

Letter to editor

Preventing transmission of COVID-19 infections and the mental health sequelae among older people

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The coronavirus disease 2019 (COVID-19) is currently pandemic. The virus spreads via human-to-human transmission and is highly infectious, with cases having prolonged viral shedding of median duration 20 days.⁽¹⁾ The infection can be transmitted through close or prolonged interaction. This includes direct physical contact such as handshaking or indirect transmission via fomites and shared food, or environmental contamination of common-touch surfaces.⁽²⁾ Personal and hand hygiene, with social distancing is required to limit spread of COVID-19. In this letter, I wish to emphasise several points relevant to healthcare workers involved in the care of older people, who belong to a highly vulnerable group during this pandemic.

Firstly, transmission is primarily via respiratory droplets produced when an infected person coughs or sneezes; with droplets inhaled or landing in mouths, noses, or eyes of nearby people. In addition to personal protective equipment and hand hygiene, it is important to avoid close proximity with potentially infected people. Hospitals and residential care facilities should restrict non-essential healthcare personnel, volunteers and visitors as well as cancel group activities, including communal dining. Consistent cleaning and disinfection procedures are required to remove virus-containing droplets, especially on frequently touched surfaces. Careful consideration is also required for managing laundry, eating utensils and medical waste to avoid contamination.⁽³⁻⁴⁾

Secondly, infectious aerosols may be generated by procedures such as sputum induction, airway suctioning, nebulizers or high flow oxygen, and nasopharyngeal swabs for COVID-19 screening. For these procedures, additional caution is recommended. Healthcare workers should wear an N95 or higher-level respirator, eye protection, gloves and gown. These procedures should take place in an airborne infection isolation room, without visitors and limited

healthcare staff present. Cleaning and disinfection of procedure room surfaces is also warranted.

Thirdly, from the public health perspective, it is important to detect and contain local clusters through surveillance of people with pneumonia and influenza-like illness. This can be achieved through active screening of long-term care residents and healthcare personnel for fever and respiratory symptoms. Testing for COVID-19 is recommended for those with severe respiratory infections, possible clusters such as more than three residents or new onset respiratory symptoms over 72 hours.⁽⁴⁾

Finally, older people, particularly in self-isolation, cognitive impairment and dementia may be more anxious, angry or irritable, requiring additional psychosocial support. During these stressful times, mental health and neurological issues, such as delirium, psychosis, severe anxiety or depression can be expected. Healthcare professionals should monitor these complications. Prevention through maintaining routines and schedules as much as possible, regular exercise, providing activities and contact with family through phone or social media would also be helpful.⁽⁵⁾

In summary, measures should be taken to prevent transmission of COVID-19 infections and the mental health sequelae among older people.

References

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