

Covid-19 and Older Persons

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EDITORIAL

The coronavirus is a severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2. The resultant coronavirus disease is popularly called COVID-19. Until February 2020, few nations outside China reported COVID-19 cases (1). In March 2020, based on confirmed cases, the virus began spreading rapidly in South Korea, Italy, Spain and other European countries, and in the third week of March to the United States [1, 2]. On 11 March WHO declared COVID-19 a pandemic. As of 5 October there are more than 36 million confirmed cases, more than one million deaths and nearly 27 million recovered [3]. The latest data also show that COVID-19 cases rates are increasing more rapidly in poor and developing countries than in wealthier and more developed nations [3, 4].

Aging is a global phenomenon, regardless of a nation's level of development [5]. Today, people are living longer than ever before due to advances in education, technology, medicine, food distribution, and public health [6]. An aging population impacts almost every area of government policy and presents a number of socio-economic and health challenges. Further older persons are more vulnerable to different types of diseases including COVID-19 [7]

COVID-19 virus death rates are unequal across age groups. Since the COVID-19 death rate increases sharply with age, the larger the older population, the greater the challenges for communities and societies. And within older populations, the older subgroups (e.g., age 80+), which are most vulnerable to infection and physiologically least able to recover, are growing more rapidly than younger subgroups (e.g., 65-74). Thus cross-national differences in population age compositions partly explain the spread and the crude fatality measures of the disease (8). Initial mortality related statistics from Nepal was an exception that

many death from COVID-19 was of people below 60 years (7), but now in Nepal also older persons are more vulnerable to COVID-19 virus related deaths.

But age is not a completely determining risk factor for severe disease and risk factor of death. And anecdotal evidence suggests old age per se is not a COVID-19 death sentence: it has been reported that even centenarians who were admitted to hospital for COVID-19 have made complete recoveries. Among them are a 113-year-old Spanish woman, a 107-year-old Turkish woman, a 106-year-old British woman, a 104-year-old Korean and a 102-year-old woman from Singapore and 101 years old woman from Nepal [7].

Finally, COVID-19 is most likely to be lethal to older adults with pre-existing health conditions. Maintaining good health through health promotion activities and a healthy lifestyle play crucial roles in minimizing immune system decline and maximizing disease resistance. People who age healthily are less at risk. Individuals, families, societies, governments, policymakers, and international development institutions must invest in culturally appropriate programs and services that promote active aging. This will, simultaneously, maintain immune system strength and overall good health.

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