

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v14.11796

HEALTH REPERCUSSIONS OF COVID-19: PERCEPTIONS OF THE ELDERLY

*Repercussões da covid-19 na terceira idade: percepções dos idosos**Repercusiones en la salud de la covid-19: percepciones de los ancianos***Maira Lidia Schleicher¹** **Jeane Barros de Souza¹** **Samuel Spiegelberg Zuge²** **Ivonete Teresinha Schulter Buss Heidemann³** **Fernanda Walker¹** **Kelly Cristina de Prado Pilger¹** 

ABSTRACT

Objective: to reveal the perceptions of the elderly about the repercussions of COVID-19 on the elderly. **Method:** exploratory, descriptive study with a qualitative approach. Twenty elderly residents in Santa Catarina, Brazil participated in the study. Data collection took place through semi-structured questions, through video call on WhatsApp due to the pandemic. For the organization and analysis of data, content analysis was used. **Results:** two categories emerged: 1) Feelings of the elderly awakened in the face of COVID-19; 2) Experiences of the elderly in the pandemic context. **Conclusion:** the pandemic situation aroused feelings of sadness, loneliness, anxiety, homesickness and fear in the elderly, in addition to difficulties in adapting to isolation, in the face of physical distancing from family and friends, with interruption of leisure, work and physical activities. However, technologies were allies in maintaining contact with other people, despite the difficulties in handling.

DESCRIPTORS: Coronavirus infections; Health of the elderly; Social isolation; Technology.

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Received: 12/21/2020; Accepted: 04/10/2021; Published online: 09/21/2022

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How cited: Schleicher ML, Souza JB, Zuge SS, Heidemann ITS, Walker F, Pilger KCP. Health repercussions of COVID-19: perceptions of the elderly. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11796. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v14.11796>



RESUMO

Objetivo: desvelar as percepções dos idosos sobre as repercussões da COVID-19 na terceira idade. **Método:** estudo exploratório, descritivo, com abordagem qualitativa. Participaram do estudo 20 idosos residentes em Santa Catarina, Brasil. A coleta de dados ocorreu por meio de questões semiestruturadas, através de vídeo chamada no WhatsApp® devido à pandemia. Para a organização e análise dos dados utilizou-se a análise de conteúdo. **Resultados:** emergiram duas categorias: 1) Sentimentos dos idosos despertados no enfrentamento da COVID-19; 2) Vivências dos idosos na conjuntura pandêmica. **Conclusão:** a situação pandêmica despertou sentimentos de tristeza, solidão, ansiedade, saudade e medo nos idosos, além de dificuldades na adaptação ao isolamento, frente ao distanciamento físico de familiares e amigos, com interrupção das atividades de lazer, trabalho e atividades físicas. Contudo, as tecnologias foram aliadas na manutenção do contato com outras pessoas, apesar das dificuldades no manuseio.

DESCRITORES: Infecções por coronavírus; Saúde do idoso; Isolamento social; Tecnologia.

RESUMEN

Objetivo: revelar las percepciones de los ancianos sobre las repercusiones de la COVID-19 en los ancianos. **Método:** estudio exploratorio, descriptivo con abordaje cualitativo. Veinte ancianos residentes en Santa Catarina, Brasil, participaron del estudio. La recolección de datos se realizó a través de preguntas semiestructuradas, a través de videollamada en WhatsApp debido a la pandemia. Para la organización y análisis de los datos se utilizó el análisis de contenido. **Resultados:** surgieron dos categorías: 1) Sentimientos de los ancianos despertados frente a la COVID-19; 2) Experiencias de los adultos mayores en el contexto de la pandemia. **Conclusión:** la situación de pandemia despertó sentimientos de tristeza, soledad, ansiedad, nostalgia y miedo en los ancianos, además de dificultades para adaptarse al aislamiento, ante el distanciamiento físico de familiares y amigos, con interrupción del ocio, trabajo y actividades física. Sin embargo, las tecnologías fueron aliadas para mantener el contacto con otras personas, a pesar de las dificultades de manejo.

DESCRIPTORES: Infecciones por coronavirus; Salud del anciano; Aislamiento social; Tecnología.

INTRODUCTION

It is evident in the world the reduction in birth and mortality rates, with an increase in life expectancy, leading to a demographic transition in which it is perceived an increasing number of people aged 60 years or more, considered elderly, culminating in population aging. In 2018, the Brazilian Institute of Geography and Statistics (IBGE), reported that the elderly population in Brazil was over 28 million and represented 13% of the population, with projections to double in the next decade.¹ In the world, life expectancy is 71 to 72 years, estimating by the end of the century to reach 83 years. For Brazilians, longevity was estimated in 2016 to be 75 years and, by the end of the century, to exceed 88 years.²

Aging is not necessarily linked to getting sick, but brings the challenge of physiological issues that involve negative changes to health. Thus, healthy aging is considered the ability to maintain functional abilities over the age of 60 that provide well-being, with influence on health behavior, the presence or absence of diseases, social and cultural opportunities, and access to health care, among other factors.³ It is emphasized that each elderly person has individual characteristics, according to his or her reality and social determinants, implying positively or not on health.⁴

With the Coronavirus Disease-19 (COVID-19) pandemic, severe consequences for the world population are evident, highlighting the negative repercussions on the health of the elderly. In Brazil, in February 2020, the first case of the disease was reported, involving a 61-year-old man. Soon after, in the same month, the first death from the disease was a 62-year-old man

diagnosed with hypertension and diabetes mellitus, showing the risk of the disease in the elderly, extending to those with Chronic Non-Transmissible Diseases (NCDs), being allocated as a risk group facing the unfavorable development of the disease due to physiological issues of aging.⁵

To control the mass dissemination of COVID-19, the World Health Organization (WHO) has directed measures to protect and contain the spread of the virus at the individual, environmental, and community levels, and has adopted isolation and social distancing around the world. With this, momentarily, only essential services operated, such as the market, pharmacies, and health care, with interruption of physical contact with family and friends, non-essential work, physical and leisure activities, among many others.⁶

The numerous transformations that have occurred in the daily lives of the elderly and their implications justify the importance of this study, raising the research question: what are the perceptions of the elderly about the repercussions of COVID-19 on their health? It is noteworthy that the social distance is essential for the epidemiological and pathophysiological scope, but its practice generated harmful impacts on everyday life, especially the context of the pandemic experience transformed the life and health of these, affecting social relationships, family, physical activities, leisure and self-care, damaging the biopsychosocial well-being of the elderly, so as to reflect negatively on their own health, preventing healthy longevity, thus justifying this study. Therefore, it aims to unveil the perceptions of the elderly about the repercussions of COVID-19 on the elderly.

METHODS

This is an exploratory, descriptive study, with a qualitative approach. The study had the participation of 20 people who lived in the state of Santa Catarina, Brazil, among elderly men and women, who were selected to join the research by the “snowball sampling” method. This is a sampling technique in which the participants of the study indicate the next interviewee from their own network of friends and acquaintances, delimiting the anticipated characterization of the participants.⁷ First, an elderly person was invited by telephone to participate in the study through the researcher’s social network. Then, he indicated another elderly person to participate in the research, and so on, successively, until data saturation.

The inclusion criteria were: being over 60 years old; living in Santa Catarina, having access to an electronic device (cell phone or computer), internet, and WhatsApp® to participate in the study. The exclusion criteria were: having a diagnosis of neurodegenerative and/or psychiatric disease that precludes participation.

Data collection occurred during the months from July to September 2021 through individual interviews, with the support of a script with semi-structured questions, involving themes about the repercussions of COVID-19 for the health of the elderly. The interviews were conducted virtually via video call on the WhatsApp® application, with date and time scheduled in advance with each participant, in order to comply with the measures of social distance and preserve health in the face of the pandemic situation. The interviews were recorded with due authorization from the participants, lasting approximately one hour and then transcribed into Excel.

The analysis and interpretation of the data was based on the content analysis proposed by Bardin, developed in the following stages: 1) Pre-analysis, in which the data obtained in the interviews was read and systematized; 2) Exploration of the material, when three choices were defined: categories, counting rules, and units.⁸ Thus, two categories were organized, which will be presented and discussed below.

The Informed Consent Form (ICF) was made available to the participants by e-mail and via WhatsApp®, being digitally signed to accept participation in the respective research. To preserve the anonymity of the participants, we chose to call them by the name of trees, since the elderly have a prolonged development, create their roots and receive the marks of time, appearing: Angico, Araçá, Araticum, Araucária, Canela, Carvalho, Cedro, Jatobá, Figueira, Ingá, Ipê, Limoeiro, Manacá, Palmeira, Pessegueiro, Aroeira, Juazeiro, Pinheiro, Oliveira, and Eucalyptus.

The research, complying with the requirements established by the National Health Council Resolution no. 466/2012, was approved by the Research Ethics Committee (CEP) of a Federal University in Southern Brazil, on June 13, 2021, with Certificate of Ethics Appreciation Presentation (CAAE) 45363221.7.0000.5564, under opinion no. 033347/2021.

RESULTS

Twenty elderly people participated in the study, 10 (50%) males and 10 (50%) females, aged between 60 and 76 years. All of them lived in different cities of Santa Catarina, 12 from Seara, six from Chapecó, one from Cunha Porã, and one from São Miguel do Oeste. Based on Bardin’s content analysis, the data were organized into two thematic categories, as shown in Chart 1.

Chart 1 – Categories, subcategories and units of record of the content analysis. Chapecó, SC, Brazil, 2021

Categories	Subcategories	Record Units
1. Elderly people’s feelings aroused when facing COVID-19	Fear	4
	Anxiety	2
	Sadness	2
	Missing Grandchildren	1
	Losses	1
	Solitude	1
2. Experiences of the elderly in the pandemic situation	Negative health changes	6
	Knowledge and disbelief about the disease	6
	Using technology at work and maintaining communication	5
	Physical activity interruption and elderly group	3
	Difficulty in adapting to isolation	2
	Vaccination	2
	No changes in daily life and health	2
	Media with bad news about Covid-19	2
	Contact with children	1
	Continued to work from home	1
	He went to work even though he was a risk group	1
	Difficulties in using technologies	1

Elderly people's feelings aroused when facing COVID-19

During the abrupt pandemic of COVID-19 several changes occurred in the daily lives of the elderly, arousing numerous feelings, with fear of the disease and health complications, such as depression, being reported:

There were many elderly that [...] became depressed of staying too much at home, that were used to go out and, they became afraid of everything, they didn't even go to the neighbors because they were afraid and stayed closed indoors [...]. (Palmeira)

Still, the participants talked about the feeling of anxiety and loneliness:

We can't get out. We go out a little bit, but we visit, not really visit. We used to play cards, hang out with the elderly, then we don't have anything else for a while, then we get all depressed, with anxiety up there. (Ingá)

We feel lonely [...]. (Aroeira)

They also reported feeling sad about being isolated at home and about the losses caused by the virus:

We had a lot of loss, I particularly lost family members, I lost friends, I lost friends, neighbors, people who were part of groups. It is very sad [...]. (Peach Tree)

Also, the feeling of missing special people, such as grandchildren, was mentioned:

[...] We stayed 5 months without hugging the grandchildren. Then we talked through the window or by cell phone [...] my God, I really miss the grandchildren. (Araucária)

Therefore, the elderly experienced a mixture of feelings, which emerged due to the need to change their routines, habits and priorities. It is emphasized that the exacerbation of feelings affects negatively the health of individuals, highlighting mainly the negative impacts on mental health, in order to worsen existing health conditions or trigger new ones, implying the health of the longevous in the short and long term.

Experiences of the elderly in the pandemic situation

In the personal experiences reported by the longevous during the pandemic situation, it was evident that they adopted protective and containment measures against the virus contagion, practicing social distancing. In this dialog, the elderly expressed detrimental changes in health during social isolation, such as changes in mental health:

When I was a year and almost four months here at home, there were days that I seemed to be surrounded by things, you get a little crazy, you stay only at home, only inside the house, my God, you only go to eat and sleep, this way I can't [...]. (Cedro)

The participants pointed out the incredulity of many people about the disease among their social circle of friends:

I had friends who said that this did not exist and went to the street without a mask, without any care. (Peach Tree)

In the pandemic period, it was evident the increase in the use of technological tools to supply mainly physical contact and leisure. Thus, the elderly addressed the use of technologies for communication:

[...] we were avoiding almost a year without visiting each other, now that we started to use WhatsApp. Now the only way to communicate is phone, whats or video call, I think it is a great tool. (Pinheiro)

In addition to contact with loved ones, he also used the mobile device for work purposes, even at home:

That's why it was still good these phones, cell phones and things, you had communication, you talked to the people you wanted, suffice it to say that I sold normally from home, I attended to my clients, all of them [...]. (Pinheiro)

The participants mentioned about the interruption of physical activities and termination of the activities developed in the elderly groups:

We used to go hiking, to the gym. [...] Everything was locked up, we didn't leave the house anymore [...]. (Juazeiro)

Not being able to go out, a lot of things got in the way [...], like the meeting of the elderly, who used to have dance meetings in the communities, there were a lot of them and everything stopped. (Angico)

The longevous claimed difficulties in adapting to the new scenario, since this practice is not common in society:

The first months were difficult [...], I was not one to stay indoors, I was always outdoors, then suddenly you stayed there for 60,90, 120 days practically without leaving home. [...] It was hard to adapt [...]. (Pinheiro)

Vaccination was addressed and the elderly revealed that they were up to date with their COVID-19 immunization:

I took the two doses of vaccine [...]. (Ingá)

It was reported by two participants that the social isolation measures did not cause changes in their daily lives and health:

I was never one to go out with the elderly like that in those things, for me it didn't change much because I always stayed at home [...]. (Eucalyptus)

For me it didn't change, because I didn't catch the virus and I was used to staying at home [...]. (Figueira)

In addition to optimistic reports about the use of technologies, it was mentioned about dissatisfaction with the news displayed through social media:

[...] We only watched TV and listened to the radio, but there was only news of people dying and pictures of coffins, the saddest thing [...], I thought I would go crazy [...]. (Araçá)

They also talked about the experience of being away from their children, which intensified during the most critical periods of the pandemic:

The children I kept on seeing the same, only there when we were quite changed we didn't visit each other, only by phone [...]. (Ingá)

Regarding work, it was reported regarding their adaptation to the home and not interrupting face-to-face work, even though they are a risk group:

My sales didn't drop during the season that I was at home [...], so we stopped leaving home, but we kept working. (Pinheiro)

I went to work hidden because I would get sick staying at home [...]. (Jatobá)

Still, some elderly people reported about the difficulties in using these technologies:

I like it, but we don't know how to read, just a little bit, and sometimes we mess up. (Oliveira)

Thus, it can be seen that the elderly have adopted something new, namely the technological means of communication, in which many had not yet developed skills. The media and social networks have allowed those who were distant to come closer together in a virtual way, easing the uncomfortable feelings brought about by the distance, but they have also shown their evil potential when not used correctly, mainly due to the spread of false news and tragedies.

DISCUSSION

Social distancing was, and still is, a necessary measure, but it caused sudden and atypical changes in the daily lives of the elderly, bringing with it the exacerbation of several feelings. The lack of communication and contact with other individuals provides a lonely routine, which arouses feelings such as longing due to social disconnection.⁹

The symptom of anxiety is considered normal, as long as it does not cause exacerbated suffering, fear, and extreme tension, and then it is considered pathological anxiety, that is, when it generates negative impact on the individual's life.¹⁰ Emotional problems generate mental and physical diseases, such as tachycardia, heart disease, headache, gastric complications, allergic processes, depression, and many others.¹¹

Isolation also brings up some negative feelings, such as anxiety and fear, aroused by stressful agents, such as the uncertainty about the pandemic, the loss of family and friends, and the possibility of getting sick or losing one's life. However, the exacerbation of feelings impacts unfavorably on the mental and physical health of the elderly, making it necessary to monitor the signs and symptoms of health problems, as well as strategies for a scenario of possible complications.⁹

In the experience of the pandemic situation, initially, there were several difficulties regarding the compliance with isolation, since life in society is habitual to human beings. With the withdrawal from social life, the reduction of daily activities, and the closing of gyms, parks, and elderly groups, longevous people decreased some practices, such as physical activities, leading to sedentarism. Therefore, the changes justified by COVID-19 have caused impacts on self-care, reflecting on their own health, as they can affect mobility, quality of life, and physical and emotional well-being, and even on the demand for health services. However, the WHO recommended maintaining these activities at home, in order to avoid exposure of the elderly and contribute to self-care in an adapted way.¹²

In view of health decrees and guidelines, non-essential commercial establishments such as offices, restaurants, and stores were required to stop working, when some companies started to perform remote work, i.e., employees worked from their homes. This measure persists to this day, having been a new way of working discovered due to the pandemic, even with the gradual return of face-to-face activities, especially after vaccination.¹³

The vaccines against COVID-19 were initially applied in Brazil in 2021, reaching, in February 2022, a percentage of 91.6% of the vaccinated population with at least one dose of the immunobiological, which again allowed access to social life. The elderly, being part of the risk group, received the vaccine with priority, therefore, the vast majority already have a complete vaccination scheme, preventing the evolution of the severe symptoms of the disease.¹⁴

The various changes in lifestyle habits that isolation has brought about have had a negative impact on the health of the elderly, with less lethal consequences to the virus, but of great detrimental proportion to the biopsychosocial well-being, intensifying already present health conditions and implying the emergence of new complications. It is noteworthy that the concept of health does not stop only at the absence of disease, but it is a state of complete psychological, physical, and social well-being. Thus, health professionals, especially nurses, must rethink strategies for prevention and health promotion, so that the pandemic does not prevent the desired healthy longevity.^{15,16}

It is noteworthy that the use of technological tools, whether for communication, entertainment, leisure, or distance work, became evident during the pandemic. In Brazil, the cell phone was already used by 72% of the elderly population in 2019 and, with the pandemic, this public expanded its use, considered beneficial for providing a range of activities even at home.¹⁷

Because the pandemic was caused by a new virus, it generated many doubts and uncertainties about the health-disease process for the population. However, technologies have facilitated the search for understanding, at the same time that they have opened a range for untrue information and misinterpretations. Thus, health education, carried out by health professionals, especially nurses, is an important tool to support the media to combat misinformation, in order to raise awareness and encourage self-care.¹⁸

It is emphasized that although the use of technology has increased among the elderly during the pandemic, many still do not have this access due to the high cost of the devices, low education, and unfamiliarity with their use, limiting the reach of these benefits during isolation. There is also the recurrent display of bad news by the social and news media as unfavorable to the mental wellbeing of the elderly, such as the counting of infected people, hospitalizations, and deaths, causing fear and insecurity. Thus, the inappropriate use of these tools can cause harm to the elderly, requiring guidance from family members and support network for the safe use.¹⁹

A limitation of this study is the impossibility of participation of the elderly who had no contact with the technological means. On the other hand, the use of technology to collect data was an extremely important factor to reach the elderly during the pandemic situation, making it possible to maintain social distance and interview people from different locations.

CONCLUDING REMARKS

The impacts caused by COVID-19 on the biopsychosocial well-being of the elderly were observed in the present study. Among the findings, there is the exacerbation of feelings of sadness, loneliness, anxiety, nostalgia, and fear, as well as difficulties in adapting to social isolation by the interruption of physical activities, leisure, and physical contact with friends and family, which was unfavorable to the health of many elderly.

On the other hand, it was a time to reinvent oneself and find new ways to maintain the routine, such as by adapting to remote work, allowing the elderly to remain active. Amidst the changes, technologies have contributed to communication, although some reports have shown the existing difficulties in handling these tools and the dissatisfaction with the bad news displayed in the media.

In view of this, the routine of the elderly was impacted due to the interruption of social life occurred by the measures of isolation and physical distance, preventing them from performing various activities, a fact that is worrisome for the physical and mental health of this growing population. On the other hand, the pandemic period provided rediscoveries through technologies, helping in the intellectual development and in the adaptation to isolation.

It is emphasized that this study and theme are extremely relevant for the perception of the numerous changes in the life and health of longevous people during the pandemic, in order to help health professionals, especially nurses, who aim for comprehensive care, to rethink strategies against the diseases

triggered during this period. Therefore, an expanded view of care is necessary, and it is essential to plan beyond the current situation, aiming at the post-pandemic period, due to the various health consequences that may occur in the long term, preventing healthy longevity.

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