

## ELEMENTS IN THIS MONTH'S ISSUE

# Elderly nursing homes residents—are they a priority in national COVID-19 strategies?

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My mother-in-law, a nursing home resident, died this week. She had chronic ill-health and had become weaker in the last few months. She suffered from recurrent urinary tract infections and a week before her passing away had become symptomatic and weaker. A doctor, from afar, diagnosed her as possible COVID-19 infection. And so her nightmare began.

She had always expressed her wish that on her passing she would have her family surrounding her in a nurturing recognizable environment. With the COVID label attached, she was moved to a bare room—an alien environment, with no visitors allowed. She was visited by carers, in full protective gear, three to four times daily—her only contact with the world outside. Towards the end, a single family member at-a-time was allowed visit to say goodbye. Unfortunately, our experiences are not unique and now being felt by many families within our communities.

Therefore, I welcome the commentary piece by Dr Fallon and colleagues on 'COVID-19 in nursing homes'. They highlight the missed opportunity to learn from historical disasters/epidemics such as Hurricane Katrina and the severe acute respiratory syndrome (SARS) epidemic and underline the unique challenge faced by nursing homes delivering close-contact physical care. They define the importance of nationally funded integrated programmes that protect both nursing home residents and staff in these challenging times. Are nursing homes a

priority in national COVID-19 strategies?—one remains to be convinced.

## COVID-19—learning from other countries experiences

The World Health Organisation (WHO) officially reported on the first cluster of cases in China on 31 December 2019, although in reality cases had presented in Wuhan in November. The initial epicentre in Europe was Northern Italy which reported its first case on 20 February and the virus subsequently spread rapidly across the continent, with the first case reported in the UK on 28 February. This provides a narrow window of opportunity for countries at earlier stages of the pandemic to learn from countries ahead of the curve. It is in this context that we recommend a review by Fang and colleagues from Shenzhen, Guangdong Province, China on their experiences in containing the pandemic. Shenzhen is a city of 12.5 million souls and reported its first case of COVID-19 on 16 January in a visitor from Wuhan. With the implementation of specific measures within the city, their last case of an infected individual was found on 20 February. Based on the lessons learned in the SARS epidemic in 2003, they outline the specific measures that allowed them locally control this highly infective virus in their city within 35 days.

