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International Health

International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 35, 25/11/2021

Canolfan Gydwethredol Sefydliad
Iechyd y Byd ar Fuddsoddi
ar gyfer Iechyd a Llesiant



World Health Organization
Collaborating Centre on Investment
for Health and Well-being

Overview

The International Horizon Scanning and Learning work stream was initiated as part of the COVID-19 public health response, to support response and recovery measures and planning in Wales.

The learning and intelligence is summarised in regular reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs. The reports focus on COVID-19 international evidence, experience, measures, transition and recovery approaches. Evidence is provided to help understand and explore solutions for addressing the on-going and emerging health, well-being, social and economic impacts (potential harms and benefits) of COVID-19.

This work is aligned with and feeds into the Welsh Government Office for Science and into Public Health Wales Executive Team. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Well-being of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

Disclaimer: The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance/reports, including sources of information to allow further exploration. The reports do not provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus and the dynamic epidemiological situation, studies, data and evidence can be conflicting, inconclusive or out-of-date very quickly depending on country/other context.

In focus this week

- ✚ Winter 2021/22 COVID-19 planning
- ✚ The impact of COVID-19 on older people

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At a glance: summary of international learning on COVID-19

“With the right mix of measures, it’s possible for countries to find the balance between keeping transmission down and keeping their societies and economies open. No country can simply vaccinate its way out of the pandemic.”¹

Dr. Thedros Adhanom Ghebreyesus,
Director General of the World Health Organization

Winter 2021/22 COVID-19 planning

- ✦ The winter plans for COVID-19 are variable depending on the context, for example most of Canada is planning a careful re-opening this winter, but Alberta bucks this trend with lower vaccination rates and higher COVID-19 case rates.
- ✦ Much of Europe is struggling with a further wave of COVID-19 and as such winter plans in Europe are focussed around the re-introduction of restrictions, including mandatory mask use together with limitations on people mixing (particularly indoors).
- ✦ Austria has high rates of COVID-19 and has been through many phases of encouraging vaccine uptake, but has recently announced mandatory vaccination from February 2022.
- ✦ Most countries have clear ‘step-up’ and ‘step-down’ plans based on prior experience ready to implement swiftly should circumstances change. The metrics used to make decisions to step up and down are similar and most often feature pressure on the health services and intensive care units.
- ✦ From the international literature, there appear to be two main drivers of differences in COVID-19 infection rates that are amenable to change (seen both within countries and between countries) these are the levels of vaccine uptake and the use of non-pharmaceutical interventions *in addition* to vaccines, e.g. working from home, mask use etc.

More information is summarised on pp. 4-15

The impact of COVID-19 on older people

- ✦ There is clear evidence that COVID-19 is having a differential impact on older people with higher rates of hospitalisation and mortality in the older age groups.
- ✦ There is growing international evidence that Long COVID is more likely to occur in older people in comparison to younger people.
- ✦ The language around age and vulnerability during and beyond the pandemic should be carefully considered so as not to promulgate negative stereotypes.
- ✦ Many countries reported difficulty in keeping COVID-19 out of long-term care facilities.
- ✦ Factors that are important in the management of COVID-19 in a long-term care facility include careful adherence to infection control measures, adequate staffing levels, access to personal protective equipment and good leadership.
- ✦ When planning services, including health services, consideration should be given to the digital divide and accessibility.
- ✦ It is important to ensure that the voice of older people is heard when planning and setting priorities.

More information is summarised on pp. 16-28

¹ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---12-november-2021>

Winter 2021/22 COVID-19 planning

Overview

This section summarises COVID-19 strategies for winter 2021/2022 from selected countries, highlighting approaches and responses to the current epidemiological situation in the respective country. Plans are mainly based on the epidemiological situation in the respective country and worldwide, health service capacity and vaccination rollout.

Austria

The Austrian Federal Government introduced an updated five step plan (table 1) in order to handle an increase in infections on the 23rd October 2021.² The proposals are mainly based around not over burdening the health system, especially maintaining sufficient intensive care unit (ICU) capacity and feature the potential for different states to introduce stricter measures to deal with more localised outbreaks.

Table 1: Austria: Five step COVID-19 plan

Level 1: More than 200 occupied ICU beds (10 percent of capacity)
<ul style="list-style-type: none">• Proof of vaccination, recovery or a negative test is required for events for more than 25 people instead of more than 100 (such as in theatres and cinemas)• In all areas that require proof of immunity, antigen tests are only valid for 24 hours• In evening dining venues and bars, antigen tests are not accepted for entry• FFP2 masks are mandatory in places which previously required only a normal face covering, such as at supermarkets and on public transport• Unvaccinated people must wear FFP2 masks in all retail venues and indoor cultural venues like museums, galleries and libraries
Level 2: More than 300 occupied ICU beds (15 percent of capacity)
<ul style="list-style-type: none">• Evening dining and bars as well as events for more than 500 people and without assigned seating will only be accessible with proof of 2G (full vaccination status or proof of recovery from COVID-19), but not a negative test• Antigen tests performed at home will no longer be considered valid proof for the areas which require proof of immunity
Level 3: More than 400 occupied ICU beds (20 percent of capacity)
<ul style="list-style-type: none">• This level was updated on October 23rd 2021. If level 3 is reached, proof of vaccination, recovery, or a negative PCR test but no antigen tests) will be introduced at all locations where a proof of immunity rule was in place under level 2• Individual regions have the possibility to introduce stricter measures if deemed necessary. Vienna has effectively been implementing these national level 3 regulations since earlier in the autumn, because Vienna uses its own risk level classification in addition to the national one
Level 4: More than 500 occupied ICU beds (25 percent of capacity)
<ul style="list-style-type: none">• Austria entered level 4 on 8th November 2021 at this level, a vaccination or proof of recovery is required for restaurants, hairdressers, beauty salons, and events for over 25 people – tests will not grant access• FFP2 masks are required in all retail venues as well as libraries and museums
Level 5: More than 600 occupied ICU beds (30 percent of capacity)
<ul style="list-style-type: none">• At this level, the government would implement a lockdown for unvaccinated people who would only be permitted to leave home for valid reasons

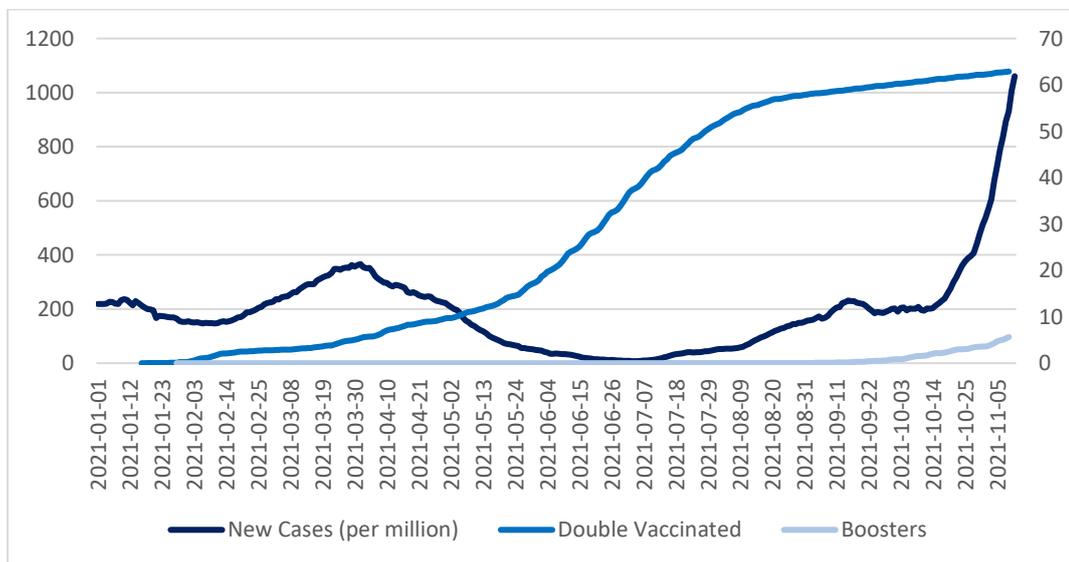
² [Corona Ampel](#)

Facing steeply rising infections and a slowing vaccine rollout (figure 1), Austria introduced a range of new measures on the 8th November 2021³, including:

- Proof of vaccination or recovery for entry to hospitality, fitness, cultural and personal care venues
- Proof of vaccination/recovery for events with more than 25 people
- PCR and lateral flow tests no longer valid for use within vaccine passport system
- FFP2 masks required on public transport and retail businesses
- Two-dose vaccinations only valid for nine months after the date of the second dose
- Pre-clearance required for entry into Austria

Under the original proposals, Austria was set to remain in a transition phase until 6th December 2021. However, a sharp rise in cases (figure 1) has prompted the Federal Government to implement a break in its five step plan.⁴

Figure 1: New cases (L) and vaccine uptake in Austria in 2021 [data extracted on: 12/11/2021]⁵



While the situation worsens in Austria, it has been more pronounced in certain locations, particularly in the state of Upper Austria, where **vaccine uptake has been particularly low at just under 60%** (compared to 65% in the rest of Austria)⁶. **In an attempt to increase vaccine uptake, the state government introduced a lottery featuring a number of prizes, with the main prize being an electric car to incentivise vaccination.**⁷

In order to combat the acute rise in infections in the state and prevent overburdening the health system, Austria **put everyone over the age of 12 years in lockdown who is not vaccinated** - this came into effect on the 15th November 2021. Additional measures including further lockdown measures and vaccination being made mandatory in Austria from February 2022 have since been introduced.⁸

³ [Up-to-date Information on the Coronavirus Situation](#)

⁴ [Coronavirus - Current Measures](#)

⁵ [Coronavirus \(COVID-19\) Vaccinations](#)

⁶ [Austria province to place millions of unvaccinated people in Covid lockdown](#)

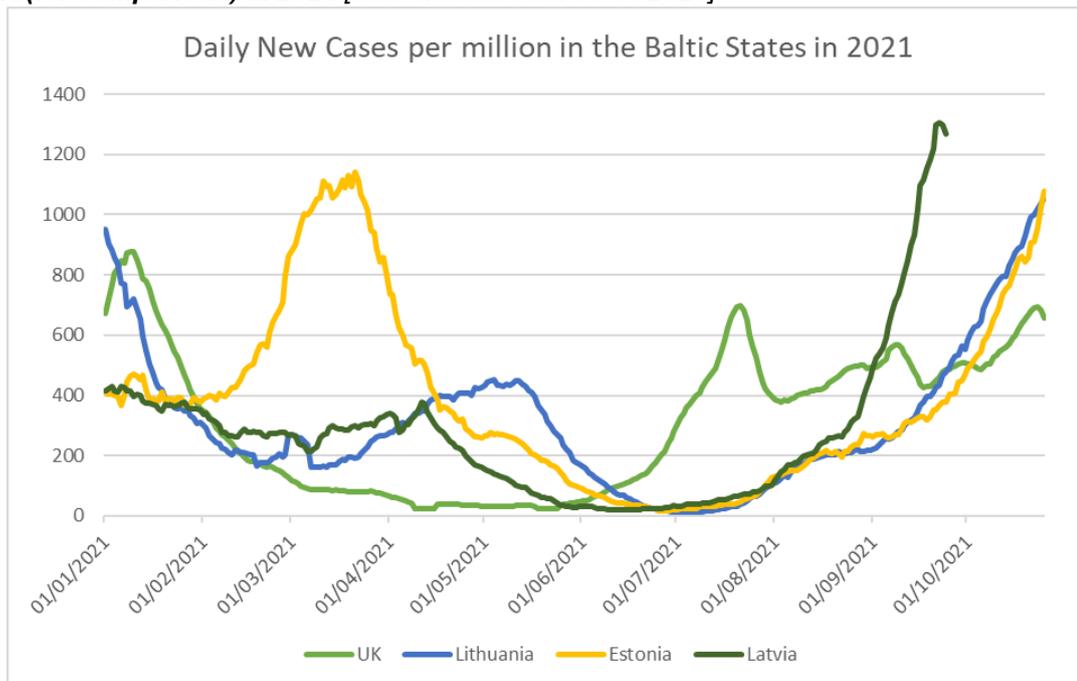
⁷ [G'impft wins - Upper Austria starts vaccination lottery](#)

⁸ <https://www.bundeskanzleramt.gv.at/bundeskanzleramt/nachrichten-der-bundesregierung/2021/11/bundeskanzler-schallenberg-bundesweiter-lockdown-fuer-ungeimpfte.html#:~:text=Daher%20haben%20wir%20heute%20beschlossen,mehr%20in%20Ausnahmef%C3%A4llen%20verlassen%20werden.>

Baltic States

The past two months (October and November 2021) have seen the emergence of the **next wave throughout much of Eastern Europe**, with significant rises in daily cases being observed in Slovenia, Romania, Serbia, Bulgaria and pockets of Russia. **There has been a significant rise in the number of daily new cases in the three Baltic States of Estonia, Latvia and Lithuania** (figure 2) – **with all three announcing a number of new restrictions** aimed at tackling the evolving pandemic.

Figure 2: Daily new cases per million population in Estonia, Lithuania and Latvia and the UK (for comparison) in 2021 [data extracted on: 05/11/2021]⁹



The emergence of this new wave in all three countries is largely the result of slow vaccination campaigns (figure 3, 4 and 5), particularly in Latvia, which has struggled to vaccinate many at risk populations.

Estonia

With the emergence of its third wave amid a rising number of cases (figure 3), the Estonian government announced on the 20th October 2021 that there would be a return to a number of more stringent restrictions, which would remain in effect from 25th October 2021 to the 10th January 2022:¹⁰

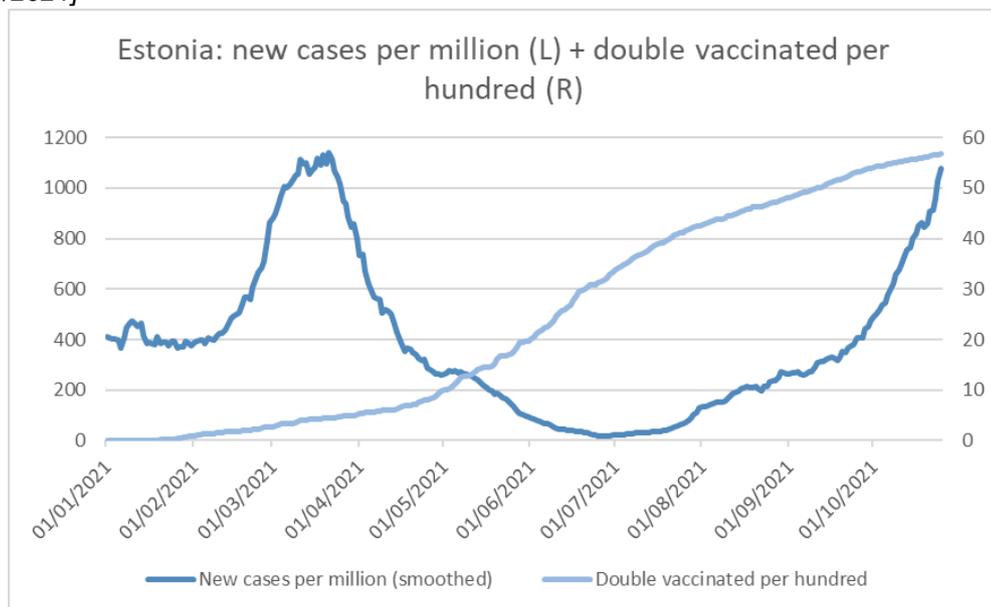
- **Stricter requirements on mask wearing** – masks to be worn indoors at all venues, with children aged 12+ to wear masks at events and venues where a Covid Pass is required
- **Tighter restrictions for unvaccinated individuals** – while the EU Covid Pass system allows unvaccinated individuals to access venues and services upon proof of a negative test, this element has now been removed in Estonia, meaning that **only proof of vaccination or recovery is allowed**

⁹ [Coronavirus \(COVID-19\) Vaccinations](#)

¹⁰ [Valitsus leppis kokku uutest COVID-19 kriisi lahendamise meetmetest](#)

- ✓ This restriction includes venues and activities such as sports/sports competitions, youth work, swimming pools, public meetings and events, conferences, theatres, provision of entertainment services and food service companies
- **Reduction of contacts** – businesses must enforce social distancing, while shopping centres will close off both seating and playing areas. Working from home is advised for all
- In addition, the Estonian government also announced **measures aimed at increasing the vaccination uptake**, including:
 - ✓ Financial bonuses for family medical centres that achieve a higher vaccination level among the 60+ age group
 - ✓ An incentive of five Euro per vaccinated resident to be provided to local governments that increase the coverage of their residents with vaccination by +10 percent in comparison with 1st October 2021
 - ✓ An incentive of five Euro per resident for local governments for each vaccinated resident when at least 80% of the total population has been fully vaccinated

Figure 3: New cases and vaccination uptake in Estonia in 2021 [data extracted on: 05/11/2021]¹¹



Lithuania

While Lithuania currently has the highest vaccination uptake of the Baltic States (figure 4), and is the only one of the three to **have initiated a booster campaign**, it has found itself in a similar situation to both Estonia and Latvia.

- Lithuania has a **vaccination rate below 70% in 80+ age group**, and below 80% in 55-64 and 75-79 age group¹²
- With more than **75% of hospitalisations and deaths from COVID-19 being in non-vaccinated high risk groups**¹³, Lithuania has had its capacity pushed to the

¹¹ [Coronavirus \(COVID-19\) Vaccinations](#)

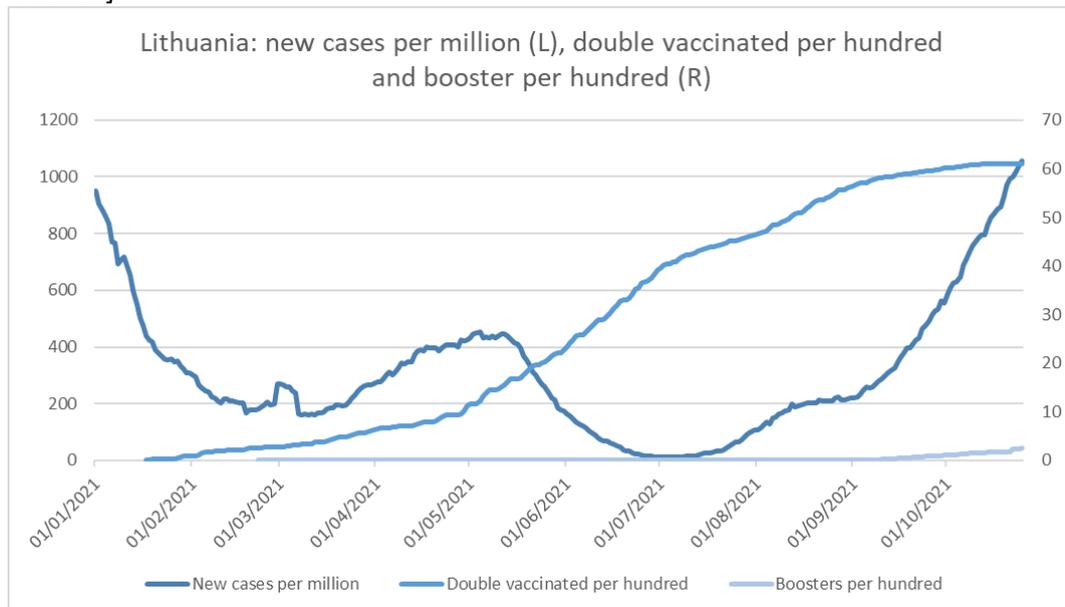
¹² [Lietuvos statistika](#)

¹³ [Lithuania is braced for the biggest Covid wave yet – data review](#)

extent where **two major hospitals in Vilnius stopped accepting non-urgent patients**¹⁴

- Subsequently, new non-pharmaceutical interventions (NPIs) to prevent the spread of COVID-19 have been introduced starting from 13th September, including:¹⁵
 - ✓ **Covid certificate is required for** non-essential stores, food and other essential stores above 1500m², gyms, indoor events and outdoor cultural events
 - ✓ **Covid certificates require a negative PCR test** - which remains valid for 48 hours. Only private testing is available and the expense is met by the individual. Proof of sufficient antibodies via serological testing is also accepted, but needs to be updated every 60 days
 - ✓ **Face masks required in all indoor venues** as of 1st October 2021

Figure 4: New cases and vaccine uptake in Lithuania in 2021 [data extracted on: 03/11/2021]¹⁶



Latvia

From the 11th October 2021, the Latvian Government announced a number of measures to try and stem a rising number of cases.¹⁷ These measures included **mandatory vaccinations for health, social care and educational workers**, as well as the option for employers to mandate vaccines for staff in specific circumstances.

A state of emergency was declared for three months from 11th October 2021,¹⁸ due to the depletion of health care resources, the large rise in new cases, Latvia's low vaccination coverage and the forecasts of epidemiological experts (figure 5).

- As the former Health Minister, Ilze Viņķele, highlights: "We knew that certain groups, especially older citizens, as well as those from less affluent socioeconomic backgrounds, were sceptical to take the vaccine. But unfortunately we have not been able to address this divide effectively"¹⁹. Subsequently, **88.5% of people hospitalised with COVID-19 were**

¹⁴ [Baltic states lead Covid surge across east Europe](#)

¹⁵ [COVID-19-related restrictions](#)

¹⁶ [Coronavirus \(COVID-19\) Vaccinations](#)

¹⁷ [The epidemiological regulations for autumn are approved](#)

¹⁸ [From 11 October, an emergency situation is declared in Latvia for three months](#)

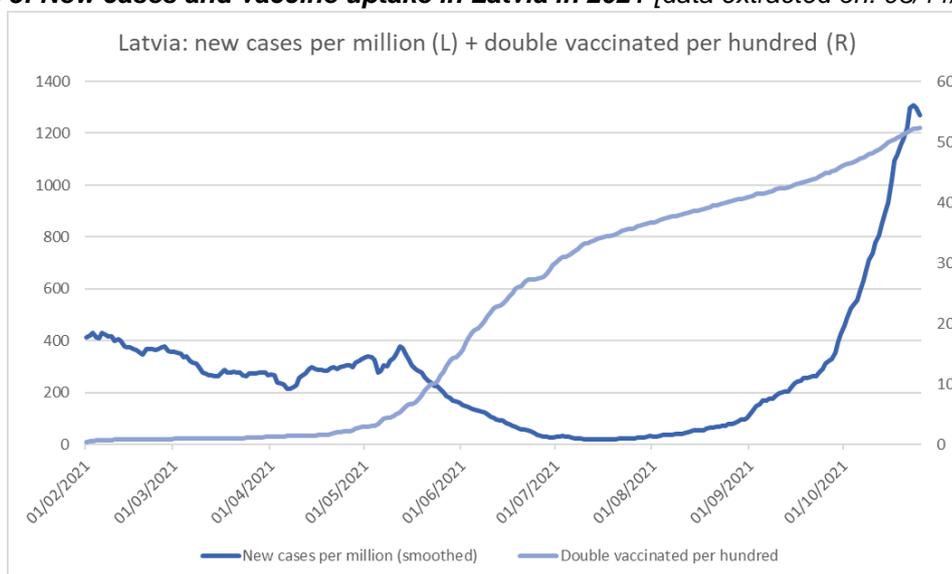
¹⁹ [Latvia is first country to reimpose lockdown in Europe's new Covid wave](#)

unvaccinated, while 89% of those who died from COVID-19 were unvaccinated.²⁰

Latvia will request assistance from the EU, which will include a request for doctors, medical personnel, 120 lung ventilators, 363 vital sign monitors and a variety of other equipment.²¹ In addition, the government has introduced the following **enhanced NPI measures from 21st October – 14th November**:²²

- Night time curfew between 20:00 – 5:00
- All public and private events banned
- People encouraged to stay at home as much as possible
- Remote working where possible
- School autumn holidays extended by one week
- 1st to 3rd grade to return to school, while older classes will study remotely
- From the 1st November 2021, everyone entering a medical facility will be required to undergo rapid testing²³

Figure 5: New cases and vaccine uptake in Latvia in 2021 [data extracted on: 03/11/2021]²⁴



Finland

Finland has seen a faster and vaccine rollout (figure 6). With vaccine uptake having surpassed 80% of the target population (12+)²⁵, Finland looks to operate a **‘hybrid’ strategy for winter**, with the following goals:²⁶

- maintain that society remains open
- an up-to-date vaccination programme
- avoid serious social and economic consequences
- safeguard the capacity of the healthcare system

²⁰ [89% of people dying with Covid in September were unvaccinated](#)

²¹ [Latvia to request international help in healthcare](#)

²² [During four-weeks period, Latvia will put in the maximum efforts to control the Covid-19 pandemic](#)

²³ [Everyone entering medical establishments in Latvia will get Covid-tested](#)

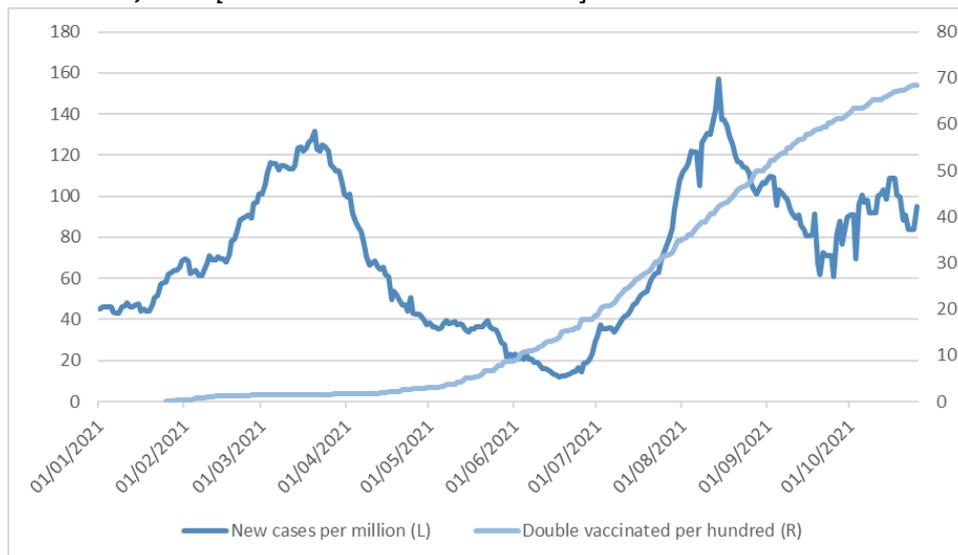
²⁴ [Coronavirus \(COVID-19\) Vaccinations](#)

²⁵ [THL on Twitter](#)

²⁶ [Action plan for implementing the hybrid strategy to control the COVID-19 epidemic 2021–22](#)

- protect at-risk groups and the most vulnerable

Figure 6: New cases per million (left axis) and double vaccinated per hundred (right axis) in Finland, 2021 [data extracted on: 05/11/2021]²⁷



Finland has begun to emerge from a period of a number of restrictive measures and now **aims to maintain an open society while monitoring cases and hospitalisations** to prevent a return to lockdown. Their action plan emphasises proportionality for any future measures taken, while avoiding overwhelming the healthcare system. The **epidemiological monitoring metrics** taken into account will include:

- Vaccination coverage by hospital district in different age groups
- Anticipated and realised need for hospital care, including intensive care
- Total number of infections and incidence by age group divided into vaccinated and non-vaccinated groups
- Incidence of the need for specialised care by age group, divided into vaccinated and non-vaccinated groups
- COVID-19 case fatality rate and mortality relative to the population size;
- Effective Rt number
- Number of tests by age group

The overall **forward-looking assessment of the epidemiological situation** will also take into account aspects such as:

- International epidemic situation, especially in Finland's neighbouring areas
- Development of antibody levels in the population (seroepidemiology)
- Wastewater monitoring
- Information on potential new variants of concern

The plan incorporates a 'National Emergency Break mechanism', where a rapidly deteriorating situation would see control of the pandemic return to a national basis as opposed to a localised one. However, unless this is deemed necessary, **Finland will**

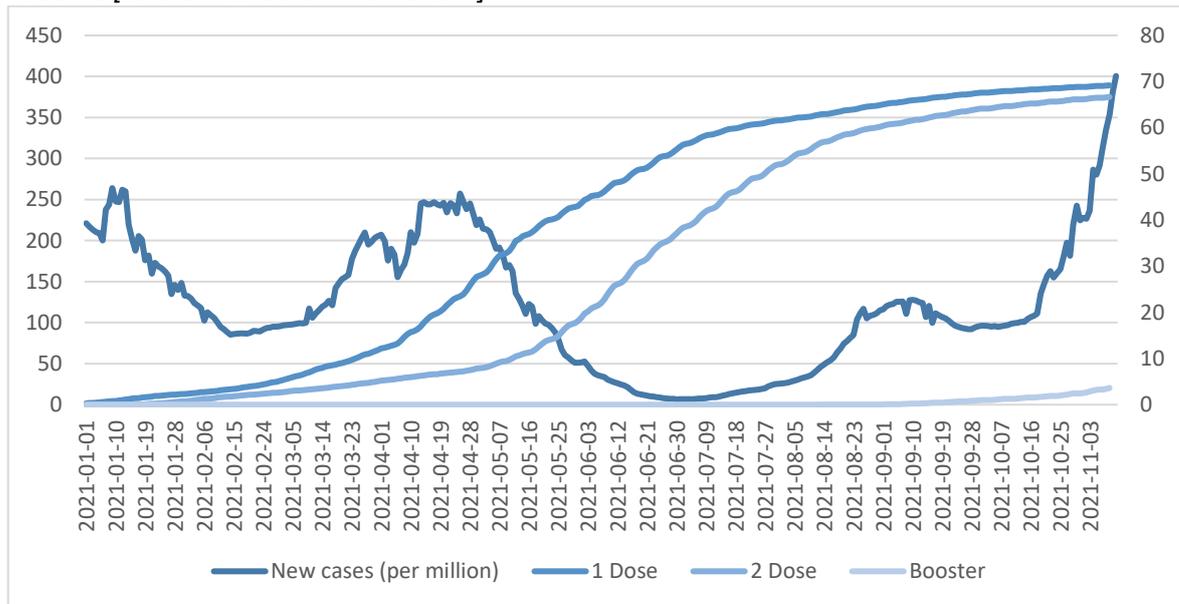
²⁷ [Coronavirus \(COVID-19\) Vaccinations](#)

revert to a localised handling of the pandemic with local authorities utilising powers provided by the Communicable Diseases Act.

Germany²⁸

Germany has made progress with its vaccine programme on the way to achieve protective basic immunity in the population but has recently experiences a stark increase in new cases (figure 7).

Figure 7: Germany COVID-19 cases per million, 1st vaccine, 2nd vaccine and booster vaccine [data extracted on: 12/11/2021]²⁹



The Robert Koch Institute generally recommends that the **basic infection prevention measures should be followed until at least spring 2022** (and also followed by those who have been fully vaccinated and those who have recovered from COVID-19).³⁰ The primary approach should be to **prevent a rise in cases through vaccinations, individual control measures and responsible behaviours** (such as keeping distance, reduce contacts, regular disinfection of hands and the use of face masks where possible and required). The goal of infection prevention measures is still to minimize serious illnesses caused by SARS-CoV-2, taking into account the overall public health situation in Germany and worldwide.

In the current **Control COVID strategy**³¹ (based on modelled scenarios), recommendations for preparation and prevention of an increase in cases throughout autumn and winter 2021/22 include:

- **An efficient and successful vaccine campaign:**
 - ✓ **Complete vaccination quota** should be aimed for, especially among the elderly and other vulnerable population groups

²⁸ RKI - Coronavirus SARS-CoV-2 - COVID-19-Strategiepapiere und Nationaler Pandemieplan

²⁹ Coronavirus (COVID-19) Vaccinations - Statistics and Research - Our World in Data

³⁰ ControlCOVID: Aktualisierung der ControlCOVID-Strategie zur Vorbereitung auf den Herbst/Winter 2021/22 (rki.de)

³¹ Aktualisierung der ControlCOVID-Strategie zur Vorbereitung auf den Herbst/Winter 2021/22 (rki.de)

- ✓ **Socio-economic inequalities** should be actively addressed e.g. by “**outreach vaccination offers/campaigns**” in **socio-economically disadvantaged areas, for occupational groups with high contact rates and where many people live and work in a confined space (e.g. manufacturing or processing industry)**
- ✓ **Booster vaccinations** (especially) for the elderly and other risk groups should be planned and prepared now
- ✓ The population should be **fully and clearly informed about the COVID-19 pandemic developments** to inform their decision to have a vaccine, this includes knowing that there will be an increased demand on health systems throughout autumn and winter, the influence individual behaviour has on infection rates, and that the vaccine protects against serious illness, hospitalisation and deaths
- ✓ Using the **established digital vaccination monitoring tools** and additional studies to continue to determine the vaccination rates and willingness to vaccinate in different population groups to inform vaccination campaigns
- ✓ Continuous re-evaluation of the epidemiological vaccination indication with sufficient data on efficacy and safety across different age groups
- **Infection protection measures of local health authorities:**
 - ✓ Contact tracing, case isolation and quarantine of close contacts are still important in addition to vaccination and compliance with basic hygiene measures to prevent infection
- **Targeted use of public health measures:**
 - ✓ **Basic infection prevention measures to be kept during autumn and winter (with special focus on enclosed settings and high risk and vulnerable groups, including care homes and hospitals as well as educational settings)**

Updated step by step approach of the Control COVID strategy³²

Prevention measures to be taken at different settings (such as the workplace, supermarkets, educational settings, public transportation, bars and restaurant) is dependent on three indicators: **seven day case incidence, seven day hospitalisation incidence and health care capacity (such as ICU beds)**. Prevention measures depending on the indicators include basic hygiene and prevention measures and the so-called 2G and 3G rule.

- 2G: Fully vaccinated or recovered people
- 3G: Fully vaccinated or recovered people or people tested negative within 24hrs

Canada (selected provinces and territories)

Ontario

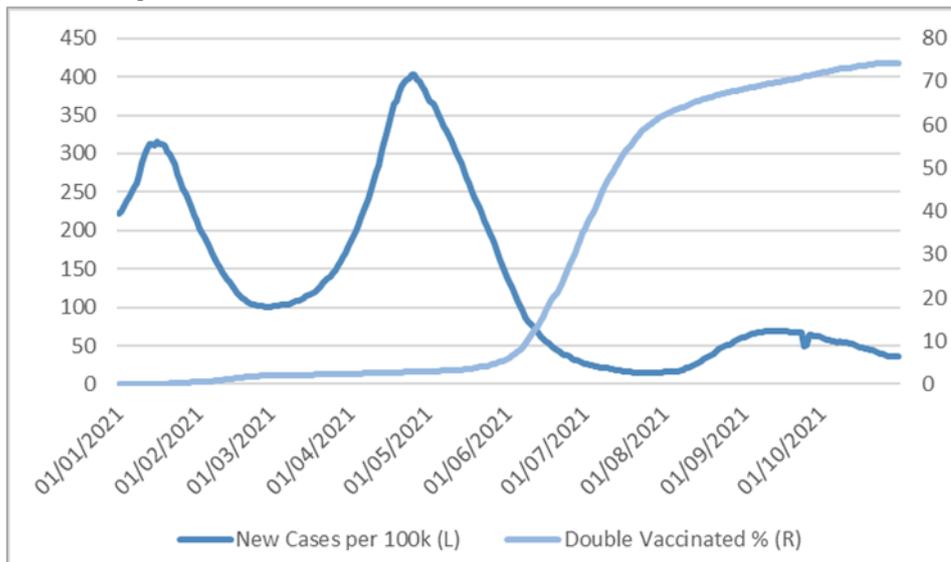
The province of Ontario published its winter plan for 2021-22 (based on the current epidemiological situation which in contrast to much of Europe shows decreasing new cases; figure 8):^{33,34}

³² [ControlCOVID: Aktualisierung der ControlCOVID-Strategie zur Vorbereitung auf den Herbst/Winter 2021/22 \(rki.de\)](#)

³³ [Ontario Releases Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term](#)

³⁴ [A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term](#)

Figure 8: New cases and vaccine uptake in Ontario in 2021 [data extracted on: 05/11/2021]³⁵



The plan therefore is for a slow re-opening as follows:

- **25th October 2021**– lifting of capacity limits and physical distancing requirements in venues where proof of vaccination is required. This includes hospitality venues, indoor sports and fitness facilities and gaming/gambling establishments. **Other venues may also open fully, if they introduce proof of vaccination, including personal care (barbers/hairdressers), museums, amusement parks, boats, open house events**
- **15th November 2021**– lifting of capacity limits and physical distancing requirements in **higher risk settings, including nightclubs, wedding venues and adult entertainment venues**
- **17th January 2022**– lifting of capacity limits in settings where proof of vaccination is not required. Lifting of proof of vaccination requirements for hospitality venues, sports and fitness facilities and gaming establishments
- **7th February 2022** – lifting of proof of vaccination requirement for high risk venues
- **28th March 2022** – **remaining public health and workplace safety measures to be lifted, including the requirement for face masks in indoor settings.** Proof of vaccination will be lifted for all settings. Local and regional public health responses to be conducted

However, the lifting of these restrictions will be contingent upon the unfolding epidemiological situation, which will be monitored through the following indicators - **ICU and hospital admissions, test positivity rate, weekly case incidence rate, vaccination uptake and effective reproductive number (R^e).**

Key principles of maintaining future outbreaks:

- ✓ ongoing monitoring and testing
- ✓ infrastructure in place to manage outbreaks

³⁵ [Confirmed COVID-19 cases in Ontario](#)

- ✓ targeted, localized measures based on local context and conditions
- ✓ minimize disruption to business and individuals

Sample measures that may be implemented locally or regionally could include:

- ✓ reintroduce capacity limits and/or physical distancing requirements (percent and/or hard caps)
- ✓ add settings where proof of vaccination is required
- ✓ reduce gathering limits
- ✓ apply public health and workplace safety measures in specific settings where transmission is occurring
- ✓ recommend or require work from home, where possible

British Columbia

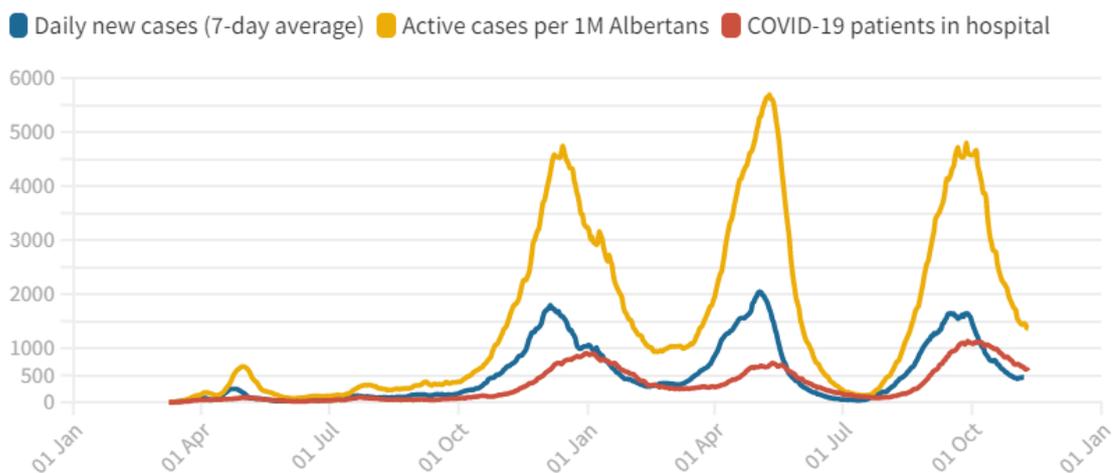
British Columbia is also experiencing declining case rates for COVID-19 and has outlined a four step process to re-opening society³⁶. In addition it is operating a **vaccine pass system (BC Card³⁷)**; Currently at Step 3, the British Columbian Government proposes to move to the final step (4) of the BC Restart plan when more than 70% of the 18+ population vaccinated with dose 1, along with low case counts and low COVID-19 hospitalisations. In step 4, most province wide restrictions will be lifted, albeit with the potential for more localised regional restrictions to combat local outbreaks. Specific restrictions will only remain in the form of:

- International travel restrictions in line with Federal requirements (inter-provincial restrictions will be lifted)
- Business will continue to abide by communicable disease prevention guidance

Alberta

While other Canadian Provinces such as Ontario have been able to prevent the emergence of a further wave of infections, Alberta recently experienced its fourth wave (figure 9).

Figure 9: Cases and hospitalisations in Alberta in 2021, per million [data extracted on: 05/11/2021]³⁸



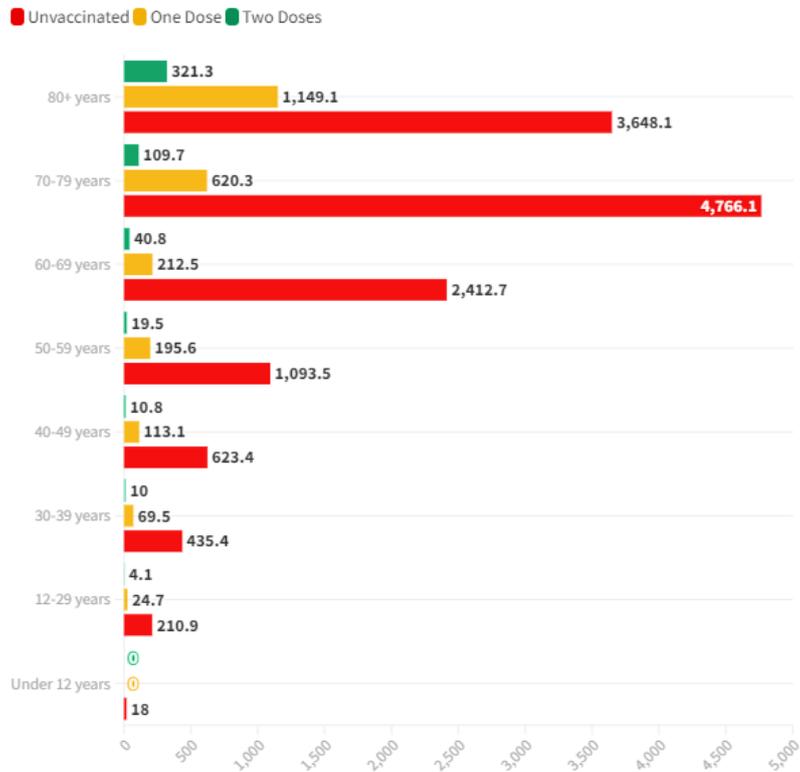
³⁶ [BC's Restart: A plan to bring us back together](#)

³⁷ [Proof of vaccination and the BC Vaccine Card](#)

³⁸ [COVID-19 in Alberta: Key Case Metrics](#)

With a relatively low vaccine uptake in comparison to other Canadian provinces³⁹, Alberta has seen different outcomes between vaccinated and non-vaccinated population groups (figure 10). Despite an initial “hands off” approach to the fourth wave, the Albertan government changed stance and declared a state of emergency to address what the Albertan Premier labelled as the “crisis of the unvaccinated”.⁴⁰

Figure 10: COVID-19 outcomes in Alberta in last 120 days by age and vaccination status, rate per 100k population [data extracted on: 05/11/2021]⁴¹



³⁹ [COVID-19 Status in Canadian Provinces and Territories](#)

⁴⁰ [Canada: Alberta healthcare system on verge of collapse as Covid cases and anti-vax sentiments rise](#)

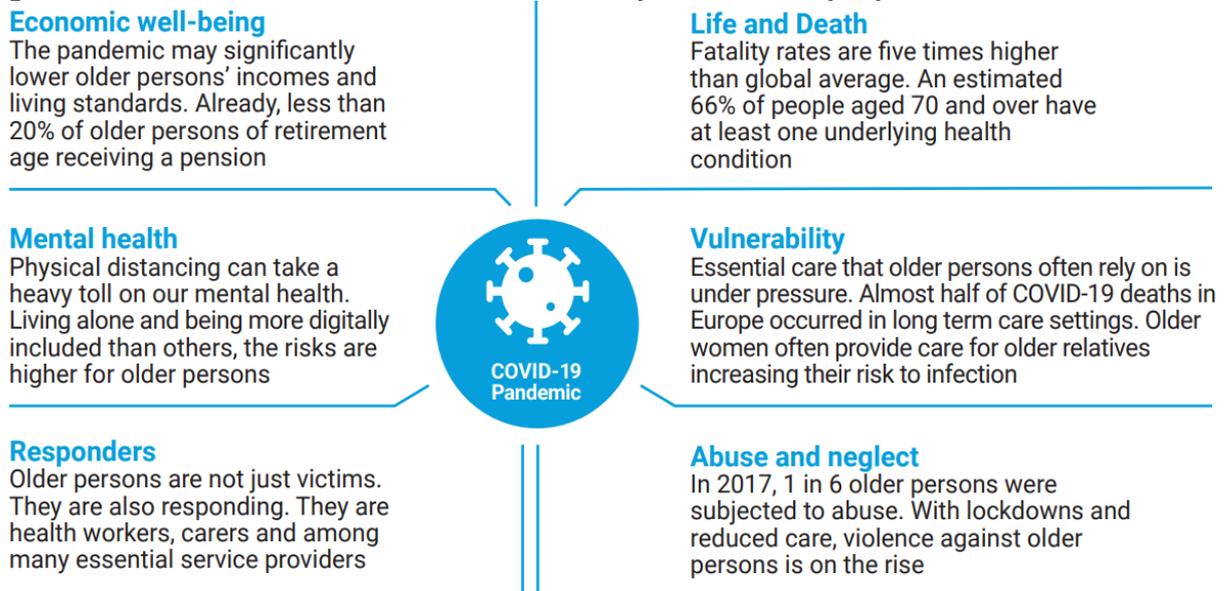
⁴¹ [COVID-19 in Alberta: Severe Outcomes by Vaccination Status](#)

The impact of COVID-19 on older people

Overview

This section highlights some of the **direct and indirect impacts that older people have faced due to the COVID-19 pandemic and recovery** internationally (figure 11). It cannot describe all of the issues, but aims to shine a spotlight on barriers faced and international good practice and recommendations.

Figure 11: United Nations Framework: COVID-19 impact and older people⁴²



Direct impacts

Increased age appears to be a risk factor for poorer health outcomes following an infection with COVID-19.⁴³ Poorer health outcomes include **increased risk of:** fever, cough and dyspnoea, and the disease from there can progress to acute respiratory distress syndrome, lung consolidation, multiple organ failure⁴⁴ leading to **higher hospitalisation and mortality rates among older people.**⁴⁵

Data from 2020⁴⁶ shows that the proportion of individuals older than 70 years among confirmed COVID-19 cases differed markedly between countries. There was a **strong linear association between the proportion of individuals older than 75 years and the country-specific case fatality rate** (figure 12)

⁴² [un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf](#)

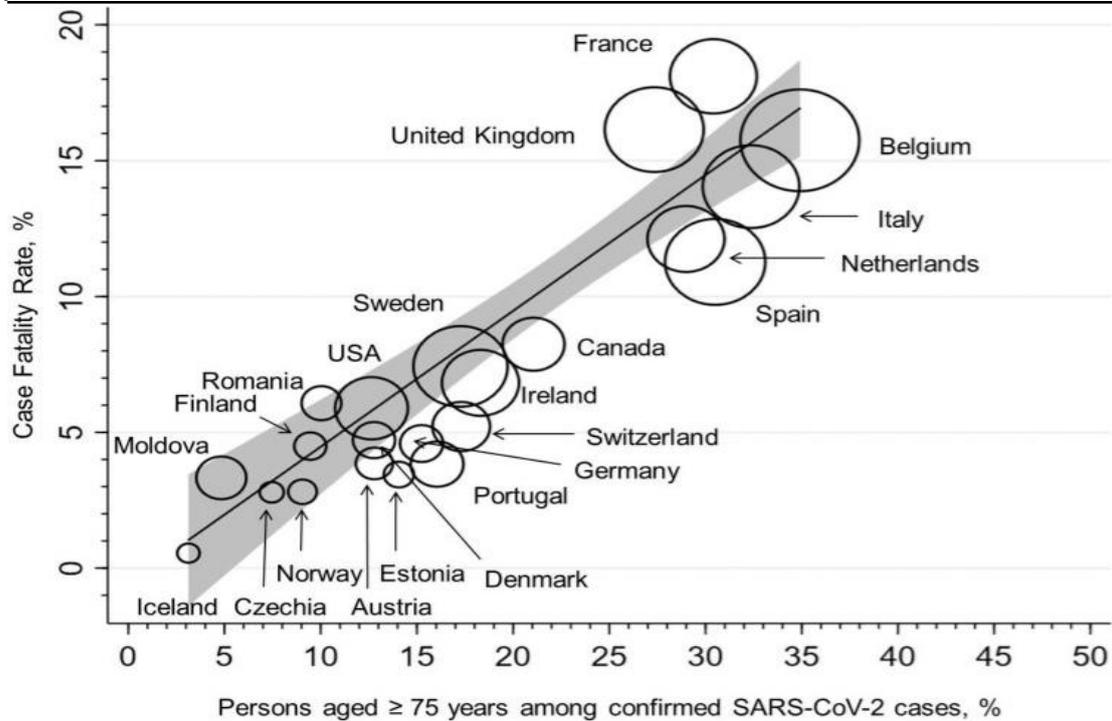
⁴³ [COVID-19 in older adults: clinical, psychosocial, and public health considerations \(nih.gov\)](#)

⁴⁴ [Why does COVID-19 disproportionately affect older people? \(nih.gov\)](#)

⁴⁵ [Older Adults and the Mental Health Effects of COVID-19 | Geriatrics | JAMA | JAMA Network](#)

⁴⁶ [Older age groups and country-specific case fatality rates of COVID-19 in Europe, USA and Canada \(nih.gov\)](#)

Figure 12: Association between case fatality rate and the proportion of persons over 75 years of age among all confirmed SARS-CoV-2 cases ($R^2 = 0.8034$, $p < 0.0001$). The circle sizes reflect the country-specific numbers of COVID-19-associated deaths per million habitants; the linear fit prediction plot with a 95% confidence interval was estimated by weighted linear regression (weight = total number of COVID-19-associated deaths) data was collated from March 2020 until 6th July 2020⁴⁷



Country examples: epidemiology of COVID-19 by age group

This section gives an overview of selected countries and COVID-19 cases, hospitalisation and deaths by age group to contextualise the **disproportionate direct impact the pandemic has had on older people**.

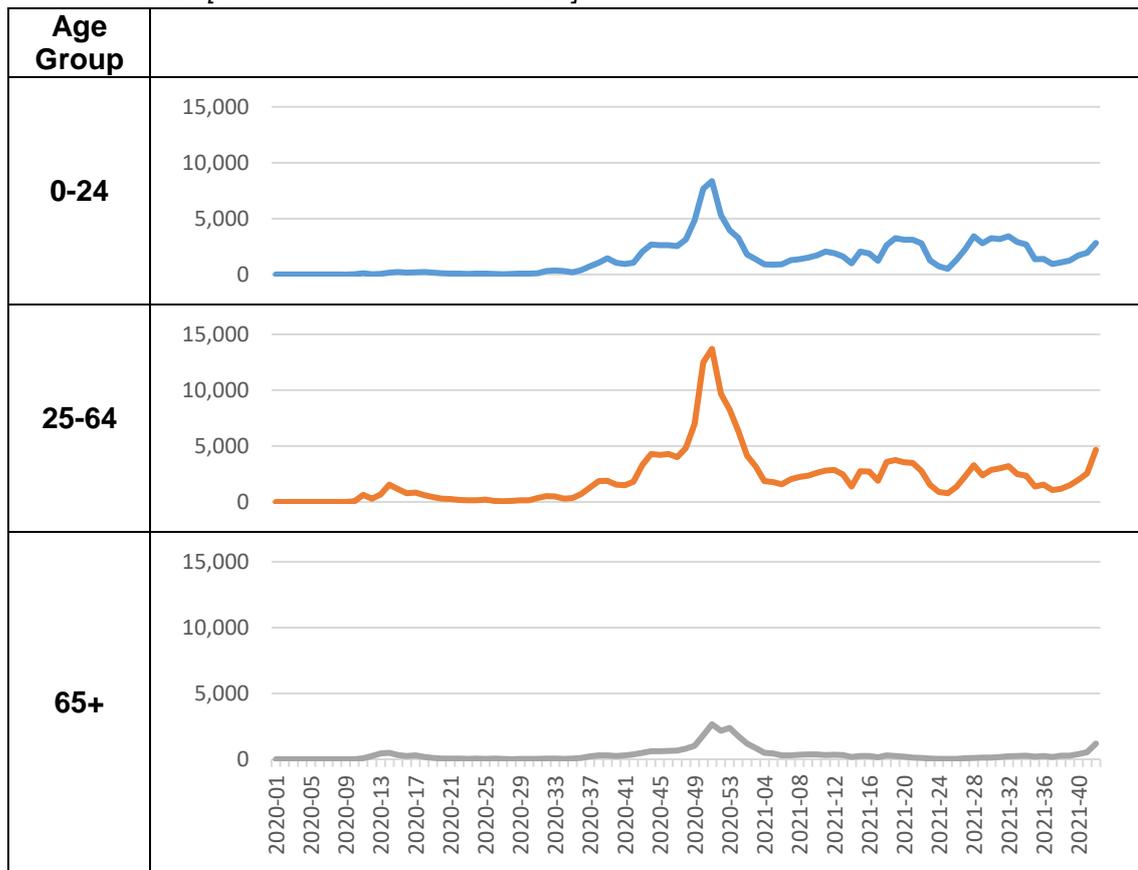
Denmark

Figure 13 demonstrates that within Denmark most of the COVID-19 cases are those aged between 25-64 years. Cases in the 65+ age category are much lower. All ages experience a peak in cases around week 51 in 2020 (December 2020).⁴⁸

⁴⁷ [Older age groups and country-specific case fatality rates of COVID-19 in Europe, USA and Canada - PubMed \(nih.gov\)](#)

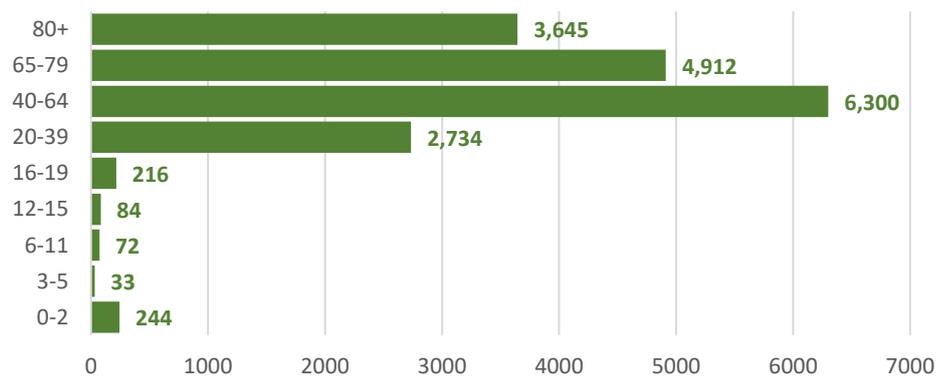
⁴⁸ [Data on the 14-day age-specific notification rate of new COVID-19 cases \(europa.eu\)](#)

Figure 13: Number of COVID-19 cases per week, by age group, in Denmark, January 2020 – October 2021 [data extracted on: 01/11/2021]⁴⁹



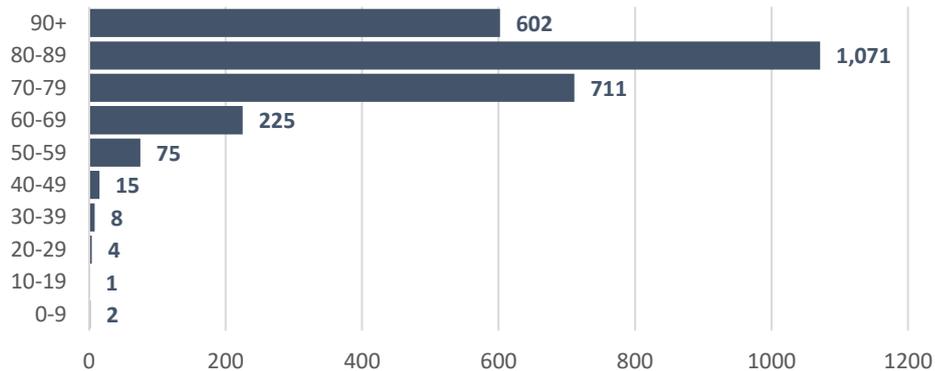
Figures 14 and 15 illustrate that most of the COVID-19 hospitalisations in Denmark are people aged between 40-64 years. There are very few hospitalisations for those under the age of 19. The majority of deaths occurs in those aged 70 years or more.

Figure 14: Number of COVID-19 hospitalisations by age group, in Denmark, January 2020 – October 2021 [data extracted on: 01/11/2021]⁵⁰



⁴⁹ [Data on the 14-day age-specific notification rate of new COVID-19 cases \(europa.eu\)](#)
⁵⁰ [Covid-19 Dashboard \(arcgis.com\)](#)

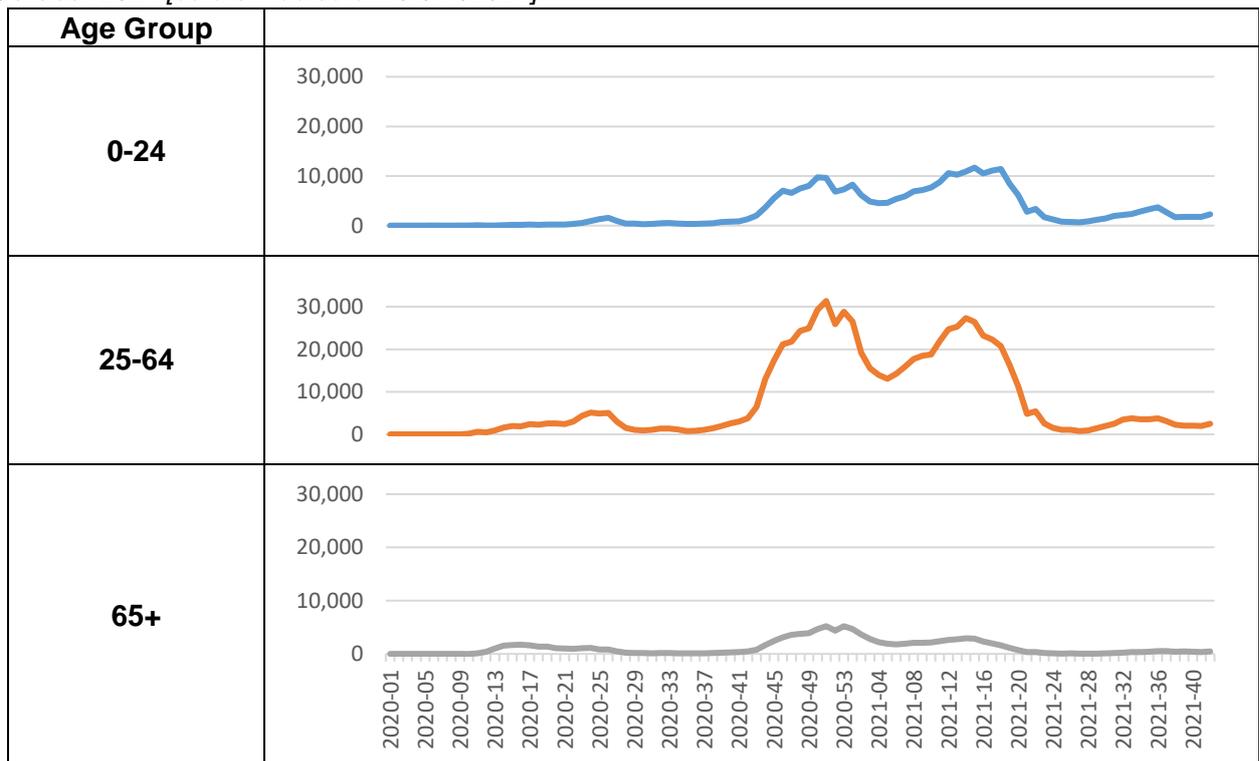
Figure 15: Number of COVID-19 deaths by age group, in Denmark, January 2020 – October 2021 [Extracted on: 01/11/2021]⁵¹



Sweden

Figure 16 illustrates that Sweden has had two peaks in regards to COVID-19 cases, around week 51 in 2020 (December 2020) and week 15 in 2021 (April 2021). With the highest total numbers of COVID-19 cases being in the younger age groups.

Figure 16: Number of COVID-19 cases per week, by age group, in Sweden, January 2020 – October 2021 [data extracted on: 01/11/2021]⁵²



⁵¹ [Covid-19 Dashboard \(arcgis.com\)](https://arcgis.com)

⁵² [Data on the 14-day age-specific notification rate of new COVID-19 cases \(europa.eu\)](https://europa.eu)

From figures 17 and 18, we can identify that the majority of COVID-19 ICU admissions in Sweden are in people aged between 40-79 years. However, the number of COVID-19 deaths in Sweden are greatest in for those aged 70 or more.⁵³

Figure 17: Number of COVID-19 admissions to an Intensive Care Unit (ICU) by age group, in Sweden, January 2020 – October 2021 [data extracted on: 01/11/2021]⁵⁴

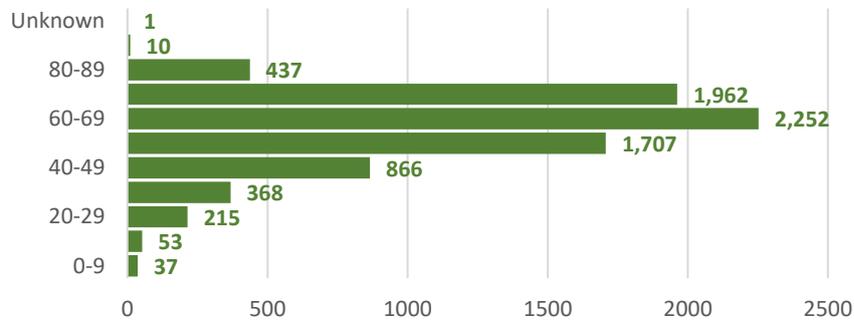
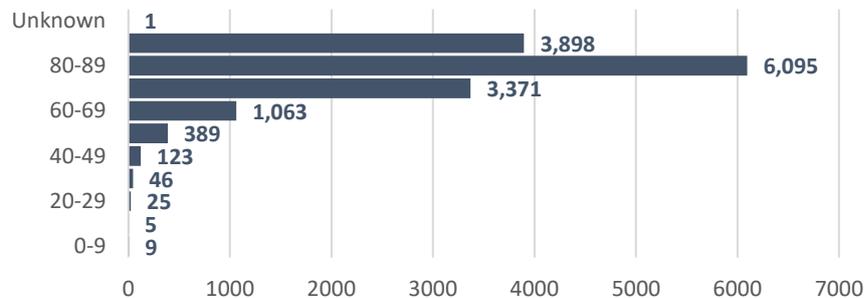


Figure 18: Number of COVID-19 deaths by age group, in Sweden, January 2020 – October 2021 [Extracted on: 01/11/2021]⁵⁵



Indirect impacts

There are several indirect impacts older people disproportionately face resulting from the COVID-19 pandemic, this includes: disruptions to their daily routines and access to care, difficulty in adapting to technologies like telemedicine and concerns that isolation would exacerbate existing mental health and physical conditions.⁵⁶ The following section gives an overview of evidence on the indirect impact on older people and recommendations for action.

Ageism

Ageism is defined as stereotyping, prejudice, and discrimination against people on the basis of their age alone.⁵⁷ The associations between ageism and well-being are well documented; negative perceptions of ageing impact older people's health, performance, morbidity and mortality. Those who think of their aging in a negative way, are more likely to suffer from a variety of health and mental health conditions and die earlier those who think positively about their ageing.⁵⁸

- Older people are known to be more significantly affected by COVID-19, therefore many countries introduced age-based restrictions during the pandemic to protect their

⁵³ There was one ICU admission and one death recorded in Sweden where their age was unknown.

⁵⁴ [Tabeller för talsyntes \(arcgis.com\)](https://arcgis.com)

⁵⁵ [Tabeller för talsyntes \(arcgis.com\)](https://arcgis.com)

⁵⁶ [Older people and COVID-19 \(who.int\)](https://www.who.int)

⁵⁷ [Age, ageing, ageism and "age-itation" in the Age of COVID-19: rights and obligations relating to older persons in Israel as observed through the lens of medical ethics \(nih.gov\)](https://www.nih.gov)

⁵⁸ [There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak | International Psychogeriatrics | Cambridge Core](https://www.cambridge.org/core)

older populations, these measures included isolation, shielding and quarantine restrictions⁵⁹

- It has been **questioned whether such restrictions are ‘age-protective’ or ‘ageist’** and whether the rhetoric surrounding such policies has increased the prevalence of ageism within our societies⁶⁰
- **Such restrictions and policies can reinforce associations of frailty, helplessness and weakness and perpetuate pre-pandemic negative stereotypes that all older adults are dependent and a burden on society.** This can have an adverse impact upon older adults’ mental health as they face being devalued and discriminated against⁶²
- This pandemic has been reported to have led to an **increased intergenerational tension.** Chronological age is often the sole criterion for restrictions and thus increases the generational divide⁶³

Increased reports of ageism have been recorded globally:

Within an online Spanish survey, **half of respondents indicated that those over 65 years old were a ‘greater burden’ on health and economic systems** and should therefore be subject to more restrictions⁶⁴

- A US study found that the prevalence of **negative age stereotypes of those age 65 or over, led to older people avoiding hospitalisation when extremely ill from the COVID-19 virus.** This was not seen to the same extent amongst younger participants of the study⁶⁵
- A series of interviews with older adults from both Austria and Ireland indicated that the ‘blanket portrayal’ of those aged 65+ as an ‘at risk’ group led to feelings of generalisation amongst the older generation. This categorisation of ‘at risk’ failed to account for differences between people⁶⁶
- Similar results were found across Sweden, with study respondents noting terminology used led older people to **feel categorised and generalised under the term ‘at risk group’**⁶⁷

Older workers

A previous Horizon Scanning and Learning report⁶⁹ detailed the impact the pandemic has had on employment practice across the globe. **There is further evidence to suggest that this disproportionately affected older workers.**

- **In the UK workers over the age of 50 account for around one third of key workers.** These occupations typically have the highest potential exposure to COVID-19 and therefore present more danger to those categorised as ‘high risk’ groups⁷⁰
- Similarly, **in the US older workers disproportionately work in essential sectors** such as food distribution, trucking and home/personal care⁷¹

⁵⁹ [There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak | International Psychogeriatrics | Cambridge Core](#)

⁶⁰ [Age, ageing, ageism and "age-itation" in the Age of COVID-19: rights and obligations relating to older persons in Israel as observed through the lens of medical ethics - PubMed \(nih.gov\)](#)

⁶¹ [Coronavirus, guidance for the over-70s and age discrimination - House of Lords Library \(parliament.uk\)](#)

⁶² [COVID-19 and ageism: How positive and negative responses impact older adults and society. - PsycNET \(apa.org\)](#)

⁶³ [There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak | International Psychogeriatrics | Cambridge Core](#)

⁶⁴ [Article from Itccovid.org](#)

⁶⁵ [RESEARCH Negative Age Stereotypes Associated with Older Persons' Rejection of COVID-19 Hospitalization - PubMed \(nih.gov\)](#)

⁶⁶ [The Relationship between Ageism and Well-Being as Mediated through COVID-19-Related Experiences and Discourses - PubMed \(nih.gov\)](#)

⁶⁷ [Full article: Old Overnight: Experiences of Age-Based Recommendations in Response to the COVID-19 Pandemic in Sweden \(tandfonline.com\)](#)

⁶⁸ [COVID-19 and mental health among older people in Sweden - PubMed \(nih.gov\)](#)

⁶⁹ [PHW-COVID19-Int-HorizonScan_Report_31_22_July2021_FINAL.pdf \(phwwhocc.co.uk\)](#)

⁷⁰ [How might coronavirus affect older workers? - Economics Observatory](#)

⁷¹ [Protecting and Improving the Lives of Older Adults in the COVID-19 Era \(tandfonline.com\)](#)

There is also research to suggest that **older workers are more likely to lose their jobs during the pandemic:**

- Previous recessions have shown that older workers are more likely to become unemployed. Between 2007-2009, US unemployment rates doubled for adults aged 55+ years of age as a direct result of the economic recession⁷²
- Statistics from the US department of labour show that **unemployment rates were 2.9% higher for individuals aged 65+ in 2020 than they were in 2019**^{73,74}
- Data from the Survey of Health, Ageing and Retirement in Europe COVID-19 Survey, showed that job loss was associated with female sex, lower education and household income, and older age in women⁷⁵

The pandemic has also influenced retirement decisions for older workers. The Institute for Fiscal Studies (IFS) found that **one in eight older workers (13%) in England changed their planned retirement age** as a result of the coronavirus pandemic.⁷⁶

- According to IFS, 8% are now planning to retire later than they had previously intended, which could be due to a fall in their wealth or more appealing working conditions and **5% are planning to retire earlier than they had previously intended – with this being more common among richer households and those on furlough**
- A US study indicated that **older workers are less able to work from home, impacting their employability during the height of the pandemic.** In early April 2020, approximately 40% of U.S. workers aged 25–34 began to work from home however, only about 30% of older workers aged 65+ were able to work from home⁷⁷

Digital divide/access to healthcare

Pre-pandemic research indicated that **older people were less likely to use the internet than the younger generation.** A survey conducted across 17 EU countries in 2018 showed that 49% of over 50's used the internet.⁷⁸

- Although the gap in internet use has narrowed there is still concern about digital exclusion during the pandemic. **Limited use of new technologies and internet access can contribute to 'doubled feelings of isolation'** at times when social distancing measures are in place⁷⁹
- The charitable foundation 'Ageing Better' has highlighted the difficulties older people with limited digital access have faced during the pandemic when paying for goods and services and accessing up to date information and guidance⁸⁰
- In addition to this, the digital divide can also impact the older generation's ability to access **digital healthcare services.** Many healthcare services moved online during the pandemic and telehealth increased significantly in an effort to reduce COVID-19 transmission⁸¹. Figure 19 illustrates the increases in telehealth between 2019-20 in the US⁸²

⁷² [COVID-19 and ageism: How positive and negative responses impact older adults and society. \(apa.org\)](#)

⁷³ [Job Flexibilities and Work Schedules Summary \(bls.gov\)](#)

⁷⁴ [Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted \(bls.gov\)](#)

⁷⁵ [Job loss and lower healthcare utilisation due to COVID-19 among older adults across 27 European countries | Journal of Epidemiology & Community Health \(bmj.com\)](#)

⁷⁶ [Coronavirus alters the retirement plans of one in eight older workers, with one in three reporting a worse financial situation - Institute For Fiscal Studies - IFS](#)

⁷⁷ [COVID-19 and ageism: How positive and negative responses impact older adults and society. \(apa.org\)](#)

⁷⁸ [Internet use among older Europeans: an analysis based on SHARE data | SpringerLink](#)

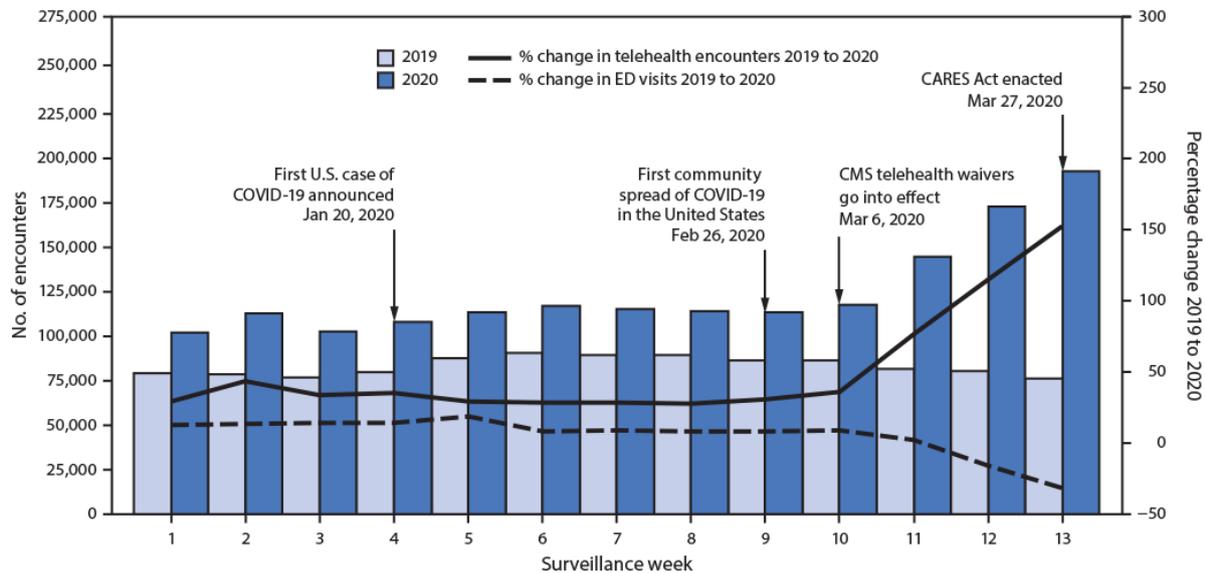
⁷⁹ [The Digital Exclusion of Older Adults during the COVID-19 Pandemic \(tandfonline.com\)](#)

⁸⁰ [Digital-Skills-to-Connect.pdf \(ageing-better.org.uk\)](#)

⁸¹ [OP-JAMI200079_1147..1148 \(nih.gov\)](#)

⁸² [Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020 | MMWR \(cdc.gov\)](#)

Figure 19: Number of telehealth patient encounters reported by four telehealth providers that offer services in all states and percentage change in telehealth encounters and emergency department (ED) visits — United States, January 1–March 30, 2019 (comparison period) and January 1–March 28, 2020 (early pandemic period).⁸³ [Abbreviations: CARES Act = Coronavirus Aid, Relief, and Economic Security Act; CMS = Center for Medicare & Medicaid Services; COVID-19 = coronavirus disease 2019]



- A US study predicted that **thirteen million older adults may have trouble accessing tele medical services**⁸⁴
- There have also been reports of unequal access to in-person healthcare for older people, for example where countries implemented ‘medical triaging’ due to demand exceeding capacity older adults were sometimes given lower priority for care⁸⁵
- A study across 27 EU countries found that forgone and postponed medical care was associated with older age in men. This may in part be due to older individuals trying to protect themselves from the COVID-19 disease⁸⁶

Long-term care facilities

During the pandemic **long-term care facilities have experienced extremely high COVID-19 incidence, morbidity and mortality.**^{87,88} The evidence indicates that **once COVID-19 infection is present in long-term care facilities it is difficult to control**, this is in part due to the requirements for close proximity care.

- In Ontario, Canada the incidence rate of COVID-19 deaths among residents of long-term care facilities was 13 times higher compared to people living in the community (70 years or older)⁸⁹
- In Israel, the risk for severe disease, including death, was 2.5 times higher in nursing home residents with COVID-19 compared to other people over 65 years of age⁹⁰

⁸³ [Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020 | MMWR \(cdc.gov\)](#)

⁸⁴ [Assessing Telemedicine Unreadiness Among Older Adults in the United States During the COVID-19 Pandemic | Geriatrics | JAMA Internal Medicine | JAMA Network](#)

⁸⁵ [COVID-19 and ageism: How positive and negative responses impact older adults and society. - PsycNET \(apa.org\)](#)

⁸⁶ [Job loss and lower healthcare utilisation due to COVID-19 among older adults across 27 European countries \(bmi.com\)](#)

⁸⁷ [Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020 \(who.int\)](#)

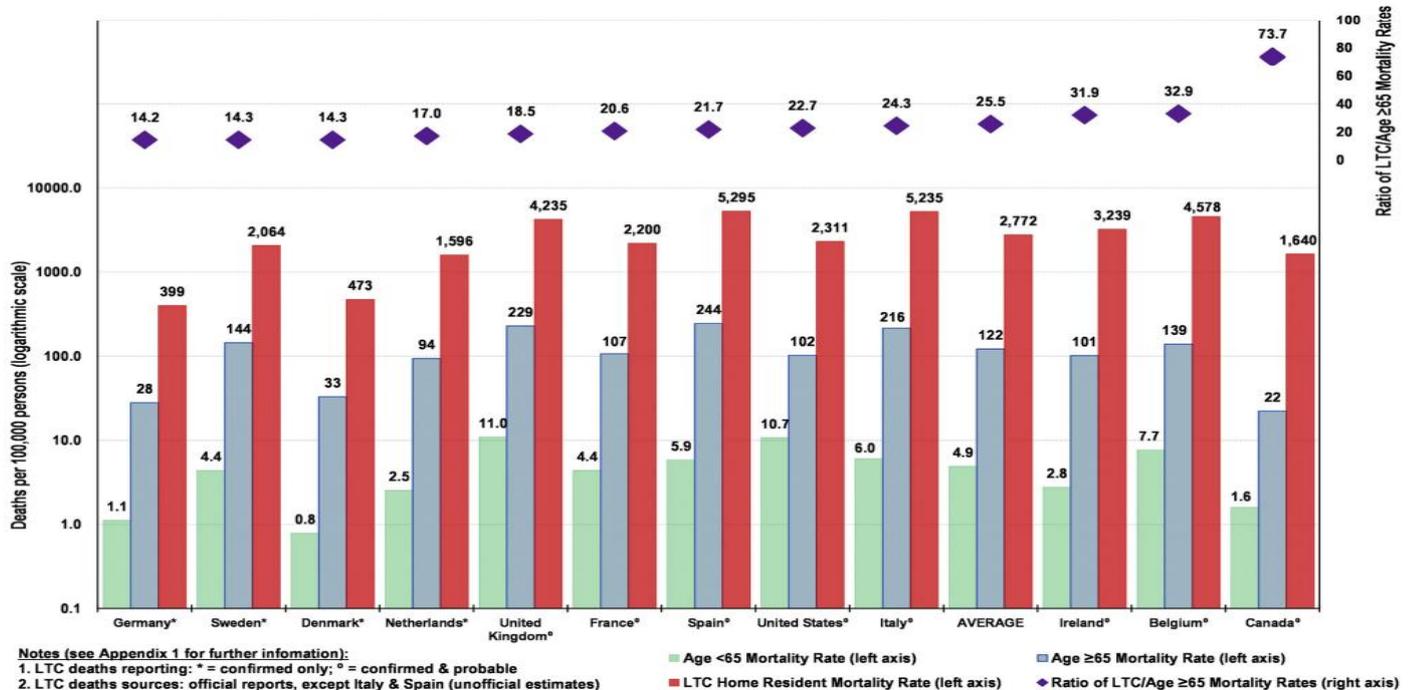
⁸⁸ [A Comparison of COVID-19 Mortality Rates Among Long-Term Care Residents in 12 OECD Countries - Journal of the American Medical Directors Association \(iamda.com\)](#)

⁸⁹ [Falling our Most Vulnerable: COVID-19 and Long-Term Care Facilities in Ontario | medRxiv](#)

⁹⁰ [What factors increase the risk of complications in SARS-CoV-2 positive patients? A cohort study in a nationwide Israeli health organization | medRxiv](#)

- Early in the pandemic (22/05/20) multiple countries reported **more than 50% of their COVID-19 related deaths had taken place in care homes** including France (51%), Belgium (53%), Norway (60%), Ireland (60%), and Canada (62%)⁹¹
- A study across 12 OECD countries confirms a **high concentration of mortality across long-term care home residents** (figure 20)

Figure 20: COVID-19 mortality rates and ratios for long-term care home residents and community-dwelling persons. Estimates for 12 OECD countries⁹²



Case study: Long-term care setting in Sweden

The Swedish COVID-19 infection prevention approach differs from many other global strategies in that it is **governed by recommendations rather than restrictions, based upon a mutual trust between the government and society**.^{93,94} However, there have still been **adverse effects on vulnerable populations, including older people**⁹⁵

- Sweden reported a high number of cases occurring in care homes across the country in the early stages of the pandemic. **By the end of April 2020, 25% of long-term care facilities in the country had COVID-19 outbreaks**⁹⁶
- In May 2020, at least 79.6% of the aged 70 or over COVID-19 deaths in Sweden were receiving elderly care services⁹⁷
- Figure 21 highlights the significantly **higher proportion of deaths occurring in care homes** in the period March to May 2020 in comparison with the same months in previous years (2016-19)⁹⁸

⁹¹ [Protecting and Improving the Lives of Older Adults in the COVID-19 Era \(tanfonline.com\)](#)

⁹² [A Comparison of COVID-19 Mortality Rates Among Long-Term Care Residents in 12 OECD Countries \(jamda.com\)](#)

⁹³ [Swedish policy analysis for Covid-19 | Elsevier Enhanced Reader](#)

⁹⁴ [The Swedish public health response to COVID-19 - Teqnell - 2021 - APMIS - Wiley Online Library](#)

⁹⁵ [Swedish policy analysis for Covid-19 | Elsevier Enhanced Reader](#)

⁹⁶ [Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020 \(who.int\)](#)

⁹⁷ [The Swedish Strategy to COVID-19 Pandemic: Impact on Vulnerable and Marginalised Communities \(sagepub.com\)](#)

⁹⁸ [IUPS_125_1828513.pdf \(nih.gov\)](#)

Figure 21: Proportion of all deaths (all causes), and excess deaths (all causes) in March–May 2020, in comparison with data for respective month in 2016–2019, in nursing homes versus in all other places of death⁹⁹

Month	Nursing homes			All others		
	2016–2019 (95% CI)	2020	Excess mortality	2016–2019 (95% CI)	2020	Excess mortality
March	531 (482–580)	590	11% ^a	944 (828–1059)	1229	30% ^a
April	475 (437–511)	1269	167% ^a	898 (852–951)	1665	85% ^a
May	428 (368–488)	625	46% ^a	855 (795–924)	1235	44% ^a

^a $p < 0.05$ in all comparisons between 2016–2019 and 2020.

In response to growing concern for the health and safety of the older population, especially those in long-term care, **government guidance shifted from recommendations to reduce contact with the elderly community to a full ban on care home visits.**¹⁰⁰

An evaluation of 1,045 elderly housing units across Sweden identified a range of factors that influence COVID-19 outcomes (figure 22)¹⁰¹.

Figure 22: Audit summary from 1,045 elderly care units in Sweden, factors influencing the COVID-19 outcomes¹⁰²

Positive impact ¹	Negative impact ¹
<ul style="list-style-type: none"> Ensuring adherence to basic hygiene routines including demonstrations, web-training, written and verbal instructions. Clear leadership Active planning of personnel Use of Personal Protective Equipment Dedicated personnel for COVID-patients or other means for cohort care. Separation or isolation of infected Access to hygiene supplies and PPE Individual risk analysis for specific patients 	<ul style="list-style-type: none"> The inability to handle personal concerns of personnel Difficulty managing the flood of information from all official agencies to personnel. The challenge to develop functional procedures for hygiene and protection The challenge of obtaining an acceptable and sustainable planning of resources.

Long COVID

Increasing attention is being given to ‘Long COVID’ and those suffering with **prolonged symptoms of the COVID-19 virus.**

- Evidence from the ‘COVID symptom study’ app in the UK indicates that **older people are much more likely to get Long COVID than younger people**, with figures rising from 9.9% in 18-49 year olds to 21.9% in those aged 70 or older¹⁰³
- Similar findings from the REACT-2 studies study found **prevalence of Long COVID increased with age, with a 3.5% increase in likelihood in each decade of life**^{104,105}
- Continued exploration of Long COVID has been identified as a key priority for the World Health Organization moving forward. Further global evidence on the prevalence and risk factors associated with Long COVID is expected over the next year through the ‘Post-COVID Condition Core Outcomes’ project¹⁰⁶

⁹⁹ [IUPS_125_1828513.pdf \(nih.gov\)](#)

¹⁰⁰ [‘The Swedish Strategy’ to COVID-19 Pandemic: Impact on Vulnerable and Marginalised Communities \(sagepub.com\)](#)

¹⁰¹ [main.pdf \(nih.gov\)](#)

¹⁰² [main.pdf \(nih.gov\)](#)

¹⁰³ [Attributes and predictors of Long-COVID: analysis of COVID cases and their symptoms collected by the Covid Symptoms Study App | medRxiv](#)

¹⁰⁴ [Spiral: Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people \(imperial.ac.uk\)](#)

¹⁰⁵ [New research shows 2 million people may have had long COVID - GOV.UK \(www.gov.uk\)](#)

¹⁰⁶ [Publications \(pc-cos.org\)](#)

Mental health

Lockdown and social distance requirements required by governments worldwide as well as heightened perceptions of risk of death and illness in older people due to COVID-19 has led to an **increased risk of mental distress**¹⁰⁷

- A narrative literature review which included evidence from Asia, Europe and America showed that the main outcomes of social isolation due to COVID-19 on health in older people have been: **anxiety, depression, poor sleep quality and physical inactivity**¹⁰⁸
- Evidence suggests that it is not just new mental health problems in older people that increased but that existing mental health problems worsened over the course of the pandemic¹⁰⁹
- Table 2 shows country specific evidence on the mental health impact on older people

Table 2: Country specific evidence on the mental health impact on older people

Country	Evidence
China	- A telephone survey ¹¹⁰ conducted among 583 Chinese people (≥60 years) with multi-morbidity in primary care showed that there were significant increases in loneliness, anxiety, and insomnia , after the onset of the COVID-19 outbreak. Further analysis showed that being female, living alone, and having more than four chronic health conditions were independently associated with increased loneliness
Israel	- A study conducted with 277 participants (mean age 69.58) revealed that there was a positive relationship between subjective age and loneliness and psychiatric symptoms . Among those who felt younger, the relationship was weaker concluding that older age identity is more susceptible to the adverse effects of loneliness ¹¹¹
The Netherlands	- Data from the Netherlands (1,679 community-dwelling participants over the age of 65) indicated that loneliness increased but mental health remained roughly stable , with physical distancing measures not causing much social isolation but personal losses, worries about the pandemic, and a decline in trust in societal institutions being associated with increased mental health problems and loneliness ¹¹²
Turkey	- A questionnaire answered by 929 people found that individuals with older age and risk factors were more vulnerable to the stress caused by the pandemic. Also, feelings of depression and hopelessness increased with age ¹¹³
Others	- A commentary international review (including the following European nations: UK, Republic of Ireland, Finland, Spain) found that older people had been widely impacted by the pandemic with social isolation/shielding measures placing them at higher risk of loneliness, isolation, financial deprivation and mental health challenges ¹¹⁴

An international survey¹¹⁵ distributed among academics, scientists, and specialist societies, identified priorities for COVID-19 research for older people (figure 23).

¹⁰⁷ [Covid‐19 lockdown: a perfect storm for older people’s mental health \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/33155618/)

¹⁰⁸ [https://pubmed.ncbi.nlm.nih.gov/33155618/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7373678/)

¹⁰⁹ [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7373678/](https://pubmed.ncbi.nlm.nih.gov/32988955/)

¹¹⁰ <https://pubmed.ncbi.nlm.nih.gov/32988955/>

¹¹¹ [COVID-19-Related Loneliness and Psychiatric Symptoms Among Older Adults: The Buffering Role of Subjective Age \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/32988955/)

¹¹² [Loneliness and Mental Health During the COVID-19 Pandemic: A Study Among Dutch Older Adults \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/32988955/)

¹¹³ [How do older age, gender and risk groups affect protective behaviours and mental health in the COVID-19 pandemic? \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/32988955/)

¹¹⁴ [Full article: Older People in the Context of COVID-19: A European Perspective \(tandfonline.com\)](https://pubmed.ncbi.nlm.nih.gov/32988955/)

¹¹⁵ [afaa149.pdf \(silverchair.com\)](https://pubmed.ncbi.nlm.nih.gov/32988955/)

Figure 23: Priorities identified for COVID-19 research for older people (priorities are listed in order from most to least frequently mentioned in survey responses)¹¹⁶

Priorities	Examples of themes mentioned
Management of COVID and its complications	Drug treatment trials, managing complications including delirium, end of life care, rehabilitation, outcomes following intensive care unit admission
Epidemiology	Presentation in older subgroups, prognosis, impact on frailty and function, health inequalities, accurate mortality data
Wider societal impact of COVID	Impact of lockdown measures on older people, maintaining mobility, elder abuse, impact on carers
Consequences of the pandemic for other healthcare delivery	Telemedicine and remote delivery of treatment including rehabilitation, impact of postponed investigation and care, access to primary and secondary care, delivering care safely with PPE, experience of hospital care, care delivery models
Care home research	Epidemiology and outcomes in care home residents, impact on care home staff, transmission prevention, end of life care, building capacity for research within care homes
Public health interventions	Vaccines, impact of social distancing on infection, interventions to promote healthy behaviours, access to testing
Communication in pandemic situations	With relatives, use of technology, advance care planning, bereavement, death certification
Pathophysiology of COVID infection in older people	Immune response, transmission, why older people are at higher risk
Research methodology	Inclusion of older people in COVID research, older people's voice in priority setting, patient reported outcomes and remote data collection, how to continue to deliver research safely, how research is publicised and disseminated

General recommendations to support older people during COVID-19

United Nations Recommendations

Immediate and longer-term policy and responses needed across four key priorities for action to support older people throughout the pandemic:¹¹⁷

1. Ensure that difficult health-care decisions affecting older people are guided by a **commitment to dignity and the right to health**.
2. Strengthen **social inclusion** and solidarity during physical distancing.
3. Fully **integrate a focus on older persons** into the socio-economic and humanitarian response to COVID-19.
4. **Expand participation** by older persons, share good practices and harness knowledge and data.

Recommendations

- Ensure that all older persons at risk of acquiring COVID-19 (especially those with underlying health conditions and those living alone) are identified and attended to as early as possible
- Ensure that **medical decisions are based on individualized clinical assessments, medical need, ethical criteria** and on the best available scientific evidence
- Take urgent action to **prioritize testing of vulnerable populations in closed settings, including older adults living in long-term care facilities**, in areas of sustained community transmission
- Ensure continuity of **adequate care services for older persons such as mental health services**, palliative and geriatric care, including thorough support for unpaid care givers in homes and communities, and for paid care workers who provide home-based care or care in institutional settings
- Ensure that COVID-19 cases or deaths occurring in care facilities are reported and **improve monitoring of the situation in residential care facilities**
- **Strengthen services to prevent and protect older persons**, particularly older women, from any form of violence and abuse, such as domestic violence and neglect

¹¹⁶ [afaa149.pdf \(silverchair.com\)](#)

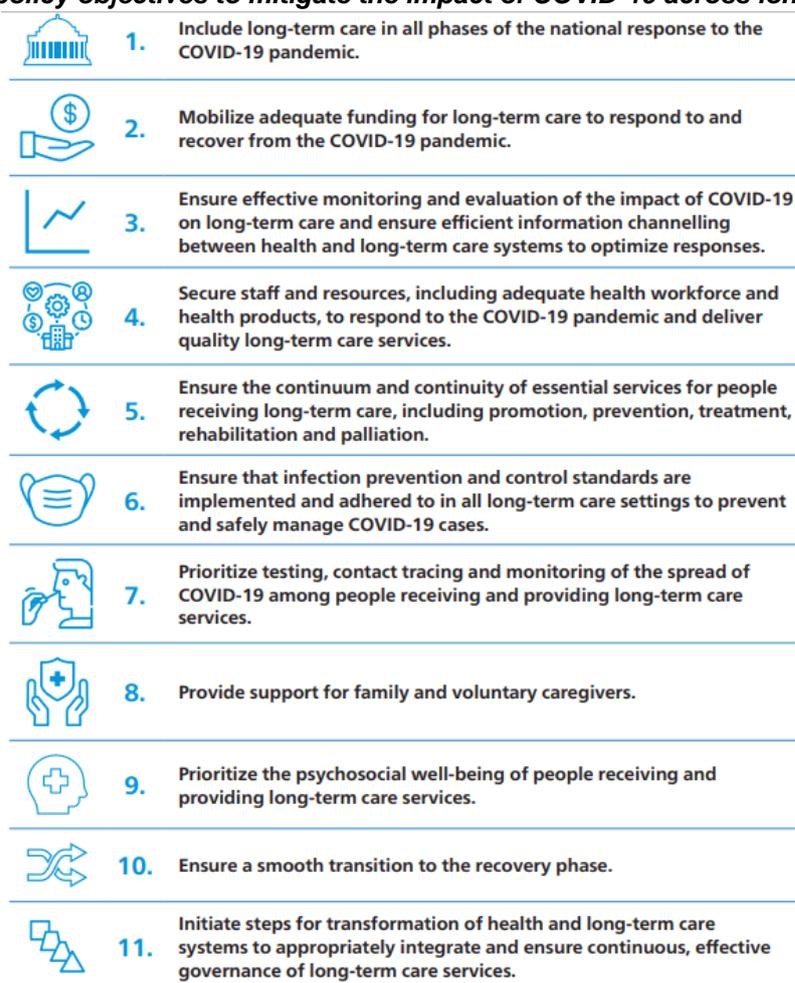
¹¹⁷ [un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf](#)

- Ensure that **visitor policies in residential care facilities**, hospitals and hospices balance the protection of others with their need for family and connection
- **Ensure that contingency plans and strategies address the high risks faced by older refugees, migrants and displaced persons** and provide access to health treatment and care

World Health Organization Recommendations

Only by addressing long-term care settings will countries be able to truly leave no one behind in the response to COVID-19. As such, The World Health Organization proposes the following steps to mitigate the impact of COVID-19 across long-term care facilities (figure 24)¹¹⁸

Figure 24: Eleven policy objectives to mitigate the impact of COVID-19 across long-term care¹¹⁹



¹¹⁸ [Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020 \(who.int\)](#)

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