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Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. working on these issues, with a view to accelerating opportunities to improve brain health outcomes.

WDD reports personal fees from AARP, Commonwealth Fund, Insights to Illuminate, Cognitive Solutions, Oregon Health Care Association, Splaine Consulting, and Mather, outside the submitted work; AI reports grants from FONCyT-PICT 2017-1818 & 2017-1820, FONDAP 15150012, Interamerican Development Bank (IDB), Alzheimer's Association GBHI ALZ UK-20-639295, and the Multi-Partner Consortium to Expand Dementia Research in Latin America, supported by NIH NIA R01 AG057234, Alzheimer's Association (SG-20-725707), Tau Consortium, and Global Brain Health Institute, outside the submitted work; JC reports grants from NIH-NIGMS, NIH, and NIH-NINDS; personal fees from Keep Memory Alive, during the conduct of the study; personal fees from Acadia, Actinogen, AgeneBio, Alkahest, Alzheon, Annovis, Avanir, Axsome, Biogen, Cassava, Cerecin, Cerevel, Cognoptix, Cortexyme, EIP Pharma, Eisai, Foresight, Green Valley, Grifols, Karuna, Nutricia, Orion, Otsuka, Probiodrug, ReMYND, Resverlogix, Roche, Samumed, Samus Therapeutics, Third Rock, Signant Health, Sunovion, Suven, and United Neuroscience pharmaceutical and assessment companies, and the Alzheimer Drug Discovery Foundation; and other from ADAMAS, BioAsis, MedAvante, QR Pharma, and United Neuroscience, outside the submitted work. In addition, JC has a patent Neuropsychiatric Inventory (NPI) with royalties paid and is the Chief Scientific Advisor of CNS Innovations and a Board member of Keep Memory Alive; KY serves on DSMBs for Eli Lilly and a National Institute on Aging-sponsored study, is a board member of Alector, and is also a member of the Beeson Scientific Advisory Board and the Global Council on Brain Health; HAE reports personal fees from CNSdose, Scioto Biosciences, Prodeo, and Altoida, outside the submitted work; KB, LB, MP-C, SY, IT, AC-H, TE, JK, and BLM declare no competing interests.

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Lessons from individuals with Down syndrome during COVID-19

The COVID-19 pandemic presents particular challenges for people with intellectual disability.¹ Individuals with Down syndrome, the most common form of intellectual disability,² exhibit a higher prevalence of respiratory tract infections, immune dysfunction, chronic inflammation, early ageing, and comorbidities associated with COVID-19 risk leading to poorer clinical outcomes, but it is currently unknown to what extent they are more vulnerable to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.³ According to a survey, done by the Trisomy 21 Research Society, the number of SARS-CoV-2 infections in people with trisomy 21 substantially dropped after the first wave of infection between March and May 2020, and even after the resurgence of coronavirus infections in September 2020.

We suspect that the lower infection rates detected since Sept 1, 2020, in individuals with Down syndrome might be partly explained by certain behavioural and cognitive traits.4 These traits include constancy, tenacity, and commitment to tasks that individuals have interiorised, which are not commonly reported in patients with other genetic syndromes associated with intellectual disabilities.4 People with Down syndrome also share a tendency to imitate and repeat behaviour that might lead to ritualisation and perfectionism.⁵ Therefore, the cognitive function pattern associated with this behavioural phenotype could promote compliance with recommended preventative measures against the spread of SARS-CoV-2. Finally, in our experience, individuals with Down syndrome show a high degree of commitment when they integrate habits relayed to them as important or beneficial. Of course, these notions cannot be extrapolated to people with Down syndrome with severe or profound intellectual deficit or dementia, or when the information related to the SARS-CoV-2 pandemic has not been adequately communicated. The success of individuals with Down syndrome in complying with the recommended measures depends on adequate intervention from both family members and health-care practitioners.

For more on the **survey by the Trisomy 21 Research Society** see https://www.t21rs.org/ results-from-covid-19-anddown-syndrome-survey/ Individuals with Down syndrome might be teaching a quiet lesson to the rest of the population. The persistency, specifically in grooming and hygiene, shown by people with Down syndrome helps them to learn (through an appropriate channel) and adopt recommended protective measures against this infection. If our observation holds, the behavioural pattern presented by these individuals should serve as a useful reminder to the general population to avoid the spread of SARS-CoV-2.

We declare no competing interests.

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