

Dr Andrea Ammon
Director
European Centre for Disease Prevention and Control
Gustav III:s Boulevard 40
169 73 Solna
Sweden

Dear Dr Ammon,

On behalf of the European Geriatric Medicine Society - EuGMS, representing national societies for geriatric medicine throughout Europe, we welcome the overview provided for COVID-19 by the ECDC, especially given that older people are the age-group most severely affected by the pandemic in terms of mortality and significant morbidity.

We write to express our significant concerns by widely-reported media reports that the true extent of the impact of pandemic may be under-estimated by a failure in many European countries to include probable and definite COVID-19 cases and deaths, particularly those that occur in nursing homes and the community. Given that nursing home mortality may be particularly elevated (33% of cases in the first US study)(1), it is absolutely vital that national and European records pro-actively include all such cases in the statistics which assist both in present responses and future planning. According to the latest official data collected in European countries with the highest number of COVID-19 cases, these are percentages of deaths occurred in Nursing Homes out of total COVID-19 related deaths: Belgium 46%, France 45%, Ireland 54%, Italy, 57 % [approx.], Spain 53% [approx.], The Netherlands 35-40%.

We praise therefore the Objectives 6 and 7 in the ECDC strategies relating to nosocomial outbreaks in long-term care facilities <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-surveillance-strategy-9-Apr-2020.pdf>, and would recommend that these are closely linked to comprehensive probable and definite mortality data, as well assessments of the adequacy of preparedness and governance of these facilities and systems.

There is concern globally that nursing-home systems are not prepared for pandemics (2, 3), also for what concerns the regular availability of PPEs. Furthermore, it seems that core skills for their nursing staff often does not include infection control (4). Accurate planning for adaptation and resourcing for prevention, surveillance and treatment will require accurate delineation of the crisis, and the EuGMS will be happy to work with the ECDC to develop specific guidance for COVID-19 and residential long-term care facilities and in any way that is helpful to further optimal care for this most affected of groups by COVID-19.

We look forward to you answer at your earliest convenience.

Sincerely

Prof Athanase Benetos, EuGMS President, and all members of EuGMS Executive Board
Prof Desmond O' Neill and Olafur Samuelsson, leaders of EuGMS Special Interest Group on Long-term Care

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2. Lum HD, Mody L, Levy CR, Ginde AA. Pandemic influenza plans in residential care facilities. *J Am Geriatr Soc.* 2014;62(7):1310–1316. doi:10.1111/jgs.12879
3. Huhtinen E, Quinn E, Hess I, Najjar Z, Gupta L. Understanding barriers to effective management of influenza outbreaks by residential aged care facilities. *Australas J Ageing.* 2019;38(1):60–63. doi:10.1111/ajag.12595
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