
As of 23 February 2020, 9:00, more than 78 800 cases of COVID-19 have been reported worldwide, mainly in China. In Hubei province, 64 084 cases have been reported, 12 563 cases have been recorded in the rest of China. More than 1 790 cases have been reported from other countries. Local transmission has been reported in 14 countries so far: Canada, France, Germany, Italy, Iran, Japan, Malaysia, South Korea, Singapore, Thailand, the United Arab Emirates, the United Kingdom, the United States of America and Vietnam. See Situation update – worldwide and Communicable disease threats report, 16-22 February 2020, week 8. In the EU/EEA and the UK, 121 cases and three deaths have been reported as of 23 February. Among them, 98 are locally acquired; Italy (76), Germany (14), France (7) and the UK (1). Two deaths have been reported in Italy and one in France. See Situation update for the EU/EEA and the UK.

During the course of the day on 22 February, the Italian authorities reported clusters of cases in Lombardy. Initial case identification was based on local laboratory confirmations in the affected Region. Further confirmatory testing is being undertaken by the Italian national reference laboratory and extensive contact tracing is being performed. On 22 February, COVID-19 cases were also reported from two other Regions, Piedmont and Veneto. On 23 February Emilia-Romagna also reported cases. Transmission appears not to be first generation transmission from people travelling or returning from an affected area, but seems to have occurred locally. Transmission events have been reported to have occurred in hospitals, with COVID-19 cases identified among healthcare workers and patients. Two deaths among elderly people have been observed. COVID-19 cases have been identified in multiple municipalities. According to media reports, the affected Italian Regions with municipalities reporting cases are Piedmont (Torino), Lombardy (Codogno e dintorni, Sesto Cremonese, Pizzighettone, Soresina, Sesto S.G., Pieve Porto Morone), Veneto (V’o Euganeo, Mira) and Emilia-Romagna media. Extensive contact tracing is ongoing to identify additional cases and prevent further spread. Further details about the cases is not available at the moment.

Strict public health measures have been implemented in the affected municipalities and Regions. These measures include:

- a ban to leave or access an affected municipality or area
- suspension of demonstrations, events and all forms of meetings at public or private venues
- suspension of childcare, school education services and educational trips
- closure of museums to the general public
- suspension of public competitions and public office activities, with the exception of the provision of essential and public utility services
- quarantine and active surveillance for those who had close contact with people affected by the virus; this includes
- an obligation for people who had previously stayed in an epidemiological risk area abroad to inform the prevention department of a competent healthcare company so that self-isolation with active surveillance can be implemented
- suspension of work for some types of business and a shut-down of certain commercial activities
- the possibility that access to essential public services and businesses for the purchase of basic necessities will become conditional to the use of personal protective equipment
- access restrictions or suspension of transport services for cargo and passengers, with only a few clearly defined exceptions.

The information currently available about the different COVID-19 clusters of cases in four Regions in Italy is limited. The situation is dynamically evolving, with more cases expected in the coming days. The risk assessment for the EU/EEA might change when more data become available. The clusters are currently limited to a few Regions in northern Italy. No close contacts or other related cases have been reported to be linked to other European countries. The risk associated with COVID-19 infection for people from the EU/EEA and UK is currently considered to be low to moderate. This assessment is based on the following factors:
All previously reported cases in the EU/EEA and UK have clearly established epidemiological links; contact tracing measures have been in place to contain further spread. Extraordinary public health measures have been implemented in northern Italy and strong efforts are being made to identify, isolate and test contacts in order to contain the outbreak. The probability of further transmission in the EU/EEA and the UK is considered to be low, but cannot be excluded because a high level of uncertainties with several unpredictable factors and a situation that is still evolving. The possibility of new introductions from other countries outside China in the EU/EEA appears to be increasing as the number of non EU/EEA countries reporting cases keeps going up. Among the increasing number of countries reporting COVID-19 cases are Israel, Lebanon, Iran, and Egypt, while the number of cases in countries outside of China (South Korea, Japan) has been increasing over the last few days. This also increases the possibility of cases being introduced from other countries outside China by travellers to the EU/EEA. The impact of sustained transmission in the EU/EEA would be moderate to high, especially for elderly populations with comorbidities, given that the reported case severity is high among these groups.

Auszüge aus Martin Bull: "The Italian government response to Covid-19 and the making of a prime minister":

The World Health Organization (WHO) officially confirmed the outbreak of a Coronavirus epidemic in Wuhan on 21 January (WHO 2020a), and two days later a lockdown followed in that province. In Italy, a new task force was immediately put together in the Ministry of Health to coordinate actions and it met on 22 January. The Italian Minister of Health issued its first official notice on 21 January, stating that, according to both the WHO and the European Centre for Disease Prevention and Control, the probability of the virus being introduced into Europe was ‘moderate’, and, in keeping with WHO recommendations, was introducing passenger temperature checks and onward destination tracing at Rome airport for the next flights arriving from Wuhan (a measure that excluded those arriving from China via other European airports). Although the first two cases imported to Italy from Wuhan were Chinese tourists who landed in Milan on 23 January, confirmation that it was the virus did not occur until 31 January. At this point a state of national emergency was called, a decision which activated the Department for Civil Protection under Angelo Borrelli (advised by a Comitato Tecnico Scientifico (CTS) of experts).

Identification of what was assumed to be the first non-imported case (the paziente zero) in Italy itself was a result not of following ministerial testing protocol (which covered only those arriving from China or who had been in contact with somebody who had recently visited China) but the instinct of an anaesthetist (Annalisa Malarza) that a 38 year old man in Codogno, Lombardy, might have Covid-19. Once confirmed on 21 February and more testing having followed, an outbreak was confirmed by the CTS. Restrictions were immediately imposed on mobility in the ten municipalities in Lombardy affected, although it was quickly evident that this was not going to be enough, especially as on the same day a new outbreak was discovered in the province of Vo’ in the Veneto region.

The Ministry of Health, in consultation with the regional governments, prepared a full lockdown in those areas affected, a move which was unprecedented in a peace-time European liberal democracy and clearly a shock to people who had become accustomed to their exercise of democratic liberties (Ignazi 2020; Celotto 2020). The location of the outbreak was also significant since this was the heart of Italy’s manufacturing zone. The government itself was divided between a more hawkish Minister of Health (Roberto Speranza) in favour of a hard lockdown, and Conte and others (e.g. Dario Franceschini, Minister of Cultural Heritage) who were more cautious and concerned with the economic impact of a lockdown, as well as the image it might create across the world.

On 23 February the so-called ‘red zones’ were established: ten municipalities in Lombardy and one in the Veneto, amounting to about 50,000 people. Schools, universities, museums, theatres and other public venues were closed; all commercial activities were banned save for those involving the production of essential goods, and all public and private meetings and gatherings were prohibited; all to be regulated by the police (and on 25 February, schools and universities were closed and public meetings banned across six regions of the north). However, the decision had been made so quickly that the police were simply not ready and, save for the main roads into and out of these areas, it was impossible to establish controls for a further two days. In that period, there was considerable panic, and thousands of clandestine trips were made (with only a few fines issued): for stockpiling, to visit friends and relatives, to second homes, to places of work (Bonini et al. 2020). Public compliance with the measures appeared to be a significant problem with breaches of the restrictions occurring.

In the following days, it became clear that the virus had already ‘escaped’ the red zones and was spreading rapidly across the north of Italy. On 1 March, therefore, the government created a new ‘yellow zone’ (consisting of the entire regions of Emilia Romagna, Lombardy, and Veneto, and the provinces of Pesaro, Urbino, Savona) with new restric-tions, effectively dividing Italy into three separate zones with differing levels of restrictions. On 4 March, all schools and universities across the country were closed.

On 8 March, a decree was prepared that would expand the ‘red zone’ to incorporate all of the region of Lombardy plus 14 provinces across several regions of the north (about a quarter of the population of Italy – 16 million) and the productive heart of the Italian economy, but it was leaked to the press hours before it was due to come into effect. This produced an exodus of thousands of people (workers, students and others, many of them originally from the south but working in the north) cramming onto trains and into cars to ‘escape’ to the south before the lockdown came into force. Within 24 hours, it was clear that a policy of regionalized closures was, operationally, going to be too difficult to sustain. Moreover, if, as seemed apparent, the capacity of intensive care units in areas of the industrial north was likely to be breached, the government was alarmed at what might then happen in the poorer regions of the south where health systems were less robust.
For these reasons the government took the decision to impose a national lockdown (the ‘stay at home’ decree) which came into effect on 11 March, at which point the number of positive cases of Covid-19 was over 12,000 with over 800 deaths (see Figure 1). The decree obliged people to stay at home, with all commercial and retail businesses closed down. Aware of the economic and societal impact of a lockdown, the government originally scheduled it to last until 3 April. However, it became evident that this was insufficient to suppress the number of new cases, and, in late March there was a tightening of the lockdown through measures that closed all industries and businesses that were engaged in ‘non-essential’ production. Heavier fines were also introduced for breaching regulations, and both national and regional governments were given discretion to impose further restrictions in certain areas. On 1 April, the lockdown was extended again until 13 April, and then on 10 April extended until 3 May. It was not until 4 May that the decline in new confirmed cases (deaths continued to rise) reached a point which paved the way for an easing of restrictions (building and construction sites first) into a ‘new normality’ (called ‘Phase 2’) characterized by regulation of individual behaviour (mask wearing, social distancing, self-isolating, etc.) and constraints on workplaces and leisure time. Under a decree law, on 18 May, all work and leisure activities re-opened, albeit under strict new rules, and travel within regions was permitted. On 3 June, movement between regions was permitted and international travel resumed.