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Introduction

Coronaviruses are members of the Nidovirales order's Coronaviridae family. Coronaviruses are a huge viral family that can be found in humans and a variety of animals, including camels, cattle, cats, and bats. The novel coronavirus strain is known as coronavirus 2. (SARS-CoV-2). Acute respiratory distress syndrome (ARDS) is a severe form of acute respiratory distress. Coronavirus illness is caused by the virus (COVID-19). The new coronavirus strain is thought to have originated in bats or pangolins, according to many health specialists. Within the first fifty days of the outbreak, Covid-19 killed over eighteen hundred people and infected over seventy thousand more in Wuhan, China's booming commercial hub (Shereen *et al.*, 2020). The infection has largely propagated through person-to-person contact since then.

The world was greeted daily with the news and death of victims of Covid19 in China, for some it seems something far and only a few could have imagined the widespread in a matter of days. The bulk of discussion among the people has been the response of China in building a 'hospital' within a few days. However, gradually reports began to filter in of the same virus reported in other countries. Various countries began taking proactive measures to restrict the movement of people from the affected region, this later proved to be too late. In the UK and Italy normal daily activities were still going on until an Index case was reported (The Guardian, 2021).

The index case was reported to have occurred in the United Kingdom on January 23, 2020, from someone who had returned from China's Hubei province. On the 26th of January 2020, this 50-year-old female with no previous medical history and no regular prescriptions exhibited symptoms of fever and lethargy, as well as a sore throat and dry cough. She had travelled with her partner and had reported no prior infectious interactions. Close household contact of this individual, a UK resident, had fever on the 28th of January 2020, followed by diffuse myalgia and a dry cough the next day. This patient is a 23-year-old man who was previously healthy and active. On the 6th of January 2020, he returned to the United Kingdom from Hubei province. The first two cases of COVID-19 in the United Kingdom were verified on January 31, 2020 (The Guardian, 2021). Coincidentally, On the 31st of January 2020, the first case of covid-19 was verified in Italy. A week later, a third case was verified in Italy (Statista, 2021).

Strategies used to monitor and Control Covid-19 incidence in UK and Italy

As the Covid-19 case expanded across the country, strong precautions were put in place to stop it from spreading and to help those who were impacted. The UK initially followed a policy aimed

at increasing people's immunity, which allowed the virus to spread to almost half of the population. However, when the number of positive cases grew, the government shifted its mitigation strategy to one of suppression (lockdown). Furthermore, there has been a greater focus on testing, tracking, prevention, and the use of contact-tracing devices (The Guardian, 2021).

The Italian strategy centered on confining affected zones through lockdown, fast tests, and ensuring that afflicted people had access to healthcare. ICUs in numerous hospitals were abandoned, ordinary hospitalized patients were transported to non-containment zones due to a lack of beds in the infected zones, and the country adopted rapid modifications in the delivery of care in response to the surge in patients (Statista, 2021).

Lockdown was a major policy used by both governments. The first nationwide lockdown was announced by Italy's then-Prime Minister, Giuseppe Conte. His historic 'Io Resto a Casa' ('I'm remaining at home') speech sent a clear message: public health comes first; no matter how vital other interests may be. As the crisis in other nations deepened, Britons looked at the UK's response and wondered how long they would have to wait until the total lockdown was implemented. Boris Johnson, the prime minister, eventually announced a nationwide lockdown on March 23, 2020. Many doubts were raised about the UK's management of the epidemic, which was afterward considered as an exercise that came too late by critics. When the UK still allowed one hour of outside exercise per day, frequently in parks that remained open, Italians were subjected to questioning, fines, and the threat of incarceration if found outside without a legal reason. Dogs could only be walked within a few hundred meters of their owners' homes in Italy's hard-hit Lombardy region (The Guardian, 2021).

Timeline of Lockdown in ITALY AND UK.

First Lockdown: Lombardy, along with fourteen other provinces were placed under lockdown in Italy on March 8, 2020. The authorities extended the lockdown to the entire country two days later. On the 4th of May, freedom of movement was restored, and other non-essential activities were reopened later that month. While in the United Kingdom, the prime minister issued a nationwide lockdown on March 23, 2020, with the intention of lasting three weeks. However, as cases and deaths intensified, the lockdown was extended from March to July 4, 2020. Schools, taverns, restaurants, and other businesses were all temporarily closed before gradually reopening.

Second lockdown: In Italy, the governor of Campania closed schools and universities from October 15th, 2020, till October 30th, 2020. The UK, on the other hand, did not announce a

second national lockdown until October 31, 2020. Schools stayed open throughout the four-week circuit breaker shut down, but everything else was shut down once more.

Third Lockdown: On November 4, 2020, Italy's Prime Minister Conte has declared a new state of emergency, splitting the country into three zones based on the severity of the pandemic: red, orange, and yellow corresponding to the severity of the pandemic. In addition, a countrywide curfew was introduced from 10 p.m. to 5 a.m., also Retail malls must close on weekends, and high schools must provide online education. The UK was hesitant to participate in this one because Boris Johnson said that if the country did not acquire its booster immunizations, it would be placed on a fourth national lockdown for the winter. Finally, on January 4, 2021, a third nationwide lockdown was announced, this time stricter than the first. Schools, colleges, and universities were compelled to close and switch to online classes during this time. On May 17, 2021, the lockdown came to an end with no restrictions.

Other Similar strategies implemented by Both Countries include.

1. Older health and social workers were reassigned to answering helplines or providing teleconsultations instead of face-to-face consultations.
2. National or regional efforts urging retired and/or previously registered health professionals to participate in the COVID-19 response were initiated.
3. Strategies were created to temporarily integrate foreign-trained health professionals into the workforce or to expedite the recognition process.
4. Volunteers with little or no prior experience were also needed. They were assigned in other less critical aspects to work

COVID19 TESTING IN BOTH COUNTRIES

In both Italy and the United Kingdom, the number of new confirmed cases peaked at almost 6,000 per day. However, while daily confirmed cases in Italy began to decline immediately, they remained stable in the United Kingdom for another month. This could be due to different testing methods.

In the United Kingdom, the decline in new confirmed cases coincided with a time of increased testing. The number of people examined each day surged by almost 500 percent daily after two months of modest progressive expansion. This sudden acceleration in testing may have

overstated the pace at which the outbreak was receding, much as the spread of the outbreak in the UK was most certainly understated due to insufficient testing.

PUBLIC HEALTH POLICY

Italy was quick to create practical measures for the containment and reduction of the epidemic, which were divided into three categories:

1. Support to the local health authority for coordination and management of the crisis:

- a. Participation in a local crisis task force.
- b. Development and maintenance of emergency plans.
- c. risk assessment, analysis of and health system capabilities.
- d. Coordination with institutions and non-healthcare organizations.
- e. Provision of information and instruction to the healthcare personnel.
- f. Designation of isolation facilities.

1. Internal reorganisation and infrastructure:

- a. Emergency plan: postponing non-essential activities and keeping only vital programs in healthcare facilities.
- b. Detection, assessment, prompt reporting, and active surveillance of suspected or confirmed COVID-19 cases in collaboration with primary care teams.
- c. Set up an alert system with a dedicated helpline.
- d. An information system for testing management and traceability.
- e. Collaborating with other DPs on best practices and data.

2. Blocking and tackling:

- a. Active case investigation and contact tracing
- b. Quarantine and home isolation are necessary decision
- c. Testing
- d. Active surveillance for those on quarantines.
- e. Physical separation, environmental cleanliness, veterinary medicine, and food safety directives implementation.
- f. Physical separation and other preventive measures in various community contexts, as well as guidance and controls.

- g. Risk assessment and health surveillance advice and assistance in the community and workplace
- h. Risk communication and community engagement best practices
- i. Travel advice and screenings
- j. Data gathering, processing, and distribution for surveillance.

Many in the UK, on the other hand, criticized the slow and insufficient responses of the UK government's (Gaskell *et al.* 2020), The government was playing a blame game, according to the reports of Boin *et al.* (2020) and Oliver (2020), with UK ministers not taking COVID-19 seriously enough despite the evidence in China and Italy; the UK government did not test for infection as quickly as other countries were doing. They also failed to take prompt lockdown action exposing people to the virus. Some assume that the UK government expected COVID-19 to be treated in the same way as influenza (Pegg 2020). Personal protective equipment (PPE), testing capacity, and a test-trace-and-isolate system are all mentioned in the complaints, all of which add to a "story of systematic failure" (Gaskell *et al.* 2020, p. 7).

Furthermore, because of devolution, the four nations' administrative reactions to the epidemic diverged; the Scottish Government, the Welsh Government, and Northern Ireland's policies differed from those in England. Throughout the crisis, a slew of new legislation was enacted.

The UK introduced

1. Travel advice to UK citizens and screening of visitors from impacted countries
2. Initiated contact tracing of those that returned from countries with reported incidents, this was eventually abandoned.
3. The Coronavirus Act 2020 was presented in Parliament, giving devolved governments emergency powers and empowering police to enforce public health measures.
4. Regional limits, social distancing measures, self-isolation regulations for people infected, and face mask rules and hand sanitizing. In response to an increase in COVID-19 cases, more national lockdowns were implemented in the autumn and winter of 2020.

IMPACT OF LEGISLATION ON HEALTH CARE WORKERS

As at 25th of May 2020, 11.9 percent of all confirmed cases in Italy, one of the COVID-19 worst-affected countries, were health care workers, causing hospitals to lose even more capacity to respond. COVID-19 became predominantly a nosocomial illness in Lombardy, the hardest-hit

region (Paterlini, 2020). To make matters worse, there has been a lack of personal protective equipment (PPE) in Italy, which comprises gloves, medical masks, goggles or a face shield, and gowns, as well as standard respirators and aprons for specialised procedures. As a result, Italy became the first country in Europe to make covid-19 immunization mandatory for healthcare workers, when its government approved an emergency legislation to contain the disease's third wave. Health professionals who refuse to receive the vaccine will have the option of being reassigned to responsibilities that do not risk transmitting the virus or being suspended for up to a year without pay. About 494 social care professionals died in the UK in 2020, according to government data, and those working in nursing homes and community care were more than three times as likely as the general population to die from COVID-19. Similarly, in order to be deployed, health and social care personnel, including volunteers who have direct contact with service users, will need to show proof that they have been completely vaccinated against COVID-19. However, according to several fresh outlets, the majority of NHS personnel have already been vaccinated, with over 92.8 percent having received their first dose and 89.9 percent having received both doses of the COVID-19 vaccine. 83.7 percent of domiciliary care workers have received their first dose, and 74.6 percent have received both doses in social care.

ETHICAL CONSIDERATION

The need for mandatory vaccination is almost always discussed in the context of health and social care, particularly where they have direct contact with populations who are at high risk of infection, severe illness, or death as a result of COVID-19. This is due to the unique nature of health workers' jobs and their obligations not to harm their patients (Gruben et al., 2014). According to the World Health Organization (2021), governments and/or institutional policymakers who may be considering mandatory COVID-19 immunization should analyse and address the following aspects through an ethical analysis.

1. Necessity and proportionality are both important considerations.
2. There is sufficient proof that vaccines are safe.
3. Adequate proof of vaccination efficacy and effectiveness
4. An adequate supply of the vaccine
5. Public trust in the vaccine and the giver
6. Ethical decision-making procedures

Conclusion:

The Coronavirus Act 2020 was presented in Parliament, giving devolved governments emergency powers and empowering police to enforce public health measures. Due to the unique nature of health workers' jobs and their obligations not to harm their patients. Finally, coronavirus has changed the way we do things, such as, the way travel, the way we socialise and the way we receive treatments. In both Italy and the United Kingdom, different public health policy has been put in place to protect the people and reduce the spread of coronavirus (Covid -19).

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