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The Italian war-like measures to fight coronavirus spreading: Re-open closed hospitals now

Alessandro Miani^{a,b,c}, Ernesto Burgio^a, Prisco Piscitelli^{a,b,*}, Renato Lauro^{a,d}, Annamaria Colao^{a,b}

^a Italian Society of Environmental Medicine (SIMA), Milan, Italy

^b UNESCO Chair on Health Education and Sustainable Development, University of Naples Federico II, Naples Italy

^c University of Milan, Milan, Italy

^d University of Rome Tor Vergata, Rome, Italy

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As recently highlighted by *The Lancet*, the Covid-19 outbreak started in Northern Italy has shocked Europe, while it has been questioned if China benefits from an authoritarian advantage in disease response [1,2]. In Italy, after the shutdown of the educational system (schools and Universities will remain closed at least for one month) and the collapse of the touristic sector (90% of travels and reservations cancelled), the Government officially locked down residents of all the region of Milan (Lombardia) and other 11 provinces. To avoid the imprisonment, hundreds thousand people left those areas with any possible mean in the night of March 7th, just before the law was signed by the prime Minister Giuseppe Conte, thus turning his purpose of slowing down the epidemics exactly into the opposite. The Governors of Southern regions adopted limitations for this huge mass of potentially infected incoming people, with the risk of disseminating suspicion in the population (“hunting the greaser”). Violence exploded in several prisons, due to the cancellation of all the family visits and fear of the virus. Just 48 hours later, the Italian Government has extended these exceptional war-like measures to the entire nation: nobody is allowed to exit from home other than for compelling job or health reasons; museums, cinemas, theatres, sport facilities, and even churches have been closed; restaurants and bars must stop at 6 PM their activity. Further restrictions are probably going to be considered in next days. The Italian prime minister was clear in his video-message of March 5th: the emergency does not come from the lethality of the virus, but from the impossibility of the Italian healthcare system to cope with the impact of a rapid epidemic spreading of the Covid-19.

On March 17th there were about 13000 hospitalized people in Italy (7000 only in Lombardia, with 880 critical patients saturating

the capacity of Intensive Care Units, ICU), and the number of infections – without the exceptional measures adopted – was expected to increase exponentially in one month, making it impossible to simultaneously find thousands and thousands additional beds in ICU across the country. Southern regions could perform worse than the others, due to the reduced number of doctors, nurses, and medical facilities [3].

Based on the different epidemiological data coming from China (with 98% healing rate in symptomatic people, who probably represent only 10% of infected subjects) and other areas of the world [4], mortality rates cannot be definitely evaluated. In Italy, the infection seems to show a 7-8% lethality, that can be even higher if considering possible deaths of some people currently in ICU. This could justify the adoption of such extraordinary measures by the Italian Government. However, there is the impression that – despite the declarations made at the beginning of the year – Italy was not prepared to face the epidemics because decision makers were not expecting a so rapid outbreak of the Covid-19 infection: no equipment had been previously stored (even masks and gloves were lacking) and no dedicated paths had been planned in case of emergency within the frame of an healthcare system that is already under-dimensioned and characterized by huge inequalities between the North and South of the country [3].

In this specific case, the World Health Organization – that has always been prompt in the previous pandemics (including that of 2009) – took more time before declaring the pandemic. For this reason, Governments did not receive punctual indications about how to equip the national healthcare systems and cope with a potential spreading of the Covid-19: protective devices and technologies to be stored in advance, dedicated paths and minimum/maximum number of hospital beds to be pre-planned according to different possible scenarios.

Given the dramatic situation that Italy is experiencing, while expecting the peak of the outbreak, Italian healthcare authorities must immediately re-open the hospitals (as many as possible) that have been closed in the last decade due to a progressive cutting of the regional budget, that has left the system without reserves to be used for the present emergency and in case of future needs. Also military hospitals (closed or partially used) can be included in the definition of a specific path dedicated to people affected by Covid-19 that has to be tailored on the “worst scenario” and activated without any delay in the next three weeks. All the doctors and nurses available in

* Corresponding author at: c/o Euro Mediterranean Scientific Biomedical, Institute (ISBEM), Rue Beillard 20, Bruxelles, Belgium.

E-mail address: priscofreedom@hotmail.com (P. Piscitelli).

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the different parts of the local health authorities (ASL), who have currently suspended their ordinary ambulatorial activities, as well as retired physicians on voluntary basis (through their professional organizations OMCEO), should be promptly trained and asked to give their contribution if needed.

At the same time, only one person (preferably a respected medical doctor) should be appointed by the Government for official and clear communications every day, as it happens in Spain with the charismatic personality of Fernando Simón. These proposals have been highlighted in a position paper issued by the Italian Society of Environmental Medicine (SIMA) and the UNESCO Chair on Health Education and Sustainable Development (established at Federico II University of Naples), and can represent a valuable model to be adopted not only in Italy but also in other countries at European and International level. We can't do "too little and too late" [1].

More broadly, an overall reflection is needed while waiting for rapid diagnostic kit and vaccines or immune-prophylaxis against Covid-19: we must now think in terms of "global" and "planetary" health, according to schemes capable of integrating human well-being, with that of animals and plants within a healthy environment. Only in this way will we be able to cope with the new challenges of climate changes (i.e. the expansion of malarial areas; million deaths due to air pollution etc.),

the emerging of new viral zoonoses threatening human health [5] (as it is now for Covid-2019, and as it is for HIV, that continues to cause 776,000 victims every year), antibiotic resistance due to abuse in animal farms, and many other major issues that we will probably face in next future. In this perspective, we can consider the Covid-19 emergency as a warning that calls us to a greater responsibility towards ourselves, our planet and all forms of life.

Declaration of Competing Interest

None.

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