

VACCINATION OF THE OLDER ADULTS AGAINST THE NEW CORONAVIRUS INFECTION SARS-COV-2 [COVID-19]

POSITION OF THE RUSSIAN ASSOCIATION OF GERONTOLOGISTS AND GERIATRICIANS

DOI: 10.37586/2686-8636-1-2021-13

Older adults are at the highest risk of severe course and poor outcome of COVID-19. COVID-19 is disproportionately dangerous for the elderly and seniors: patients 65 and older account for 90% of all deaths from COVID-19 globally. Often, COVID-19 is asymptomatic, meaning that younger people can infect the most vulnerable older people.

The elderly have become victims of the disease itself and hostages of the social consequences of the pandemic.

Thanks to vaccines' advent against the novel coronavirus infection SARS-CoV-2, the fight against the COVID-19 pandemic has entered a new phase. Research results on COVID-19 vaccines have shown that vaccines have a favorable balance of efficacy and safety.

At the moment, questions remain unresolved – what will be the reaction to vaccination of the most fragile and vulnerable older patients? What are the possible long-term (beyond the currently known follow-up) side effects of vaccination? How long will the protective effect of immunization last? – and many others. **However, despite lingering questions, the current context indicates that vaccination alone can curb the pandemic and its dramatic consequences for older adults.** Taking into account the threats posed by COVID-19 to the health and quality of life of older adults, taking into account the scientific data currently available, the Russian Association of Gerontologists and Geriatricians considers:

- citizens of the elderly and senile age – a priority group for vaccination against the new coronavirus infection;

- vaccination against COVID-19 should be offered to all elderly and senile citizens and carried out voluntarily after obtaining informed consent and assessing whether it has established contraindications;

- when vaccinating patients who are physically or mentally unable to give informed consent, such as those with dementia, the physician must seek informed consent from the legal representative. If such a representative is not available, the issue of vaccination in the citizen's interests is decided by the council;

- extreme longevity, the presence of multiple chronic diseases, and geriatric syndromes are not contraindications for vaccination. The clinician should assess the benefits and risks of vaccination, weighing the impact of COVID-19 on an elderly patient with the available information on vaccine safety;

- when deciding on vaccination/administration of the second component of the vaccine, it is necessary to carefully evaluate the presence of contraindications specified in the drug's instructions;

- vaccination can be carried out 2–4 weeks after acute illness/relief of exacerbation of chronic illness; with a mild upper respiratory infection, acute infectious diseases of the gastrointestinal tract, vaccination is carried out after the temperature is normalized;

- for the vaccination of more senior citizens, any available vaccine against COVID-19, registered following the established procedure in the territory of the Russian Federation and approved for use in older adults, can be used;

- it is necessary to organize careful medical supervision and monitor vaccinated older adults' health status to identify and register undesirable effects and their timely treatment.