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Letter to the Editor

COVID-19 and primary care: A perspective from Italy



COVID-19 y la atención primaria: una perspectiva desde Italia

The advent of the coronavirus disease 2019 (COVID-19) has widely reshaped our daily life.

Not only has it affected Asian people, but also it spread rapidly to Europe, America and to the rest of the world.

Italy was the first Western country with a fast increase of people with COVID-19 infection.¹

As confirmed from the “Istituto Superiore di Sanità”, Italy had more than 12,000 confirmed cases and more than 800 deaths in the first phase of this pandemic, making it one of the most affected countries in the world after China.

The first response to the COVID-19 pandemic was to institute aggressive containment measures and to promote public knowledge on this devastating disease.

Clearly, general practitioners (GPs) and other primary healthcare workers have constituted a fundamental role in the fight against the spread of SARS-CoV-2 virus.²

The initial clinical presentation of the SARS-CoV-2 infection is non-specific and patients generally present to their GPs with mild upper respiratory tract symptoms and other flu-like clinical manifestations.

One of the main problems during this pandemic has been the great pressure on hospitals, given by the high number of patients hospitalized due to rapid worsening of their clinical condition.³ An early and rapid recognition of the COVID-19 disease might significantly reduce the hospitalization rate of patients and, thus, a well-represented coordination between primary healthcare workers and health care system is essential.²

In this manuscript we describe the response of Italian primary health care to the COVID-19 pandemic and the management of community outpatients.

The first point of consultation toward which people turn to in Italy have been their GPs.

Thus, it has been fundamental to be able to recognize people with suspected upper and lower respiratory tract

infections compatible with COVID-19 and to isolate them from the rest of patients to avoid the spread of SARS-CoV-2 virus.

The high volume of patient flow with non-specific clinical manifestations forced Italian GPs to identify, isolate and manage patients in a remote way.

After the development of international recommendations for community patients by the World Health Organization (WHO), several guidelines have been published in Italy on how to manage people with suspected COVID-19 disease. These guidelines are available by the Italian Ministry of Health reported on the official national website.^{4,5}

The standard procedure relies on the isolation of the cases for their clinical assessment.

The main recognized assessment method is the laboratory confirmation through molecular assessment of the presence of SARS-CoV2 in nasal, oro-pharyngeal and saliva swab samples. The molecular methods are preferred to the rapid antigen-test because of their higher sensitivity and specificity.⁵

According to the new guidelines published by the Lombardy region of Italy and available at <https://www.ats-brescia.it/disposizioni-ufficiali>, a possible case is defined as a case with at least one of these criteria: cough, dyspnea, fever or ageusia, anosmia or dysgeusia.

A probable case is a case that fulfills the possible case criteria and is a close contact of a confirmed SARS CoV2 case or is a health care worker.

Finally, a contact becomes a case when positive or symptomatic.

Otherwise, a contact is defined as an individual that has been traced through contact tracing, having had a close contact with a positive SARS CoV2 case up to 48 h before the beginning of the clinical symptoms or a positive swab in the case of an asymptomatic positive patient.

All primary health care identification, isolation and diagnostic pathways are summarized in [Figs. 1 and 2](#).

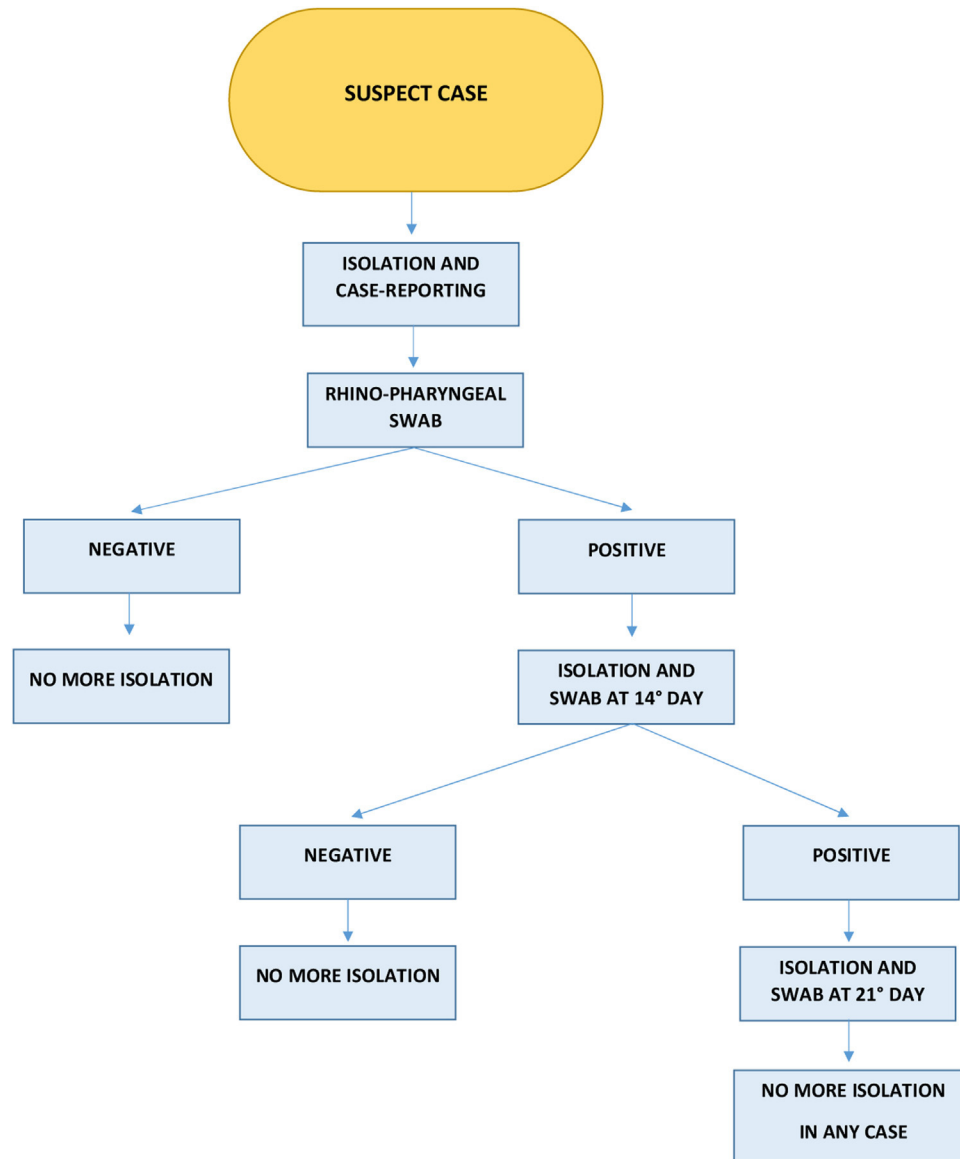


Fig. 1 – Institution flowchart for suspect COVID-19 cases.

COVID-19 pandemic has clearly subverted the entire health care system.

All these measures adopted by the Italian health care system for community out-patients have had the primary role to reduce the pressure on hospitals and to increase protection level for other non-COVID-19 infected patients.

Not only have they impacted positively on community out-patients, but they have also been helpful to hospitals during this period.

Clearly, it should be required to develop higher degree of collaboration among GPs and hospital clinicians because

of the great need to accelerate treatment of patients with COVID-19.

Furthermore, there is not enough internationally shared data available in scientific literature on how to manage community outpatients affected by this infection.

Thus, more international guidelines on the management of community patients during this pandemic are needed to improve the performance of health care systems in all countries worldwide.

Only a well-organized cooperation among all health care workers can improve all patients' quality life.

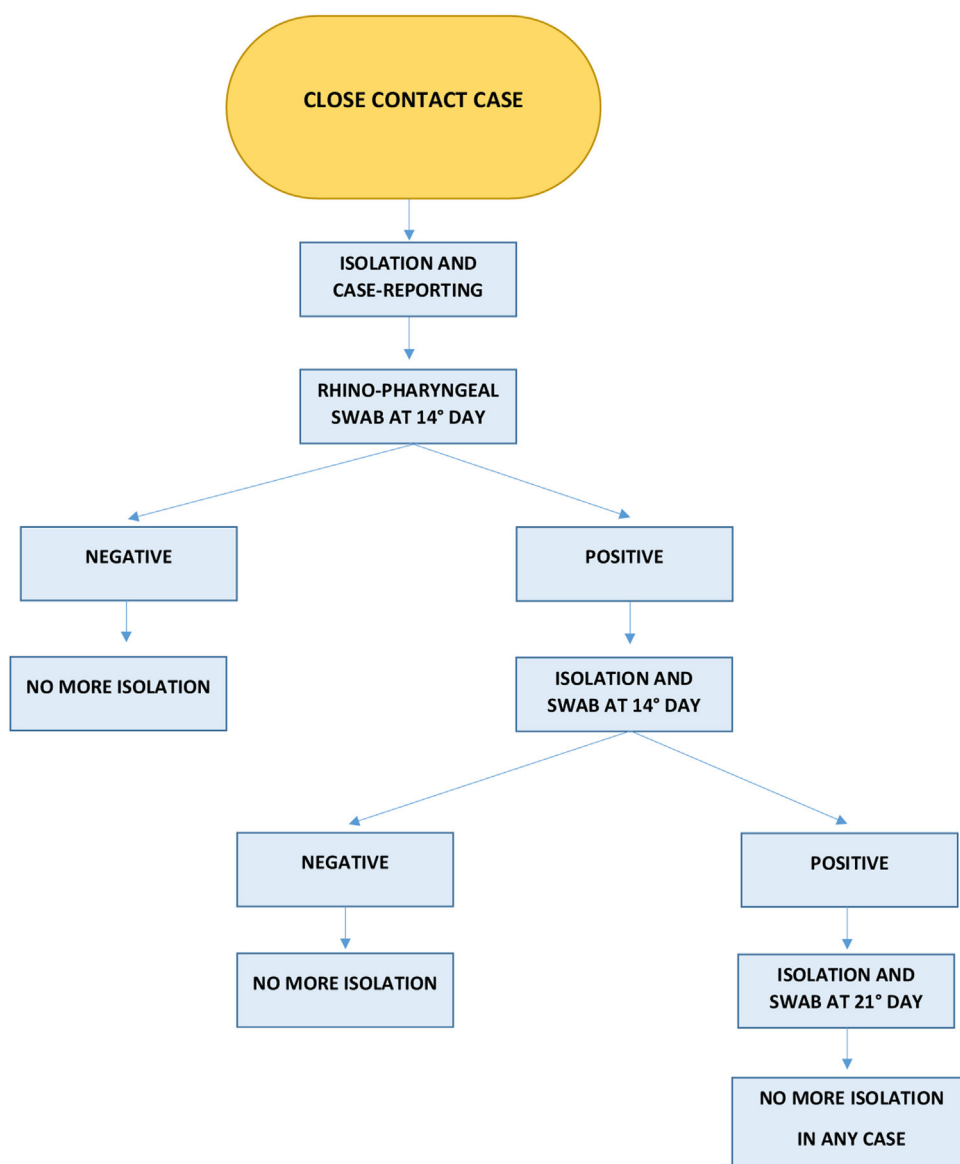


Fig. 2 – Institution flowchart for close contact COVID-19 cases.

REFERENCES

1. Remuzzi A, Remuzzi G. COVID-19 and Italy: what next? *Lancet*. 2020;395:1225–8, [http://dx.doi.org/10.1016/S0140-6736\(20\)30627-9](http://dx.doi.org/10.1016/S0140-6736(20)30627-9).
2. Kunin M, Engelhard D, Piterman L, Thomas S. Response of general practitioners to infectious disease public health crises: an integrative systematic review of the literature. *Disaster Med Public Health Prep*. 2013;7:522–33, <http://dx.doi.org/10.1017/dmp.2013.82>.
3. Pascarella G, Strumia A, Pilegio C, et al. COVID-19 diagnosis and management: a comprehensive review. *J Intern Med*. 2020;288:192–206, <http://dx.doi.org/10.1111/joim.13091>.
4. WHO. Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. WHO. 2020:4–6.
5. SIMIT. Vademecum per la cura delle persone con infezione da SARS-CoV-2 Edizione 3.0 3 novembre 2020. Published online 2020:1–8. <https://www.simit.org/>.
6. Cunningham J, Beese S, Dretzke J, et al. Diagnosis of SARS-CoV-2 infection; 2020, <http://dx.doi.org/10.1002/14651858.CD013705>. www.cochranelibrary.com. Review Published online.

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