

SBGG OFFICIAL STATEMENT ON COVID-19

Posicionamento oficial da SBGG sobre a COVID-19

COVID-19, a disease caused by the new coronavirus (called SARS-CoV-2), is a pandemic that concerns both the population and the world scientific community. The momentum of the coronavirus epidemic in Brazil in early April 2020 is alarming, as it reaches a situation of epidemiological acceleration and is heading towards a sustained increase in cases and fatalities in the coming weeks.¹

Its behavior, not yet fully known, can range from an oligo-symptomatic disease, resembling a common cold, to fatal cases of severe acute respiratory syndrome, especially in older adults and those with chronic diseases.^{2,3} The epidemic is dynamic, and today we already have community infection in some Brazilian states. The rate of contagiousness of the virus, that is, the average number of people infected by a sick individual, is of 2.74. In other infections, such as *influenza* (H1N1), in 2009, the rate was 1.5, which demonstrates the high infectivity of the new virus.

Brazil is a continental country. Therefore, different cities and states may present different phases of the epidemic. It is understood that the first epidemiological phase of COVID-19 is of imported cases, where few people are affected and all have returned from countries where there is an epidemic. The second epidemiological phase involves local transmission, when people who have not traveled abroad become ill. That is, there is autochthonous transmission, but it is still possible to identify the patient who transmitted the virus. Finally, there may be a third epidemiological or community transmission phase, when the number of cases increases exponentially and we lose the ability to identify the source or the transmitting person.

The incubation period, i.e., the time between the day of contact with the sick patient and the onset of symptoms, is on average 5 days. In rare cases, the incubation period is up to 14 days. During this period, silent virus transmission can occur. We know that about 80 to 85% of cases are mild, usually in young people and children, with no need for hospitalization, requiring only home respiratory isolation, however 15% need hospitalization and among these cases, most are older adults.⁴

The Brazilian Society of Geriatrics and Gerontology (SBGG), through the Special Commission COVID-19,

advises that older adults over the age of 60, especially with comorbidities such as diabetes, high blood pressure, heart, lung and kidney diseases, neurological diseases, undergoing cancer treatment, immunosuppressive patients, among others, and those over 80 years of age and frailty syndrome patients adopt strict measures to restrict social contact. Therefore, they should avoid crowds or travel, contact with people who have recently returned from international travel and close contact with children and other family members. Care for the older adult should preferably be at home, avoiding collective exposure to health services.

Older people are often cared for by caregivers and health care professionals. If these professionals present symptoms compatible with those of COVID-19, they should avoid contact with their patients and if there is any doubt about contagion, spare the visits.

ATTENTION

Older people living in long-term care facilities (LTCFs) represent a high-risk group for complications from the virus, since they tend to be more fragile and have multimorbidities. Therefore, as described in detail in the specific statement of this commission on LTCFs, visits should be suspended to reduce the risk of transmission, to avoid leaving the institution and group activities, and to redouble care with hygiene. Health professionals who treat this public should be aware of the signs and symptoms indicative of COVID-19 in institutionalized older people and strictly follow the protective measures.⁵

We must also warn and reinforce to the entire population that the most effective preventive measures to reduce the ability of the new coronavirus to spread are:

- Respiratory etiquette;
- Frequent hand sanitizing with soap and water or 70% alcohol gel;
- Identification and respiratory isolation of those affected by the virus;
- Use of personal protective equipment (PPE) by health professionals.

Thus, the following prevention measures should be routinely adopted:

- Clean hands frequently with soap and water (or 70% alcohol gel);
- Perform social isolation, as recommended by government entities;
- Leave home only in cases of extreme urgency and avoid crowds;
- Avoid contact with people with respiratory symptoms (coughing, sneezing, shortness of breath);
- Avoid touching your eyes, nose and mouth with your hands without washing them;
- Avoid shaking hands, hugging and kissing when greeting people;
- When sneezing and coughing, cover your nose and mouth with a flexed elbow or paper tissue (then throw away the paper tissue and sanitize your hands).

You must seek medical help if the following symptoms arise⁴:

- Fever;
- Cough;
- Shortness of breath;
- Changes in the feeling of tiredness for daily efforts;
- Mental confusion (especially for older adults).

The recommendation for collecting a confirmatory examination should follow the guidelines determined by the Ministry of Health.⁴

Possibly the first 3 to 5 days of symptom onset are the most transmissible. Therefore, suspected cases should remain in respiratory isolation from the first day of symptoms, until they are discarded. It is of paramount importance to obey isolation. Direct home and work contacts with confirmed cases should also remain in isolation for 14 days. Only in case of warning symptoms (high fever and shortness of breath), seek medical care.

Health care professionals should use PPE for droplet precaution in the care of patients with suspected or confirmed coronavirus infection.^{6,7} In cases of unprotected contact with a case later confirmed, they must be tested and kept away until the result of the examination is released. If negative, they may return to work activities.

There is still no scientific evidence of benefit from the use of retroviral medications, chloroquine, interferon, and vitamin C, among others for the treatment of patients with the new coronavirus. There are data from in vitro studies and some preliminary clinical studies indicating potential therapeutic effects, especially hydroxychloroquine. Such measures do not

yet have the appropriate scientific evidence to support broad indication, but in a scenario of research and compassionate use in critically ill patients the prescription was allowed. Antihypertensive medications such as angiotensin-converting-enzyme inhibitors (ACE-Is) and angiotensin receptor blockers (ARBs), according to the position of the Brazilian Society of Cardiology, should not be suspended in cases of patients infected with the coronavirus.⁸

At this time, there is a need for collective and conscious action of the population in favor of rational measures to contain the transmission of the new coronavirus.

Details for health professionals can be obtained in a document published by the Ministry of Health.⁴

Last statement update

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