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## **2023 Travellers' Risk Perceptions, Attitudes and Preferences Report**

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Ce rapport est aussi disponible en français

## 2023 Travellers' Risk Perceptions, Attitudes and Preferences

### Final Report

Prepared for the Public Health Agency of Canada by Abacus Data

March 2023

The Public Health Agency of Canada commissioned Abacus Data to conduct a public opinion research survey to understand how international travellers have adjusted their travel habits, and in particular, their travel health preparation since the onset of COVID-19, and to understand where travellers are seeking travel health advice (if at all). A total of 3200 Canadians who have or intend to travel to an international destination were surveyed using an online panel. The online survey was conducted between April 18 and May 5, 2023.

Cette publication est aussi disponible en français sous le titre: Attitudes, préférences et perceptions des voyageurs à l'égard des risques, en 2023.

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# Table of Contents

- 1. Executive Summary..... 4
  - 1.1. Research Purpose..... 4
  - 1.2. Research Objectives..... 4
  - 1.3. Methodology..... 4
  - 1.4. Contract value ..... 6
  - 1.5. Statement of Political Neutrality ..... 6
  - 1.6. Summary of Findings..... 6
- 2. Detailed Findings..... 12
  - 2.1. Consideration of Health Risks ..... 12
  - 2.2. Information Sources and Practices ..... 16
  - 2.3. Risk Mitigation Behaviours ..... 20
  - 2.4. Advertising Recall..... 34
  - 2.5. Pandemic Travel..... 37
  - 2.6. Nature of International Travel ..... 39
  - 2.7. An Examination of U.S. Travellers..... 44
- 3. Segmentation..... 49
  - 3.1. Summary ..... 49
  - 3.2. Key Results by Segment ..... 50
- 4. Qualitative Findings ..... 54
  - 4.1. Past and Future Travel ..... 54
  - 4.2. Preparing for Travel ..... 54
  - 4.3. Travel Health Risks ..... 55
  - 4.4. Researching Travel Health Risks ..... 56
  - 4.5. Travel Health Risk Mitigation..... 58
  - 4.6. Future Health Emergencies..... 59
  - 4.7. Summary ..... 60
- 5. Methodology..... 61
  - 5.1. Quantitative Methodology ..... 61
  - 5.2. Qualitative Methodology..... 63
- 6. Appendix: Research Materials ..... 64
  - 6.1. Survey Instrument..... 64
  - 6.2. Focus Group Discussion Guide..... 80

# 1. Executive Summary

## 1.1. Research Purpose

The Travel Health Program delivered by the Public Health Agency of Canada (PHAC) is responsible for promoting effective communication of travel health risks and mitigation strategies to Canadians, partners and stakeholders. The goal is to support Canadians' ability to make informed choices when it comes to travel to protect their health (day-to-day and in times of urgency) and minimize the importation and exportation of infectious disease across Canada's border.

In 2019, PHAC conducted a previous survey of travellers to non-U.S. international destinations. Since this earlier survey, the pandemic and the accompanying border measures that were implemented in Canada and across the globe may have changed how travellers perceive risk and take actions to protect their health. An assessment of current attitudes and practices regarding planned travel will help with future program planning and guide improvements to the program and web content.

## 1.2. Research Objectives

The primary objective of the research is to assess attitudes and perception of risk of international travellers (either those who have or intend to travel) since 2019 and the onset of COVID-19.

Specifically, the survey will be used to:

- Assess how attitudes and perception of risk has changed among international travellers since 2019 and the onset of COVID-19;
- Evaluate whether travellers have adjusted their travel habits, and in particular, their travel health preparation since the onset of COVID-19; and
- Understand where travellers are seeking travel health advice (if at all).

## 1.3. Methodology

### *Quantitative Research*

The online quantitative survey was conducted between April 18 and May 5, 2023. A total of 3,200 surveys were completed across Canada using an online panel. To qualify a respondent must either intend to travel in the next year or to have travelled in the past year to an international destination. To be comparable with the 2019 survey, 2000 surveys were targeted to those who travel to non-U.S. international destinations. The other 1000 were targeted to those who travel to the United States. An

additional oversample of 100 recent migrants (came to Canada in the past five years) and 100 frequent travellers was also completed.

As a non-probability sample, the results cannot be extrapolated to a broader audience and there is no margin of error associated with the findings.

For ease of reading, international travellers are those respondents who have in the past year or intend in the next year to travel to a non-U.S. destination. U.S. travellers are those who have in the past year or intend in the next year to travel to the United States. Note there is overlap (one can be a traveller to the U.S. as well as non-U.S. destinations).

The data are presented unweighted as was the case for the 2019 survey that is referenced throughout the report. Since the data are not weighted to a known population for both surveys, there is a modest risk that differences in the values between the two surveys reflect sampling variability and non-response bias across the two surveys.

Recent migrants are defined as non-citizens who have come to Canada in the past five years.

Frequent travellers are defined as those who travel at least 2 trips per year to non-U.S. international destinations or who travel at least 2 trips to the U.S and 1 trip per year to non-U.S. international destinations.

### *Sub-group analyses and rounding*

In addition to descriptive analysis, analysis was undertaken to establish any differences in views based on personal demographic characteristics such as location (province and rural versus urban), gender, and age) as well as travel related characteristics such as destinations, frequency and purpose of travel. The reliability of comparisons is established by two considerations: the number of cases of the groups being analyzed, and the size of the differences between the groups. Standard statistical testing using columns percentages with a p-value of < 0.05 was applied in the tables.

Please note that due to rounding, in some cases it may appear that merged categories collapsed together are different by a percentage point from how they are presented individually, and totals may not add up to 100%.

The full breakdown of the results is included in the accompanying data tables under separate cover.

### *Qualitative Research*

The qualitative phase of the research consisted of six (6) online focus groups with the Canadian public conducted between August 28-30, 2023. In total, there were 65 participants across all six focus groups.

All participants must have travelled outside of Canada within the past 12 months and/or have plans to travel outside of Canada in the next 12 months. Each focus group was 90 minutes in length.

Observers from PHAC attended each focus group.

The focus groups were moderated based on an approved discussion guide and included a review of materials developed by PHAC.

#### 1.4. Contract value

The total contract value for the project was \$139,037.46 including applicable taxes.

#### 1.5. Statement of Political Neutrality

I hereby certify as a representative of Abacus Data that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Richard Jenkins, Ph.D., CAIP

#### 1.6. Summary of Findings

To address the objectives of this research and to be able to make comparisons to a 2019 survey of International travellers, the focus is on Canadians who have travelled outside of Canada and the United States, including Alaska and Hawaii in the past 12 months or those who plan to in the next twelve months (hereinafter called "international travellers").

##### *Canadian International Travellers' Travel Habits*

More than two thirds of international travellers surveyed take at least one international trip per year (69%) which is up from 53% in 2019. Consistent with the 2019 results, in the past 12 (twelve) months, international trips were most often to Europe (28%), Mexico (19%), the Caribbean (17%), and Asia (15%). Fewer travelled to Central America (8%), Territories of the United States (7%), South America (5%), the Middle East (5%), Africa (5%), Australia or New Zealand (3%), or the Pacific Islands (1%). Almost half (45%) also travelled to the U.S.

Intended travel over the next 12 (twelve) months takes a similar pattern, with plans most likely to involve trips to Europe (38%), the Caribbean (21%), Mexico (20%), and/or Asia (17%). Fewer plan to travel to Central America (9%), the Territories of the United States (7%), South America (7%), the Middle East (5%), Africa (4%), Australia or New Zealand (4%), or the Pacific Islands (1%).

When it comes to booking international travel, more than half of international travellers (54%) typically book their travel arrangements two or more months in advance of travelling. The remainder book a

month or less in advance. In 2019, significantly more (65%) booked their travel two or months in advance.

Focus group participants report that they have not changed how they plan for a trip pre- versus post-COVID-19. Some participants acknowledged that they do now check for vaccination or other entry requirements but this tends to be quite destination specific (i.e. not done for all destinations), and tends to be done only to secure access to the country, as opposed to being motivated by health concerns.

### *Attitudes Towards Travel Health Risks*

Many (63%) international travellers agree (completely or somewhat) that travelling internationally poses health risks that are not present in Canada but this is down substantially from 2019 (75%). Just over half (56% down from 64% in 2019) believe (completely/somewhat) that all international travellers should see a health care professional before they travel or that an appointment should be booked with a health care professional at least six weeks before going on an international trip (57% down from 62%). So while the perceived risks have declined, there has been only modest change in perceptions around the need to see a health professional before international travel.

International travellers assess the level of health risk to be either low or medium for most types of travel. Travel for volunteer/humanitarian work (38% high compared with 55% in 2019), adventure travel (32% and 45%) and travel for medical procedures (30%) is considered “high” risk by more international travellers compared to other types of travel. Notably, travel for volunteer/humanitarian work and adventure travel are perceived as less risky than in 2019. There is little change in the perceived level of risk for tourism or pleasure, travelling to a familiar location, visiting friends and family, for education or research, or for a destination you frequently visit.

Travel health risk plays a role when choosing a travel destination for most international travellers. Nearly one-quarter (26%) indicate travel related health risks influence their destination choice to a great extent and 38% indicate health risks influence their destination to a moderate extent. This is virtually unchanged since 2019 when 30% were influenced to a great extent.

The focus groups highlighted the fact that health risks are not a top of mind consideration when travellers are planning trips; costs, travel logistics (e.g. flights, accommodations, etc.), activities (e.g. attractions, things to do), purpose of trip (e.g. visiting family, work), a desire to visit a destination (e.g. on their ‘bucket list’) and even weather (e.g. sunny winter break) are thought of ahead of health risks when planning a trip.

### *Researching Travel-Related Health Risks and Recommendations*

The vast majority (92% compared with 89% in 2019) of international travellers look for health risks and associated travel health recommendations prior to travel. Some (29% down from 40%) look for health risks more than six weeks before their trip, while 63% look in the six weeks leading up to their trip. This may reflect a recognition that things can change quickly when it comes to health risks and recommendations.

The choice of destination emerged in the focus groups as a major influence on how much effort travellers put into understanding and preparing for health risks. For destinations perceived as higher

risk, typical actions that travellers take pre-departure include researching health risks and visiting a health professional (e.g., to get required vaccinations and medications). At destination, travellers will take appropriate measures such as being cautious about consuming local foods and water, applying insect repellent and practicing good hand hygiene.

Less than half (46%) of all international travellers look at health risks every time they travel to an international destination. This is unchanged from 2019. One quarter (25% down from 31% in 2019) look when they are travelling to places that they believe have health risks and 19% look when they are travelling to a destination for the first time. Hearing about health risks in the news or social media (19% compared with 21%) or from family or friends (15% compared with 14%) are also circumstances that would lead some travellers to look for information.

Interestingly, while less than half (46%) of international travellers look at health risks every time they travel to an international destination, compared with 2019 fewer international travellers consider it very important to know about:

- Vaccinations required to enter the country (67% very important compared with 79% in 2019);
- Infectious diseases or illness they can get from food and/or water at the destination (64% compared with 78%);
- Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination (61% compared to 74%);
- Infectious diseases or illness they can get from other people at the destination (60% compared with 71%); and/or
- Infectious diseases or illness they can get from insects at the destination (56% compared with 70%).

The top sources of information to plan or book travel to an international destination for international travellers are Internet search engines (51% compared with 58% in 2019), online booking websites (44%, which is the same as 2019), government websites (42%, which is the same as 2019), travel websites (40% compared with 49%) and, friends and family (which is almost the same as 2019; 40% compared with 41%).

Focus group participants stated they “Google” and rely on online travel websites such as Tripadvisor, Expedia and travel blogs (e.g. on YouTube and other social media) for information on flights, accommodation, attractions, and other aspects of the destination and travel experience. Word of mouth (from family and friends) is also an important source of information about travel destinations (e.g., activities, restaurants, local travel, etc.). Several travellers mentioned the Government of Canada website for entry requirements, while a few older travellers check in with a travel agent.

International travellers trust a variety of sources for accurate information about travel health. Government of Canada websites are trusted by nearly six in ten (60% compared with 63% in 2019) of international travellers followed by health care professionals (41% compared with 56%), international agencies (33% compared with 41%), provincial government websites (33% compared with 29%) and/or travel health clinics (30% compared with 40%). Although trust in Canadian government sources has not changed, there is a notable decline in the proportion who trust international agencies, health professionals and travel health clinics since 2019.

Consistent with the quantitative findings in the focus groups the most trusted sources of information are doctors and government (especially the federal government), and family.



## *Risk Mitigation Behaviours*

Across a number of risk mitigation behaviours, international travellers place the highest importance on purchasing or having existing travel health insurance (61% very important). This is significantly lower than in 2019 (72%). Other important things to do before travelling, which are also much lower in importance are:

- Making sure routine vaccinations are up-to-date (60% down from 71%);
- Obtaining the recommended vaccinations or medications for their travel destination (60% down from 72%);
- Following travel health recommendations to prepare oneself for health risks that are present at the destination (58% down from 70%); and
- Looking for health risks that are present at their destination (56% down from 65%).

Few believe that it is very important see a health care professional (35% down from 49% in 2019), visit a travel health clinic (30% compared with 38%) and/or consult a pharmacist (26% compared with 29%). Only the latter is not a significant decline from 2019.

Less than 1% of international travellers indicate they would definitely not follow travel health recommendations when travelling to a destination where officials have issued a public health advisory for an infectious disease or illness. The large majority would definitely (62%) or probably (28%) follow travel health recommendations.

Nearly all (96%) international travellers report undertaking a variety of risk mitigation activities prior to embarking on a trip. This is mostly unchanged from 2019 when 94% did something. The top actions taken are to purchase or have existing travel health insurance (47% compared with 58% in 2019) and make sure their routine vaccinations are up-to-date (46% compared with 48%). Other activities include:

- Getting advice on how to protect themselves against health risks at their destination (43% compared with 42%);
- Research health risks present at their destination (40% compared with 50%);
- Obtain vaccinations required to enter the country (42% compared with 49%);
- Obtain recommended vaccinations or medications to prevent diseases that occur at the destination (35% vs. 46%);
- See a health care professional (27% compared with 40%);
- Visit a travel health clinic (22%; no change from 2019); and
- Consult a pharmacist (19% compared with 20%).

In the focus groups, participants indicated that they take a variety of actions to mitigate health risks, some of which have been influenced by COVID-19. Top activities are ensuring they pack enough medications, confirming and/or purchasing travel medical insurance, packing hand sanitizer and masks, visiting travel health clinic/doctor to get vaccinations and taking care of self prior to the trip to be in good health. COVID-19 and the resulting publicity around vaccines has not, however, increased the likelihood that these travellers consult with a doctor or travel health clinic when planning their trips.

Virtually all international travellers (98%) report undertaking at least some risk mitigation activities to protect their health during their trip and this is unchanged from 2019. The top activity is cleaning one's hands regularly (62% compared with 68% in 2019). Next most frequent are avoiding close contact with sick individuals (56% compared with 67%), practicing proper coughing and sneezing etiquette (55% compared with 57%), and/or practice safe eating and drinking habits (55% compared with 76%). Less than half protect themselves from insect bites (48% compared with 65%), avoid close contact with wild animals (45% compared with 56%), wear a mask on planes and other public transportation (41%; added in 2023) and/or practice social distancing (37%; added in 2023).

International travellers are impacted by a number of considerations when deciding whether or not to follow recommendations to protect themselves from getting sick on an international trip. The main factors include:

- Not wanting to get sick (63% very important);
- The likelihood of spreading illnesses to loved ones and others upon return (57% compared with 68% in 2019);
- How well the recommended actions will work (48% compared with 55%);
- The possible side effects of the recommended actions (44% compared with 49%);
- The type of activities the traveller is planning on doing on the trip (43% compared with 47%); and
- The current incidence or risk of COVID-19 (42%).

Compared to 2019 fewer travellers typically visit a health care professional or go to a travel health clinic. The main reasons or beliefs are around the idea of already being prepared for or aware of the risks associated with their travel such as:

- Being up-to-date on all vaccines (34% compared with 35% in 2019);
- A perception that they are generally healthy (30% vs. 29%);
- A perception that they are already aware of the health risks associated with their travel plans (27% vs. 26%);
- That they are travelling to the same place(s) often (25% vs. 30%);
- A perception that there are no health risks associated with their travel plans (21% vs. 31%); and
- A lack of concern with getting sick on their trip (18% vs. 19%).

Consistent with 2019, fewer cite costs that they do not want to pay for or cannot afford (9% vs. 9%), lack of time (9% vs. 7%) or lack of available appointments (8% vs. 7%).

When it comes to reasons for not following travel health recommendations, 60% (up from 53% in 2019) cited at least one reason that prevented them from following travel health recommendations in the past.

- The risk was too low to warrant taking the advice (13% compared with 15% in 2019);
- They did not agree with recommendations (8% compared with 5%);
- Unaware of the recommendations (13% compared with 14%);
- Were worried about the side effects (11% compared with 10%); and/or
- Didn't realize their vaccination(s) expired (7% compared with 8%).

A number of international travellers cited time-related barriers such as not having enough time for the recommended vaccines or medications to take effect before their trip (9% compared with 8%), not having enough time to get the recommended vaccinations or medications (10% compared with 8%), not

having enough time to see a travel health care professional or go to a travel health clinic (8% compared with 7%) and/or that there were no available appointments prior to their travel (9% compared with 5%). A few do not have access to a family physician or travel clinic where they live (7%) or do not feel safe/comfortable accessing health services (6%).

### *Pandemic Travel and Perceptions*

Given the pandemic experience, respondents were asked in 2023 (but not in 2019) about the likelihood of undertaking activities in other countries they are visiting. Sightseeing (58%) and going to a restaurant or bar (56%) is something that a majority are very likely to do. Shopping (48%) is also very likely. There are, however, relatively few (22%) who are very likely to attend a large event. In addition, 27% are very likely to avoid places with large crowds.

Two thirds travelled outside of Canada during the pandemic and three in ten of these were very comfortable doing so and another 51% were somewhat comfortable.

International travellers are generally comfortable testing for COVID-19 when they travel (81% at least somewhat agree) and likely to take enhanced precautions (81%). They also express confidence that airlines, hotels and other travel companies are doing what is necessary to prevent the spread of COVID-19 (80%). Despite these positive views of travel, 65% at least somewhat agree that they are more likely to drive than fly when it is manageable and 52% are more likely to travel domestically than internationally in the next year.

### *Advertising Recall*

Almost half (44%) of international travellers recall Government of Canada advertising about travel health prior to or during their travels.

The more likely places that the information was seen or heard was on social media (51%), on pamphlets posters or other signage/displays (41%), airport signage/billboards (37%), and on a flyer or brochure handed out in airports or port of entry (34%). One third of the respondents who recall an advertisement mention broad travel warning and advice. Other mentions include, COVID-19 information, vaccine promotion, and social distancing/masking advice.

### *Travellers to the United States*

Across the survey results those who travel to the United States tend to be very similar to those who travel to international destinations that are not the U.S. This is true for overall perceptions of risk, research approach and risk mitigation behaviour.

## 2. Detailed Findings

### 2.1. Consideration of Health Risks

#### *International Travellers' Attitudes Towards Travel Health Risks*

Many (63%) international travellers agree (completely or somewhat) that travelling internationally poses health risks that are not present in Canada but this is down substantially from 2019 when 75% thought there were health risks not present in Canada. Just over half (56% down from 64% in 2019) believe (completely/somewhat) that all international travellers should see a health care professional before they travel or that an appointment should be booked with a health care professional at least six weeks before going on an international trip (57% down from 62%). So while the perceived risks have declined, there has been only modest change in perceptions around the need to see a health professional before international travel.

Most (78% down from 82%) international travellers understand that when entering Canada, they must report to a Border Services Officer if they have, or suspect they have, an infectious disease or illness. Furthermore, most (83% down from 89%) also understand that if they become ill after returning from an international trip, they should see a doctor and inform the doctor they have been travelling internationally.

**Table 1. Frequency of Travel**

Base n=actual (n=2586)	Completely agree	Somewhat agree	Neither	Somewhat disagree	Completely disagree
All international travelers should see a health care professional (doctor or nurse) or visit a travel clinic) before they travel	27%	29%	24%	13%	7%
An appointment should be booked with a health care professional or travel clinic at least 6 weeks before going on an international trip	25%	32%	24%	12%	8%
Travelling internationally poses health risks that are not present in Canada	24%	39%	22%	10%	5%
When entering Canada, you must report to a Customs or Border Services Officer if you have, or suspect you have, an infectious disease or illness	48%	30%	15%	5%	3%
If you become ill after returning home from an international trip, you should see your doctor as soon as possible and inform them that you have been travelling	54%	30%	11%	4%	2%

Q5. Please indicate the extent to which you agree or disagree with the following statements.

A number of factors play a role related to international travellers' attitudes toward travel health risks:

- International travellers who are not citizens of Canada are less likely to agree that if you become ill after returning home from an international trip, you should see your doctor as soon as possible and inform them that you have been travelling (77% versus 85% for citizens).
- Younger international travellers are more likely to think that:
  - All international travelers should see a health care professional (doctor or nurse) or visit a travel clinic) before they travel (65% of those 18 to 34 compared with 47% of those 55 and older).
  - An appointment should be booked with a health care professional or travel clinic at least 6 weeks before going on an international trip (65% younger versus 45% older).
- Younger travellers are less likely to think that if you become ill after returning from an international trip that you should see a doctor and inform them that you have been travelling (78% vs. 90%).

### *Perception of Risk*

For the most part, international travellers assess the level of health risk to be either low or medium for most types of travel. Travel for volunteer/humanitarian work (38% high compared with 55% in 2019), adventure travel (32% and 45%) and travel for medical procedures (30%) is considered "high" risk by more international travellers compared to other types of travel. Notably, travel for volunteer/humanitarian work and adventure travel are perceived as less risky than in 2019. On other types of travel, the differences are modest.

- Travelling for tourism or pleasure (19% vs. 19%).
- Travelling to a familiar destination (14% vs. 18%).
- Travelling to visit friends and family (14% vs. 16%).
- Travelling for education or research (16% vs. 19%).
- Travelling to a destination that you visit frequently (14% vs. 9%).

There are a variety of factors that impact international travellers' risk perceptions.

- Younger international travellers (18-34 years) are more likely to rate familiar destinations (20% high risk), destinations they visit frequently (18%), visits to family and friends (20%), tourism or pleasure (26%) and travelling for education or research (21%) high risk compared to older international travellers. They are, however, less likely to think travelling for volunteer or humanitarian work (34%) is high risk.
- International travellers that primarily travel for tourism/pleasure or to visit friends and family are less likely to rate all trip types (except travelling for volunteer or humanitarian work and adventure travel) as high risk compared to those who travel primarily for other reasons.
- International travellers who investigate travel health risks prior to travelling are more likely to rate all types of travel high risk compared to those who do not investigate health risks prior to travelling. For example, 48% of those who look for health risks think that travelling to a familiar destination is medium or high risk compared with only 19% of those who do not look for health risk information.

**Table 2. Level of Risk Associated with Different Types of Travel**

Base n=actual (n=2586)	High	Medium	Low	No risk
Travelling for volunteer or humanitarian work	38%	41%	16%	5%
Adventure travel	32%	45%	19%	4%
Travel for medical procedures/purposes	30%	41%	23%	6%
Travelling for tourism or pleasure	19%	44%	32%	5%
Travelling for education or research	16%	43%	33%	7%
Travelling to visit family or friends	14%	32%	42%	12%
Travelling to a familiar destination (e.g., going back to where you were born)	14%	32%	41%	13%
Travelling to a destination that you visit frequently	14%	33%	44%	9%
Travelling for business	13%	40%	37%	9%

Q22. Please indicate the level of health risk you would generally associate with the following types of travel.

**Table 3. Level of Risk Associated with Different Types of Travel by Trip Purpose**

% High	Total	Tourism or pleasure	Visiting friends or relatives	Volunteer or humanitarian work	Business	Education or research	Adventure
Base n=actual	(n=2586)	(1919)	(1232)	(259)	(482)	(286)	(919)
Travelling for volunteer or humanitarian work	38%	41%	41%	36%	37%	37%	38%
Adventure travel	32%	34%	36%	36%	35%	39%	32%
Travel for medical procedures/purposes	30%	31%	33%	31%	30%	40%	30%
Travelling for tourism or pleasure	19%	18%	22%	34%	23%	35%	23%
Travelling for education or research	16%	14%	19%	28%	24%	31%	20%
Travelling to visit family or friends	14%	11%	16%	32%	20%	29%	17%
Travelling to a familiar destination (e.g. going back to where you were born)	14%	11%	15%	31%	19%	28%	16%
Travelling to a destination that you visit frequently	14%	11%	14%	28%	20%	31%	17%
Travelling for business	13%	11%	14%	27%	19%	26%	14%

Q22. Please indicate the level of health risk you would generally associate with the following types of travel.

## *Influence of Health Risks on Travel Destination Choice*

Travel health risk plays a role when choosing a travel destination for most international travellers. Nearly one-quarter (26%) indicate travel related health risks influence their destination choice to a great extent and 38% indicate health risks influence their destination to a moderate extent. Few (9%) international travellers indicate that health risks do not influence their choice of travel destination. The influence of health risks has not changed much. In 2019, 30% said travel health risks affected their choice of destination to a great extent and 36% to a moderate extent.

- Those who are older are more likely to say that health risks impact their decision to a great extent. For example, 31% of those 55 and older say great extent compared with 24% of those 35 to 54 years and 24% for those 18 to 34 years.
- International travellers who book their trip one week or less in advance (45%) are more likely than those who book more than one week in advance (24%) to report that health risks do influence their destination choice to a great extent.
- Those who look for travel health risks are more likely to report health risk having a higher influence on their destination choice compared to those who do not look for travel health risks (27% vs 6% - to a great extent; 41% vs 14% - to a moderate extent).

**Table 4. Influence of Health Risks on Choice of Travel Destination**

Base n=actual (n=2586)	Total
To a great extent	26%
To a moderate extent	38%
To a small extent	26%
Not at all	9%
Don't know	1%

*Q8. To what extent do health risks influence your choice of travel destination?*

## 2.2. Information Sources and Practices

### *Importance of Knowing about Infectious Diseases and Vaccinations at Destination*

When asked about the importance of knowing about infectious diseases and associated vaccinations at their destination, international travellers generally think it is more important to know about vaccinations required to enter the country (67% down from 79% in 2019) and infectious diseases or illness you can get from food and water at the destination (64% down from 78%); vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination (61%); and, infectious diseases or illness they can get from other people (60% down from 71%).

**Table 5. Importance of Knowing Information about Infectious Diseases and Vaccinations at Destination**

Base n=actual (n=2586)	Very important	Moderately important	Slightly important	Not at all important
Vaccinations required to enter the country	67%	21%	9%	3%
Infectious diseases or illness you can get from food and water	64%	26%	8%	2%
Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination	61%	27%	9%	2%
Infectious diseases or illness you can get from other people	60%	29%	9%	2%
Infectious diseases or illness you can get from insects	56%	31%	11%	3%
Infectious diseases or illness you can get from animals	49%	33%	14%	4%

*Q10. When travelling to an international destination, how important is it to you to know about:*

Fewer international travellers say it is very important to know about infectious diseases or illness they can get from insects (56% down from 70%) or animals (49% down from 58%).

- Overall, older international travellers (55+) are more likely to consider it very important to know about all aspects of destination-specific infectious diseases and vaccinations. For example, those 55 and older are more likely to say very important than those under 35 years to know vaccinations required to enter the country (87% versus 58%), vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination (76% vs. 53%), and infectious diseases or illness you can get from food and water (75% vs. 58%), other people (73% vs. 54%), from insects (66% vs. 51%) and from animals (54% vs. 48%).
- Women are also more likely than men to place a high importance on knowing vaccinations required to enter the country (71% versus 64%), vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination (65% vs. 57%), and infectious diseases or illness you can get from food and water (68% vs. 60%), other people (63% vs. 56%), from insects (60% vs. 50%) and from animals (53% vs. 44%).



- Canadian citizens place a higher importance on knowing information about infectious diseases and vaccinations at their destination than those who are not a citizen, such as international students, landed immigrants, permanent residents and temporary foreign workers. For example, 66% of citizens compared with only 56% of non-citizens say that it is very important to know about infectious diseases or illness you can get from food and water and 64% think it is important to know about vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination compared with only 50% of those who are not citizens.

**Table 6. Importance of Knowing Information about Infectious Diseases and Vaccinations at Destination by Age**

% very important	Total	Men	Women	18 to 34 years	35 to 54 years	55 and older
Base n=actual	(n=2586)	(1130)	(1415)	(947)	(950)	(688)
Vaccinations required to enter the country	67%	64%	71%	58%	62%	87%
Infectious diseases or illness you can get from food and water	64%	60%	68%	58%	61%	75%
Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination	61%	57%	65%	53%	59%	76%
Infectious diseases or illness you can get from other people	60%	56%	63%	54%	56%	73%
Infectious diseases or illness you can get from insects	56%	50%	60%	51%	52%	66%
Infectious diseases or illness you can get from animals	49%	44%	53%	48%	46%	54%

*Q10. When travelling to an international destination, how important is it to you to know about:*

### *Where Travellers Look for Travel Information*

The top sources of information to plan or book travel to an international destination for international travellers are Internet search engines (51% compared with 58% in 2019), online booking websites (44%, which is the same as 2019), government websites (42%, which is the same as 2019), travel websites (40% compared with 49%) and, friends and family (40% compared with 41%). Other sources used include:

- Travel providers directly (37%)
- Travel agents (28%)
- Social media (24%)
- Travel blogs (19%)
- Travel magazines or books (12%)

- Other (1%)

It is interesting that older respondents (55 and older) are more likely than younger respondents (18 to 34 years) to get information from government websites (57% vs. 33%), travel providers (49% vs. 31%), and travel agents (37% vs. 24%). Young people are more likely than those who are 55 and older to get information from social media (36% vs. 8%) and travel blogs (24% vs. 12%).

**Table 7. Where People Look for Information to Plan or Book an International Destination**

Base n=actual	Total	18 to 34 years	35 to 54 years	55 and older
(n)	(2586)	(947)	(950)	(688)
Internet search engines (e.g., Google)	51%	48%	49%	56%
Online booking websites (e.g., Expedia, Trivago, Airbnb, etc.)	44%	41%	46%	43%
Government websites (e.g., travel.gc.ca)	42%	33%	40%	57%
Friends and family	40%	43%	39%	39%
Travel websites (e.g., Trip Advisor, Lonely Planet, etc.)	40%	37%	43%	42%
Travel providers directly (e.g., airlines, tour companies, vacation packages, etc.)	37%	31%	33%	49%
Travel agents	28%	24%	25%	37%
Social media (e.g., Facebook, Instagram, TikTok)	24%	36%	24%	8%
Travel blogs	19%	24%	19%	12%
Travel magazines or books	12%	12%	12%	13%
Other, please specify:	1%	0%	1%	2%

Q14. When you look for information to plan or book travel to an international destination, where do you look? Select all that apply

### *What information Sources are Trusted*

Although search engines are the number one place to look for information, they are not the most trusted. Government of Canada websites are trusted by nearly six in ten (60% compared with 63% in 2019) of international travellers followed by health care professionals (41% compared with 56%), international agencies (33% compared with 41%), provincial government websites (33% compared with 29%) and/or travel health clinics (30% compared with 40%). Although trust in Canadian government sources has not changed, there is a notable decline in the proportion who trust international agencies, health professionals and travel health clinics.

It is interesting that older respondents (55 and older) are more likely than younger respondents (18 to 34 years) to trust Government of Canada websites (76% vs. 48%), U.S. government websites (32% vs. 20%), provincial government websites (43% vs. 30%), health care professionals (57% vs. 34%), travel health clinics (41% vs. 22%), pharmacists (35% vs. 22%) and international agencies (46% vs. 27%).

Women are also more likely than men to trust Government of Canada websites (63% vs. 58%), travel health clinics (32% vs. 27%), other country websites (29% vs. 23%), and international agencies (38% vs. 29%).

**Table 8. Trusted Information Sources**

Base n=actual (n=2586)	Total
Government of Canada websites	60%
Health care professional (doctor, nurse)	41%
International agencies (e.g. World Health Organization, Red Cross, etc.)	33%
Provincial government websites	33%
Travel health clinic	30%
Other country government websites	26%
Pharmacy or pharmacist	25%
United States government websites	24%
Travel websites	24%
Internet search engines (e.g. Google)	23%
Friends and family	22%
Travel agents	20%
Social media (e.g., Facebook, Instagram, TikTok)	12%
Travel Apps	11%
Travel magazines or books	8%
Other	1%

*Q15. Which of the following sources do you trust to have accurate information about your health when travelling? Select all that apply.*

## 2.3. Risk Mitigation Behaviours

### *Perceived Importance of Risk Mitigation Behaviours*

Across a number of risk mitigation behaviours, international travellers place the highest importance on purchasing or having existing travel health insurance (61% very important; down from 72% in 2019); making sure routine vaccinations are up-to-date (60% down from 71%); and obtaining the recommended vaccinations or medications for their travel destination (60% down from 72%). Other important behaviours are following travel health recommendations to prepare oneself for health risks that are present at the destination (58% down from 70%) and looking for health risks that are present at their destination (56% down from 68%).

Fewer believe that it is very important to see a health care professional (35% down from 49%), visit a travel health clinic (30% compared with 38%) and/or consult a pharmacist (26% compared with 29%).

**Table 9. Importance of Risk Mitigation Behaviour**

Base n=actual (n=2586)	Very important	Moderately important	Slightly important	Not at all important
Purchase or have existing travel health insurance	61%	27%	11%	2%
Make sure your routine vaccinations are up-to-date	60%	26%	10%	3%
Obtain recommended vaccinations or medications (i.e. malaria medication) to prevent diseases that occur at the destination	60%	27%	10%	2%
Follow travel health recommendations to prepare yourself for health risks that are present at your destination	58%	31%	10%	2%
Look for health risks that are present at your destination (e.g., infectious disease or illness)	56%	30%	12%	2%
See a health care professional (doctor or nurse)	35%	34%	21%	9%
Visit a travel health clinic	30%	37%	23%	10%
Consult a pharmacist	26%	37%	24%	14%

*Q11. When travelling to an international destination, how important do you think it is to do the following before you travel?*

A higher importance is placed on these mitigation behaviours by some sub-groups of international travellers:

- Older international travellers (55+) are much more likely than those 54 and younger to place a high importance on health insurance (79% vs. 49% very important for those under 35 years), ensuring routine vaccinations are up-to-date (77% vs. 51%), obtaining recommended vaccinations and medications (77% vs. 52%), following travel health recommendations to

prepare for travel (72% vs. 52%) and to look for health risks that are present (67% vs. 51%). They are less likely to think it is important see a doctor (32% vs. 39%), visit a travel clinic (25% vs. 33%) or talk to a pharmacist (19% vs. 30%).

- Women are also more likely than men to think it is important to have health insurance, ensure routine vaccinations are up-to-date, obtain recommended vaccinations and medications, follow travel health recommendations to prepare for travel and to look for health risks that are present.
- Canadian citizens place more importance on health insurance (64% compared with 46% for non-citizens and 52% for migrants, less than 5 years in Canada), ensure vaccinations are up-to-date (62% compared with 54% for non-citizens), and obtain recommended vaccinations or medications (63% compared with 50% for non-citizens).
- Those who look for travel-related risks are more likely than those who do not to place a very high importance on health insurance (61% vs. 53% very important), ensuring routine vaccinations are up-to-date (63% vs. 36%), obtaining recommended vaccinations and medications (62% vs. 41%), following travel health recommendations to prepare for travel (60% vs. 32%) and to look for health risks that are present (58% vs. 27%)

**Table 10. Importance of Risk Mitigation Behaviour by Gender and Age**

% very important	Total	Men	Women	18 to 34 years	35 to 54 years	55 and older
Base n=actual	(n=2586)	(1130)	(1416)	(948)	(950)	(688)
Purchase or have existing travel health insurance	61%	58%	63%	49%	59%	79%
Make sure your routine vaccinations are up-to-date	60%	58%	63%	51%	57%	77%
Obtain recommended vaccinations or medications (i.e., malaria medication) to prevent diseases that occur at the destination	60%	57%	64%	52%	56%	77%
Follow travel health recommendations to prepare yourself for health risks that are present at your destination	58%	53%	63%	52%	54%	72%
Look for health risks that are present at your destination (e.g., infectious disease or illness)	56%	52%	60%	51%	52%	67%
See a health care professional (doctor or nurse)	35%	35%	35%	39%	33%	32%
Visit a travel health clinic	30%	30%	30%	33%	31%	25%
Consult a pharmacist	26%	26%	25%	30%	26%	19%

Q11. When travelling to an international destination, how important do you think it is to do the following before you travel?

Respondents who indicated that looking for health risks present at their destination was not important provided several reasons for that answer. These reasons include:

- Not being concerned or worried about health risks (26%);
- Being healthy or having a good immune system (9%);
- Not having had an issue in the past (9%);
- Belief that their destination is risk free (6%);
- A belief that the health risks are propaganda from the government or big pharma (6%);
- Being aware of the health risks already (3%);
- Having consulted their doctor already (3%);
- General refusal to take vaccinations (3%); and
- Misc. other/ don't know (35%)

### *When International Travellers Typically Look for Health Risks and Associated Travel Health Recommendations*

The vast majority (92%) of international travellers look for health risks and associated travel health recommendations prior to travel. This is unchanged from 2019. Many (29% down from 40% in 2019) look more than six weeks before their trip. While almost half (53%) look between two and six weeks leading up to their trip, a small percentage (10%) look the week before their travel.

Several subgroups of international travellers are more likely to look for health risks and associated travel health recommendations closer to their trip date (3 weeks or less before their trip).

- Younger (18 to 34 years) and middle aged (35 to 54 years) international travellers look for health risks and associated travel health recommendations closer to their trip date (50% and 36% respectively within 3 weeks) than their older counterparts (55 and older, 18%).
- Canadian citizens are less likely to look close to their departure date (33% within 3 weeks) compared with non-citizens (52%), including migrants (52%).

Tourism/pleasure travellers look for travel health recommendations further in advance of their trips (35% more than six weeks before travel) compared to those who travel for other reasons (i.e., visiting friends and family, volunteer/humanitarian work, business, education/research and adventure).

**Table 11. Length of Time Before Travel that International Travellers Look for Health Risks and Associated Recommendations**

Base n=actual (n=2586)	Total
The week before I travel	10%
2-3 weeks before I travel	27%
4-6 weeks before I travel	26%
More than 6 weeks before I travel	29%
I do not typically look for this information before travelling	8%

Q6. When deciding to travel to an international destination, when do you look for health risks and associated travel health recommendations (e.g., vaccines required, medications needed or preventative measures) related to the destination?

### 2.4.2. Circumstances for Looking at Travel Health Risks

A majority (92%) of international travellers look for health risks and associated travel health recommendations prior to travel but there are different circumstances under which they look. Less than half (46%) of all international travellers look at health risks every time they travel to an international destination. This is unchanged from 2019.

One quarter (25% down from 31% in 2019) look when they are travelling to places that they believe have health risks and 19% look when they are travelling to a destination for the first time. Hearing about health risks in the news or social media (19% compared with 21%) or from family or friends (15% compared with 14%) are also circumstances that would lead some travellers to look for information. Fewer look at health risks when they think of it (10% compared with 7%) or when they have enough time (7% compared with 4%).

**Table 12. When Would Look at the Health Risks Before Travelling Among those who Look**

Base n=actual (n=2386)	Total
I look every time I travel	46%
When I am travelling to places that I believe have health risks	25%
When I am travelling to the destination for the first time	19%
When I hear about health risks in the news or on social media	19%
When I hear about health risks from family or friends	15%
When I'm traveling for a longer period of time	12%
When I think of it	10%
When I have enough time	7%
Other	1%

Q7. [if looks for health risks] Under what circumstances would you look at the health risks before travelling to an international destination? Select all that apply.

Certain groups are more likely to look at travel health risks every time they travel and include:

- International travellers who are Canadian citizens (48% vs. 37% for non-citizens); and
- Those whose travel destinations are influenced to a great extent by health risks (64% look every time compared with only 21% who are not at all influenced by health risks).

## *Following Recommendations*

Less than 1% of international travellers indicate they would definitely not follow travel health recommendations when travelling to a destination where officials have issued a public health advisory for an infectious disease or illness.<sup>1</sup> The large majority would definitely (62%) or probably (28%) follow travel health recommendations.

Willingness to follow recommendations is higher among some groups of international travellers.

- Women (64%) are more likely than men (59%) to definitely follow the recommendations;
- Those 55 and older (73%) are more likely than those under 55 years (58%); and,
- Those travelling for pleasure/tourism (67%) or visiting friends and family (67%) are more likely than others.

**Table 13. When Would Look at the Health Risks Before Travelling Among those who Look**

Base n=actual (n=2386)	Total
I would definitely follow the recommendations	62%
I would probably follow the recommendations	28%
I may or may not follow the recommendations	9%
I would probably not follow the recommendations	2%
I would definitely not follow the recommendations	0.4%

*Q8. If you were travelling to a destination where officials have issued a public health advisory for an infectious disease or illness, how likely are you to follow travel health recommendations?*

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<sup>1</sup> In 2019 the question was slightly different, “If you were travelling to a destination where there is a known infectious disease or illness, how likely are you to follow travel health recommendations?” so they cannot be compared directly.



## Following Recommendations

International travellers are impacted by a number of considerations when deciding whether or not to follow recommendations to protect themselves from getting sick on an international trip. The most important consideration is that respondents don't want to get sick (63% very important). For more than half of international travellers, the likelihood of spreading illnesses to loved ones and others upon return (57% compared with 68% in 2019) is very important.

The next most important are how well the recommended actions will work (48% compared with 55%), the possible side effects of the recommended actions (44% compared with 49%), the type of activities the traveller is planning on doing on the trip (43% compared with 47%), the current incidence or risk of COVID-19 (42%), the risk of getting COVID-19 while travelling (42%) and the familiarity with or frequency of travel to the destination (41% compared with 46%). Less important considerations are:

- The cost of the recommended actions (39% very important compared with 40%);
- The purpose of travel (40% compared with 38%); and,
- Inconvenience, either before (31% compared with 29%) or during (33% compared with 32%) a trip.

**Table 14. Importance When Deciding to Follow the Recommendation**

Base n=actual (n=2586)	Very important	Moderately important	Slightly important	Not at all important
I don't want to get sick	63%	25%	10%	2%
The likelihood of spreading illnesses to loved ones and others when I return	57%	30%	11%	2%
How well the recommended actions will work	48%	38%	13%	2%
The possibility of having an illness that prevents me from returning to work	46%	31%	13%	9%
Possible side effects of the recommended actions	44%	37%	16%	3%
The type of activities I plan to do on my trip	43%	40%	14%	3%
The current incidence/risk of COVID-19	42%	33%	17%	7%
The risk of getting COVID-19 while travelling	42%	34%	17%	8%
Familiarity with or frequency of travel to the destination	41%	42%	13%	3%
Purpose of travel (e.g., pleasure or business trip)	40%	37%	14%	8%
Cost of the recommended actions	39%	38%	18%	5%
Inconvenience of taking the recommended actions during my trip	33%	37%	21%	9%
Inconvenience of taking the recommended actions before my trip	31%	36%	21%	12%

Q13. Thinking about travel health recommendations to protect you from getting sick on an international trip (e.g., vaccines required, medications needed, or preventative measures like insect repellent), how important are the following when deciding to follow the recommendation?

Women are more likely than men to think all are very important apart from inconvenience before the trip, familiarity with or frequency of travel to the destination and the risk of COVID-19 while travelling where views on importance are similar for both men and women. For example, women are more likely than men to say that each of the following is very important:

- I don't want to get sick (67% vs. 59%);
- The likelihood of spreading illnesses to loved ones (62% vs. 52%);
- How well the recommendations will work (51% vs. 43%);
- The possibility of an illness that prevents them from returning to work (50% vs. 41%);
- The type of activities they plan to do on the trip (46% vs. 40%);
- The current incidence or risk of COVID-19 (46% vs. 39%), and
- The cost of recommended actions (42% vs. 36%).

**Table 15. Importance When Deciding to Follow the Recommendation by Gender and Age**

% very important	Total	Men	Women	18 to 34 years	35 to 54 years	55 and older
Base n=actual	(n=2586)	(1130)	(1416)	(948)	(950)	(688)
I don't want to get sick	63%	59%	67%	56%	60%	76%
The likelihood of spreading illnesses to loved ones and others when I return	57%	52%	62%	54%	54%	67%
How well the recommended actions will work	48%	43%	51%	44%	44%	57%
The possibility of having an illness that prevents me from returning to work	46%	41%	50%	47%	47%	44%
Possible side effects of the recommended actions	44%	39%	48%	43%	42%	47%
The type of activities I plan to do on my trip	43%	40%	46%	42%	43%	44%
The current incidence/risk of COVID-19	42%	39%	46%	42%	38%	50%
The risk of getting COVID-19 while travelling	42%	40%	44%	41%	39%	50%
Familiarity with or frequency of travel to the destination	41%	39%	44%	42%	38%	44%
Purpose of travel (e.g., pleasure or business trip)	40%	37%	44%	41%	38%	42%
Cost of the recommended actions	39%	36%	42%	42%	39%	36%
Inconvenience of taking the recommended actions during my trip	33%	31%	35%	38%	30%	30%
Inconvenience of taking the recommended actions before my trip	31%	29%	33%	37%	29%	27%

*Q13. Thinking about travel health recommendations to protect you from getting sick on an international trip (e.g., vaccines required, medications needed, or preventative measures like insect repellent), how important are the following when deciding to follow the recommendation?*

## *Barriers*

When it comes to reasons for not following travel health recommendations, 60% (up from 53% in 2019), cited at least one reason that prevented them from following travel health recommendations in the past.

The reasons for not following recommendations vary, with no single reason preventing a large portion of international travellers. Some (13% compared with 15% in 2019) international travellers believe the risk was too low to warrant taking the advice or they did not agree with recommendations (8% compared with 5%). Others (13% compared with 14%) were unaware of the recommendation(s), were worried about the side effects (11% compared with 10%) or didn't realize their vaccination(s) expired (7% compared with 8%).

A number of international travellers cited time-related barriers such as not having enough time for the recommended vaccines or medications to take effect before their trip (9% compared with 8%), not having enough time to get the recommended vaccinations or medications (10% compared with 8%), not having enough time to see a travel health care professional or go to a travel health clinic (8% compared with 7%) and/or that there were no available appointments prior to their travel (9% compared with 5%). A few do not have access to a family physician or travel clinic where they live (7%) or do not feel safe/comfortable accessing health services (6%).

Some groups are more likely to experience barriers to following travel health recommendations than others. More specifically:

- Younger international travellers (18-34) tend to report higher incidences of all barriers compared to their older counterparts. In fact, only 23% of those under 35 years of age reported no barriers compared with 65% of those 55 and older; and,
- International travellers who are not Canadian citizens report more barriers than those who are citizens (78% vs 57%). Migrants (71%) are also more likely to report at least one barrier.

**Table 16. Things that have Prevented Travellers from Following Travel Health Recommendations**

Base n=actual (n=2586)	Total
I felt the risk was too low to warrant taking the advice	13%
I was unaware of the recommendation(s) I should follow	13%
I was worried about the possible side effects of the recommended vaccines or medications	11%
I felt the cost was too high compared to the risk	11%
I did not have the time needed to get the recommended vaccinations or medications	10%
There was not enough time for the recommended vaccines or medications to take effect before my trip	9%
There were no available appointments for me to see a travel health care professional	9%
I could not afford the cost of the recommendations	8%
I did not have the time to see a travel health care professional (doctor or nurse) or go to a travel health clinic	8%
I did not agree with/ trust the recommendations	8%
The recommended vaccines or medications were not available	8%
I do not have access to a family physician or travel clinic where I live	7%
I didn't realize my vaccination(s) expired	7%
I do not feel safe/comfortable accessing health services	6%
I did not understand the recommendations	5%
Other	1%
Nothing has prevented me from following travel health recommendations in the past	40%

Q21. What, if anything, has prevented you from following travel health recommendations in the past? Select all that apply.

### ***Risk Mitigation During Trip Planning***

Nearly all (96%) international travellers report undertaking a variety of risk mitigation activities prior to embarking on a trip. This is unchanged from 2019 when 94% did something. Just under half (47% compared with 58% in 2019) purchase or have existing travel health insurance and make sure their routine vaccinations are up-to-date (46% compared with 48%).

The next most frequent activities are getting advice on how to protect themselves against health risks at their destination (43% compared with 42%), research health risks present at their destination (40% compared with 50%), obtain vaccinations required to enter the country (42% compared with 49%) and obtain recommended vaccinations or medications to prevent diseases that occur at the destination (35%). Relatively few see a health care professional (27% compared with 40%), visit a travel health clinic (22%; no change from 2019) or consult a pharmacist (19% compared with 20%). This aligns with the

lower perceived importance placed on travel health clinics and pharmacists. Only 15% (compared with 14%) of international travellers sign up with the Registration of Canadians Abroad (ROCA) service.

- Older international travellers (55+) are more likely than their younger counterparts to undertake most risk mitigation activities prior to travel such as research health risks (51% vs. 34% for those 18 to 34 years), purchase of have travel insurance (72% vs. 32%), make sure routine vaccinations are up-to-date (63% vs. 36%), obtain recommended vaccinations and medications (49% vs. 29%), and obtain vaccinations required to enter the country (60% vs. 31%).
- Women are more likely than men to make sure routine vaccinations are up-to-date (49% vs. 42%) but otherwise undertake the same activities as men.
- Canadian citizens are more likely than non-citizens to do most activities. The exceptions being getting advice on how to protect oneself against health risks, visiting a travel health clinic, consulting a pharmacist, signing up with ROCA where incidence is similar regardless of citizenship status.

**Table 17. Risk Mitigation During Trip Planning**

Base n=actual (n=2386)	Total
Purchase or have existing travel health insurance	47%
Make sure your routine vaccinations are up-to-date	46%
Get advice on how to protect yourself against health risks that are present at your destination (e.g., online or from friends/family)	43%
Obtain vaccinations required to enter the country	42%
Research health risks that are present at your destination (e.g., infectious diseases or illness)	40%
Obtain recommended vaccinations or medications to prevent diseases that occur at the destination	35%
See a health care professional (doctor or nurse)	27%
Visit a travel health clinic	22%
Consult a pharmacist	19%
Sign up with the Registration of Canadians Abroad (ROCA) service	15%
None of the above	4%

*Q23. When preparing for an international trip, which of the following do you typically do before you go? Select all that apply.*

## Why not seeing a health care professional

Among the 73% who do not visit a health care professional before they travel, the main reasons or beliefs for not doing so are around the idea of already being prepared for or aware of the risks associated with their travel such as:

- Being up-to-date on all vaccines (34% compared with 35% in 2019);
- A perception that they are generally healthy (30% vs. 29%);
- A perception that they are already aware of the health risks associated with their travel plans (27% vs. 26%);
- That they are travelling to the same place(s) often (25% vs. 30%);
- A perception that there are no health risks associated with their travel plans (21% vs. 31%); and
- A lack of concern with getting sick on their trip (18% vs. 19%).

Consistent with 2019, few cite costs that they do not want to pay for or cannot afford (9% vs. 9%), lack of time (9% vs. 7%) or lack of available appointments (8% vs. 7%).

**Table 18. Why Does Not See a Health Care Professional**

Base n=actual (n=1554)	Total
I am up-to-date on all of my vaccines	34%
I am an overall healthy person	30%
I am aware of the health risks associated with my travel plans	27%
I travel often to the same place(s)	25%
There are no health risks associated with my travel plans	21%
I am not concerned about getting sick on my trip	18%
I didn't know I should consult a travel health professional before travelling	17%
I am unable to access a health care professional or travel clinic	10%
I do not have enough time to see a travel health care professional (doctor or nurse)	9%
There are costs associated with this that I do not want to pay for or cannot afford	9%
There are no available appointments for me to see a travel health care professional	8%
Other	2%

Q24. Why don't you typically see a health care professional (doctor or nurse) or visit a travel health clinic before an international trip? Select all that apply

## Risk Mitigation during Trip to Protect Health

Virtually all international travellers (98%) report undertaking at least some risk mitigation activities to protect their health during their trip and this is unchanged from 2019. The top activity is cleaning one’s hands regularly (62% compared with 68% in 2019). Next most frequent are avoiding close contact with sick individuals (56% compared with 67%), practicing proper coughing and sneezing etiquette (55% compared with 57%), and/or practicing safe eating and drinking habits (55% compared with 76%). Less than half protect themselves from insect bites (48% compared with 65%), avoid close contact with wild animals (45% compared with 56%), wear a mask on planes and other public transportation (41%) and/or practice social distancing (37% compared with 40%).

**Table 19. Actions Typically Taken During Trip to Protect Health**

Base n=actual (n=2586)	Total
Clean hands regularly (with soap and water or hand sanitizer)	62%
Avoid close contact with sick individuals	56%
When coughing or sneezing, cover your mouth and nose with your arm to reduce the spread of germs	55%
Practice safe eating and drinking habits	55%
Protect myself from insect bites (e.g. insect repellent, use bed nets, etc.)	48%
Avoid close contact with wild animals	45%
Wear a mask on planes or other public transportation	41%
Practice social distancing (i.e., avoid crowds)	37%
Avoid close contact with domesticated animals (e.g., pets, farm animals)	37%
Protect myself from sexually transmitted infections (e.g., use condoms consistently and correctly or avoid activities where body fluids are exchanged)	34%
Avoid wet markets <sup>2</sup>	30%
None of the above	2%
Other	1%

Q25. When travelling internationally, which of the following do you typically do to protect your health during your trip?

- For the most part, older international travellers (55+) are more likely than their younger counterparts to undertake all of the above risk mitigation activities (44-84% 55+ compared to 25-47% <35) while travelling except for protecting themselves from sexually transmitted infections. In this case, younger international travellers (18-34) (36%) are equally likely to protect themselves from sexually transmitted infections as older international travellers (35%).

<sup>2</sup> The definition of a wet market for respondents is “Places where live animals are slaughtered and sold.”

- Women are also more likely than men to undertake most of the identified risk mitigation activities while travelling, except for protecting themselves from sexually transmitted infections, avoiding contact with wild or domesticated animals, and avoiding wet markets. In these two instances, men and women take these precautions at a similar rate. Women are more likely than men to clean their hands regularly (66% vs. 58%), cover their mouth and nose (61% vs. 50%), wear a mask (45% vs. 37%), protect themselves from insect bites (54% vs. 42%), avoid close contact (58% vs. 53%), and practice social distancing (40% vs. 35%).
- Interestingly, those who typically travel for tourism/pleasure or to visit friends and family are more likely to take risk mitigation measures. For example, 65% of those who travel for tourism practice proper coughing and sneezing etiquette compared with 47% of business travellers. This likely reflects the fact that business travellers tend to be younger. Only 9% of business travellers are 55 years and older compared with 27% of all travellers.

**Table 20. Actions Typically Taken During Trip to Protect Health by Gender and Age**

% very important	Total	Men	Women	18 to 34 years	35 to 54 years	55 and older
Base n=actual	(n=2586)	(1130)	(1416)	(948)	(950)	(688)
Clean hands regularly (with soap and water or hand sanitizer)	62%	58%	66%	47%	61%	84%
Avoid close contact with sick individuals	56%	53%	58%	46%	52%	75%
When coughing or sneezing, cover your mouth and nose with your arm to reduce the spread of germs	55%	50%	61%	43%	51%	79%
Practice safe eating and drinking habits	55%	51%	60%	43%	53%	74%
Protect myself from insect bites (e.g., insect repellent, use bed nets, etc.)	48%	42%	54%	41%	47%	60%
Avoid close contact with wild animals	45%	44%	47%	38%	41%	60%
Wear a mask on planes or other public transportation	41%	37%	45%	35%	40%	52%
Practice social distancing (i.e., avoid crowds)	37%	35%	40%	32%	34%	49%
Avoid close contact with domesticated animals (e.g., pets, farm animals)	37%	36%	38%	32%	34%	48%
Protect myself from sexually transmitted infections (e.g., use condoms consistently and correctly or avoid activities where body fluids are exchanged)	34%	32%	36%	36%	32%	35%
Avoid wet markets	30%	30%	31%	25%	26%	44%
None of the above	2%	2%	1%	0%	0%	1%
Other	1%	1%	0%	1%	3%	1%

Q25. When travelling internationally, which of the following do you typically do to protect your health during your trip?



## Actions during Trip

Given the pandemic experience, respondents were asked in 2023 (but not in 2019) about the likelihood of undertaking activities in other countries they are visiting. Sightseeing (58%) and going to a restaurant or bar (56%) is something that a majority are very likely to do. Shopping (48%) is also very likely. There are, however, relatively few (22%) who are very likely to attend a large event. In addition, 27% are very likely to avoid places with large crowds.

- Young people (18 to 34 years) are more likely to attend a large event (28% very likely) compared with those 55 and older (12%). They are, however, less likely to go sightseeing (51% vs. 65%).
- Those who feel comfortable travelling during the COVID-19 pandemic are more likely to do the activities mentioned than those who are not comfortable. For example, 68% of those who are very comfortable travelling are very likely to go sightseeing compared with only 56% of those who are uncomfortable.

**Table 21. Likelihood of Activities During Trip**

Base n=actual (n= 2586)	Very likely	Somewhat likely	Not very likely	Not at all likely
Sightseeing	58%	31%	9%	2%
Go to a restaurant or bar	56%	30%	10%	4%
Shopping	48%	37%	11%	3%
Avoid places with large crowds	27%	43%	24%	6%
Attend a large event such as a sporting event, cultural festival or concert	22%	37%	30%	11%

Q26. When travelling internationally, how likely are you to do the following in the country you are visiting?

## 2.4. Advertising Recall

### *Recall*

Almost half (44%) of international travellers recall Government of Canada advertising about travel health prior to or during their travels. Recall is higher among some sub-groups of travellers:

- Those 18 to 34 years are more likely (56%) than those 55 and older (28%) to recall advertising.
- Those who look for information about travel health risks are much more likely to recall advertising (47%) than those who do not look (17%).

The more likely places that the information was seen or heard was on social media (51%), on pamphlets posters or other signage/displays (41%), airport signage/billboards (37%), and on a flyer or brochure handed out in airports or port of entry (34%).

- Those who are younger, tend to also have noticed the advertising on social media (62% of those 18 to 34 years compared with 26% of those 55 and older).

**Table 22. Advertising Recall and Where Seen**

Base n=actual (n=2586)	Total
Yes	44%
No	56%
Base n=actual (n=1146)	If Yes, seen advertising
Where?	
Social media advertising [i.e., Facebook, TikTok, Twitter, LinkedIn]	51%
Pamphlets / posters / signage on display in airports / port of entry	41%
Airport signage / billboards	37%
Flyer / postcard / brochure handed out in airports / port of entry	34%
Don't recall where	6%
Other, please specify	6%

Q16. Aside from travel.gc.ca, have you seen, read or heard any Government of Canada advertising about travel health prior to or during your travels?

Q17. Where have you seen, read or heard about travel health? Select all that apply

## Information Recalled

One third of the respondents who recall an advertisement mention broad travel warning and advice (34%). Other mentions include COVID-19 information (9%), vaccine promotion (7%), and social distancing/masking advice (7%).

**Table 23. Advertising Content Recall**

Base n=actual (n=712)	Total
Travel Warnings/Advice	34%
COVID-19 Symptom information/warning	9%
Ad Promoting Vaccination	7%
COVID-19 Social Distancing/Masking	7%
Beautiful Pictures/Scenery	4%
Ad for Support Networks	1%
Nothing	30%
Unsure	7%

Q18. [IF YES] What do you remember about this ad?

## Advertising Metrics

Among those who recall the advertising, 43% strongly agree (69% agree; top 2 box) that the information was in the preferred language. The information also caught the attention of 60% (agree) and was viewed as relevant to them personally (60%). A majority (53%) also indicated that the information was new and only 31% felt the ads were difficult to follow.

**Table 24. Attitudes about the Advertising**

Base n=actual (n=1146)	1 - Strongly Disagree	2	3	4	5 - Strongly Agree
The information was in my preferred language	6%	6%	18%	26%	43%
The information caught my attention	5%	9%	26%	31%	30%
The information was relevant to me	6%	9%	25%	30%	30%
These ads provide new information	6%	11%	30%	29%	24%
These ads are difficult to follow	27%	18%	24%	17%	14%

Q19. [IF RECALL ADVERTISING] Please indicate your level of agreement with the following statements about these ads?

## *Followed Advertising Advice*

Three quarters (76%) of international travellers who saw a Government of Canada advertising about travel health followed the advice in the ad. Few (14%) did not follow the advice and 10% don't know if they did.

**Table 25. Followed Advice in the Ad**

Base n=actual (n=1146)	Total
Yes	76%
No	14%
Don't know	10%

*Q20. [IF RECALL ADVERTISING] Did you follow the advice in the ads?*

## 2.5. Pandemic Travel

### *Travel Experience During Pandemic*

Two thirds of international travellers travelled outside of Canada since March 2020. Just over a third (36%) travelled to the U.S. and 45% travelled to another country.

- Canadian citizens were more likely to have travelled to the U.S. (38%) compared to non-citizens (25%) but they were equally likely to travel outside of Canada and the U.S.

**Table 26. Travel Outside Canada During the Pandemic**

Base n=actual (n=2586)	Total
Yes, to the United States	36%
Yes, to another country other than the United States	45%
No	33%

Q28. Did you travel internationally (including to the United States) during the COVID-19 pandemic? (Since March 2020)?

Three in ten who travelled outside of Canada during the pandemic were very comfortable doing so and another 51% were somewhat comfortable.

**Table 27. Comfort Travelling During the Pandemic**

Base n=actual (n=1721)	Total
Very comfortable	30%
Somewhat comfortable	51%
Somewhat uncomfortable	15%
Very uncomfortable	4%

Q29. [IF YES TRAVELLED DURING PANDEMIC] How comfortable were you with travelling during the COVID-19 pandemic (since March 2020)?

## Contracting COVID-19 While travelling or During a Trip

Half of international travellers (50%) either personally contracted COVID-19 or know someone who contracted COVID-19 while travelling or during a trip.

**Table 28. Comfort Travelling During the Pandemic**

Base n=actual (n=2586)	Total
Yes NET	50%
Yes, me personally	14%
Yes, someone I know	27%
Both	9%
No	47%
Not sure	3%

Q30. Have you or someone you know contracted COVID-19 while travelling or during a trip?

## Attitudes about Travel and COVID-19

International travellers are generally comfortable testing for COVID-19 when they travel (81% at least somewhat agree) and likely to take enhanced precautions (81%). They also express confidence that airlines, hotels and other travel companies are doing what is necessary to prevent the spread of COVID-19 (80%). Despite these positive views of travel, 65% at least somewhat agree that they are more likely to drive than fly when it is manageable and 52% are more likely to travel domestically than internationally in the next year.

**Table 29. Attitudes about Travel Given COVID-19**

Base n=actual (n=2586)	Agree	Somewhat agree	Somewhat disagree	Disagree	Not sure
I am comfortable testing for COVID-19 when I travel	49%	32%	11%	6%	2%
I am more likely to take enhanced precautions (i.e. ensure vaccinations are up to date, wear a mask, wash my hands more frequently, etc.) during travel	44%	37%	11%	5%	2%
I am confident that airlines, hotels, and other travel companies are doing what is necessary to prevent the spread of COVID-19	34%	47%	12%	5%	3%
I am more likely to drive than fly for travel if it is a manageable distance	30%	35%	16%	16%	3%
I am more likely to travel domestically than internationally in the next year	21%	31%	23%	20%	6%

Q31. Do you agree or disagree with each of the following statements?

## 2.6. Nature of International Travel

### *Frequency of Travel Outside of Canada*

There is considerable variation in frequency of international travel to destinations other than the U.S. A third (31%) take less than one international trip per year. Slightly more (35%) take one trip per year and 34% take two or more trips per year. This is a higher stated frequency of travel than was reported in 2019 when 46% said they take less than one international trip per year.

Among those who have travelled to the U.S. or intend to travel to the U.S., 35% visit once a year and 35% visit more than once a year.

**Table 30. Frequency of Travel**

	Outside of Canada and the United States	To the United States
Base n=actual	(n=2586)	(1514)
Less than 1 trip every three years	8%	9%
1 trip every three years	9%	8%
1 trip every two years	15%	13%
1 trip per year	35%	35%
2 trips per year	23%	21%
3+ trips per year	11%	13%

Q3. Approximately how often do you take trips outside of Canada and the United States?

Q4. *Approximately, how often do you travel to the United States, including Alaska and Hawaii?*

### *Past and Future Travel Destinations*

International travellers are the most likely to have travelled to the U.S. (45%) as well as an international destination. Europe (28%), Mexico (19%), the Caribbean (17%), and Asia (15%) are the top destinations. Fewer travelled to Central America (8%), Territories of the United States (7%), South America (5%), the Middle East (5%), Africa (5%), Australia or New Zealand (3%), or the Pacific Islands (1%). The profile of destinations aligns with the destinations of recent travel in 2019. For example, 27% travelled to Europe.

A key difference compared with 2019 is that only 16% of international travellers did not travel somewhere outside the U.S. in the past 12 months. In 2019, 30% had not taken an international trip in

the past 12 months but planned to in the next 12 months. Of course, the pandemic that began in 2020 may have impacted the choice of destinations and the timing of travel.

**Table 31. Future 12 Month Travel Destinations**

Base n=actual (n=2586)	Past 12 Month Travel Destinations	Intend to Travel in Next 12 Months
United States including Alaska and Hawaii	45%	46%
Europe	28%	38%
Caribbean	17%	21%
Mexico	19%	20%
Asia	15%	17%
Central America	8%	9%
South America	5%	7%
Territories of the United States	7%	7%
Middle East	5%	5%
Africa	5%	4%
Australia or New Zealand	3%	4%
Elsewhere, please specify:	1%	1%
Other Pacific Islands (Fiji, Tahiti, Papua New Guinea, etc.)	1%	1%
NET: Do not travel/ intend to travel internationally in the past/next 12 months except the U.S.	16%	8%

Q1. In the past 12 months, have you taken a trip outside of Canada that lasted one or more nights to any of the following regions? Select all that apply.

Q2. In the next 12 months, do you plan to take a trip outside of Canada that will last one or more nights to any of the following regions? Select all that apply.

Some demographic differences exist in relation to past travel:

- Younger international travellers (18-34) are more likely to have travelled to Asia (21% vs 8% for those 55 and older, South America (7% vs 3%) and/or Territories of the United States (11% vs. 3%) but less likely to have travelled to Mexico (15% vs. 23%).
- International travellers living in B.C. (28%), Alberta (25%) and Saskatchewan (35%) are more likely to have travelled to Mexico. Those living in Quebec are more likely to have travelled to



Europe (34%) and the Caribbean (23%). B.C. travellers are more likely to have travelled to Asia (24%).

- International travellers with Canadian citizenship are less likely to have travelled to Asia (12% vs 33% for non-citizens and 43% for migrants), South America (5% vs. 9%) and Africa (4% vs 11%). They are, however, more likely to have travelled to Mexico and the U.S.

In the next 12 months, international travellers are most likely to plan on visiting the U.S. (46%) followed by travelling to Europe (38%), the Caribbean (21%), Mexico (20%), and/or Asia (17%). Fewer plan to travel to Central America (9%), the Territories of the United States (7%) South America (7%), the Middle East (5%), Africa (4%), Australia or New Zealand (4%), or the Pacific Islands (1%).

Eight percent of international travellers do not plan to travel in the next twelve months, which is the same proportion who did not intend to travel in 2019. Among those who travelled in the past twelve months, Europe (41%) is most popular followed by the Caribbean (23%), Mexico (22%), and Asia (18%).

Some demographic differences also exist in relation to planned travel in the next 12 months:

- Younger international travellers (18-34) are more likely to plan to travel to Asia (20% vs. 11% of those 55 and older), Territories of the United States (12% vs. 3%), South America (10% vs. 3%), and Africa (5% vs. 2%). They are less likely to plan to travel to the Caribbean (15% vs. 28%).
- International travellers with Canadian citizenship are less likely than those who do not have citizenship to plan to travel to Asia (14% vs 29%) and South America (6% vs. 11%) and more likely to visit Europe (39% vs. 31%). Migrants are less likely to plan to travel to Europe (29%) but more likely to plan to visit Asia (39%), South America (11%), and Central America (11%).

## *Booking International Travel*

When it comes to booking international travel, more than half of international travellers (54%) typically book their travel arrangements two or more months in advance of travelling. The remainder book a month or less in advance.

Typical booking times vary based on:

- Younger international travellers (18-34) book travel closer to the departure date than older international travellers (35+). For example, 38% of those under 35 book less than a month before travel compared with 7% of those 55 and older.
- International travellers who are Canadian citizens are slightly less likely to book travel less than a month before their trip (23% vs 34%).
- International travellers who are travelling for volunteer/humanitarian work (53%), business (39%), or education/research (46%) book closer to the departure date (three weeks or less) than those travelling for tourism/pleasure (17%), to visit friends or family (23%) or for adventure (29%).

**Table 32. When International Travellers Book**

Base n=actual (n=2586)	Total
One week or less before travelling	6%
2-3 weeks before travelling	18%
About a month before travelling	21%
2-3 months before travelling	28%
4 months or longer before travelling	26%

Q34. How far in advance do you typically start to book your travel arrangements for international trips?

### *Reasons for International Travel*

Most travellers typically travel internationally for tourism or pleasure (74% compared with 82% in 2019), to visit friends or relatives (48% compared with 39%), and/or for adventure travel (36% compared with 25%). Fewer travel for business (19% compared with 12%), education or research (11% compared with 7%), or volunteer or humanitarian work (10% compared with 5%).

- Older international travellers (55+) are more likely to travel for tourism or pleasure (89% vs. 64% for those 18 to 34 years) than their younger counterparts. Younger travellers (18-34) are more likely than their older counterparts to travel for adventure (45% vs. 21%), business (25% vs. 6%), and/or education or research (19% vs. 2%).
- Canadian citizens are more likely to travel for tourism/pleasure (78%) than non-citizens (56%) and are less likely to travel to visit friends or relatives (46% vs. 57%).

**Table 33. Reason for Travel**

Base n=actual (n=2586)	Total
Tourism or pleasure	74%
Visiting friends or relatives	48%
Adventure	36%
Business	19%
Education or research	11%
Volunteer or humanitarian work	10%
Other	1%

Q27. When travelling internationally, do you typically travel for: Select all that apply.

## Travel Companions

More than half of international travellers (59% same as 2019) typically travel internationally with their spouse or significant other. Close to a quarter travel alone (28% compared with 22%) or with their children under 18 (23% compared with 17%). Friends (20% compared with 26%), parents (14% compared with 13%) and other family members (13% compared with 23%) are less frequent international travel companions.

- Men are more likely to travel alone (32% vs. 25%) while women are more likely to travel with parents (17% vs. 9%), friends (23% vs. 16%), or other family members (16% vs. 9%).
- Travelling alone is more prevalent among younger travellers (32% of those under 35 years of age) while travelling with a spouse or significant other is more likely among those who are 55 and older (72%). One quarter (25%) of those under 35 years travel with parents.

**Table 34. Travel Companions**

Base n=actual (n=2586)	Total
Spouse or significant other	59%
I travel alone	28%
Child (under 18 years old)	23%
Friend(s)	20%
Parent(s)	14%
Other family members	13%
Child (18 years old or older)	9%
Co-workers	3%
Grandparent(s)	3%
Other	0.3%

Q32. Who typically travels with you when you travel internationally?

## Where Travellers Stay When Travelling Internationally

When travelling internationally, the majority of international travellers typically stay at a hotel (65% compared with 71% in 2019). Close to one-third typically stay with family (35% compared with 30%) or at a resort (34% compared with 37%). Less common accommodations include privately-owned homes or apartment rentals (26% compared with 19%), staying with friends (20% compared with 18%), hostels (9% same as 2019), or camping (7% compared with 6%).

- Younger international travellers (18-34) indicated they are much more likely than their older counterparts (35+) to stay in less-expensive forms of accommodation, such as with family (40% vs. 27% for those 55 and older), with friends (25% vs. 14%) and/or in hostels (14% vs. 3%).

**Table 35. Where Stays on International Trips**

Base n=actual (n=2586)	Total
Hotel	65%
With family	35%
Resort	34%
Privately-owned house or apartment rental (e g , Airbnb vacation rental property)	26%
With friends	20%
Hostel	9%
Camping/ RV	7%
Other	2%

Q33. *Where do you typically stay when you travel internationally? Select all that apply.*

## 2.7. An Examination of U.S. Travellers

The sample of respondents who travelled in the last 12 months or intend to travel in the next 12 months to the United States allows for an examination of these travellers in contrast or comparison to international travellers (those who travel to destinations other than the U.S.). In fact, we can separately segment the U.S. travellers further into the group that only travels to the U.S.<sup>3</sup> and the group that travels to the U.S. as well as other destinations outside of Canada.

This section outlines key areas of difference and notes overall similarities across the data. The overall results point to relatively small differences between those who travel to the U.S. and those who travel to other international destinations.

### *U.S. Travellers' Travel Habits*

In the past 12 months, 56% of respondents travelled to the United States and 57% intend to travel to the U.S. in the next 12 months. One in three (36%) U.S. travellers take one trip to the U.S. a year and 34% take more than 1 trip.

### *Attitudes Towards Travel Health Risks*

On most attitudes about international travel, U.S. travellers have similar views to the broader international travel community. Many (65%) U.S. travellers agree (completely or somewhat) that travelling internationally poses health risks that are not present in Canada. Just over half (57%) believe

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<sup>3</sup> Those who do not travel to countries other than the U.S. were asked about generic "travel outside of Canada."

(completely/somewhat) that all international travellers should see a health care professional before they travel or that an appointment should be booked with a health care professional at least six weeks before going on an international trip (57%).

The only areas U.S. travellers differ is in being more likely to say that if you become ill after returning from home that you should see a doctor and inform them that you have been travelling (86%) and that when entering Canada you must report that you have or suspect you have an infectious disease (80%).

International travellers assess the level of health risk to be only slightly lower than how U.S. travellers assess the risk of different types of travel. For example, travel for volunteer/humanitarian work is considered high risk for 41% of U.S. travellers compared with 38% of international travellers.

Travel health risks play the same role for travellers to the U.S. (27% to a great extent) as they do for international travellers (26%).

**Table 36. Level of Risk Associated with Different Types of Travel by Travel Type**

% High	U.S. Travellers	U.S. Only Travellers	International Travellers
Base n=actual	(2127)	(607)	(2586)
Travelling for volunteer or humanitarian work	41%	41%	38%
Adventure travel	33%	29%	32%
Travel for medical procedures/purposes	30%	29%	30%
Travelling for tourism or pleasure	18%	17%	19%
Travelling for education or research	15%	14%	16%
Travelling to visit family or friends	12%	12%	14%
Travelling to a familiar destination (e.g. going back to where you were born)	11%	10%	14%
Travelling to a destination that you visit frequently	11%	10%	14%
Travelling for business	12%	12%	13%

Q22. Please indicate the level of health risk you would generally associate with the following types of travel.

## *Researching Travel-Related Health Risks and Recommendations*

The vast majority (92%) of international travellers look for health risks and associated travel health recommendations prior to travel and this is true for U.S. travellers as well (91%). Those who only travel to the U.S. are a little less likely to look for information (89%). U.S. travellers tend to look more than six weeks before they travel (32%).

Less than half (46%) of all international travellers and 49% of those who travel to the U.S. look at health risks every time they travel to an international destination.

U.S. travellers are slightly more likely than international travellers to consider it very important to know about:

- Vaccinations required to enter the country (72% vs. 67% very important);
- Infectious diseases or illness they can get from food and/or water at the destination (69% vs. 64%);
- Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination (66% vs. 61%); and/or
- Infectious diseases or illness they can get from other people (64% vs. 60%).

The top sources of information to plan or book travel to an international destination for U.S. travellers are Internet search engines (55%), government websites (46%), online booking websites (44%), travel websites (42%) and, friends and family (43%). Those who only travel to the U.S. are, however, less likely to use several of these sources, including: online booking websites, travel websites, social media and travel blogs.

**Table 37. Where People Look for Information to Plan or Book an International Destination**

	U.S. Travellers	U.S. Only Travellers	International Travellers
Base n=actual	(2127)	(607)	(2586)
Internet search engines (e.g., Google)	55%	53%	51%
Online booking websites (e.g. Expedia, Trivago, Airbnb, etc.)	44%	34%	44%
Government websites (e.g., travel.gc.ca)	46%	45%	42%
Friends and family	43%	41%	40%
Travel websites (e.g., Trip Advisor, Lonely Planet, etc.)	42%	32%	40%
Travel providers directly (e.g., airlines, tour companies, vacation packages, etc.)	38%	34%	37%
Travel agents	28%	25%	28%
Social media (e.g., Facebook, Instagram, TikTok)	24%	19%	24%
Travel blogs	18%	12%	19%
Travel magazines or books	12%	9%	12%
Other, please specify:	1%	1%	1%

*Q14. When you look for information to plan or book travel to an international destination, where do you look? Select all that apply.*

U.S. travellers, like international travellers, trust a variety of sources for accurate information about travel health. Government of Canada websites are trusted by over six in ten (64%) U.S. travellers. The next most trusted are health care professionals (46%), provincial government websites (37%) and U.S. government websites (33%). Although there is relatively little difference between U.S. and international travellers, U.S. travellers are more trusting of U.S. government websites (33% vs. 24%).

## *Risk Mitigation Behaviours*

Across a number of risk mitigation behaviours, U.S. and international travellers place the highest importance on purchasing or having existing travel health insurance (65% and 61% very important respectively). Where there are differences between U.S. and international travellers, they tend to be small:

- Making sure routine vaccinations are up-to-date (64% vs. 60%);
- Obtaining the recommended vaccinations or medications for their travel destination (65% vs. 60%);
- Following travel health recommendations to prepare oneself for health risks that are present at the destination (63% vs. 58%); and
- Looking for health risks that are present at their destination (59% vs. 56%).

Less than 1% of U.S. and international travellers indicate they would definitely not follow travel health recommendations when travelling to a destination where officials have issued a public health advisory for an infectious disease or illness. The large majority of U.S. travellers (67%) and U.S. only travellers (70%) would definitely follow travel health recommendations. This is slightly higher than for the average international traveller (62% would definitely and 28% would probably do so).

Nearly all (96%) international travellers and U.S. travellers (94%) report undertaking risk mitigation activities prior to embarking on a trip. The top actions taken are to purchase or have existing travel health insurance (53% for U.S. travellers and 47% for international travellers) and make sure their routine vaccinations are up-to-date (49% vs. 46%). U.S. only travellers are less likely to visit a travel clinic (16%).

Relatively few U.S. travellers typically visit a health care professional (28%) or go to a travel health clinic (21%). This is similar to the behaviour of international visitors.

- U.S. travellers differ from international visitors in that they are more likely to say that they are up-to-date on all vaccines (38% vs. 34%).
- U.S. travellers are more likely to say that they travel often to the same place(s) (29% vs. 25% for international travellers).

When it comes to reasons for not following travel health recommendations, 55% of U.S. travellers and 60% of international travellers cited at least one reason that prevented them from following travel health recommendations in the past. The list of reasons is diverse and not particularly different for U.S. as opposed to international travellers.

- The risk was too low to warrant taking the advice (15% vs. 13%);
- They did not agree with recommendations (7% vs. 8%);
- Unaware of the recommendations (13% vs. 13%);
- Were worried about the side effects (11% vs. 11%); and/or
- Didn't realize their vaccination(s) expired (6% vs. 7%).

A number of travellers cited time-related barriers such as not having enough time for the recommended vaccines or medications to take effect before their trip (8% vs. 9%), not having enough time to get the recommended vaccinations or medications (8% vs. 10%), not having enough time to see a travel health

care professional or go to a travel health clinic (8% vs. 8%) and/or that there were no available appointments prior to their travel (8% vs. 9%).

Virtually all U.S. and international travellers (98%) report undertaking at least some risk mitigation activities to protect their health during their trip. The top activity is cleaning one's hands regularly (68% for U.S. travellers vs. 62% for international travellers). U.S. travellers are slightly more likely to avoid close contact with sick individuals (60% vs. 56%), practice proper coughing and sneezing etiquette (61% vs. 55%), and/or practice safe eating and drinking habits (60% vs. 55%).

Both U.S. and international travellers are impacted by a number of considerations when deciding whether or not to follow recommendations to protect themselves from getting sick on an international trip. The main factors include:

- Not wanting to get sick (68% for U.S. travellers vs. 63% for international travellers);
- The likelihood of spreading illnesses to loved ones and others upon return (61% vs. 57%);
- How well the recommended actions will work (50% vs. 48%);
- The possible side effects of the recommended actions (46% vs. 44%);
- The type of activities the traveller is planning on doing on the trip (45% vs. 43%); and
- The current incidence or risk of COVID-19 (44% vs. 42%).

## *Pandemic Travel and Perceptions*

Given the pandemic experience, respondents were asked about the likelihood of undertaking activities in other countries they are visiting. For both U.S. and international travellers, sightseeing (61% and 58% very likely) and going to a restaurant or bar (60% vs. 56%) are the top activities. Shopping (52% vs. 48%) is also very likely. There are, however, relatively few in either group (21% and 22%) who are very likely to attend a large event.

U.S. only travellers are more likely to travel domestically than internationally in the next year compared with international travellers (63% vs. 52%) and more likely to drive than fly for travel (77% vs. 65%). The differences are smaller when it comes to taking enhanced precautions (86% vs. 81%), being comfortable testing for COVID-19 while travelling (85% vs. 81%), and feeling confident that airlines, hotels and other travel companies are doing what is necessary to prevent the spread of COVID-19 (78% vs. 80%).

## *Advertising Recall*

Only 39% of U.S. travellers and 34% of U.S. only travellers compared with 44% of international travellers recall Government of Canada advertising about travel health prior to or during their travels. Like for international travellers, the more likely places that the information was seen or heard was on social media (54%), on pamphlets, posters or other signage/displays (43%), airport signage/billboards (40%), and on a flyer or brochure handed out in airports or port of entry (34%).



## 3. Segmentation

### 3.1. Summary

To better understand how attitudes and behaviour, and demographics fit together, a segmentation analysis was conducted using Latent Class Analysis (LCA). Latent Class Analysis identifies latent subpopulations within a population based on a set of variables. Like other segmentation approaches, LCA approaches are very sensitive to the variables entered and the maximum number of sub-populations that are allowed to exist.

Variable included:

- Demographic/profile variables: age, gender, community size, education.
- Attitude variables:
  - Perceptions of risk.
  - Nature of travel outside of Canada
  - Actions taken before and during trips outside of Canada.

The analysis identified five key respondent groups. Two of these groups are Tourists because virtually all of them travel for this purpose (it is what distinguishes them from the other three groups).

**Risk Avoiding Tourists (20%).** This is the group of Canadians who are the most likely to definitely follow recommendations if officials issue a public health advisory for an infectious disease or illness (97%) and the most likely to have health risks at the destination influence where they travel (54% to a great extent). This is not, however, a group that thinks there is a lot of risk travelling to a familiar location (10%) or for tourism (23%). They are one of the older groups (28% are 65 and older) and the one that was least likely to have travelled during the pandemic (50%). Three quarters of this group travelled or intends to travel to the U.S. The group is less likely to have visited non-U.S. destinations.

**Experienced Travellers (26%).** This is a group of Canadians who are likely to definitely follow recommendations if officials issue a public health advisory for an infectious disease or illness (66%) but not to the extent of Risk Avoiding Tourists. Health risks at the destination do not really influence where they travel (13% to a great extent). This is one of the groups that was most likely to have travelled during the pandemic (64%) and one of the most likely to have travelled to the U.S. (65%). But U.S. travel is only part of their international travel as 60% travelled to a non-U.S. destination in the previous year. Perhaps because of their experience, they are unlikely to think travelling for tourism (5%) or business (2%) is a high risk. This is also an older group (25% are 65 and older).

**Risk Ignoring (10%).** This is the group of Canadians who are the least likely to definitely follow recommendations if officials issue a public health advisory for an infectious disease or illness (29%). Health risks at the destination do not influence where they travel (38% not at all). In fact, 0% think travelling to a familiar destination is a high risk and 2% think travelling for tourism or pleasure is a high risk. This is a middle-aged group (25% are under 34 years and 30% are 55 and older).

**Risk Conscious Travellers (20%).** A group of Canadians who are likely to definitely follow recommendations if officials issue a public health advisory for an infectious disease or illness (79%). Health risks at the

destination also influence where they travel (46% to a great extent). This group thinks travelling to a familiar destination (34%) and travelling for tourism or pleasure (44%) is a high risk. This makes them the most risk-aware group. This is one of the groups that was most likely to have travelled during the pandemic (73%). This is a younger group (52% are younger than 35 years) and one that has a high level of non-citizens (23%), including migrants (12%).

**Risk Downplaying Travellers (24%).** A group of Canadians who are less likely to definitely follow recommendations if officials issue a public health advisory for an infectious disease or illness (31%), which is a trait they share with the Risk Ignoring group. Health risks at the destination do not influence where they travel (10% to a great extent). Few in this group think that travelling to a familiar destination (16%) and travelling for tourism or pleasure (16%) is a high risk. This is one of the groups that was most likely to have travelled during the pandemic (75%). This is a younger group (54% are younger than 35 years) and one that has a high level of non-citizens (26%), including migrants (9%).

### 3.2. Key Results by Segment

Risk Avoiding Tourists clearly are the most likely to follow health guidance (97% definitely) if an advisory was issued by a local authority. Risk Conscious are second more likely to do so followed by the Risk Unaware Tourists. Note that Risk Avoiding and Risk Conscious are more likely than the Risk Unaware Tourists to perceive risk in international travel.

**Table 38. Willingness to Follow Guidance by Segment**

	Experienced Travellers	Risk Avoiding Tourists	Risk Conscious	Risk Downplaying	Risk Ignoring
Base n=actual	(820)	(653)	(642)	(757)	(328)
I would definitely follow the recommendations	66%	97%	79%	31%	29%
I would probably follow the recommendations	28%	3%	18%	49%	38%
I may or may not follow the recommendations	5%	0%	3%	17%	22%
I would probably not follow the recommendations	0%	0%	0%	3%	6%
I would definitely not follow the recommendations	0%	0%	0%	0%	4%

*Q8. If you were travelling to a destination where officials have issued a public health advisory for an infectious disease or illness, how likely are you to follow travel health recommendations?*

When we consider the information sources that are trusted by travellers, the Risk Ignoring and Risk Downplaying trust fewer sources and clearly trust government sites and health professionals much less. For example, only 47% of Risk Ignoring trust the Government of Canada websites compared with the Risk Unaware (85%) and Risk Avoiding (86%). The Risk Conscious tends to be in the middle. More likely to trust a source than the Risk Downplaying or Risk Ignoring but less likely than the two tourist groups.

**Table 39. Trusted Information Sources**

Experienced Travellers	Experienced Travellers	Risk Avoiding Tourists	Risk Conscious	Risk Downplaying	Risk Ignoring
Base n=actual	(819)	(653)	(642)	(757)	(328)
Government of Canada websites	85%	86%	44%	31%	47%
Health care professional (doctor, nurse)	58%	74%	29%	15%	23%
International agencies (e.g. World Health Organization, Red Cross, etc )	50%	58%	21%	12%	20%
Provincial government websites	44%	58%	26%	17%	15%
Other country government websites	40%	43%	13%	9%	19%
Travel health clinic	39%	52%	21%	13%	15%
Pharmacy or pharmacist	36%	45%	19%	11%	13%
United States government websites	36%	47%	19%	11%	12%
Internet search engines (e.g. Google)	25%	25%	24%	19%	26%
Travel websites	23%	25%	27%	19%	23%
Travel agents	21%	28%	21%	14%	15%
Friends and family	18%	20%	27%	22%	23%
Travel Apps	6%	8%	17%	13%	7%
Social media (e.g., Facebook, Instagram, TikTok)	5%	4%	21%	19%	6%
Travel magazines or books	4%	7%	10%	9%	4%
Other, please specify:	0%	1%	0%	0%	2%

Q15. Which of the following sources do you trust to have accurate information about your health when travelling? Select all that apply.

A similar pattern emerges when we consider the importance of knowing information about health risk at the destination. Risk Unaware, Risk Avoiding and Risk Conscious groups place the most importance and Risk Downplaying and Risk Ignoring the least importance on all factors.

**Table 40. Importance of Knowing Information about Infectious Diseases and Vaccinations at Destination by Segment**

% very important	Experienced Travellers	Risk Avoiding Tourists	Risk Conscious	Risk Downplaying	Risk Ignoring
Base n=actual	(820)	(653)	(642)	(757)	(328)
Vaccinations required to enter the country	90%	99%	80%	22%	33%
Infectious diseases or illness you can get from food and water	77%	98%	85%	23%	27%
Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination	73%	99%	84%	20%	17%
Infectious diseases or illness you can get from other people	68%	98%	83%	22%	14%
Infectious diseases or illness you can get from insects	58%	95%	79%	21%	15%
Infectious diseases or illness you can get from animals	40%	88%	77%	21%	9%

Q10. When travelling to an international destination, how important is it to you to know about:

In terms of risk mitigation during a trip, it is interesting that Risk Avoiding Tourists are the most likely to take all actions during trip planning. Of course, this group is aware of the risks and willing to factor in health risks into their decisions.

The Risk Conscious group is interesting because of their much lower likelihood to purchase or have travel insurance (26%), obtain vaccinations required to enter (26%), make sure routine vaccinations are up-to-date (35%), research health risks (29%), and obtain recommended vaccinations or medications (22%). Risk Downplaying and Risk Ignoring are also less likely but the Risk Conscious are doing less despite being aware of the risks. This may reflect the younger nature of the Risk Conscious group.

**Table 41. Risk Mitigation During Trip Planning by Segment**

%	Experienced Travellers (819)	Risk Avoiding Tourists (653)	Risk Conscious (642)	Risk Downplaying (757)	Risk Ignoring (10%) (328)
Base n=actual	(819)	(653)	(642)	(757)	(328)
Purchase or have existing travel health insurance	68%	78%	26%	21%	43%
Obtain vaccinations required to enter the country	63%	73%	26%	15%	20%
Make sure your routine vaccinations are up-to-date	60%	80%	35%	21%	17%
Research health risks that are present at your destination (e.g., infectious diseases or illness)	55%	67%	29%	17%	18%
Obtain recommended vaccinations or medications to prevent diseases that occur at the destination	48%	67%	22%	16%	11%
Get advice on how to protect yourself against health risks that are present at your destination (e.g., online or from friends/family)	43%	61%	42%	38%	11%
See a health care professional (doctor or nurse)	20%	54%	31%	20%	3%
Visit a travel health clinic	12%	32%	33%	16%	5%
Consult a pharmacist	12%	32%	24%	17%	5%
Sign up with the Registration of Canadians Abroad (ROCA) service	11%	24%	19%	13%	4%
None of the above	3%	1%	2%	6%	26%

Q23. When preparing for an international trip, which of the following do you typically do before you go? Select all that apply.

## 4. Qualitative Findings

### 4.1. Past and Future Travel

Participants had travelled to a wide variety of destinations around the globe including:

- United States (e.g. Florida, Buffalo, Chicago, New York, Charleston, California)
- Central America (e.g. Mexico, Costa Rica, Guatemala)
- Caribbean (e.g. Jamaica, Cuba, Curacao)
- Asia (e.g. Hong Kong, Japan, India, southeast Asia)
- Europe (e.g. Spain, Gibraltar, Netherlands, Germany, Croatia, Italy, Hungary, Czech, France, Austria, Poland)
- Africa (Nigeria, other sub-Saharan)

Plans for future travel in the next year include:

- United States (e.g. Florida, Hawaii)
- Europe (e.g. Greece, Ireland, Croatia, UK, Austria, Norway, Italy, Israel, Czech, France, Russia, Armenia, Portugal)
- Africa (e.g. Tanzania, South Africa, Morocco)
- Asia (e.g. Nepal, China, Philippines, India, Japan)
- Caribbean (e.g. Dominican Republic, Cuba)
- Central America (e.g. Belize, Guatemala)
- South America (e.g. Colombia, Ecuador, Argentina, Brazil)

Most of the travel (past and future) is for leisure/vacation, though several participants have travelled or plan to travel to visit family and friends, while a few (older, more experienced travellers) mentioned work.

The length of trips ranged from days to several weeks; it tends to be influenced by destination and purpose of trip.

### 4.2. Preparing for Travel

Commonly cited factors that influence the choice of destination include interest (i.e. things to do, places to experience and explore, somewhere new), cost, weather, visiting family (or friends) and ease of travel (e.g. flights and accommodation). These are consistent for past and future travel.

Health risks were not mentioned organically by these travellers in terms of how they choose travel destinations – it is not an issue that factors much into their decision making on whether or not to travel to a destination outside of Canada.

Planning and preparation does differ based on the destination. For those re-visiting a destination the amount of research and planning tends to be less than when going to a new destination. Some of the travellers also indicated they would put more effort into trip planning for ‘exotic’ destinations.

Travellers generally have not changed how they plan for a trip pre- versus post-COVID-19; some did acknowledge that they do now check for vaccination or other entry requirements though this tends to be quite destination specific (i.e. not done for all destinations), and tends to be done only to secure access to the country, as opposed to being motivated by health concerns. Also, a couple of travellers said they now avoid cruises.

*Somewhere I haven't been before! time of year - northern or southern hemisphere for weather, who I am travelling with (main travel friend is a teacher so school breaks usually) and what we want (relax, explore, exotic etc.)." – West/North English, female (25-34)*

*"On était en Espagne et Portugal en grande famille. C'était un voyage planifié longtemps en avance (ce qui n'est pas mon style). On partait seule avec ma conjointe justement pour plus de "go with the flow", un plus librement." (see notes for English) – French, female (25-34)*

*"I look up the requirements on the Canada travel website because there's so many new things popping up especially with the EU visiting permit, I also look up potential bad weather on google and read some things I find on there." – Ontario English, female (18-24)*

Many travellers stated they "Google" and rely on online travel websites such as Tripadvisor, Expedia and travel blogs (e.g. on YouTube and other social media) for information on flights, accommodation, attractions, etc. Word of mouth (from family and friends) is also an important source of information about travel destinations (e.g. activities, restaurants, local travel, etc.). Several travellers mentioned the Government of Canada website for entry requirements, while a few older travellers check in with a travel agent.

### 4.3. Travel Health Risks

As stated previously, travel health risks were not a significant concern to most of the focus group participants. There was some differences in assessment of health risks based on age. The older focus group participants, who were more experienced travellers, tended to be somewhat more concerned about health risks when travelling; from food poisoning and infectious diseases to participating in higher risk activities (e.g. scuba diving). However, this tended not to be brought up spontaneously, but rather was only discussed once the moderator introduced the topic. It is important to note that potential health risks in and of itself did not deter these focus group participants from travelling (past and future).

When asked how they assess and determine health risks when travelling, responses included:

- Getting advice or information from family and friends who live or have travelled to the destination
- Conducting 'Google' searches
- Checking Government of Canada websites, as well as other websites (e.g. CDC, local destination government) for health notices
- Speaking with their doctor or visiting a travel health clinic
- Researching the availability and quality of medical services at the destination

- Interestingly many travellers associate public safety (e.g. crime, terrorism) with health and stated they evaluate threats to public safety when determining whether to visit a destination. Some participants also mentioned climate change (specifically heat) as a health threat.

For the most part, travellers indicated that COVID-19 has not significantly changed their approach to travel as it relates to health. Checking for entry requirements by destination is the main thing that they would do.

*“I will speak with my family doctor to see if there are any specific risks for intended destination. Check travel advisories for COVID status, political stability, etc.”* – Ontario English, male (35+)

*“Moi, je vais vérifier le site web du gouvernement pour voir les conditions d’entrée, ainsi que les vaccins requis, s’il y a lieu.”* – French, Female (35+)

Clearly, the destination plays an important role in the perception of health risks.

- Countries that travellers believe are advanced economies with good healthcare systems (e.g. United States, those in Western Europe, Japan, Australia) are not viewed as risky and several of the participants claimed they do not look at health related risks prior to travel to these types of destinations
- Conversely, many travellers took a more cautious approach to destinations they viewed as risky (such as countries in Africa, Asia and South America) based on a variety of factors ranging from food and water borne illnesses (e.g. parasites) to tropical diseases carried by insects (e.g. malaria, yellow fever, etc.) and access to healthcare

*“...for African or South American trips I will look up any sort of vaccines or extra precautions to avoid getting sick from local bacteria or viruses.”* – Ontario English, female (18-24)

The perception and acceptance of health risks do vary for some travellers based on trip purpose.

- Some who travel to visit family in another country claimed they are less concerned about health related issues as they trust their relatives to steer them clear of potential hazards (e.g. poor quality food, unsafe areas, etc.)
- Those who have migrated to Canada did say they tend to be more cautious health wise (e.g. drinking tap water, eating at street vendors, etc.) when visiting their native country due to becoming acclimatized to Canada
- Some participants said they would accept a higher degree of risk if they had to travel for work as opposed to leisure

#### 4.4. Researching Travel Health Risks

Importantly, it is worth noting that travellers have a broad view when it comes to risks to their health, which goes beyond diseases, infection and illness – many think of circumstances that could impact their physical well-being (and by extension their health) such as crime, natural disasters, political instability and climate change.



Travellers turn to a variety of online and in-person sources when researching health risks about a destination. Research on health risks start up to 2-3 months before travel and there was general consensus it is definitely done before making a booking. Many said they would confirm (follow-up) that nothing has changed a week to a few days before departure.

*“Quand je voyageais en Asie, je consultais toujours soit mon médecin de famille, soit un médecin de voyage, qui m’a conseiller sur tous les vaccins nécessaires” – French, male (35+)*

*“I will speak with my family doctor to see if there are any specific risks for intended destination. Check travel advisories for COVID status, political stability, etc.” – Ontario English, male (35+)*

The type of information that travellers look for as it relates to health is dependent on the destination they plan to visit and the level of risk they associate with it. For example, those who (or plan to) visit an exotic tropical destination will look up vaccination recommendations and/or requirements. On the other hand, when travelling to Western Europe travellers generally do not specifically research health related risks. COVID-19 has influenced some travellers to now check for information on public health measures (e.g. masking) or general health advisories.

Many will look for advice from health authorities including:

- Government of Canada (Health Canada, travel.gc.ca).
- Other governmental agencies (e.g., Centres for Disease Control (CDC) and local destination government sites)
- Family doctors
- Travel health clinics

However, many also rely on other non-health specialist sources such as:

- Friends and family (i.e. word on mouth)
- Travel agents
- Airlines and travel sites (who post health related information)
- General Google searches

The medical community (doctors and travel health clinics), as well as governmental sources are highly trusted for health risk information. However, travellers generally agreed they trust information from the Canadian government more than from others (e.g. destination government websites who may have other motivations such as promoting travel) – it is felt that the Canadian government is looking out for the best interests of the Canadian public and will provide an unbiased assessment of health risks.

Family and friends are also highly trusted despite not being health experts. The trust is based on existing relationships and the fact they are either on the ground or have personal experience at the destination.

Social media, while widely used for travel information about the destination (e.g. attractions, food, etc.), is not a trusted source for health risks. Even in instances where travellers see health related information on social media, they will look to validate it through reputable sources such as the Government of Canada. This was consistent across all age groups.

## 4.5. Travel Health Risk Mitigation

### *Overall Approach*

Travellers take a variety of actions to mitigate health risks, some of which have been influenced by COVID-19.

- Ensuring they pack enough medications, both prescription and over the counter (even beyond the trip length in case of unexpected delays)
- Confirming they have sufficient medical insurance and purchasing extra insurance if necessary – many of the participants claimed they had extended travel health insurance coverage through work
- Purchasing travel insurance (though a primary driver of this is to protect against loss of money if the trip is cancelled)
- Bringing hand sanitizer and masks
- Visiting travel health clinic/doctor to get vaccinations
- Taking care of self prior to the trip to be in good health (e.g. rest, exercise, diet, etc.)

COVID-19 and the resulting publicity around vaccines has not had a material influence on these travellers in terms of consulting with a doctor or travel health clinic when planning their trips. As previously mentioned, the likelihood of visiting a health professional is driven by their perception of risk of the destination (based on their own knowledge or from research) and whether preventative actions (such as vaccinations) would be needed for entry into the country.

Travellers identified several actions they take to protect their health while at the destination.

- Some of the actions have been ingrained from the experiences learned during COVID-19. The use of sanitary wipes and washing hands were the most widely used actions, while some said they avoid crowds (distance) and only a few said they would mask in specific situations (e.g. public transport, crowded areas). Several participants are actually more concerned about planes and airports than they are about their destinations.
- Many travellers indicated they take precautions around eating local foods and drinking water to avoid food and water borne illnesses. Some also mentioned using mosquito repellent in tropical destinations.

The actions that these travellers said they would take in the event they fall ill during a trip (at destination) include: using over-the-counter medications, visiting a local doctor, calling their insurance provider, asking the hotel for assistance, and calling family.

*“I have never taken out travel insurance. But since Covid, I likely will.”* – Ontario English, male (35+)

*“I would be more wary of food, and also more aware of how much of my own medication I have on me, since I may not be able to get it in a different country.”* – Ontario English, female (18-24)

*“Moi je vais regarder prendre de l’assurance-voyage. Avant COVID, je n’étais pas vraiment concerné, mais après la pandémie on réalise qu’on peut être poigné quelque part et ça peut coûter très cher”* - French, male (25-34)

## *Minimizing Health Risks When Returning Home*

Most travellers said they do not do anything different when they return from their trip, if they feel healthy. A few indicated they would avoid seeing vulnerable (i.e. elderly, immunocompromised) family and friends for a few days upon returning to Canada.

If they are not feeling well upon returning from a trip, most said they would stay home rather than go to work or school. They acknowledged that this is a direct influence from COVID-19 protocols as prior to the pandemic many admitted they would still go to work if their illness was not too serious. Other actions they would take if ill include:

- Taking a rapid test to determine if it is COVID-19
- See a doctor
- Isolate from others

*“Avant COVID, si j’avais des petits symptômes de rhume, je n’aurais même pas pensé...mais maintenant je resterais à la maison au moins un couple de jours. Surtout je ne visiterais pas ma mère, qui est immunocompromise” – French Female (35+)*

*“I would probably avoid my immunocompromised family for a bit.” – Ontario English, female (18-24)*

## 4.6. Future Health Emergencies

In general, there was widespread support for the implementation of public health measures such as testing and isolation should there be another pandemic or similar health emergency. In the French groups, support was divided almost equally between respondents.

This being said, many stated that such public health measures need to be well thought out (not reactionary and one size fits all) and be flexible based on changing conditions.

There is also an expectation that governments will have learned lessons on how to better manage public health emergencies based on COVID-19 and share the reasons and rationale for any measures implemented.

In the French groups, some said that it really depended on which measures were implemented, as the measures differed significantly by province. In particular, some participants, who opposed “similar” measures in the event of another COVID-19-like event, said that they felt that Quebec had gone too far (e.g. the curfew). Others said that while the government may have learned, there is no guarantee that the new event would be similar, meaning they would be starting over like the last one, and they have full confidence the government would do the right thing.

*“I would be supportive-it was my decision to travel there, so I’m fine taking precautions.” - West/North English, female (25-34)*

*“I feel like the mandatory vaccine thing to board planes was a bit harsh but definitely having tests and isolating and mask wearing would be a good thing.” – Ontario English, female (18-24)*

*J’pense pas. Je crois que Québec est allé un peu trop loin avec le confinement et de plus, on aurait cru que la santé publique aurait appris de la dernière fois” -- French, male 25-34*

## 4.7. Summary

Health risks are not a top of mind consideration when travellers are planning trips; costs, travel logistics (e.g. flights, accommodations, etc.), activities (e.g. attractions, things to do), purpose of trip (e.g. visiting family, work), a desire to visit a destination (e.g. on their 'bucket list') and even weather (e.g. sunny winter break) are thought of ahead of health risks when planning a trip - older travellers are somewhat more mindful of health risks though this does not appear to change their behaviours and actions with respect to travel.

Travellers have a broader view of health risks than just disease and illness, and include anything (e.g. crime, political unrest, natural disasters, etc.) that could impact their physical well being as a health hazard.

The choice of destination has a major influence on how much effort travellers put into understanding and preparing for health risks. For destinations perceived as higher risk typical actions that travellers take pre-departure include researching health risks and visiting a health professional (e.g. to get required vaccinations and medications). At destination, travellers will take appropriate measures such as being cautious about consuming local foods and water, applying insect repellent and practicing good hand hygiene.

Trusted sources of travel health information are doctors, government (with Government of Canada information the most trusted) and family. Social media is not a trusted source.

Ensuring a supply of medicines (prescription and over-the-counter), having travel and health insurance, getting the recommended vaccinations (if needed for the destination being visited) and bringing hand sanitizer/wipes are actions that are commonly taken by travellers.

Upon return, most travellers do not do anything special (i.e. visit a doctor, isolate or mask). However, one lasting impact from COVID-19 is the decision to isolate if they are feeling unwell.

There will be some acceptance of new public health measures such as testing, isolation and masking if there is another pandemic type emergency. However, travellers expect that any new public health measures instituted by government will be based on science, be reasonable and clearly explained. It is also expected that the government would have learned lessons from COVID-19.

## 5. Methodology

### 5.1. Quantitative Methodology

The online quantitative survey was conducted between April 18 and May 5, 2023. A total of 3,200 surveys were completed across Canada using an online panel. Statistical testing was conducted to determine if differences across a dependent variable are significantly different across the values of an independent variable. The tables accompanying this report show significance using cell comparisons at the p-value < 0.05 level.

#### *Questionnaire*

The questionnaire (both English and French) was developed by Abacus Data in close consultation with the Public Health Agency of Canada and Health Canada to ensure the survey captured the key areas of interest. The 2019 survey was used as a base to maximize the comparability of the questions over time.

#### *Survey Pretest*

The online survey pretest was completed on April 18, 2023. Twenty interviews were completed (10 in each official language). Pretest results were kept in the final data as changes did not impact the results.

#### *Response Rate*

Abacus Data calculates two rates that reflect the participation rate for the survey. The first is the Completion rate which is the % of completed or disqualified respondents divided by the total number of respondents who started the survey.

**Completion Rate:**

$((\text{completes} = 3200) + \text{disqualified} = 4634)) / (\text{Total Responses: } 8152) = 96\%$ .

The second is a Participation rate that includes respondents who viewed the survey on the marketplace but did not proceed to start it.

**Participation Rate:**

$((\text{completes} = 3200) + \text{disqualified} = 4634)) / (\text{Total viewed: } 8810) = 89\%$ .

### *Non-response Bias*

There is a possibility of non-response bias, which is introduced because certain types of individuals may be more or less likely to respond to the survey. The survey does not, for example, include members of the population who do not have access to the Internet. In addition, there are some groups within the population that are systemically less likely to answer surveys.

### *Sample Distribution*

The following table shows the breakdown of the completions by province/territory as well as other key groups. An oversample of migrants (+100) and frequent travellers (+100) was included in the survey plan to boost the total number of respondents in these groups.

**Table 42. Sample Distribution (unweighted)**

	FINAL COMPLETIONS
<b>PROVINCE</b>	
NEWFOUNDLAND AND LABRADOR	112
PRINCE EDWARD ISLAND	71
NOVA SCOTIA	147
NEW BRUNSWICK	135
QUEBEC	595
ONTARIO	1080
MANITOBA	161
SASKATCHEWAN	156
ALBERTA	314
BRITISH COLUMBIA	381
TERRITORIES	48
YUKON	25
NORTHWEST TERRITORIES	17
NUNAVUT	6
CANADA	3200
<b>OTHER KEY GROUPS</b>	
MIGRANTS (5 YEARS)	216
FREQUENT TRAVELLERS (3 OR MORE TRIPS PER YEAR TO INTERNATIONAL OUTSIDE OF U.S. DESTINATIONS)	277

### *Weighting*

Weighting adjustments were not applied. This is consistent with the approach taken in 2019 and reflects the lack of information about international travel frequency for all Canadians.

### *Margin of Error / Confidence Interval*

No margin of error is reported because the sample was not a probability sample of the Canadian population. Respondents were sourced from a panel. Because it is a non-probability sample, the results cannot be extrapolated to a broader audience.

### *Tabulated Data*

Detailed tables are included under separate cover.

## 5.2. Qualitative Methodology

The qualitative phase of the research consisted of six (6) online focus groups with the Canadian public conducted between August 28-30, 2023.

Details of the focus groups are shown in the table on the following page

In total, there were 65 participants across all six focus groups. Each focus group was 90 minutes in length. Observers from PHAC attended each focus group

All participants must have travelled outside of Canada within the past 12 months and/or have plans to travel outside of Canada in the next 12 months

The focus groups were moderated based on an approved discussion guide and included a review of materials developed by PHAC (see Appendix 6.2)

### *Group Composition and Schedule*

The table below provides an outline of the timing and composition of the focus groups.

<b>Region/Language</b>	<b>Atlantic English</b>	<b>East French</b>	<b>Ontario English</b>	<b>East French</b>	<b>Ontario English</b>	<b>West/North English</b>
<b>Audience</b>	18+ years old	18 to 34 years old	18 to 34 years old	35+ years old	35+ years old	18+ years old
<b>Date</b>	August 28	August 28	August 28	August 29	August 29	August 30
<b>Time</b>	4:00-5:30 PM	7:00-8:30 PM	7:00-8:30 PM	7:00-8:30 PM	7:00-8:30 PM	8:00-9:00 PM
<b>Gender</b>	Male (7); Female (4)	Male (4); Female (7)	Male (5); Female (6); Non-binary (1)	Male (6); Female (4)	Male (6); Female (4)	Male (2); Female (9)

## 6. Appendix: Research Materials

### 6.1. Survey Instrument

#### Introduction

##### NOTE:

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 15 minutes to complete.

#### Background information

This research is being conducted by Abacus Data, a Canadian public opinion research firm on behalf of the Public Health Agency of Canada about travel health. The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by the Public Health Agency of Canada to help inform government policy.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey. You have to be 18 or over in order to participate in this survey.
- We anticipate that the survey will take **15** minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

#### What about your personal information?

- The personal information you provide to Public Health Agency of Canada is governed in accordance with the Privacy Act. We only collect the information we need to conduct the research project.
- Purpose of collection: We require your personal information, such as demographic information, to better understand the views of survey respondents. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- **Your rights under the Privacy Act:** In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact [survey@abacusdata.ca](mailto:survey@abacusdata.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If you are experiencing technical issues while responding to the survey, please contact Abacus's technical support team at [survey@abacusdata.ca](mailto:survey@abacusdata.ca)

Your help is greatly appreciated, and we look forward to receiving your feedback.



This research is being conducted by Abacus Data, a CRIC member company that follows the CRIC Pledge to Canadians. This project is a research initiative and is not selling or marketing products. It is registered with the CRIC Research Verification Service which allows you to verify its legitimacy and share your feedback. If you have feedback on this research, you can share it by going to:  
<https://www.canadianresearchinsightscouncil.ca/rvs>

[CONTINUE]

### Screening Questions

**NOTE: For quota and oversampling requirements we need to confirm certain individual information at the beginning of the survey**

SCR1. What is your gender? Gender refers to your current gender which may be, which may be different from sex assigned at birth or from what is indicated on legal documents.

- Woman (*Help text: cis-gender female; my sex assigned at birth is the same as my current gender*)
- Man (*Help text: cis-gender male; my sex assigned at birth is the same as my current gender*).
- Non-binary
- Transgender woman
- Transgender man
- Two-spirit/bi-spirit
- Another gender, please specify:

SCR2a In what year were you born?

- [Validation between 1900 and 2005]; [TERMINATE BETWEEN 2005 and 2023]
- [YYYY]
- I prefer not to answer

SCR2b [ASK IF PREFER NOT TO ANSWER at SCR2a] Would you be willing to indicate in which of the following age categories you belong?

- Under 18 TERMINATE
- Between 18 and 24
- Between 25 and 34
- Between 35 and 44
- Between 45 and 54
- Between 55 and 64
- 65 or older
- I prefer not to answer TERMINATE

SCR3a Do you identify as any of the following? [SELECT ALL THAT APPLY]

- An Indigenous person (First Nations, Inuit or Métis) .....1
- A member of an ethnocultural or a visible minority group .....2
- A member of the 2SLGBTQI+ community.....3
- A person with a disability.....4
- None of the above .....5
- I prefer not to answer .....9

SCR4 In which province or territory do you currently live?

[LIST PROVINCES AND TERRITORIES]

**SCR5 What is the size of the community where you currently live?**

- Population of less than 1,000 (rural area) ..... 1
- Population of 1,000 to 29,999 (small population centre) ..... 2
- Population of 30,000 to 99,999 (medium population centre) ..... 3
- Population of 100,000 or greater (large urban population centre) ..... 4
- Prefer not to answer ..... 99

**SCR6 [IF RURAL]** Do you live in area that is located more than 350 km from the nearest healthcare services having year-round road access by land and/or water routes normally used in all weather conditions?

- Yes ..... 01
- No ..... 02
- Do not know ..... 03

**SCR6. Are you a:**

- Canadian citizen ..... 1
- International Student ..... 2
- Landed Immigrant ..... 3
- Permanent Resident ..... 4
- Temporary Foreign Worker ..... 5

**SCR7. [IF NOT A CITIZEN]** In what year did you move to Canada?

- [ENTER YEAR]
- [MIGRANT = <5 YEARS AT SCR7]

Main Survey

**Trip in P12M**

**NOTE:** Question revised to capture travel to United States as well

1. In the **past 12 months**, have you taken a trip outside of Canada that lasted one or more nights to any of the following regions? Select all that apply

- United States including Alaska and Hawaii
- Territories of the United States (Puerto Rico, Guam, US Virgin Islands, etc.)
- Europe
- Central America
- Mexico
- South America
- Caribbean
- Middle East
- Africa
- Asia
- Australia or New Zealand
- Other Pacific Islands (Fiji, Tahiti, Papua New Guinea, etc.)
- Elsewhere, please specify:
- I have not taken a trip outside of Canada in the past 12 months

**Trip in N12M**

2. In the **next 12 months**, do you plan to take a trip outside of Canada that will last one or more nights to any of the following regions? Select all that apply

United States including Alaska and Hawaii  
Territories of the United States (Puerto Rico, Guam, US Virgin Islands, etc.)  
Europe  
Central America  
Mexico  
South America  
Caribbean  
Middle East  
Africa  
Asia  
Australia or New Zealand  
Other Pacific Islands (Fiji, Tahiti, Papua New Guinea, etc.)  
Elsewhere, please specify:  
I do not plan to take a trip outside of Canada in the next 12 months

**PROGRAMMING INSTRUCTIONS:**

- **TERMINATE ANYONE WHO HAS NOT TRAVELLED OR DOES NOT INTEND TO TRAVEL**

**Frequency of Travel**

3. **[IF TRAVELS TO NON-U.S.]** Approximately how often do you take trips outside of Canada and the United States?

**Items:**

Less than 1 trip every three years  
1 trip every three years  
1 trip every two years  
1 trip per year  
2 trips per year  
3+ trips per year

4. **[IF TRAVELS TO THE U.S.]** Approximately, how often do you travel to the United States, including Alaska and Hawaii?

Less than 1 trip every three years  
1 trip every three years  
1 trip every two years  
1 trip per year  
2 trips per year  
3+ trips per year

**[FREQUENT TRAVELLER DEFINITION IS SOMEONE WHO TRAVELS AT LEAST 2 TRIPS PER YEAR INTERNATIONALLY OR 1 TRIP INTERNATIONALLY AND AT LEAST 2 TRIPS TO THE U.S.]**

**International traveller**

**Attitudes, awareness and behaviours**

**[IF INTERNATIONAL TRAVELLER] DISPLAY:** The next few questions are about travel to international destinations — that is, travel outside of Canada and the United States, including Alaska and Hawaii.

**[IF U.S. TRAVELLER] DISPLAY:** The next few questions are about travel to international destinations — that is, travel outside of Canada.

### Agreement attitudes

5. Please indicate the extent to which you agree or disagree with the following statements.

**[RANDOMIZED]**

- All international travellers should see a health care professional (doctor or nurse) or visit a travel clinic) before they travel.
- An appointment should be booked with a health care professional or travel clinic **at least 6 weeks before** going on an international trip.
- Travelling internationally poses health risks that are not present in Canada.
- When entering Canada, you must report to a Customs or Border Services Officer if you have, or suspect you have, an infectious disease or illness or have been close to someone with an infectious disease or illness.
- If you become ill after returning home from an international trip, you should see your doctor as soon as possible and inform them that you have been travelling.

#### Scale:

Completely agree; Somewhat agree; Neither agree nor disagree; Somewhat disagree; Completely disagree

**[PROGRAMMING NOTE: ADD HOVER TEXT FOR "infectious disease or illness" with this text: For the purpose of this survey, an infectious disease or illness is a disorder of the body caused by germs, such as bacteria, viruses, fungi or parasites. For example, COVID-19, the flu, Zika, malaria or measles.]**

### Consideration of health risks

6. When deciding to travel to an international destination, when do you look for health risks and associated travel health recommendations (e.g., vaccines required, medications needed or preventative measures) related to the destination?

The week before I travel

2-3 weeks before I travel

4-6 weeks before I travel

More than 6 weeks before I travel

I do not typically look for this information before travelling.

7. **[PROGRAMMING INSTRUCTION: SKIP "IF I DO NOT TYPICALLY" IS CHOSEN IN PREVIOUS QUESTION]** Under what circumstances would you look at the health risks before travelling to an international destination? Please select all that apply **[RANDOMIZED]**

I look every time I travel **[FIXED, EXCLUSIVE]**

When I am travelling to the destination for the first time

When I hear about health risks in the news or on social media

When I hear about health risks from family or friends  
When I am travelling to places that I believe have health risks  
When I think of it  
When I'm traveling for a longer period of time [NEW]  
When I have enough time  
Other, please specify: [FIXED]

8. To what extent do health risks influence your choice of travel destination?

To a great extent  
To a moderate extent  
To a small extent  
Not at all  
Don't know

**DISPLAY:** We would like to understand at what point you would change your travel destination or follow travel health recommendations based on a risk to your health.

9. If you were travelling to a destination where officials have issued a public health advisory for an infectious disease or illness, how likely are you to follow travel health recommendations? For *the purpose of this survey, an infectious disease or illness* is a disorder of the body caused by germs, such as bacteria, viruses, fungi or parasites. For example, COVID-19, the flu, Zika, malaria or measles

**Scale:**

I would definitely follow the recommendations  
I would probably follow the recommendations  
I may or may not follow the recommendations  
I would probably not follow the recommendations  
I would definitely not follow the recommendations

**Level of importance of knowledge**

10. When travelling to an international destination, how important is it to you to know about:

**Scale:**

Very important  
Moderately important  
Slightly important  
Not at all important

**Items:**

[RANDOMIZED]

Infectious diseases or illness you can get from other people

Infectious diseases or illness you can get from food and water

Infectious diseases or illness you can get from insects

Infectious diseases or illness you can get from animals

Vaccinations or medications recommended to prevent diseases or illnesses that occur at the destination [NEW]

Vaccinations required to enter the country

[PROGRAMMING NOTE: ADD HOVER TEXT FOR "infectious disease or illness" with this text: For the purpose of this survey, an infectious disease or illness is a disorder of the body caused by germs, such as bacteria, viruses, fungi or parasites. For example, COVID-19, the flu, Zika, malaria or measles.]

### Level of importance of activity

11. When travelling to an international destination, how important do you think it is to do the following **before** you travel?

**Scale:**

Very important

Moderately important

Slightly important

Not at all important

**Items:**

[RANDOMIZED]

Look for health risks that are present at your destination (e.g., infectious diseases or illness) Follow travel health recommendations to prepare yourself for health risks that are present at your destination

Purchase or have existing travel health insurance

Visit a travel health clinic

Make sure your routine vaccinations are up-to-date

Obtain recommended vaccinations or medications (i.e. malaria medication) to prevent diseases that occur at the destination [MODIFIED]

See a health care professional (doctor or nurse)

Consult a pharmacist

[PROGRAMMING NOTE: ADD HOVER TEXT FOR "infectious disease or illness" with this text: For the purpose of this survey, an infectious disease or illness is a disorder of the body caused by germs, such as bacteria, viruses, fungi or parasites. For example, COVID-19, the flu, Zika, malaria or measles.]

### Why travel health risk research is not important

12. [PROGRAMMING INSTRUCTION: ASK ONLY THOSE WHO SELECTED 'NOT IMPORTANT' FOR "LOOKING FOR HEALTH RISKS..."]

You indicated that looking for health risks present at your destination was not important. Can you please tell us why this is not important to you?

OPEN

### Level of importance of risk factors in following advice

13. Thinking about travel health recommendations to protect you from getting sick on an international trip (e.g., vaccines required, medications needed, or preventative measures like insect repellent), how important are the following when deciding to follow the recommendation?

**Scale:**

- Very important
- Moderately important
- Slightly important
- Not at all important

**Items:**

[RANDOMIZED]

- The likelihood of spreading illnesses to loved ones and others when I return
- How well the recommended actions will work
- Possible side effects of the recommended actions
- Cost of the recommended actions
- Inconvenience of taking the recommended actions before my trip
- Inconvenience of taking the recommended actions during my trip
- Familiarity with or frequency of travel to the destination
- Purpose of travel (e.g., pleasure or business trip)
- The type of activities I plan to do on my trip
- The possibility of having an illness that prevents me from returning to work [NEW]
- The current incidence/risk of COVID-19 [NEW]
- I don't want to get sick [NEW]
- The risk of getting COVID-19 while travelling [NEW]

**Information research practices**

14. When you look for information to plan or book travel to an international destination, where do you look? Select all that apply

[RANDOMIZED]

- Internet search engines (e.g. Google)
- Travel websites (e.g. Trip Advisor, Lonely Planet, etc.)
- Travel blogs
- Online booking websites (e.g. Expedia, Trivago, Airbnb, etc.)
- Travel providers directly (e.g. airlines, tour companies, vacation packages, etc.)

- Travel agents
- Travel magazines or books
- Government websites (e.g. travel.gc.ca)
- Friends and family
- Social media (e.g., Facebook, Instagram, TikTok) [NEW]
- Other, please specify: [FIXED]

### Sources of trusted information

15. Which of the following sources do you trust to have accurate information about your health when travelling? Select all that apply

[RANDOMIZED]

- Internet search engines (e.g. Google)
- Travel websites
- Travel agents
- Travel magazines or books
- Government of Canada websites [PROGRAMMING NOTE: KEEP GOVERNMENT WEBSITES TOGETHER]
- Provincial government websites
- United States government websites
- Other country government websites
- Friends and family
- Travel health clinic
- Health care professional (doctor, nurse)
- Pharmacy or pharmacist
- Travel Apps
- International agencies (e.g. World Health Organization, Red Cross, etc.)
- Social media (e.g., Facebook, Instagram, TikTok) [NEW]
- Other, please specify: [FIXED]

16. Aside from travel.gc.ca, have you seen, read or heard any Government of Canada advertising about travel health prior to or during your travels?

- Yes
- No – SKIP TO BARRIERS [Q19]

17. [IF YES] Where have you seen, read or heard about travel health?

[NOTE: SELECT FROM LIST ALL MEDIA USED IN THE CAMPAIGN. YOU MAY ALSO INCLUDE OTHER MEDIA OF YOUR CHOICE. HEADINGS ARE FOR GUIDANCE ONLY AND NOT TO BE USED IN THE FINAL VERSION OF THE QUESTIONNAIRE]

SELECT ALL THAT APPLY

- Social media advertising [i.e., Facebook, TikTok, Twitter, LinkedIn]
- Pamphlets/posters/signage on display in airports / port of entry



Flyer/postcard/brochure handed out in airports / port of entry  
Airport signage/billboards  
Other, please specify  
Don't recall where

18. [IF YES] What do you remember about this ad?  
[OPEN]

19. [IF YES] Please indicate your level of agreement with the following statements about these ads?

**RANDOMIZE STATEMENTS**

- a. The information caught my attention
- b. It was relevant to me
- c. These ads are difficult to follow
- d. These ads provide new information
- e. The information was in my preferred language

SCALE: 1 – Strongly disagree, 2, 3, 4, 5-Strongly agree

20. [IF YES] Did you follow the advice in the ads?

Yes  
No  
Don't know

**Barriers**

21. What, if anything, has prevented you from following travel health recommendations in the past?  
Select all that apply

**[RANDOMIZED]**

I was unaware of the recommendation(s) I should follow

I didn't realize my vaccination(s) expired

The recommended vaccines or medications were not available

I was worried about the possible side effects of the recommended vaccines or medications

I did not have the time needed to get the recommended vaccinations or medications

There was not enough time for the recommended vaccines or medications to take effect before my trip

I did not have the time to see a travel health care professional (doctor or nurse) or go to a travel health clinic

There were no available appointments for me to see a travel health care professional.

I do not have access to a family physician or travel clinic where I live **[NEW]**

I do not feel safe/comfortable accessing health services **[NEW]**

I felt the cost was too high compared to the risk

I could not afford the cost of the recommendations

I did not agree with/ trust the recommendations **[MODIFIED]**

I did not understand the recommendations **[NEW]**

I felt the risk was too low to warrant taking the advice

Other, please specify: [FIXED]

Nothing has prevented me from following travel health recommendations in the past [FIXED  
UNIQUE CHOICE]

### Risk perceptions

22. Please indicate the level of health risk you would generally associate with the following types of travel.

**Scale:**

High

Medium

Low

No risk

**Items:**

[RANDOMIZED]

Travelling to a familiar destination (e.g. going back to where you were born)

Travelling to a destination that you visit frequently

Travelling to visit family or friends

Travelling for tourism or pleasure

Travelling for volunteer or humanitarian work

Travelling for business

Travelling for education or research

Adventure travel

Travel for medical procedures/purposes [NEW]

### Trip preparation actions for travel in P12M

23. When preparing for an international trip, which of the following do you typically do before you go?

Select all that apply

[RANDOMIZED]

Research health risks that are present at your destination (e.g., infectious diseases or illness)

Get advice on how to protect yourself against health risks that are present at your destination (e.g., online or from friends/family) [FIXED]

Purchase or have existing travel health insurance

Visit a travel health clinic

Make sure your routine vaccinations are up-to-date

Obtain recommended vaccinations or medications to prevent diseases that occur at the destination

Obtain vaccinations required to enter the country

See a health care professional (doctor or nurse)

Consult a pharmacist

Sign up with the Registration of Canadians Abroad (ROCA) service  
None of the above [FIXED POSITION]

[PROGRAMMING NOTE: ADD HOVER TEXT FOR "infectious disease or illness" with this text: For the purpose of this survey, an infectious disease or illness is a disorder of the body caused by germs, such as bacteria, viruses, fungi or parasites. For example, COVID-19, the flu, Zika, malaria or measles.]

### Why not seeing a health care professional

[PROGRAMMING INSTRUCTION: ONLY ASK IF BOTH "SEE HEALTH CARE PROFESSIONAL..." AND "VISIT A TRAVEL HEALTH CLINIC" ARE NOT SELECTED]

24. Why don't you typically see a health care professional (doctor or nurse) or visit a travel health clinic before an international trip? Select all that apply

[RANDOMIZED]

I am not concerned about getting sick on my trip

I am an overall healthy person

I am up-to-date on all of my vaccines

There are no health risks associated with my travel plans

I travel often to the same place(s)

I am aware of the health risks associated with my travel plans

I do not have enough time to see a travel health care professional (doctor or nurse)

I was unable to access a health care professional or travel clinic [NEW]

I didn't know I should consult a travel health professional before travelling [NEW]

There were no available appointments for me to see a travel health care professional

There are costs associated with this that I do not want to pay for or cannot afford

Other, please specify: [FIXED]

### Actions during trip

25. When travelling internationally, which of the following do you typically do to protect your health during your trip?

Select all that apply

[RANDOMIZED]

Protect myself from insect bites (e.g. insect repellent, use bed nets, etc.)

Clean hands regularly (with soap and water or hand sanitizer) When coughing or sneezing, cover your mouth and nose with your arm to reduce the spread of germs

Practice safe eating and drinking habits

Avoid close contact with sick individuals

Protect myself from sexually transmitted infections (e.g. use condoms consistently and correctly or avoid activities where body fluids are exchanged)

Avoid close contact with domesticated animals (e.g. pets, farm animals)

Avoid close contact with wild animals

Avoid wet markets [ADD HOVER TEXT][NEW]

- Wear a mask on planes or other public transportation [NEW]
- Practice social distancing (i.e., avoid crowds) [NEW]
- Other, please specify: [FIXED]
- None of the above

**[PROGRAMMING NOTE: Wet markets definition: Places where live animals are slaughtered and sold]**

26. When travelling internationally, how likely are you to do the following in the country you are visiting? [NEW] [RANDOMIZE]
- a. Go to a restaurant or bar
  - b. Attend a large event such as a sporting event, cultural festival or concert
  - c. Shopping
  - d. Sightseeing
  - e. Avoid places with large crowds
- [SCALE: Very likely, somewhat likely, not very likely, not at all likely]

**Trip purpose**

27. When travelling internationally, do you typically travel for: Select all that apply

**Items:**

[RANDOMIZED]

- Tourism or pleasure
- Visiting friends or relatives
- Volunteer or humanitarian work
- Business
- Education or research
- Adventure
- Other, please specify: [FIXED]

**TRAVEL COMPOSITION [NEW]**

28. Did you travel internationally (including to the United States) during the COVID-19 pandemic? (since March 2020)? [NEW]
- Select all that apply

**Items:**

[RANDOMIZE TOP 2]

- Yes, to the United States
- Yes, to another country other than the United States
- Yes, both to the United States and another country

No

29. [IF YES] How comfortable were you with travelling during the COVID-19 pandemic (since March 2020)? [NEW]

Very comfortable

Somewhat comfortable

Somewhat uncomfortable

Very uncomfortable

30. [IF YES] Have you or someone you know contracted COVID-19 while travelling or during a trip? [NEW]

Yes, me personally

Yes, someone I know

Both

No

Not sure

31. Do you agree or disagree with each of the following statements?

**Scale:**

Agree

Somewhat agree

Somewhat disagree

Disagree

Not sure

**Items:**

[RANDOMIZED]

I am more likely to travel domestically than internationally in the next year

I am more likely to drive than fly for travel if it is a manageable distance

I am confident that airlines, hotels, and other travel companies are doing what is necessary to prevent the spread of COVID-19

I am more likely to take enhanced precautions (i.e. ensure vaccinations are up to date, wear a mask, wash my hands more frequently, etc.) during travel

I am comfortable testing for COVID-19 when I travel

**TRAVEL COMPOSITION**

32. Who typically travels with you when you travel internationally?

Select all that apply

**Items:**

[RANDOMIZED]

I travel alone

Spouse or significant other

Child (under 18 years old)

- Child (18 years old or older)
- Parent(s)
- Grandparent(s)
- Other family members
- Friend(s)
- Co-workers
- Other, please specify: [FIXED]

**Where travellers stay**

33. Where do you typically stay when you travel internationally?  
Select all that apply

**Items:**

[RANDOMIZED]

- Resort
- Hotel
- Privately-owned house or apartment rental (e.g., AirBnB vacation rental property)
- With friends
- With family
- Hostel
- Camping/ RV [MODIFIED]
- Other, please specify: [FIXED]

**When trip planned**

34. How far in advance do you typically **start to** book your travel arrangements for international trips?

- One week or less before travelling
- 2-3 weeks before travelling
- About a month before travelling
- 2-3 months before travelling
- 4 months or longer before travelling

Demographics

**DISPLAY:** The next few questions are for classification purposes only. These last few questions will allow us to compare the survey results among different groups of respondents. Your answers will remain anonymous and confidential.

**Education**

35. What is the highest level of formal education that you have completed?

- Some high school or less.....1
- High school diploma or equivalent.....2
- Registered Apprenticeship or other trades certificate or diploma ..... 3

- College, CEGEP or other non-university certificate or diploma.....4
- University certificate or diploma below bachelor's level.....5
- Bachelor's degree.....6
- Postgraduate degree above bachelor's level.....7
- I prefer not to answer .....9

**36. Which of the following categories best describes your current employment status? Are you...**

- Working full-time (35 or more hours per week)
- Working part-time (less than 35 hours per week)
- Self-employed
- Unemployed, but looking for work
- A student attending school full-time
- Retired
- Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)
- Other employment status.
- I prefer not to answer

**37. Which of the following best describes your total household income last year, before taxes, from all sources for all household members?**

- Under \$20,000
- \$20,000 to just under \$40,000
- \$40,000 to just under \$60,000
- \$60,000 to just under \$80,000
- \$80,000 to just under \$100,000
- \$100,000 to just under \$150,000
- \$150,000 and above
- Prefer not to answer

**38. What language do you speak most often at home? [Accept all that apply]**

- English
- French
- Other [Specify or do not specify depending on the needs of the study]
- Prefer not to answer

**39. Which of the following ethnicity(ies) do you identify as ...? Select all that apply.**

- Western European (UK, Spain, Portugal, France, Germany, Austria, Switzerland, etc.).....
- Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.).....
- African (Nigeria, Ethiopia, Tanzania, etc.).....
- Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.).....
- South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.).....
- Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.).....
- East Asian (China, Korea, Japan, Taiwan, etc.).....
- South/Central/Latin American (Argentina, Mexico, Brazil, etc.).....
- West Indian (Caribbean).....
- Canadian Indigenous (First Nations, Métis, Inuit (Inuk), etc.).....
- Other, please specify: \_\_\_\_\_
- Prefer not to answer.....

**40. What are the first three digits of your postal code?**

[OPEN TEXT: VALIDATION - FORCE THE TEXT FORMAT TO BE A9A]

A9A [FORMAT]

I prefer not to answer A9A

Thank you for your time on this important study! The results, once compiled, can be found on the Library and Archives website.

## 6.2. Focus Group Discussion Guide

### *Introduction (10 minutes)*

Thank you all for joining the focus group today/this evening!

- **Introduce moderator/firm and welcome participants** to the focus group.
  - Thanks for attending/value you being here.
  - Tonight/today, we're conducting research on behalf of the **Public Health Agency of Canada (PHAC)**.
  - We will be talking about how you think about your recent travel and/or your future travel plans, and how they may have changed since the pandemic.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. As well, in the list of participants, we will make sure only your first name appears (moderator can edit the names of participants as needed to remove last names).
  
- **Describe focus group**
  - A discussion group is a "round table" discussion. My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your open and honest opinions. You're in a "safe space", there is no judgement here. There are no right or wrong answers. This is not a knowledge test, and you will not be penalized based on the thoughts and opinions you share.



- I realize that there may be sharp differences of opinion on this subject, but everyone's opinion is equally important and should be respected.
- We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians who are not in the room tonight/today.

**We will be making regular use of the chat function.** To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called "chat". It will open a chat screen on the far right of your screen. I'd like to ask you to use chat throughout our discussion tonight. Let's do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.

- **Explanations:**

Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.

- The report can be accessed through the Library of Parliament or Archives Canada in about six to eight months.
- Your responses will in no way affect your dealings with the Government of Canada.
- The session is being audio-video recorded. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent. The recording is only for report writing purposes / verify feedback.

- **Observers:**

- There are individuals from PHAC involved in this project who may be watching this online; this is only so they can hear the comments first-hand.

- **Any questions?**

- Please note that the moderator is not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the discussion, we will try to get answers for you before we wrap up the session.
- If you are not speaking, I would encourage you to **mute your line** to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!

- Also, since it is difficult to understand if more than one of you speak at the same time, please use the “Raise Hand” feature (SHOW IF NECESSARY) so I can make sure I hear from all of you.
- **Roundtable introduction:** To get us started off, I’d like to hear a little bit from each of you. Please tell us your first name and what you enjoy doing in your spare time.

### *General Discussion on Recent travel and Future Travel Plans (15 minutes)*

- As the summer comes to an unfortunate close, I’d like to start off by asking if and where you travelled (ROUND TABLE), not only during this past summer, but over the past year, in other words, any travel since August of last year.
  - Where did you travel to?
  - How long did you stay?
  - What was the main purpose of your trip(s)? What are some other things you did on your trip?
- What about future travel? Tell us where are you planning on travelling during the coming year?
  - Again, how long do you plan to stay?
  - What will the main purpose of your trip be?

### *Preparation and Assessment of Travel Health Risks (20 minutes)*

- For those of you who took trips internationally over the past year, how did you prepare for the trip (except for packing)?
  - How did you decide on your travel destination? Tell us your process in detail.
    - What factors came into consideration? **PROBE ON ANY MENTION OF HEALTH RISKS. How do/did health issues or risks affect your travel planning?**
    - How does your planning and preparation differ between those destination s you tend to have visited before compared to a new destination? **PROBE IN RELATION TO DESTINATIONS DISCUSSED PREVIOUSLY.**
    - What about when you have no choice as to your destination? Does your planning tend to be different?
    - How has your planning changed since the pandemic? Do you plan any differently now than you did prior to the COVID-19 pandemic?
- How about planning for upcoming trips? What factors are you taking into account when deciding where to travel?
- Where do you get information when planning a trip? Does it change based on why you are travelling or where?

- **PROBE:** Friends and family, word of mouth, familiarity/frequency

## *Health Risks*

- **Did/do you assess any risks to your health? How did/do you go about determining/assessing whether or not there are any health risks? PROBE.**
  - IF NOT: why not?
  - PROBE: Family/friends/familiarity of destination
- Are there any health risks that you wouldn't find here at home/in Canada?
  - How does this differ by different travel destination?
  - What are the different risks when travelling to:
    - Europe?
    - Asia (breakdown by sub-region if possible, i.e. South Asia, Southeast Asia, China, North Asia [Japan, Korea])
    - Africa (by sub-region if possible)
    - Oceania (Australasia)
    - Central/South America
- **PROBE ON SPECIFIC RISKS BY DESTINATION, e.g.**
  - **Tropical diseases**
  - **Food/water borne illnesses**
  - **COVID-19, Zika, Lyme Disease, etc.**

What about health risks depending on what your travel plans are, i.e. do they differ whether you're going to visit family, or conduct humanitarian/volunteer work, business travel, leisure/tourism travel, medical tourism, etc.?
- How does this all compare with your pre-pandemic travel? Do you see any of these health risks differently than you did before?

## *Researching Travel-Related Health Risks (15 minutes)*

- Now, let's talk about where you get your information to evaluate the various health risks in different destination.
  - Where do you get your information? **PROBE IF MENTION GOVERNMENT OF CANADA SOURCES, INCLUDING TRAVEL.GC.CA/Health and Safety Outside Canada.** How much "research" do you/did you do prior to a trip?
- How far in advance do you do your research? Do you monitor for changes or new developments? How? What about social media? Would something you see posted on social media influence your planning? Did it in the past. **PROBE. How does social media influence your assessment of health risk?** How believable are social media posts?

- Which sources do you find most/least trustworthy?
- When looking for different risks, what are you looking for? What is/was it important to know about before you leave/left?
- Again, has this changed since the pandemic? Do you look for other things now that you didn't before the pandemic? **PROBE.**

### *Travel Risk Management and Mitigation (20 minutes)*

- What do you do, if anything, to protect yourself where you see the various health risks? **IF NOT MENTIONED, ASK THE FOLLOWING. PROBE ON DIFFERENCES BY DESTINATION.**
  - Purchase travel health insurance
  - Visit a travel health clinic and/or professional **WHY/WHY NOT? PROBE IF HEALTH SYSTEMS/AVAILABLE TIMING ARE BARRIERS**
    - Do you ask for specific vaccinations, or do you rely on the health professionals recommendations? Which vaccinations do you seek out?
    - Has all the publicity around vaccination influenced whether or not you visit a health professional before your trip?
  - Make sure routine vaccinations are up to date
  - Get vaccinations required by host country
  - Consult a pharmacist
  - Purchase over-the-counter medicines
- Is there anything specific you do when travelling or at your destination to minimize health risks? **IF NOT MENTIONED, ASK:**
  - Do you wash your hands more often than you would at home?
  - Protect for insect bites?
  - Watch your diet or eat differently?
  - Avoid close contact with sick individuals?
  - Avoid contact with wild animals?
  - Wear a mask on planes or other public transportation?
  - Practice social distancing?
- **PROBE AS TO REASONS WHY/WHY NOT PARTICIPANTS EXHIBIT THESE BEHAVIOURS**
- Is there anything specific you do when returning home to minimize health risks?
- **IF NOT MENTIONED, ASK:**
  - Visit a doctor if sick?
  - Avoid close contact with vulnerable or immunocompromised individuals?
  - Avoid contact with wild animals?
  - Wear a mask on planes or other public transportation?

- e. Practice social distancing?
  - f. Take a COVID-19 test?
- Do you do any of these now when you travel that you didn't do prior to COVID-19?

What would you (or did you) do if you become ill after a trip to an international destination? Is this different now, as compared to before the pandemic?

### *Future Considerations (5 minutes)*

If a COVID-like event were to happen again, how supportive would you be of similar self-isolation requirements if you are coming from countries with high case numbers? What about testing requirements?

### *Observer Questions (5 minutes)*

Observers will have the opportunity to provide questions throughout the focus group using the chat function (direct messaging me). The Moderator will proceed to ask these questions of the group.

Thank Participants and Adjourn

Total Time: 90 minutes