New Data Reveal Just How Deadly Covid-19 Is for the Elderly

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By Jason Douglas in London and Daniel Michaels in Brussels | Photographs by Manu Brabo

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Governments are hoping that sophisticated new systems for testing infected people, isolating them and tracing their contacts will do the heavy lifting of keeping the virus under control when temperatures cool and life moves indoors.

But as the extent of the cost borne by Europe’s oldest citizens comes into focus, some
countries are also exploring more targeted measures to safeguard the elderly and other vulnerable groups. The goal is to avoid reimposing widespread lockdowns if the virus comes roaring back.

“I don’t think anyone wants to be locked down anymore,” said Mark Woolhouse, professor of the epidemiology of infectious diseases at the University of Edinburgh and a member of a panel of scientific experts who advise the U.K. government. “The obvious strategy for this is to protect the people who need protecting.”

The arrival in Europe of the new coronavirus at the beginning of the year triggered a wave of excess deaths—those over and above what would normally be expected based on recent averages. Given gaps in diagnosing deaths linked to Covid-19 early in the outbreak, as well as differences in recording fatalities across countries, epidemiologists say such measures offer the clearest glimpse of the disease’s toll. An official tally of deaths linked to Covid-19 by the European Center for Disease Prevention and Control puts the total number of fatalities in 31 European countries with a combined population over 500 million at just over 175,000. The number of deaths in the U.S., which has roughly 330 million people, totaled 103,000 through mid-June, with 60% of those among over-75s. Yet in 24 nations—with a combined population of roughly 350 million people—tracked by the European Mortality Monitoring network, known as EuroMOMO, there were nearly 175,000 excess deaths from March through May. That would be roughly 26% more than expected based on a Wall Street Journal analysis of preliminary data, suggesting the true toll of the pandemic in all countries is higher than the official estimate. EuroMOMO’s preliminary data through May indicate that 78% of those excess deaths, which specialists say are overwhelmingly linked to Covid-19, were among Europeans aged 75 and above.

Nursing homes proved a major weak spot. In Sweden, the Netherlands and Spain, residents of nursing homes and long-term-care facilities accounted for roughly half of deaths linked to Covid-19. In Belgium, elderly-care facilities accounted for almost two out of three Covid-19 deaths as of mid-June.

Weekly deaths have since subsided to normal levels, EuroMOMO’s monitoring shows, as strict lockdowns and other measures suppressed transmission of the virus.

Younger age groups account for a vanishingly small number of deaths. One study of deaths this year until mid-May showed that in seven countries including the U.S. with a combined population of 137 million children and teenagers, just 44 deaths were attributed to Covid-19, compared with 1,056 from unintentional injury.

That demographic split—and the unparalleled economic cost of lockdown—has encouraged scientists and policy makers to think about ways to limit the disease’s spread
that don’t involve blanket restrictions on public life.

The Italian government has recommended seasonal flu vaccines for anyone over the age of 60 and regional health authorities are considering making the jabs mandatory. The idea is to make it easier to diagnose Covid-19 among the elderly by allowing doctors to rule out the flu as a possible cause of symptoms such as fever and coughing. The policy is also aimed at preventing overcrowding in hospitals, where the disease could spread.

Several modeling studies have suggested so-called shielding, where the elderly and other at-risk groups are encouraged to stay home and rely on helpers for essential tasks to limit their risk of infection, could reduce disease spread and mortality. The idea has parallels in the practice of “cocooning” newborns from infection with risky childhood diseases by immunizing close family members.

Sweden, the U.K. and the Netherlands adopted shielding policies of varying degrees during the initial stages of the outbreak. In Britain, over-70s were advised to stay home before a nationwide lockdown took effect in late March. Another two million people were advised to self-isolate because of serious health conditions, such as cancer.

Advocates of shielding, such as Mr. Woolhouse, say that to be effective it is essential that those in close contact with the shielded observe the strictest hygiene measures, avoid as far as possible contact with others and be regularly tested for infection.

Skeptics of shielding by age say such a broad category risks conflating the considerably different risk of death for, say, a healthy 70-year-old woman and a 55-year-old man with severe lung problems. A better strategy would be to base shielding on a broader set of risk factors, said Sarah Harper, professor of gerontology at the University of Oxford.

“There is a small percentage of our population who have ongoing, serious health conditions regardless of their age. There is an argument that special precautions could be taken for them,” she said.

Several countries that recently tried to shield older people faced resistance and dropped their blanket approach. Another problem, say some medical experts, is that shielding one group implies letting the virus spread more easily through the remaining population. That might inadvertently encourage riskier behavior, and though many younger people stage a full recovery, others don’t. Doctors have reported a baffling range of sometimes-serious complications in rare cases, such as organ damage and prolonged fatigue. Margherita Stancati contributed to this article.

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