COVID-19 outbreaks in care homes: early international evidence of impact and measures

Adelina Comas-Herrera
Care Policy and Evaluation Centre
Department of Health Policy
London School of Economics and Political Science
a.comas@lse.ac.uk, @adelinacohe

1st May 2020

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Acknowledgements

- This presentation builds on international evidence contributed by many international experts to https://ltccovid.org/
- https://ltccovid.org/ is supported by the International Long-Term Care Policy Network and CPEC-LSE

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Evidence so far:

Mortality in care homes and the problem with relying on symptoms

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

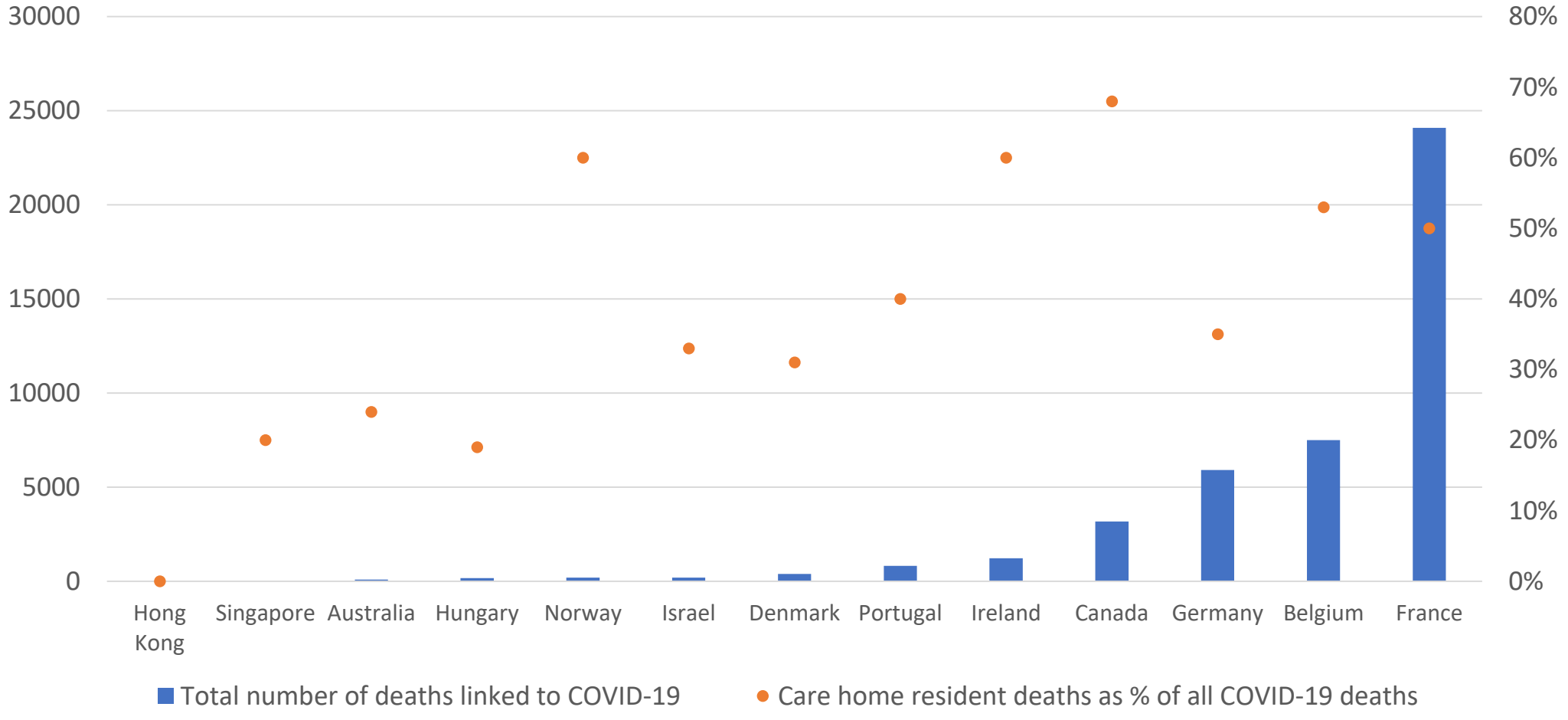
INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE

1. Infections and mortality in care homes:

- Official data on the numbers of people affected by COVID-19 only available in a few countries
- Differences in testing availability and policies and in approaches to recording deaths, make international comparisons difficult
- 3 main approaches to measuring deaths in relation to COVID-19:
  - **deaths of people who test positive** (before or after their death)
  - **deaths of people suspected** to have COVID-19 (based on symptoms)
  - **excess deaths** (comparing total number of deaths with those in the same weeks in previous years)

Mortality in care homes:

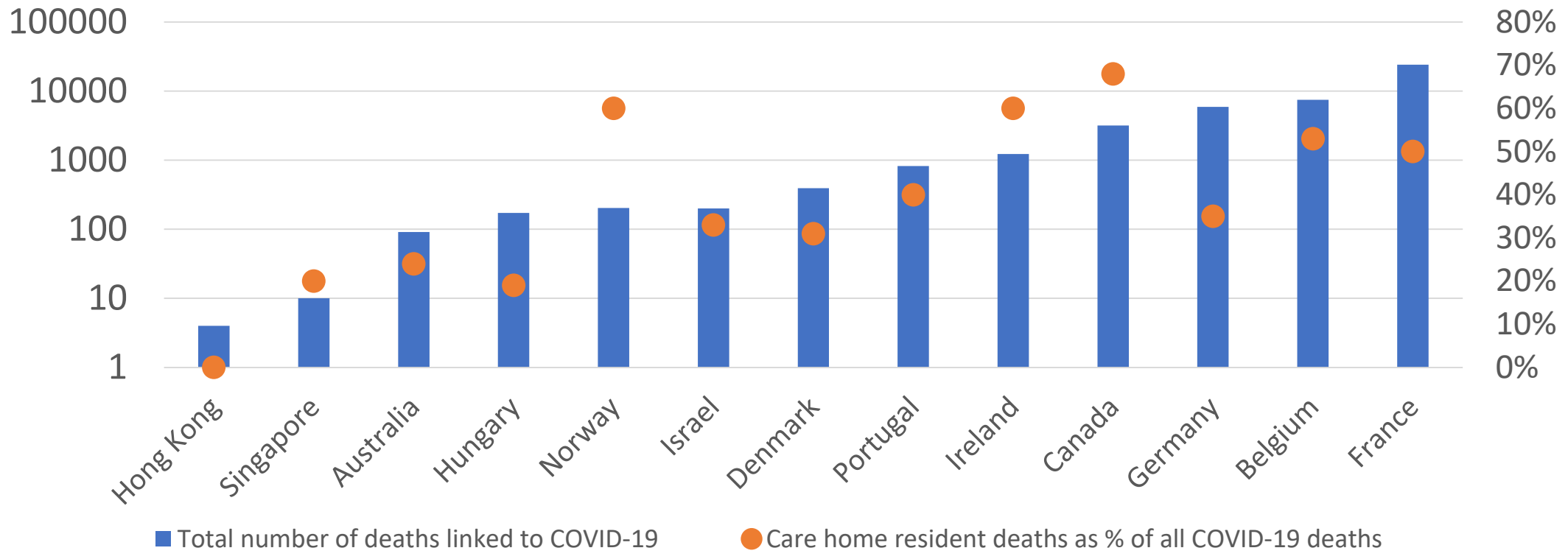


CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL LONG TERM CARE POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Mortality in care homes:



CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

What have we learnt on mortality? (despite data issues)

- Higher number of deaths in the total population seems to be associated with a higher share happening in care homes, but there are exceptions

- These exceptions suggest that having large number of deaths in care homes is not inevitable

2. Symptoms are not a reliable predictor of infection

- Data from 3 epidemiological studies in the United States shows that 50% of people with COVID-19 infections in care homes were asymptomatic (or pre-symptomatic) at the time of testing.
- New data from Belgium shows that **73% of staff** and **69% of residents** who tested positive were **asymptomatic**.
- These data emphasize the importance of testing to reduce contagion, as symptoms may be a poor predictor of real infection rates.
- Geriatricians report that people in care homes often have “atypical symptoms”

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Atypical symptoms (twitter survey of geriatricians):

- Many older people may present atypically are not picked up in triaging
- Common atypical presentations:
  - delirium (hypo and hyperactive)
  - Diarrhoea
  - Lethargy
  - Falls
  - Reduced appetite
- Fever, cough and breathlessness were uncommon in older adults, and that even in the absence of breathlessness, hypoxia was a common feature"

https://www.bgs.org.uk/blog/atypical-covid-19-presentations-in-older-people-%E2%80%93-the-need-for-continued-vigilance

Measures to prevent and manage infections in care homes

International examples from Australia, Austria, Canada, China, Germany, Hong Kong, Ireland, Israel, Italy, Netherlands, Slovenia, South Korea, Spain, US

https://ltccovid.org/country-reports-on-covid-19-and-long-term-care/

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

1. Measures to support care homes with preparation for outbreaks
2. Measures to prevent COVID-19 infections from entering a care home
3. Measures to control and manage infection

Policies to support care homes in preparing for outbreaks (1)

- National taskforce to coordinate response
  - Bringing together different government departments and levels
  - Representatives from relevant bodies, including relevant expertise
  - Link response in care homes to response at population-level and hospitals
- Establish information systems that monitor outbreaks in care homes & link care homes to supplies of PPE, additional staff and medication

Policies to support care homes in preparing for outbreaks (2)

- Develop guidance and deliver training for all care home staff
- Prepare rapid response teams
- Measures to reduce care home occupancy (where possible)
- Ensure care homes are supported in assessing the feasibility of effective isolation in their current buildings

Measures to prevent COVID-19 infections in care homes

- Measures to restrict visitors [soon measures to make visiting safe?]
- Measures to ensure staff do not bring infection:
  - Ensuring staff only work in one home (ideally also one section of care home)
  - Ensuring staff have sick pay so do not work while unwell
  - Offering alternative accommodation to staff
  - Staff may want to move into care home
- Measures to ensure new or returning residents do not bring infection:
  - Limit direct hospital discharges to care homes, prepare alternative quarantine centres
  - Isolate and test all new residents

CPEC
CARE POLICY AND EVALUATION CENTRE
Research at LSE

INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

LSE
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Measures to monitor potential infections

- Regular testing of care home residents and staff, contact tracing and isolation
- Regular symptom assessment of residents and staff
- Training care staff in recognizing geriatric presentations of symptoms

Measures to control and manage infection

- Testing, contact tracing and preventative isolation
- Regular symptom monitoring
- Isolation inside or outside the facility of all confirmed and probable cases
- Dividing care home into risk zones, staff only working in one of the zones

Measures to ensure access to healthcare and palliative care

- Telehealth visits for healthcare providers
- Temporarily transferring are homes to the health system
- Deploying additional healthcare staff to treat people with infection and provide palliative care
- Considering updating advance directives
- Ensuring adequate supply of medicines & equipment

Measures to maintain staff availability and wellbeing

- Rapid response teams deployed to support care homes who need additional staff
- Increased pay and benefits
- Removing limit of number of hours staff can work
- Provision of accommodation
- Deploying army/fire services to support disinfection tasks
- Provision of psychological support for trauma

Measures to compensate for impact of physical distancing on residents

- Use of technology to facilitate virtual contact with families
- Window visits
- Alternative activities that are compatible with physical distancing

https://www.cbc.ca/news/canada/manitoba/kleiman-couple-winnipeg-coronavirus-1.5549798