



EDITORIAL ARTICLE

Covid-19 Epidemic in Italy: Lesson Learning

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Abstract

2019 ended with the emergence of Covid-19 from China, a new zoonoses, possibly once again a virus from bats. Rapidly, the virus diffused in other countries. Italy was particularly affected, accounting for the highest number of cases and deaths in Europe. Stringent measures have been applied at national level to contain the health risk.

Keywords

Covid-19, Epidemic, Italy

In 2019, Europe was focused on various social, economic and political issues, as welcoming or not migrants, or contesting legal reforms as on retirement in France, or fight against unemployment. In December, first news arrived from China reporting the emergence of a new zoonoses, a novel Coronavirus of animal origin [1] (Covid-19, provisionally named SARS-CoV2), affecting people with an epidemic centre in the eleven million inhabitants city of Wuhan in the province of Hubei (a name unknown to most Europeans until that time). At the beginning, the news attracted public opinion in the same manner of various ones reported by the media in the recent previous years as the SARS in the Middle East or Ebola in Africa. Frightening news, but always and luckily far from the developed and hyper medicalized countries. Gradually, the perception changed due to the increasing numbers of cases and fatalities reported from China, and the growing interest of sanitary authorities. The World Health Organization (WHO) communicated the possibility to declare the pandemic status for the Coronavirus infection, a rare event since its establishment in 1948. Even if pandemic was not initially confirmed (first declared global public health emergency and then global pandemic

on March 12 by WHO), European institutions reacted rapidly through the application of a number of preventive measures. Flights from and to China have been suppressed. Health border controls have been strengthened. Guidelines to prevent pathogen diffusion have been prepared and circulated at the different institutional levels, including police forces or educational institutes. Aircrafts equipped with high risk containment facilities have been employed to repatriate national citizens from China [Figure 1](#). Upon arrivals, affected patients have been hospitalized in dedicated health settings. All this demonstrating preparedness and high sanitary technological efficiency against a potential pandemic.

A pandemic, a word that in the memory of Europeans may mean the Spanish flu, occurred in 1918-1919, just after the first world war. Spanish flu, caused by a H1N1 virus of avian origin, was characterized as typically actual influenza strains, by high spreading among humans, but in addition high pathogenicity, causing high mortality rate, and killing at least fifty million people.

While in China drastic containment efforts (including millions of people quarantined) allowed the mitigation of the epidemic, which nevertheless accounted for more than 80,000 cases and about 3,300 deaths, some cases were reported in other countries. Covid-19 reached also Europe, and the virus is now in 205 countries on nearly all continents [2]. Despite applied preventive measures, Italy faced to an unexpected diffusion of the virus, the highest in Europe. On the height of March 2020, the number of cases exceeded the 7,000, with a death toll of 366, and only ten days later, on the 17th, cases were about 28,000 with 2,158 deaths and on the 3rd of April, 112,401 cases and 13,241 deaths [3].



Figure 1: Aircrew on a special flight landed at Wuhan's airport to repatriate foreign citizens, China, February 3rd 2020.

The Italian government introduced wide and drastic measures, including the isolation of entire urban centres, imposing movement restrictions and domestic confinement of their populations. Such measures, initially perceived possibly excessive by neighbouring countries, have been further followed as adequate approach. Among consequences, national economy was affected due for example to the drastic drop of tourism. Preventive and control measures required consistent human and economic resources, under the supervision of *ad hoc* national and regional crisis units. Health and logistic assistance to confined populations was a major task, in addition to monitoring activities, flanked with awareness campaigns at national level, since the infection was reported in all the administrative regions. Such activities, at a so wide scale, represented an unprecedented effort supported by the National sanitary system and all public/governmental bodies as the Civil Protection or local and national police; in summary, an activity largely surpassing any crisis management or exercise that Italy had never before faced in the last decades.

Emergency preparedness is the base for adequate and successful fighting against sanitary risks. Nevertheless, when a risk reaches a national level, difficulties become rapidly evident, and human resources

become scarce, health settings with not sufficient operational capacity, especially for high numbers of patients in critical conditions, up to minor aspects as dedicated information phone lines often unreachable.

Health institutions and public administrations are currently highly engaged to control and prevent further diffusion of the Coronavirus in the country, and certainly the National standards will allow in short/midterm to regain normality. The media are currently carefully following the ongoing epidemic and public is now aware and well informed on the risk, the measures taken and the way to protect himself. No matter to doubt that the epidemic will end. However, probably, people will not easily forget this experience. Similarly, health professionals and all stakeholders of risk management will gain precious experience. A lesson learned, possibly useful against a hypothetical occurrence of a novel Spanish flu?

References

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