# Italian response to COVID-19

## ITALIAN RED CROSS

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# What are the key lessons that we can learn from Italian experience of managing COVID response?

- **PPEs**: Major problem during the epidemics. It is important to get as many PPEs as possible before cases start to increase. However, the supply-chain is already suffering and, in many cases disrupted. Along with acquiring PPEs it seem necessary establish policies on the correct use of PPEs so not to waste any. Although many PPEs are considered disposable, as the emergency persists, it can be useful to define policies to re-use goggles, suits, and whatever is possible to be sanitized. Clear and official guidelines on PPEs from just one authority is necessary not to confuse population and HCWs
- **Restrictions to movement**, and social distancing has been demonstrated as the only working measures to slow to be enforced since early stages of the spread;
- **Non-panicking clear and transparent information** to population before large spread
- Planning appropriately to switch hospital workflow to emergency mood: stop to planned surgery; reverse triage to dismiss patients; creation of multidisciplinary sub-intensive ward; increasing ICU beds, ICU staff, and respiratory medicine staff; appropriate training for non ICU staff to work in an intensive setting;

# How the Primary care services are organized?

- Patients are asked to refer to PCHW if they have respiratory symptoms or fever. PC Doc will perform a phone-interview to assess clinical status and risk of Covid-19.
- If the patient is at risk of Covid he will follow a different pathway, according to symptoms. If the patient has no symptoms but he is a close contact of a a positive case, he must stay home.
- In this case, the Local health trust will call the patient daily to assess symptoms by phone. If he develops symptoms the Emergency Medical Service will be activated and the patient will be transferred to Covid-Hospital for clinical evaluation.
- If the patient remain free of symptoms, he/she will stay at home and assessed daily by phone.
- Patients who are not close contact of a Covid-positive case, but have respiratory symptoms, he will be interviewed by phone.
- If the patients has respiratory symptoms suggesting respiratory distress (dyspnea) or altered state of consciousness or hypotension, the EMS is activated and the patient transferred to the hospital.
- If the patient has non allarming respiratory symptoms (flu-like symptoms), the patient will stay at home and the local health trust will call the patient daily to assess symptoms by phone.
- Some Regional Government is launching apps to constantly check patients who are quarantined at home.

# How the public health system and the health care workers coping up the high number of cases? (1)

- To cope with the epidemic Covid-19 the Italian NHS has re-organized many hospitals: some Covid hospital have been designated to take care of all Covid patients and let other hospital manage non-Covid case.
- The NHS is working to increase the total number of beds of infectious diseases and respiratory medicine by 100% and ICU beds by 50%. As the latter is concerned, the most critical issue is to obtain ICU ventilators and staff.
- Non urgent care (non-urgent and non-oncological surgery) has been cancelled or suspended.
- Services to patients with chronic illnesses are guaranteed as HIV cases whose doctors are now focusing on Covid) or outpatients dialysis and chemotherapy services which are being provided by creating different pathways inside the hospital to separate these patients from others.

# How the public health system and the health care workers coping up the high number of cases? (2)

- To cope with the needs of HR, all the doctors and nurses whose ward and clinical activities were cut are asked to work in Covid-wards under the supervision of infectious diseases and respiratory medicine doctors or ICU doctors.
- A voluntary-service roster for doctors and nurse has been issued to deploy them from less affected areas to most affected ones.
- Patients are primarily triaged to exclude Covid related symptoms. If Covid-19 is suspected the patients will follow a Covid-pathway in Covid specific areas of the hospital.
- If the patient do not have signs, symptoms, or positive clinical history for covid and he is coming to the hospital for other reasons, he is admitted to ER.
- In this matter it has to be noticed that the number of patients referring to ER dropped since the starting of the epidemics. This might be because patients with minor conditions who would usually inappropriately refer to the ER are refraining to do so. On the other hand, it can't be excluded that patients with a real need for care are not seeking for it until they are severely ill.
- This situation is also leading to a higher demand for primary care, thus representing an additional burden to this services. Where possible, patients who need Emergency Care are asked to go (or brought there from EMS) to non Covid hospital.

# What challenges you faced in early days and what solutions public health sector in Italy employed?

- In the early days of the breakout, the major issues were about containment of the cases.
- Therefore, a red zone were created and the first affected municipalities isolated.
- As the breakout was thought to be early detected, many health workers didn't use PPE, but for taking care of confirmed cases. This led to a high number of infected HCWs; at the same time, providing PPEs to the HCWs has been challenging also because the needs quickly over numbered the resources and later on because of the lacking of PPEs in the domestic production sites.
- As the public health measures are concerned, these were mostly about social distancing, starting from affected areas then extended to the whole country leading to a total lockdown.
- To protect HCWs and fragile patients from the spreading, the government pushed on the creation of specific internal pathways for hospitals and distance-visiting for primary care doctors.
- A virtual prescription system for medication has been created to avoid patients to go to primary care doctors.
- It was immediately difficult to get PPEs supply and to have clear guidelines to know what kind of PPEs to use for different HWs and above all different health procedures (before it was mandatory to use only FFP2/FFp3 masks for health procedures, then following also the WHO guidelines it was indicate to use surgical mask for health worker who assists a Covid - 19 patient, expect those procedures that generate aerosol, in that case it would be safer wear a ffp2/ffp3

# If Italy has to redo the response what would it do differently?

- If Italy had much more time, it would start the restriction measures, defying as "red zone" in a wider and faster way.
- Probably about this, the regional autonomy and a gap between the government decision and the territory has contributed to lose time and to be in part uncoordinated

# Any understanding why the case fatality is higher in Italy as compared to China?

**Hypothesis:**

- Italy shows a higher infection rates amongst elderly which is part of the reason for having a higher mortality rate, as it is higher among the population over 60s.
- The older population lives in very proximity with their family. In small towns, elderlies meet in the same places of youngers (bar, coffee).
- Social traditions of including elderly in everyday life, like in family gatherings or to look after children, might have exposed them to the risk of being infected allowing them to spread the virus among other old people.

# Any understanding why the case fatality is higher in Italy as compared to China?

- Higher mortality rate can also be the result of a bias of selection of Covid-tested population: the local and central authorities have decided to test only people with respiratory symptoms or contacts of infected patients, thus asymptomatic population is barely tested.
- Saturation of ICUs and hospitals might be a reason for a higher death rate as it affects the outcome of care. Although hospitals have dramatically increased the ICU beds and staff they are still overwhelmed, hence patients might be admitted to ICU only when clinical status is utterly deteriorated. Moreover, many patients deteriorate rapidly with no time to be admitted to ICU. A large sub-intensive area with a direct access to ICU might be a good option. Reorganize the hospital into an intensity of care management could save resources and make workflow more organized.

# Thanks