

Protection of the Elderly against Coronavirus

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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative agent of coronavirus disease 2019 (COVID-19), was first emerged from the city of Wuhan, China and then distributed by travelers to other Chinese cities [1]. The disease widespread from China to more than 203 countries, including Iran, and rapidly became one of the most important health challenges in the 21st century. COVID-19 is more common in men, because men are more socially active than women. Due to higher social activity in men, COVID-19 is more common in men. In about 80% of infected people, the disease appears asymptomatic or with mild symptoms. However, in 15% of infected people, symptomatic disease occurs with fever, cough, fatigue, dyspnea and hypoxaemia. Unfortunately, in 5% of infected persons, the disease progresses rapidly and respiratory failure occurs which leads to hospitalization in the intensive care unit (ICU). Eventually, septic shock and failure in vital organs may even lead to death. The complication is more severe in the elderly, especially those with underlying diseases such as malnutrition, diabetes, hypertension, heart failure and chronic lung disease.

Covid-19 is highly contagious, and transmission occurs even during the recovery and the incubation period [2]. In addition, the rate of transmission is higher in gatherings [3]. Therefore, the best way to control the disease is to stay at home (self-isolation/ self-quarantine), especially in the elderly. However, it should be taken into consideration that self-isolation may lead to unemployment and loss of income.

Currently, Iran's population is about 83 million, of which one million are men over the age of 75. Approximately four-fifths of the elder population are employed, retired, or supported by sponsoring organizations or their children. In addition, the majority of women over the age of 75 are unemployed (retired or financially supported by their husbands or children) which can help prevent COVID-19. Asymptomatic elderly people during relatively long incubation period of the disease and before hospitalization act as a source of the disease transmission [4]. In the cases, the mortality rate after hospitalization is also high due to aging and underlying disease [3]. In the elderly, reducing the burden of disease, mortality rate, the transmission of the disease to younger people, and also controlling the disease epidemic require financial support to enable them to stay at home for self-quarantine.

Conflict of Interest Statement

The authors declare that there is no conflict of interests.

Bibliography

1. Huang C., *et al.* "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China". *Lancet* 395 (2020): 497-506.
2. Guan WJ., *et al.* "Clinical characteristics of coronavirus disease 2019 in China". *The New England Journal of Medicine* (2020).
3. Wang P., *et al.* "Epidemiological characteristics of 1212 COVID-19 patients in Henan, China". *Med Rxiv* (2020).
4. Rothe C., *et al.* "Transmission of 2019-nCoV infection from an asymptomatic contact in Germany". *The New England Journal of Medicine* 382 (2020): 970-971.

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