Le epidemie da patogeni a trasmissione respiratoria

la programmazione regionale in preparazione alle emergenze di sanità pubblica

30 settembre 2024



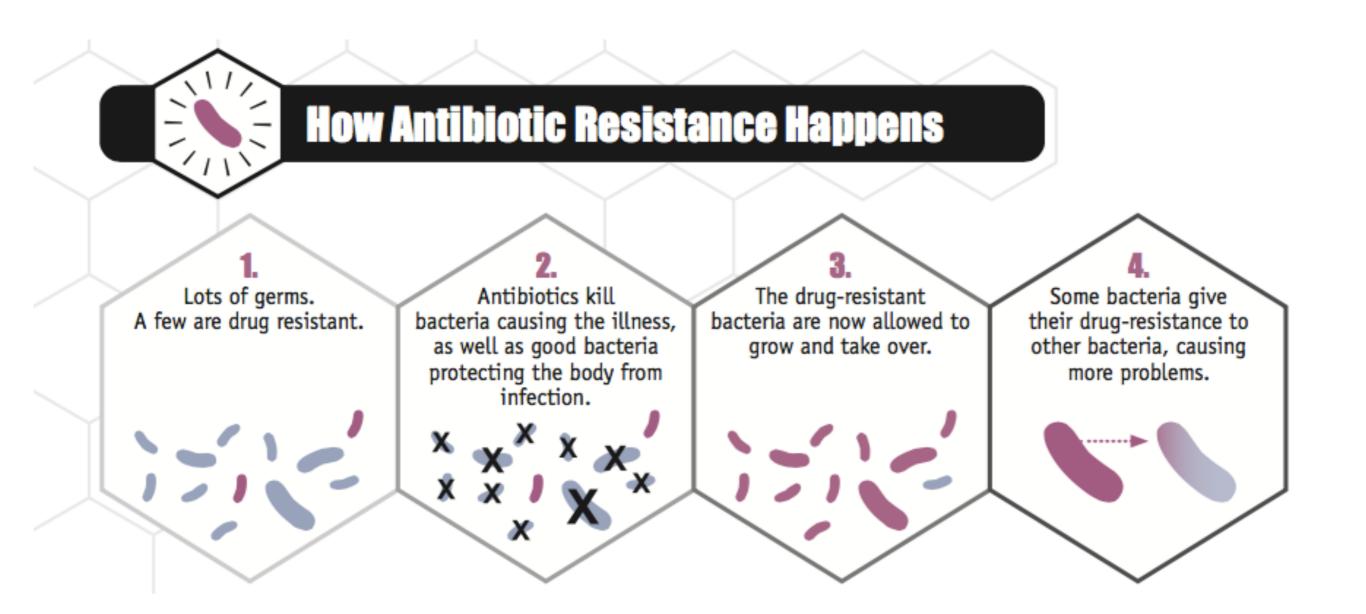
Il cambiamento climatico e i patogeni a trasmissione respiratoria

Dr Carlo Biagetti UO Malattie Infettive Rimini Programma SPIAR AUSL Romagna

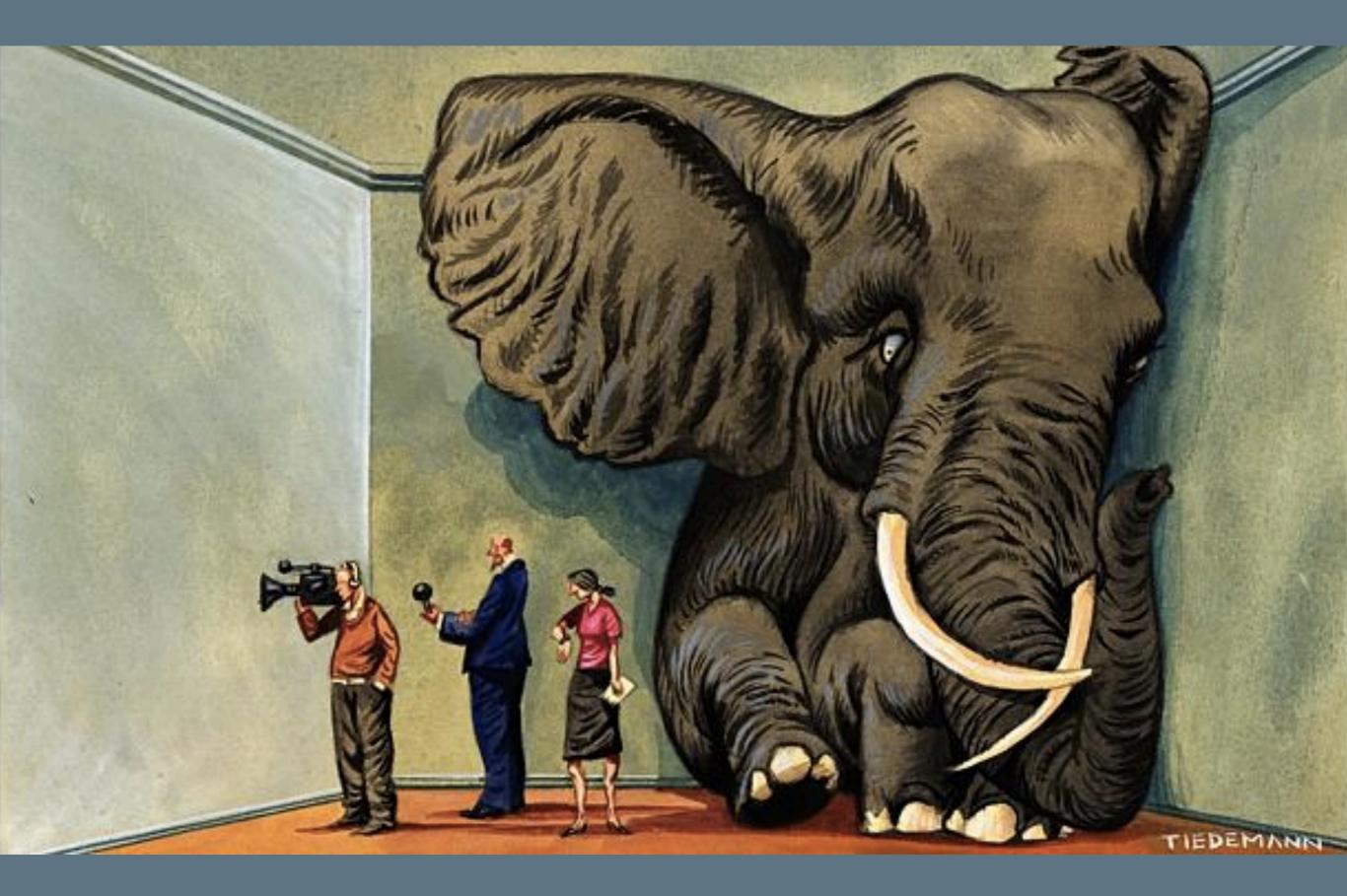


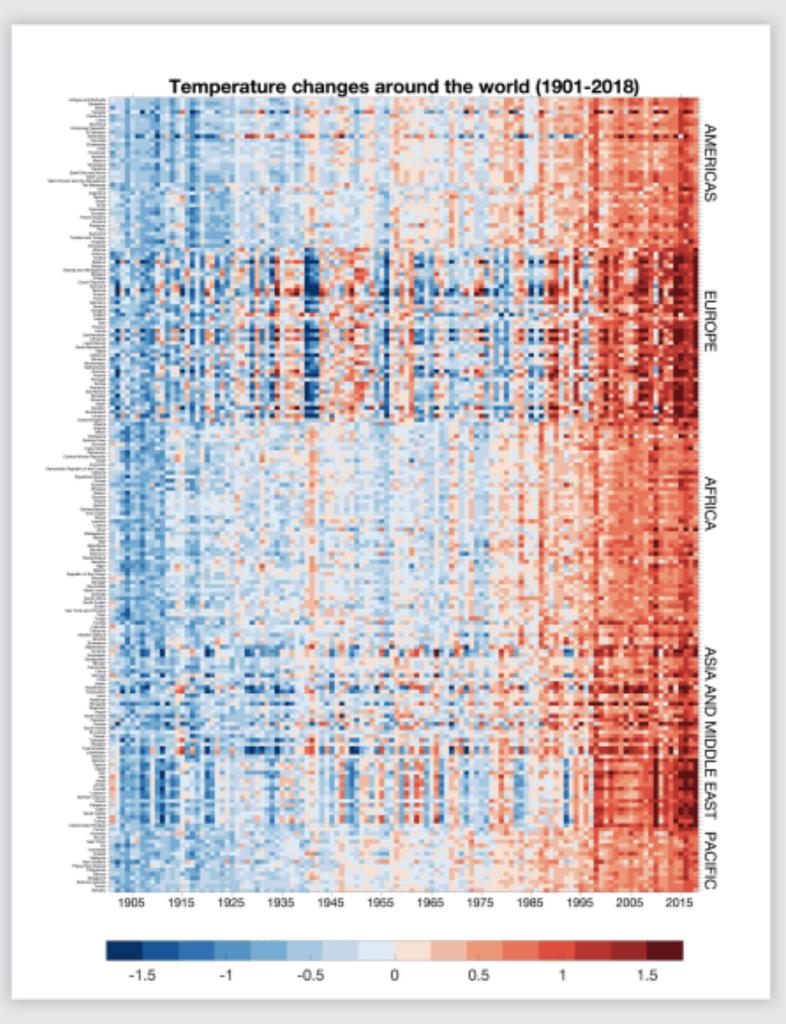
CLIMATE CHANGE

WHY YOU ?
 PreCOVID era
 Post COVID era









Climate change and antibiotic resistance: a deadly combination

Jason P. Burnham

Heat and antibiotic resistance

Temperature is intimately linked with bacterial processes and infections.⁶ Horizontal gene transfer, a major mechanism for the acquisition of

Pollution and antibiotic resistance

More and more intense precipitation will lead to increased runoff and inevitably higher levels of pollution in our water. Pollutants are known to induce expression of antibiotic-resistance genes and bacterial mutagenesis.³¹ Increased agricul-

Disasters and infections

As the climate warms, the capacity of the atmosphere to hold water increases exponentially, meaning storms will be more severe and come with more precipitation. More precipitation leads to flooding, flood-related infections, population displacement, refugees, and overcrowding.



We must fight one of the world's biggest health threats: climate change

We know that worse is to come. Without bold and urgent action, climate change will <u>displace</u> around 216 million people by 2050, the World Bank estimates. Climate change is endangering lives and livelihoods as global food systems struggle to feed a growing world and water sources are compromised. And climate change is triggering a surge in infectious diseases like dengue and cholera which endanger millions.

..exacerbate healt inequity

Le epidemie da patogeni a trasmissione respiratoria

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Il cambiamento climatico e i patogeni a trasmissione respiratoria

Dr Carlo Biagetti UO Malattie Infettive Rimini Programma SPIAR AUSL Romagna

What are VRIs ?

(Viral Respiratory Infections)



Respiratory virus	Family	Structure and genome	Subtypes	Primary routes of transmission	Seasonal patterns
Influenza virus ¹⁵	Orthomyxoviridae	Enveloped ss – RNA viruses	A, B, C	Droplets and aerosols, contact	Winter peaks in temperate regions
Respiratory syncytial virus (RSV) ¹⁰	Paramyxoviridae	Enveloped ss – RNA viruses	А, В	Direct and indirect contact, droplets, and aerosols	Winter and early spring peaks in temperate regions
Human Metapneumovirus (HMPV) ¹⁴	Paramyxoviridae	Enveloped ss – RNA viruses	А, В	Droplets and contact	Late winter and spring peaks in temperate regions
Parainfluenza viruses (PIV) ¹⁴	Paramyxoviridae	Enveloped ss – RNA viruses	1, 2, 3, 4	Droplets and contact	PIV-1 and PIV-2 peak in the fall and winter in temperate regions, PIV-3 peaks in warm seasons, PIV-4 sporadically all-year
Human coronavirus (HCoV) ^{13,16}	Coronaviridae	Enveloped ss + RNA viruses	0C43, 229E, NL63, HKU1 ^a	Droplet spray and/or aerosol, cortact	Winter peaks in most temperate regions
Rhincviruses (RV) ¹⁷	Picornaviridae	Enveloped ss + RNA viruses	Species A, B, and C, with >100 serotypes	Contact, droplet spray, and/or aerosol	All-year, with peaks in the autumn and spring in temperate regions
Human bocavirus (HBoV) ¹⁵	Parvoviridae	Non-enveloped ss + DNA viruses	1, 2, 3	Contact, droplet spray, and/or aerosol	All-year, with a possible peak during the summer
Adenoviruses (ADV) ¹³¹⁸	Adenoviridae	Non-enveloped dsDNA viruses	53	Contact, possibly droplet spray and/or aerosol	All-year
Enterovirus (EV) ¹⁴	Picornaviridae	Non-enveloped ss + RNA viruses	D68	Contact	Summer and autumn
^a Other human coronaviruses include MERS-CoV, SARS-CoV and SARS-CoV-2.					

Table 1: Characteristics of etiology and seasonality of viral respiratory infections (VRIs).

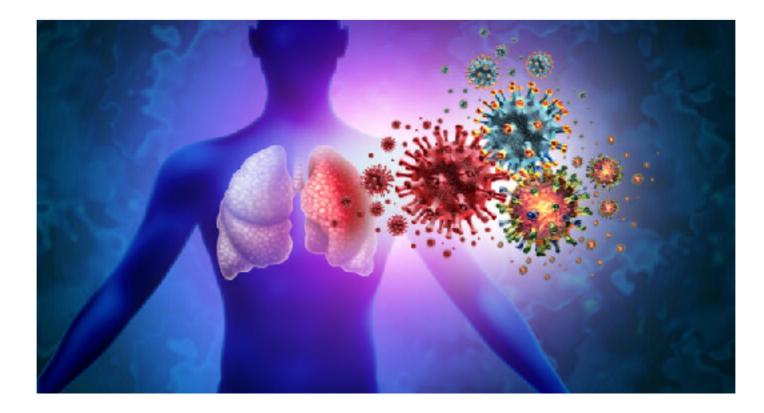
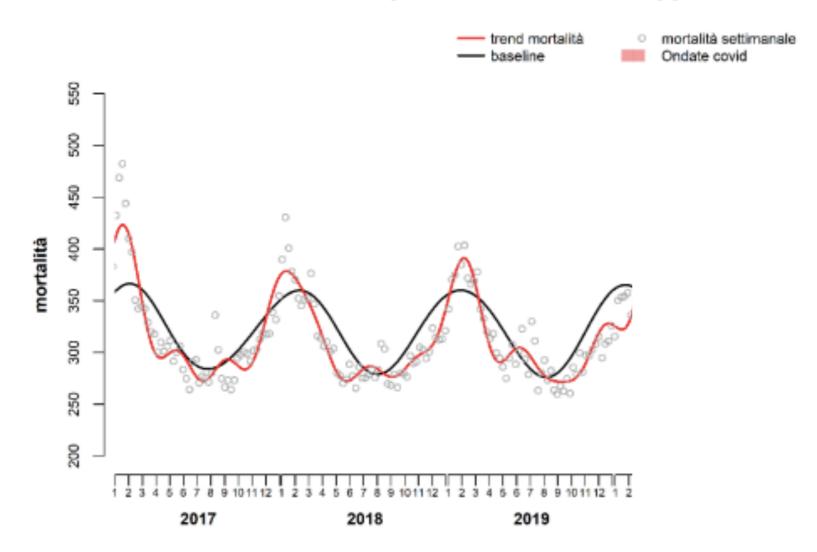




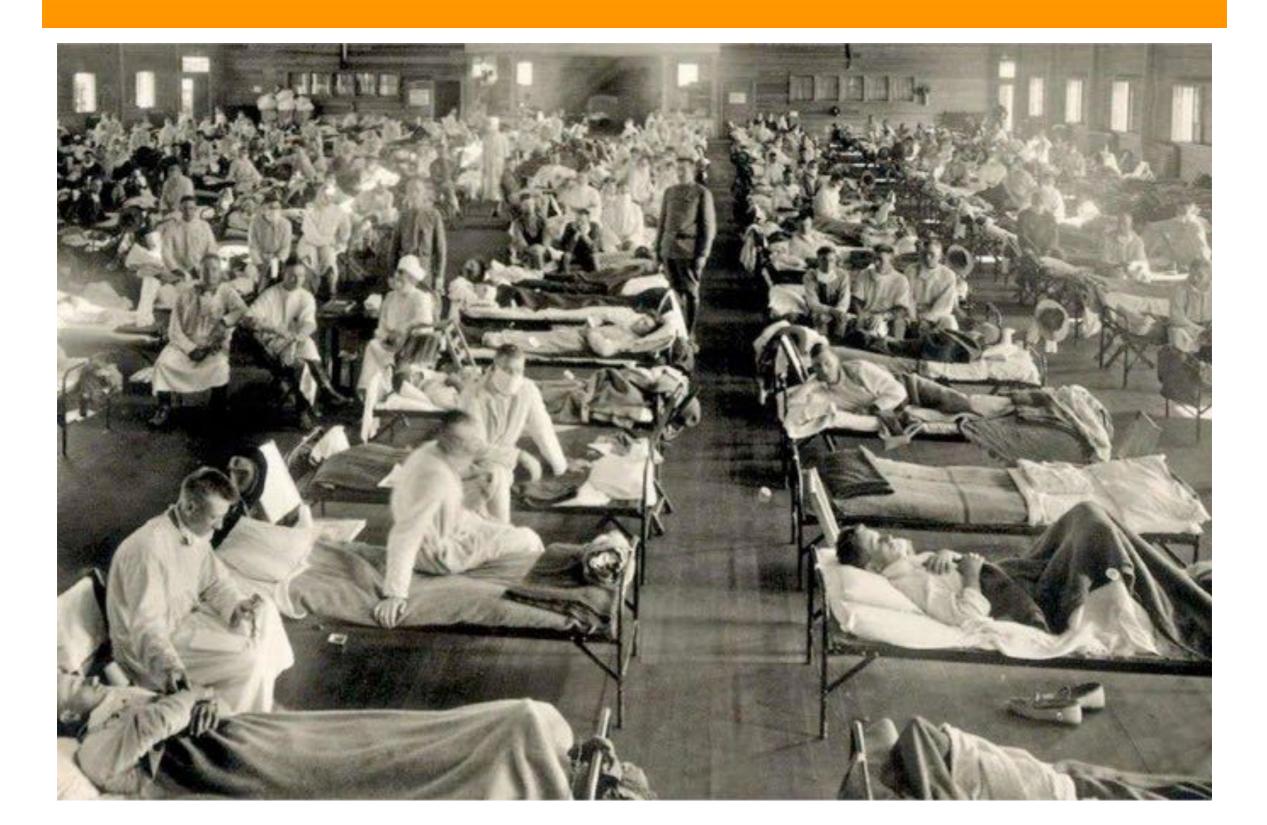
Figura 3. Andamento stagionale della mortalità totale per settimana nelle città italiane. Periodo gennaio 2017 – 24 maggio 2022.

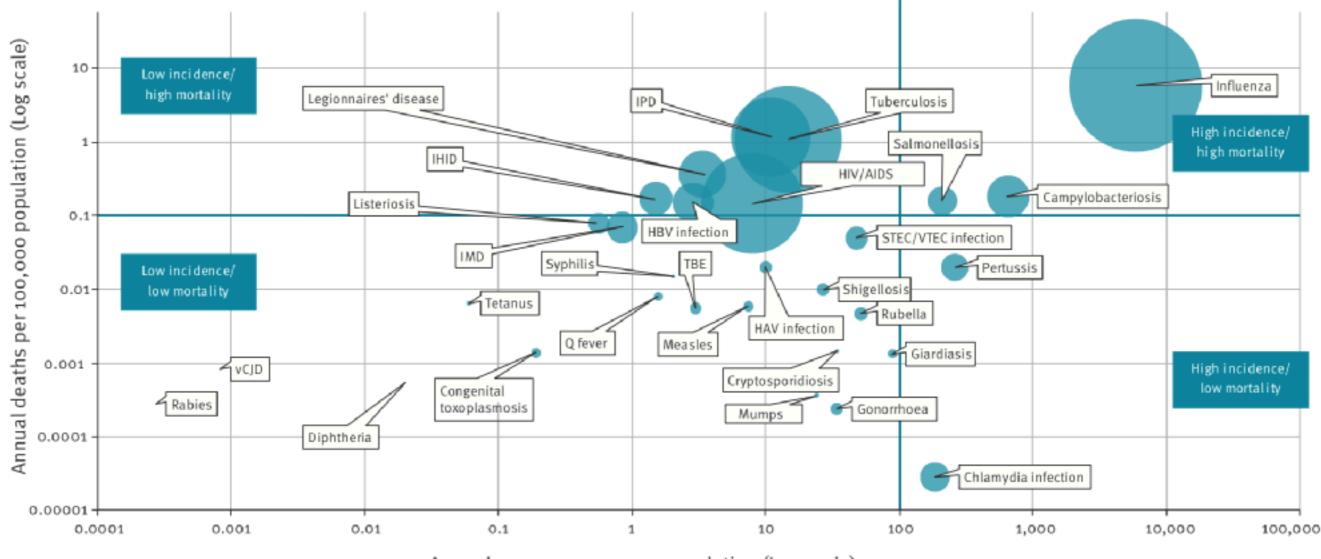


Dati di 39 Comuni: Aosta, Trento, Bolzano, Torino, Milano, Brescia, Verona, Venezia, Padova, Genova; Reggio Emilia, Modena, Bologna, Forlì, Rimini, Firenze, Prato, Livorno, Ancona, Perugia, Viterbo, Civitavecchia, Roma, Rieti, Frosinone, Latina, Napoli, Campobasso, Potenza, Foggia, Bari, Taranto, Catanzaro, Reggio Calabria, Palermo, Messina, Catania, Siracusa, Cagliari

*in questo report è stata esclusa Messina a causa di un mancato invio dei dati

Ogni anno si succedono 6-8 settimane in cui incrementano gli accessi in PS, i ricoveri, il consumo di antibiotici inappropriato, la mortalità e la trasmissione intraospedaliera di influenza

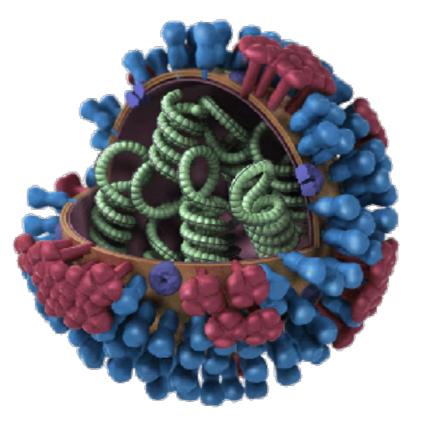




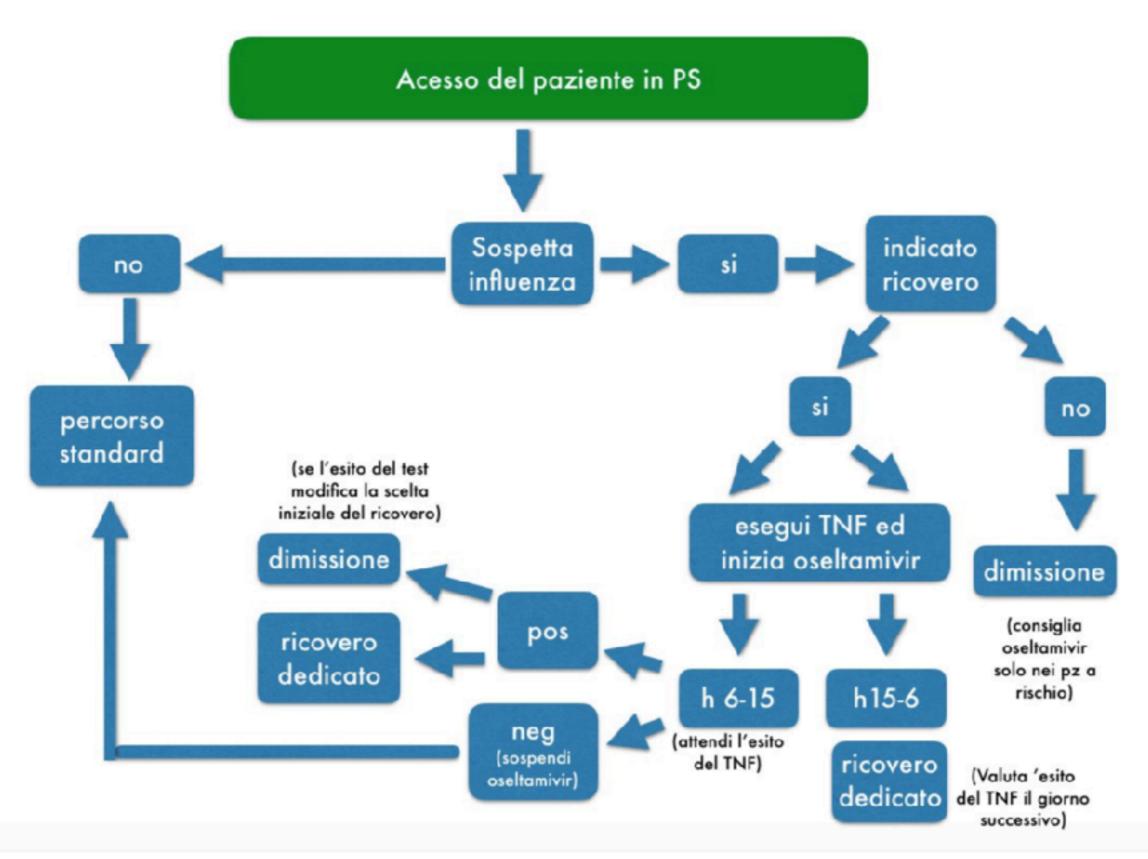
Annual cases per 100,000 population (Log scale)

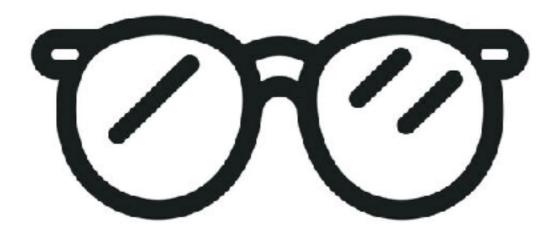
Il diametro della bolla riflette il numero di DALY per 100.000 abitanti all'anno.

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale della Romagna	ISTRUZIONE OPERATIVA PER	Rev. 00 del 31.10.19
SPIAR Programma per la gestione del rischio infettivo ed uso	L'INDIVIDUAZIONE PRECOCE E GESTIONE DEL PAZIENTE CON SOSPETTA INFLUENZA DURANTE L'EPIDEMIA STAGIONALE	DOC 3
responsabile degli antibiotici AUSL Romagna		Pagina 1 di 6



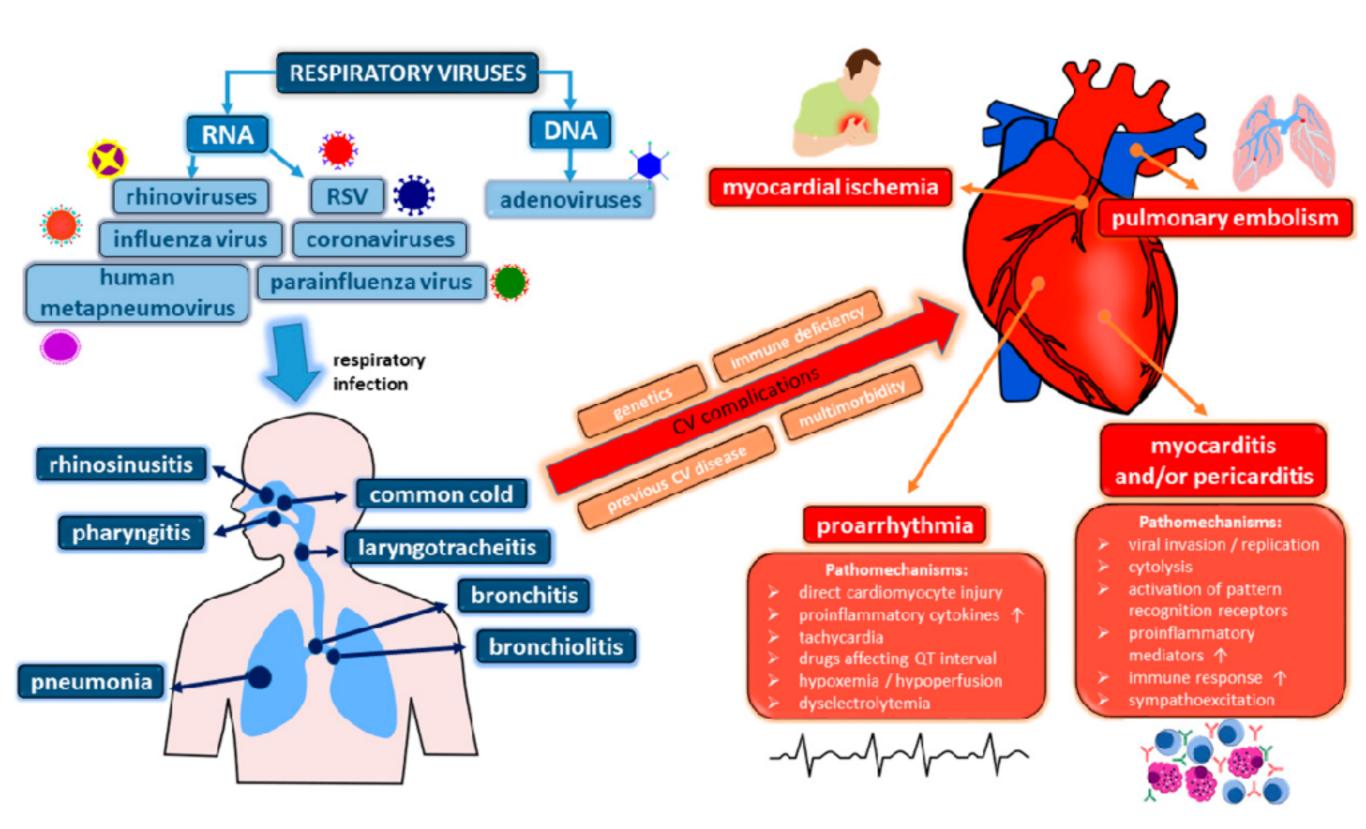
Algoritmo riassuntivo





Tamponi influenza-VRS, AUSL Romagna

	Positivi	Negativi	Totali
2014-15	14 (23,3%)	46	60
2015-16	6 (6,3%)	97	103
2016-17	161 (25%)	475	636
2017-18	398 (25,4%)	1132	1530
2018-19	1009 (25,1%)	3031	4040



ORIGINAL ARTICLE

Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection

Table 2. Incidence Ratios for Acute Myocardial Infarction after Laboratory- Confirmed Influenza Infection.*		
Variable	Incidence Ratio (95% CI)	
Primary analysis: risk interval, days 1–7	6.05 (3.86–9.50)	
Days 1–3	6.30 (3.25–12.22)	
Days 4–7	5.78 (3.17–10.53)	
Days 8–14	0.60 (0.15–2.41)	
Days 15–28	0.75 (0.31–1.81)	

Journal of the American Heart Association

Volume 12, Issue 13, 4 July 2023 https://doi.org/10.1161/JAHA.123.029696



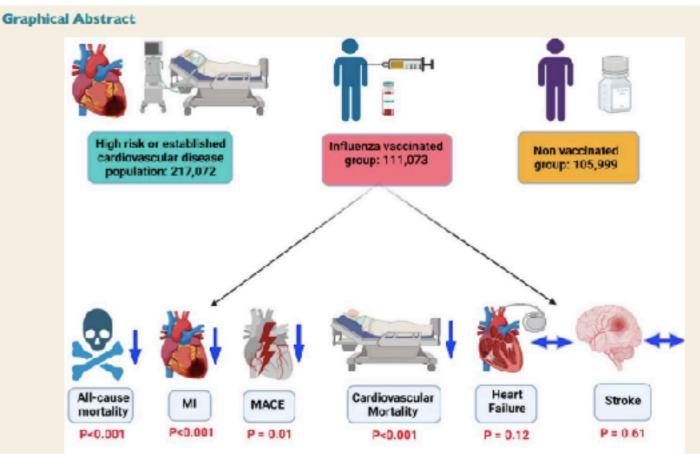
ORIGINAL RESEARCH

Risk of Cardiovascular Disease After COVID-19 Diagnosis Among Adults With and Without Diabetes

Outcome		HR (95% CI)	p (Int.)		
Cerebrovascular disorders	I I++I	1.60 (1.56-1.65)	0.21		
cerebrovascular disorders		1.57 (1.50-1.65)	0.21		
Dysrhythmias	H+1	1.69 (1.66-1.73)	0.18		
Dysniyannas	H B -4	1.59 (1.53-1.66)			
Inflammatory heart disease		1.92 (1.84-2.00)	04)		
initiation y near cusease	⊢ ■1	1.92 (1.81-2.04)			
Ischemic heart disease	⊢ ♦−1	1.68 (1.62-1.74)	< 0.001		
	→ ■→1	1.71 (1.62-1.80)			
Thrombotic disorders		2.06 (2.00-2.12)	0.002		
		2.11 (2.00-2.23)			
Other cardiac disorders		1.89 (1.84-1.95)	0.002		
		1.91 (1.83-1.98)			
MACE	H+1	1.72 (1.68-1.76)	0.009		
		1.70 (1.64-1.76)			
Any CV outcome	Here and a second se	1.75 (1.73-1.78)	0.83		
		1.66 (1.62-1.71)			
0.5	1 1.5 2	2.5			
Hazard Ratio (95% Confidence Interval)					
 Without Diabetes With Diabetes 					

Cardioprotective effects of influenza vaccination among patients with established cardiovascular disease or at high cardiovascular risk: a systematic review and meta-analysis

Vikash Jaiswal (1)¹, Song Peng Ang², Sadia Yaqoob³, Angela Ishak^{1,4}, Jia Ee Chia⁵, Yusra Minahil Nasir⁶, Zauraiz Anjum⁷, M. Chadi Alraies (1)⁸, Akash Jaiswal⁹, and Monodeep Biswas¹⁰*



Cardioprotective effect of Influenza Vaccine among patients with established Cardiovascular disease or at high risk.

scientific reports

OPEN Influenza vaccination and major cardiovascular risk: a systematic review and meta-analysis of clinical trials studies

> Fatemeh Omidi¹, Moein Zangiabadian²,³, Amir Hashem Shahidi Bonjar⁵, Mohammad Javad Nasiri²[™] & Tala Sarmastzadeh^{2™}

Studies involving more than 9,000 patients reported a 26% decreased risk of heart attacks in people who received a flu vaccine and a 33% reduction in cardiovascular deaths.

Check for updates.



Evento formativo

"Seasonal Influenza Preparedness"

Venerdì 24/10/2024 dalle 15:00 alle 17:00

Centro Servizi di Pievesestina EDIFICIO B Sala A Codice corso WHR 45433



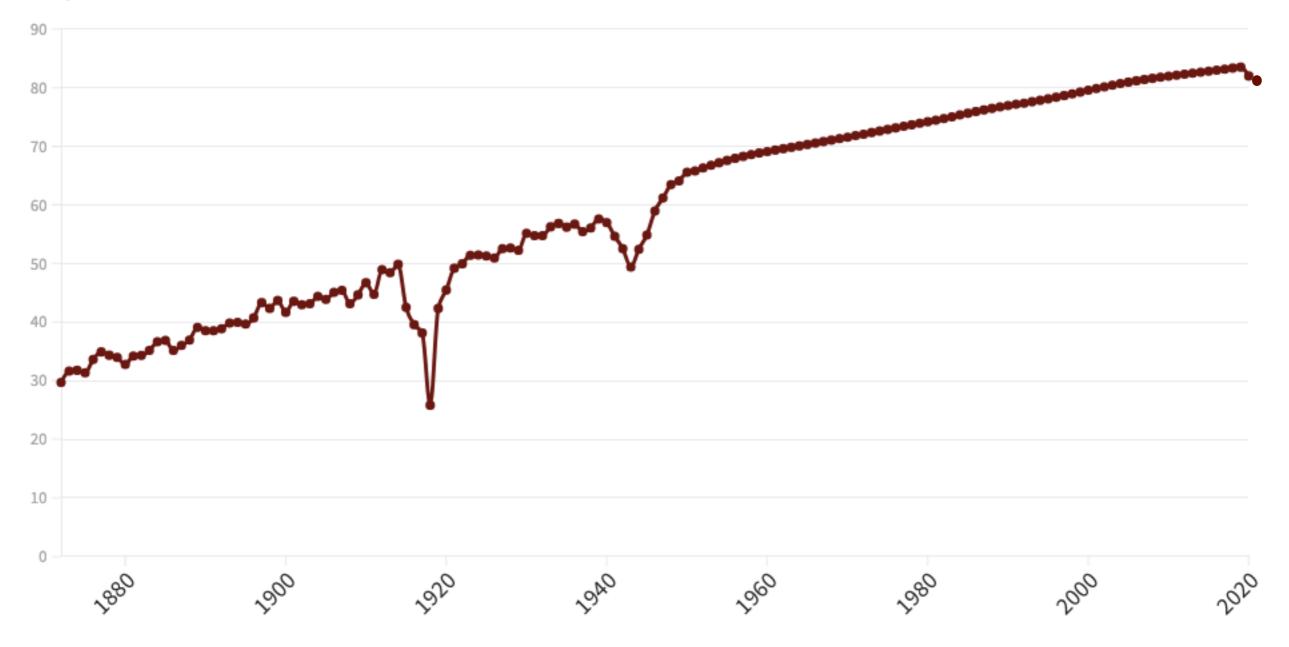
PROGRAMMA:

ore 15: introduzione (Carlo Biagetti) ore 15,15: Virus respiratori e cambiamento climatico (Carlo Biagetti) ore 15,30: prevenzione dell'influenza (Chiara Reali) ore 15,45: epidemiologia e diagnosi microbiologica dell'influenza (Giorgio Dirani) ore 16: valutazione del rischio infettivo e buone pratiche di infection control (Sabrina Alvisi) ore 16,15: gestione clinica (Kety Luzi) ore 16,30: influenza in terapia intensiva (Emanuele Russo)



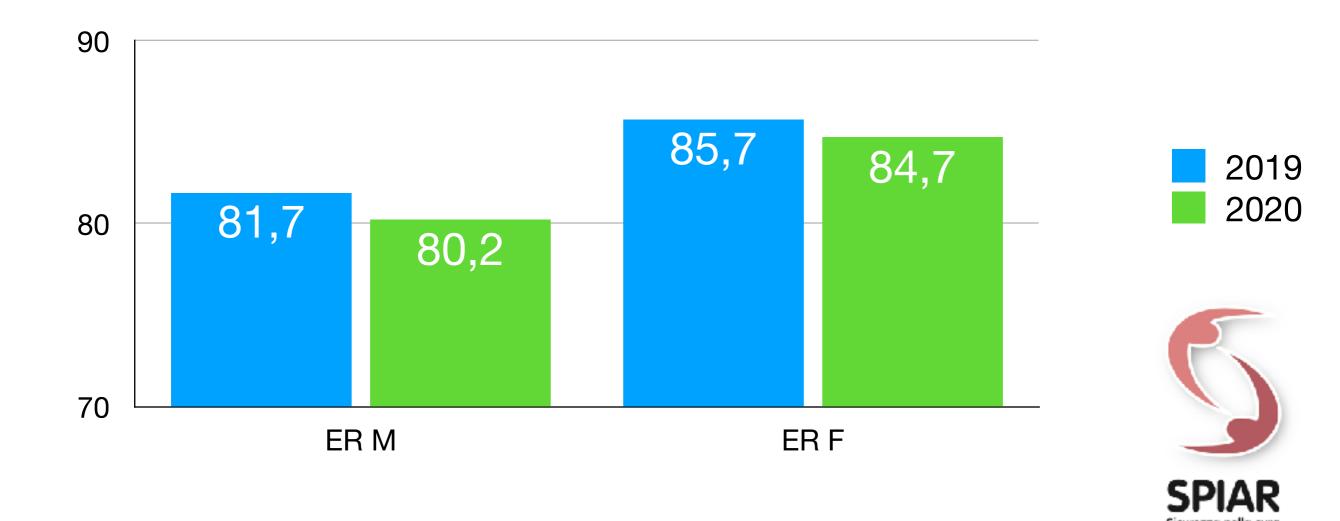
L'aspettativa di vita in Italia dal 1872 al 2020

Aspettativa di vita



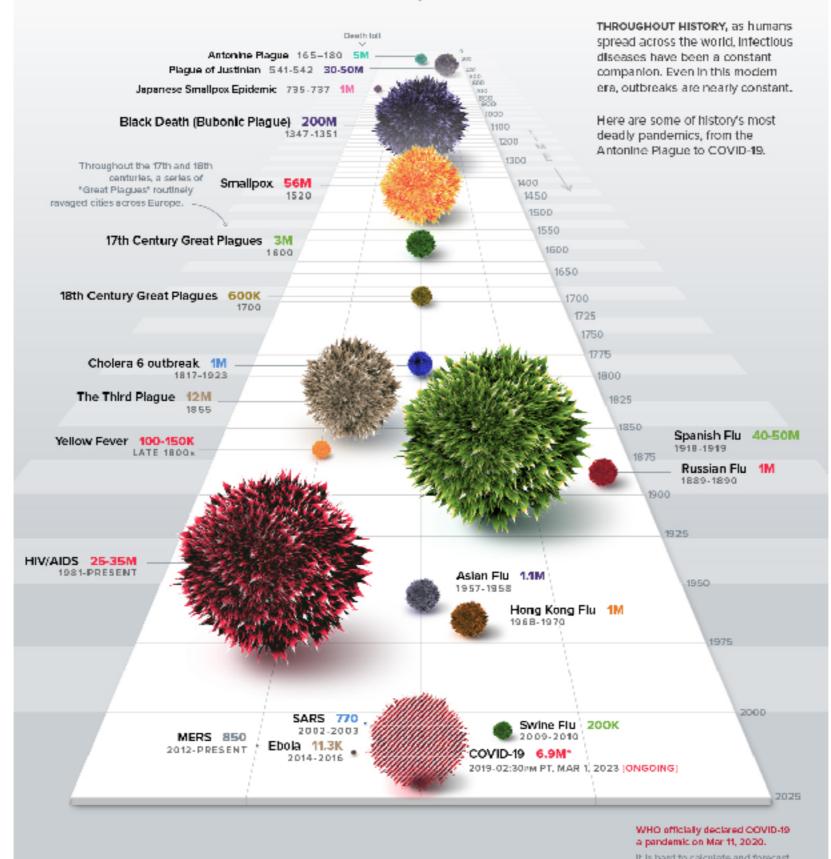
Organizzazione sanitaria e profilo demografico dell'Emilia Romagna

L'epidemia da COVID-19 ha determinato nel 2020 un forte calo della speranza di vita, comportando un azzeramento dei guadagni che si erano registrati nei precedenti 10 anni

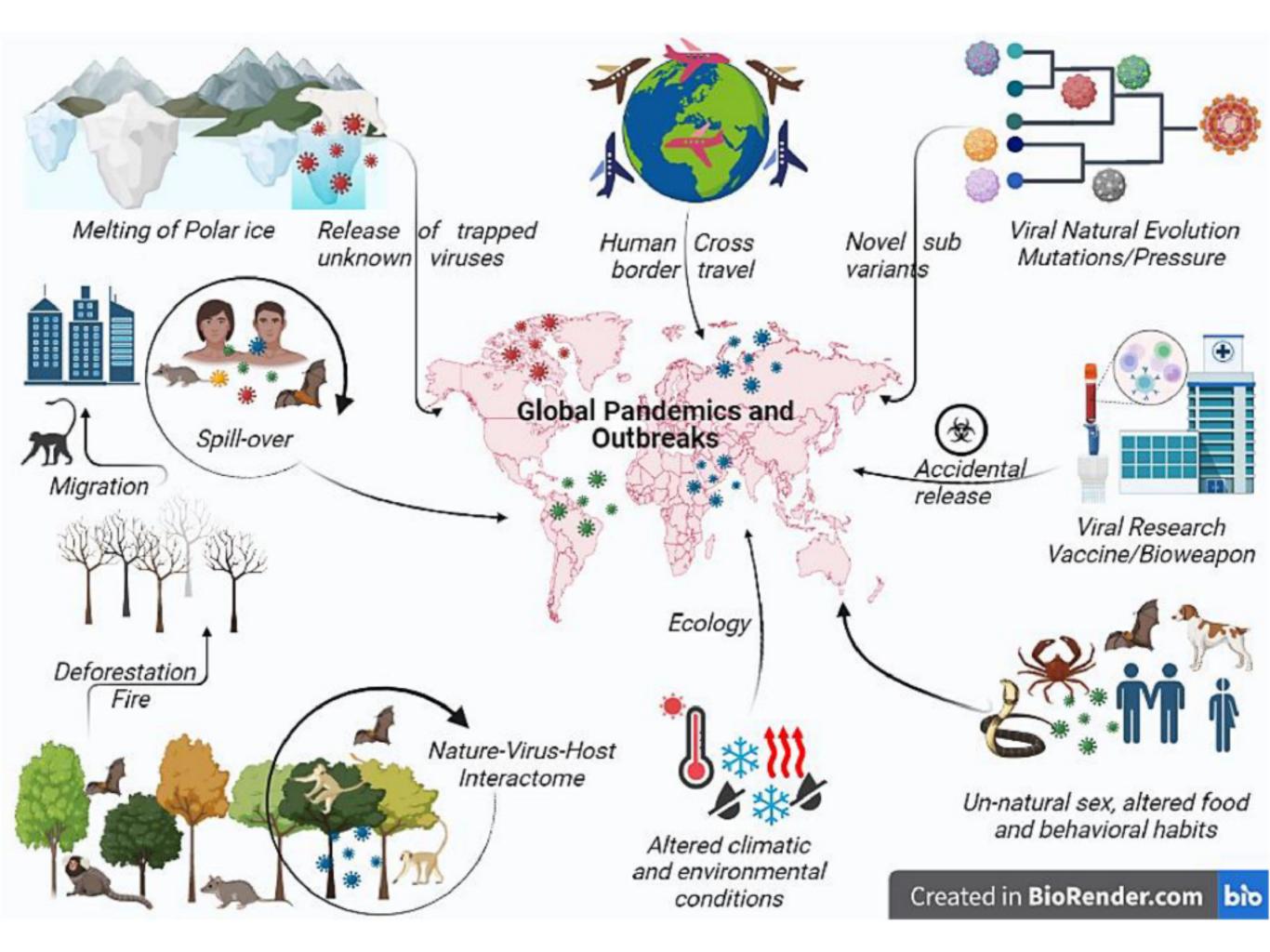


HISTORY OF **PANDEMICS**

PAN-DEM-IC (of a disease) prevalent over a whole country or the world.



2003 SARS 2009 H1N1 2012 MERS 2019 COVID



nature

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NEWS | 20 September 2024

COVID pandemic started in Wuhan market animals after all, suggests latest study

The finding comes from a reanalysis of genomic data.

The most likely hosts include raccoon dogs and masked palm civet (*Paguma larvata*), which also might be susceptible to the virus. Other possible hosts include hoary bamboo rats (*Rhizomys pruinosus*), Amur hedgehog (*Erinaceus amurensis*) and the Malayan porcupine (*Hystrix brachyura*), but it is unclear whether these animals can catch SARS-CoV-2 and spread the infection. The team say the Reeves's muntjac (*Muntiacus reevesi*) and the Himalayan marmot (*Marmota himalayana*) could also be carriers, but are less likely than the other species.

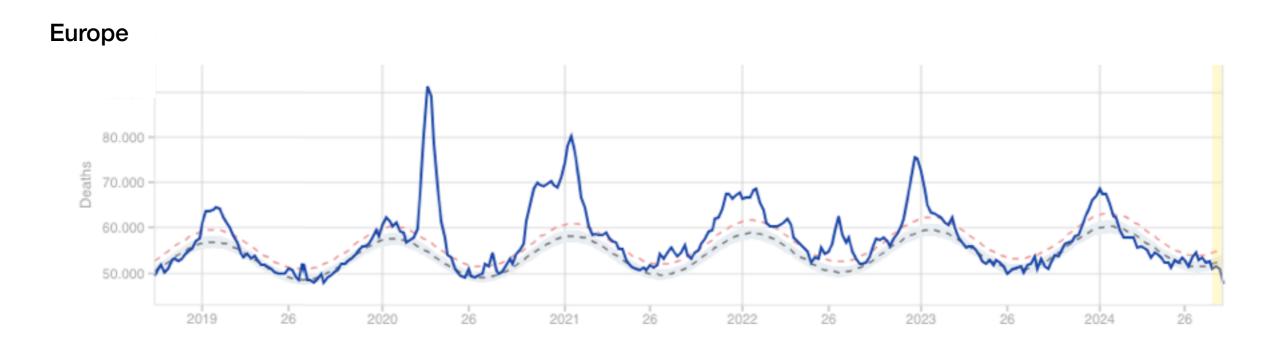
racoon dogs - cane procione

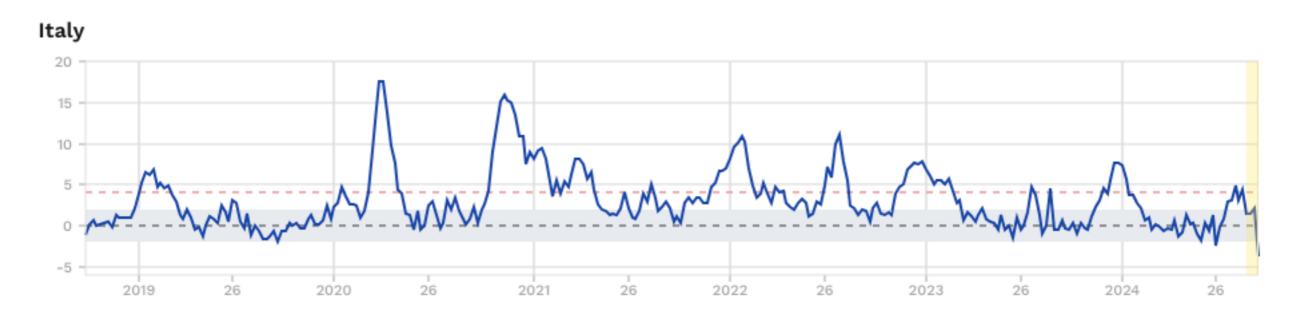




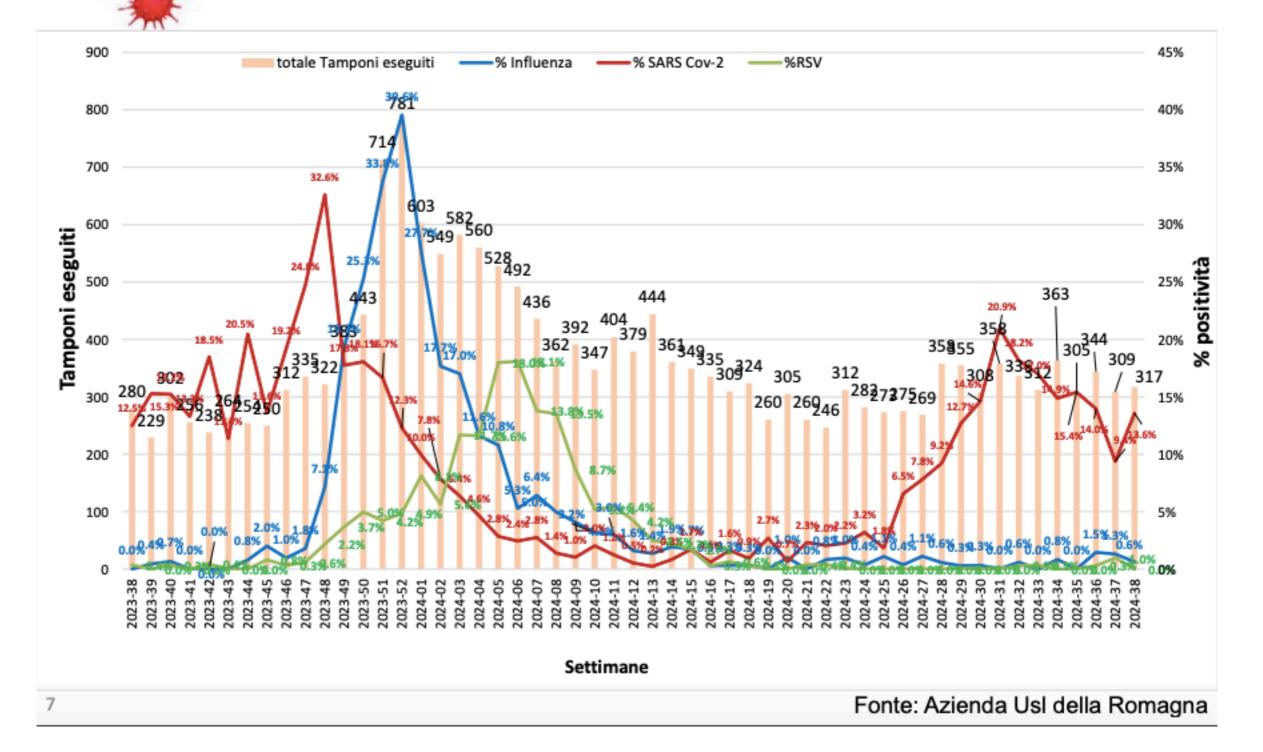
Graphs and maps

Last updated on week 38, 2024 🛛 🔒 Print





Tamponi eseguiti in urgenza nei Pronto Soccorso e reparti ospedalieri della Romagna a pazienti con sintomi/segni correlabili a possibile caso di Influenza/Covid-19/RSV



Review

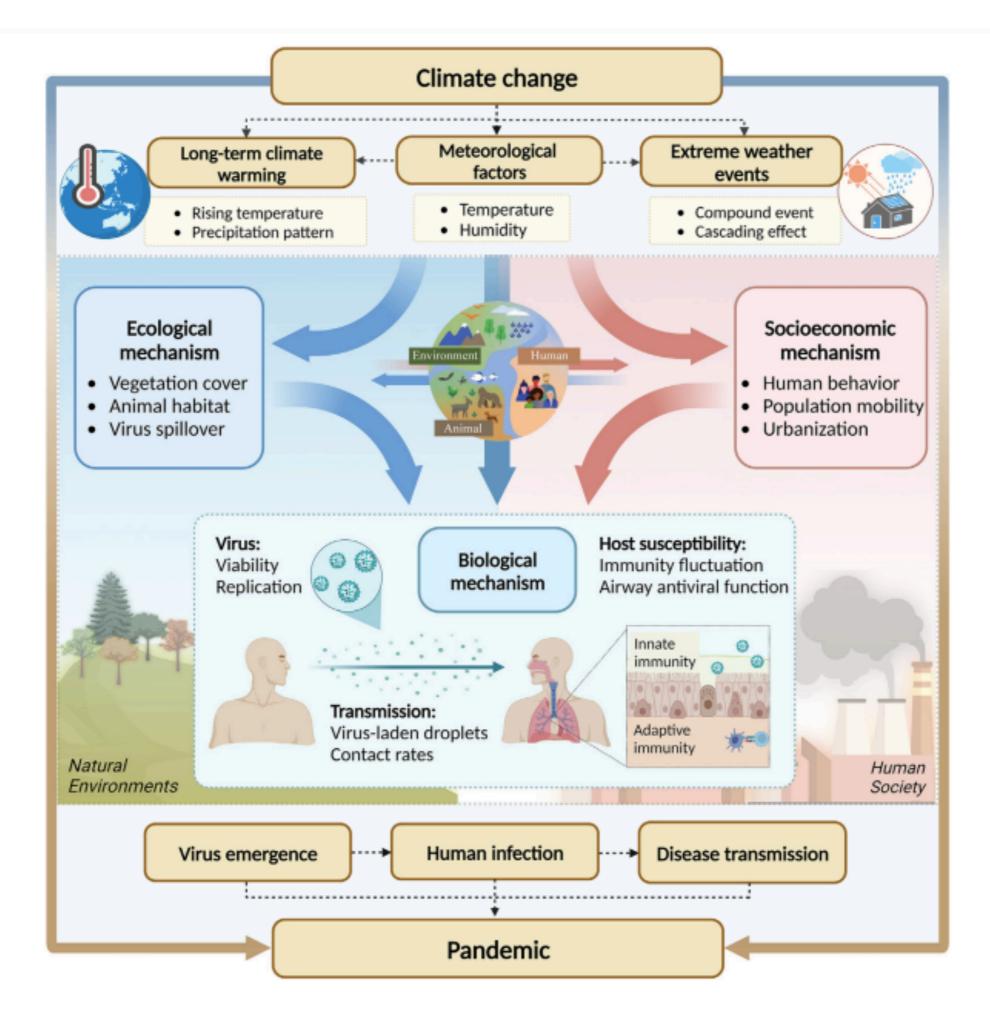
Viral respiratory infections in a rapidly changing climate: the need to prepare for the next pandemic



oa

Yucong He,^{a,b} William J. Liu,^c Na Jia,^d Sol Richardson,^a and Cunrui Huang^{a,b,*}

^aVanke School of Public Health, Tsinghua University, Beijing 100084, China ^bInstitute of Healthy China, Tsinghua University, Beijing 100084, China ^cNHC Key Laboratory of Biosafety, National Institute for Viral Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing 102206, China ^dState Key Laboratory of Pathogen and Biosecurity, Beijing Institute of Microbiology and Epidemiology, Beijing 100071, PR China

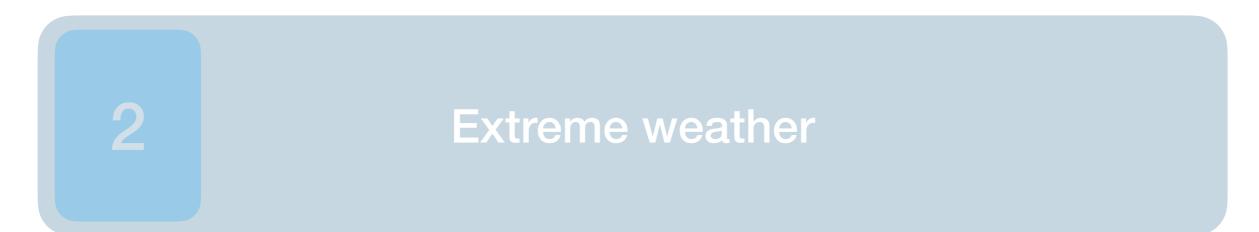














In general, the transmission of respiratory viruses can be mostly categorized as occurring through three major routes:

- direct and/or indirect contact with contaminated surfaces or objects (fomites)
- short-range droplet-borne transmission
- long-range aerosol transmission.

Important determinants of the likelihood that droplet-borne viruses reach previously uninfected individuals are droplet sedimentation and evaporation, which are **largely influenced by climatic and other environmental conditions.**

nature

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NEWS 24 April 2024

WHO redefines airborne transmission: what does that mean for future pandemics?

The World Health Organization was criticized for being too slow to classify COVID-19 as airborne. Will the new terminology help next time?

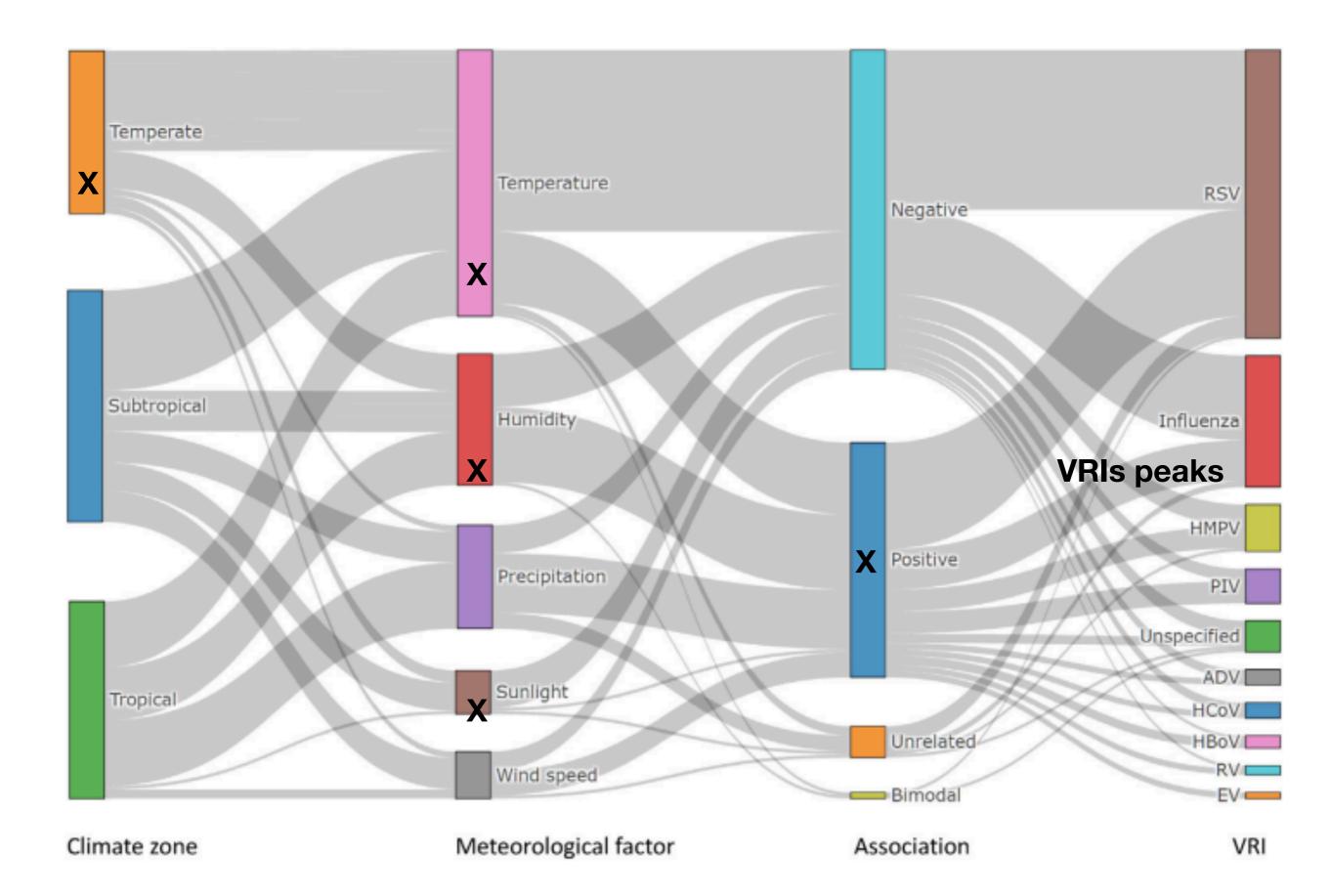


Infectious respiratory particles (IRPs) exist on a continuous spectrum of sizes, and no single cut off points should be applied to distinguish smaller from larger particles, this allows to move away from the dichotomy of previous t e r m s k n o w n a s 'aerosols' (generally smaller particles) and 'droplets' (generally larger particles).

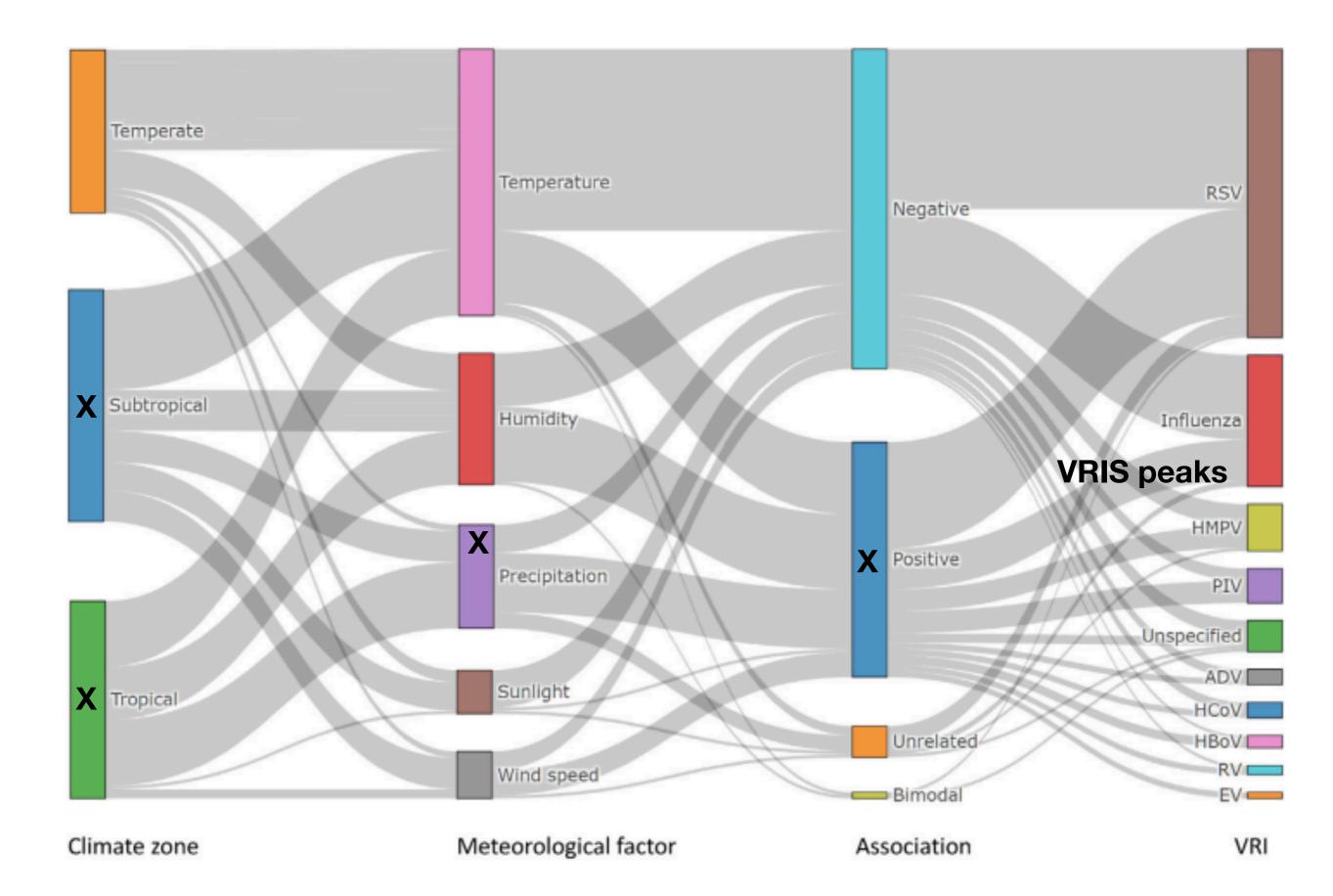
Many environmental factors influence the way IRPs travel through air, such as ambient air temperature, velocity, humidity, sunlight (ultraviolet radiation), airflow distribution within a space, and many other factors, and whether they retain viability and infectivity upon reaching other individuals.

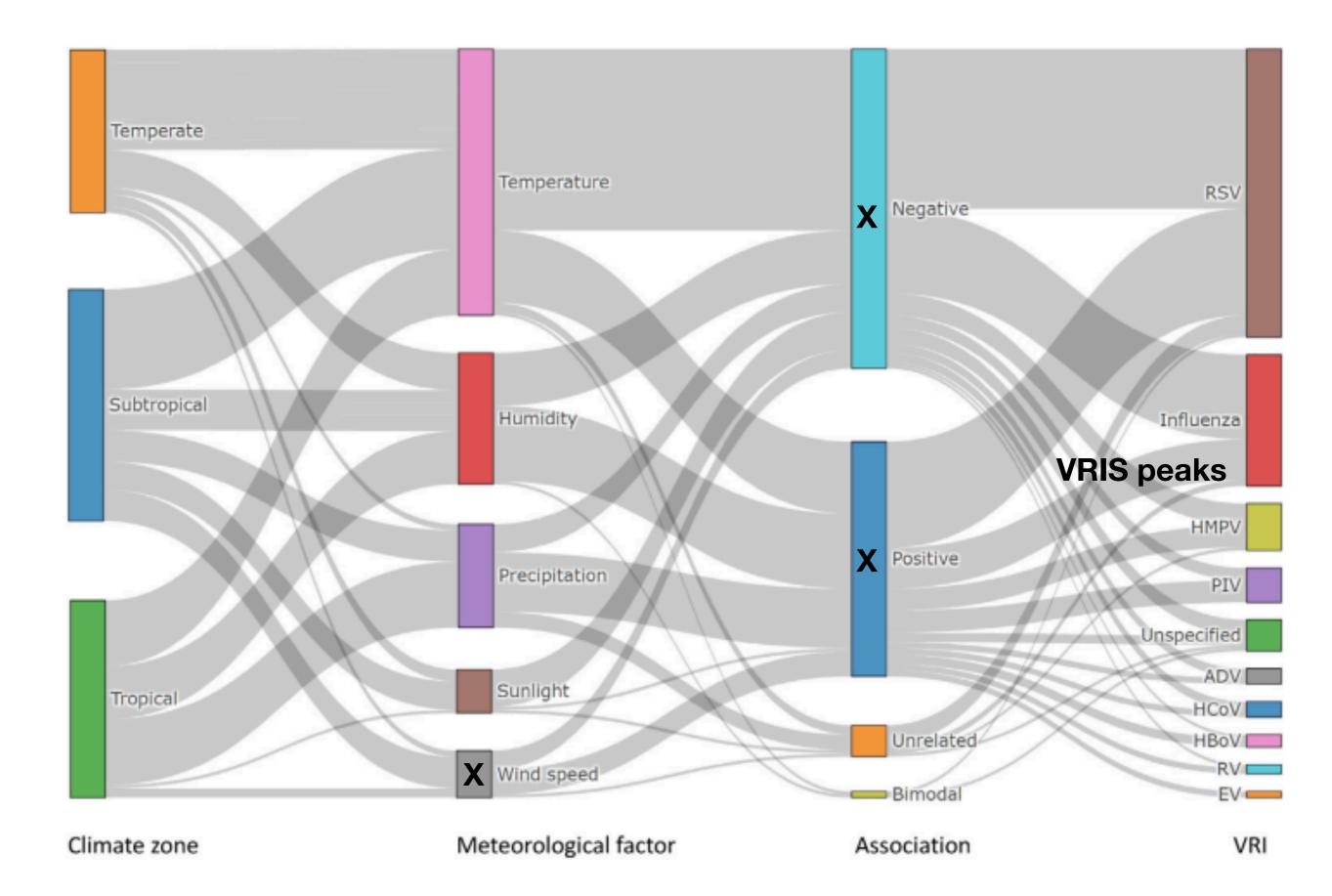
Global technical consultation report on proposed terminology for pathogens that transmit through the air



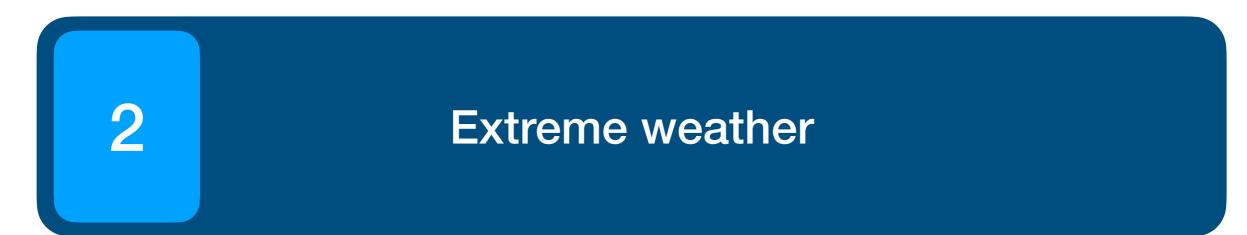


- Earlier laboratory studies have revealed that **low temperature** and **low humidity** enhance viral viability and transmission, especially influenza, and can **compromise host airway antiviral defense**
- Seasonal epidemics of VRIs are not only shaped by single meteorological factors but likely the composition of multiple meteorological conditions.
- Indoor climate: studies show that individuals living in homes with indoor heaters that elevate indoor RH levels have lower rates of infections due to decreased virus viability
- Virus transmission is more prevalent in indoor environments that are well-air-conditioned but have **poor ventilation**. The indoor climate and ventilation rates, regulated by outdoor weather conditions, are suggested to play a vital role in moderating the seasonal patterns of VRIs



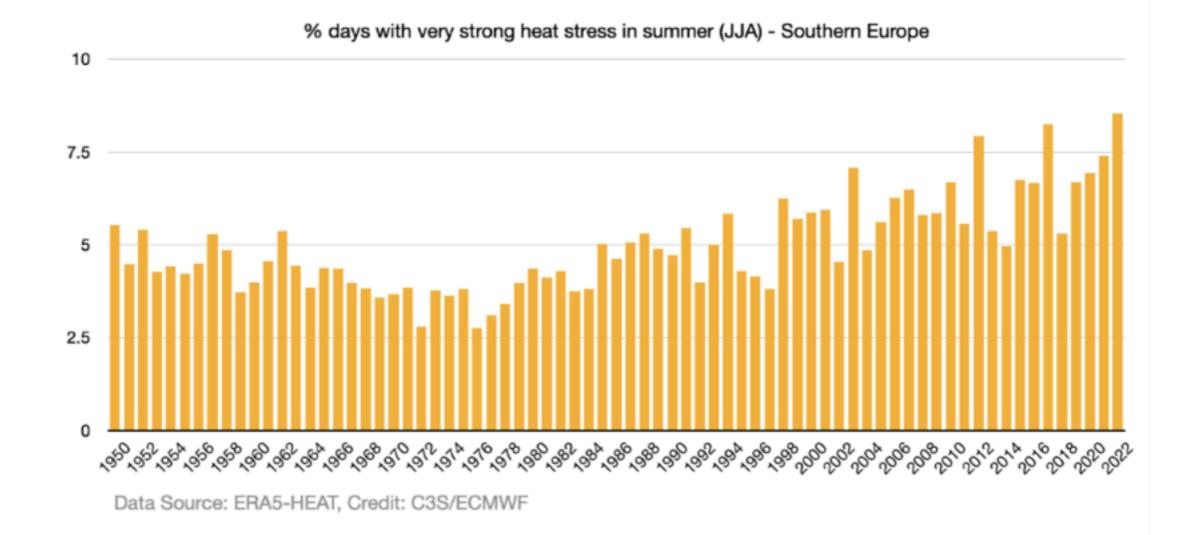






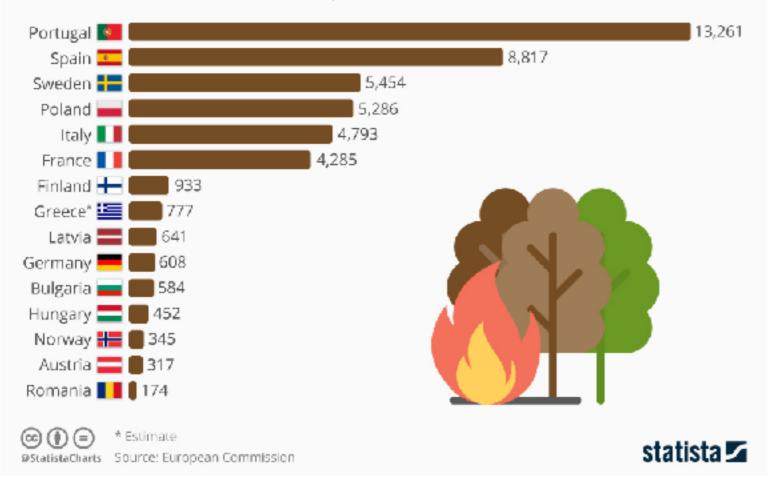


The European heatwave of July 2023 in a longer-term context



Forest Fires in Europe

Number of forest fires in selected European countries in 2016





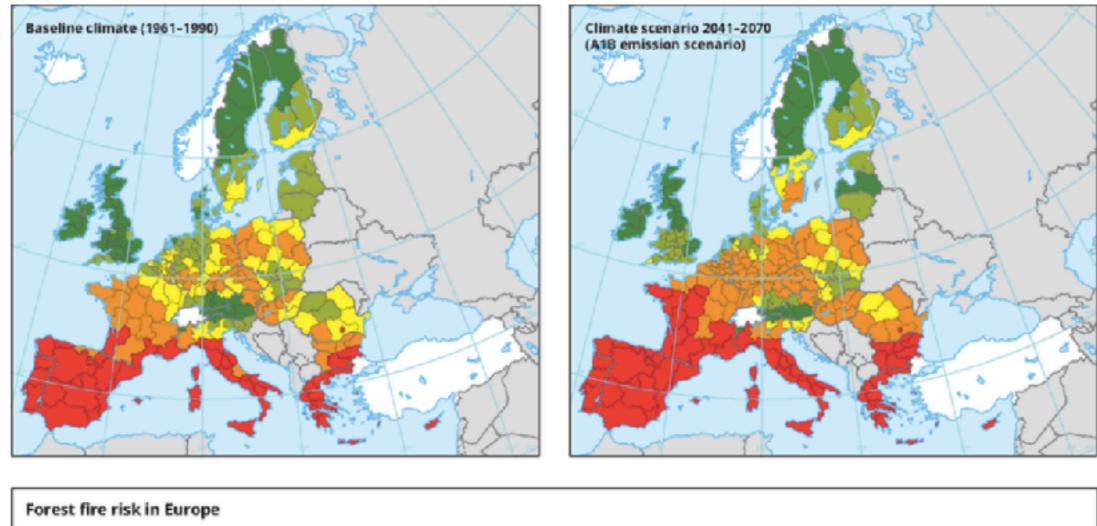


Topics

Analysis and data

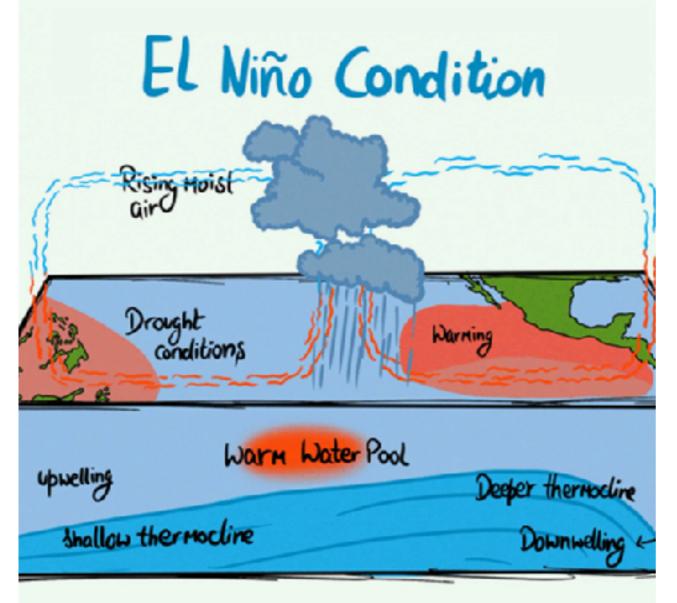
Projected Forest fire risk in Europe

Map (static) | Published 19 Jul 2017 | Modified 20 Sept 2024



Forest fire risk in Europe								
Very high	🗾 High	Medium	Low	Very low	Not assessed	Outside coverage		
						<u>0</u>	500 1000	1500 km

- High-pressure atmospheric conditions, sunlight and low wind speeds during heatwaves contribute to high levels of air pollution. Heatwaves and droughts exacerbate the spread of wildfires, resulting in widespread elevations in levels of particulate matter (PM), which can exacerbate damage to lung function and/or pre-existing respiratory illnesses like COPD and asthma
- A time-stratified case-crossover study in China showed that the risk of acute upper respiratory infections increased by 30% during heatwaves
- Other studies reported exacerbation of pre-existing respiratory illnesses and increased host susceptibility to VRIs resulting from synergistic effects of compound exposures to aggravated air pollution, heatwaves, wildfire, and droughts





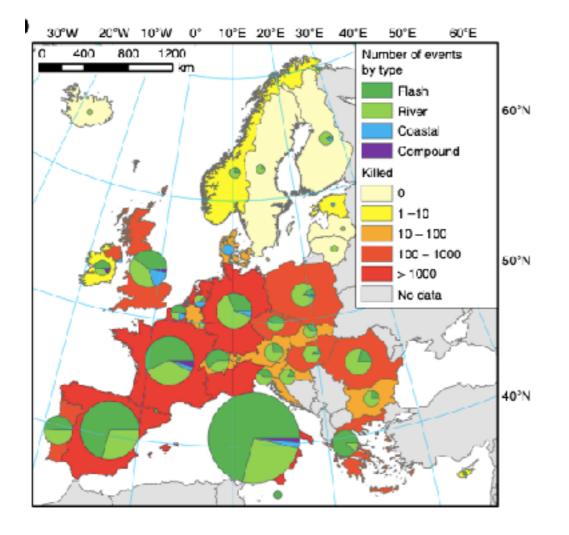


ARTICLE

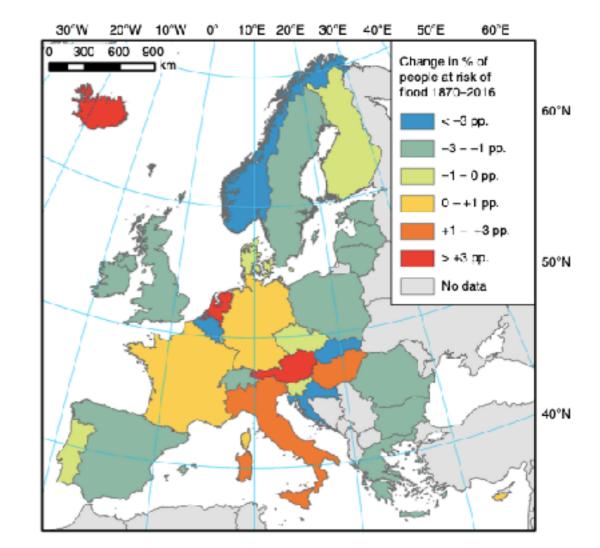
DOI: 10.1038/s41467-018-04253-1

Trends in flood losses in Europe over the past 150 years

Dominik Paprotny ^{1,2}, Antonia Sebastian^{1,3}, Oswaldo Morales-Nápoles ¹ & Sebastiaan N. Jonkman¹



OPEN





Article

Syndromic Surveillance in Public Health Emergencies: A Systematic Analysis of Cases Related to Exposure to 2023 Floodwaters in Romagna, Italy

Marco Montalti ^{1,2,*}, Marco Fabbri ³, Raffaella Angelini ³, Elizabeth Bakken ⁴, Michela Morri ⁴, Federica Tamarri ¹, Chiara Reali ¹, Giorgia Soldà ^{2,5}, Giulia Silvestrini ³ and Jacopo Lenzi ⁶

European Journal of Clinical Microbiology & Infectious Diseases https://doi.org/10.1007/s10096-024-04842-7

BRIEF REPORT

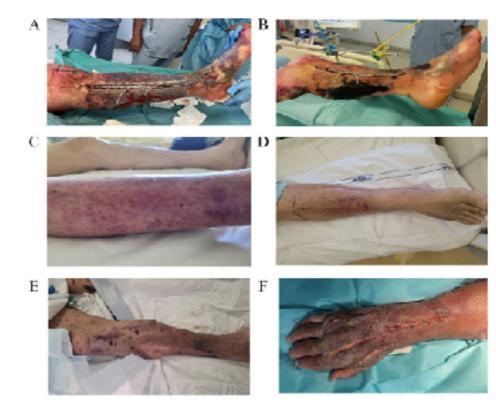


Non-cholera Vibrio spp. invasive infections in the summer following May 2023 flood disaster in Romagna, Italy: a case series

I. Zaghi^{1,2} · G. Tebano¹ · E. Vanino¹ · G. Vandi³ · M. Cricca^{2,4} · V. Sambri^{2,4} · M. Fantini⁵ · F. Di Antonio⁶ · M. Terzitta⁶ · E. Russo⁷ · F. Cristini⁸ · P. Bassi¹ · C. Biagetti³ · P. Tatarelli¹

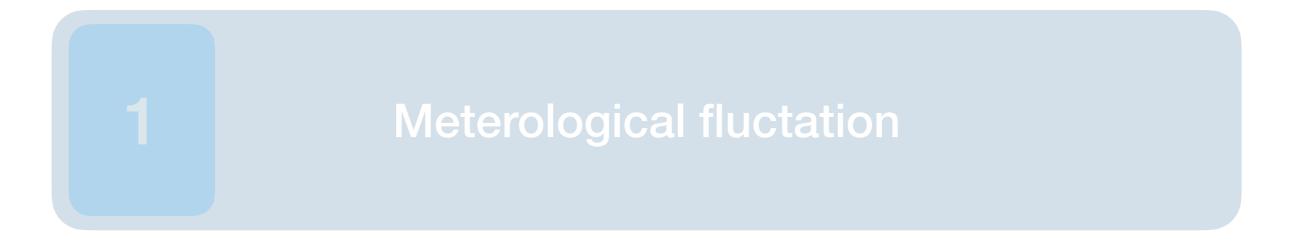
Received: 3 February 2024 / Accepted: 2 May 2024

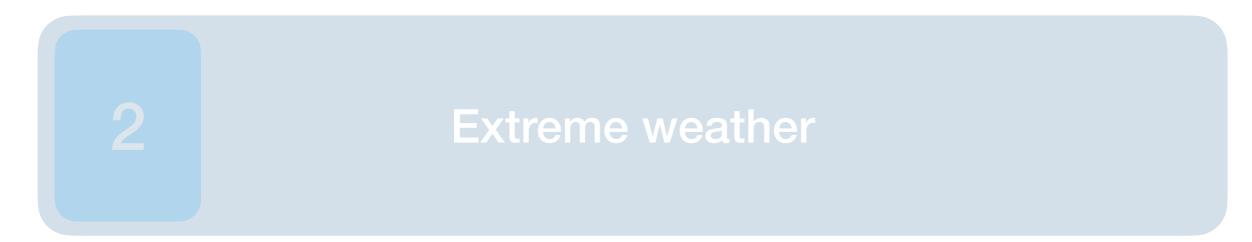




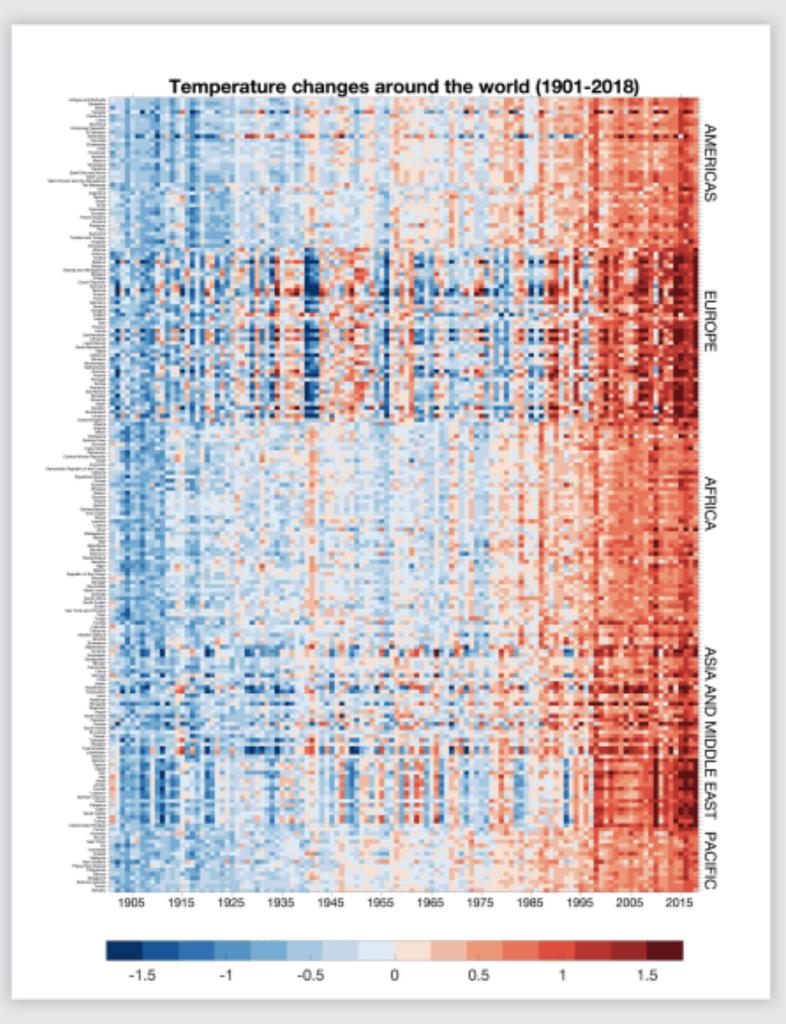


- These events may have cascading effects on hydrological conditions, air quality, and health determinants, modifying disease exposure, while increasing susceptibility and ultimately leading to an increased risk of infections and outbreaks
- In resource-limited tropical low- and middle-income countries (LMICs), which have been proven more vulnerable to the impacts of climate change, heavy rainfalls are found to be more likely associated with VRI peaks.
- A cross-sectional study reported that direct exposure to **floodwater** increased the risk of influenza-like illnesses (OR = 2.75).
- Disruption of housing, health access, and emergency response infrastructure due to flooding can compromise health system resilience and increase both exposure and vulnerability to VRI risks









Shift in spatiotemporal dynamics of VRIs epidemics

- These include the changes in climate belts, alternations in vegetation coverage, melting of glacial permafrost, and loss of biodiversity.
- Recent epidemiological surveillance in temperate climates has revealed a shift in the peak timing of RSV seasonal activity towards warmer seasons over the past few decades, along with a shortened epidemic duration.
- Future RSV epidemics would have a northward shift in regional ranges as epidemic durations became **more persistent**.
- Densely populated areas would undergo the greatest rise in rapid intraseason temperature variability by the end of this century, thereby increasing the risk of influenza morbidity by up to 50%

Host susceptibility

- Prolonged exposure to extremely high temperatures (≥36 °C) in mice impairs virus-specific CD8+ T cell responses and antibody production following intranasal influenza virus infection.
- Heatwaves, along with wildfires, increase compound exposure to air pollution as well as allergens like pollens, which causes **airway irritation and respiratory tract inflammation.** This reduces airway responsiveness to harmful stimuli and weakened clearance, exacerbating the damage to lung function.

Agricultural adaptation

 Climate change has led to prolonged droughts, desertification, and land degradation, which have had slow-onset but significant impacts on agriculture, especially in tropical regions in the developing world where soil quality is already poor. Increases in the frequency and severity of droughts exacerbate food insecurity in those areas currently vulnerable to undernutrition, increasing susceptibility to infectious diseases by compromising host immunity

Human behavior

- Crowding in particular plays a key role in this regard.
- Outdoor climate can also affect human behavior, such as gathering indoors during rainy days and using indoor heating on cold days or air conditioning on hot days.
- This seems appropriate in explaining the different seasonal patterns of VRI epidemics for both cold temperate and hot subtropical or tropical regions, where such indoor crowding influenced by seasonal weather conditions facilitates human-to-human transmission
- Extreme weather events, including heavy rainfall and flooding, can disrupt housing, healthcare access, and emergency infrastructure, resulting in mass displacement and worsening living conditions

Emerging VRIs with pandemic potential

- Of all the viruses mentioned above, three families of RNA viruses associated with respiratory infections appear to frequently jump species boundaries, including Orthomyxoviridae, Coronaviridae, and Paramyxoviridae (corresponding to five types of virus: influenza virus, HCoV, RSV, PIV, HMPV)
- Stage 1 involves the pathogen remaining in its natural reservoir. Largescale ecological and societal changes can alter the likelihood of crossspecies transmission, which can lead to progression into stage 2.
- Stage 2 is characterized by localized emergence, where spillovers from natural reservoirs result in human-to-human transmission.
- Stage 3 is marked by the acquisition of sustained human-to-human transmission with low or no human immunity. Increased global connectivity can aid the transition to stage 3, leading to actual pandemics.



Conclusion

- As suggested by both biological and epidemiological evidence, temperature and humidity are the most significant meteorological drivers of VRI seasonality.
- Due to climate change, seasonal epidemics of VRIs may shift spatially and temporally, with rising temperatures and abnormal rainfall patterns being contributing factors.
- Extreme weather events have the potential to exacerbate the risks of VRI transmission and increase outbreak risks
- The increasing concern of **spillover of emerging zoonotic pathogens** and the potential for pandemics is primarily a result of modifications in both natural and social environments as a result of climate change and human-animal environment interconnectedness.
- The contact patterns between humans and wildlife reservoirs have changed due to urbanization and **the intrusion of humans** into previously unoccupied regions.

Conclusion

- The COVID-19 pandemic may be a harbinger of an upcoming new era, defined by outbreaks of emerging and re-emerging diseases that spread quickly and internationally
- Therefore, adopting the **One Health approach**, which systematically considers the interconnected interaction between humans, animals, and the environment we share, as well as the interconnection of climate change, human health, environmental sanitation, and biodiversity as a whole, is instrumental for understanding the regional and global health threats associated with climate change
- This perspective can enhance interdisciplinary collaboration in strengthening surveillance and early warning of viral diseases to inform preparation for future pandemics

