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Letter to the Editor

The 2019–2020 coronavirus pandemic in Italy: immunologic and cultural hurdles on the road to a cure

Dear Editor:

Currently, Italy is the country most seriously affected in the world by the coronavirus disease 2019 (COVID-19). As of 30 March 2020, our Government certified that 31% of the worldwide deaths were from Italy (11,591 out of 36,500 cases) with the highest mortality rate (11.4%) compared the global rate of 4.7%. Over the last weeks, several Italian hospitals adhered to international experimental investigations on off-label drugs, such as tocilizumab, an anti-IL-6 receptor monoclonal antibody and remdesivir, a nucleotide analog originally used against Ebola virus disease, and artificial active immunization (vaccines creation). To our great surprise, in our country, minimal medical and community attention has been riveted on passive immunity (immunoglobulin therapy). In fact, while all bureaucratic efforts so far made in Italy failed to get unanimous consensus and realization, the Chinese National Clinical Research Center for Child Health and Disorders (set in Chongqing) and the Johns Hopkins School of Public Health from Baltimore, USA, both consider the passive antibody therapy a valid option for prevention and treatment of COVID-19 and recommend that institutions “begin preparations as soon as possible. Time is of essence”.^{1,2} Considering the long time for an effective vaccine and the important costs of biologic drugs, antibody administration could represent an emergency, safe, less expensive, temporary but life-saving solution to be added to the continuous restrictive movement measures to combat coronavirus. Cultural limitations can also impact the way for the cure. In the last years, paralleling the development of social networks and globalization, Italy has met with a profound regression characterized by a growing anti-vaccine community, lack of faith in science and misconceptions about illnesses. Such blameworthy behaviors led to a

violent resurgence of measles in 2017 impelling the Parliament to promulgate coercive and defensive laws for social health.³

Conflicts of interest

The author declares no conflicts of interest.

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