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## Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)-Related Deaths in French Long-Term Care Facilities: The “Confinement Disease” Is Probably More Deleterious Than the Coronavirus Disease-2019 (COVID-19) Itself



To the Editor:

To date, coronavirus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected 2.2 million people and has killed more than 150,000.<sup>1</sup> The population groups most susceptible to severe and fatal coronavirus disease-2019 (COVID-19) are older adults and those with chronic underlying chronic medical disorders. The residents of long-term care facilities (LTCFs) typically combine those 2 features and are, thus, particularly at risk. In France, 9.4% of the population is over age 75 years and nearly 600,000 people currently reside in LTCFs for older dependent individuals. To date, more than 60% of the French LTCFs have reported at least 1 case of COVID-19 among their residents.

Estimated overall mortality among patients with COVID-19 is 10% in France but reaches up to 30% in LTCFs. There are, however, substantial differences in mortality rates between the different LTCFs.<sup>2</sup> What explains these differences?

We intervened in 1 LTCF located in the Southern Île-de-France region that had registered more than 24 deaths related to COVID-19 among the 140 residents in 5 days. No acute respiratory distress syndrome was observed, and mortality was mainly due to hypovolemic shock. Most of the victims had been left alone in their rooms for confinement settings for many days without help because of the lack of protective masks and the work overload for caregivers affected by a 40% staff absenteeism rate. The dependent infected residents were confined and no longer received the usual assistance for drinking and eating. In addition, general practitioners stopped their physical examination visits, limiting their interventions to telemedicine, which proved unsuitable whenever feasible at all.

With appropriate resources lacking, the “disease linked to confinement” thus proved more fatal than COVID-19 itself. We did not observe this phenomenon in other LTCFs where healthcare staff and physicians were physically present in full force.

A task force team intervened as soon as the fifth death was reported. Adapted infusion to restore hydroelectrolytic balance as well as oxygen therapy per World Health Organization guidelines led to a rapid improvement of this high mortality trend.<sup>3,4</sup>

Disproportionate mortality because of COVID-19 in LTCFs is not a fatality. Continuous provision of pragmatic medicine and wellness care will limit the devastating impact of this infection in dependent older people.

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## Hospital-at-Home as an Alternative to Release the Overload of Healthcare Systems During the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Pandemic



### To the Editor:

The novelty and fast spread of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) have made it impossible to scientifically determine the best approach for its management and to take evidence-based political measures to try to tackle it.<sup>1</sup> Several countries worldwide have adopted political measures of confinement of the population and restriction of free movement within their territories to mitigate the collapse of their healthcare systems.<sup>1</sup> In this scenario of countries' quarantine and of lack of healthcare resources, a potentially effective and efficient alternative to provide healthcare for noncritical patients with a confirmed SARS-CoV-2 infection is the promotion of Hospital-at-Home (HaH) services.

HaH is a healthcare modality that administers specialized medical care to patients within their own homes for illnesses that usually would require a hospitalization.<sup>2–4</sup> This healthcare modality has been successfully used for the treatment of acute exacerbations of chronic respiratory diseases, as is the clinical presentation of a great number of patients infected with SARS-CoV-2.<sup>5,6</sup> Furthermore, it has shown at least noninferiority in comparison to traditional hospital in-patient treatment options.<sup>2,5–7</sup> In a context of lack of evidence on SARS-CoV-2, and given its similarity with viral infections (eg, picornaviruses or influenza A) that are a major cause of acute respiratory exacerbations,<sup>8,9</sup> it is reasonable to assume that HaH could be an effective option for its management.<sup>5,7</sup>

Considering the overload of the hospital emergency and intensive care departments and their limitation in the number of beds, previous research shows that the use of HaH might help to release this burden liberating them.<sup>2,7</sup> The adoption of this type of attention could be particularly relevant in the prevention of new cases caused by potential nosocomial infections.<sup>10</sup> Despite this, given the possibility of infection of other individuals living in the same home, the referral of HaH should be done in all cases, providing advice to the patient and relatives on specific self-isolation guidelines. Furthermore, as it was observed during the current pandemic, the lack of healthcare professionals caused by the necessary self-isolation after infection during their working time could be an important determinant of the collapse of the healthcare system. Therefore, promoting the fast implementation of HaH services might help to prevent the consequences of a likely upturn of SARS-CoV-2 infections, as well as the collapse of healthcare systems.

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