

120 The Management and Epidemiological Data of SARS-COV-2 Emergencies in Prisons: The Italian Model

Fiorella Caputo, MD*, University of Catanzaro, Institute of Legal Medicine, Catanzaro 88100, ITALY; Giulia Cacciatore, MD*, Institute of Legal Medicine, University of Catanzaro, Catanzaro, ITALY; Angelica Zibetti, MD, Institute of Legal Medicine, University of Catanzaro, Catanzaro, ITALY; Fabrizio Cordasco, MD*, Università Magna Graecia CZ, Catanzaro, ITALY; Carmen Scalise, MD, University of Catanzaro, Catanzaro, ITALY; Carlo Filippo Bonetta*, Brescia, ITALY; Matteo A. Sacco, MD*, Chair of Legal Medicine, University of Catanzaro, Catanzaro 88100, ITALY; Francesco Sicilia, MD*, University Magna Graecia of Catanzaro, Catanzaro 88100, ITALY; Luigi De Aloe, MD*, Institute of Legal Medicine, Catanzaro 88100, ITALY; Pietrantonio Ricci, PhD*, University of Catanzaro, Catanzaro, ITALY; Cristoforo Ricci, PhD, University of Catanzaro, Catanzaro, ITALY; Santo Grattereri, MD, Catanzaro 88100, ITALY; Isabella Aquila, MD, PhD*, Institute of Legal Medicine, Catanzaro 88100, ITALY

Learning Overview: After attending this presentation, attendees will understand how the COVID-19 emergency was managed in Italian prisons and the effectiveness of the prevention measures until now.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by highlighting the effectiveness and criticalities of the strategies adopted in prisons that can represent places of infectious outbreaks that are difficult to contain. Also emphasized is the need for mental health protection of prisoners who are already at higher risks of depression and suicide compared to the general population.

The SARS-Cov-2 pandemic is currently a major worldwide public health problem. In prison, the management of preventive measures is difficult due to overcrowding and inmates' and officers' close physical contact. There is also less access to care than in community settings. For this reason, the adoption of strategies aimed at containing infections in these places is mandatory. In addition to the infectious disease problem, it is necessary to consider that prisoners are more subject to depressive episodes and an increased risk of suicide. This increase is due to the conditions of deprivation of personal freedom and the difficult living conditions inside prisons. World Health Organization (WHO)/Europe has published guidelines that contain useful information for prison staff and health care providers who work there.¹ They advise on how to prevent and manage a potential epidemic outbreak and highlight the importance of human rights that must be respected. Above all, access to information and support for mental illness are essential. Each country has a responsibility to increase its level of preparation, to be alert, and to respond to identify, manage, and treat new cases of COVID-19. Recognizing that there is no single approach for handling COVID-19 cases and outbreaks, they should adapt their approach to the local context.

In Italy, the Decree of March 17, 2020, introduced provisions that concern some 4,000 prisoner,; providing for the possibility for home detention for those who have less than 18 months' sentence to serve.² The measures were applied by the supervising magistrate not only at the request of the detainee, but also by the public prosecutor or the prison governor.

As a result of this provision, the number of inmates in Italian prisons (which remain in overcrowded conditions) dropped by 13.9%. Furthermore, during the first phase of the epidemic, the crime rate in Italy was reduced with a consequent lower number of detainees. This fact is certainly due to the restrictions on movements during the lockdown.

In Italy, the first case of contagion occurred in mid-March, a significant delay compared to the rest of the world. So far 119 inmates have been infected and 162 cases of infection have been registered among the staff. COVID-19 deaths have been eight in total: four inmates, two doctors, and two prison police officers. Seven deaths occurred following the riots in prison that broke out at the beginning of the emergency phase. In most prisons, there was not even a single case of contagion. The relative isolation of prisons from society was a sure factor of protection and the measures adopted certainly played an important role in containing the epidemic. With regard to psychological support, the inmates were granted a psychology service via electronic means to alleviate anxiety and concern about the emergency. Finally, the inmates were allowed to use smart phones and Skype® to maintain contact with family members.

Regarding the number of suicides, in the first five months of 2020, there was an increase in cases compared to 2019.³ It is possible that this data may be related to the effects of the pandemic, which probably increased feelings of isolation and hopelessness. Overall, the management of the emergency in Italian prisons has certainly allowed a low rate of infection and death compared to other countries. It is certainly necessary that psychological support is implemented to allow the containment of anxiety and depression disorders and for the prevention of suicide.

Reference(s):

1. WHO Director-General's opening remarks at the mission briefing on COVID-19 (12 March 2020). Geneva: World Health Organization, <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19> (2020, accessed 12 March 2020).
2. DECRETO-LEGGE 17 marzo 2020, n. 18 – Gazzetta Ufficiale. Misure di potenziamento del Servizio sanitario nazionale e di sostegno economico per famiglie, lavoratori e imprese connesse all'emergenza epidemiologica da Covid-19. (20G00034); *Gazzetta Ufficiale*, Serie.
3. Prison at the Time of the Coronavirus. *Antigone's XVI Report On Prison Conditions*. <http://www.antigone.it>.

Forensic Sciences, COVID-19, Prison