



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate.

YOUR QUESTION

What are the specific requirements or considerations for patients >65 with COVID-19?

What does the European Centre for Disease Prevention and Control say?

[Information on COVID-19 for specific groups: the elderly, patients with chronic diseases, people with immunocompromising condition and pregnant women](#)¹

Brief information leaflets on specific groups.

What do the Centres for Disease Control and Prevention (United States) say?

[COVID-19 Guidance for Older Adults](#)²

Information for adults at higher risk: who is at higher risk; get ready for coronavirus now; symptoms of coronavirus; prevention; what to do if you get sick; checklist for your home. Included are guidelines for long-term care facilities.

[Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings](#)³

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). This checklist is recommended to be used to meet its needs and circumstances based on differences among facilities: eg patient or resident characteristics; facility size; scope of services; hospital affiliation. This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Also included is a preparedness checklist for hospitals, including long-term acute care hospitals; interim infection prevention and control recommendations for patients with confirmed coronavirus disease 2019 (COVID-19) or persons under investigation for COVID-19 in healthcare settings; strategies to prevent the spread of COVID-19 in long-term care facilities.

[Older Adults, 65 Years and Older, Are at Higher Risk for Severe Illness](#)⁴

Basic outline of hospitalisations, ICU admissions and deaths by age group, what to do and how to cope as a patient.

¹ European Centre for Disease Prevention and Control. <https://www.ecdc.europa.eu/en/news-events/information-covid-19-specific-groups-elderly-patients-chronic-diseases-people>. [Accessed 19 March 2020].

² Centres for Disease Control and Prevention. <https://www.cdc.gov/aging/covid19-guidance.html>. [Accessed 18 March 2020].

³ Centres for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf. [Accessed 18 March 2020].

⁴ Centres for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html>. [Accessed 18 March 2020].



Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes⁵

Preparedness checklist; interim guidance for nursing homes; things facilities should do now; when there are cases in the community; when there are cases in the facility. Checklists and recommendations for long-term care facilities and strategies for preventing the spread of infection.

BMJ Best Practice

Coronavirus disease 2019 (COVID-19)⁶

Non-survivors were older (>65 years of age) and more likely to have chronic medical illnesses.

UpToDate

Coronavirus Disease 2019 (COVID-19)⁷

Older age was also associated with increased mortality, with a case fatality rate of 8% and 15% among those aged 70 to 79 years and 80 years or older respectively.

What does the international literature say?

Liu et al. Clinical feature of COVID-19 in elderly patients: a comparison with young and middle-aged patients⁸

Background: Due to the general susceptibility of new coronaviruses, the clinical characteristics and outcomes of elderly and young patients may be different. Objective: To analyze the clinical characteristics of elderly patients with new-type coronavirus pneumonia (COVID-19). Methods: This is a retrospective study of patients with new coronavirus pneumonia (COVID-19) who were hospitalized in Hainan Provincial People's Hospital from January 15, 2020 to February 18, 2020. Compare the clinical characteristics of elderly with Young and Middle-aged patients. Results: A total of 56 patients were evaluated, 18 elderly patients (32.14%), and 38 young and middle-aged patients (67.86%). The most common symptoms in both groups were fever, followed by cough and sputum. Four patients in the elderly group received negative pressure ICU for mechanical ventilation, and five patients in the young and middle-aged group. One patient died in the elderly group (5.56%), and two patients died in the young and middle-aged group (5.26%). The PSI score of the elderly group was higher than that of the young and middle-aged group ($P < 0.001$). The proportion of patients with PSI grades IV and V was significantly higher in the elderly group than in the young and middle-aged group ($P < 0.05$). The proportion of multiple lobe involvement in the elderly group was higher than that in the young and middle-aged group ($P < 0.001$), and there was no difference in single lobe lesions between the two groups. The proportion of lymphocytes in the elderly group was significantly lower than that in the young and middle-aged group ($P < 0.001$), and the C-reactive protein was significantly higher in the young group ($P < 0.001$). The Lopinavir and Ritonavir Tablets, Chinese medicine, oxygen therapy, and mechanical ventilation were statistically different in the elderly group and the young and middle-aged group, and the P values were all < 0.05 .

⁵ Centres for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. [Accessed 19 March 2020].

⁶ BMJ Best Practice. <https://bestpractice.bmj.com/topics/en-gb/3000168/prognosis>. [Accessed 19 March 2020].

⁷ UpToDate. <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19>. [Accessed 19 March 2020].

⁸ Liu et al. <https://www.ncbi.nlm.nih.gov/pubmed/32171866>. [Accessed 19 March 2020].

Zhou et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study⁹

The potential risk factors of older age, high SOFA score, and d-dimer greater than 1 µg/L could help clinicians to identify patients with poor prognosis at an early stage...no published works were found about the risk factors of mortality for adult patients with COVID-19. One study compared the sensitivity of SARS-CoV-2 RNA detection in throat and nasopharyngeal swab in 17 patients with COVID-19. Implications of all the available evidence: Older age, elevated d-dimer levels, and high SOFA score could help clinicians to identify at an early stage those patients with COVID-19 who have poor prognosis. Prolonged viral shedding provides the rationale for a strategy of isolation of infected patients and optimal antiviral interventions in the future.

Department of Health (Australia). Information for residents of residential aged care services, their family members and visitors¹⁰

Fact sheet with guidelines for people in long term care facilities: information for residents, visitors and health care workers.

Department of Health (Great Britain). Guidance: COVID-19: residential care, supported living and home care guidance. Residential care, supported living and home care in the event of a coronavirus (COVID-19) outbreak¹¹

Guidance for providers of residential care, supported living and home care in the event of a COVID-19 outbreak. The guidance sets out: how to maintain delivery of care in the event of an outbreak or widespread transmission of COVID-19, what to do if care workers or individuals being cared for have symptoms of COVID-19.

Centre for Evidence-Based Medicine. Rapidly managing pneumonia in older people during a pandemic¹²

Identification of the early stages of pneumonia in older patients can prove difficult. Traditional symptoms and signs, including fever, may be absent. Limited evidence suggests that many tests that are useful in younger patients do not help diagnose infections in older adults. The onset of pneumonia in elderly people can often be rapid, and the prognosis is poor in severe pneumonia: as many as one in five will die. The older you are the more prevalent severe pneumonia becomes. Patients in nursing homes appear to fare even worse as they often have several comorbidities and poor nutritional status and are often physically inactive. In-hospital mortality is significantly higher, even after adjusting for age and sex.

Garnier-Crussard et al. Novel coronavirus (COVID-19): what are the risks for older patients?¹³

Since COVID-19 seems to have a similar pathogenic potential as SARS-CoV and MERS-CoV, 6 older adults are likely to be at increased risk of severe infections, cascade of complications, disability and death, as observed with influenza and respiratory syncytial virus infections.

⁹ Zhou et al. <https://www.ncbi.nlm.nih.gov/pubmed/32171076>. [Accessed 19 March 2020].

¹⁰ Department of Health (Australia). https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-residents-of-residential-care-services-family-members-and-visitors_2.pdf. [Accessed 19 March 2020].

¹¹ Department of Health (Great Britain). <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>. [Accessed 19 March 2020].

¹² Centre for Evidence-Based Medicine. <https://www.cebm.net/rapidly-managing-pneumonia-in-older-people-during-a-pandemic/>. [Accessed 19 March 2020].

¹³ Garnier-Crussard et al. <https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16407>. [Accessed 19 March 2020].



Centre for Evidence-Based Medicine. Global COVID-19 case fatality rates¹⁴

The patients over 70 with COVID-19 had a high case fatality rate. Specific comorbidities and laboratory findings may help us evaluating severity and outcomes in elderly patients with COVID-19.

BMJ. Bearing the brunt of covid-19: older people in low and middle income countries¹⁵

The risk of dying from COVID-19 increases with age and most of the deaths observed are in people older than 60, especially those with chronic conditions such as cardiovascular disease. This has important implications for the way in which public health and clinical responses should be developed.

[Other] Business Post. Practical steps for older people during the COVID-19 crisis¹⁶

[Other] British Geriatrics Society. Coronavirus and Older people¹⁷

¹⁴ Centre for Evidence-Based Medicine. <https://www.cebm.net/global-covid-19-case-fatality-rates/>. [Accessed 19 March 2020].

¹⁵ BMJ. <https://www.bmj.com/CONTENT/368/BMJ.m1052.full>. [Accessed 19 March 2020].

¹⁶ Business Post. <https://www.businesspost.ie/coronavirus/practical-steps-for-older-people-during-the-covid-19-crisis-93542dd5>. [Accessed 19 March 2020].

¹⁷ British Geriatrics Society. <https://www.bgs.org.uk/resources/resource-series/coronavirus-and-older-people>. [Accessed 19 March 2020].



Produced by the members of the National Health Library and Knowledge Service Evidence Team.[†] Current as at 23 March 2020. This evidence summary collates the best available evidence at the time of writing. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

P Population person location condition/patient characteristic	Over 65; aged; old(er) people; elderly
I Intervention length location type	COVID-19 care guidelines and pathways; homecare; long-term residential care; prevention; risk factors
C Comparison another intervention no intervention location of the intervention	no specific requirements
O Outcome	Clear guidelines and requirements for over 65 population; outcome statistics; mortality rates

The following search strategy was used:

[ABBREVIATED] ((coronavirus OR COVID-19 OR (Wuhan ADJ3 virus) OR 2019-nCoV OR SARS-COV-2) AND (old\$ OR geriatric OR aged OR elderly))

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