

PASSI and PASSI d'Argento and COVID-19 pandemic

First National Report on results from the COVID module

Since the beginning, the COVID-19 pandemic has been impacting on the whole community as per multiple life issues: not only concerning the health-related domain, but also the economic, social and cultural dimensions. PASSI and PASSI d'Argento surveillance systems are focusing onto what extent the pandemic has been affecting several aspects such as economic and working conditions, emotional status and access to care in the general population, contagion risk perception and its outcomes, attitudes toward vaccination against Sars-CoV-2, mask use, citizens' trust in institutions. The present report shows the first results from a 2,700 individuals' sample, gathered between August and November 2020.

Edited by the PASSI and PASSI d'Argento National Working Group



▪ **December 2020**

First National Report on results from the COVID module; December 2020. Data collected from August to November 2020

Edited by the PASSI and PASSI d'Argento National Working Group

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Executive Summary

Since August 2020 until all 2021, PASSI and PASSI d'Argento have been studying the impact of the pandemic on economic and working conditions, emotional status and access to care in individuals, contagion risk perception and its outcomes, Sars-CoV-2 vaccine attitudes, mask use, citizens' trust toward institutions by a specific COVID module in addition to the standard questionnaires' sections.

The present report shows the preliminary results on a 2,700 interviews' sample, done between August and November 2020 within PASSI (on adults aged 18-69) and PASSI d'Argento (over65) which are behavioural risk factor surveillance systems collecting continuous data on health-related habits in the general population living in Italy.

Several regions have contributed to this sample, from North to South; the data are weighted in order to account both regional numerosity and composition by gender and age within the region. In both systems, the response rate is higher than 86%.

Impact on economic and working conditions

- Among adults, 32% refers economic resources worsened by the COVID-19 crisis: 21% of whom does not have any financial issue, but mostly people encountering difficulties (53%).
- In 35-49 age group (presumably, representative of families with children), 36% reports economic worsening whereas the percentage is 28% in 50-69-year old persons.
- The data show that 28% of employed people, despite keeping up working, have been working less due to the COVID crisis, with a lower wage; 4% lost the job and a certain number had to give it up.
- Even among older persons a lower, but non-negligible, quota (12%) declares an economic worsening due to the pandemic-related crisis.

Elderly opting out from healthcare

- Among elderly, 44% states to have renounced at least one needed medical or diagnostic test in the previous 12 months: 28% of them had to renounce because the service was suspended, whereas 16% opted out voluntarily for contagion fear.

Contagion risk perception and disease outcomes

- About four out of 10, both adult and older persons, declare a very likely contagion risk within the following three months.
- In the adult population, 32% thinks about severe or very severe consequences to their own health status in case of COVID-19, this figure is higher as age increases and reaches out 61% in people affected by chronic diseases; the fear is even stronger in elderly (74%) and, in particular, among chronic older patients (79%).

Attitudes toward vaccine against Sars-CoV-2

- Among adults, 67% answered to be likely accepting the COVID-19 vaccine (one half not hesitating at all and the other half very likely in any way); younger individuals, aged 18-34, are highly incline (76%).
- In the older sample, 84% is in favour of the vaccination (57% surely, 28% probably).
- Men are more willing than women to get vaccinated (74% vs 60% among 18-69; 90% vs 79% over65).

Mask use

- Almost all interviewees declare to be always wearing a face mask on public transportation means and in public premises (the interviews were done after mask use was mandated).
- High percentages (74% of adults and 84% of over65) declare to wear often/always a mask outdoor: women more than men, both among adults and older people (more than half of interviews were done before face mask use was mandatory nationwide).

Public trust toward their reference LHM capacity for epidemic management

- About eight out of 10 adult and older individuals trust toward their reference LHM as per capacity to identify quickly and contain new outbreaks (the most part of interviews was done when epidemic was under control and limits to sustainability for contact tracing actions were not yet evident).

1. Informative potential of PASSI and PASSI d'Argento in the pandemic scenario

1.1 PASSI and PASSI d'Argento

PASSI and PASSI d'Argento are two Italian ongoing population-based surveillance systems targeting, respectively, people aged 18-69 and over-65. They have originated from the Ministry of Health commission and the Istituto Superiore di Sanità (ISS) is in charge of their coordination, but they are carried in the Local Health Units (LHUs). Representative samples by gender and age of the general population are telephone-interviewed by specifically trained LHUs personnel using a standardised questionnaire. PASSI and PASSI d'Argento collect information on relevant health-related issues: health profile and quality of life in adults and elderly (e.g., perceived health, depressive symptoms, chronic diseases), behavioural risk factors associated to the main chronic disease onset (e.g., smoking and tobacco use, alcohol consumption, sedentary lifestyle, overweight, nutrition, cardiovascular health) and compliance with the public health programs developed nationwide for disease prevention (e.g., cancer screening, flu vaccination). Such a broad coverage in terms of mostly relevant health-related issues in the general population aged 18+ is based on the main scope to guide public health actions and policy to implement at different levels, and to evaluate real effectiveness over time.

For more details see the section "Further information 5.1"

1.2 The pandemic, possible consequences and the contribution of population-based surveillance systems

The COVID-19 pandemic has affected the community on multiple aspects of life and not only on those relating to health, but also on the economic, social and cultural dimensions. Pandemic emergency and contagion containment measures have and will have long-term consequences on the productivity and general economy of the country, as well as on the management of care and assistance services to the population or on social relations. The job offer decreases, the provision of social and health services suffers from delays or inefficiencies, places of culture such as schools, theatres and cinemas have been closed down and opportunities for socialising are reduced. Every citizen is therefore involved, even if there was not any direct or indirect experience with the infectious disease, and this can still have effects on: individual health, emotional status, psychophysical and social well-being of each person.

In this context, information collected by PASSI and PASSI d'Argento are important for understanding the consequences of this pandemic and they actually show a wider added value than topics investigated themselves, mainly because of the continuous data collection. Another valuable asset of these surveillance systems is also the great flexibility which makes them adaptable to newly raised informative needs, even in emergency situations (as already occurred previously, with the A/H1N1 pandemic or in the case of L'Aquila earthquake in 2009).

First, the information collected allow a description of the general population health profile, so that it is also possible to identify vulnerable groups and those at-risk to develop chronic diseases, to measure social inequalities in several health domains - prevention included - and to understand pandemic impacts as per socio-economic aspects. PASSI and PASSI d'Argento surveillances collect, in fact, information on professional condition and position and job insecurity in adults, and on essential services' accessibility and social isolation among elderly; data on education, economic situation, nationality, and many others are available as well. Secondly, the ongoing of data collection makes it possible to observe changes in all mentioned aspects in different temporal terms (short, medium and long). Finally, these systems show flexibility so much that it was possible integrating the standard questionnaire by a new COVID module with specific questions on the pandemic in order to investigate impacts more directly.

Thus, to summarise the contribution of the two systems onto understanding the consequences of the COVID-19 pandemic, we could distinguish three different important points, as follow.

1) Analyse the changes

An over-decade and actually current data collection allows to analyse changes in short, medium and long terms, on people health, socio-economic determinants and health-related lifestyles as well as compliance levels to prevention programs. For each aspect under study, it is possible to evaluate the frequency in the population, which are the most interested groups, the geography but above all the temporal trend referred to the last 12-year time interval. Ongoing data collection will enable to assess the changes that will occur over time, also identifying the unexpected variations, hypothetically attributable to the pandemic.

2) Describe and analyse the diffusion of COVID-19 pandemic in our country, concerning health aspects. Some examples:

a. Diffusion of chronic diseases in the general population

Chronic diseases, multichronic conditions, hypertension, obesity and advanced age were early on identified as factors strongly associated with worse COVID-19 outcomes. Smoking and alcohol consumption play an important role in the immune system functioning as in the antibody response, in the case of respiratory and lung infections; instantly gender differences seemed relevant to infection and death outcomes. It is here offered a synthetic picture on the dimension of chronicity in Italy, by age, gender and region of residence, through an integrated reading of the PASSI and PASSI d'Argento data. This description can help not only to quantifying the size of vulnerable population to the worst outcomes by Sars-CoV-2 infection in the different areas of the country, but also to estimate the chronicity excess among COVID-19 deaths or related deaths, comparing population data and those inferable from the medical records of COVID-19 deaths.

For more details see the section "Further information 5.2 [Fig.1]"

b. Seasonal flu vaccination coverage in people with chronic diseases

In Italy, flu vaccination is recommended and offered to people over65 and chronic patients of any age because, in case of influenza, it reduces significantly the risk of complications and death, which are not negligible risks in these groups. For that reason, especially under the COVID-19 emergency circumstance, health authorities have emphasised the importance of large-scale flu vaccination during the 2020-2021 season, even in light of eventual differential diagnosis in the case of contagion with Sars-CoV-2. It is then interesting to understand the attitude toward seasonal flu vaccination by vulnerable groups, who are most at-risk for developing complications and, in turn, are likely to experience worse outcomes for Sars-CoV-2.

For more details see the section "Further information 5.2 [Fig.2]"

c. Ageing and quality of life in Italy

In this pandemic, the older persons are paying the greatest cost in terms of lives. Additionally to the immediate impact on health, there are strong consequences on living conditions and quality of life related to the restrictions for containing the epidemic. The lockdown, prolonged isolation, distancing, limitation of contacts will presumably have greater consequences on the health of elderly. In this context, the loss of autonomy in the activities of daily life risks becoming irreversible quickly, as well as the risk of falls (a dramatic event in old age causing several even worse health conditions) which could significantly increase. Finally, there is actual risk for decrease in accessing and using dedicated social and health services by elderly due to the renunciation for fear of contagion, restrictions imposed and the postponement of not indispensable activities. Knowing the extent of these aspects before the epidemic can help plan targeted interventions for taking care of the most vulnerable and/or exposed groups and areas.

For more details see the section "Further information 5.2 [Fig.3]"

3) Adopt a new set of questions for a pandemic impact assessment: the COVID module

Within the data collection in 2020, the flexibility of these surveillance systems has allowed the introduction of a new question set on the most pertinent issues related to the COVID-19 pandemic and its impact on the general population.

2. COVID module: purpose and areas investigated

The COVID module was introduced at the end of July, it consists of 17 new questions and supports the standard sections of the PASSI and PASSI d'Argento questionnaires. This specific module on COVID aims to investigate some aspects about risk perception and behaviours among population during the pandemic, but also to evaluate the direct impact of the pandemic on the health status and social determinants in the short, medium and long terms.

The COVID module includes the same questions in both PASSI and PASSI d'Argento in order to allow an integrated data analysis for population aged 18 and over; furthermore, there are also population-specific questions, as on adults in PASSI (e. g., working conditions) or on elderly in PASSI d'Argento (i.e., healthcare renunciation).

The subjects under study allow then to describe and analyse:

- impact on economic and working conditions,
- impact on working modality "Work during lockdown" (only in PASSI),
- experience of personal illness, to the own family members or close people,
- impact on emotional status,
- perception of contagion risk and its outcomes,
- mask use,
- citizens' trust in Local Health Authorities (LHAs) to manage the emergency,
- healthcare renunciation (in PASSI d'Argento; whereas in PASSI non-operating cancer screening for the service suspension is monitored).

All these aspects are significant either themselves or to better frame other elements. The healthcare renunciation, especially to be avoided by elderly, can depend on individual choice because of fear for contagion, but also a "suffering" choice due to the suspension of social and health services, fully engaging in the emergency management. It is worthy to note that information retrieved by the standard questionnaire, which describe the population socio-demographic and health profile as per behaviours and prevention attitudes, result very useful to analysing data from COVID module.

They will be valuable in fact to analyse non-routinely gathered information in terms of differences by: gender or age, social determinants (education, financial resources, nationality), health status (presence or absence of chronic diseases), professional condition and position or job sector and task (for example, there is a focus on health professionals and their experience during the pandemic), but also for attitudes towards prevention (e.g., having a healthy lifestyle or do cancer screening) and so on.

By the COVID module the following questions can be answered:

- ✓ *To how many people have financial resources decreased due to the COVID-19 emergency?*
- ✓ *How many people have lost their jobs or have given up?*
- ✓ *What is the impact on emotional status due to the health emergency?*
- ✓ *What is the perception for contagion risk and its consequences?*
- ✓ *How many people will be likely to vaccinate against Sars-CoV-2?*
- ✓ *How many people use masks appropriately for preventing infection?*
- ✓ *What is the public trust level toward the LHAs capacity to contain the virus spread out?*
- ✓ *How many older persons have given up a medical visit for fear of contagion, restrictions imposed or the postponement of activities?*
- ✓ *What is the influence of experiencing directly the disease, for themselves or their family members?*

Moreover, stratifying the results by the standard question set

- ✓ *Which population groups are mostly affected by the crisis? Are there any gender or age differences? Are there any social differences? Which workers categories are most involved?*
- ✓ *Do socio-economic situation, prevention attitudes and health conditions change risk perception, the use of masks and trust toward the LHAs?*

For further details, see the section "Further information 5.3"

3. COVID module: first results (August-November 2020)

3.1 The sample

The sample these results refer to consists of data collected by the questionnaire with the COVID module from the end of July up to November 2020, 23rd, and a total amount of 1,467 interviews on people aged 18-69 years (PASSI) and 1,231 over-65 (PASSI d'Argento) was considered for statistical analysis.

The PASSI interviews are from the following regions or Autonomous Province (AP): Piedmont, Bolzano AP, Veneto, Friuli-Venezia Giulia, Liguria, Emilia-Romagna, Umbria, Marche, Lazio, Abruzzo, Molise, Apulia, Basilicata, Sicily.

The PASSI d'Argento sample is from: Bolzano AP, Veneto, Friuli-Venezia Giulia, Liguria, Emilia-Romagna, Umbria, Lazio, Abruzzo, Molise, Apulia, Basilicata, Sicily.

Both samples were appropriately weighted to account the regional number and population composition by gender and age within the region. The first results of this analysis are shown below. Although they are preliminary, it has been pictured impacts of the pandemic on some health-related issues, linked to population perception and behaviour in this emergency context.

3.2 Impact of the COVID crisis on economic and working conditions

The Figure 4 includes the results relating to the impact of the COVID crisis on economic conditions of the population aged 18-69 and elderly (65 and over). Among adults, 32% refers a worsening of their own financial resources. This output is found both among wealthier adults, individuals without economic difficulties (21%) and, even more significantly, among those who have many or some difficulties, with a percentage of 53%.

The social gradient is also confirmed by the data on educational level: among, in fact, people holding a low scholastic qualification, that is at most compulsory school certificate, the percentage of individuals declaring their economic conditions worsened is 35%, whereas is 30% in those who have at least a diploma high school. There are no differences by gender, while the age difference is quite clear: the younger groups, especially the 35-49-year-old persons, being presumably more representative of families with children, report further worsening (36%) vs 28% in adults aged 50-69.

Among the over65, a lower but not negligible percentage (12%) refers a worsening of economic resources due to the pandemic crisis. They are mostly unemployed (just 6% of interviewees declares to work), who therefore have not undergone any measure of contraction in pension treatment; however, one out of 10 complains a worsening of economic resources due to this crisis and the percentage doubles (22%) among older persons with economic difficulties. Consequently, the economic crisis has actually had an impact also on elderly, who might be affected by the slowdown or interruption of production activities less than working people, at least in the short term; as for adults, this figure seems to broaden social inequalities.

Once the sample will consolidate, it is indeed a result to be further studied as per its operating mechanisms. Anyway, a likely explanation could be the increasing expenses to meet newly arisen needs, which are directly or indirectly linked to the emergency situation, such as the purchase of personal protective equipment or disinfectants, costs for help in the daily life activities, turning to private supply of medical treatment/diagnosis for suspension of public services, or concerning the economic support to children and grandchildren encountering economic difficulties for the pandemic.

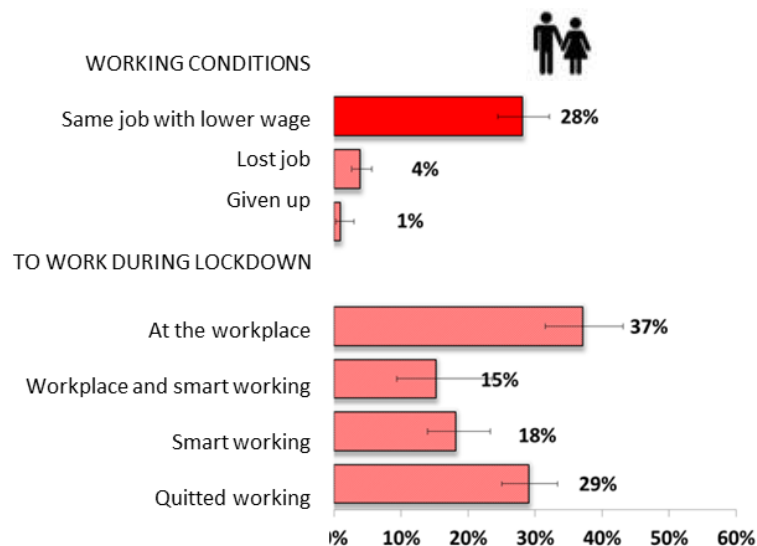
The data relating to the impact of the COVID crisis on the economic conditions of adults are confirmed by those describing the work experience during the lockdown [Fig. 5]: these data show that 28% of employed people, despite keeping up working, have been working less due to the COVID crisis, with a lower wage (for layoffs, solidarity contracts or lost earnings), 4% lost the job and a certain number had to give it up.

Looking at these preliminary results, it is clear that the impact of the crisis do not and will not affect all in the same way: it will accentuate inequalities, further pertaining to the most socially deprived people, presumably families with children or in any case people who do not have such an economic stability.

Figure 4. Impact of COVID-19 crisis on economic conditions in the adult and elderly population. PASSI and PASSI d'Argento 2020



Figure 5. Impact of COVID-19 crisis on working conditions in the adult population. PASSI 2020



The section on the smart working experience does also represent an informative cluster that is interesting to follow over time, in order to assess medium and long terms' impacts, not necessarily positive, of this modality on the quality of life and psychological well-being.

These last will certainly vary according to the individual characteristics, the type of professional activity and position, but also basing on the family composition and the eventual presence of under18 at home.

During the national lockdown (March-April 2020), 37% of the interviewees continued to work in their usual location, whereas 33% were smart workers and, in particular, 18% in full modality; but 29% quitted working.

3.3 Pandemic and elderly opting out from healthcare

Timeliness in diagnosis and adequate therapy are crucial in old age. For this reason, the renunciation of medical treatment or diagnostic tests is a relevant issue, even more in this period, since the COVID-19 health emergency has been requiring an arrangement of many NHS resources to manage the epidemic, with a consequent considerable delay or a suspension in accessing other health services, such as for prevention. Vaccinations, cancer screening, and diagnostic or day-hospital services, including care, have been suspended for some periods or, except for emergency, suffered from significant delays in delivery.

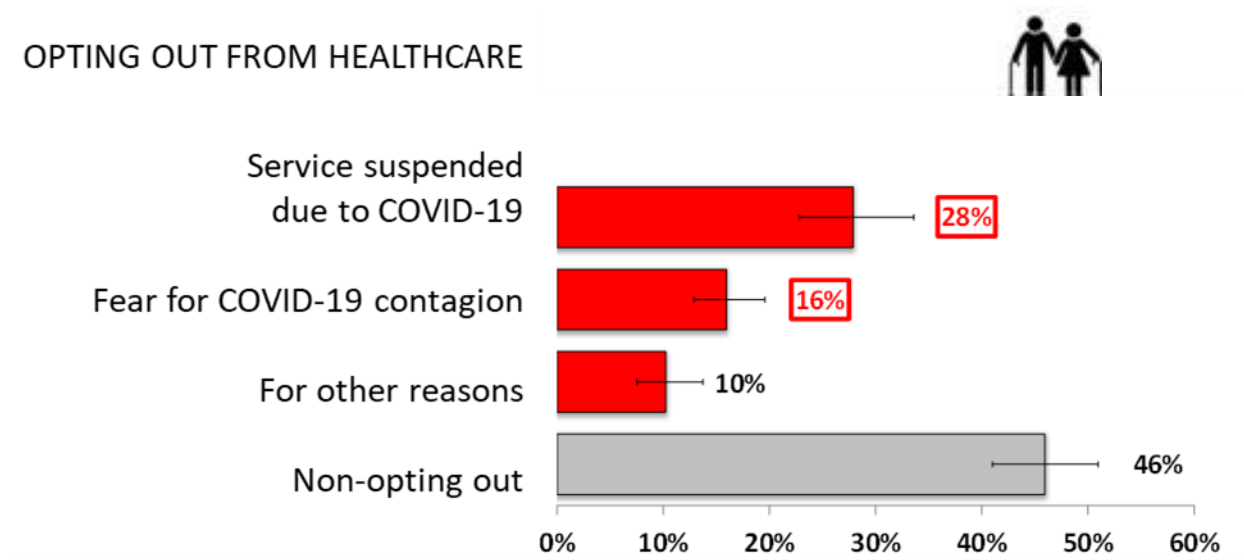
Additionally, the history of the viral spread in our country, which have been mainly involving health facilities first and nursing homes later on, has determined an increase in the citizens' fear of contagion, prompting the population to voluntarily renounce and postpone the medical or diagnostic examination.

In the COVID module used in PASSI d'Argento, this aspect is measured by two specific questions that investigate: 1) renunciation to medical visits and diagnostic tests in the 12 months prior to the interview; 2) reasons for the renunciation. As possible reasons for opting out from healthcare, the module encompasses the service suspension due to COVID and the fear of contagion.

The findings are not encouraging because a significant part, equal to 44%, of the sample (counting >1,200 over65 interviewees) declares to have renounced at least one needed medical examination (or diagnostic test) within the previous 12 months; in particular, 28% had to give it up due to the service suspension, but 16% made this decision because fearing contagion risks [Fig. 6].

These data show no significant differences in socio-demographic characteristics of the respondents; however, the voluntary choice of renouncing medical or diagnostic examination for contagion fear is more frequent among women (19% vs 13% men) and among people with a higher educational level.

Figure 6. Renunciation of healthcare in older population during the COVID-19 pandemic. PASSI d'Argento 2020



3.4 Risk perception: contagion, disease outcomes and attitude toward vaccination

COVID-19 risk perception is explored by questions either on different but related aspects and the individual perception about how dangerous the infection and its consequences are. Population risk perception is a relevant item because, on the one hand, it provides insights in terms of institutional communication management on the specific risk of illness and, on the other hand, strongly influences people's behaviour in adopting recommended prevention measures.

First, the module questions ask the PASSI and PASSI d'Argento interviewees about the possibility of getting sick, that is coming into contact with the virus and developing the disease. Secondly, the perception of the disease severity and its outcomes to health is studied. Finally, the willingness of citizens to be vaccinated against the Sars-CoV-2 virus is examined. The last information suggest different indications: i) on the population risk perception of the disease, given that fear of contagion and severe outcomes let people be more willing to accept a vaccine; ii) public trust toward the organisations that control and regulate pharmaceutical products and health authorities, in general; iii) relevantly, in view of a vaccination campaign planning.

Contagion and disease outcomes

In the sample of respondents aged 18-69, 39% believe that it is very (or quite) likely to get COVID-19 from there at three months, for themselves or for their family members. The small sample size cannot allow to detect significant differences in the population subgroups, but it seems that the younger age group, 18-34 years old, perceive a more likely possibility of contagion (45%), perhaps because they are aware to encounter greater exposure opportunities, by work or social contacts.

The situation changes about risk perception of severe or very severe outcomes for health in case of illness that is referred by 32% of respondents; this figure increases significantly by age (47% between 50-69 years) and among people affected by chronic diseases (61%) [Fig.7]. As per adults, even among those over65, 40% of respondents believe that the probability of contracting the infection in the three months following the interview is very or quite high (whereas this estimate drops to 33% in the 85+ group). The estimation of individuals fearing severe or very severe outcomes for their health in case of infection is high (74%), it reaches 79% among chronic patients and 88% among over85-year-old elderly [Fig.7].

Therefore, the general population looks like being well aware about the risk for severe outcomes in case of infection and old age and/or multimorbidity; the data on the mask use, as a proxy indicator to complying behaviour with one of the most important prevention measures, associated to the willingness to uptake vaccine will show if the detected awareness level is such as to induce the rest of the population behaving correctly.

Willingness to be vaccinated against Sars-CoV-2

Overall, the data show 67% of adults willing to vaccinate: half responds that they would do without hesitation, the other half responds that they would most likely. Educational level, financial resources and gender look like to play a role in the favourable attitude to vaccinate. People holding a higher level of education are more willing to vaccine uptake (71% among people with a high school diploma or university degree vs 56% among those who obtained no more than the compulsory school diploma) as well as individuals who do not have economic difficulties (69% vs 63% of whom with difficulties) and men (74% vs 60% in women). The age does not draw a real gradient, but shows that the younger group, aged 18-34, would be well inclined to vaccinate more than others (76%), like the 50-69 years old (67%), and even more the 35-49-year-old group that shows the lowest percentage (59%) [Fig. 8].

Among the over65, the willingness to get vaccinated is definitively higher than in the rest of the population: 84% is likely to uptake the vaccine (57% certainly, 28% probably) and there are not any significant differences in the population subgroups; men are confirmed to be more willing than women (90% vs 79%) [Fig. 8].

These data show that the entire population has a good attitude toward the Sars-CoV-2 vaccine, although a non-negligible quota of adults is not in favour of uptaking vaccine (33%). It is worthy to outline, however, that these data were mostly collected during the weeks prior to the news release on vaccines to be manufactured, so we cannot exclude some change in the results on the vaccination acceptance as there will be greater availability of information on vaccines, their characteristics and effectiveness, as well as on marketing strategy.

Figure 7. Risk perception: probability of contagion and severe outcomes from COVID-19 in the adult and elderly population. PASSI and PASSI d'Argento 2020

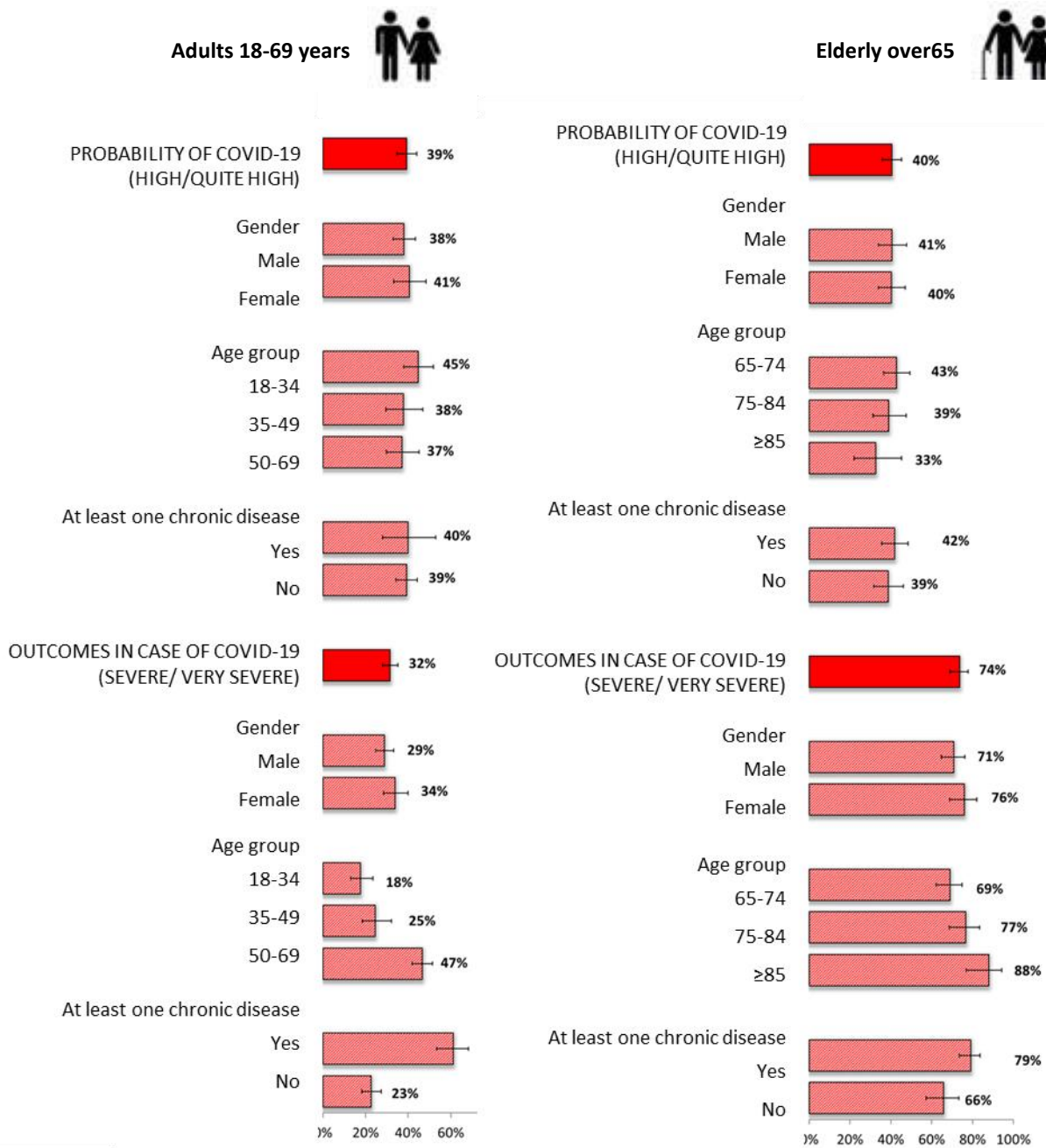
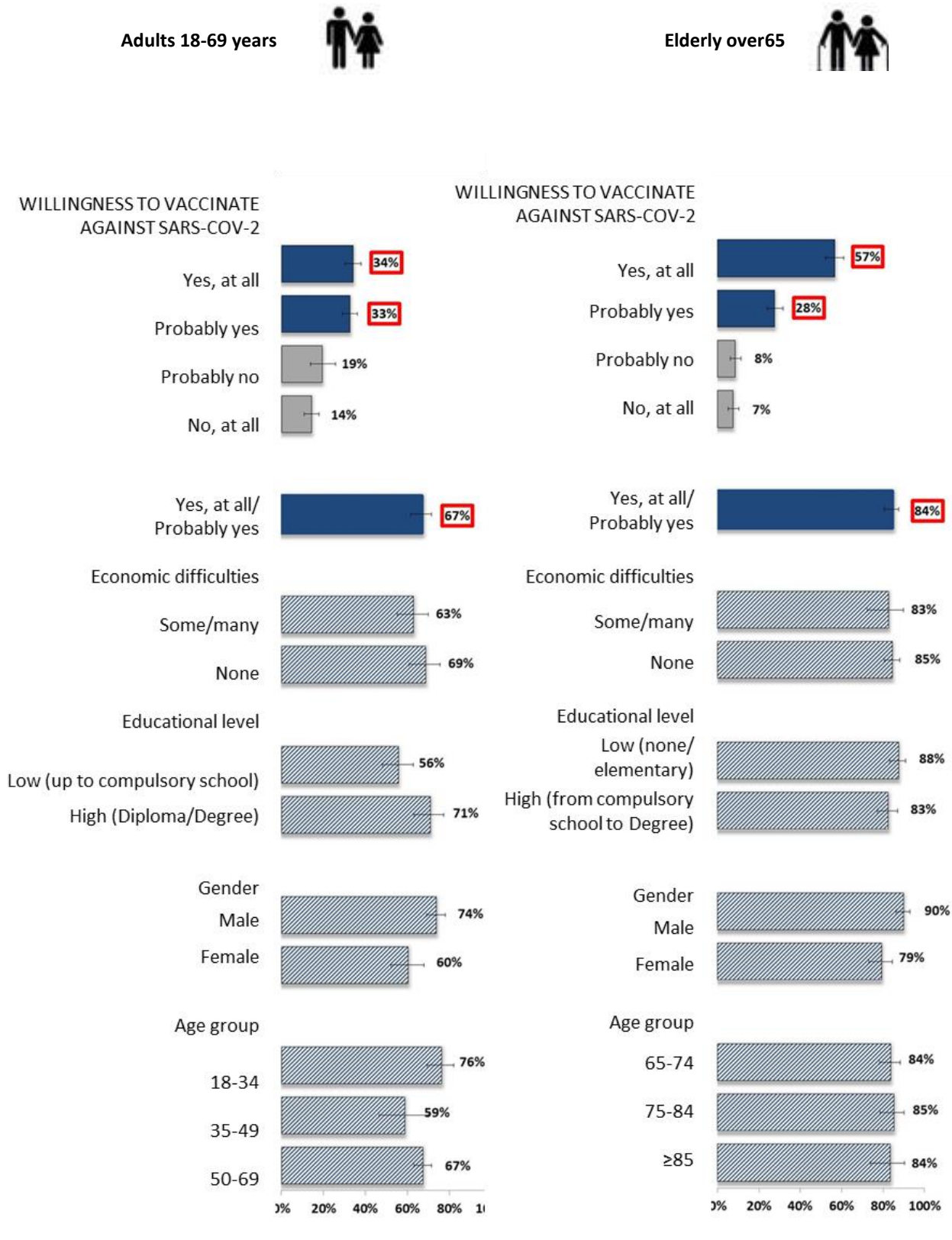


Figure 8. Willingness of adults and elderly to vaccinate against Sars-CoV-2. PASSI and PASSI d'Argento 2020



3.5 Citizens' compliance with contagion control measures: the use of masks

The use of protective mask, physical distancing and frequent handwashing are the three recommended measures to reduce the risk of contagion. Whether it is difficult to investigate the physical distancing "practice", as well as frequent handwashing, the mask use in different circumstances is a countable measure that can summarise more effectively the population behaviour in terms of contagion prevention and compliance with interventions recommended by health institutions.

The use of the protective mask in the week prior to the interview is studied by a specific question asking the use on public transport, in closed public premises (e.g., shops, public offices, doctors' offices) and outdoor. It is noteworthy that the question was introduced when there was already in force an ordinance mandating the indoor use of protective masks in closed public places, transportations included, so that the information retrieves compliance level with legal requirements. Conversely, wearing a mask outdoor becomes mandatory in Italy by Ministerial Decree on October 2020, 7th and, since more than half of the interviews' sample was collected prior to that date, data gathered return a "spontaneous" citizens' behaviour rather than respect for the law. These results indicate citizens responding responsibly to the recommendations/warnings as per wearing a face mask: almost all respondents "always" worn the mask on public transport and in public spaces. Regardless of age, gender or social conditions, the vast majority of residents in Italy wears masks in these circumstances [Fig.9].

Small differences between wearing a mask when using public transport and staying in closed public spaces may presumably reflect the action control that sale staff in shops or public offices' employees need to take in case of people accessing premises without wearing masks, which is an action more difficult to do on means of public transportation.

The data show a high mask use even outdoor, although in this sample it replicates more the sensitivity of the single person rather than the respect for mandatory rules: 74% of 18-69-year-old individuals reports wearing often/always the mask outdoor and 84% of people aged 65 years and older. There are not any differences stratifying by social features, but there are by gender: women are more likely to use masks than men (78% vs 69% among adults; 86% vs 81% among the elderly). Data on the mask use in the younger age group, 18-34 years old, are comparable to those found in the rest of the adults.

3.6 Citizens' trust in management capacity by the Local Health Unit

Knowing the public trust level toward the institutional capacity to manage the epidemic, quickly identify and contain new outbreaks is a useful information for planning health interventions because trust has actually to be framed as reflecting compliance with indications and recommendations to the population.

However, the bunch of questions about trust in central, regional, national or international institutions in the pre-test phase of the COVID module was difficult and controversial to understand, as policy issues played an important role in their interpretation, which in turn may affect trusting in the work by the regional body or in the national government choices.

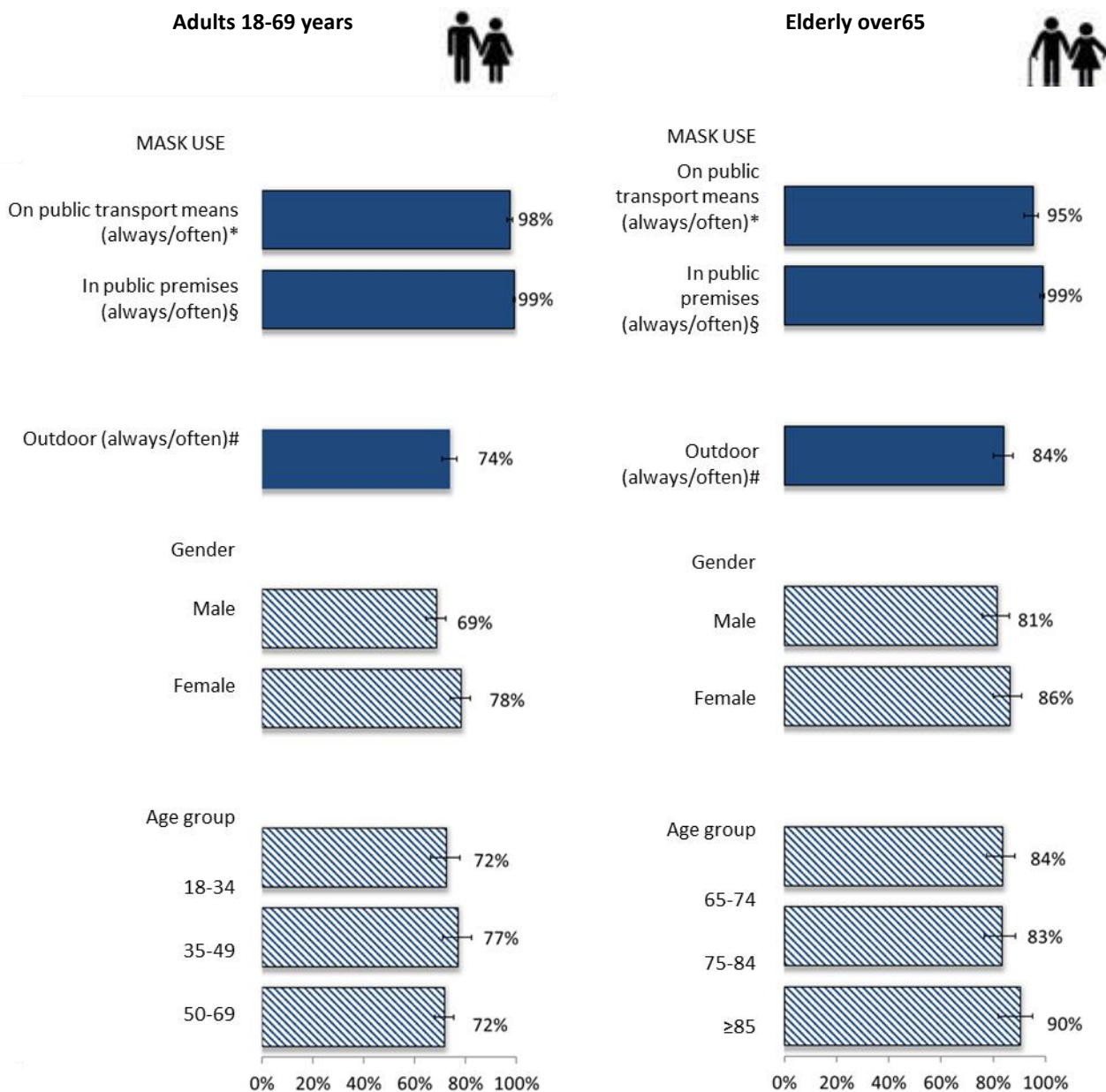
Another relevant weakness was represented by the communication developed since the very beginning: it was in fact not so clear, has been resulting to be sometimes inconsistent by comparing the communicative flows delivered by national and international health institutions, making it difficult both to ask questions and to understand the correct meaning of the answers.

In such a complex context, it was selected a very simple and direct question to measure the population trust in the capacity of the LHU, that is in charge of the operational management of the epidemic, to quickly identify and contain newly arising outbreaks. As per the other questions, citizens were asked on this specific item during an epidemic phase when a certain control level was achieved and even sustainability limits to a large-scale contact tracing have not yet been emerging, as instead now they are on many territories.

In that situation, citizens' trust was high and about eight out of 10 people (adults and elderly) believed that their reference LHU was able to quickly identify and contain new outbreaks [Fig. 10].

It will be pretty interesting to see how these data will evolve over time.

Figure 9. Protective mask use in adult and older populations. PASSI and PASSI d'Argento 2020

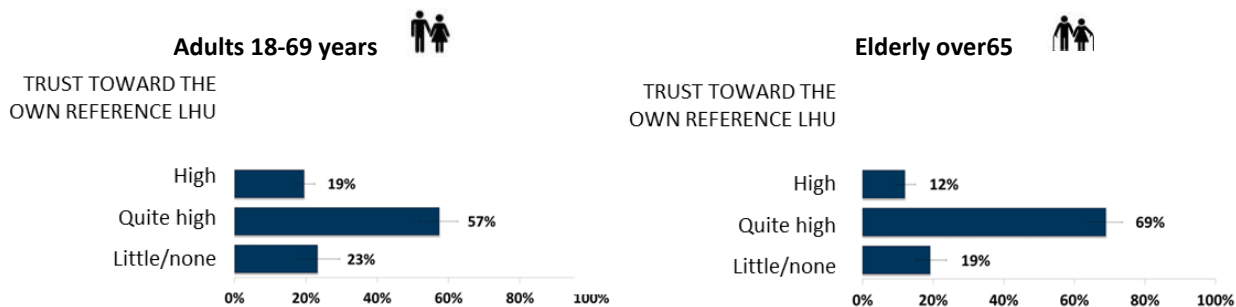


* Among interviewees, 28% used public transportation

§ Among interviewees, 99% accessed public premises

Mask use was mandated by the Ministerial Decree on October 2020, 7th, thus interviews collected since August to November 2020, 23rd, account a "spontaneous" citizens' behaviour. Among interviewees, 99.5% went out.

Figure 10. Citizens' trust in Local Health Units to identify and contain new COVID-19 outbreaks. PASSI and PASSI d'Argento 2020



4. Conclusions

The information potential of these systems is crucial: PASSI and PASSI d'Argento can produce data by local detail (at LHU and regional levels), that is difficult to find from other sources but highly useful to local institution in order to orient public health interventions and prevention actions and monitor their effectiveness over time.

At the same time, the two behavioural risk factor surveillances are able to provide solid data nationwide, and their capacity to adapt to new information needs even in emergency situations has already proved to be effective in the past: for instance, by introducing a specific module to monitor risk perception in the general population concomitantly with the influenza A/H1N1 pandemic in the 2009/2010 season or when an earthquake occurred in L'Aquila in 2009 or, again, to inform the National Fertility Plan (2016) objectives or the Legislative Decree transposing the 2014 Directive/40/EU on tobacco products (2016-2017).

The Prevention Departments do represent the actual strength of these surveillance systems: they ensure in fact great response rates by sampled citizens as well as observance to the operational protocol to achieve high data quality and, by involving health professionals, serve as mouthpieces for alliances and capillary networks on the ground for a prevention based on strong public health competences.

However, in this health emergency, all available Prevention Departments resources - and not only - are channelled onto the COVID-19 epidemic management and containment.

Thus, there is an actual risk that, in absence of concrete and timely support, many Prevention Departments' tasks which are diverse than COVID-related activities, as including population surveillance system accomplishments, are "suspended".

In spite the fact that they also support decisions which can result relevant to the pandemic.

5. Further focus

5.1 PASSI and PASSI d'Argento: scope, methodological assets and topics covered

Rationale and institutional framework of the behavioural risk factor surveillance systems on chronic diseases

Since 2004, the Italian Ministry of Health in collaboration with regional health authorities has promoted the implementation of population-based surveillance systems, focusing on different age groups, in order to gather information on people health overall and on modifiable risk factors which are associated to chronic disease onset. These systems aim at the more general objectives both to guide prevention interventions locally and assess effectiveness over time, compared to the National and Regional Prevention Plans' indicators.

Populations under study are people aged 18-69 in PASSI and over65 in PASSI d'Argento. They both are coordinated by the Italian National Institute of Health (ISS) as per functions of development strategy, training and research and, after more than a decade since their start, are acknowledged as national relevance systems by the Essential Healthcare Levels, within prevention and public health category².

PASSI (*Progressi delle Aziende Sanitarie per la Salute in Italia*)

The Italian behavioural risk factor surveillance system PASSI (*Progressi delle Aziende Sanitarie per la Salute in Italia*)³ is a public health tool based on such a model adopted elsewhere (USA, Australia) that, since 2008, has collected information continuously on health-related lifestyles and behaviours in the 18-69-year old population living in Italy, with specific concern to the onset of chronic noncommunicable diseases and compliance with disease prevention programs.

Thus, over time PASSI has become a strategic tool for the assessment of prevention and health promotion policies at national and regional levels. It actually has been a valuable source for monitoring the progress in achieving health goals defined by the 2014-2019 National and Regional Prevention Plans. Concerning lifestyles, PASSI gathers data on tobacco smoking, physical activity, weight status, alcohol drinking modalities, fruit and vegetable consumption, use of salt, cardiovascular risk.

In terms of disease prevention, interviewees are asked both about their compliance with the three main cancer screenings (cervical, breast, colorectal) and on seasonal influenza and rubella vaccine uptake, as well as about road safety measures or home injuries. Data on other health-related issues are on pregnancy and breastfeeding, physical and psychological well-being, and some indicators about the quality of life; advice and counselling provided by general practitioners or other healthcare professionals. To identify health inequalities, all indicators mentioned above are analysed by socio-demographic variables: gender, age, educational qualifications, economic conditions, marital status, family composition, nationality, professional situation and position, sector and job, municipality of residence.

Monthly, a representative sample at local level is extracted from enrolment LHU lists and proportionally stratified by gender and age groups (18-34, 35-49, 50-69 years). Specifically trained LHU professionals interview sampled people by phone administering a standardised questionnaire. Since its start in 2008, an annual dataset of nearby 35,000-37,000 records has been achieved nationwide. The total number of participant LHUs is higher than 90% of all in Italy, then providing information on more than 90% of adult resident population. The yearly response rate is always upper than 85% of the sample and the refusal does not exceed 10%. In 2019, 20 out of 21 Italian regional/AP authorities have carried in PASSI.

Data gathered are sent out via web to a national database that regional and local coordinators can access by hierarchic structure according to their reference area. The whole informatics' arrangement has been projected to be flexible and meet information needs both locally and nationwide. Every year, the PASSI questionnaire is put under revision basing on newly arising country informative needs, due to national or international prevention programs or strategies, or to understand relevant public health issues, even in emergency circumstances (e.g., A/H1N1 pandemic, L'Aquila earthquake in 2009, and current COVID-19 pandemic).

A properly dedicated website⁵ hosts main results at national and regional levels, also reporting graphs and tables, which are updated yearly, within the first quarter of the year, by data referring to the previous collection year. It is then a system that ensures solid and large-size samples; the phone interview by the LHU Prevention Departments' personnel does represent a strenght providing a great response by citizens (yearly response rate goes over 85%); the operational protocol is also a good point to high quality data, as well as system promptness and flexibility overall, which allow questionnaire adaptations even in emergency situations, as here shown by describing first results from the COVID module.

PASSI d'Argento

PASSI d'Argento⁵ is a national surveillance system (by the Ministerial Decree of March 2017, 3rd) on people aged 65 years and older living in Italy. It aims at collecting relevant information on quality of life, behavioural risk factors, participation in society and employment, independent living, and includes health indicators describing health condition itself, safety and life environment.

Additionally, PASSI d'Argento detects perceived health, indicators on services' coverage and satisfaction in the elderly and, as per the WHO concept of Active and Healthy Ageing⁶, "measures" to what extent older persons contribute to society. This health-related issue is studied in terms of how much elderly "represent an asset" to their community, which is providing support within their family and life context, by maintaining physical and mental health and the quality of interpersonal relationships.

Data are gathered by a structured and standardised questionnaire grouped into six thematic sections. The topics under observation range from items on quality of life and health perception to lifestyles. Study variables include demographic and socio-economic conditions (gender, age, educational qualifications, economic conditions, marital status, family composition, citizenship) that are detected to stratify health indicators with the orienting action scope to tackle inequalities in health or services' access.

PASSI d'Argento was firstly tested in 2009, implemented as cross-sectional survey in 2012 and, since 2016, has been basing on a continuous data collection. The sample is randomly selected from the enrolment LHM list in the participating regions and stratified by gender and age. Noneligibility criteria are: living in another region, not holding a valid telephone number, being currently hospitalised or in long-term care, nursing home or prison, being deceased, and not being an Italian speaker. Trained personnel from social and health services interview sampled people by phone or face-to-face administering the questionnaire. The annual PASSI d'Argento sample counts approximately 13,000 records.

As per all system features, PASSI d'Argento share the same performances than PASSI: population coverage has increased in the last data collection reaching nearby 19 thousand interviews. PASSI d'Argento also shares features such as promptness and high data usability as well as a dedicated website⁷ presenting the main results by graphs and tables at national and regional levels. Finally, as PASSI did, even PASSI d'Argento shows broad flexibility and hosted the introduction of a new COVID module during 2020.

Topics under study in PASSI and PASSI d'Argento

Topic areas investigated are multiple and allow to draw a detailed people health-risk profile in adult and older populations. Several domains are common to both systems so that an integrated reading is possible among individuals aged 18 years and older, whereas other topics are surveillance-specific according to the population group under study.

Main topic groups investigated are as follow:

- **Health:** perceived health, health-related quality of life (*unhealthy days*), depressive symptoms (*Patient Health Questionnaire-2*)^{8,9} and chronic conditions are studied in the two systems. In PASSI, there is a specific focus on diabetes, pregnancy and breastfeeding. PASSI d'Argento implements a broader concept for health domain that is recognised as per the three pillars basing the Active and Healthy Ageing Framework, which are *health, participation, security*. Thus, beside health issues which are typical in the older age (i.e., autonomy in Activities of Daily Life, ADL¹⁰ and Instrumental ADL, IADL¹¹), sight, hearing and chewing problems, falls, drugs' use), being an asset to the own family or, more in general, to the belonging community is investigated, as well as accessibility to social and healthcare services, quality of the life context or neighbourhood security, need for help and quality of received support.
- **Behavioural risk factors** relating to noncommunicable disease onset such as tobacco smoking, physical activity, overweight, alcohol drinking modalities, fruit and vegetables consumption, cardiovascular risk (hypertension, high cholesterol levels, obesity, diabetes) and minimal advice provided by health professionals to tackle these unhealthy habits. In PASSI, in-depth studies on tobacco use are available, ranging from new smoking products to second-hand smoke, as well as on alcohol drinking modalities and salt consumption. There is also a section on active mobility that integrates questions on physical activity. PASSI d'Argento investigates nonvoluntary weight loss that is a sign of frailty in elderly and measures physical activity adopting the internationally validated PASE^{12,13} tool, that is appropriate to older persons because counts common actions without emphasising sports which are also considered.
- **Compliance with prevention programs:** some examples for this area are uptake of seasonal flu vaccine in general population and at-high-risk groups, indoor safety to prevent home injuries. PASSI collects data also on the three

main oncologic screenings (cervix, breast and colorectal) within or out from organised programs; rubella vaccination coverage in childbearing age women; adoption of road safety equipment, e.g., helmet by motorbike or seat belt by car.

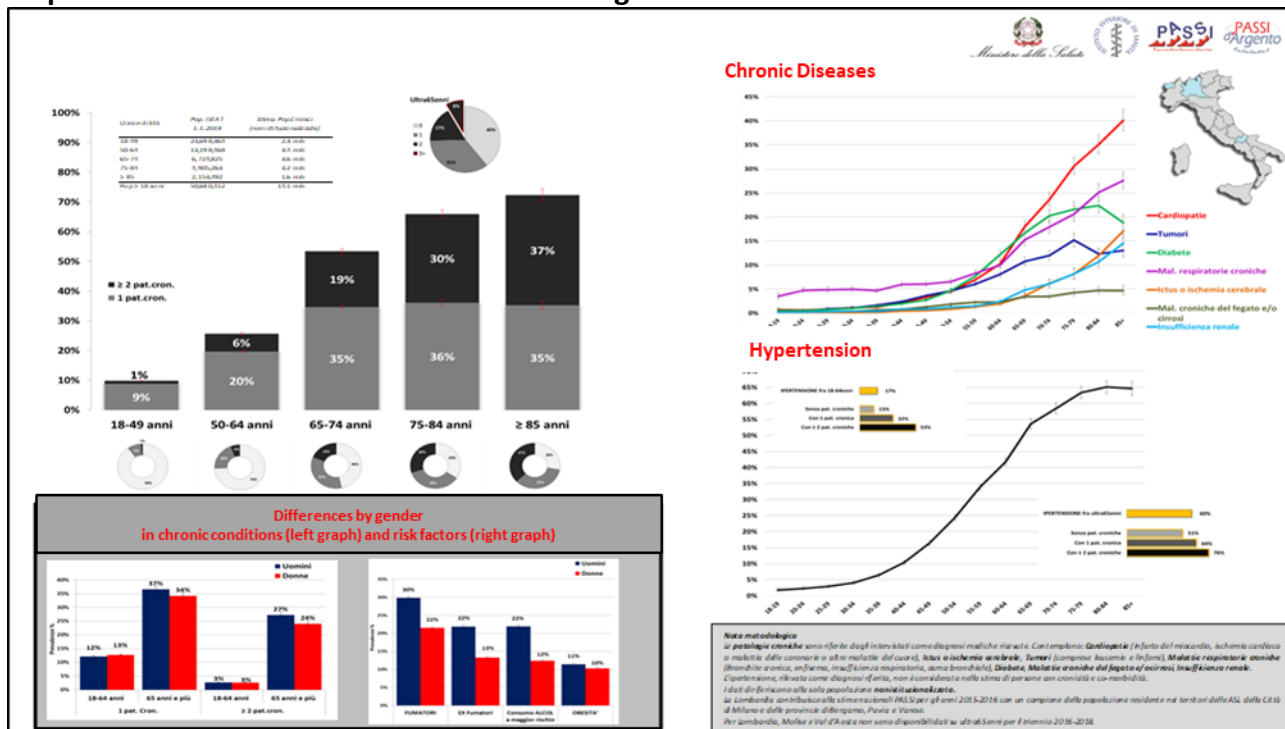
- **Sociodemographic characteristics:** abundant socio-anagraphic information allow to depict social inequalities in health, as per quality of life and prevention or care needs. Both systems provide data on: gender, age, nationality, residence area, marital status, educational level and economic difficulties. In PASSI, there is even further detail on professional condition and position, up to data about contract type, working sector and task.
- **Optional modules:** the flexibility feature of the two systems allows to introduce topic areas of national or regional interests. Health literacy, workplace or environmental safety, awareness on stroke, inappropriate antibiotics' use are just few examples.

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5.2 Informative potential of PASSI and PASSI d'Argento in the pandemic scenario: some examples

Figure 1. Chronic and multichronic conditions, hypertension and obesity in Italy, prior to COVID-19 pandemic. PASSI 2015-2018 and PASSI d'Argento 2016-2018



MATERIALS IN ITALIAN LANGUAGE:

Regional factsheets available at: <https://www.epicentro.iss.it/coronavirus/sars-cov-2-flussi-dati-confronto-passi-pda>;

Comparison previous diseases among COVID-19 deaths and general population available at:

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-flussi-dati-confronto-patologie-croniche-pregresse>

Figure 2. Seasonal flu vaccine coverage in general population, adult and older persons, and in chronic patients, prior to COVID-19 pandemic. PASSI 2007-2019 and PASSI d'Argento 2016-2019

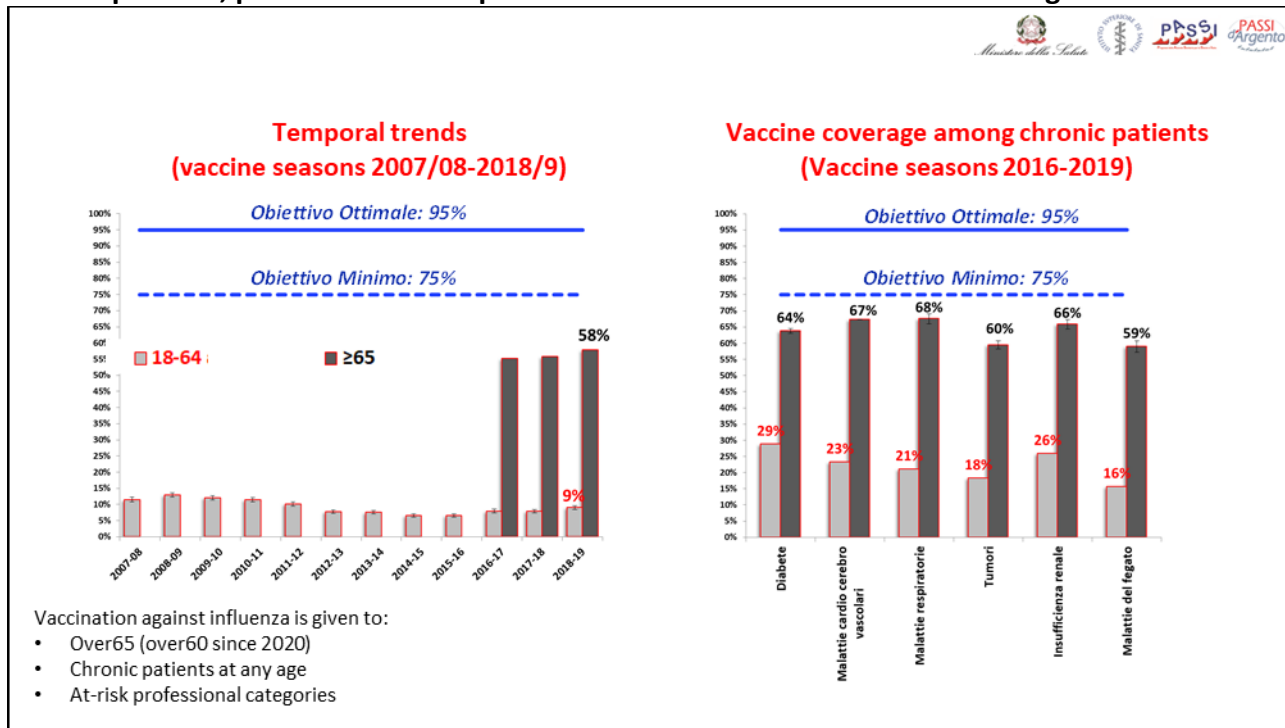
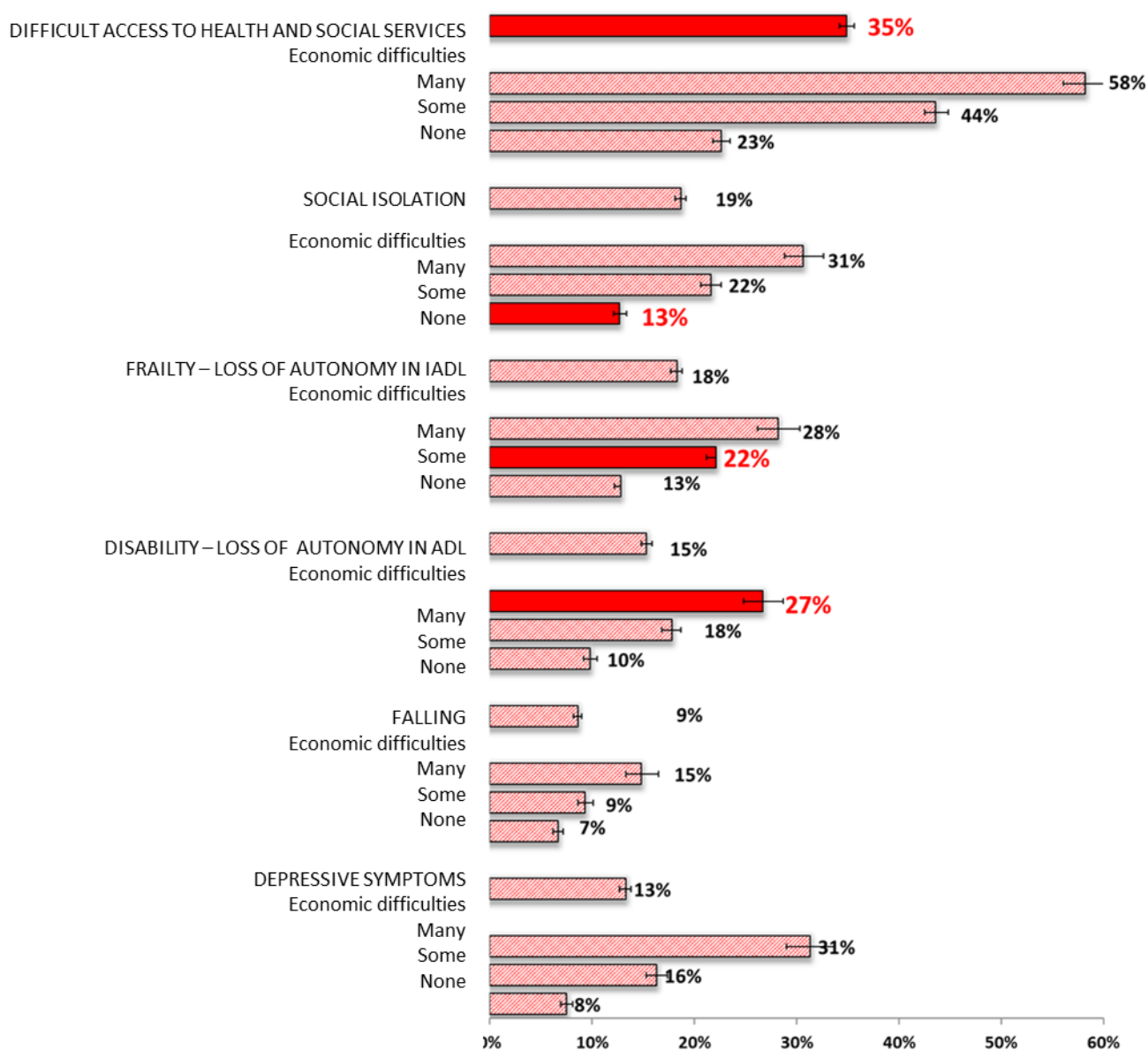


Figure 3. Elderly and the quality of ageing Italy prior to pandemic. PASSI d’Argento 2016-2019



*LHU, General Practitioners, Municipality services, pharmacy, groceries and basic need shops

Frailty: loss of autonomy in 2 or more IADL (*Instrumental Activity of Daily Living* – Lawton) but full autonomy in all ADL

Disability: loss of autonomy in 1 ADL (*Activity of Daily Living* – Katz Index)

5.3 COVID module and estimable indicators

The results here presented are preliminary and refer to some issues under study by the COVID module because other indicators need estimations which base on broader samples.

In order to get the informative potential size from the COVID module, the main estimable indicators for each issue under observation are as follow.

- 1. Impact of COVID-19 on economic and working conditions**
 - a) % persons reporting economic resources worsened due to COVID
 - b) % persons who lost their job due to COVID (in PASSI only)
 - c) % persons who have worked less, earning smaller wage, due to COVID (in PASSI only)

- 2. Impact of health emergency on working conditions: to work during lockdown (in PASSI only)**
 - a) % persons who worked at the workplace
 - b) % workers in partial smart working modality
 - c) % workers in full smart working modality
 - d) % persons who have experienced a suspended working activity
 - e) % healthcare workers in contact with patients

- 3. Diseases experience on their own or relatives/dears**
 - a) % persons who have been diagnosed COVID-19
 - b) % persons who experienced relatives, friends or colleagues positive for coronavirus
 - c) % persons who experienced deaths among relatives because of the COVID-19 pandemic
 - d) % persons who have been quarantined or isolated (plus reasons why)

- 4. Impact on population emotional status**
 - a) % persons with intrusive thoughts
 - b) % persons who refer being worried about the current situation

- 5. Contagion risk perception and its outcomes**
 - a) % persons who think they are likely to get ill by COVID-19 in the three months after the interview
 - b) % persons who think about severe health consequences by the virus in the case they would contract it
 - c) % persons willing to uptake vaccine against the novel coronavirus as soon as it will be available

- 6. Mask use (per situation and frequency)**
 - a) % persons who wear face masks on public transport means
 - b) % persons who wear face masks in public premises
 - c) % persons who wear face masks outdoor

- 7. Public trust toward the LHU on emergency management capacity**
 - a) % persons who trust toward the own reference LHU to identify quickly and contain new outbreaks

- 8. Opting out from healthcare (in PASSI d'Argento only)**
 - a) % older persons who report having renounced medical or diagnostic exams due to contagion fear
 - b) % older persons who report having renounced medical or diagnostic exams due to services' suspension

6. PASSI and PASSI d'Argento Networks: Regional and Local Coordinators and Reference Persons

PASSI	PASSI D'ARGENTO
ABRUZZO Regional: Cristiana Mancini, Claudio Turchi Local: Cristiana Mancini, Claudio Turchi, Laura Pelino, Luigina Chiodi	ABRUZZO Regional: Cristiana Mancini, Claudio Turchi Local: Cristiana Mancini, Claudio Turchi, Laura Pelino, Luigina Chiodi
BASILICATA Regional: Mariangela Mininni Local: Raffaele Dalia, Carmela Bagnato, Ferdinando Vaccaro	BASILICATA Regional: Mariangela Mininni Local: Raffaele Dalia, Ferdinando Vaccaro
CALABRIA Regional: Caterina Azzarito, Amalia Maria Carmela De Luca, Maria Beatrice Grasso Local: Antonella Sutura Sardo, Raffaele Di Lorenzo, Amalia Maria Carmela De Luca, Claudia Zingone, Vimerio Gigli, Maria Beatrice Grasso, Elisa Lazzarino, Alessandro Bisbano, Antonella Cernuzio, Matilde Morello, Daniela Guarascio	CALABRIA Regional: Caterina Azzarito, Amalia Maria Carmela De Luca, Maria Beatrice Grasso Local: Antonella Sutura Sardo, Raffaele Di Lorenzo, Amalia Maria Carmela De Luca, Daniela Guarascio, Paola Scarpelli, Maria Beatrice Grasso, Elisa Lazzarino, Alessandro Bisbano, Antonella Cernuzio, Matilde Morello
CAMPANIA Regional: Angelo D'Argenzio Local: Gaetano Morrone, Annarita Citarella, Angela Maffeo, Virgilio Rendina, Leonilda Pagano, Annaluisa Caiazzo, Maura Isernia	CAMPANIA Regional: Angelo D'Argenzio Local: Gaetano Morrone, Domenico Protano, Virgilio Rendina, Leonilda Pagano, Maria Galdi, Annaluisa Caiazzo
EMILIA ROMAGNA Regional: Paola Angelini, Giuliano Carrozzi, Nicoletta Bertozzi Local: Giuliano Carrozzi, Anna Rita Sacchi, Rosanna Giordano, Francesca Ferrari, Letizia Sampaolo, Vincenza Perlangeli, Sara De Lisio, Muriel Assunta Musti, Bianca Venturi, Aldo De Togni, Oscar Mingozzi, Giuliano Silvi, Mauro Palazzi, Sabrina Guidi, Patrizia Vitali, Michela Morri, Sara Ferioli, Marta Ottone, Isabella Bisceglia, Mirka Bertozzi	EMILIA ROMAGNA Regional: Paola Angelini, Mauro Mirri, Lucia D'Angelosante, Giuliano Carrozzi, Nicoletta Bertozzi Local: Giuliano Carrozzi, Fabio Faccini, Rosanna Giordano, Francesca Ferrari, Letizia Sampaolo, Vincenza Perlangeli, Sara De Lisio Muriel Assunta Musti, Bianca Venturi, Aldo De Togni, Oscar Mingozzi, Giuliano Silvi, Mauro Palazzi, Sabrina Guidi, Patrizia Vitali, Michela Morri, Sara Ferioli, Marta Ottone, Isabella Bisceglia, Mirka Bertozzi
FRIULI-VENEZIA GIULIA Regional: Carmela Daniela Germano Local: Carmela Daniela Germano, Margherita Zanini, Andrea Iob, Paolo Collarile, Luisa De Carlo	FRIULI-VENEZIA GIULIA Regional: Carmela Daniela Germano Local: Carmela Daniela Germano, Ariella Breda, Paolo Collarile, Jessica Greguol, Giulia Goi
LAZIO Regional: Massimo Oddone Trinito, Silvia Iacovacci Local: Roberto Boggi, Anna Bisti, Alessio Pendenza, Massimo Napoli, Massimo Oddone Trinito, Francesca Dastoli, Patrizia Allegrucci, Alessandra Martelli, Alberto Perra, Valerio Dell'Orco, Stefania Corradi, Carla Chiara Mizzoni, Silvia Iacovacci, Gianluca Fovi De Ruggiero, Angelita Brustolin, Francesca Leone	LAZIO Regional: Alessandra Brandimarte, Silvia Iacovacci Local: Alessandra Brandimarte, Massimo Oddone Trinito, Francesca Dastoli, Patrizia Allegrucci, Luca Casagni, Alberto Perra, Valerio Dell'Orco, Stefania Corradi, Carla Chiara Mizzoni, Silvia Iacovacci, Gianluca Fovi De Ruggiero
LIGURIA Regional: Camilla Sticchi, Roberta Baldi Local: Maricanta Bondi, Virna Frumento, Concetta Teresa Saporita, Giordana Brignole, Roberta Baldi	LIGURIA Regional: Camilla Sticchi, Roberta Baldi Local: Maricanta Bondi, Michela Moretto, Concetta Teresa Saporita, Giordana Brignole, Roberta Baldi, Maria Grazia Costa, Carlo Melani
MARCHE Regional: Fabio Filippetti, Francesca Polverini, Liana Spazzafumo Local: Marco Pompili, Marco Morbidoni, Roberta Stopponi, Rossana Belfiglio, Massimo Baffoni, Antonella Guidini	MARCHE Regional: Fabio Filippetti, Francesca Polverini, Liana Spazzafumo Local: Antonella Guidini, Marco Pompili

PASSI	PASSI D'ARGENTO
MOLISE Regional/Local: Giovanni Di Giorgio	MOLISE Regional/ Local: Giovanni Di Giorgio
BOLZANO AP Province: Antonio Fanolla, Sabine Weiss Local: Patrizia Corazza	BOLZANO AP Province: Antonio Fanolla, Sabine Weiss Local: Patrizia Corazza
TRENTO AP Province: Pirous Fateh Moghadam, Laura Battisti	TRENTO AP Province: Pirous Fateh Moghadam, Laura Battisti
PIEDMONT Regional: Donatella Tiberti Local: Maurizio Oddone, Nadia Abate, Rossana Prosperi, Fiorangela Fossati, Pier Carlo Vercellino, Maria Teresa Puglisi, Federica Gallo, Laura Marinaro, Nicoletta Sorano, Giuseppina Zorghiotti, Rachele Rocco, Morena Stroschia, Giorgio Bellan, Luisa Signorile, Antonella Barale, Cristina Saddi, Elena Gelormino, Benedetto Francese, Alessandra Bonacina	PIEDMONT Regional: Donatella Tiberti Local: Duilio Lioce, Rossana Prosperi, Fiorangela Fossati, Pier Carlo Vercellino, Maria Teresa Puglisi, Federica Gallo, Laura Marinaro, Giorgio Bellan, Luisa Signorile, Cristina Saddi, Elena Gelormino, Alessandra Bonacina
APULIA Regional: Antonio Tommasi, Silvio Tafuri, Pasquale Stefanizzi Local: Deborah Fracchiolla, Addolorata Cesaria De Luca, Stefano Termite, Antongiulio Pollice, Valerio Aprile, Rosita Cipriani, Annunziata Azzolini	APULIA Regional: Domenico Martinelli, Maria Teresa Balducci Local: Enzo Coviello, Pasquale Domenico Pedote, Giuseppina Moffa, Marilena Nesta, Giuseppina Turco, Giovanni Caputi, Deborah Fracchiolla, Francesca Fortunato, Annunziata Azzolini
SARDINIA Regional: Maria Antonietta Palmas, Alessandra Murgia, Giuseppe Pala Local: Franca Saba, Maria Adelia Aini, Claudia Fancello, Laura Lai, Rosa Murgia, Giuseppe Pala, Saturnino Floris	SARDINIA Regional: Maria Antonietta Palmas, Alessandra Murgia, Giuseppe Pala Local: Maria Adelia Aini, Claudia Fancello, Giuliana Demurtas, Paolo Congiu, Giuseppe Pala, Saturnino Floris
SICILY Regional: Salvatore Scondotto, Maria Paola Ferro, Achille Cernigliaro, Patrizia Miceli Local: Anna Maria Cardinale, Rosanna Milisenna, Mario Cuccia, Franco Belbruno, Adriana Ferruccio, Maria Angela Randazzo, Calogero Claudio Pace, Enza D'Antoni, Ranieri Candura, Giuseppe Cammarata, Maristella Fardella	SICILY Regional: Salvatore Scondotto, Maria Paola Ferro, Achille Cernigliaro, Patrizia Miceli, Rita Costanzo, Felicia Guastella Local: Domenico Alaimo, Gabriella Schembri, Rosanna Milisenna, Mario Cuccia, Franco Belbruno, Adriana Ferruccio, Rosanna Cusimano, Calogero Claudio Pace, Enza D'Antoni, Ranieri Candura, Maria Antonietta Campo, Gabriella Scalia, Maristella Fardella
TUSCANY Regional: Emanuela Balocchini, Giorgio Garofalo, Rossella Cecconi, Giovanna Mereu Local: Silvia Cappelli, Alessandro Barbieri, Franco Barghini, Vincenza Bianchimani, Rossella Cecconi, Anna Lisa Filomena, Marinella Chiti, Maurizio Lazzeri, Maria Di Cunto, Nadia Olimpi, Maria Caruso, Laura Puppa	TUSCANY Regional: Francesco Profili
UMBRIA Regional: Anna Tosti, Carla Bietta Local: Marco Cristofori, Carla Bietta, Letizia Damiani	UMBRIA Regional: Anna Tosti, Marco Cristofori Local: Marco Cristofori, Carla Bietta, Letizia Damiani
VALLE d'AOSTA Regional: Mauro Ruffier, Salvatore Bongiorno Local: Salvatore Bongiorno	VALLE d'AOSTA Regional: Mauro Ruffier, Salvatore Bongiorno Local: Salvatore Bongiorno
VENETO Regional: Federica Michieletto, Mauro Ramigni Local: Antonio Lalli, Valentina Gobetto, Damiano Dalla Costa, Alessandra Favaretto, Patrizia Casale, Chiara Schiavinato, Maria Caterina Bonotto, Paola Colussi, Daniela Marcer	VENETO Regional: Federica Michieletto, Mauro Ramigni Local: Maria Caterina Bonotto, Patrizia Casale, Paola Colussi, Damiano Dalla Costa, Alessandra Favaretto, Valentina Gobetto, Antonio Lalli, Daniela Marcer, Mauro Ramigni, Chiara Schiavinato