

Older People effected by Covid 19 and Suggestions for Safety

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Abstract- We have been facing a global health crisis by the Covid-19 one that is killing thousands of people (more than 510,000 death cases till now) daily, spreading human suffering, and ending people's lives. This is causing a global health crisis among people. It is a human, economic and social crisis. The coronavirus disease (COVID-19), which has been characterized as a pandemic by the World Health Organization (WHO), is attacking societies at their core. It is a pioneer of sustainable development and the home of the Sustainable Development Goals (SDGs), where each goal finds its space and where all stakeholders can do their part to leave no one behind. During this Pandemic, the older people are facing a critical deaths due to the lack of immunity in their weak bodies. This disease no doubts attacks immediately to the older people and takes their lives within a week or couple of days. Once Covid 19 infects to the older people then it becomes a difficult challenge for them to survive easily. So that prevention is better than cure will be the only way for older people to get rid of this Pandemic.

Introduction: The COVID-19 outbreak affects all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples. Early evidence indicates that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus. People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath – whether due to limited movement, fewer employment opportunities, increased xenophobia etc.

If not properly addressed through policy the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination and global unemployment in the medium and long term. Comprehensive, universal social protection systems, when in place, play a much durable role in protecting workers and in reducing the prevalence of poverty, since they act as automatic stabilizers. That is, they provide basic income security at all times, thereby enhancing people's capacity to manage and overcome shocks. As emphasized by the United Nations Secretary-General, during the launch of a COVID-19 Global Humanitarian Response Plan on 23 March 2020.

Impact of Covid-19 on Older People:-Older persons are particularly susceptible to the risk of infection from COVID-19, especially those with chronic health conditions such as hypertension, cardiovascular disease and diabetes. Older persons are not just struggling with greater health risks but are also likely to be less capable of supporting themselves in isolation. Although social distancing is necessary to reduce the spread of the disease, if not implemented correctly, such measures can also lead to increase social isolation of older persons at a time when they may be at most need of support. The discourse around COVID-19, in which it is perceived as a disease of

older people, exacerbates negative stereotypes about older persons who may be viewed as weak, unimportant and a burden on society. Such age-based discrimination may manifest in the provision of services because the treatment of older persons may be perceived to have less value than the treatment of younger generations. International human rights law guarantees everyone the right to the highest attainable standard of health and obligates Governments to take steps to provide medical care to those who need it. Older people are particularly affected by COVID-19. They need special attention during the COVID-19 crisis, and their voices, opinions and concerns are important in formulating responses.

Global data are extremely uncertain at present, nonetheless, the heightened risks of COVID-19 for older persons are evident in all national data. The scale of testing and nature of reporting vary between governments and hence there is risk of misinformation by generalizing from the experience and reports of a given country.

While the number of older persons is relatively and absolutely smaller in developing countries, particularly in Africa, this coincides with other serious structural risks. Countries with the fewest older persons (such as many of the least developed countries), have the fewest health resources, limited experience caring for older patients (including few geriatric specialists), less institutional care for older persons, and far fewer public or NGO support structures for outreach, screening and community-based care of older persons.

Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to infection and adverse outcomes from COVID-19. Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions and community outreach is required. Older persons, especially in isolation, those with cognitive decline, and those who are highly care-dependent, need a continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers. UN Secretary-General Antonio Guterres said Friday that the COVID-19 pandemic is causing "untold fear and suffering" for older people around the world who are dying at a higher rate, and especially for those over age 80, whose fatality rate is five times the global average.

The UN chief said that beyond the health risks, "the pandemic is putting older people at greater risk of poverty," with an especially devastating impact on the elderly in developing countries. Guterres issued a 16-page policy briefing on the impact of COVID-19 on older people with several key messages, most importantly that "no person, young or old, is expendable" and "older people have the same rights to life and health as everyone else."

The Secretary-General, who celebrated his 71st birthday this year, said: "As an older person myself, with responsibility for an even older mother, I am deeply concerned about the pandemic on a personal level, and about its effects on our communities and societies."

He called for improved social support and "smarter efforts" to use digital technology to reach older people who may face great suffering because of isolation and restrictions on their movements.

Guterres said all social, economic, and humanitarian responses to the pandemic must take the needs of older people into account, noting that the majority are women who are more likely to enter their later years in poverty, without access to health care. He also said older people must not be treated as "invisible or powerless," pointing out that many are working and fully engaged in

family life, teaching, learning, and looking after others."To get through this pandemic together, we need a surge in global and national solidarity and the contributions of all members of society including older people," Guterres said in a video message accompanying the policy report that also stressed the importance of building "age-friendly societies."

The report warns that not only are those over 80 dying at five times the average rate from the new coronavirus but "an estimated 66% of people aged 70 and over have at least one underlying condition, placing them at increased risk of severe impact from COVID-19." According to the report, over 95% of fatalities due to COVID-19 in Europe have been people 60 and older. In the United States, 80% of deaths are among adults 65 and over, it said, and in China, approximately 80% of deaths occurred among adults aged 60 or older. The report warned that "the mortality rate for older persons could climb even higher" as COVID-19 spreads to developing countries, "likely overwhelming health and social protection systems."

In the midst of the pandemic, the UN report said, overburdened hospitals and medical facilities face difficult decisions around the use of scarce resources. Human rights experts have noted with concern that decisions about using these resources, including ventilators, "have in some cases been made based on age, or on generalized assumptions about the impact of a particular diagnosis, such as dementia, on overall health, life expectancy or chances of survival," the report said.

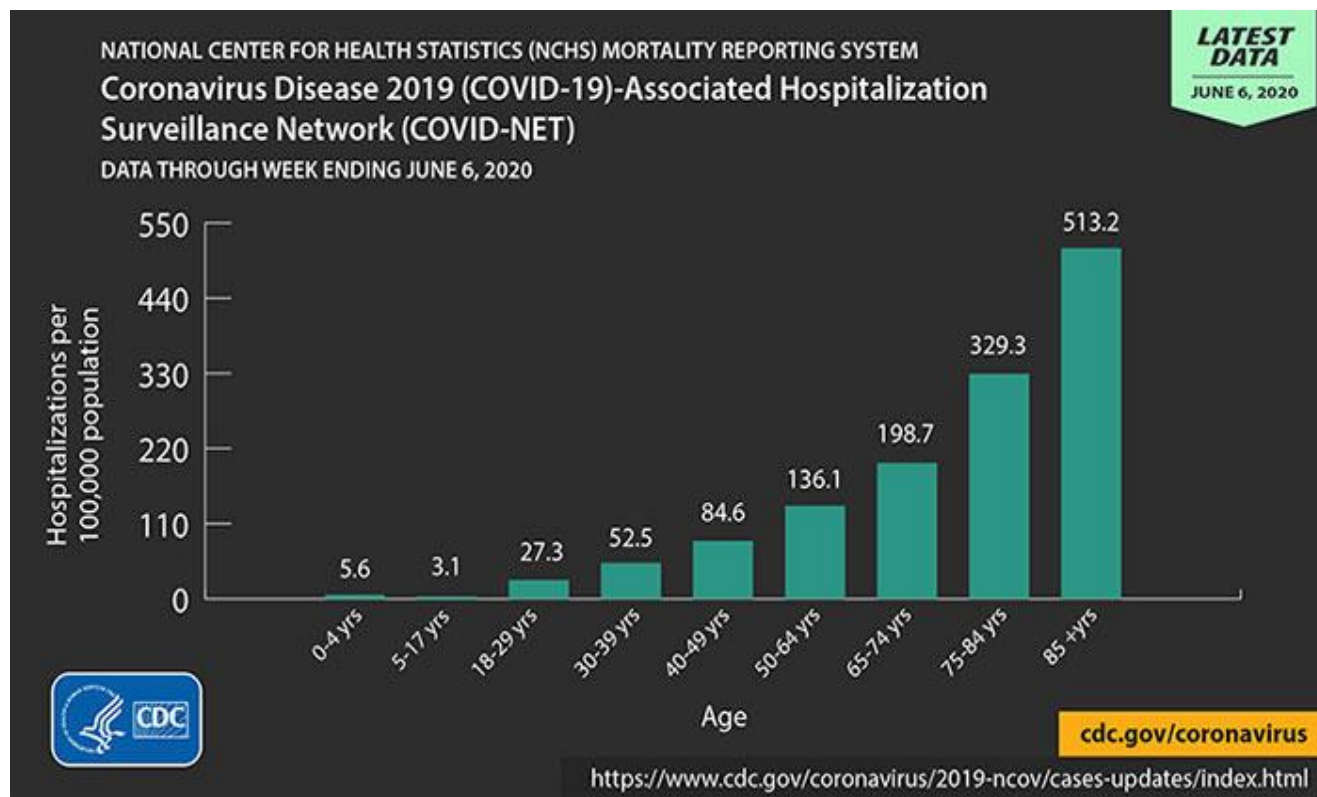
"Less visible but no less worrisome," it said, "are the broader effects: health care denied for conditions unrelated to COVID-19; neglect and abuse in institutions and care facilities; an increase in poverty and unemployment; the dramatic impact on well-being and mental health; and the trauma of stigma and discrimination."

A Comparative Statement with USA and India-As we know that the death rate of USA due to Covid-19 is more than any other countries in the world on till date. At present more than 110,000 persons have already died of Covid-19. It is hard on the elderly, with those 65 and older accounting for 80% of the U.S. deaths from the disease for which the Centers for Disease Control and Prevention has released demographic data. But this is true of most illnesses: In 2018, 78% of all U.S. deaths from internal causes (that is, excluding accidents, murders, overdoses and the like) were among those 65 older. In below a graphical statement was given below to get the concrete information about the death rate of older persons died in COVID-19 on till date.

Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die. Risk for Severe Illness Increases with Age. As we get older, our risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.

There are also other factors that can increase our risk for severe illness, such as having medical conditions. By understanding the factors that put you at an increased risk, you can make decisions about what kind of precautions to take in your daily life.

As the death rate of India (18,000 till now) is very less numbers than USA or European countries and still we can say that the older people of our country are dying comparatively in large numbers than any other groups of people. So COVID 19 no doubts kills more nos of Older people than younger.



Suggestions for Older People to be safe during this COVID 19:-In general, the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.

- If we decide to engage in public activities then continue to protect ourselves by practicing everyday preventive actions and doing Yogas prescribed in Yogadarshan.
- We must Keep these items on hand and use them when venturing out: a cloth face covering, tissues, and a hand sanitizer with at least 60% alcohol, if possible.
- If possible, we should avoid others who are not wearing cloth face coverings or ask others around you to wear cloth face coverings.
- We have to Delay or cancel a visit if our visitors have symptoms of COVID-19 or have been exposed to someone with COVID-19 in the last 14 days.
- Anyone who has had close contact with a person with COVID-19 should stay home and monitor for symptoms.
- We can keep 6 feet of space between we and others?
- We must visit less with our friends and family **outdoors**, when possible. If this is not feasible, make sure the room or space is well-ventilated (for example, open windows or doors) and large enough to accommodate social distancing.

- Arrange tables and chairs to allow for social distancing. People from the same household can be in groups together and don't need to be 6 feet apart from each other.
- Consider activities where social distancing can be maintained, like side walk chalk art or yard games.
- Try to avoid close contact with your visitors. For example, don't shake hands, elbow bump, or hug. Instead wave and verbally greet them.
- If possible, avoid others who are not wearing cloth face coverings or ask others around you to wear cloth face coverings.
- Consider keeping a list of people you visited or who visited you and when the visit occurred. This will help with contract tracing if someone becomes sick.
- Cloth face coverings should be worn over the nose and mouth. Cloth face coverings are especially important when it is difficult to stay at least 6 feet apart from others or when people are indoors to help protect each other.
- Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- Wearing a cloth face covering helps protect others in case you're infected, while others wear one to protect you should they be infected.
- Everyone should wash their hands for at least 20 seconds at the beginning and end of the visit and whenever you think your hands may have become contaminated.
- If soap and water are not readily available, such as with outdoor visits or activities, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Remind guests to wash or sanitize their hands before serving or eating food.
- Use single-use hand towels or paper towels for drying hands so visitors do not share towels. Have a no-touch trash can available for guests to use.
- Encourage your visitors to bring their own food and drinks.
- Clean and disinfect commonly touched surfaces and any shared items between use.
- If you choose to use any shared items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash, clean, and sanitize them after the event.
- We should install the Arcology Setu on our mobile to get Corona related informations.

How to stay healthy during the COVID-19 pandemic.

Staying healthy during the pandemic is important. Talk to your healthcare provider about whether your vaccinations and other preventive services are up to date to help prevent you from becoming ill with other diseases.

- It is particularly important for those at increased risk of severe illness, including older adults, to receive recommended vaccinations against influenza and pneumococcal disease.

- Remember the importance of staying physically active and practicing healthy habits to cope with stress.
- **Continue your medicines** and do not change your treatment plan without talking to your healthcare provider.
- **Have at least a 30-day supply** of prescription and non-prescription medicines. Talk to a healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- **Do not delay getting emergency care for your underlying medical condition** because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care.
- **Call your healthcare provider if you have any concerns** about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911 right away.
- **If you don't have a healthcare provider**, contact your nearest community health center or health department.

Stress & coping

You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions. Learn about stress and coping.

If you think you may have COVID-19 or were exposed to COVID-19:

- If you have symptoms of COVID-19, get in touch with your healthcare provider within 24 hours, and follow steps for when you feel sick. You can use CDC's self-checker to help you make decisions.
- If you or someone you know has COVID-19 emergency warning signs (trouble breathing, persistent chest pain, new confusion, inability to wake or stay awake, or bluish lips or face), **seek emergency care immediately**. Call 911.
- If you think you might have been exposed to someone with COVID-19, contact your healthcare provider. If you don't have a healthcare provider, contact your nearest community health center or health department.

Symptoms

Symptoms of COVID-19 can range from mild symptoms to severe illness and death. Symptoms may appear 2-14 days after exposure.

In some cases, older adults and people of any age with underlying health conditions may have symptoms that are not typically seen in others, or they may take longer than others to develop fever and other symptoms.

Fever symptoms

In older adults (aged 65 and older), normal body temperature can be lower than in younger adults. For this reason, fever temperatures can also be lower in older adults.

If you are an older adult experiencing fever or other symptoms and want to get tested, call your healthcare provider first. You can also visit your state or local health department's website to look for the latest local information on testing. If you don't have a healthcare provider, contact your nearest community health center or health department.

If you are caring for a patient aged 65 or older, be aware that a single reading higher than 100°F (37.8°C), multiple readings above 99°F (37.2°C), or a rise in temperature greater than 2°F (1.1°C) above the patient's normal (baseline) temperature may be a sign of infection

Care plan for Older People

A care plan summarizes your health conditions, medicines, healthcare providers, emergency contacts, and end-of-life care options (for example, advance directives). Complete your care plan in consultation with your doctor, and if needed, with help from a family member or home nurse aide.

A care plan can have benefits beyond the current pandemic. You can update your care plan every year, or any time you have a change in your health or medicines. Care plans can help reduce emergency room visits and hospitalizations and improve overall medical management for people with a chronic health condition, resulting in better quality of life. During the COVID-19 pandemic, having a care plan is an important part of emergency preparedness.

Steps to reduce risk of getting sick

There are so many things we can do to reduce our risk of getting sick.

- Keep space between yourself and others (stay 6 feet away, which is about two arm lengths).
- Wash your hands often.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover coughs and sneezes with a tissue or the inside of your elbow. Then wash your hands.
- Take precautions as you go about your daily life and attend events.
- Clean and disinfect surfaces and things you touch often.

Living facilities for Older People

If you, a family member, or friend lives in a nursing home, assisted living facility, or other type of senior living facility, you may be concerned about COVID-19.

To protect friends and family members in these facilities, CDC has advised that long-term care facilities:

- Restrict visitors at home or any other place.
- Require or recommend visitors wear cloth face coverings over their nose and mouth, if visitors are allowed,
- Regularly check healthcare workers and residents for fevers and symptoms, and
- Limit activities within the facility to keep residents distanced from each other and safe.

It is particularly important for those at increased risk of severe illness, including older adults, to receive recommended vaccinations against influenza and pneumococcal disease.

- Remember the importance of staying physically active and practising healthy habits to cope with stress.

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Conclusion:-During COVID 19, Older people often face issues such as loneliness, financial insecurity and dealing with major life changes which can be risk factors for mental health, and can face barriers to accesses services. These can all be worsened during the coronavirus pandemic. Older people are currently having to endure unprecedented periods of isolation in order to protect themselves, and we urgently need to develop new ways to support their mental health through this period. Over the past few weeks, there's been a lot of focus on the scientific evidence the Government has used to inform their guidance on social distancing, self-isolation and shielding. This branch of epidemiology uses mathematical modelling to predict the progress of coronavirus, combining what we know about the virus and how it spreads, with how people behave.

However, in the background, there is another branch of epidemiology that helps us understand how coronavirus might impact upon people, dependent on their own specific characteristics and risk factors, such as age. This type of epidemiology – observational epidemiology – not only informs our predictions of how the epidemic will progress through the population, but helps us understand how coronavirus might affect certain groups of the population differently, and helps doctors decide which treatments might work best for different people.

Not everyone responds to coronavirus in the same way, and observational epidemiology aims to help us understand why. Information on large numbers of people with coronavirus is collected and used in statistical models to understand how and why experiences vary. Information collected includes background characteristics, or risk factors such as age, sex and pre-existing illnesses, as well as information on what happens to people once they have corona virus, referred to as outcomes.

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