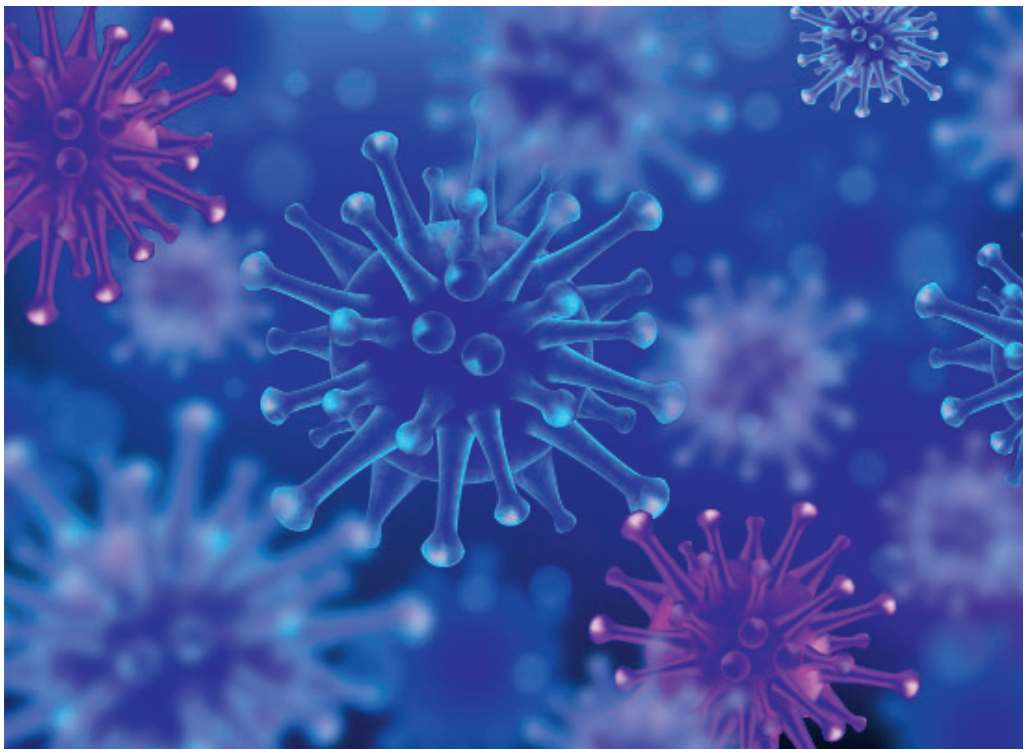
THE SANITARY SUPERINTENDECY'S FACT SHEETS

Scientific sheets of forensic medicine, occupational medicine, treatment and rehabilitation, prosthesis and reintegration



Special thanks to the group "Scheda Identikit Nuovo Coronavirus" from the team "SSC: COVID-19" as well as to all medical and non-medical health personnel who participated in the administration of the identikit cards and without their fundamental contribution this processing would not have been possible

The "New Coronavirus Identikit Sheet": a unique overview of the national data regarding Inail's insured workers

THE CONTEXT AND PURPOSE OF THE "NEW CORONAVIRUS IDENTIKIT SHEET"

In the context of the health role attributed to Inail summarized by the global care of the injured person, Inail has actively participated in the national fight against Sars-Cov-2. Inail is the only health care institution for medico-legal purposes has guaranteed continuity of care with uninterrupted outpatient activities, widespread assistance to the injured and participation in vaccination activities for workers and companies.

In order to provide to the Inail offices throughout the national territory with a support tool aimed at the structured collection of the necessary information, the Central Health Superintendency, with the collaboration of the healthcare professionals of the working group on the new Coronavirus, has developed a form aimed at tracetracing an identikit of the worker for whom an accident

report has been filed due to COVID-19 or suspected COVID-19 infection.
The compilation of the New Coronavirus Identikit form is part of the institutional activities, replacing ,during the ongoing pandemic emergency phase, the acquisition of data otherwise carried out after physical access of the injured person at the Inail offices.
The health care activity of telephone and / or telematic triage is aimed, in particular, at guaranteeing assistance to injured persons suffering from COVID-19 or to workers subjected to fiduciary isolation or quarantine, for which an accident report has been received by Inail. Furthermore, triage has the non-secondary purpose of informing the injured party also on how to interface with the Inail office, facilitating the provision of services and reducing the risk of spreading the infection.
This activity is fully part of the perspective of avoiding moving from home if not strictly justified, deriving from the national legislation (dpcm and decrees that have encouraged the use of not in presence agile working methods,) and from the subsequent instructions given from the Institute. All actions interpreted the need to manage the period of Absolute Temporary Disability (ATD) even remotely. On the other hand, the telephone and / or telematic interview allows to ask the injured some questions that would have been asked even if the activity had been carried out in person, since it involves the collection of information on a voluntary basis, As well as in the case of an in-person interview, these require to be corroborated, not replacing, therefore, the collection of the complete medical history. In fact, the medico-legal recovery of the patient's medical history does not represent a mere act of supine acceptance of the information received by the insured but must be "dynamic", carried out through targeted questions, promptly verified through the examination of the documentation and circumstantial data available.
Filling out the New Coronavirus Identikit form during telephone and / or telematic triage is one of the tools that integrates the numerous elements available to the Institute and is not prejudicial to the recognition of a case.
The purposes of the New Coronavirus Identikit card can be summarized in the following focal points:

- Assistance: support for workers injured by COVID-19, understanding their care needs;
- Risk management, for the quality and homogeneity of the service: the tool, useful for the medical-legal investigation of the case, represents a structured check list with a series of reminders;
- Statistical-epidemiological: the form allows for an epidemiological survey distributed throughout the national territory, with maximum attention to the work aspects and the previous state, the symptoms reported, the after-effects and the duration of absolute temporary disability;
- Telemedicine: experimental modality of agile work for healthcare personnel, filling operational spaces with functionality with "not in presence" activities;
- Prevention: acquisition of useful information on the use of personal protective equipment (PPE) and other customized preventive measures.

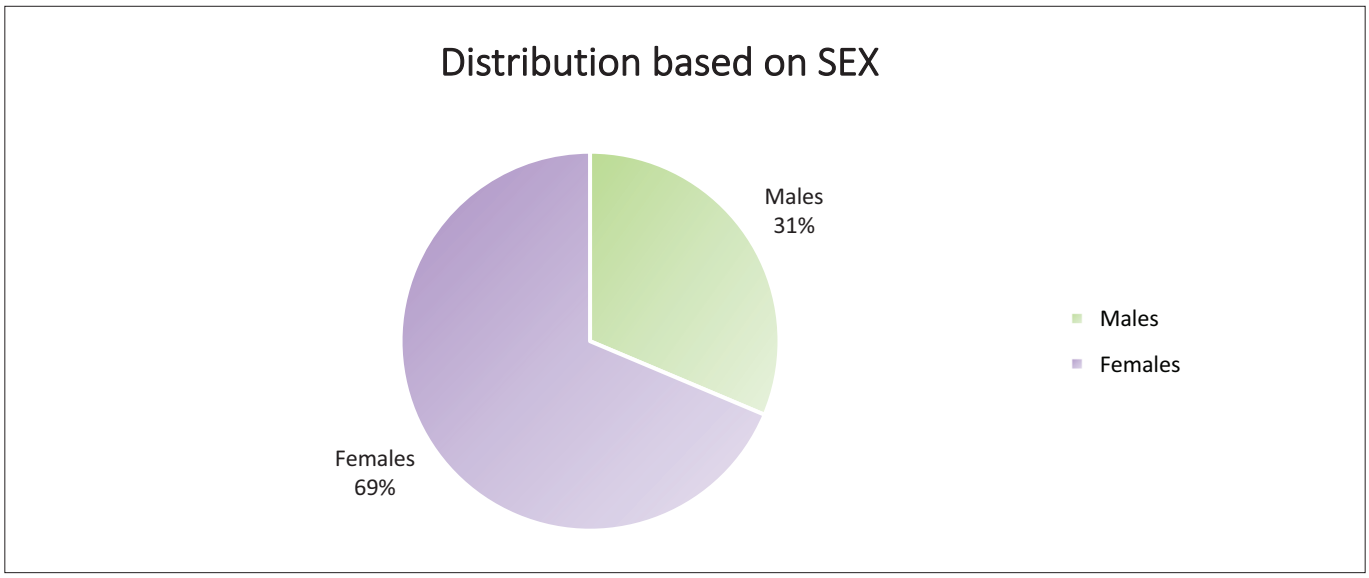
Beyond the purposes represented, the form also arises from the need to trace a precise Identikit of the worker who has contracted the COVID-19 disease: sex, age, means of transport used for work trips, place of work and activity carried out, use of personal protective equipment, family and company epidemiological data, reported symptoms, access to the hospital, diagnostic confirmation methods, average duration of the period of absolute temporary disability.
The sheet was optionally administered by health workers to the injured who voluntarily agreed to its administration. Healthcare professionals are obliged to maintain professional secrecy and the sheet is acquired in a specific and confidential computer procedure, as a further guarantee of the protection of the collected data.

DATA ANALYSIS

From the beginning of the pandemic until 31.07.2021, throughout the national territory, the health personnel who work in the territorial structures of Inail compiled 72483 Identikit anamnestic forms on a total of 178151 cases of reported COVID-19 accidents (40.69%). Of the completed sheets, a number equal to

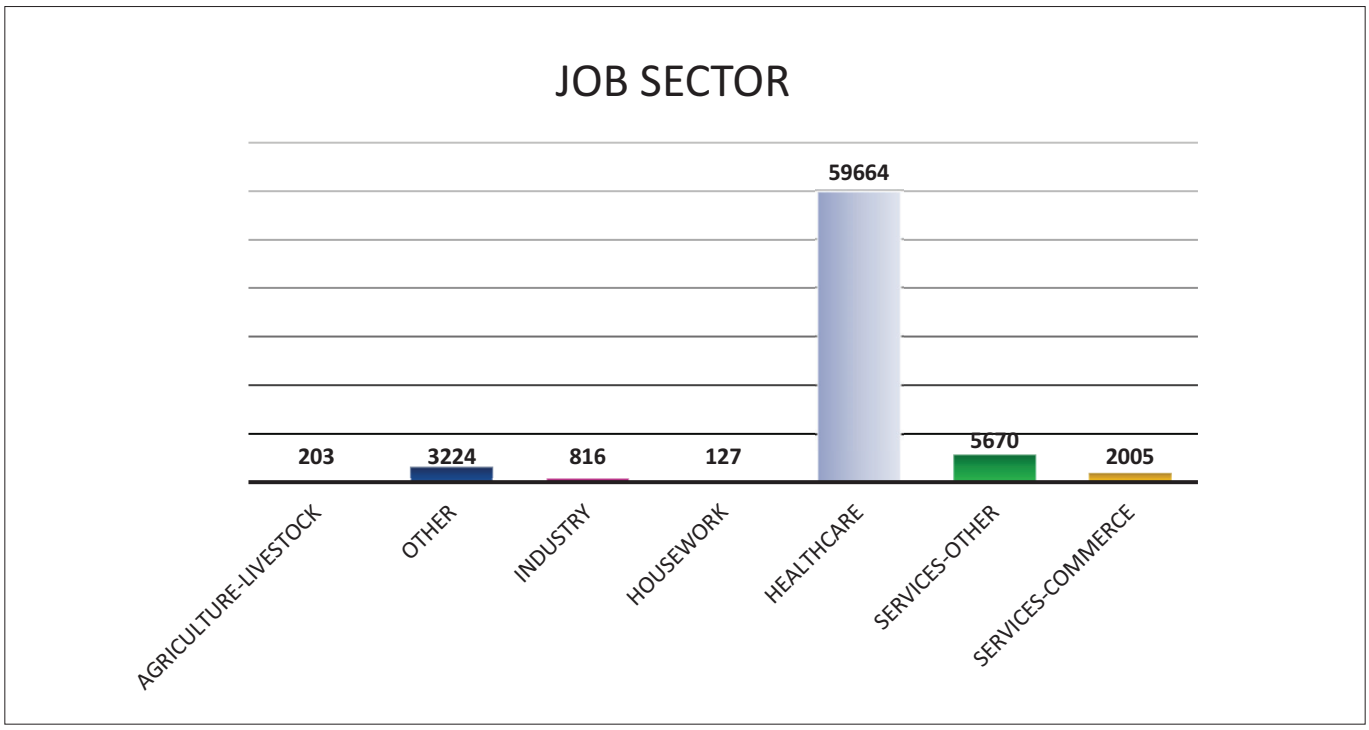
60970 (84.12%) is fully completed while 11513 (15.88%) forms have been saved in draft. In fact, the procedure allows multiple accesses to the same sheet in order precisely to allow health personnel to ensure continuity of care for the injured person throughout the entire period of Absolute Temporary Disability. The form, in fact, is only completed at the definition of this period. Furthermore, there are no fields in the form that require mandatory compilation, other than those relating to the office and case number. Therefore, although the sample object of our study is not completely homogeneous, as some fields are not filled out in all the forms, it was considered useful and relevant for our purposes to include all the data in our possession, thus including the sheets saved in draft.

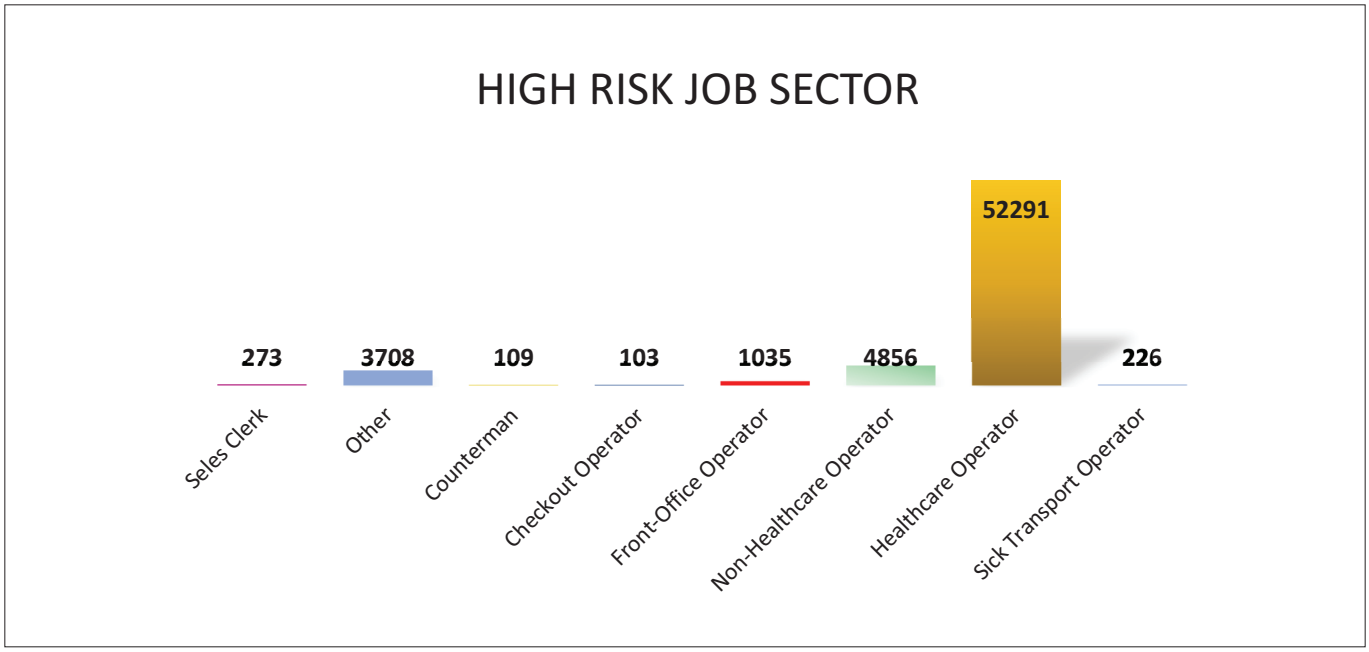
Of the global data, 49761 female and 22722 male subjects were recorded, with a percentage equal to 69% for the former and 31% for the latter.



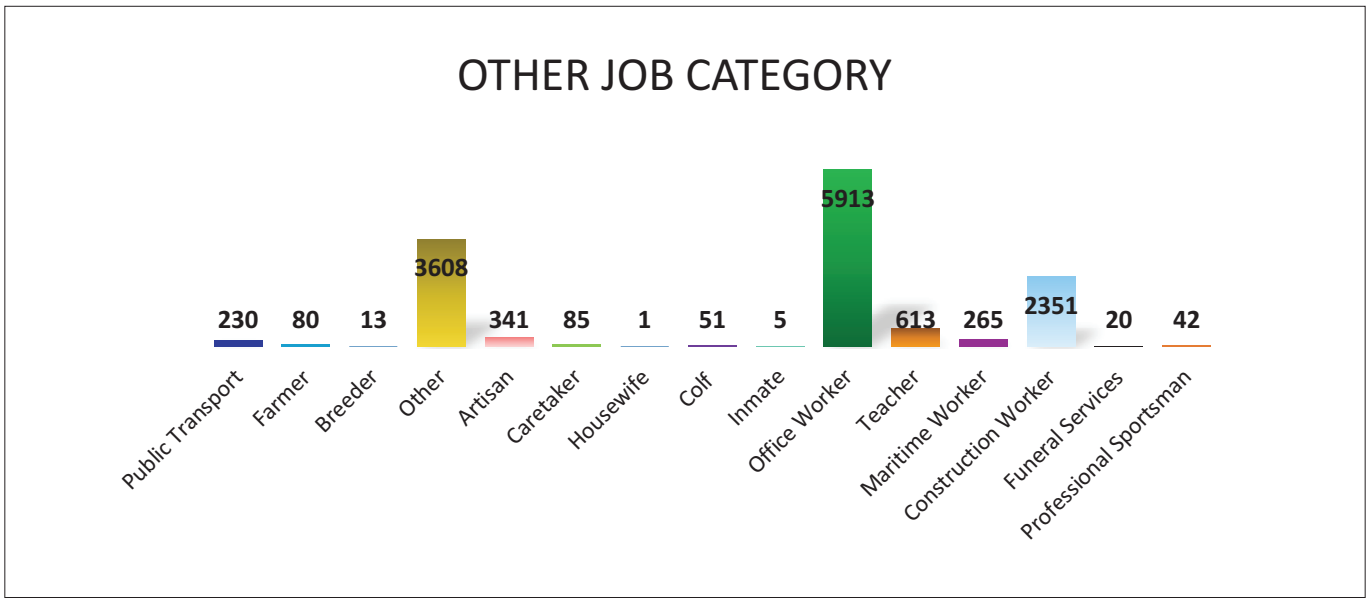
The average age of the workers subjected to the interview is 48 years.

Compared to the working sector, there was a clear prevalence in the health sector with 59,664 records (83.2%) followed, among the high-risk professional categories, by non-health workers operating in health facilities with 4,856 records (7.76%).

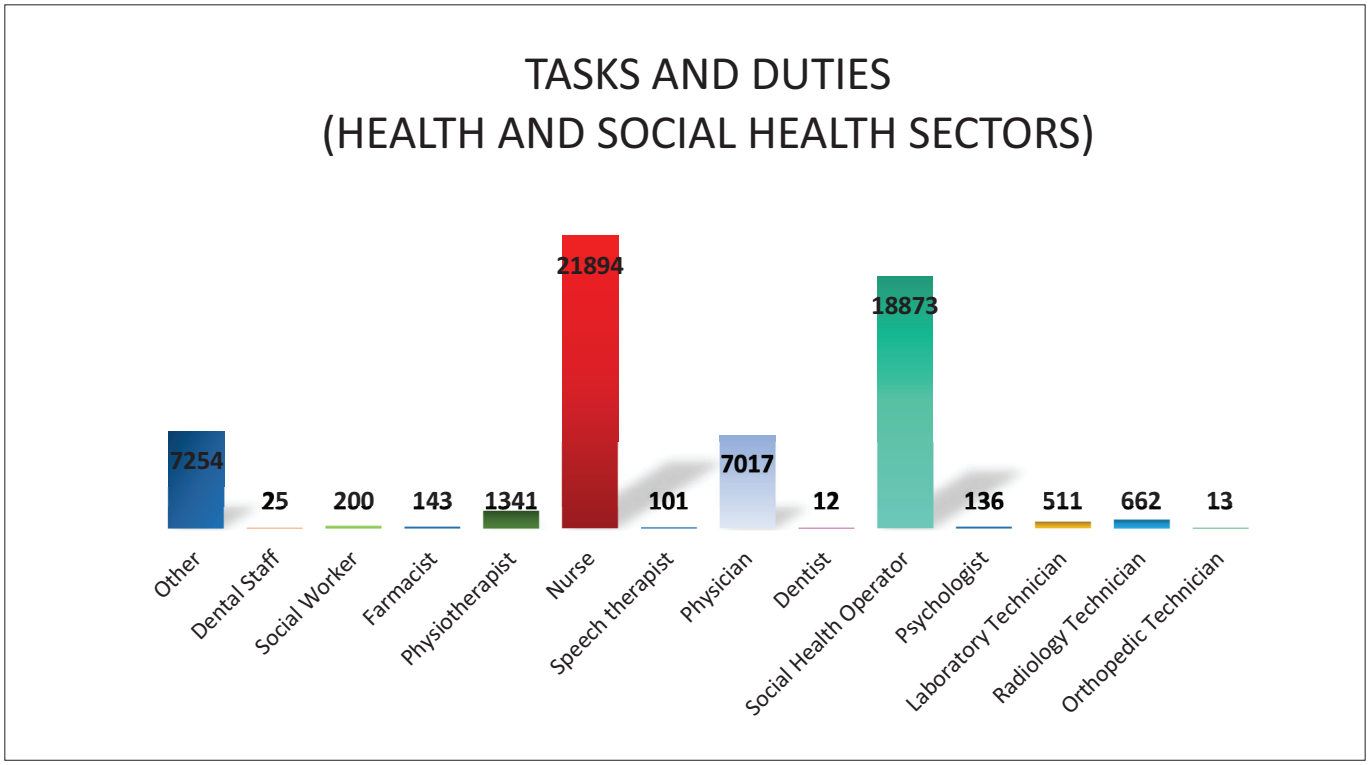




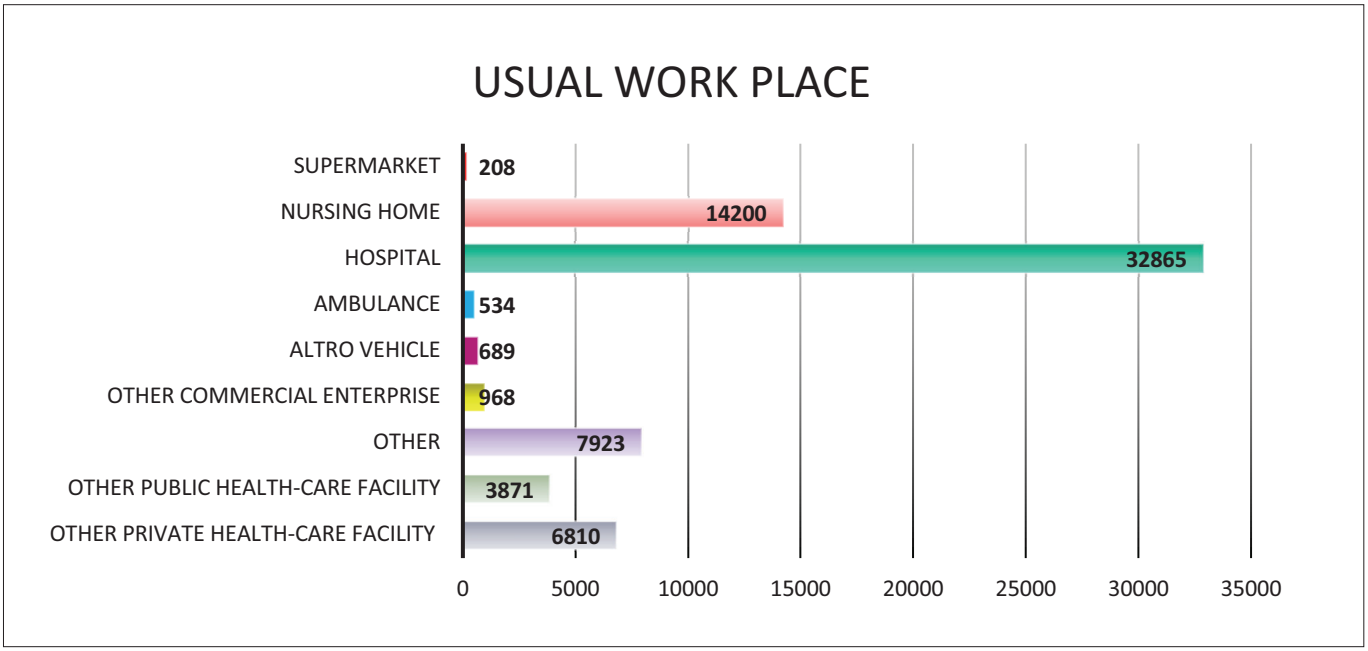
The data relating to the other professional categories, not included among those at high risk, led to highlight how the most affected category was that of office workers with 5913 cases equal to 43.42% of the specific category, followed by a large margin by blue-collar workers with 2351 cases equal to 17.26%. A large portion of the cases, equal to 3608 (26.49%) were recorded as "other", a container which includes other types of professional categories not included among those available in the drop-down menu.



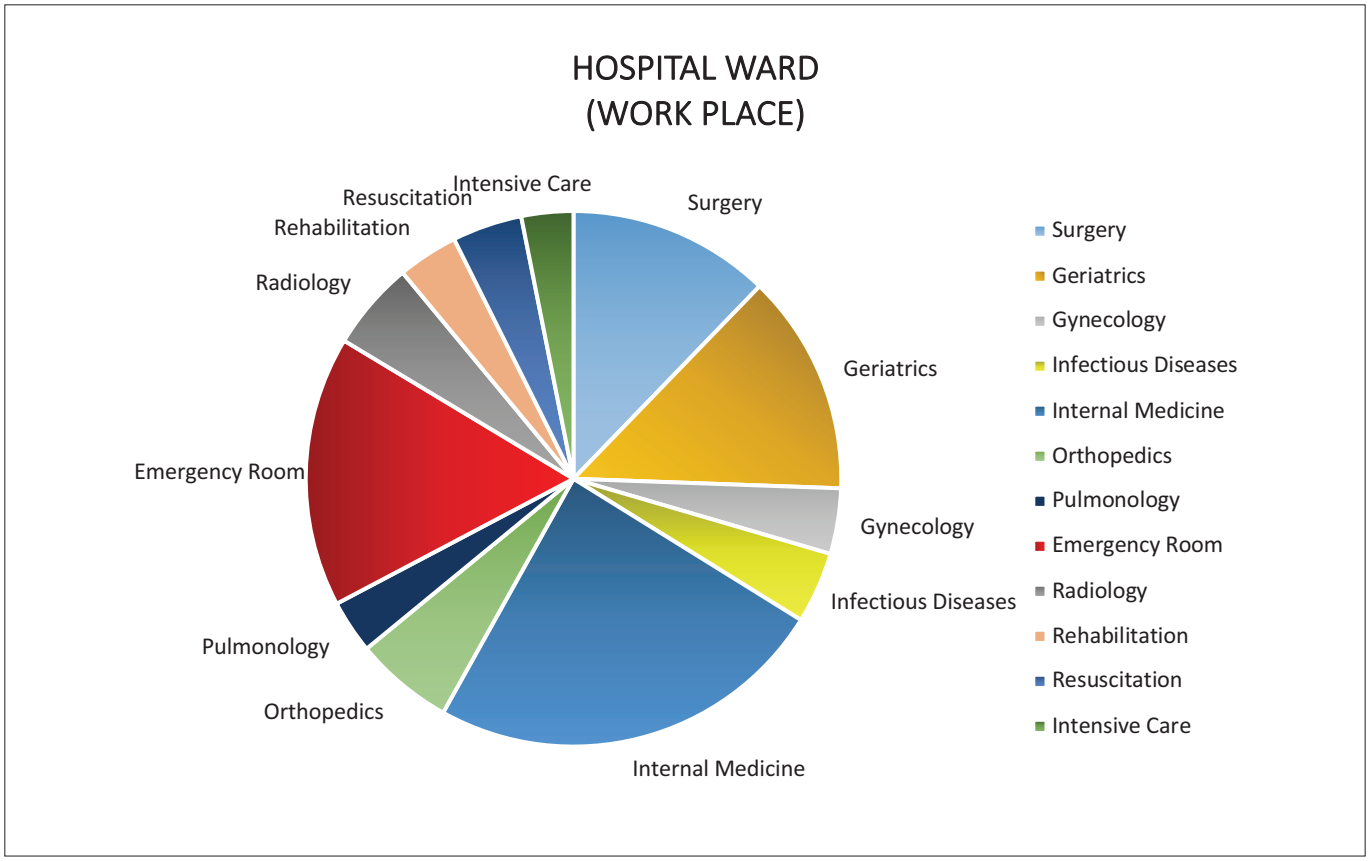
With respect to specific job duties in the health and Social Health sectors, over 1/3 of the subjects who took part in the interview were Nurses with 21894 cases (37.63%) followed by Social Health Operators with 18873 cases (32.44 %) and by Physicians, in third place with 7017 cases (12.06%).



The most representative workplace of the interviewees was the macro-group of Healthcare facilities 85.71%.
Specifically, 32,865 cases (48.28%) were reported in the Hospital as the usual workplace while in the Nursing Home - the second most representative type of healthcare facility - 14200 cases were reported (20.86%).

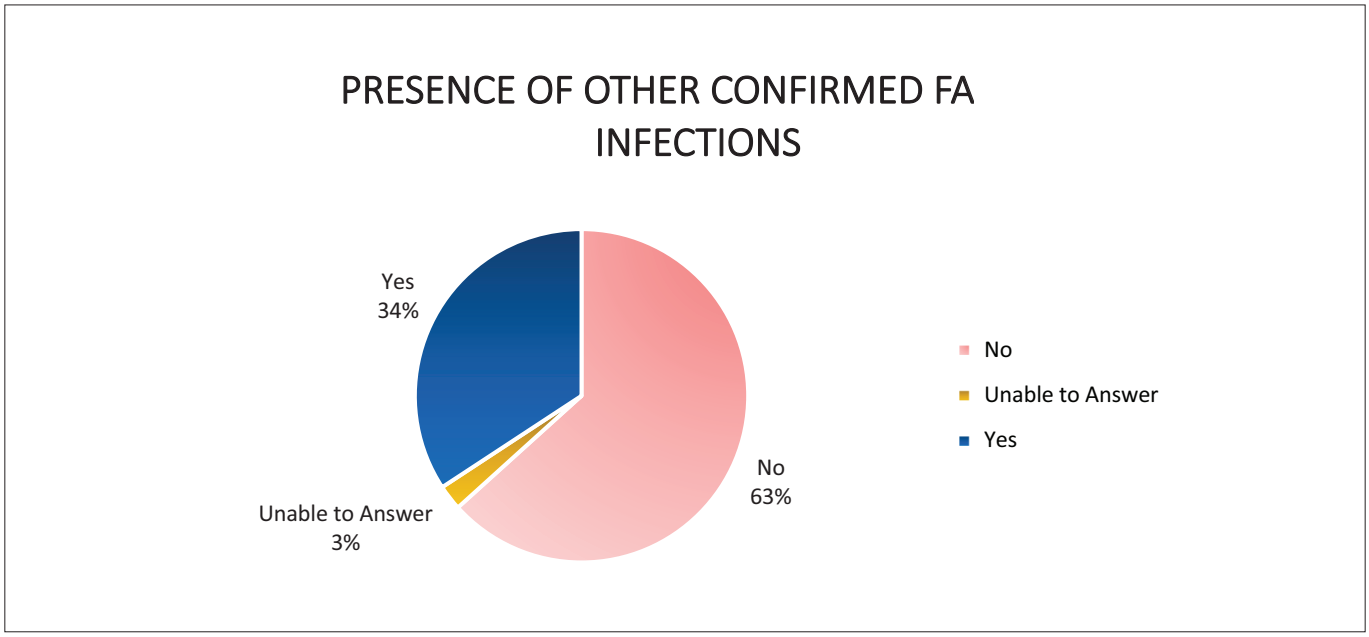


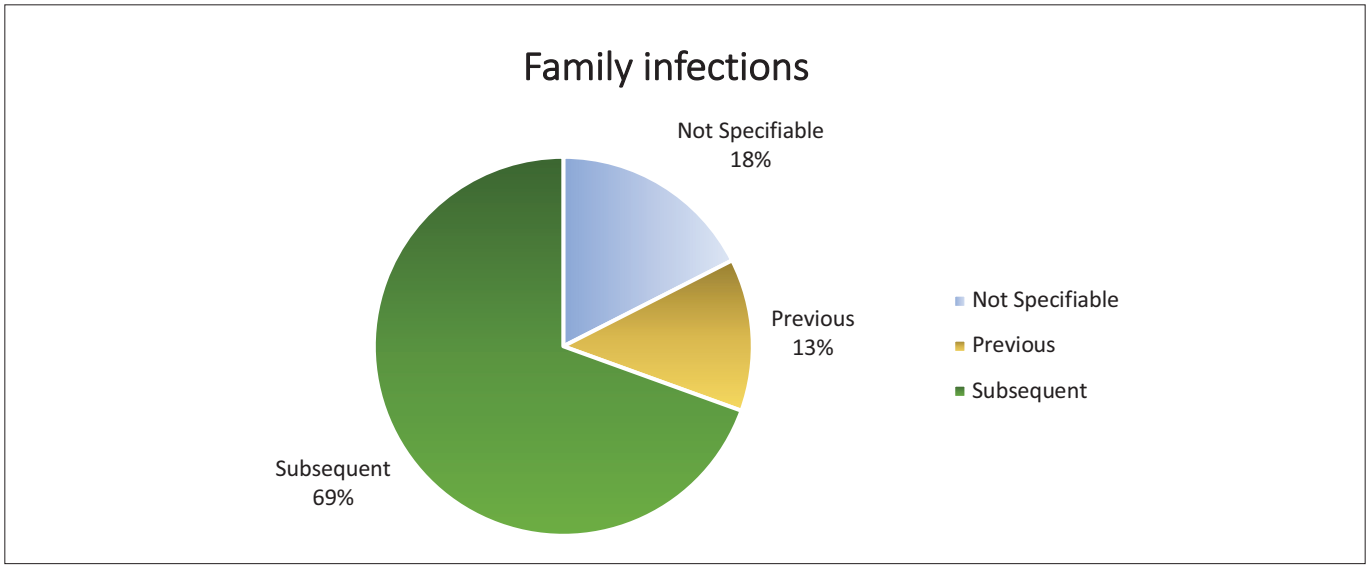
Going into even more detail about the workplace, within the hospitals the specific departments in which the most cases were recorded were: Internal Medicine (12.07%), Emergency Room (8.14%), Geriatrics (6.64%) and Surgery (6.09%). In about half of the cases (50.22%) the item "Other" was selected, which includes all departments other than those listed in the drop-down menu.



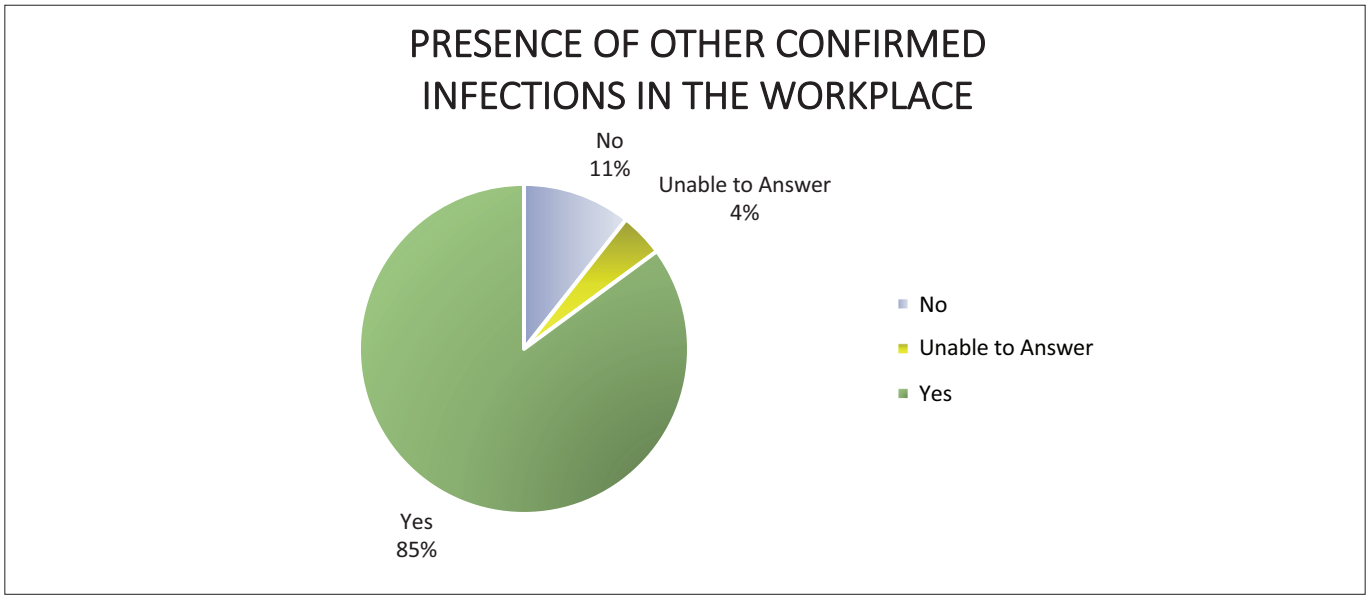
With respect to personal protective equipment, the interviews revealed that 38.04% of the subjects used a surgical mask; use of FFP2 masks was reported in 28.79% and use of FFP3 masks in 1.88% of cases. The alternative use of different masks was also reported: in particular, 25.43% of respondents reported wearing surgical mask and FFP2.

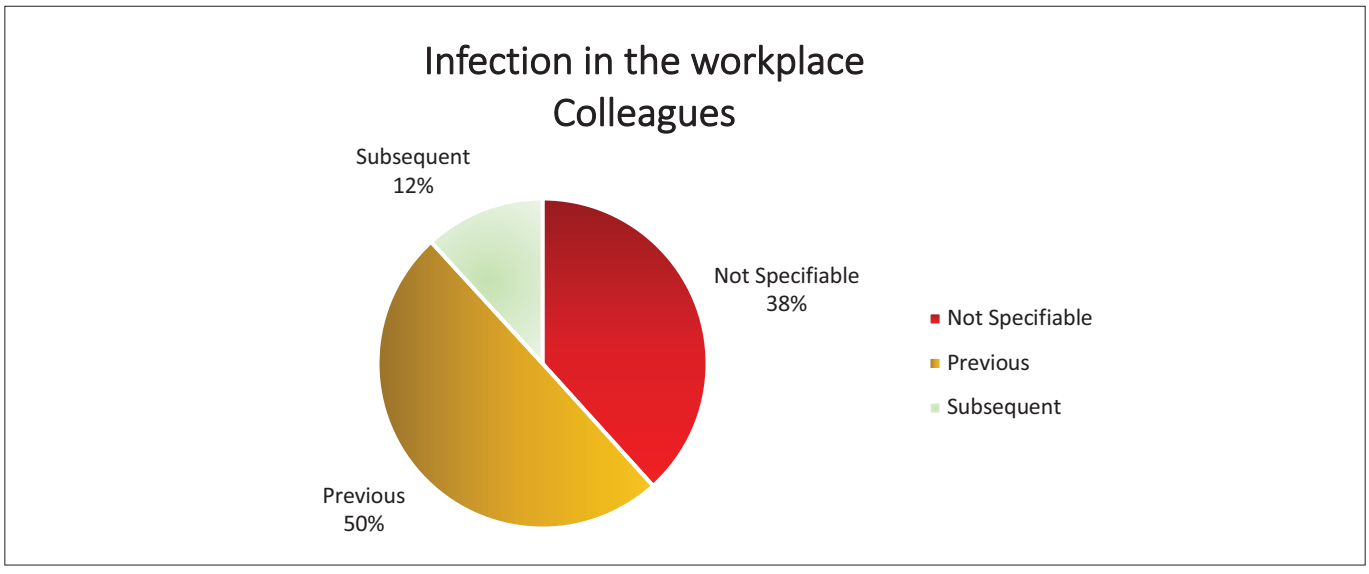
The overwhelming majority of the workers interviewed (88%) said they reached the workplace with their own means, while only 6% reported using public transport and a further 6% walking to work. With regard to the family epidemiological data, the cards revealed that in 63% of cases there were no other infections, while they were present in 34%; where present, in 69% of cases it was reported that the family member's infection had occurred after that of the injured person, while only in 13% of cases the previous family infection was reported. In the remaining cases the subject was unable to answer.



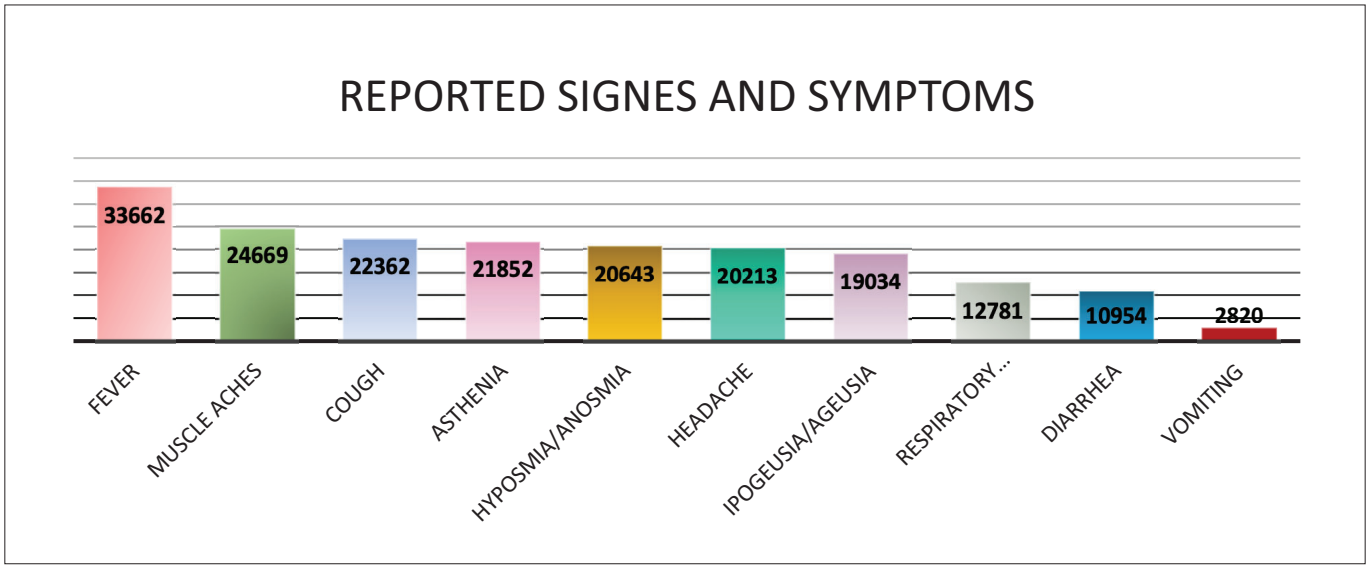


With regard to the company's epidemiological data, in a high percentage of completed forms (85%) other infections were reported in the workplace. In 50% of cases, a contagion preceding that of the injured party was reported and only in 12% of cases in the subsequent period. In the remaining cases the subject was unable to answer.





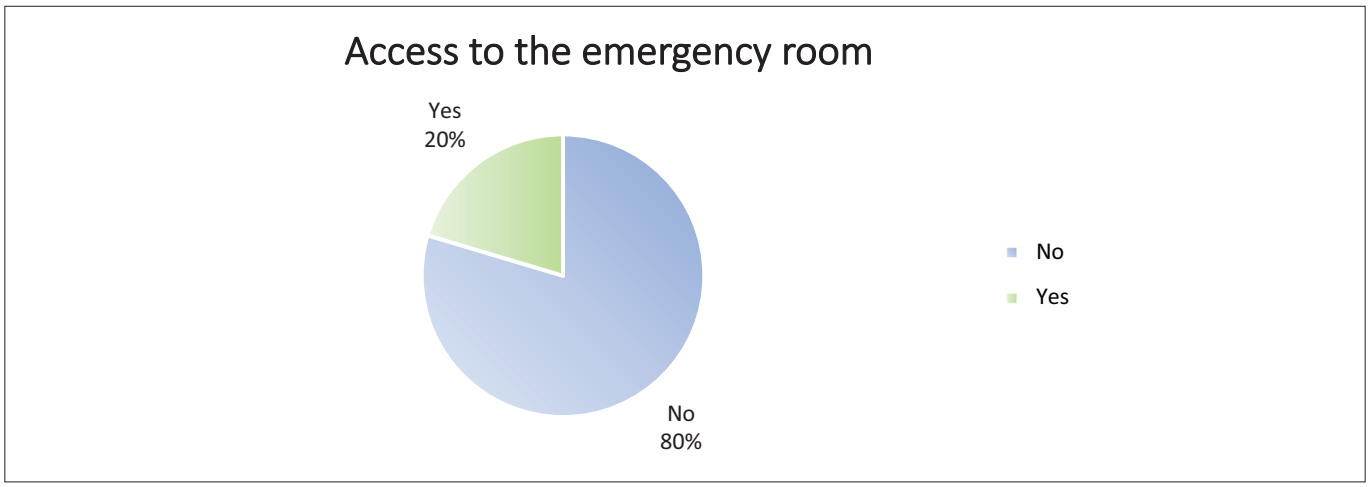
With regard to the work activities in which the presence of "users / guests" is expected in the workplace, the reported data highlighted 57% of cases which occurred prior to the infection of the worker interviewed and only 4% of cases which occurred subsequently. In the remaining cases the subject was unable to answer.
Of all the subjects interviewed, relating to all professional categories, only 3% declared that they had carried out activities in smart working, of which only 7% with reported weekly return.
With regard to continuous absences from work in the 14 days prior to the onset of symptoms, 7% of the interviewees reported that they did not go to work (35% for holidays and 31% for other illnesses). It was also found that, in the 14 days prior to the onset of symptoms, only 1% of respondents were found to have gone abroad (46% for work reasons). Finally, 81% of respondents said they had moved between regions or municipalities (87% for work reasons).
With regard to the symptoms reported by the subjects involved in the administration of the card, what is summarized in the following graph is summarized:

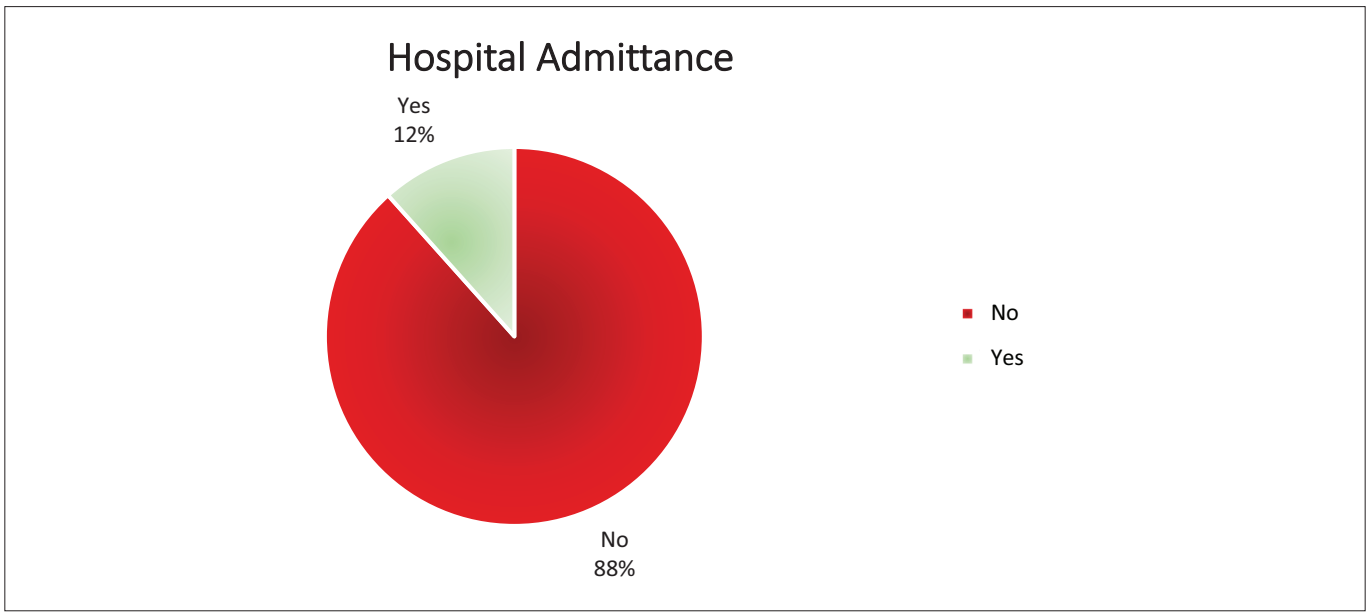


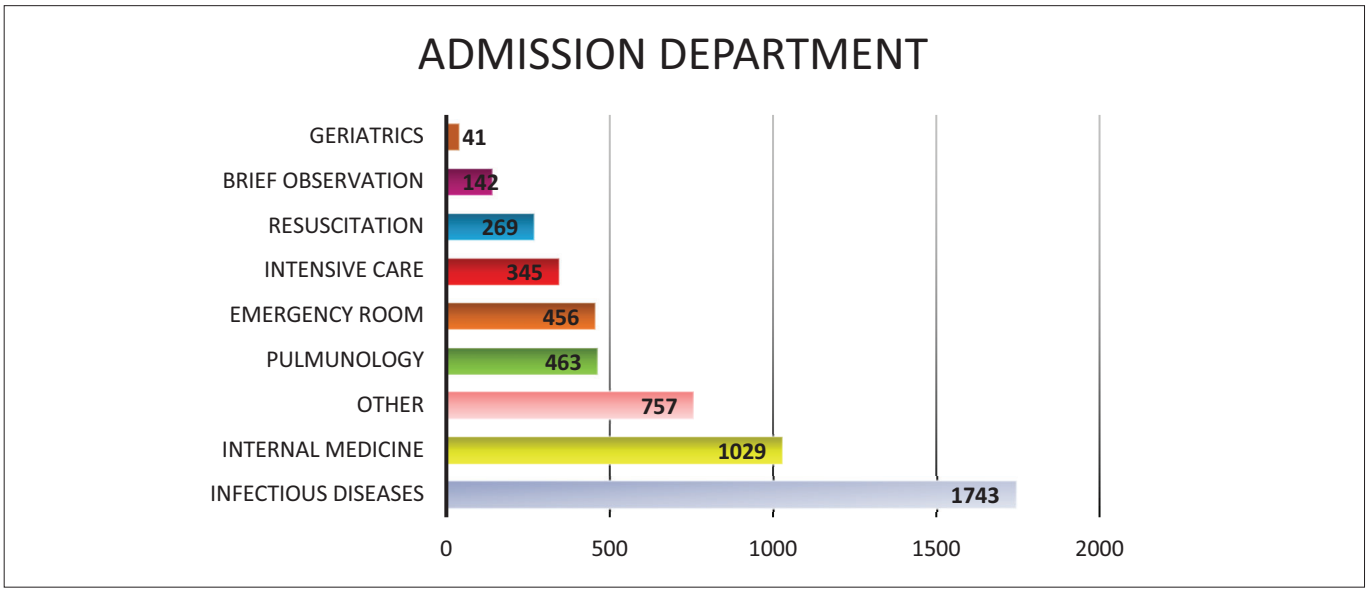
Clearly, these are symptoms reported in the acute period of the disease, as the interview was conducted during the period of absence from work (absolute temporary disability)
Regarding the literature data, a work by Struyf T et al. (2021) This is a systematic review of several meta-analyzes and cross-sectional studies. The work was found through direct research on the Cochrane Library. Below we show the comparison of the data that it was possible to compare regarding the frequency of appearance of individual symptoms with respect to the infected population.

Symptom	Struyf T et al.	Inail-Identikit
Cough	20,7%	23,58%
Asthenia	31,1%	23,16%
Anosmia	24,1%	22,17%
Ageusia	24,8%	20,80%
Muscle Aches	25,1%	25%
Breathing Difficulties	19,3%	14,99%
Diarrhea	18%	13,13%

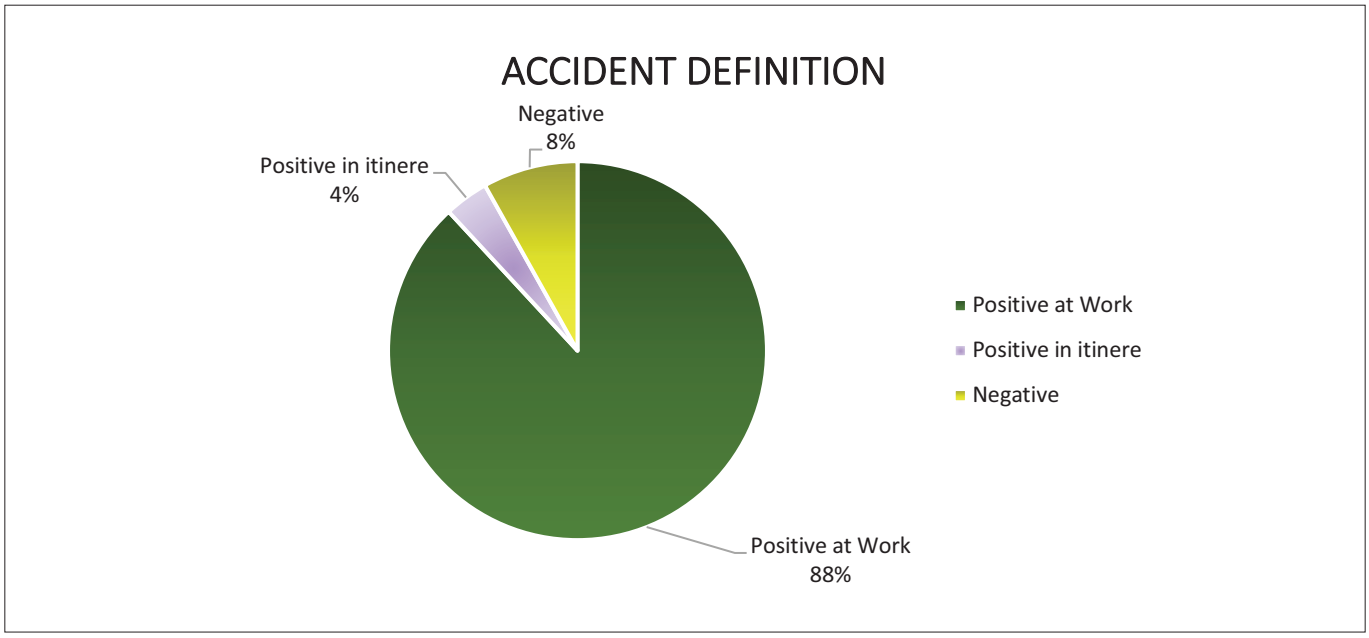
As can be seen from the table, the data highlighted by the Cochrane study are substantially overlapping with those collected through the identikit anamnestic cards.
With respect to the question of hospitalizations, 20% of the interviewees reported having made an access to the emergency room, with subsequent hospitalization in 12% of cases. Of the hospitalized, only 1.44% were transferred to an intensive care or resuscitation ward, representing 0.84% of the total number of respondents.







In almost all cases (96%) - based on the definitions provided in the Ministry of Health circulars no. 31400/2020, no. 705/2021 and no. 5616/2021, in the Inail circular no. 13/2020 and in the subsequent Recommendation of the Ssc Inail no. 5/2020, as well as in the interim report Iss-Istat-Inail no. 10/2021 - the diagnostic confirmation of SARS-CoV-2 infection was carried out through tests, with a clear prevalence compared to diagnostic confirmation on a clinical-instrumental and epidemiological basis.
In the strictly medico-legal field, clearly the data must refer exclusively to the forms that have been completed, or those for which the subjects have been readmitted to work, at the end of the period of illness (definition of the period of Absolute Temporary Disability, ATD, no. 53536 cases).
The accident reports positively defined are the 92% (49,186 cases). Of these, 4.10% (no. 2019) was recognized in itinere.
Lastly, the average duration of the ATD recognized by the Institute for the policyholders interviewed was 34 days. The data, specifically related to patients who have undergone hospitalization, showed an increase in average ATD equal to 62 days. In non-hospitalized subjects, therefore, the average duration of ATD was 29 days.



CONCLUSIONS

INAIL is the body that insures workers for accidents and occupational diseases, for these purposes it provides medico-legal, health diagnosis and treatment and rehabilitation services, but also preventive and finally economic services.
The infection at work from SARS-CoV-2 has been protected as an occupational injury.
In relation to what emerged from the statistical analysis relating to the "Identikit" anamnestic Sheet, we found an adherence to the focal points and objectives of the tool expressed and explained in the introduction.
Thanks to the telephone contact, it was possible to provide primary assistance to those injured by COVID-19, information on the management of their own injury, and register their care needs. This was critical especially in the first wave, or when there were the greatest difficulties in receiving information and / or assistance at home.
The Sheet also proved to be a valid risk management tool; a checklist to homogenize behaviors through the collection of data with a structured interview, improving the quality of health care.
The Sheet represented an extraordinary means for collecting data relating to COVID-19 patients, in terms of the number of data and the interviewed sample, concerning the working population, constituting a single platform of medico-legal knowledge of the phenomenon. Through this form, the preventive needs relating to the institute were also met.

Remote patient management has made it possible to introduce the use of Telemedicine in the insurance-social security field, experimenting with forms of health care and the provision of insurance services remotely, also ensuring assiduity in rehabilitation and operational timeliness.
Referring to what has been explained for the individual groupings of items, already examined in the previous section, on the basis of the data collected through 72483 Identikit anamnestic cards, it was possible to trace a profile (identikit) of the worker infected with the SARS-CoV-2 virus.
In our case series, the COVID-19 patient is more frequently a 48-year-old woman who works as a nurse in the Internal Medicine department in a Hospital setting, who contracted the infection while carrying out her work, using personal protective equipment, who goes to work using their own means, with negative family epidemiological data and positive company epidemiological data for contagion in the workplace, who did not access the emergency room or hospitalization during the evolution of the disease. Diagnostic confirmation of her contagion was obtained by molecular testing and his absence from work (Absolute Temporary Disability) was 29 days.
As regards the examination of the after-effects of the examination of the "Long Covid", please refer to a subsequent contribution.

FOR FURTHER INFORMATION

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