

BSc (Hons) Health and Social Care

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Report

The different ways and strategies used to monitor and control the catastrophe of Covid-19 in the UK and Italy.

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Introduction

By the end of 2019 and the beginning of 2020, the SARS-CoV-2 virus quickly became a global pandemic by mid-2020. The virus has wreaked havoc, devastating businesses and societies and putting additional pressure on health and healthcare systems to combat them to reduce its impact. Governments took action to contain the spread of the virus, and people were expected to behave differently.

The coronavirus crisis poses a challenging dilemma for leaderships of countries and governments: what constraints can a society withstand without the risk of economic collapse? How much can the lockdown be weakened without endangering life?

COVID-19 has presented many social and economic challenges for countries globally. Citizens have had to modify their behaviour to help contain the virus and restrict its spread. Citizens had to take more severe measures to protect themselves, including socially distancing and shielding. The public health policies introduced to respond to and manage COVID-19 placed an increased number of citizens at risk of isolation and potentially immediate consequences for their health and well-being. (Calnan, 2020)

This report brings together an assessment of the various approaches and strategies used to measure, monitor and control the incidence of Covid-19.

The UK and Italy are presented in the report to discuss the main differences and similarities between the adopted strategies and approaches to tackle the pandemic.

The report will look at recent developments in health and social protection policies, their impact on the health and well-being of people in medical or social settings, and analyse the relationship between legislation, policy: priorities and approaches; strategies, systems and procedures; lifestyle and behaviour.

Main body

Background of Covid-19.

Coronaviruses are a family of viruses that can infect many animal species and cause respiratory infections, even serious in humans.

First in 2002 with coronavirus Severe Acute Respiratory Syndrome (SARS-CoV) and then in 2012, with the Coronavirus Middle Eastern Respiratory Syndrome (MERS-CoV), it was discovered that these viruses of animal origin were transmitted to humans causing fatal respiratory diseases, creating an alarm for public health. (Jie Cui, 2018)

At the end of 2019, a new strain of coronavirus appeared in China called SARS-CoV-2. Known as COVID-19, which is characterized by high transmissibility, it has rapidly spread worldwide. (T, 2020)

Coronavirus Infection 2019 (COVID-19) is an acute respiratory tract infection caused by the new coronavirus. On December 31, 2019, the World Health Organization (WHO) was informed of the occurrence of numerous cases of pneumonia of unknown microbial etiology in Wuhan, China. When examining samples taken from these patients, a new type of coronavirus was discovered. On January 30, 2020, WHO declared a public health emergency of international concern, as the outbreak of the epidemic took on worrying dimension, spreading rapidly around the world. After that, on March 11, 2020, the World Health Organization officially announced a pandemic. (practice, 2021)

The clinical situation can range from mild symptoms such as a cold to forms of viral pneumonia that can lead to acute respiratory distress syndrome, which can be fatal. The most common symptoms that characterize this virus are fever, dyspnea, cough, lack of smell and taste, although many cases of asymptomatic patients have been found. In severe illness, some complications are septic shock, insufficiency to vital organs and venous thrombo-embolism. In some patients, the duration of symptoms was even longer than 12 weeks. (practice, 2021)

COVID-19 has similarities with Severe Acute Respiratory Syndrome (SARS-2002/2003) and Middle East Respiratory Syndrome (MERS-2012/ongoing)

SARS was initiated by zoonotic transmission of a novel coronavirus (likely from bats via palm civets) in markets in Guangdong Province, China. MERS was also traced to the zoonotic transmission of a novel coronavirus (likely from bats via dromedary camels) in Saudi Arabia. Features common to all three viral infections are fever and cough, with complications in the

lower respiratory tract, often the advanced age of patients and previous clinical conditions, do not help achieve good clinical results.

A nucleic acid test samples (nasal and throat swabs) is needed to confirm infection. A diagnosis can be made based on symptoms and chest imaging. Supportive care for patients is the standard protocol as no specific effective antiviral treatments have been identified. (Hu, 2020)

Coronavirus infection in humans is the result of the penetration of a microorganism that can affect the respiratory system, as well as the gastrointestinal tract. The name of the virus is due to the fact that on the surface of this microorganism there is a ring and spike-like growths, which generally resembles a crown. It belongs to the group of large RNA genomic viruses and is unstable to the action of external factors and is instantly destroyed at a temperature of 56 degrees. All age groups of people are susceptible to this microorganism; even a short contact with an infectious agent leads to infection

Strategies used to monitor and control the incidence of coronavirus.

With the advent of the SARS-CoV-2 virus in humans, world medicine initially faced a lack of medical care for people. There has been a sharp increase in the number of cases in Europe and around the world. Consequently, to contain the outbreak, many countries have embarked on strategic measures, from soft actions such as encouraging social distancing and the use of masks to severe measures such as closing schools, banning mass gatherings and total lockdown. It was necessary to protect the most vulnerable members of society and reduce the load on health services.

In the early stages of the outbreak, the UK government embarked on a containment strategy to reduce large-scale within-country transmission of infection by quickly identifying and immediately isolating infected individuals through contact tracing and testing for suspected cases. By the beginning of March, a steady increase in the spread of the infection became evident, in connection with this there was a growing concern that the health service would not cope with the epidemic, and this would entail a large number of deaths. As part of its efforts to suppress SARS-CoV-2 transmission, the UK government introduced social distancing measures, canceled sporting events, and required all people with coughs or fever to self-isolate for seven days. The public was advised to avoid all non-essential travel and contact with other people.

The government is resorting to the most drastic measures: on March 20th 2020, it closes all restaurants, pubs and cafes, closes schools except for the children of key workers, and finally

on March 23 orders to “stay at home” and closure of all non-essential retail outlets indefinitely. By this time, the registered deaths toll in the UK had reached 335. (Keeling, 2021)

On January 30th, 2020, the World Health Organization (WHO) declared the COVID-19 epidemic- immediately Italy banned flights from China. The next day, a state of national health emergency was declared for six months, entrusting the Department of Civil Protection with emergency management. Initially, at the end of January, only three cases were attributable to recent trips to China. Only on February 20th diagnosed the first case of contagion of a person who had not been to China was diagnosed; the next day, there was the first death from SARS-CoV-2. Only at this point did the Ministry of Health order the controlled quarantine of 14 days but only to those in contact with infected people.

Moreover, only on February 23rd, public events were suspended but only in five regions of northern Italy. In Italy, as in the UK, the slow reaction allowed the epidemic to spread. Considering that the first national block was prepared on March 11th, Italy, remains one of the nations with the highest mortality rate. (Torri, 2020)

Public health policy approaches to reduce or control incidence.

The global Covid-19 pandemic has had a severe impact on people's social and economic lives and long-term well-being. Government policy has been addressed to the scientific community on public health and NHS leadership.

To be successful, the Government needed the support of the community. Social distancing and isolation policies have led the public to rely on social media as sources of information. Hence, it was important how the media formulated policy.

The total number of Covid-19-related deaths reported as of July 22, 2020 was 45,422 in the UK and 40,828 in England. However, both figures could be underestimated as excess deaths from extinction due to Covid-19, in the UK, at 64,451.

Scientists have noticed such patterns as; men are more likely to die from the virus than women, and older people are at greater risk as deaths from Covid-19 are directly related to age.

One of the policy goals is to create an effective vaccine, and the impact of the pharmaceutical industry on its development is discussed. (Cairney, 2020)

The Government's response to Covid-19 in England has been slower than in other countries with previously changed direction.

On March 3, 2020, Government prepared a four-phase plan for containment, deferral, research and mitigation. It has been backed by science and approved by all countries in the United Kingdom. By May 12, more than 30,000 residents had died from the virus. What went wrong? What is the role of public health in the most significant crisis? It became clear that the UK's response to the pandemic was not adequate and well-prepared.

Despite data from China, South Korea and other Asian countries indicating that timely and decisive action could reduce infections, Italy, as soon as the situation was improving, reduced restrictive measures without increasing tests to detect infected people. In the summer of 2020, these actions led to a further increase in infections and deaths. Thus, showing the already known the vulnerability of the National Health Service, which will have to be carefully analysed. In autumn and winter 2020, Italy continued with the same localised lockdown procedures. Also, given the failed European policy, Italy has not, even today, managed to have an efficient vaccination plan. This highlights the differences with the United Kingdom, which since December 2020, with a national lockdown and an unprecedented vaccination campaign has managed to achieve results that Italy, and not even Europe, have managed to achieve, allowing a slow but progressive return to normality. (Torri, 2020)

On January 30, the World Health Organization announced a state of public emergency of international concern. All governments were urged to prepare for the global spread of covid-19 from East Asia. This was followed by detailed case studies showing the need for high ventilation rates and high mortality rates. However, the UK ignored these warnings. (Scally, 2020)

Models and Theories of health behaviour change.

Epidemiologists have developed models to predict the course of the disease and have developed several scenarios. Under these scenarios, countries have chosen different policies to tackle COVID-19. However, these epidemiological models assumed full compliance with the introduced measures, and the behaviour was not taken into account. The asymptomatic nature of COVID-19 is an essential factor to consider when evaluating the effectiveness of the actions associated with the scenario. In addition, the rapid and constant development of the new coronavirus stamps was not taken into account. Diagnosis and isolation of infected people may not always be practical or sufficient.

Despite advertisements for staying at home and maintaining social distancing, some people don't follow these guidelines. It can result of psychological reactions such as fear, anger,

anxiety, and insomnia that have resulted from movement restrictions such as quarantine and social distancing.

Disruption to daily life and reduced social and physical contact with others can lead to frustration and feelings of loneliness, which can further worsen and lead to an inability to participate in daily activities such as shopping.

During the pandemic, the public was alarmed by the large amount of misinformation spreading through social media. Evidence suggests a preference for unconfirmed sources of information over WHO. This led to dire consequences such as alcohol consumption and an increase in the likelihood of alcohol dependence. This increase in addiction and related behaviours in the future will have negative health consequences and adversely affect the professional, psychosocial and interpersonal field. (Killgore, 2020)

At the beginning of the pandemic, to prevent the spread of the disease, the government offered instructions. One of them was proper handwashing and wearing masks. However, some people did not follow these instructions, as lack of knowledge about the virus, the disease it causes, and its consequences influenced their behaviour. They didn't take the situation seriously. For people to engage in certain behaviours, they must perceive themselves as susceptible to infection (perceived sensitivity), and they must understand the risks associated with the disease (perceived severity). The combination of perceived sensitivity and perceived severity leads to an understanding of the severity of the threat of illness and changes in behaviour in people. (A Kamran, 2020)

Fear and anxiety are also strong predictors of COVID-19-related behaviour. They should be included in health promotion theories and behaviour change models. This will lead to more effective behaviour change learning and influence guidelines and recommendations in the community.

In summary, research has shown that awareness, health literacy, adaptability, subjective norms, and fear and anxiety are factors that influence preventive behaviour (M Naeim, 2020)

Impact of legislation and policies on the health and wellbeing of individuals in health or social care settings.

The health problem cannot be solved without the involvement of the economy because a healthy economy presupposes a healthy population. Today, the economy is already heavily stimulated by health spending. This trend will only grow due to the ageing population. It is vital to maintain and strengthen the national health system, which serves as one of the most critical pillars in the fight against the pandemic, especially since our country's life expectancy is one of the highest in the world. However, the more obvious the collapse of the country's economy, the more difficult it will be to cope with this task. (Bavli, 2020)

Restrictive policies on social mobility and the economy also have unfortunate health consequences. Short-term health effects such as increased anger, confusion, and symptoms of post-traumatic stress disorder (PTSD) have been observed in people after taking action.

Closing schools means finding parents (or relatives, guardians) at home. In addition to the positive aspect, there is also a negative one, which can lead to adverse consequences for human health, such as a shortage of medical personnel and a decrease in patient care quality since medical workers stay at home to look after their children.

Isolation can also cause long-term harm to health due to untimely received treatment and examinations. For example, delays in diagnosing and treating various types of cancer can lead to their progression and affect patient survival. An estimated three-month delay before surgery in the UK results in over 4,700 deaths per year (A Sud, 2020)

In England, weekly hospitalizations for coronary syndromes fell 40% between mid-February and late March 2020. Due to the emerging fear of contracting the virus, many patients did not go to hospitals, putting them at an increased risk of long-term complications of myocardial infarction. (Mafham, 2020)

Including the many unfavourable effects of social isolation and economic isolation can help balance this harm with the direct damage from the virus.

The first effects to be cancelled were those that were already known. For example, they provided phone and video counselling to those psychologically affected by physical distancing to reduce their trouble. The long-term consequences of isolation are more challenging to predict, although they can be more severe than short-term ones.

Orders to stay at home or to isolate themselves show a significant increase in domestic violence during quarantine.

The health impact of isolation measures for different populations varies and is directly dependent on government social protection systems and existing health status and differences among the people. For some communities, such as low-income people and people with addictive disorders, the unintended consequences of isolation measures are severe and should not be overlooked.

Thus, modelling should identify the most vulnerable populations (and mechanisms of harm) and assess potential harm when deciding on the appropriate public health intervention. A public record of expected damage should be included in the decision-making framework. If the harm outweighs the benefit, other interventions should be considered, or strategies developed to reduce their impact.

Ethical considerations

The government updated community contact tracing along with a mobile app in mid-May, mobilizing 18,000 contact tracing people, including 3,000 health professionals. At the national level, this is done by a private outsourcing company with limited involvement of local public health professionals and experience in this type of work.

The use of this system has raised questions about privacy and security threats and concerns about the victimization of those believed to be distributors of the virus. (Briefing, 2020)

At the start of the pandemic, the Nuffield Bioethics Council, after extensive research, identified some aspects of public health.

Interventions must be based on scientific and proportionate evidence that adequately informs the public. The goal must be achieved by avoiding intrusion into people's habits. A state that demands sacrifices from people, such as isolation or quarantine, must treat everyone with respect and moral equanimity.

Addressing this emergency requires international solidarity between governments, states, businesses and individuals.

Some public health interventions require intervention in people's lives and interests, which raises ethical questions. When interfering with people's freedom, the benefits of evidence-based should be communicated. Interventions as quarantine or self-isolation is more intrusive than encouraging good hygiene, avoiding contact, and establishing social distance; therefore, a reasonable justification will be required.

It is vital how institutions and their staff, such as the NHS, manage the intervention. Communication, honesty, respect and courtesy are fundamental principles in the management of public health activities that restrict people's freedom and provide comprehensive information about the development of the pandemic. (Briefing, 2020)

Another important aspect is the world of work. Everyone must be guaranteed:

- persons unable to work (self-isolation, quarantine)
- businesses (restaurants, cinemas) with guarantees based on solidarity
- key workers (NHS, food, transportation) who need health protection and procedures.

It can be added today that the UK government, starting in December 2020, has launched an unprecedented vaccination campaign, guaranteeing vaccinations to the weakest and most vulnerable people first while continuing ethically for the entire population following age.

Conclusion

COVID - 19 is a global problem for all of humanity that requires urgent and massive intervention. SARS - CoV - 2 can be seen as a new threat to humans, as it is a new virus: humans did not have immunity to it. Covid- 19 spreads very quickly and carries a high mortality rate and can overwhelm the capacity of health services to treat the most seriously ill. But it is not incomparable: similarities with other coronaviruses and recent epidemics mean that infection control measures, are well-rehearsed and existing technologies can be deployed to speed the development of new vaccines and treatments.

Since the beginning of 2020, regional governments and their healthcare systems have faced pressures in responding to and managing the COVID-19 pandemic. Citizens have generally responded positively to public health advice on hygiene and safety and the requested need to socially distance themselves from others, which led to changes in how people related to each other socially.

Health and medical care systems are also under increased pressure due to many people infected with the virus. Their growth requires hospitalization. This situation affected the quality of health care and their ability to continue delivering services.

The globe is fighting the unprecedented COVID-19 pandemic for the second year already. The World Health Organisation (WHO) believes that one explanation the world cannot deal with the coronavirus is the weakness of existing health systems.

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