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DOI

Research Paper

Received: May 25

Accepted: June 19

INTELLIGENCE FUNCTIONS OF COMMUNICATIVE DIMENSIONS IN THE SARS-COV2 PANDEMIC -TOWARDS COLLECTIVE INTELLIGENCE WITH MEDINT?

Abstract: *The aim of this study is to illustrate some of the strengths and weaknesses of three main communicative dimensions that have served intelligence functions in the interest of national security during the Sars-Cov2 pandemic crisis. The selected communicative dimensions relate to the American intelligence dissemination process, the Italian epidemic intelligence coordination and the public communication, within the specific framework of crisis state governance. The information was gathered mainly from OSINT sources, while ITS analysis followed both a deductive and an inductive approach. Highlights show that MEDINT could benefit from collective intelligence in the future. In the context of a global pandemic crisis, this raises two further key questions: Should intelligence include its own communicative dimension, in addition to information, within its boundaries of interest and surveillance? And, would it benefit from appropriate training and revision of the division between intelligence reporting and policy advice?*

The topic is relevant for monitoring the balance between the dimension of secrecy and the dimension of transparency, both of which concern the intelligence services, both in terms of national security and in terms of the participatory democratic state in which the intelligence services operate in Italy, starting from the Italian reform of Law 124/2007.

Keywords: *Medint, COVID-19, Public Health Security, Public communication, Collective Intelligence*

Introduction

The term "intelligence" is typically defined as the aggregate of research, collection, analysis, verification, selection, and dissemination of information that is relevant and useful to policymakers and whose function is to protect the national interest. This encompasses the security, prosperity, and reputation of sovereign states, with a focus on predictive and preventive measures against threats. With the advent of globalization, the national security interest has expanded its scope of protection from war and military threats to unconventional and hybrid economic, financial, cyber, and environmental health threats. However, health threats were not within the scope of global and international security interests before the SARS-CoV-2 pandemic. In fact, they were primarily addressed from a "national" "defense" perspective, according to the traditional and military view of the Medical Intelligence (MI) application domains (Lucini, 2023). In the context of the globalized network society, the lack of a "global" health security culture and prevention contributed to the Sars-Cov2 pandemic's ability to spread rapidly across both territories and their connections, becoming a "total social fact" (Mauss, 2002). This phenomenon, which has been described as a "syndemic," destabilized numerous dimensions of social life, including economic, ethical, geopolitical, political, informational, and communicative relations between institutions and citizens at the local, global, and glocal levels. Consequently, the SARS-CoV-2 pandemic demonstrated that even health threats can transform from local to global, blur the boundaries between safety and security, and become a hybrid, unconventional, supra-identitarian, supra-cultural threat. The lesson learned was that the concept of national and international security should be reframed in a "plural", "proactive" and "relational" sense, including recalling the role of communication between actors and its securitarian or intelligence functions.

On the other hand, Mario Caligiuri posited the relationship between national security and communication as early as 2002 in an article entitled "Intelligence: a problem of institutional communication?" and published in "Per Aspera ad Veritatem," the official journal of Italy's SISDE (Service for Information and Democratic Security). Caligiuri asserted that "the problem of the Services in Italy is essentially, if not only, a problem of institutional communication." It was Law No. 124 of August 3, 2007, "Information System for the Security of the Republic and New Discipline of Secrecy," that stipulated in Article 4, paragraph 3m, that the DIS (Information

System for the Security of the Republic) was to "take care of the activities of promotion and dissemination of the culture of security and institutional communication." The article introduced the need to balance the need for secrecy for national security and the need for transparency for the citizens of a democratic state. In the context of the Sars-Cov2 pandemic experience, this paper aims to answer the following questions: Is national security in pandemic scenarios and more generally Medint an intelligence and public "communication" issue? What has been the relationship between pandemic threat, national/international security, and balancing the secrecy/transparency relationship, provided by Law 124/2007 during the Sars-Cov2 pandemic? Information will be gathered from open-source intelligence (OSINT) sources and analyzed by both deductive and inductive procedures. Weaknesses and strengths of communication dimensions are examined in the context of the dissemination activities of American intelligence, the coordination of Italian epidemic intelligence (EI), and public communication (crisis, political, and institutional communication). Analyses of all communicative dimensions considered show that the protection of global, local, and glocal security in the Medint sphere during a pandemic scenario necessitates the dissemination of health security culture and intelligence culture, can benefit from the appropriate communicative collaboration of citizens and could, in the future, make use of collective intelligence.

Communicative dimensions in U.S. intelligence dissemination processes

Dissemination is the phase of the intelligence cycle that describes the process of "forwarding information of national security interest to institutional users" (Presidenza del Consiglio dei Ministri, 2019). The transmission of such information is supported by a communicative process in which the users can return feedback on the intelligence product and reformulate the information demand.

As Ana Maria Lankford and colleagues (2020) posit, two deficiencies in the communicative dimensions of the dissemination process between the U.S. intelligence community and policymakers may explain the delayed response of the President Donald Trump administration to the pandemic, uncertain national security protection, and subsequent lack of international coordination. The first weakness pertains to the "President's Daily Brief" (PDP), a report format from the CIA Directorate of Analysis's Office of the Director of National

Intelligence (ODNI) intelligence product. According to even the U.S. press, this format was allegedly used to relay information about the new coronavirus to President Trump. For the authors, this format is a daily, descriptive, fast, concrete, and technical one that spares the decision maker the embarrassment of being without real-time information. However, in the early stages of the pandemic, it would not have allowed for a thorough argumentation or discussion of abstract, strategic, and alert reasoning between policymakers and intelligence on the finished and delivered product. The second weakness pertains to the practice of policymakers, which is also challenged by the intelligence community, of relying solely on "oral sessions" (Leonning, 2018) and of not reading intelligence reports in order to save time and "not doing their job" (Degaut, 2016), which has led to the formulation of short-sighted and tactical policy decisions. Lankfort (2018) writes that President Trump has been repeatedly criticized in the press for allegedly having a "style of learning" that does not involve reading. The president is alleged to have eventually made it clear to his briefer that "he was not interested in reviewing a personal copy of the written intelligence report known as the PDB." Conversely, the authors recall that Trump, before the pandemic, was known to respond to the evidence provided by his intelligence briefers with expressions such as "I don't think that's true" or "I'm not sure I believe that," which has the effect of damaging the effectiveness of communication and the outcome of decisions (Gordon, 2019).

The question that arises is whether a revision of the division between intelligence and policy advice is appropriate. While the objectivity of policy decision-making and the professional integrity of the intelligence analyst should be preserved by the analyst's abstention in proposing or suggesting policy decision-making options, such abstention may deprive the policymaker of the ideas and suggestions for policy that a highly informed analyst can provide (Wilder, 2011).

Communicative Dimensions of Italian Epidemic Intelligence (EI) (I.S.S.)

"Epidemic intelligence (EI)," part of the more modern Medical intelligence, "encompasses all activities related to the early identification of potential health hazards that may represent a health risk, and their verification, assessment and investigation so that appropriate public health control measures can be recommended. The scope of EI includes risk monitoring and risk assessment and does not include risk management" (Paquet et al., 2006).

The integration of indicator (IBS) and event (EBS) detection forms the basis of EI surveillance and alerting. The former employs reliable local health sources and structured information collection and analysis systems, while the latter relies on unofficial, unreliable open sources and flexible collection and analysis processes.

During the early months of the Sars-Cov2 pandemic, unofficial national EI activity was observed in Italy. The official national EI network was not established until June 1, 2021. This resulted in a lack of coordination in the collection of health data during the early 2020s, which in turn prevented the analysis of the risk and spread levels of the virus for Italy, the first affected country after China, from being conducted with data collected from China. In the fall of 2020, an integrated surveillance plan was proposed, which combined epidemiological, indicator-based data, sent to the Superior Institute of Health (I.S.S.) and aggregated by the Ministry of Health, with event-based data collected by the national EI network. A study by the I.S.S. (Riccardo et al., 2021) indicated that the primary challenge in risk assessment during the pandemic was posed by difficulties in public communication between institutional and territorial health workers and between them and citizens, rather than by the specific assessment method adopted. The authors offered three conclusions relevant to understanding the relationships between EI activities and communication relations. The first conclusion is that decision-making during widespread pandemic disease outbreaks can be supported by mixed and robust methods of risk assessment, provided by both public health intelligence and existing surveillance systems without special dedicated funding. The second conclusion suggests the importance of anticipating communication issues related to the application of health emergency risk assessment tools. Finally, the third conclusion states that in assessing the risk of the spread of a pandemic event, not only quantitative factors but also qualitative factors about communication should be considered by involving communication experts. This viewpoint was also expressed by the European Centre for Disease Prevention and Control (ECDC) in September 2022, when it published a report pointing to new strategies to be adopted for responses to possible future pandemics under the Public Health Emergency Preparedness Process (PHEP) model. The inability of EU states to revise and renew PHEP plans from the early stages of the pandemic onward was attributed to the fact that these plans lacked indications of measurement tools for ongoing emergency response preparedness. A little more than a year later, the Directorate General of the Communications Department of the Ministry of Health (2023) published the

"National Pandemic Risk Communication Plan 2023-2028," in collaboration with experts from the I.S.S. and in accordance with World Health Organization (WHO) and ECDC guidance. The plan states: "Communication is a strategic activity in the management of a health emergency such as a pandemic or epidemic due to respiratory viruses. On the one hand, it fulfills the essential function of exchanging information between the different levels of governance of a health crisis and all the actors variously involved, including health professionals and communities. Conversely, it plays a pivotal role in fostering awareness among citizens regarding the potential risks to their health and the community, motivating participation and adherence to protective measures, and sustaining the efficiency and resilience of the healthcare system."

Intelligence functions of public crisis communication

A crisis is defined as "any situation likely to involve or endanger national interests, which may originate from the perception of a potential danger or in coincidence with sensational or seriously significant events" (DPCM, May 5, 2010). This definition encompasses two aspects: an objective aspect of potential or overt danger and a subjective, perceptual one. As defined by Marco Lombardi (2020), the state of crisis is characterized by pervasive uncertainty and surprise that, in turn, generates a strong demand for information, training, and communication. This demand is evident both during and after the event, as well as before the event.

Crisis communication is a specific type of public communication that is employed in the process of managing a state of crisis. It involves intelligence sectors, policymakers, crisis units, institutions, organizations, and citizens. These exchanges occur between actors, either from the authorities to the people or from the people to the authorities. Crisis communication is the essence of crisis state management. It is essential to consider the effects generated by the perceptual, cognitive, cultural, and value dimensions of a crisis and the spatio-temporal context in which it occurs. This is to contain responses of insecurity and panic and direct the population to adopt protective measures. Therefore, crisis communication cannot be improvised; it must be both timely and relevant.

The SARS-CoV-2 virus took time before it was recognized and answered. There may be two causes. The first factor is that the virus, prior to its spread to other territories, circulated within the interconnected network society in which it manifested. The local state of ignorance served to

protect against the global state of uncertainty, highlighting the initial close link between the perception of the phenomenon and the condition of proximity and relationality. The second is that the pandemic gradually revealed itself as a "total social fact" (Mauss, 2002), transcending the health dimension and investing all others, including political, economic, technological, educational, relational, emotional, communicative, rhetorical, propagandistic, and symbolic aspects, to the point of generating multiple cultural representations and perceptions of self in both global and local senses.

The perception of the pandemic threat as a supra-cultural and supra-identity phenomenon, which emerged and was experienced in the digital sphere before manifesting in the physical one, found states unprepared. There has been a lack of timely recognition and prevention of the population's latent responses of insecurity and panic, thus a lack of relevant crisis communication. The repercussions and side effects of the pandemic were observed in the generation of social unrest, fake news, propaganda, and national and international narratives (Lombardi, 2020). These factors contributed to a deterioration of citizens' malaise and damaged the reputation of Italy, the first country affected after China by the pandemic. Initial crisis communication was ineffective due to a lack of overview of facts and a lack of sense-making of collective sentiment. This was the result of a lack of coordination among crisis communication actors.

This underscores the intelligence functions of crisis communication, which, including through HUMINT activities, should gain advanced and relevant knowledge about events, their potential evolution, and collective sentiment for appropriate alerts to the public. Although crisis communication does not specifically pertain to the activity and competencies proper to intelligence, both crisis communication and intelligence services participate in crisis governance processes in the exchange and receipt of information.

Intelligence functions of public communication: Policymakers

The field of policymaker communication is a subset of public communication, yet it also falls within the purview of the intelligence domain. The policymaker is an integral and essential part of the intelligence cycle, both when defining the information need at the beginning of the cycle and when at the close of the cycle, using the information product to make decisions based on national interest and security.

At the international level, the forms, modalities, and content of policymakers' communications were shaped by several factors, including an underestimation of the virus, information gaps, and a lack of preparedness before its manifestation. These factors influenced the nature of communications in different ways, depending on the temporal succession with which states were affected by the pandemic, the health culture, the more or less dominant economic dimensions within each state, and mutual reputational competition. In the United States, President Trump's initial response to the pandemic was neither reassuring nor alarming. Instead, it involved the shutdown of air traffic to and from China, which was blamed for causing the virus. Similarly, Trump accused Britain of being responsible for the spread of the virus to the U.S. even though the country did not enforce the same shutdown. On March 11, 2020, the virus was still foreign to Trump, who referred to it as "the Chinese virus" and not "coronavirus." This was in line with a prior geopolitical logic of competition with China and non-solidarity with Europe. The pandemic threat first implicitly evoked concerns about economic dimensions. On March 12, British Prime Minister Boris Johnson asserted in a "frank" manner that "many families will lose their loved ones prematurely," indicating that the only preventive action was to wash their hands and stay at home. This narrative style was resistant to elaborating the complexity of the threat that was already deeply affecting Italy, and which will also be maintained in the promotion of herd immunity and the rejection of confinement. Until the United Kingdom itself is forced into lockdown on March 23, 2020. In Italy, the communications of Italian policymakers have been distinctive in at least five aspects.

The recommendation to follow the science has resulted in the overlap between technical advice from the Scientific Technical Committees (CTSs) formed to manage the emergency and the policy decision-making response. For example, evidence can be found in the Prime Minister's Decree (D.P.C.M.) of March 8, 2020, which transcribes parts of the CTS Minutes of March 7, 2020. The overlapping, de-empowering policymakers generated a proliferation of independent pseudoscientists, distrust of science itself, conspiracy theories, and international anti-reputational narratives. To prepare for future pandemic crises, it is essential to integrate communications experts and intelligence practitioners, with a particular focus on crisis communication training for policymakers.

The decision by the CTS to keep the study "2019-NCov spread scenarios in Italy and impact on the health service, in case the virus cannot be contained locally" by researcher Stefano

Merler (2019) classified as confidential is a cause for concern. The study was delivered to the Istituto Superiore di Sanità in early February, projecting based on mathematical models the worst-case scenario of the virus' spread. Andrea Urbani, the general director of Health Planning, argued that the decision to keep the information confidential followed the line of not scaring the population and working to contain the contagion. Although the decision was made in good faith, the lack of transparency generated information gaps, an increased collective sense of unpredictability, distrust, and lower compliance by the population. In future pandemic scenarios, it would be beneficial to predict collective sentiment and compliance with policy decisions by coordinating policymaker communication, or intelligence activity, with crisis communication. The overuse of DPCMs, which were difficult to understand and access, has indicated the need for an unambiguous and consistent information framework for all.

The 6 p.m. TV rituals, in which Prime Minister Giuseppe Conte provided updates on the virus spread index and anticipated upcoming decisions, were perceived as reassuring in a paternalistic manner on the one hand and as distressing and intended more to gain consensus than to provide information on the other. This suggests a reminder that more effective crisis management involves communicating decisions after they have been deliberated and not before.

The daily use of social media by decision-makers to disseminate information and reassure the population has conferred social media credibility, which has in turn led to an increase in misinformation, fake news, intolerance, and incongruous narratives. Another effect has been to make explicit the urgency for the population to become more aware of the media through which they are informed and to invest in their continuing education and training. The consequence has been to highlight the necessity for the population to become more aware of the media through which they are informed and to invest in their continuing education and training.

Intelligence functions of institutional public communication: the "1500" service of the Italian Ministry of Health

The "1500" citizen hotline service, activated by the Italian Ministry of Health, was operational from January 27, 2020, to December 31, 2022. Until June 2022, it operated 24 hours a day, and thereafter from 8 a.m. to 8 p.m. The service was structured on two levels. The first level, which

commenced on February 28, 2020, was entrusted to Almaviva Contact, a call center management contracting company, to respond to general questions of medium complexity. In contrast, the second level, which commenced at the outset, was responsible for providing health personnel with information to more specific and complex queries about the prevention and health protection pathways mandated by regulatory acts to counter the pandemic. Notwithstanding the absence of therapeutic requests, the service nevertheless addressed situations of "fragility" present in the country and reported by telephone, where possible. All operators attended ongoing refresher courses every two weeks on topics related to the evolution of the virus, its epidemiological spread, and measures to prevent and contain its spread. Over the three years, the service processed 8,000,000 calls from national and international territories. From January 27 to February 28, 2020, user questions received at the single level covered the "new" topic of the Coronavirus. This included inquiries about the virus itself, its transmission, symptoms, self-protection measures, staying abroad, analysis, treatment, and vaccines. Miscellaneous information accounted for 18% of the total. In March 2020, the regional distribution of call volumes reached 1,500 (Lombardy - 26.1%, Latium - 16.7%, Emilia Romagna - 9.4%, Piedmont - 7.1%). This allowed the epidemiological trend of the virus to be anticipated by a few days. From February 29 to April 30, 2020, calls that reached Level II were primarily concerned with the symptomatology of Covid-19 (27%), the exceptions to the March 9 DPCM (24.2%), the containment and treatment of Covid-19 (23.6%), how to protect oneself (13.4%), the mode of transmission (10.2%), and other information (1.6%). During the initial two months of operation, the service collected a substantial quantity of misinformation about the origin of the virus and treatments, as well as reports of health crimes, including the execution of fake swab tests, the manipulation of prices for unaccredited laboratory tests, the counterfeiting of personal protective equipment (PPE) sold online, and the arrival of fake nurses at the homes of elderly individuals. These reports were then forwarded to regional contacts. Other reports revealed discrepancies in language and content between different DPCMs, Ministerial Circulars, and between DPCMs and Ministerial Circulars. This led to the rectification of regulations. Finally, "daily data and reports were periodically communicated to the political bodies, the General Secretariat, the various technical directorates of the Ministry of Health, and the Press Office, in order to guide national and regional policy choices in the management of the epidemic" (Ministry of Health, 2021).

Thus, the Ministry of Health's 1500 service served as a mediator between the institution and the population, fulfilling the following functions:

- It served as an institutional Osint information platform, accessible to all,
- It counteracted the phenomenon of information intoxication,
- It carried out a two-way communicative process with the citizens that provided an early glimpse of the epidemiological trend of the virus and reports of regulatory inconsistencies and health abuses.
- It coordinated and liaised with the regions.
- It addressed specific critical issues affecting particularly vulnerable users.
- It facilitated preventive, predictive, and intelligence-type democratic stabilization.

Daily reports were systematically delivered to political and health bodies. The citizenry played an active role in the process by monitoring the spread of the virus at the territorial level, controlling health abuses, and co-constructing the meaning of norms. They also oriented national and regional policies in the management of the epidemic, intending to protect national security and then intelligence functions. Above all, the 1500 service and the citizenry gave expression to democratic politics based on "the awareness of citizens (who identify, control, and replace their representatives) and the responsibility of public elites (who work to achieve predominantly the general interest)" (Caligiuri, 2020). This kind of democracy is therefore based essentially more on communication between citizens, policymakers, and institutions and less on information. The European Centre for Disease Prevention and Control (ECDC) (2022) identified the Citizen Response and Public Utility Service 1500 as a "best practice" in the field of timely and transparent risk communication during the pandemic, establishing it as a unique national and international benchmark.

Conclusions

The experience of Sars-Cov2, according to the analyses in this study, left several lessons.

The first is that public and global health security ensures the protection of national and international security. It was already clear from the words of the WHO Constitution (1948): "The health of all peoples is fundamental to the attainment of peace and security and is dependent

upon the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all. Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger".

However, it took several months after the declaration of global pandemic status on March 11, 2020, for the United Nations Security Council to affirm in Resolution 2532 of July 1, 2020, that peace and national security may be threatened by global health emergencies and require a globally coordinated response.

The second is that the protection of national and international security in pandemic and mass casualty scenarios is primarily an intelligence and public "communication" issue. In today's globalized and interconnected society, global public health security in the face of pandemic threats cannot be understood only in a "defensive" securitarian sense. It must include a proactive, relational and communicative dimension, responding to the need for a territorial and global coordinated response, as mentioned above in Resolution 2532.

The third is that local and global health security advocacy in both a defensive and proactive, relational and communicative sense, in order to achieve this kind of coordination in the face of possible future pandemic scenarios, must:

- Deepen the scope of the medical-securitarian domain, between health security, in the defensive sense, and health safety, in the proactive-communicative sense: "The achievement of any State in the promotion and protection of health is of value to all" (WHO, 1948);
- Disseminate and share a culture of health security, and thus a culture of public health intelligence, with both defensive and proactive functions;
- Ensure that knowledgeable citizens, in the face of a public health security intelligence culture, can contribute to the protection of personal and collective security. This can be achieved through the appropriate involvement of citizens in two-way communication processes with public institutions, where the exchange of information can be useful to both citizens and policymakers. Such involvement during Sars-Cov.2 achieved the balance between secrecy and transparency envisioned by Law 124/2007 in defense of and within a participatory democratic state;
- Predicting, containing and preventing, thanks in part to communicative exchanges with citizens, when the onset of a threat (emergency) becomes a risk of disruption (crisis). Monitoring

the spatio-temporal interval between emergency and crisis requires attention, calculation, modulation and sustainability of both social and individual discomfort and entropy, which can lead to dangerous behaviors. During the pandemic, social discomfort was caused by the unmodulated conflict between collective security and individual freedoms, while individual discomfort was caused by the perceived uncertainty of the crisis state. Both malaises had communicative causes and consequences.

In conclusion, because of possible future global health threats, Medint's securitarian functions could make use of collective intelligence or citizen intelligence, in addition to the intelligence activities of domestic and external agencies and epidemic intelligence, deepening the intelligence functions of the communicative and relational dimensions in a connectionist, "ecosystemic and polycentric" (Lucini, 2023) perspective of social and psychological interest.

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