



Older adults living under social distancing: possibilities for tackling Covid-19

Since the beginning of the year, the world has been gripped by news emerging from China, after a local doctor announced an increase in the number of cases of an atypical respiratory syndrome caused by a new virus, before being forced into silence, then dying from the very same respiratory syndrome. It is vital that justice is done to the story of the first steps of what was to become a pandemic, and which was negligently handled. This was a different type of flu, which quickly evolved into severe pneumonia and death. Cases had been reported in the city of Wuhan, Hubei province, China since the end of 2019, and soon affected an alarming proportion of the population of that province and then the country as a whole. Soon, the outbreak became an epidemic across the entire region, based on the high number of reported cases and deaths.

Since the outbreak of the epidemic in China, many countries have made their public health emergency centers operational. Brazil has been no different, despite some skepticism on the part of both administrators and the population. The etiologic agent of the “new flu” was quickly identified (SARS-COV2), and the disease it causes became known as Covid-19. From then on, Covid-19 spread rapidly across every continent, and in early March, the World Health Organization decreed that we were living through a pandemic¹.

In Brazil, the Ministry of Health declared a Public Health Emergency of National Importance (or ESPIN) on February 3, 2020, before sanctioning law No. 13,979 dated 2/6/2020², which provides measures to deal with emergencies of national and international significance, resulting from Covid-19. In the following month, Brazil declared a situation of community transmission throughout the country, through Ordinance No. 454 dated 3/20/2020³ and, with it, the implementation of more consistent quarantine, isolation and social distancing measures.

Despite these actions, the number of cases and deaths in Brazil has been growing and the “stay at home” instructions continued to be reinforced, with attention mainly focusing on the older population and those with chronic diseases.

Data from the latest bulletin from the Ministry of Health, dated April 4, 2020, revealed 10,278 cases and 431 deaths, with more than 80% of fatalities caused by the new coronavirus involving older people, and almost the same number having at least one risk factor constantly related to covid-19, with an emphasis on heart disease and diabetes⁴. This suggests that more comprehensive measures are needed to protect this population.

The ABRASCO Aging Working Group document⁵ highlights the grave concerns over the various vulnerabilities that older adults are subject to and the countless failings in care related to these citizens, suggesting an age-related genocide (of those aged 60 years and over) if immediate measures are not taken.

Measures of prevention and protection must be effectively advocated to reduce the various forms of contagion everywhere older adults find themselves, whether in the context of their homes, cared for by caregivers and family members, through social isolation, or for residents of long-term care facilities (LTCFs), contributing to a reduction in the mortality rate of those aged 60 or over.

In light of this worrying situation, a group of researchers linked to the Universidade Federal do Rio Grande do Norte (Rio Grande do Norte Federal University - UFRN), working on the theme of aging and primary health care, has proposed a series of recommendations on how Primary Health Care can contribute to the implementation of the strategy for the protection of older adults living in their own homes and in the surveillance and monitoring of LTCFs (Long Term Care Facilities for Older Adults) in the region.

The establishment of viable health care actions in primary care in Brazil reinforces the importance and effectiveness of the Brazilian National Health Service (or SUS), the Family Health Strategy (or ESF) and the National Social Care System (or SUAS) from an articulated and integrated perspective, with dimensions that can guarantee protection for older adults in all their places of residence, including those in situations of greater vulnerability, such as residents of long-term care facilities, those living in the community, people on low-incomes, homeless people, refugees and nomads, as well as through the implementation of emergency public policies, aimed at reducing hospitalizations, the need for intensive care treatment and, above all, avoiding deaths, as has been occurring both around the world and in Brazil⁶.

It is essential, therefore, that sectoral and intersectoral actions adopt an integrated approach, involving all the relevant sectors and incorporating the scientific guidelines that underpin the work of health teams across the country, and extend throughout local territories where competencies and skills that incorporate new and varied technologies in their practices are applied.

Based on this perspective, the group proposes a tool for monitoring essential home care for the health of older adults, in the context of covid-19, to be applied to families, health teams from Primary Health Care (PHC) and managers operating in both health and intersectoral actions.

The tool will allow the mapping of strengths and weaknesses in the management of elderly care and can guide PHC actions, providing essential monitoring for avoiding hospitalizations and deaths⁶ and, based on the assumption of a greater than ever need for the comprehensive and efficient coverage of this vulnerable group, can be implemented through training to monitor the protection of older adults, applied by caregivers in cases where Family Health Strategy coverage is scarce or non-existent.

Therefore, the concerns of the group must be disseminated among all parties who debate issues related to the older population that receives treatment through primary health care, allowing them to provide guaranteed care for this population during the pandemic caused by the new coronavirus, and contributing to a new approach to the care model for this age group in Brazil.

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REFERENCES

1. World Health Organization. Coronavirus disease (COVID-2019) situation reports [Internet]. Geneva: WHO; mar. 2020 [acesso em 03 abr. 2020]. Disponível em: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
2. Brasil. Lei nº 13.979, de 06 de Fevereiro de 2020. Dispõe sobre as medidas para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus responsável pelo surto de 2019. Diário Oficial da União. 07 fev. 2020.
3. Brasil. Portaria nº 454, de 20 de março de 2020. Declara, em todo o território nacional, o estado de transmissão comunitária do coronavírus (Covid-19). Diário Oficial da União. 20 mar. 2020.
4. Brasil. Ministério da Saúde. O que é o Coronavírus? (COVID-19) [Internet]. Brasília, DF: MS; 2020 [acesso em 03 abr. 2020]. Disponível em: <https://coronavirus.saude.gov.br/>
5. Dias BC. Pandemia da Covid-19 e um Brasil de desigualdades: populações vulneráveis e o risco de um genocídio relacionado à idade [Internet]. Rio de Janeiro: ABRASCO; 2020 [acesso 03 abr. 2020]. Disponível em: <https://www.abrasco.org.br/site/gtenvelhecimentoesaudecoletiva/2020/03/31/pandemia-do-covid-19-e-um-brasil-de-desigualdades-populacoes-vulneraveis-e-o-risco-de-um-genocidio-relacionado-a-idade/>
6. Andrade I, Rocha ND, Nunes VA, Uchoa AS, Rocha PM, Lima KC, et al. Proteção domiciliar dos idosos sob distanciamento social no contexto da COVID 19. Jornal GGN [Internet]. 02 de abril de 2020 [acesso em 02 abr. 2020]; A Grande Crise. Disponível em <https://jornalggn.com.br/a-grande-crise/protecao-domiciliar-dos-idosos-sob-distanciamento-social-no-contexto-da-covid-19/>

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