



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## Letter to the Editor



## What changed in the Italian internal medicine and geriatric wards during the lockdown

Italy was the most affected European country in the first few weeks of the COVID-19 pandemic, with a dramatic burden on sub-intensive and intensive care units. Among the several arrangements implemented to tackle this burden, hospital wards of almost all medical and surgical specialties were closed or converted into wards for sub-intensive care of COVID-19, and in many cases entire hospitals were converted into COVID hospitals. With this background, a total of 48 internal medicine or geriatric wards among the 93 adhering to the register REPOSI [1] answered an online questionnaire aimed to investigate the characteristics and activities of converted and non-converted wards in the crucial period of the first wave of the epidemic, 22 February–4 May 2020.

Twenty wards, corresponding to 37% of the 48 which answered, were converted into COVID-19 wards. This occurred more commonly in Northern Italy (59% of the respondent wards) than in the South (14%), that was less affected by the COVID-19 burden (Table 1). Converted wards (CWs) were on average larger than the non-converted ones (NCWs): the median of their normally active beds was 33 and 27, respectively. Seventeen of the CWs and 16 of the NCWs had a member of their staff infected by COVID-19, with relatively more physicians than nurses infected in the CWs (36% versus 13%) and more nurses than physicians in the NCWs (26% versus 20%), but none of these healthcare professionals died. Other professionals replaced those who became ill in almost half of the CWs and in a small proportion of the NCWs. 85% of the CWs needed and enrolled additional staff, half or more of them involving at least 4 more doctors, 4.5 nurses and 3 aides, corresponding to a relative increase of the normally available professionals of 66%, 77% and 110% respectively (Table 1).

CWs admitted 3250 ill people in the index period. The mean number per ward was 180 (SD 163) and the median was 130, with 734 deaths. In the same period, 3074 non-COVID patients were admitted to the NCWs and 262 died (Table 1). Whereas the total death rate was 23% among COVID patients, it was 8.5% among non-COVID patients in the NCWs in the same period (Table 1).

Rules and prescribed procedures implemented for ward conversions were fulfilled and personal protection devices for patients and professionals made available, even though they were judged fully adequate in only 40% of the CWs and 14% of the NCWs. In 9 CWs more beds were added, and in 19 wards full bed occupancy was reached.

All the 20 CWs stopped all or most research concerning other medical conditions, 22 among the 28 NCWs. Sixteen CWs (80%) and 6 (21%) NCWs implemented protocols for the use of off-label drugs for the treatment of COVID-19. Follow-up of patients discharged from hospital was initiated in 11 (55%) CWs and in 10 (36%) NCWs.

The country distribution of the converted wards mirrors that of the pandemic and witnesses the efforts made in Italy by the internists [3] to guarantee appropriate care for those infected. However, it is likely that this effort had a negative impact on patients with illnesses other than

COVID-19, both from the clinical and research standpoint, for the following reasons. Professionals were transferred to COVID-19 wards from a variety of different subspecialty wards (including a certain number of physicians and nurses already retired), hospital admissions were restricted to severe or urgent conditions, so that clinical research were mostly interrupted. There was a high mortality rate in the population infected by COVID-19, the observed rate largely overlapping with that reported in the same period by Richardson et al. [2] in New York City. Unfortunately, we collected no information on the number of patients transferred from internal medicine and geriatric ward to intensive care units. The high rate of infected professionals is likely to be associated with inadequate personal protection devices, at least at the time of the very first period of the emergency [4].

At the time of this survey, only half of COVID-19 wards had chosen to implement a regular follow-up of patients discharged alive, even though it is possible that a follow-up was put in place more extensively later than when this survey was conducted, when hospitals were too busy with the organization and immediate delivery of acute care to be able to implement regular follow-up for those discharged. This view is supported by the small number of publications available till now on the follow-up and clinical state of patients who survived COVID-19 [5], often limited to specific conditions [6]. Given the array of body systems affected by the virus, it will be paramount to describe to which extent COVID-19 patients have recovered and which sequelae they suffer from.

In conclusion, even though only half of the REPOSI wards completed this online questionnaire, we managed to gain a comprehensive description of what happened during the early peak of COVID-19 in the activity of front-line internal medicine facilities in Italy.

## Declaration of Competing Interest

The authors declare they have no conflict of interest.

**APPENDIX. Investigators and co-authors of the REPOSI (Registro POLiterapie SIMI, Società Italiana di Medicina Interna) Study Group are as follows**

**Steering Committee:** Pier Mannuccio Mannucci (Chair) (Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano), Alessandro Nobili (co-chair) (Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milano), Antonello Pietrangelo (Presidente SIMI), Francesco Perticone (Direttore CRIS – SIMI), Francesco Violi (Policlinico Umberto I, Roma, Prima Clinica Medica), Gino Roberto Corazza, (Reparto 11, IRCCS Policlinico San Matteo di Pavia, Pavia, Clinica Medica I), Salvatore Corrao (ARNAS Civico, Di Cristina, Benfratelli, DiBiMIS, Università di Palermo, Palermo), Alessandra Marengoni (Spedali Civili di Brescia, Brescia), Francesco Salerno (IRCCS Policlinico San Donato Milanese, Milano),

<https://doi.org/10.1016/j.ejim.2020.10.024>

Received 28 October 2020; Accepted 31 October 2020

Available online 7 November 2020

0953-6205/© 2020 European Federation of Internal Medicine. Published by Elsevier B.V. All rights reserved.

**Table 1**

Conversion of internal medicine and geriatric REPOSI wards into COVID-19 wards.

Conversion of internal medicine and geriatric REPOSI wards into COVID-19 wards according to geographical areas of Italy				
Area	All REPOSI wards	Respondent wards	Converted into COVID-19	Not converted into COVID-19
North	50	27	16	13
Center	16	5	2	3
South	27	14	2	12
Total	93	48	20	28

Staff and beds in the converted (CWs) and non-converted wards (NCWs)				
	CWs (No. 20)		NCWs (No. 28)	
	25°, 50°, 75° percentile		25°, 50°, 75° percentile	
Doctors in staff	6, 9.5, 16.8		8, 11, 14.5	
Nurses in staff	13, 16, 25		10, 15, 21	
Aides in staff	5, 10, 14		4, 7.5, 11.5	
Doctors infected	1, 3, 5		1, 2, 3	
Nurses infected	1.5, 4, 5		1, 1.5, 3.5	
Aides infected	0.5, 2, 3		0, 0, 2	
Doctors added	1, 4, 9			
Nurses added	0.3, 4.5, 10			
Aides added	1.3, 3, 6			

Patients hospitalized in CWs and NCWs*		
	CWs (No. 20)	NCWs (No. 28)
Total no. of patients admitted	3250	3074
Total number of patients who died	734	262
Death rate	23%	8.5%
	25°, 50°, 75° percentile	25°, 50°, 75° percentile
Patients admitted	107.5, 130, 215 <sup>+</sup>	40, 90, 249.3 <sup>§</sup>
Mean length of hospitalization (days)	8, 10, 15 <sup>++</sup>	5.5, 7, 13.5 <sup>§§</sup>
Deaths	8.3, 27, 52.5 <sup>+++</sup>	2.5, 5, 24.5 <sup>§§§</sup>

\* Data are relative to COVID-19 patients in the converted wards and to non-COVID-19 patients in the non-converted wards.

<sup>+</sup> Estimate from 18 wards (an outlier was excluded)

<sup>++</sup> Estimate from 17 wards;

<sup>+++</sup> Estimate from 18 wards.

<sup>§</sup> Estimates from 20 wards.

<sup>§§</sup> Estimates from 21 wards.

<sup>§§§</sup> Estimates from 21 wards.

Matteo Cesari (*UO Geriatria, Università degli Studi di Milano*), Mauro Tettamanti, Luca Pasina, Carlotta Franchi (*Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milano*).

**Clinical data monitoring and revision:** Carlotta Franchi, Laura Cortesi, Mauro Tettamanti, Gabriella Miglio (*Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milano*).

**Database Management and Statistics:** Mauro Tettamanti, Laura Cortesi, Ilaria Ardoino, Alessio Novella (*Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milano*).

#### Investigators:

- Domenico Prisco, Elena Silvestri, Giacomo Emmi, Alessandra Bettiol, Irene Mattioli (*Azienda Ospedaliero Universitaria Careggi Firenze, Medicina Interna Interdisciplinare*);
- Gianni Biolo, Michela Zanetti, Giacomo Bartelloni (*Azienda Sanitaria Universitaria Integrata di Trieste, Clinica Medica Generale e Terapia Medica*);
- Massimo Vanoli, Giulia Grignani, Edoardo Alessandro Pulixi (*Azienda Ospedaliera della Provincia di Lecco, Ospedale di Merate, Lecco, Medicina Interna*);
- Graziana Lupattelli, Vanessa Bianconi, Riccardo Alcidi (*Azienda Ospedaliera Santa Maria della Misericordia, Perugia, Medicina Interna*);

- Domenico Girelli, Fabiana Busti, Giacomo Marchi (*Azienda Ospedaliera Universitaria Integrata di Verona, Verona, Medicina Generale e Malattie Aterotrombotiche e Degenerative*);
- Mario Barbagallo, Ligia Dominguez, Vincenza Beneduce, Federica Cacioppo (*Azienda Ospedaliera Universitaria Policlinico Giaccone Policlinico di Palermo, Palermo, Unità Operativa di Geriatria e Lungodegenza*);
- Salvatore Corrao, Giuseppe Natoli, Salvatore Mularo, Massimo Raspanti, (A.R.N.A.S. Civico, Di Cristina, Benfratelli, Palermo, UOC *Medicina Interna ad Indirizzo Geriatrico-Riabilitativo*);
- Marco Zoli, Maria Laura Maticena, Giuseppe Orio, Eleonora Magnolfi, Giovanni Serafini, Angelo Simili (*Azienda Ospedaliera Universitaria Policlinico S. Orsola-Malpighi, Bologna, Unità Operativa di Medicina Interna*);
- Giuseppe Palasciano, Maria Ester Modeo, Carla Di Gennaro (*Azienda Ospedaliero-Universitaria Consorziale Policlinico di Bari, Bari, Medicina Interna Ospedaliera "L. D'Agostino", Medicina Interna Universitaria "A. Murri"*);
- Maria Domenica Cappellini, Giovanna Fabio, Margherita Migone De Amicis, Giacomo De Luca, Natalia Scaramellini (*Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, Unità Operativa Medicina Interna IA*);
- Matteo Cesari, Paolo Dionigi Rossi, Sarah Damanti, Marta Clerici, Simona Leoni, Alessandra Danuta Di Mauro (*Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, Geriatria*);
- Antonio Di Sabatino, Emanuela Miceli, Marco Vincenzo Lenti, Martina Pisati, Costanza Caccia Dominioni (*IRCCS Policlinico San Matteo di Pavia, Pavia, Clinica Medica I, Reparto 11*);
- Roberto Pontremoli, Valentina Beccati, Giulia Nobili, Giovanna Leoncini (*IRCCS Azienda Ospedaliera Universitaria San Martino-IST di Genova, Genova, Clinica di Medicina Interna 2*);
- Luigi Anastasio, Maria Carbone (*Ospedale Civile Jazzolino di Vibo Valentia, Vibo Valentia, Medicina interna*);
- Francesco Cipollone, Maria Teresa Guagnano, Ilaria Rossi (*Ospedale Clinicizzato SS. Annunziata, Chieti, Clinica Medica*);
- Gerardo Mancuso, Daniela Calipari, Mosè Bartone (*Ospedale Giovanni Paolo II Lamezia Terme, Catanzaro, Unità Operativa Complessa Medicina Interna*);
- Giuseppe Delitala, Maria Berria, Alessandro Delitala (*Azienda ospedaliero-universitaria di Sassari, Clinica Medica*);
- Maurizio Muscaritoli, Alessio Molfino, Enrico Petrillo, Antonella Giorgi, Christian Gracin (*Policlinico Umberto I, Sapienza Università di Roma, Medicina Interna e Nutrizione Clinica Policlinico Umberto I*);
- Giuseppe Zuccalà, Gabriella D'Aurizio (*Policlinico Universitario A. Gemelli, Roma, Roma, Unità Operativa Complessa Medicina d'Urgenza e Pronto Soccorso*);
- Giuseppe Romanelli, Alessandra Marengoni, Andrea Volpini, Daniela Lucente (*Unità Operativa Complessa di Medicina I a indirizzo geriatrico, Spedali Civili, Montichiari (Brescia)*);
- Antonio Picardi, Umberto Vespasiani Gentilucci, Paolo Gallo (*Università Campus Bio-Medico, Roma, Medicina Clinica-Epatologia*);
- Giuseppe Bellelli, Maurizio Corsi, Cesare Antonucci, Chiara Sidoli, Giulia Principato (*Università degli studi di Milano-Bicocca Ospedale S. Gerardo, Monza, Unità Operativa di Geriatria*);
- Franco Arturi, Elena Succurro, Bruno Tassone, Federica Giofrè (*Università degli Studi Magna Grecia, Policlinico Mater Domini, Catanzaro, Unità Operativa Complessa di Medicina Interna*);
- Maria Grazia Serra, Maria Antonietta Bleve (*Azienda Ospedaliera "Cardinale Panico" Tricase, Lecce, Unità Operativa Complessa Medicina*);
- Antonio Brucato, Teresa De Falco (*ASST Fatebenefratelli - Sacco, Milano, Medicina Interna*);
- Fabrizio Fabris, Irene Bertozzi, Giulia Bogoni, Maria Victoria Rabuini, Tancredi Prandini (*Azienda Ospedaliera Università di Padova, Padova, Clinica Medica I*);

- Roberto Manfredini, Fabio Fabbian, Benedetta Boari, Alfredo De Giorgi, Ruana Tiseo (*Azienda Ospedaliera - Universitaria Sant'Anna, Ferrara, Unità Operativa Clinica Medica*);
- Giuseppe Paolisso, Maria Rosaria Rizzo, Claudia Catalano (*Azienda Ospedaliera Universitaria della Seconda Università degli Studi di Napoli, Napoli, VI Divisione di Medicina Interna e Malattie Nutrizionali dell'Invecchiamento*);
- Claudio Borghi, Enrico Strocchi, Eugenia Ianniello, Mario Soldati, Silvia Schiavone, Alessio Bragagni (*Azienda Ospedaliera Universitaria Policlinico S. Orsola-Malpighi, Bologna, Unità Operativa di Medicina Interna Borghi*);
- Carlo Sabbà, Francesco Saverio Vella, Patrizia Suppressa, Giovanni Michele De Vincenzo, Alessio Comitangelo, Emanuele Amoroso, Carlo Custodero (*Azienda Ospedaliero-Universitaria Consorziale Policlinico di Bari, Bari, Medicina Interna Universitaria C. Frugoni*);
- Luigi Fenoglio, Andrea Falchetta (*Azienda Sanitaria Ospedaliera Santa Croce e Carle di Cuneo, Cuneo, S. C. Medicina Interna*);
- Anna L. Fracanzani, Silvia Tiraboschi, Annalisa Cespiati, Giovanna Oberti, Giordano Sigon (*Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, Medicina Interna 1B*);
- Flora Peyvandi, Raffaella Rossio, Giulia Colombo, Pasquale Agosti (*Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, UOC Medicina generale – Emostasi e trombosi*);
- Valter Monzani, Valeria Savojardo, Giuliana Ceriani (*Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, Medicina Interna Alta Intensità*);
- Francesco Salerno, Giada Pallini (*IRCCS Policlinico San Donato e Università di Milano, San Donato Milanese, Medicina Interna*);
- Fabrizio Montecucco, Luciano Ottonello, Lara Caserza, Giulia Vischi (*IRCCS Ospedale Policlinico San Martino e Università di Genova, Genova, Medicina Interna 1*);
- Nicola Lucio Liberato, Tiziana Tognin (*ASST di Pavia, UOSD Medicina Interna, Ospedale di Casorate Primo, Pavia*);
- Francesco Purrello, Antonino Di Pino, Salvatore Piro (*Ospedale Garibaldi Nesima, Catania, Unità Operativa Complessa di Medicina Interna*);
- Renzo Rozzini, Lina Falanga, Maria Stella Pisciotta, Francesco Baffa Bellucci, Stefano Buffelli (*Ospedale Poliambulanza, Brescia, Medicina Interna e Geriatria*);
- Giuseppe Montrucchio, Paolo Peasso, Edoardo Favale, Cesare Poleto, Carl Margaria, Maura Sanino (*Dipartimento di Scienze Mediche, Università di Torino, Città della Scienza e della Salute, Torino, Medicina Interna 2 U. Indirizzo d'Urgenza*);
- Francesco Violi, Ludovica Perri (*Policlinico Umberto I, Roma, Prima Clinica Medica*);
- Luigina Guasti, Luana Castiglioni, Andrea Maresca, Alessandro Squizzato, Leonardo Campiotti, Alessandra Grossi, Roberto Davide Diprizio (*Università degli Studi dell'Insubria, Ospedale di Circolo e Fondazione Macchi, Varese, Medicina Interna I*);
- Marco Bertolotti, Chiara Mussi, Giulia Lancellotti, Maria Vittoria Libbra, Matteo Galassi, Yasmine Grassi, Alessio Greco (*Università di Modena e Reggio Emilia, Azienda Ospedaliero-Universitaria di Modena; Ospedale Civile di Baggiovara, Unità Operativa di Geriatria*);
- Angela Sciacqua, Maria Perticone, Rosa Battaglia, Raffaele Maio (*Università Magna Grecia Policlinico Mater Domini, Catanzaro, Unità Operativa Malattie Cardiovascolari Geriatriche*);
- Vincenzo Stanghellini, Eugenio Ruggieri, Sara del Vecchio (*Dipartimento di Scienze Mediche e Chirurgiche, Unità Operativa di Medicina Interna, Università degli Studi di Bologna/Azienda Ospedaliero-Universitaria S. Orsola-Malpighi, Bologna*);
- Andrea Salvi, Roberto Leonardi, Giampaolo Damiani (*Spedali Civili di Brescia, U.O. 3a Medicina Generale*);
- William Capeci, Massimo Mattioli, Giuseppe Pio Martino, Lorenzo Biondi, Pietro Pettinari (*Clinica Medica, Azienda Ospedaliera Universitaria - Ospedali Riuniti di Ancona*);
- Riccardo Ghio, Anna Dal Col (*Azienda Ospedaliera Università San Martino, Genova, Medicina III*);
- Salvatore Minisola, Luciano Colangelo, Mirella Cilli, Giancarlo Labbadia (*Policlinico Umberto I, Roma, SMSO3 - Medicina Interna A e Malattie Metaboliche dell'osso*);
- Antonella Afeltra, Benedetta Marigliano, Maria Elena Pipita (*Policlinico Campus Biomedico Roma, Roma, Medicina Clinica*);
- Pietro Castellino, Luca Zanolì, Alfio Gennaro, Agostino Gaudio (*Azienda Ospedaliera Universitaria Policlinico – V. Emanuele, Catania, Dipartimento di Medicina*);
- Valter Saracco, Marisa Fogliati, Carlo Bussolino (*Ospedale Cardinal Massaia Asti, Medicina A*);
- Francesca Mete, Miriam Gino (*Ospedale degli Infermi di Rivoli, Torino, Medicina Interna*);
- Carlo Vigorito, Antonio Cittadini, (*Azienda Policlinico Universitario Federico II di Napoli, Napoli, Medicina Interna e Riabilitazione Cardiologica*);
- Guido Moreo, Silvia Prolo, Gloria Pina (*Clinica San Carlo Casa di Cura Polispecialistica, Paderno Dugnano, Milano, Unità Operativa di Medicina Interna*);
- Alberto Ballestrero, Fabio Ferrando, Roberta Gonella, Domenico Cerminara (*Clinica Di Medicina Interna ad Indirizzo Oncologico, Azienda Ospedaliera Università San Martino di Genova*);
- Sergio Berra, Simonetta Dassi, Maria Cristina Nava (*Medicina Interna, Azienda Ospedaliera Guido Salvini, Garmagnate, Milano*);
- Bruno Graziella, Stefano Baldassarre, Salvatore Fragapani, Gabriella Gruden (*Medicina Interna III, Ospedale S. Giovanni Battista Molinette, Torino*);
- Giorgio Galanti, Gabriele Mascherini, Cristian Petri, Laura Stefani (*Agenzia di Medicina dello Sport, AOUC Careggi, Firenze*);
- Margherita Girino, Valeria Piccinelli (*Medicina Interna, Ospedale S. Spirito Casale Monferrato, Alessandria*);
- Francesco Nasso, Vincenza Gioffrè, Maria Pasquale (*Struttura Operativa Complessa di Medicina Interna, Ospedale Santa Maria degli Ungheresi, Reggio Calabria*);
- Leonardo Sechi, Cristiana Catena, Gianluca Colussi, Alessandro Cavarape, Andea Da Porto (*Clinica Medica, Azienda Ospedaliera Universitaria, Udine*);
- Nicola Passariello, Luca Rinaldi (*Presidio Medico di Marcanise, Napoli, Medicina Interna*);
- Franco Berti, Giuseppe Famularo, Patrizia Tarsitani (*Azienda Ospedaliera San Camillo Forlanini, Roma, Medicina Interna II*);
- Roberto Castello, Michela Pasino (*Ospedale Civile Maggiore Borgo Trento, Verona, Medicina Generale e Sezione di Decisione Clinica*);
- Gian Paolo Ceda, Marcello Giuseppe Maggio, Simonetta Morganti, Andrea Artoni, Margherita Grossi (*Azienda Ospedaliero Universitaria di Parma, U.O.C Clinica Geriatrica*);
- Stefano Del Giacco, Davide Firinu, Giulia Costanzo, Giacomo Argiolas (*Policlinico Universitario Duilio Casula, Azienda Ospedaliero-Universitaria di Cagliari, Cagliari, Medicina Interna, Allergologia ed Immunologia Clinica*);
- Giuseppe Montalto, Anna Licata, Filippo Alessandro Montalto (*Azienda Ospedaliera Universitaria Policlinico Paolo Giaccone, Palermo, UOC di Medicina Interna*);
- Francesco Corica, Giorgio Basile, Antonino Catalano, Federica Bellone, Concetto Principato (*Azienda Ospedaliera Universitaria Policlinico G. Martino, Messina, Unità Operativa di Geriatria*);
- Lorenzo Malatino, Benedetta Stancanelli, Valentina Terranova, Salvatore Di Marca, Rosario Di Quattro, Lara La Malfa, Rossella Caruso (*Azienda Ospedaliera per l'Emergenza Cannizzaro, Catania, Clinica Medica Università di Catania*);
- Patrizia Mecocci, Carmelinda Ruggiero, Virginia Boccardi (*Università degli Studi di Perugia-Azienda Ospedaliera S.M. della Misericordia, Perugia, Struttura Complessa di Geriatria*);

- Tiziana Meschi, Andrea Ticinesi, Antonio Nouvenne (*Azienda Ospedaliera Universitaria di Parma, U.O Medicina Interna e Lungodegenza Critica*);
- Pietro Minuz, Luigi Fondrieschi, Giandomenico Nigro Imperiale (*Azienda Ospedaliera Universitaria Verona, Policlinico GB Rossi, Verona, Medicina Generale per lo Studio ed il Trattamento dell'Ipertensione Arteriosa*);
- Mario Pirisi, Gian Paolo Fra, Daniele Sola, Mattia Bellan (*Azienda Ospedaliera Universitaria Maggiore della Carità, Medicina Interna 1*);
- Massimo Porta, Piero Riva (*Azienda Ospedaliera Universitaria Città della Salute e della Scienza di Torino, Medicina Interna 1 U*);
- Roberto Quadri, Erica Larovere, Marco Novelli (*Ospedale di Ciriè, ASL TO4, Torino, S.C. Medicina Interna*);
- Giorgio Scanzi, Caterina Mengoli, Stella Provini, Laura Ricevuti (*ASST Lodi, Presidio di Codogno, Milano, Medicina*);
- Emilio Simeone, Rosa Scurti, Fabio Tollosi (*Ospedale Spirito Santo di Pescara, Geriatria*);
- Roberto Tarquini, Alice Valoriani, Silvia Dolenti, Giulia Vannini (*Ospedale San Giuseppe, Empoli, USL Toscana Centro, Firenze, Medicina Interna I*);
- Riccardo Volpi, Pietro Bocchi, Alessandro Vignali (*Azienda Ospedaliera Universitaria di Parma, Clinica e Terapia Medica*);
- Sergio Harari, Chiara Lonati, Federico Napoli, Italia Aiello (*Ospedale San Giuseppe Multimedita Spa, U.O. Medicina Generale*);
- Raffaele Landolfi, Massimo Montalto, Antonio Mirijello (*Policlinico Universitario A. Gemelli- Roma, Clinica Medica*);
- Francesco Purrello, Antonino Di Pino (*Ospedale Garibaldi - Nesima – Catania, U.O.C Medicina Interna*);
- Silvia Ghidoni (*Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Medicina I*);
- Teresa Salvatore, Lucio Monaco, Carmen Ricozzi (*Policlinico Università della Campania L. Vanvitelli, UOC Medicina Interna*);
- Alberto Pilotto, Ilaria Indiano, Federica Gandolfo (*Ente Ospedaliero Ospedali Galliera Genova, SC Geriatria Dipartimento Cure Geriatriche, Ortogeriatrics e Riabilitazione*)

## References

- [1] Mannucci PM, Nobili A, REPOSI Investigators. Multimorbidity and polypharmacy in the elderly: lessons from REPOSI. *Int Emerg Med* 2014;9:723–34. <https://doi.org/10.1007/s11739-014-1124-1>.
- [2] Richardson S, Hirsch JS, Narasimhan M, Crawford JM, McGinn T, Davidson KW, et al., the Northwell COVID-19 Research Consortium, Barnaby DP, Becker LB, Chelico JD, Cohen SL, Cookingham J, Coppa K, Diefenbach MA, Dominello AJ, Duer-Hefele J, Falzon L, Gitlin J, Hajizadeh N, Harvin TG, Hirschwerk DA, Kim EJ, Kozel ZM, Marrast LM, Mogavero JN, Osorio GA, Qiu M, Zanos TP. Presenting characteristics, comorbidities, and outcomes among 5700 patients hospitalized with COVID-19 in the New York City area. *JAMA* 2020;323:2052–9. <https://doi.org/10.1001/jama.2020.6775>.
- [3] Mazzone A, Mumoli N. Reorganizing Italian Internal Medicine wards for COVID 19. *Eur J Int Med* 2020. <https://doi.org/10.1016/j.ejim.2020.04.059>.
- [4] Ranney ML, Griffith V, Jha AK. Critical supply shortages – The need for ventilators and personal protective equipment during the Covid-19 pandemic. *N Engl J Med* 2020;382:e41. <https://doi.org/10.1056/NEJMp2006141>.
- [5] Xiong Q, Xu M, Li J, Liu Y, Zhang J, Xu Y, Dong W. Clinical sequelae of COVID-19 survivors in Wuhan, China: a single-centre longitudinal study. *Clin Microbiol Infect* 2020. <https://doi.org/10.1016/j.cmi.2020.09.023>. in press.
- [6] Lang M, Buch K, Li M, Mehan WA, Lang L, Leslie-Mazwi TM, Rincon SP. Leukoencephalopathy associated with severe COVID-19 infection: sequela of hypoxemia? *Am J Neuroradiol* 2020;41(9):1641–5. <https://doi.org/10.3174/ajnr.A6671>.

Barbara D'Avanzo<sup>a</sup>, Alessandro Nobili<sup>a</sup>, Mauro Tettamanti<sup>b</sup>, Luca Pasina<sup>a</sup>, Pier Mannuccio Mannucci<sup>c,\*</sup> the REPOSI Study Group<sup>1</sup>  
<sup>a</sup> *Laboratory of Quality Assessment of Geriatric Care and Services, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy*  
<sup>b</sup> *Laboratory of Geriatric Neuropsychiatry, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy*  
<sup>c</sup> *Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Angelo Bianchi Bonomi Hemophilia and Thrombosis Center, Milan, Italy*

\* Corresponding author.

E-mail address: [piermannuccio.mannucci@policlinico.mi.it](mailto:piermannuccio.mannucci@policlinico.mi.it) (P.M. Mannucci).

<sup>1</sup> The members of the REPOSI Study Group are listed in the Appendix.