COVID-19
Rapid Response Team mission to Italy

Joint report executive summary
Contents

Introduction ........................................................................................................................................... 3
Purpose of mission................................................................................................................................... 5
  RTT work on the ground ....................................................................................................................... 5
Main recommendations.......................................................................................................................... 6
Recommendations by technical areas ..................................................................................................... 7
  Surveillance ........................................................................................................................................... 7
  Clinical management ............................................................................................................................ 7
  Infection prevention and control ......................................................................................................... 7
  Risk communication ............................................................................................................................ 8
Support .................................................................................................................................................. 9
  Support from WHO ............................................................................................................................. 9
  Support from ECDC ............................................................................................................................. 9
Conclusions ............................................................................................................................................ 10
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Introduction

The situation of the new coronavirus epidemic (COVID-19) that has emerged in Italy since late February 2020 represents a new chapter in the national and global response to COVID-19.

A WHO Rapid Response Team (RRT) returned from the country on 4 March 2020 following a 10-day mission on the ground, conducted jointly with the European Centre for Disease Prevention and Control (ECDC). The mission set out to better understand the situation and evolution of the outbreak in Italy and support the immediate national response. One WHO expert remained in Italy to continue to work with local authorities.

Italy prepared for and responded to COVID-19 in three main phases:

1. onset and expansion of the epidemic in China, from the beginning of January 2020;
2. first three cases reported in Italy and declaration of the national state of emergency, from the end of January 2020; and
3. rapid increase of cases in Italy, from 21 February 2020.

The last phase triggered a strong response from Italian authorities to curb the spread of COVID-19, but they confronted a major challenge in that some of the cases recorded in northern Italy did not have clear epidemiological links.

WHO/ECDC RRT at initial briefing with Italian authorities in charge of COVID-19 response.
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Purpose of mission

A rapid increase of laboratory-confirmed COVID-19 cases with associated deaths was detected in Italy starting from 21 February 2020. The Minister of Health of Italy accepted the WHO Regional Director for Europe’s offer to provide support jointly with ECDC to learn more about the outbreak and identify effective measures.

A joint WHO/ECDC RRT was deployed to Italy on 24 February 2020 with terms of reference in the following areas of work:

- surveillance and epidemiology
- clinical management
- infection prevention and control (IPC)
- risk communication.

The RRTs objective for each of these areas was to learn about transmission and implemented measures, review available information, assess risks and needs, and advise on a commensurate response, including scenarios involving the further spread of COVID-19 in Italy.

RRT members

The joint WHO/ECDC RRT included six experts:

- Dr Benedetta Allegranzi - IPC (WHO headquarters)
- Dr Agoritsa Baka - hospital and general preparedness (ECDC)
- Dr Bruno Ciancio – epidemiology and surveillance (ECDC)
- Dr James Fielding – epidemiology and surveillance (WHO Regional Office for Europe)
- Dr Dina Pfeifer - clinical management/RRT head (WHO Regional Office for Europe)
- Ms Cristiana Salvi - external relations/risk communication (WHO Regional Office for Europe).

RTT work on the ground

Members of the RRT worked in close coordination with national and regional authorities at central (Ministry of Health, Istituto Superitore di Sanita’ (ISS), Department of Civil Protection (DPC) and the Prime Minister’s Office) and regional levels (Lombardia region).

The team undertook visits to hospitals, reviewed the epidemiological situation across Italy, considered patient care and IPC measures, and supported the development of surveillance, IPC and risk communication strategies for COVID-19.
Main recommendations

COVID-19 is at different epidemiologic stages in different regions of the country

A combination of intervention measures needs to be applied across the country. The RRT recommended maintaining a strong focus on measures across the country to stop transmission and prevent spread in those areas with their first cases and clusters, and slow transmission and reduce impact in areas with community transmission. The identification and testing of suspect cases and isolation of patients positive to COVID-19 should be a priority in areas seeing their first cases and clusters, together with ensuring the preparedness of health-care facilities. In areas with wider virus transmission, a combination of patient isolation and care together with contact-tracing where possible, activation of hospital surge plans and implementation of social-distancing measures were recommended to reduce transmission and protect lives.

A nationally coordinated strategy should be implemented across the country. Overall, there is a need for a coordinated nationwide strategy and implementation of technical plans in all technical areas – surveillance, clinical management, IPC and risk communication. This will allow further structuring of the ongoing response at central level and with the regions, and the harmonization of health information. Strong coordination among all actors in charge of the response at central and regional levels is the only basis of an effective response.

Learning should be drawn from the Italian experience. In a broader context, and with its strong national capabilities, Italy can act as an accelerator for research and a knowledge-generating platform for COVID-19 within the scientific community. The international community will be able to capitalize on the country’s transparent information-sharing and academic and research capacity to build understanding of the virus and its behaviour, as well as using operational research to identify the most effective response interventions.
Recommendations by technical areas

Surveillance
Epidemiological evidence indicates widespread community transmission in northern Italy. Southern regions appear to be much less affected so far, but given the speed of spread in the north, regions with low or no transmission must put all systems in place and expect cases. Standardizing data collection and analysis was identified as a key area for intervention.

Priorities are to:
• implement a surveillance strategy by region, using surveillance methods in line with the local situation (interim versus epidemic phase);
• ensure current surveillance systems for influenza are activated to measure the intensity, extent and impact of COVID-19 to inform appropriate public health measures;
• establish a laboratory-testing strategy with a focus on prioritization of people to be tested in line with surveillance objectives; and
• generate evidence from epidemiological and sero-epidemiological studies to guide public health measures.

Clinical management
The Italian health-care system generates information on COVID-19 outcomes throughout its broad network of health facilities, including intensive care units. Detailed data to characterize this novel infection and to enable patients to be subset was identified as a key area for intervention.

Priorities are to:
• establish a network between hospitals caring for severe cases to share experiences and document interventions and patient outcomes;
• monitor use of therapies and interventions to improve outcomes;
• move from compassionate use of treatments to structured protocols to be ethically approved and used across Italy; and
• map and respond to needs that regions are not able to cover.

Infection prevention and control
Coordination challenges and the need for a strategic and strong technical approach were identified as key areas for intervention.
Priorities are to:
• identify a leading institution and a coordination mechanism on IPC work and response (the ISS);
• establish a specific surveillance system to identify and follow up health-care workers exposed to, or who are suspected or confirmed cases of, COVID-19, and identify risk factors for exposure;
• develop an IPC operational,strategic plan covering community and health-care settings and including different approaches for areas affected and not yet affected by the virus, and support the regions to implement it;
• develop IPC technical documents to guide the implementation of key IPC and public health measures for containment and mitigation in different settings (such as hospitals and long-term health-care facilities); and
• provide sufficient and adequate IPC supplies (personal protective equipment, alcohol-based hand rubs) and train and educate health-care workers in their use.

Risk communication
Coordination and organization of risk communication at central level and with the regions and local levels, and tailoring messages to target audiences based on their risk perceptions, were identified as key areas for intervention.

Priorities are to:
• streamline coordination within central level and with the regions;
• position the Minister of Health, the President of ISS and the Head of DPC as credible sources representing political, technical and operational excellence, and demote discordant voices;
• analyse thoroughly current risk communication capacities, activities and products to ensure resource optimization and avoid duplication; and
• gather risk perceptions to tailor strategies and messages to specific audiences, including citizens (segmented as residents and non-residents of affected areas, older people and people with underlying medical conditions, young people and travellers), health-care workers, business and workers, and the international community, and use effective channels and influencers.
Support

WHO/ECDC jointly supported the Ministry of Health of Italy and other authorities and institutions involved in COVID-19 response by assisting the development of strategies for surveillance, IPC and risk communication. WHO/ECDC are ready to extend support to Italy to strengthen strategic aspects of the outbreak response and development of respective technical plans covering all essential areas of work to be implemented jointly and rapidly with the regions.

Support from WHO
The WHO Regional Office for Europe will deploy a senior WHO advisor to work with the central authorities in Rome and establish a field emergency team based in the WHO Venice Office to facilitate liaison with the regions. Additional technical experts will be deployed in support of the Italian response.

Support from ECDC
ECDC is currently providing support remotely through advice on laboratory capacity and on the implementation of the proposed surveillance strategy. Upon request from the country, ECDC is ready to deploy field epidemiologists and microbiologists from the ECDC Fellowship Programme EPIET/EUPHEM\(^1\) and ECDC experts to support laboratory, surveillance and epidemiological operations and investigations.

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\(^1\) The ECDC Fellowship Programme is a two-year competency-based training with two paths: the field epidemiology path (EPIET) and the public health microbiology path (EUPHEM).
Conclusions

WHO and ECDC reiterate their support to the country to overcome the challenges posed by the outbreak. This includes the development of a strong strategy and technical plans covering all essential areas of work for rapid implementation.

The situation in Italy can provide valuable information on how the virus spreads and ways to respond effectively to the challenge. Learning from this experience benefits the international community and Italy can be a reference country for many who are learning about COVID-19.

Coordination is the basis of an effective response. Regions are working at the best of their ability, but unfortunately this is not enough in this novel challenging situation. The strong collaboration between the Ministry of Health, the ISS and DPD is the platform for ensuring the entire county is aligned. Central leadership and determination are critical to making sure the regions are empowered to act in a consistent way according to guidance from WHO and ECDC.
The WHO Regional Office for Europe

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