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## Is a new COVID-19 social contract appropriate?

In their Correspondence, Laetitia Atlani-Duault and colleagues<sup>1</sup> advocated for voluntary self-isolation of older and vulnerable groups. The French Society of Geriatrics and Gerontology strongly opposes such generational segregation, which symbolically places the responsibility for health and the economic situation on individuals according to their age. Older people ( $\geq 70$  years) have already adopted self-isolation over the past year in the spirit of solidarity and responsibility towards younger people. Although general confinement is effective,<sup>2</sup> we acknowledge that its complications (eg, psychological morbidities and delays in care)<sup>3</sup> are mostly age-related and can be amplified by isolation measures limited to older people, without evidence of mortality benefits to the population.<sup>4</sup> Moreover, claiming that self-isolation would help the economy disregards that older people are themselves an important part of economic recovery.<sup>5</sup> Rather than reinforcing antagonisms, we need an inclusive and united society to fight the COVID-19 pandemic.

For the French Society of Geriatrics and Gerontology four principles are needed to control COVID-19. First, the social contract of not exposing oneself and others is justified during the pandemic and corresponds to scrupulously respecting physical distancing and barrier gestures. This social contract therefore applies to everyone. Second, mass screening should be expanded to appropriately isolate contact cases and patients tested positive. Third, mass vaccination, including isolated older people, is a priority. Pathogenic variants should not precipitously question vaccination policies. Finally, vaccination should systematically be accompanied by effective person-centred care and support plans, particularly in nursing homes.

We declare no competing interests. We thank members of the French Society of Geriatrics and Gerontology listed in the appendix.

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See Online for appendix