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Ageing out of place in COVID-19 pandemic era: How does the situation look like for older refugees in camps?



Dear Editor,

I am a PhD student at the University of New South Wales, Australia with research interest in refugee and asylum seekers health. Since the emergence of the COVID-19, I read with great interest and concern news, information and issues relating to possible and actual spread of the virus across refugee camps especially in low and middle income countries (LMICs). At the same time, colleagues and students who share the concerns of refugees in this challenging era continue to ask me how the COVID-19 would affect older refugees in camps. This letter highlights what I mostly share with friends and students and also call attention of relevant stakeholders to the plights of older refugees as the current pandemic evolves.

Today, millions of older refugees are doubly-vulnerable due to old age and the refugee status and live in unideal conditions. Often, they face significant number of psychological, physical and social challenges such as poor health, anxiety, depression, stress-related psychosomatic illnesses, dementia, post-traumatic stress disorders and loss of status (Fawad, Rawashdeh, Parmar, & Ratnayake, 2020). The physical and social conditions existing in areas where refugees live in developing countries also add to their complex vulnerability (Raju & Ayeb-Karlsson, 2020). In many cases, older refugees comparatively have limited access to medical help and health services, nutritious food, clean and quality water and hygienic sanitation (Kassem, 2020). These conditions already make older refugees chronically stressed population that is highly vulnerable to varied communicable and non-communicable diseases (Chen, 2020; Kassem, 2020).

Amid this condition, a new and threatening phenomenon has emerged, namely the COVID-19 pandemic, to further exacerbate the already existing precarious situation of older adults including older refugees (Bouillon-Minois, Lahaye, & Dutheil, 2020; Plagg, Engl, Piccoliori, & Eisendle, 2020; Servello & Ettore, 2020). As of 2 June 2020, the world has recorded 6,568,510 confirmed cases of COVID-19 and 387,957 deaths (Worldometers.info, 2020). Evidence suggests that older adults are at higher risk of developing severe complications, morbidity and mortality related to the virus as a result of their relatively weaker immune system and increased number of medical comorbidities (Khoury & Karam, 2020; Niu et al., 2020). A study by Guan et al. (2020) published in the New Journal of Medicine (NEJM) reported that the rate of COVID-19 infections among older adults aged over 65 years was 15.1%, while Wu and McGoogan (2020) research published in JAMA on the other hand reported 3% for the proportion of older adults above 80 years. This evidence buttresses the susceptibility of older adults to COVID-19 infection and fatality.

Indeed there have not been reports of major outbreaks or cases in refugee camps up to date but, the concern is that all hosting countries continue to witness daily increase in COVID-19 cases while others continue to battle with local transmission of the virus (Kassem, 2020).

For example, major refugee hosting countries like USA and Turkey have reported 1,103,971 and 30,961 active cases of COVID-19 respectively as of 2 June 2020 (Vieira, Franco, Restrepo, & Abel, 2020). The increasing COVID-19 cases and deaths as well as local transmission may cast some shadows of doubt on the absence of major outbreaks in refugee camps (Kassem, 2020). So far to the best of my knowledge, the only refugee camp with report of confirmed COVID-19 case is the Moria camp in Lesbos, Greece (Raju & Ayeb-Karlsson, 2020). Though this is encouraging so far, there are suggestions that may explain reasons for the extremely low infection rate at refugee camps. These include 1) lack of knowledge regarding COVID-19 infection and symptoms, 2) lack of access to COVID-19 test kits, which are limited and insufficient for the needs of the hosting countries especially in developing countries, and 3) fear of stigmatization and marginalization (Kassem, 2020). With these suggestions, refugee camps may be COVID-19 ticking bomb, waiting to explode with time, which calls for immediate isolation of older refugees and mass testing in refugee camps to avoid catastrophic morbidities and fatalities.

More importantly, as COVID-19 pandemic continues to pose serious challenges and unprecedented uncertainties, countries all over the world have taken some strict measures to curb the spread of the virus including isolation (Chen, 2020; Servello & Ettore, 2020). However, some of the measures particularly social/physical distancing and self-isolation that have been rigorously imposed on older adults including those in refugee camps have serious associated health and social effects (Kassem, 2020). For instance, self-isolation and quarantine has been found to be associated with an increased depressive and anxiety symptoms in older adults (Armitage & Nellums, 2020). Also, Cheung, Chau, and Yip (2008) reported that suicide rates in older adults significantly increased in Hong Kong following the 2003 severe acute respiratory syndrome (SARS) epidemic. Imminently, older refugees in camps may pay the worst tribute of the COVID-19 pandemic, being the most at risk, and those who may suffer most. This is because a quick assessment of the nature of the disease and ongoing rigorous containment measures reveal the potential scope of threat to mental wellbeing of older refugees. It is wealthy to note that though the containment measures may avoid an acute fatal issue, but it is also widely known that many of the older refugees have witnessed catastrophic events and experienced several levels of trauma, which affect them at a bio-psychosocial (biological, psychological and social) level. Many older refugees already need stronger psychosocial support because of their limited social networks and activities and as a result measures of social distancing and self-isolation may worsen their mental wellbeing. Again, many older refugees are associated with family separation, breakdown of family relationships, social bonds and ties. This means older refugees may find COVID-19 restrictions reminiscent of their previous social isolation experiences, which can aggravate their psychological distress.

During this pandemic era, the author calls for some global and

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urgent support for the wellbeing of this already marginalized and overlooked population. Isolating older refugees from refugee camps may be a prudent decision and providing them with opportunity to live in places with access to internet and other engaging activities (Plagg et al., 2020). This would make them socially-engaging and reduce their stress, anxiety and depressive symptoms. Moreover, information about COVID-19 should be communicated in culturally and linguistically responsive ways through diverse channels to reduce the misinformation among older refugees. Complex terminologies about COVID-19 should be stated in easy to read and understand language. International humanitarian community must act now by adopting a social protection strategy that may act as a safety net to save the lives of older refugees. Ageing out of place and being faced with everyday COVID-19 information and misinformation is dreadful but with shared responsibility, cooperation and solidarity, older refugees can have hope even in this difficult time and beyond. To all older refugees, we are in this together and we shall overcome together—Shalom!

Declaration of Competing Interest

No relevant interests to declare.

References

- Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*, 5(5), e256. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X).
- Bouillon-Minois, J. B., Lahaye, C., & Dutheil, F. (2020). Coronavirus and quarantine: will we sacrifice our elderly to protect them? *Archives of Gerontology and Geriatrics*, 90, 104–118.
- Chen, L. K. (2020). Older adults and COVID-19 pandemic: Resilience matters. *Archives of Gerontology and Geriatrics*, 89, Article 104124. <https://doi.org/10.1016/j.archger.2020.104124> Advance online publication.
- Cheung, Y. T., Chau, P. H., & Yip, P. S. (2008). A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. *International Journal of Geriatric Psychiatry*, 23, 1231–1238.
- Fawad, M., Rawashdeh, F., Parmar, P. K., & Ratnayake, R. (2020). Simple ideas to mitigate the impacts of the COVID-19 epidemic on refugees with chronic diseases. *Conflict and Health*, 14(1), 1–2.
- Guan, W. J., Ni, Z. Y., Hu, Y., Liang, W. H., Ou, C. Q., He, J. X., et al. (2020). Clinical characteristics of coronavirus disease 2019 in China. *The New England Journal of Medicine*, 382(18), 1708–1720. <https://doi.org/10.1016/j.archger.2020.104118>.
- Kassem, I. I. (2020). Refugees besieged: The lurking threat of COVID-19 in Syrian war refugee camps. *Travel Medicine and Infectious Disease*. <https://doi.org/10.1016/j.tmaid.2020.101736>.
- Khoury, R., & Karam, G. (2020). Impact of COVID-19 on mental healthcare of older adults: Insights from Lebanon (Middle East). *International Psychogeriatrics*, 1–8.
- Niu, S., Tian, S., Lou, J., Kang, X., Zhang, L., Lian, H., et al. (2020). Clinical characteristics of older patients infected with COVID-19: A descriptive study. *Archives of Gerontology and Geriatrics*, 89, Article 104058.
- Plagg, B., Engl, A., Piccoliori, G., & Eisendle, K. (2020). Prolonged social isolation of the elderly during COVID-19: Between benefit and damage. *Archives of Gerontology and Geriatrics*, 89, Article 104086. <https://doi.org/10.1016/j.archger.2020.104086> Advance online publication.
- Raju, E., & Ayeb-Karlsson, S. (2020). COVID-19: How do you self-isolate in a refugee camp? *International Journal of Public Health*, 1.
- Servello, A., & Ettore, E. (2020). COVID-19: The Italian viral “gerocide” of the 21st century. *Archives of Gerontology and Geriatrics*, 89, Article 104111. <https://doi.org/10.1016/j.archger.2020.104111> Advance online publication.
- Vieira, C. M., Franco, O. H., Restrepo, C. G., & Abel, T. (2020). COVID-19: The forgotten priorities of the pandemic. *Maturitas*.
- Worldometers.info (2020). *Covid-19 coronavirus pandemic*. <https://www.worldometers.info/coronavirus/>.
- Wu, Z. Y., & McGoogan, J. M. (2020). Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: Summary of a report of 72 314 cases from the Chinese center for disease control and prevention. *JAMA*. <https://doi.org/10.1001/jama.2020.2648>.

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