

# Overview of international estimates of numbers of deaths of care home residents during the COVID-19 pandemic

Adelina Comas-Herrera

25<sup>th</sup> May 2020

LTCcovid.org webinar

[a.comas@lse.ac.uk](mailto:a.comas@lse.ac.uk), @adelinacoh

# Acknowledgements:

This presentation relies on this report:

Comas-Herrera A, Zalakaín J, Litwin C, Hsu AT, Lane N and Fernández J-L (2020) *Mortality associated with COVID-19 outbreaks in care homes: early international evidence*. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE, 21 May 2020. <https://ltccovid.org/wp-content/uploads/2020/05/Mortality-associated-with-COVID-21-May-7.pdf>

The report has built on data and information provided by contributors to LTCcovid and others, thanks in particular to:

David Bell, Shuli Brammli, Robert Gal, Corrina Grimes, Klara Lorenz-Dant, Lee-Fay Low, Norwegian newspaper VG, Andreia Paiva, Maria Pierce, Eleanora Perobelli, Katrin Seeher, Tine Rostgaard, Marta Szebehely, Wong Chek Hooi, Wan Chen K Graham, Andrea E. Schmidt, Kai Leichsenring, Heidemarie Staflinger, Annette Bauer, Elizabeth Lemmon for information on their respective countries and to Emma Reynolds and Paul Cullen.

I would like to thank my co-authors, all contributors to LTCcovid, ILPN and CPEC-LSE. Any errors, omission and views expressed are my responsibility.

# Why do we need to know about deaths of care home residents linked to COVID-19?

- In many countries, care homes not included in initial responses to COVID-19.
- Focus was on stopping transmission in the community and boosting hospital capacity, but situation was different in countries in Asia with SARS and MERS experience: strong Infection Prevention and Control systems in care homes.
- No data on number of people infected (and deceased) in care homes: **risk that vital resources needed to tackle infections in care homes are not made available**

# How has the evidence on COVID deaths in care homes evolved. In March:

- Newspaper reports from Italy, Spain, Belgium and France on large numbers of deaths in care homes and of care homes becoming “overwhelmed”. LTCcovid starts to document international reports on 20 March.
- Official data on deaths in most countries only included those confirmed through testing and in hospitals.

# First official estimates in Europe: end March/early April

On 31<sup>st</sup> March France published first data on deaths in care homes, including “suspected” COVID deaths, Belgium and Ireland followed soon after and some unofficial estimates from Italy and Spain emerged

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Business

## France Virus Deaths Jump to 5,387 With Nursing Homes Added

By [Rudy Ruitenberg](#)

April 2, 2020, 6:47 PM GMT+1 Updated on April 2, 2020, 7:20 PM GMT+1

# 1<sup>st</sup> LTCcovid report on deaths of care home residents (5 countries, less than ideal data for 2 of them): 42 to 57% deaths linked to COVID, 12<sup>th</sup> April



## Mortality associated with COVID-19 outbreaks in care homes: early international evidence

Adelina Comas-Herrera ([CPEC, LSE](#)) and Joseba Zalakain ([SIIS](#))

12th April, 2020

### Key findings:

- Official data on the numbers of people affected by COVID-19 is not available in many countries
- Due to differences in testing availabilities and policies, and to different approaches to recording deaths, international comparisons are difficult
- Data from 3 epidemiological studies in the United States shows that as many as half of people with COVID-19 infections in care homes were asymptomatic (or pre-symptomatic) at the time of testing
- Data from 5 European countries suggests that care home residents accounted for between 42% and 57% of all deaths related to COVID-19.

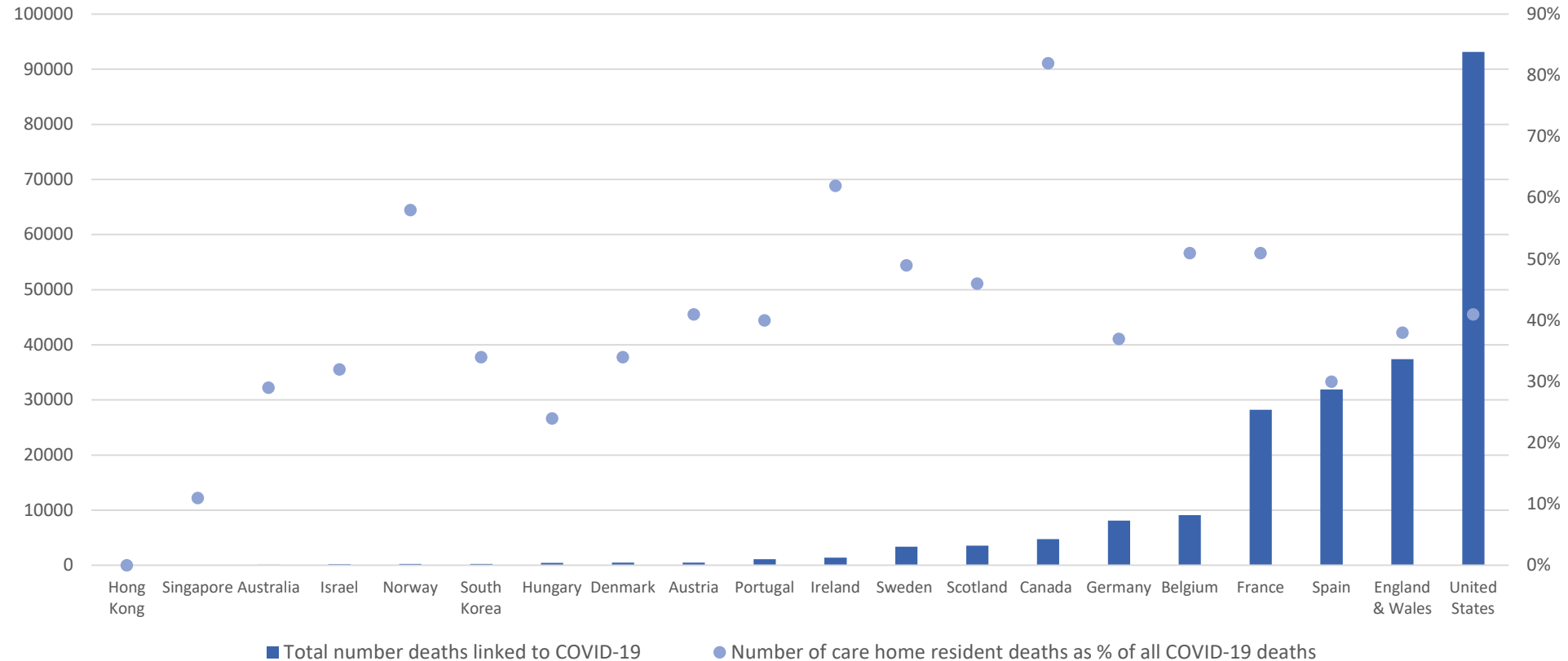


The screenshot shows the top of a Guardian article. The header includes 'Support The Guardian' with 'Contribute' and 'Subscribe' buttons, and 'The Guardian' logo. Navigation tabs for News, Opinion, Sport, Culture, Lifestyle, and More are visible. The article title is 'Half of coronavirus deaths happen in care homes, data from EU suggests'. A yellow banner indicates 'This article is more than 1 month old'. The sub-headline reads 'Figures from Italy, Spain, France, Ireland and Belgium suggest UK may be underestimating care sector deaths'. There are links for 'Coronavirus - latest updates' and 'See all our coronavirus coverage'. An advertisement for 'The Guardian Jobs' is on the right.

# What did the early estimates tell us?

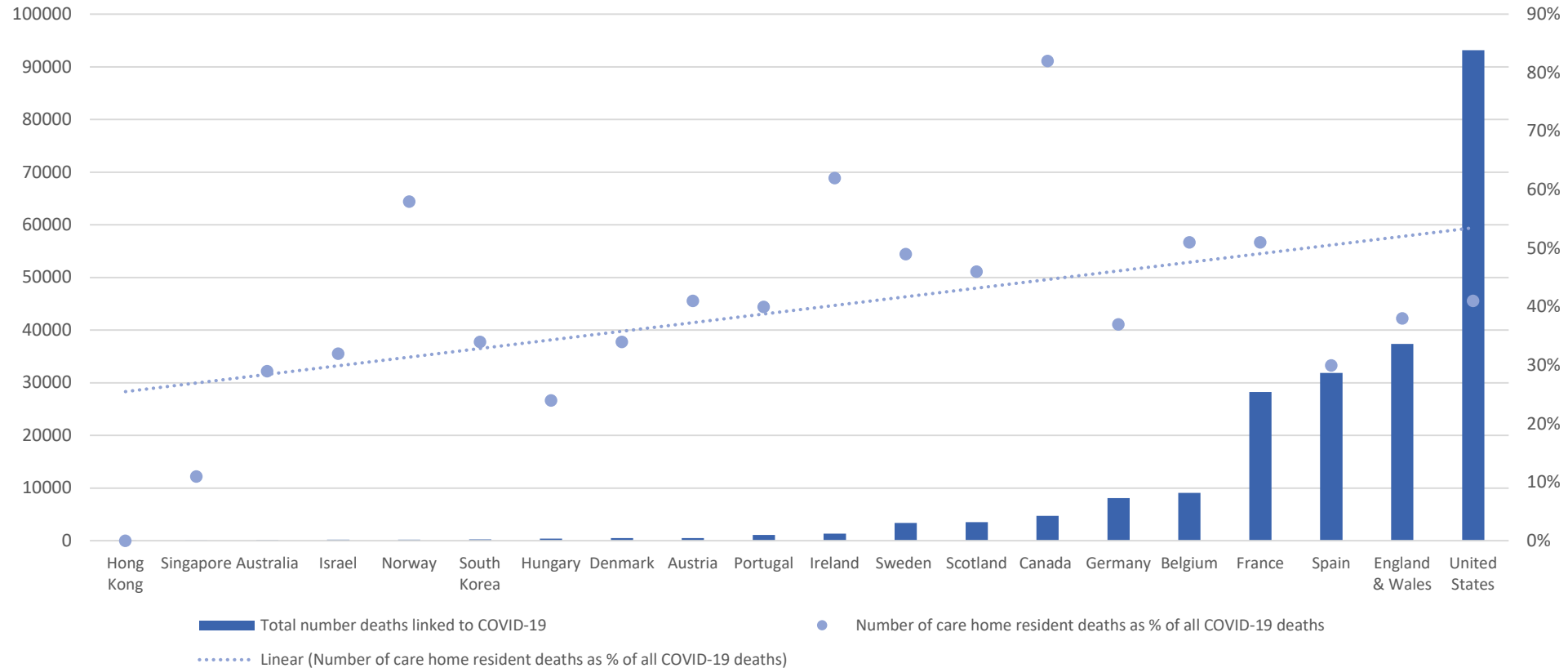
- Urgent need to ensure care homes are equipped with resources to deal with the pandemic (testing, staff, PPE, additional buildings, up-to-date guidance and training)
- National estimates of COVID-19 deaths up that point, in most countries, were an underestimate as did not include large number of deaths in care homes.

# Data has been improving, LTCcovid reports now include of data from more countries (example of report from 21 May)





# Number of total COVID-deaths compared to share of deaths of care home residents (up to 21<sup>st</sup> May)

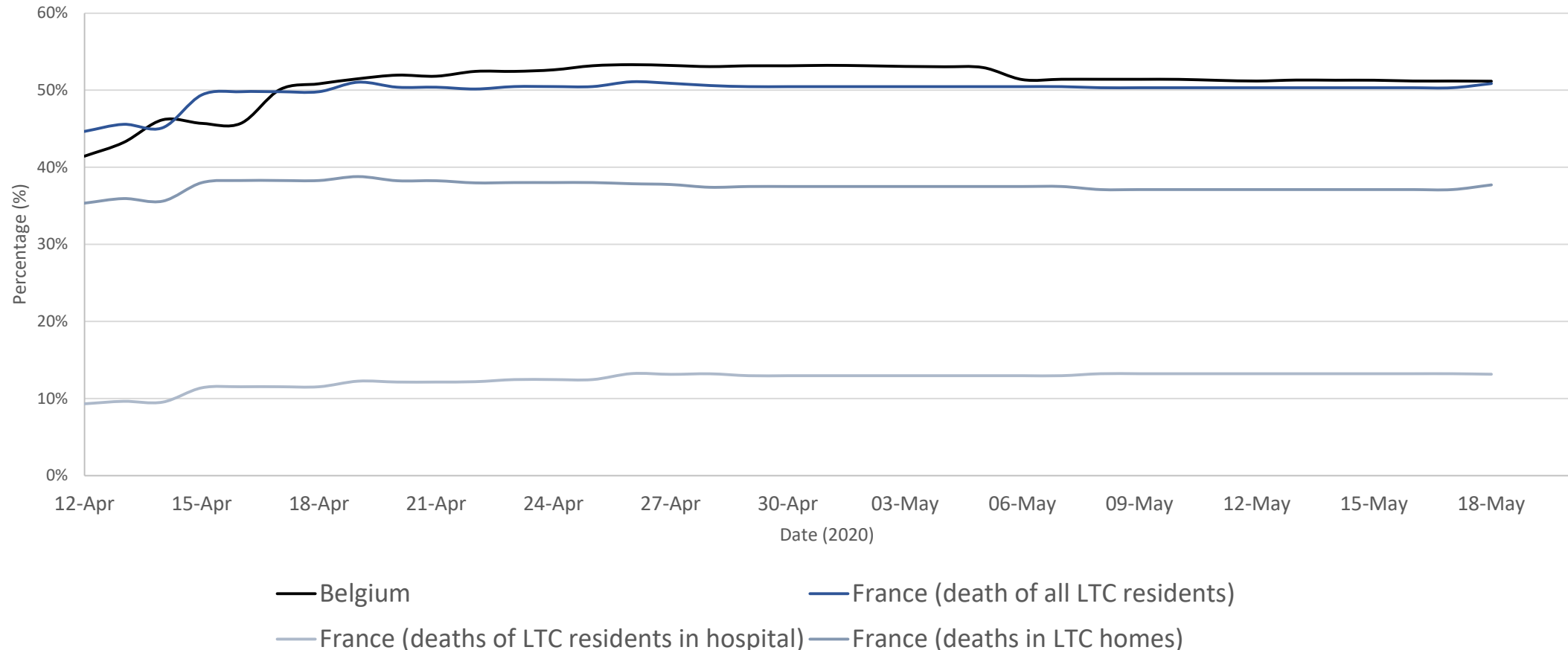


Comas-Herrera A, Zalakaín J, Litwin C, Hsu AT, Lane N and Fernández J-L (2020) *Mortality associated with COVID-19 outbreaks in care homes: early international evidence*. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE, 21 May 2020. <https://ltccovid.org/wp-content/uploads/2020/05/Mortality-associated-with-COVID-21-May-7.pdf>

# As we added more countries during late April and May: a new policy message

- High number of deaths in care homes **may not be inevitable, as some countries have had very few deaths**, so we need to focus on prevention policies and measures and learn about what works
- The share of care home residents whose deaths are linked to COVID-19 tends to be **lower in countries where there have been fewer deaths** in total, although as the number of deaths grows the share seems to reach a plateau

# Trend in share of number of deaths of care home residents out of total deaths, Belgium and France



# How well can we compare international data on deaths of care home residents? Many differences in:

- How care homes are defined
- What types of deaths are covered:
  - Confirmed through test
  - COVID suspected / noted in death register
  - Excess deaths (how many more people died than in previous years)
- Whose deaths are covered:
  - People who die in care homes
  - All care home residents

# We aim to present data in a way that shows the methodological differences

**Table 1. Number of COVID-related or confirmed deaths in the population and in care homes (or among care home residents).**

| Country               | Date       | Approach to measuring deaths | Total number deaths linked to COVID-19 | Number of deaths of care home residents linked to COVID-19 | Number of deaths in care homes | Number of care home resident deaths as % of all COVID-19 deaths | Number of deaths in care homes as % of all COVID-19 deaths |
|-----------------------|------------|------------------------------|--|--|--------------------------------|---|--|
| Austria               | 22/04/2020 | Confirmed                    | 510                                    | 220  |                                | 41%   |  |
| Australia             | 18/05/2020 | Confirmed                    | 99                                     | 29   |                                | 29%   |  |
| Belgium               | 18/05/2020 | Confirmed + Probable         | 9,080                                  |  | 4,646                          |   | 51%  |
| Canada                | 08/05/2020 | Confirmed + Probable         | 4,740                                  | 3,890  |                                | 82%   |  |
| Denmark               | 07/05/2020 | Confirmed                    | 506                                    | 170  |                                | 34%   |  |
| France                | 18/05/2020 | Confirmed + Probable         | 28,239                                 | 14,363   | 10,650                         | 51%   | 38%  |
| Germany <sup>67</sup> | 20/05/2020 | Confirmed                    | 8,090                                  | 3,029  |                                | 37%   |  |
| Hong Kong             | 20/05/2020 | Confirmed                    | 4                                      | 0  | 0                              | 0%  | 0%   |

# Current findings (1):

- Not all countries have experienced infections or deaths in care homes, for example Hong Kong (only 4 deaths in total and 1,056 cases of infections in the total population).
- In the other countries where there have been at least 100 deaths in total and we have official data, the **% of COVID-related deaths among care home residents ranges from 24% in Hungary to 82% in Canada)**
- BUT: the definitions used make a huge difference

# Current findings (2): why definitions matter

- Data from England:
  - Share of all **probable** COVID-19 deaths **in care homes**: 27%
  - Share of all **probable** deaths **of care home residents** is 38%
  - Share of excess deaths in care homes during pandemic: 44%
  - Share of deaths of care home residents is 52% of all excess deaths
- France:
  - deaths in care homes are 34% of all COVID-19 deaths
  - deaths of care home residents are 51%.
- South Korea:
  - **0** deaths IN care homes, but **84** deaths of care home residents

# A better way to show impact of COVID in care homes in different countries?

## COVID-19 deaths of care home residents, as % of all care home residents

|                       | Number of care home residents (or beds) | Deaths attributed to COVID (as per table 1) as percentage of care home residents | Excess deaths compared to previous years, as percentage of care home residents |
|-----------------------|---|--|--|
| <b>Austria</b>        | 69,730                                  | 0.3%   |  |
| <b>Germany</b>        | 818,000 (beds)                          | 0.4%   |  |
| <b>Canada</b>         | 425,755                                 | 0.9%   |  |
| <b>Sweden</b>         | 82,217                                  | 2.0%   |  |
| <b>France</b>         | 605,061                                 | 2.4%   |  |
| <b>United Kingdom</b> | 411,000                                 | 3.4%   | 6.7%   |
| <b>Belgium</b>        | 125,000                                 | 3.7%   |  |



# To conclude:

- While it is very important to measure and report the number of deaths of care home residents during the COVID-19 pandemic, international comparisons are tricky
- Share of total deaths in homes are important to:
  - Show potential underestimation of total deaths (specially if only confirmed cases or deaths in hospitals are counted)
  - Improve allocation of (potentially scarce) resources: testing, PPE, nurses, quarantine facilities, technical support, etc.
- Shares of total care home residents offer a different perspective on the impact of COVID-19 on care home residents
- We also need to understand other impacts:
  - Staff, people who rely on care in the community
  - Physical and mental health impacts

# Next steps:

- Systematic reviews of impact of COVID-19 in care homes and of effectiveness of measures
- Continuing to learn from evidence and experience of other countries to try to inform policy
- Use improved data availability to seek understand impact of differences in the population in care homes in different countries (e.g. age, gender, dependency/health status), differences in types of care homes (e.g. size/shared beds), staff pay and conditions, etc.
- Continuing to improve methods towards comparing “like with like”.