirus-impacted countries or territories should expect enhanced screening measures upon arrival at airports and other transportation hubs, including potential quarantine if exhibiting symptoms of the virus.
- Travelers are advised to contact their flight provider for itinerary-specific information.
- For operational support, including secure transportation, meet-and-greet services and close protection, please contact AIG Travel at aigtsoc@aig.com.

For further information please contact AIG Travel's security team at aigtsoc@aig.com.

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