

EDITORIAL SARS-CoV-2 invades the West. How to face a COVID-19 epidemic in Lombardy, Northern Italy?

Marco Rizzi¹, Francesco Castelli^{2,3}, Nicola Latronico^{4,5}, Emanuele Focà^{2,3}

¹Unit of Infectious Diseases, ASST Papa Giovanni XXIII Hospital, Bergamo, Italy;

²Department of Clinical and Experimental Sciences, University of Brescia, Brescia, Italy;

³Unit Of Infectious and Tropical Diseases, ASST Spedali Civili Hospital, Brescia, Italy;

⁴Department of Medical and Surgical Specialties, Radiological Sciences and Public Health, University of Brescia, Brescia, Italy;

⁵Department of Anesthesia, Intensive Care and Emergency, ASST Spedali Civili Hospital, Brescia, Italy

The novel Coronavirus SARS-CoV-2 is spreading rapidly all over the world; on 30 January 2020 the WHO labelled COVID-19 a public health emergency.

Italy has been the first non-Asian country to report autochthonous cases of COVID-19; overall, as of March 22nd there have been 59,138 notified cases (with 5,476 deaths), with the Lombardy region the most severely affected (25,515 cases).

The growth of the epidemic in Italy has been explosive and dreadful: the rapidly increasing number of COVID-19 patients made it necessary to re-allocate the infectious diseases (ID) specialists in different areas of the hospitals, so as to support the growing number of medical teams made of doctors with diverse expertise and skills; in the most affected areas many patients are currently cared for by physicians other than ID specialists.

As for therapy, no drug is currently approved and there is no known effective pharmaceutical agent for the treatment of COVID-19; antiviral drugs as well as a variety of other putative treatments are being prescribed on a compassionate basis. All the available evidence is related to other coronaviruses (SARS and MERS) or comes from very recent reports.

In this rapidly evolving scenario, ID specialists at the Lombardy branch of the Italian Society for Infectious and Tropical Diseases (SIMIT) deemed there was an urgent need for some practical guidance. The “Vademecum” for the treatment of people with COVID-19 has been developed as a tool for all the clinicians involved in the care of COVID-19 patients and has been made available all over the country [1].

The working group was formed not only with the inclusion of infectious diseases specialists: a multidisciplinary working group was created in order to provide a guidance as good as possible on the basis of the scant available evidence. In order to give some indications about the supportive treatment and the management of patients admitted in Intensive Care Units, intensive care specialist offered their expertise particularly for non-invasive ventilation and with regard to the steroid use. Moreover, the “Brescia COVID-10 respiratory severity scale” (BCRSS) was designed as a tool for patients’ stratification.

Lastly, a second multidisciplinary group was created including rheumatologists and immunologists, in order to offer some indication about the use of tocilizumab, a monoclonal antibody inhibitor of the human interleukin-6 receptor, which seems to be a promising drug for the treatment of the hyperinflammatory state following the primary viral infection. We are grateful to all the specialists who took part in this effort.

Corresponding author

Emanuela Focà

E-mail: emanuele.foca@unibs.it

Obviously, things evolve very quickly: the first document was released on March 2nd, a revised version was released on March 13th; the English translation of this second edition is now made available in the current issue of *Infezioni in Medicina* (Official Journal of the Italian Society of Infectious and Tropical Diseases), in the hope that this Vademecum may be of some use for the rapidly growing number of clinicians involved in

the COVID-19 pandemic, well beyond the boundaries of Italy.

■ REFERENCES

- [1] Vademecum for the treatment of people with COVID-19 disease. Edition 2.0, 13 March 2020. Lombardy Section of the Italian Society of Infectious and Tropical Diseases. *Infez Med* 2020; 28 (2), 143-152. Ahead of print.