

March 12, 2020

We are a group of Italian researchers who want to share our concerns on the *COVID-19* pandemic on behalf of the International Association of Italian Researchers (AIRIcerca). We are particularly involved as Italy is currently the second most affected country worldwide, and we feel it is our duty to raise further awareness amongst academics over the apparent lack of appropriate countermeasures to the spread of the Coronavirus in several countries.

The outbreak of *COVID-19* in Italy dates back to February 21, 2020, when the first sixteen “Italian” cases were confirmed, triggering the introduction of restrictive measures to attempt containing the disease in eleven municipalities in northern Italy. In the following days, a rapid increase in the number of infected individuals, as well as the first deaths related to *COVID-19* drove both local authorities and the central government to raise the alert level. The escalation of the epidemic and the impact on public and private hospitals finally led to two drastic decisions, mirroring in part the ones enforced by the government of the People’s Republic of China. First, Lombardy and several provinces in Northern and Central Italy were placed under quarantine in the early hours of March 8, 2020. Then, the quarantine was extended to the whole country the next day. On March 11, further measures limiting social contact and commercial activities were adopted, while ensuring access to pharmacies, grocery stores, and other basic services.

At the time this letter is being drafted, the most recent reports from Italy confirm a total number of 15113 *COVID-19* cases, of which 1258 patients were declared healed, while the death toll has climbed to 1016 (650 in the last 4 days). Regardless of the discrepancies between the criteria followed in different countries to test individuals with symptoms or at risk, the current projections for Italy are well above the earlier estimate of a case fatality rate in the range of 2%. The high number (1153) of patients admitted to intensive care units (ICUs) depicts a reality of immense pressure on hospitals explained by the unusual virulence of the disease, able to cause severe respiratory ailments even in young subjects (contrary to the popular belief that initially downplayed the risks associated to the virus).

Despite fake news, short-sighted or ill-advised evaluations of the impact of the disease, and the dramatic perspective of a global recession, Italians have come to terms with the need for strong actions aimed to prevent the collapse of the healthcare system. So far, the emergency has hit parts of Italy endowed with a high-quality health system according to the last, albeit dated, World Health Organization (WHO) performance ranking (<https://www.who.int/healthinfo/paper30.pdf>), as well as to more recent reports (<https://www.sciencedirect.com/sdfe/reader/pii/S0168851019302593/pdf>) which ranked healthcare systems by utilizing multiple indicators. However, the potential spread of *COVID-19* to less prepared areas not only in Italy, but in Europe as a whole, makes the outlook even grimmer. *COVID-19* transmission rates have been growing steadily also in Spain, France and Germany, among other countries. Despite the earlier misperception of an Italian problem, other regions in Europe and in the USA are now witnessing a trend in the number of cases that matches the progression observed in Italy, with a delay of a few days.

The WHO has praised those countries that have taken firm initiatives to contain the disease, and the available data support this stance. In mainland China, March 11 marked the seventh consecutive day without new cases in the Hubei province, the original epicenter of the pandemic (8 new cases were reported on

March 12, though). Similarly, roughly two weeks of quarantine have resulted in a sensible reduction of new cases in Vò (Padua) and in the Lodi province in Lombardy. In light of the Italian experience, the indecisive and uncoordinated response in Europe is for us a source of concern and befuddlement.

In this regard, the decision to close schools and universities in Italy is commendable and similar restrictions may be advisable in the immediate future also in other countries. Earlier today France called for the same actions starting next Monday. This decision makes us hopeful that more countries will follow suit. The adoption of a proactive approach consisting in strong, uniform sets of rules regarding social habits and interpersonal interactions can produce tangible benefits.

We are disconcerted by the inaction of a number of governments, many of which have so far merely introduced restrictions on the maximum number of attendees allowed at public events. We are also puzzled by the wait-and-see attitude of the University sector in several countries, where academic institutions continue in most cases to operate in a “business as usual” mode at this time.

The greatest priority must be the preservation of public health. Clearer actions must follow urgently. We believe that the authorities overseeing healthcare systems should focus on communicating and enforcing rigorous rules and norms to be followed to prevent and limit the spread and diffusion of the virus, in order to ensure effective responses by hospitals, clinics and primary doctors as well. Describing *COVID-19* as a “stronger than usual flu” is an easy but extremely dangerous temptation, and we oppose views that may be misinterpreted and lead the populace to downplay the impact of the disease on the ICU systems worldwide. While mortality rates may be relatively low (and we wholeheartedly hope that numbers will soon improve in Italy) and protecting categories at risk, such as elderly and immunosuppressed individuals, may be enough to cope with coronavirus successfully, we are worried by the progressive breakdown of our hospital systems. Given the percentage of *COVID-19* cases requiring critical care for extended periods, assuming that any country will be able to handle a significant peak of *COVID-19* is a risky proposition. In Italy, despite a number of ICU beds above the EU average (12.5 beds / 100000 inhabitants vs. 11.5), intensive care doctors and nurses have been dealing with never-ending shifts, and there is a shortage of beds and ventilators for all the patients requiring critical care in affected communities.

Furthermore, we are also worried that the decisions adopted to manage the emergency in the short-term will likely have severe long-term implications for our societies by wearing out the trust among citizens and institutions, workers, and employers.

We trust academics to act now and promote a science-based approach, aimed to reassure and guide citizens in the adoption of the best preventive behaviors, and to instill a greater sense of urgency in decision makers and legislators. The immediate goal of implementing careful and incisive initiatives is instrumental for the success of the collective effort against *COVID-19* and for the safeguard of our healthcare systems and professionals. As scientists and academics, but most importantly citizens, we expect no less.

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