

FREE COMMUNICATION

IN THE EPICENTER OF THE EPIDEMIC: A LOOK AT COVID-19 IN ITALY

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ABSTRACT

Objective: To reflect on the impacts of COVID-19 in northern Italy, the European epicenter of the pandemic.

Development: The approach developed since the advent of the disease, its arrival in Italy and its repercussions, not only in the health field, but also in the human relationships and the social environment. The epidemic has been impacting the lives of health professionals and has mobilized advances in research around the world.

Final considerations: It is considered that coping with the disease in the country evidenced the role of Nursing as a care profession and that it will allow for a new thinking about Nursing teaching, care, and research.


DESCRIPTORS: Nursing; Pandemics; Infections by Coronavirus; Nursing Care.


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NO EPICENTRO DA EPIDEMIA: UM OLHAR SOBRE A COVID-19 NA ITÁLIA

RESUMO

Objetivo: refletir sobre os impactos da COVID-19 no norte da Itália, epicentro europeu da pandemia.

Desenvolvimento: a abordagem desenvolvida foi a partir do surgimento da doença, sua chegada na Itália e suas repercussões, não apenas no âmbito sanitário, como também nos relacionamentos humanos e no ambiente social. A epidemia vem impactando a vida dos profissionais da saúde e mobilizou avanços em pesquisas em todo o mundo.

Considerações finais: considera-se que o enfrentamento da doença no país evidenciou o protagonismo da enfermagem como profissão do cuidar e permitirá um novo pensar sobre o ensino, a assistência e a pesquisa da enfermagem.

DESCRITORES: *Enfermagem; Pandemias; Infecções por Coronavírus; Cuidados de Enfermagem.*

EN EL EPICENTRO DE LA EPIDEMIA: UNA MIRADA AL COVID-19 EN ITALIA

RESUMEN:

Objetivo: reflexionar sobre los efectos del COVID-19 en el norte de Italia, el epicentro europeo de la pandemia.

Desarrollo: el enfoque que se desarrolló se basó en la aparición de la enfermedad, su llegada a Italia y sus repercusiones, no solo en el ámbito sanitario sino también en las relaciones humanas y en el ambiente social. La epidemia ha afectado la vida de los profesionales de la salud y ha movilizado avance en diversas investigaciones en todo el mundo.

Consideraciones finales: se considera que la lucha contra la enfermedad en este país evidenció el protagonismo de la Enfermería como profesión dedicada a prestar cuidados, y permitirá elaborar una nueva manera de pensar en lo que respecta a la enseñanza, la asistencia y la investigación en Enfermería.

DESCRIPTORES: *Enfermería; Pandemias; Infecciones por Coronavirus; Cuidados de Enfermería.*

INTRODUCTION

It was December 2019 when a virus, previously unknown, called SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), appeared in China. Watching the news from afar, we all thought that, just like with other viruses, everything would be just isolated cases or, at most, unleash an endemic that would be quickly controlled, but that is not what happened.

The epidemic for this virus broke out in Wuhan, a major city in China, highly dense with a population of over 14 million people in 2019. The initial studies showed that the virus was highly contagious, more so than the other Corona virus subtypes responsible for the Severe Acute Respiratory Syndromes (SARS) and for the Middle East Respiratory Syndrome (MERS), but with a lower mortality rate⁽¹⁾.

In Italy, where I currently live, at the beginning of 2020 people heard about the disease, but the borders with the East seemed to create a kind of false protection. However, we quickly saw the situation worsen: entire cities in China in home isolation, closed shops, and only the essential services working. When we least expected it, it arrived in Northern Italy, and came with intensity, transforming everyday life into a chaos.

The origin of the virus, its hosts and mechanisms of transmission to man have been objects of attention worldwide. A study carried out in Hong Kong pointed out that it is probably a new recombinant virus, whose genome is close to the Corona virus related to the Severe Acute Respiratory Syndrome, of horseshoe bats and that, although initially suspected that the Wuhan market was the epicenter of the epidemic, the immediate source remains unknown⁽²⁾.

The disease caused by SARS-CoV2 was named COVID-19⁽³⁾ by the World Health Organization (WHO). Infected people are known to experience some symptoms, including fever, nasal congestion, difficulty breathing, coughing, and invasive lung damage⁽⁴⁾. Many of those infected have no symptoms and recover without the need for specific treatment. However, about one out of six individuals affected by COVID-19 becomes seriously ill, the older adults and people with associated comorbidities being the most affected⁽⁵⁾.

One of the challenges related to the disease is the fact that the virus is transmissible both during the incubation period and in recessive infection⁽¹⁾. The data from the WHO show that, until April 29th, 2020, the number of countries affected by SARS-CoV2 was 213, that the number of diagnosed individuals was over 3 million, and that deaths totaled 207,973 worldwide⁽⁶⁾.

COVID-19 ARRIVES IN ITALY

The first two cases of COVID-19 in Italy were from a couple of Chinese tourists, who on January 30th had the disease confirmed at the Spallanzani Institute in Rome, where they were isolated⁽⁷⁾. The first case of secondary transmission occurred in Codogno, in the northern Lombardy region, on February 18th, 2020.

The growth of cases in the country was frightening. A week after case one of secondary transmission was confirmed (February 25th, 2020), the number of people diagnosed with COVID-19 in Italy was 323 and a month later (March 18th, 2020), it was already 35,713⁽⁸⁾.

In early March 2020, the Italian government issued a series of decrees, initially for the regions most affected by the disease and later valid for the entire national territory, for the control and containment of COVID-19. There was a ban on the grouping of people in open and closed places, suspension of sporting events, closure of services that were

not essential, etc.⁽⁹⁾, initiating isolation for a great part of the population. Nearing the second half of March 2020, the WHO, facing the growing number of infected people, deaths and countries with confirmed cases, announced that the outbreak of COVID-19 was a pandemic⁽¹⁰⁾.

Data from the Italian *Istituto Superiore di Sanità* point out that, on April 16th, the total number of people who had a test that confirmed the spread of the new virus in Italy was 159,107, that the number of deaths related to the disease was 19,996, and that the number of people cured was 40,164⁽⁸⁾.

The mean age of patients who died was 79 years old, more than 15 years higher than that of the patients who contracted the infection, whose mean age is 62 years old. Male individuals (66%) were the most affected, as well as those with associated pathologies. Of the patients who died, 61.5% had three or more pathologies at the time of admission, 20.7% had two pre-existing pathologies, 14.5% had one, and 3.3% had no pathologies⁽¹¹⁾.

Italy is a country characterized by the large number of older adults. Data from the *Istituto Nazionale di Statistica* (Istat) demonstrate a constant growth in absolute and relative terms of the elderly population in the country; in January 2019 the population over 65 represented 22.8% of the total, while young people up to 14 years old were approximately 13.2%⁽¹²⁾. Considering that COVID-19 can be especially dangerous in this age group, the characteristics of the population may have contributed to the number of deaths.

The arrival of the disease in Italy was unexpected but, above all, it collapsed an excellent health system, which was unprepared in the face of a high number of admissions for respiratory syndrome. Certainly, for the health professionals at the beginning everything was harder, more dramatic. In the face of the first cases, the hospitals prepared to welcome the patients, but were not ready for the large number of people who arrived days later. On the front line, nurses saw their routines change completely, and tried to do their best, even with physical stress and especially emotional stress. The anguish of the unknown was easy to be noticed behind the masks and one of the greatest fears of the professionals was not to get infected, but to take home the disease and infect a loved one.

Faced with the issue of transmission of the virus to the health professionals, one of the pioneering articles on the new Coronavirus published by Chinese points out that, on February 11th, 2020, 1,716 health professionals had been infected and six of them died in China. Also, when the symptoms of these people are not obvious or easy to identify, the families of the professionals are at high risk of infection⁽¹⁾.

Unfortunately, the number of health professionals and infected family members has continued to grow, both in China and worldwide. In Italy, until April 16th, there were 16,991 cases diagnosed in health professionals, representing 10.7% of the total cases reported in the country. The median age of these professionals was 48 years old and 68% were female⁽⁸⁾.

The day-to-day life of Italian nurses in hospitals with the highest flow of positive COVID-19 cases was undoubtedly not easy. The news that a colleague had been infected or had died burdened already tired shoulders. On the other hand, testimonies from nurses working on the front line report that, in the midst of the chaos, it was difficult to see a patient who was lamenting; on the contrary, they helped each other. It was not uncommon for young patients to help older people with food and hygiene, or older people who gave preference to young individuals in carrying out tests and other procedures. These were the moments that gave hope for better days. The newspapers portrayed health professionals as heroes, but that was not how they felt; for them, the real heroes were the patients themselves.

The Coronavirus emergency triggered alarms regarding the mental health of the workers. A study involving 1,257 Chinese health professionals, including nurses and physicians, showed that many professionals in the field reported depressive symptoms, anxiety, insomnia, and anguish. These symptoms were mainly present in female nurses in

Wuhan and in other professionals who are directly dedicated to the diagnosis, treatment or care of suspected patients or confirmed COVID-19 cases⁽¹³⁾.

In Italy, with time and the adopted measures of combat, the cases were diminishing, the hospitals were being organized, and the reduction in the number of cases gave an extra breath to all. Fear still persists and some considerations about this new pandemic can already be made.

Although the new Coronavirus had already spread impactfully in the most populous country in the world, the new coronavirus has reached the West silently. A study that used air travel data suggests that approximately two-thirds of the COVID-19 cases exported from China were not detected⁽¹⁴⁾.

In a globalized world, with a large daily flow of people among countries, the disease was expected to spread. However, each country affected by the disease faced the battle with surprise, some with more dramatic data than others, but always with great fear and insecurity.

In fact, the feeling we have is that no country was really prepared to face this disease. The precursor of modern Nursing, Florence Nightingale, organized her theories in a time of war but, with the passing of the years and the advancement of Medicine, the preparation for moments of emergency lost its prominence and remained in the background. The training of nurses, both in Brazil and in Italy, does not often address disciplines that make us operational for such delicate moments as this one. Major epidemics are studied out of curiosity, but the idea that a pandemic could happen seems, or seemed, very unlikely.

At this point, global cooperation is needed to win the pandemic war. Scientists are working to understand COVID-19 and comprehensive actions around the world are important to move towards the solution⁽¹⁾. The disease brought to light a series of unknown weaknesses, and highlighted the need for changes in the health system, the lack of health professionals, and the importance of investing in science. It is 24 hour-a-day theme in local newspapers and the recurring subject among friends and family.

Social isolation in Italy forced people to change their lifestyle, food, leisure, and work habits. Social life started to happen through the windows and balconies of the houses and apartments. Backyards gained special value and social networks served as a bridge between friends, family members and couples, physically separated. The pandemic has made people feel a little more responsible for each other. Relations among neighbors flourished but, above all, it left profound marks on those who felt the impact of the loss of a loved one and on those essential workers who carried the weight of that battle on their backs.

Today, the disease is still spreading around the world, causing premature deaths and taking away the base of so many families, which are the older adults. The world looks forward to the development of a vaccine and of truly effective solutions. Meanwhile, we adapt and learn to live together.

FINAL CONSIDERATIONS

Italy's experience as the first western epicenter of SARS-CoV-2 is being intense and is mobilizing the world for advances in clinical and health research worldwide. In addition to this, the pandemic has shown a real role for Nursing, whose expertise is caring.

We can observe that the experiences with the fight against the disease in the different countries affected were similar in many aspects, although with their particularities. In this sense, the exchange of experiences among nurses who were, and still are, on the front line of the fight, could result in guidelines for the care of people with COVID-19, which show

the best universal practices of care, appropriate materials and equipment, and that allow for quality of care and professional safety.

Finally, what is expected is that the deaths caused by this new disease have not been in vain, that the countries are able to restructure themselves economically and socially and that this experience serves as a contribution to a new thinking in Nursing, society's weaknesses, and the valorization of science.

REFERENCES

1. Zhu H, Wei L, Niu P. The novel coronavirus outbreak in Wuhan, China. *Glob health res policy*. [Internet]. 2020 [access 21 abr 2020]; 5(6). Available at: <https://doi.org/10.1186/s41256-020-00135-6>.
2. Lau SKP, Luk HKH, Wong ACP, Li KSM, Zhu L, He Z, et al. Possible bat origin of severe acute respiratory syndrome Coronavirus 2. *Emerg Infect Dis*. [Internet]. 2020 [access 22 abr 2020]; 26(7). Available at: <https://doi.org/10.3201/eid2607.200092>.
3. World Health Organization (WHO). Naming the coronavirus disease (COVID-19) and the virus that causes it. [Internet]. 2020 [access 21 abr 2020] Available at: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it).
4. Song F, Shi N, Shan F, Zhang Z, Shen J, Lu H, et al. Emerging 2019 Novel Coronavirus (2019-nCoV) Pneumonia. *Radiology*. [Internet]. 2020 [access 14 abr 2020]; 295(1). Available at: <https://doi.org/10.1148/radiol.2020200274>.
5. World Health Organization (WHO). Q&A on coronaviruses (COVID-19). [Internet]. 2020 [access 21 abr 2020]. Available at: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.
6. World Health Organization (WHO). Coronavirus disease 2019 (COVID-19) situation report – 100 [Internet]. 2020 [access 30 abr 2020]. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200429-sitrep-100-covid-19.pdf?sfvrsn=bbfbf3d1_6.
7. Ministero della Salute (ITA). Nuovo coronavirus. News e media – Notizie. Nuovo Coronavirus, consiglio dei ministri dichiara stato d'emergenza. [Internet]. 2020 [access 21 abr 2020]. Available at: <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioNotizieNuovoCoronavirus.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4035>.
8. Istituto Superiore di Sanità. Task force COVID-19 del Dipartimento Malattie Infettive e Servizio di Informatica, Istituto Superiore di Sanità. Epidemia COVID-19, aggiornamento nazionale: 16 aprile 2020. [Internet]. 2020 [access 17 abr 2020]; Available at: https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_16-aprile-2020.pdf.
9. Italia. Decreto del Presidente del Consiglio dei Ministri. Ulteriori disposizioni attuative del decreto-legge 23 febbraio 2020, n. 6, recante misure urgenti in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19, applicabili sull'intero territorio nazionale. *Gazzeta Ufficiale della Repubblica Italiana*, 9 mar 2020; Serie generale n 62.
10. World Health Organization (WHO). Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. [Internet]. 2020 [access 30 mar 2020]. Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
11. Istituto Superiore di Sanità. Gruppo della Sorveglianza COVID-19. Caratteristiche dei pazienti deceduti positivi all'infezione da SARS-CoV-2 in Italia Dati al 16 aprile 2020. [Internet]. 2020 [access 17 abr 2020]; Available at: https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_16_aprile.pdf.

12. Istituto Nazionale di Statistica (Istat). Statistiche Report. Indicatori Demografici. [Internet]. 2019 [access 17 abr 2020]; Available at: <https://www.istat.it/it/files/2019/02/Report-Stime-indicatori-demografici.pdf>.
13. Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, et al. Factors associated with mental health outcomes among health care workers exposed to Coronavirus disease 2019. JAMA Netw Open. [Internet]. 2020 [access 12 abr 2020]; 3(3). Available at: <http://doi.org/10.1001/jamanetworkopen.2020.3976>.
14. Bhatia S, Imai N, Cuomo-Dannenburg G, Baguelin M, Boonyasiri A, Cori A, et al. Report 6: relative sensitivity of international surveillance. Imperial College London. [Internet]. 2020 [access 12 abr 2020]; Available at: <https://doi.org/10.25561/77168>.

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