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COVID-19 is ageist, sexist, ruthless, dispassionate and opportunistic – Protecting our vulnerable

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ABSTRACT

Introduction: COVID-19 pandemic and it is ageist, sexist and a ruthless, dispassionate and opportunistic organism, avid for non-communicable disease (NCDs) and multimorbidity. Almost all medical attention and focus is on this infection. Nonetheless, prior to this pandemic NCDs and the increasing prevalence of multimorbidity dominated the global landscape. The aim of this paper is to explore the effect of COVID-19 on NCDs and multimorbidity populations while proposing recommendations to protect this vulnerable population.

Methods: A literature search using PubMed and Google scholar was performed using the keywords “COVID-19”, “Vulnerable population”, “Non-communicable diseases” and “Multimorbidity”. Articles found relevant to the scope of the article were considered.

Results: Instituted restrictive measures to curb the viral spread led to constraints on wellbeing of the NCDs and multimorbidity population. There was also disruption to access to essential services and screening programmes, and the reduction or cancellation of planned appointments. These individuals have been reported to have a higher risk of a COVID-19 infection and premature mortality. It was also observed that the relaxation of COVID measures led to the spill off of infections among this vulnerable population with a spike in mortality.

Conclusions: Changes in COVID-19 policies so as to resuscitate economies are crucial. However, it is paramount that measures to ensure adequate care and protection of the NCDs population are instituted, especially on the eve of the seasonal influenza season. Strategies are recommended to plan for surveillance, risk assessments, follow-ups and prevention of the twofold burden of non-communicable and communicable diseases.

1. Introduction

There are a plethora of definitions describing vulnerable populations including the elderly, those experiencing social inequalities, those suffering from chronic diseases or mental disorders, pregnant women as well as children among others [1]. The main challenge of the twenty-first century has been to tackle non-communicable diseases (NCDs). In fact, this vulnerable population dominate the global landscape resulting in 41 million annual deaths (equivalent to 71% of the global deaths) prior to the COVID-19 pandemic [2]. The commonest global NCDs are cardiovascular and chronic respiratory diseases, cancers and diabetes [2]. The world is experiencing an increasing generation of ageing populations where the “one patient – one disease” paradigm is no longer relevant as a new era of multimorbidity (the presence of two or more chronic diseases) sets in [3]. The global multimorbidity prevalence has been estimated to be 33.1%, globally, irrespective of national gross domestic product [4]. Multimorbid individuals have a higher susceptibility to poorer health outcomes and higher mortality rates.

2. COVID-19 and non-communicable-multimorbidity diseases

Coronavirus disease in late 2019 caused by severe acute respiratory syndrome-coronavirus-2 (SARS-CoV2) resulted in a global pandemic [5]. COVID-19 is ageist, discriminating against the elderly. COVID-19 is sexist, discriminating against male sex. And COVID-19 is a ruthless, dispassionate and opportunistic organism, avid for NCDs and multimorbidity who have poorer outcomes if infected [6]. Furthermore, the presence of cardiometabolic multimorbidity was associated with a 77% higher relative risk of having a positive COVID-19 test when compared to those without any chronic disease/s [7]. The combination of NCDs, multimorbidity and COVID-19 led to an exponential increase in hospitalisations, admissions to intensive care units and high mortality rates [8]. In fact, both the World Health Organization (WHO) Director General, Dr. Tedros Adhanom Ghebreyesus and the WHO Regional Director for Europe, Dr. Hans Kluge continue plead for the continuation of preventive and management care of NCDs in conjunction with COVID-19 containment measures [9,10].

At the onset of COVID-19, governments instituted a number of restrictive measures to curb viral spread. However, these measures led to constrains on the mental and physical freedoms of patients with NCDs along with the disruption of access to essential services, screening programmes and reduced or cancelled planned appointments [11]. As part of the COVID-19 mitigation measures, different organizations as well as governments defined a number of vulnerable groups that included those suffering from certain chronic diseases. Advocacy for stricter adherence to the imposed restriction measures, social distancing and personal
hygiene were applied to these vulnerable groups [12,13].

Taking the small European state of Malta as a case study, the restrictions and mitigations standards instituted by the Public Health authorities along with the Maltese government during the first wave (7th March to 5th May 2020), resulted in an excellent outcome with just five deaths (average age of 86.4 years) out of 482 reported COVID-19 cases within this period [14]. All of these deaths were among elderly individuals with multimorbidity [15]. During the transition phase an additional four deaths among multimorbidity elderly were reported [15]. However, the brisk relaxation of measures and organization of mass events led to a spike in cases and spill off of positive cases into the elderly population [16]. This resulted in a spike in mortality of five multimorbidity elderly over two weeks [15], with numbers continuing to rise. Considering that the multimorbidity prevalence at a population level (18 to 70 years) in Malta is 33.01% [17], this puts a proportion of the population at higher risk of having a positive COVID-19 test along with associated complications and premature mortality. In fact, a correlation has been reported between the burden of non-communicable diseases and COVID-19 deaths [8].

3. The next step

On an annual basis it has been reported that the seasonal influenza is responsible for an estimated 99,000 to 200,000 deaths worldwide solely from lower respiratory tract infections [18]. As the Northern Hemisphere countries prepare for the seasonal influenza season in the midst of the COVID-19 pandemic, it is essential that extra caution targets the NCDs multimorbidity population. This requires both primary and secondary prevention to ensure tackling of underlying causes while ensuring early detection and management of COVID-19 [19]. Concurrently, countries need to continue following the WHO Director-General advise to “strike a fair balance between protecting health, preventing economic and social disruption and respecting human right” in the fight against COVID-19 [20]. Health promotion needs to continue striving in their work to ensure healthy equity, delivering health messages including the importance of handwashing, social distancing and mask wearing while maintaining social justice at the forefront of this concurrent pandemic [1]. Furthermore, programs that continue to sustain COVID-19 extensive surveillance and rigorous testing with contact tracing are crucial.

4.Conclusion

Changes in COVID-19 policies to enhance national economies are crucial for their survival. However, with evidence linking infectious diseases as determinants for non-communicable diseases [21], it is paramount that measures are implemented to ensure adequate care and protection to the vulnerable non-communicable diseases population especially in the eve of the seasonal influenza season. Strategies must plan for enhanced surveillance, risk assessments, follow-ups and prevention of the population from the twofold burden of non-communicable and communicable diseases.

Declaration of competing interest

The authors have no conflict of interest to declare.

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