Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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The novel coronavirus disease (COVID-19), caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), also known as the 2019 novel coronavirus (2019-nCoV), has emerged in Wuhan (China) in early December 2019 and it has rapidly spread worldwide causing a major pandemic [1].

Frail individuals with underlying diseases and chronic conditions are the most vulnerable to COVID-19 infections. In particular, the elderly are highly affected by COVID-19 compared to young and middle-aged people, both in terms of prevalence of the disease and mortality [2–4]. In China, where the elderly represent a small proportion of the total population, patients >60 years or older affected by COVID-19 were reported to be between 15% and 26%, with a mortality rate which was significantly higher compared to younger patients (5.3%, vs 1.4%) [5,6]. In Italy, one of the countries most severely affected by COVID-19, a mortality rate of 13.1% was reported, based on data up to April 23, 2020 [7]. Mortality increases with age, with a rate of 10.6% for 60-69 year-old patients, 25.7% for 70–79-year-old patients and 31.7% 80-89-year-old patients. Furthermore, 8.1% of cases were reported in older patients (>90 years) with a mortality rate of 28.5%. Mean age of Italian patients died for SARS-CoV-2 infection was 79 years (median 81, range 0–100, IQR 73–87), 60.3% of them had three or more comorbidities and 12.6% experienced co-infections [8].

The impact of COVID-19 is particularly dramatic in LTCFs. In a recent report — including data from 19 countries worldwide - the rate of mortality associated with COVID-19 pandemic in these settings was reported ranging from 24% to 82% [9]. The European Centre for Disease Prevention and Control (ECDC) indicated that in Europe deaths occurred in LTCFs represent from 37% to 66% of all fatal cases linked to COVID-19 [10]. In the month of May, 49.5% (1061/2143) of the COVID-19 cases registered in Italy occurred in LTCFs [11]. The total rate of mortality in a survey on 3276 Italian LTCFs was reported of 8.2% (6773 deaths/80131 residents), with 40.2% (2724/6773) of deaths resulted positive to COVID-19 [12].

Although a low number of studies have been published so far, the rates of bacterial infection in COVID-19 patients are considerable and probably underestimated due to the complexity of bacterial infection diagnosis during the health emergency of the moment [13,14]. It has been estimated that about 72% of COVID-19 patients were treated with broad-spectrum antibiotics, mostly respiratory quinolones, to prevent bacterial co-infections and super-infections [15–19]. About 75% of LTCF residents receive at least one course of antibiotics during 6 or more months of...
However, it is equally true that the increase of infection control hospitals and LTCFs increases during a pandemic, and it might both COVID-19 and CDI should be considered in diarrheic patients. A novel SARS-CoV-2 infection might facilitate occurrence of CDI, particularly in patients already colonized by *C. difficile*. Therefore, COVID-19 convalescents, particularly those that had gastrointestinal manifestations and had received antibiotic treatments, might have a microbiota with reduced colonization resistance against *C. difficile* and consequently they could be more prone to CDI. All these features highlight the importance of a renewed attention to CDI during the current pandemic, especially in the perspective of additional waves of COVID-19 that might have an even more devastating impact on elderly population, until a vaccine and/or a specific therapy for this infection will be developed.

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**Declaration of competing interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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