THE UTILITY OF THE WHO INTRINSIC CAPACITY SCREENING TOOL TO IDENTIFY PHYSICAL AND MENTAL FUNCTION DECLINES
Lina Ma, Yaxin Zhang, Pan Liu, and Yun Li, Xuanwu Hospital, Capital Medical University, National Research Center for Geriatric Medicine, Beijing, Beijing, China
(People’s Republic)
Background: The disease concept is increasingly being replaced by a functional approach to address the healthcare needs of the older people. WHO proposed the Integrated Care for Older People (ICOPE) screening tool to identify older people with priority conditions associated with declines in intrinsic capacity (IC). Very few evidence on the clinical utility of the ICOPE tool is available. Objectives: To determine if the tool can identify adults with poor physical and mental function. Method: 376 participants aged 50–97 years were included. IC was assessed with the WHO ICOPE screening tool, covering the following five domains: cognitive decline, limited mobility, malnutrition, sensory loss, and depressive symptoms. We assessed the activities of daily living, the Fried frailty phenotype, FRAIL scale, SARC-F scale, MMSE, GDS, social frailty, and quality of life. Peak expiratory flow, bones mineral density, body composition were obtained. Results: 69.1% of the participants showed declines in IC. Participants with declines in IC were older, had more chronic diseases, worse general health, worse physical function as indicated by lower Barthel index, walk speed, grip strength, and physical fatigue, worse mental function indicated by lower MMSE scores, higher GDS scores, more mental fatigue, and worse social function. After adjusting for age, IC was positively correlated with walking speed, resilience score, and MMSE score and negatively correlated with frailty, SARC-F score, IADL score, GDS score, and physical and mental fatigue. Conclusion: The WHO ICOPE screening tool is useful to identify adults with poor physical and mental function in Chinese older adults.

Session 2205 (Symposium)

COVID VACCINE ROLLOUT FOR OLDER PEOPLE: EAST MEETS WEST
Chair: Nengliang Yao
Co-Chair: Tom Cornwell
Discussant: Cheryl Camillo
Older adults should be one of the first groups to receive COVID-19 vaccines, because the risk of dying from COVID-19 increases with age. However, it takes time to distribute the vaccines to different countries, and the challenges in administering vaccines may differ by health system characteristics and local culture. This international symposium will discuss the vaccine rollout issues in eight countries (Isreal, Japan, South Korea, China, France, United Kingdom, Canada, and United States). We will use an interview and dialog format, instead of presentations. We will cover extensive topics including: Availability - What vaccines? Access, Acceptance, Cost/Financing Issues, Distribution Logistics/Transport/Safety, Lessons Learned, Mutations/Variants, Partnerships needed to vaccinate homebound patients (community partners; home health agencies, etc.), Who can/should provide vaccination? The situation with COVID-19 is still very fluid. Countries are at different stages of vaccinating older people. The chair didn’t ask the speakers to write an abstract now; instead, the speakers will collect more information during the next few months and plan to have a prep meeting one month before the Annual Meeting.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN JAPAN
Tadashi Wada, Irahara Primary Care Hospital, Chiba, Chiba, Japan
It has just started in Japan. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN SOUTH KOREA
Chan Mi Park, Asan Medical Center, Songpa-gu, Seoul-t’ukpyolsi, Republic of Korea
It has just started in South Korea. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN ISRAEL
Naim Mahroum, Sabar Health, Even Yehuda, Tel Aviv, Israel
The COVID vaccine rollout in Israel has prioritized older adults. It led to a substantial decline in the incidence of COVID-19 in older adults. The new variants are threats to the current achievements. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN FRANCE
Matthieu De Stampia, Assistance Publique - Hôpitaux de Paris, Paris, Ile-de-France, France
Only about three million people in France have so far received at least one dose of a Covid-19 vaccine. Those aged over 75 are offered either Pfizer or Moderna vaccines in a vaccination center. Older people with pre-existing conditions can get AstraZeneca’s Covid-19 vaccine. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations (please refer to the program overview).

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN THE UNITED KINGDOM
Huajie Jin, King’s College London, London, England, United Kingdom
As of early March, at least 22 million adults had received one dose of a Covid vaccine in the UK, with 1.2 million of