



CONTACT TRACING

Robust contact tracing is necessary to identify and isolate potential new cases of COVID-19. Among adults with COVID-19, those aged 65 years and older are more likely to be hospitalized, be admitted for intensive care, and die. Most older adults living with dementia also have comorbidities that further increase risk for COVID-19, whether they live at home or in the community, reside in long-term care communities, or visit emergency departments and hospitals. Contact tracing guidance from the Centers for Disease Control and Prevention (CDC) identifies cognitive impairment as a special consideration. Beyond memory, dementia often impairs communication, planning, and self-care. Such unique vulnerabilities can affect all aspects of contact tracing.

KNOW THE FACTS

- » Nearly 70% of people living with dementia reside in community settings, and of those individuals, 26% live alone.
- » 30% of older adults with dementia living in the community rely on three or more unpaid caregivers.
- » 95% of people with dementia have one or more additional chronic conditions, and cognitive impairment tends to complicate management and treatment of these other conditions.
- » By age 80, 75% of people with Alzheimer's will be admitted to a long-term care facility.
- » People living with dementia have nearly twice as many hospitalizations annually as those without dementia.

COVID-19 CHALLENGES

Communicating with People Living with Dementia:

- » Persons living with Alzheimer's and other dementias may not understand questions asked by a contact tracer, especially if a caregiver is not present to assist. Dementia may impede accurate recall of recent activities and contacts. Also, effective use of smartphone tracing apps may be problematic.
- » Cognitive and communication impairments may make it difficult for the person living with dementia to directly notify contacts or caregivers.
- » Impaired judgment and reasoning, that can sometimes manifest as paranoia in people living with dementia, may result in suspicion and distrust of contact tracers and hinder cooperation. Cognitive impairment may also increase vulnerability to scams and exploitation from imposter contact tracers.

Planning for Quarantine or Self-Isolation:

- » When quarantine or self-isolation is needed, persons living with dementia may not understand and remember instructions or be able to devise and carry out a plan without support. Special needs related to dementia — including transportation to testing, food or medication access, and management of comorbidities — will need professional expertise.
- » Multiple caregivers may be needed to support self-isolation, quarantine, and (re-)testing. Essential caregivers will need personal protective equipment (PPE) and access to testing themselves.

Supporting Adherence to Plans:

- » Persons living with dementia may have trouble recognizing or describing their symptoms. They may be unable to resolve problems or forget to follow instructions.
- » Because of children, work, compromised immune systems, or other reasons, some caregivers may be unable to directly or consistently assist the person living with dementia during quarantine or self-isolation.
- » Disrupted routines may increase wandering, confusion, disorientation, and delirium for the person living with dementia. Avoidable exposures and injuries may result, and caregivers may experience more strain. Persons with dementia and caregivers may experience acute social isolation.

RESOURCES

Alzheimer's Association	Tips for dementia caregivers	Centers for Disease Control and Prevention	Guidance/resources related to older adults	Association of State and Territorial Health Officials	Contact tracing resources	Alzheimer's Association	Online training for professionals & caregivers
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**Alzheimer's Association
24/7 Helpline
800.272.3900**

This free service provides confidential support and information to people living with dementia, caregivers, care and emergency response professionals, and the public in over 200 languages.

PUBLIC HEALTH RESPONSE

Communications and Investigation:

- » Set a standard of involving caregivers when working with a person living with dementia. Engage caregivers in communications, planning, and supporting adherence.
- » Ensure contact tracers are well-trained to identify signs of cognitive impairment, adapt questioning for these individuals, and ask if anyone helps them (e.g., family, friends, and care professionals). The Alzheimer's Association's Communication and Alzheimer's site has tips based on stages of dementia. Training should build awareness of different cultural views of dementia and caregiving.
- » Provide contact tracing teams with the Alzheimer's Association 24/7 Helpline as a source of guidance on communication strategies and information about local programs and services.

Planning for Quarantine or Self-Isolation:

- » Educate contact tracers about involving a variety of caregivers (occasional/regular, unpaid/professional, local/out-of-town) in planning. Tracers should help caregivers to identify what support they themselves need to assist the person living with dementia and also to develop back-up plans, such as for short-term 24-hour care, if caregivers become unable to provide support.
- » Set protocols for contact tracers to notify and coordinate with professional caregivers (such as home health aides).

Adherence to Plans:

- » Provide quarantine and self-isolation support for the unique challenges related to dementia. Case management, instructions or printed prompts, daily phone calls, rides for testing, and "care packages" with food, medications, and supplies are ways to support adherence to plans.
- » Educate professionals who support quarantine and self-isolation to address social isolation as well as dementia-related complications such as disorientation.

