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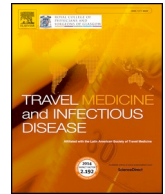
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# Travel Medicine and Infectious Disease

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## COVID-19 is not just a flu. Learn from Italy and act now

*It is important not to underestimate the small opponents: you can see an elephant, a little mosquito, but not a virus.*

Dear reader, wherever you are reading, do not underestimate the novel coronavirus named SARS-CoV-2. You especially know the name of the disease, COVID-19, but names are not so important. This novel coronavirus is traveling very fast and will arrive soon in your country. I do not want to thoroughgoing statistical analysis, but I want sensitize you about this novel coronavirus.

Some information about SARS-CoV-2: the average incubation period is still unclear because of significant variation among patients, ranging from around 3.6 days [1] to around 6.4 days [2]. Symptoms of infection include fever, chills, cough, coryza, sore throat, breathing difficulty, myalgia, nausea, vomiting, diarrhea [3], and older people with medical comorbidities is demonstrated having a poorer prognosis [3].

SARS-CoV-2 infection can lead to cardiac injury, respiratory failure, acute respiratory distress syndrome, and death [4]; infections by this virus continue to rise as do the number of deaths as confirmed by World Health Organization (WHO) that has also recently announced COVID-19 outbreak a pandemic [5], and in Italy the situation has become tragic.

The patient 1 (it was not possible to find patient 0) was discovered on 20th February when a 38-year-old man from the city of Codogno had showed up at the hospital. Since 20th February two large clusters of outbreaks have spread first in the Northern Italy, later all over the country.

The virus is spreading very quickly and efficiently and to date numbers about outbreak are very worrying with dramatically increasing within a few weeks: 86,498 total cases (F = 42,8%; M = 57,2%), 66,414 positive people, 9134 fatalities and 10,950 recoveries. To date, the number of total cases from Italy's outbreak exceeds those in China (data are updated to 27th March). Median age of positive cases is 62 years old; median age of fatalities is 80,5 years old; median age of healthcare professionals (HPs) positive cases is 49 years old. Lethality is controversial, probably overestimate due to the fact that there is high number of positive undiagnosed cases. Among the dead there are also very young: 18 between 30 and 39 years old (0,2% of the total), 72 between 40 and 49 years old (0,9% of the total). Most of the dead ranging from 80 to 89 years old, 3010 (39,7% of the total). Almost all of them with pre-existing cardiovascular disease, lung disease, psychiatric conditions, cancer, diabetes and obesity. It has been reported a case of one young man, was 33, without any pre-existing disease (all data are updated to 27th March) [6].

A dramatic situation is the one in which patients die alone in hospital and their relatives are unable to visit or see them for the last time, but they will be able to see them only in a coffin. Currently, the most affected area is Bergamo (and its province) where we had to witness dramatic scenes, such as the one in which coffins were taken to the crematorium by army vehicles because hearses were no longer

available: too many deaths.

Cases are multiplying and our National healthcare service is collapsing. Many regions are increasing intensive care beds, revolutionizing entire hospital wards. Our HPs are facing COVID-19 pulling 12-h shifts in critical situations with minimal to non-existent personal protective equipments (PPEs). It is utter nonsense not to protect adequately the HPs, for their safety firstly and secondly because this can increase the outbreak. Indeed, lacking PPEs led both many HPs to become COVID-19 positive (7,145), and to the death of several doctors (51; about 9% of the total cases; all data are updated to 27th March) [6].

Since March 11th Italy's government has gradually implemented increasingly restrictive measures, now very severe, extraordinary and profound. *De facto* almost all of Italy is in lockdown: closure of schools, university, and many business such as theaters, cinemas, pubs, and so on, blanket public transportation restrictions, quarantine zone in all country, sporting events, all religious ceremonies (also funerals and weddings) are suspended. Public parks have even been closed. There are few exceptions such as post offices, pharmacies, and markets/malls that can remain open also during weekend. However, we are a democracy, and Italian Constitution guarantees the freedom of people, so it is very difficult for the Italian government to take stricter measures. On March 26th, the governor of the Lombardy Region, the region most affected by the virus and which sees the number of positive cases increasing, said: "I am worried, I do not know if we missed something". Moreover, the Italian Prime Minister has recently announced that lockdown will continue until April 13th.

In these days, in Europe, especially France, Spain, United Kingdom and Germany are facing a situation of increasing infection. In particular, videos from Spain have showed patients lying in the hospital corridors, highlighting that the country has not been able to cope with the wave of infection: in just one day there were ten thousand more positive cases.

Italy has proved extraordinary in its reorganization and it is astonishing how our lesson and our sacrifice is not useful to others. On the other side of the world the situation can still be contained, but the United States, for example, seems to have acted late to contain the outbreak: 100,392 (update to 27th March).

The situation in our country seems to highlight that we have acted too late, despite the extraordinary effort of our National healthcare service. However, in the next days we will have a real picture of the situation, but from Italy a cry is raising: *this virus is not a normal influenza. Please, do not wait any longer to take drastic measures to contain the outbreak. Do it now!*

### Funding source

No financial support has been received.

<https://doi.org/10.1016/j.tmaid.2020.101655>

Received 17 March 2020; Received in revised form 26 March 2020; Accepted 27 March 2020

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### Declaration of competing interest

The author declares that there are no conflicts of interest regarding the publication of this paper.

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