Allegato F

1) ENDOCARDITE BATTERICA

2) SEPSI

3) INFENZIONI DA GERMI MDR GRAM NEGATIVI

4) EPATITI VIRALI CRONICHE

5) CLOSTRIDIOIDES DIFFICILE

6) POLMONITI BATTERICHE

REGIONE SICILIANA AZIENDA SANITARIA PROV.LE DI PALERMO

Allegato "G"


## Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a highly transmissible and pathogenic coronavirus that emerged in late 2019 and has caused a pandemic of acute respiratory disease, named 'coronavirus disease 2019' (COVID-19), which threatens human health and public safety. In this Review, we describe the basic virology of SARS-CoV-2, including genomic characteristics and receptor use, highlighting its key difference from previously known coronaviruses. We summarize current knowledge of clinical, epidemiological and pathological features of COVID-19, as well as recent progress in animal models and antiviral treatment approaches for SARS-CoV-2 infection. We also discuss the potential wildlife hosts and zoonotic origin of this emerging virus in detail.


## Conflict of interest statement

# With Inflammatory Bowel Disease Receiving Biologic Therapy.

**Background**: Treatment for latent tuberculosis infection (LTBI) is of particular concern in patients with inflammatory bowel disease (IBD) initiating biologic therapies to prevent tuberculosis (TB) reactivation. This study aimed to evaluate the effectiveness of LTBI treatment in IBD patients receiving biologic therapy.

**Methods**: There was a retrospective review of all IBD patients diagnosed with LTBI following a tuberculin skin test (TST) and/or interferon gamma release assay (IGRA) and who received biologic therapy between 2002 and 2016. The primary outcome was tuberculosis reactivation after completion of LTBI treatment.

**Results**: Three-hundred twenty-nine IBD patients were identified, and 35 (27 Crohn's disease; 8 ulcerative colitis) met the study inclusion criteria. The mean age was 38.3 years, and 68.6% were male. The most common LTBI treatment regimen was isoniazid (INH) for 9 months (74%). Biologic therapies used were infliximab (40%), adalimumab (29%), vedolizumab (20%), and certolizumab pegol (11%). Combination therapy with an immunomodulator was administered in 57% of cases. The median time from initiation of LTBI

Allegato "I"

# Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of Clostridioides difficile Infection in Adults

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# Tofacitinib in Patients Hospitalized with Covid-19 Pneumonia

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## ABSTRACT

### BACKGROUND

The efficacy and safety of tofacitinib, a Janus kinase inhibitor, in patients who are hospitalized with coronavirus disease 2019 (Covid-19) pneumonia are unclear.

### METHODS

We randomly assigned, in a 1:1 ratio, hospitalized adults with Covid-19 pneumonia to receive either tofacitinib at a dose of 10 mg or placebo twice daily for up to 14 days or until hospital discharge. The primary outcome was the occurrence of death or respiratory failure through day 28 as assessed with the use of an eight-level ordinal scale (with scores ranging from 1 to 8 and higher scores indicating a worse condition). All-cause mortality and safety were also assessed.

### RESULTS

A total of 289 patients underwent randomization at 15 sites in Brazil. Overall, 89.3% of the patients received glucocorticoids during hospitalization. The cumulative incidence of death or respiratory failure through day 28 was 18.1% in the tofacitinib group and 29.0% in the placebo group (risk ratio, 0.63; 95% confidence interval [CI], 0.41 to 0.97; P=0.04). Death from any cause through day 28 occurred in 2.8% of the patients in the tofacitinib group and in 5.5% of those in the placebo group (hazard ratio, 0.49; 95% CI, 0.15 to 1.63). The proportional odds of having a worse score on the eight-level ordinal scale with tofacitinib, as compared with placebo, was 0.60 (95% CI, 0.36 to 1.00) at day 14 and 0.54 (95% CI, 0.27 to 1.06) at day 28. Serious adverse events occurred in 20 patients (14.1%) in the tofacitinib group and in 17 (12.0%) in the placebo group.

### CONCLUSIONS

Among patients hospitalized with Covid-19 pneumonia, tofacitinib led to a lower risk of death or respiratory failure through day 28 than placebo. (Funded by Pfizer; STOP-COVID ClinicalTrials.gov number, NCT04469114.)

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*A list of the STOP-COVID Trial Investigators is provided in the Supplementary Appendix, available at NEJM.org.

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CORONAVIRUS DISEASE 2019 (COVID-19) is a viral disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Despite the rapid development of vaccines, a large part of the world population remains at risk for Covid-19. Therefore, effective, safe, and easy-to-administer therapies for hospitalized patients with Covid-19 are needed.

Research Organization of the Hospital Israelita Albert Einstein in São Paulo. An independent data and safety monitoring board reviewed unblinded patient-level data for safety on an ongoing basis during the trial. Pfizer provided the entire trial budget, which covered all trial-related expenses including but not limited to investigator fees, costs related to investigational product suppliers

*A Quick Take is available at NEJM.org*

**fever, weakness, malaise and weight loss**

- **Person-to-person transmission is rare**
- **Brucellosis is a bacterial disease caused by various Brucella species, which mainly infect cattle, swine, goats, sheep and dogs**

Brucellosis is a bacterial disease caused by various *Brucella* species, which mainly infect cattle, swine, goats, sheep and dogs. Humans generally acquire the disease through direct contact with infected animals, by eating or drinking contaminated animal products or by inhaling airborne agents. Most cases are caused by ingesting unpasteurized milk or cheese from infected goats or sheep.

Brucellosis is one of the most widespread zoonoses transmitted by animals and in endemic areas, human brucellosis has serious public health consequences. Expansion of animal industries and urbanization, and the lack of hygienic measures in animal husbandry and in food handling, partly account for brucellosis remaining a public health hazard.

## Who is at risk?

ASP
PALERMO
AZIENDA SANITARIA PROVINCIALE

Allegato "

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2) SEPSI GIÀ ESTRATTA

4) EPATITI VIRALI CRONICHE GIÀ ESTRATTA

6) POLMONITI BATTERICHE GIÀ ESTRATTA

Allegato "D"

**CONCORSO PUBBLICO PER TITOLI ED EAMI PER LA COPERTURA DI N. 1 POSTO DI DIRIGENTE MEDICO DI MALATTIE INFETTIVE**

**ESITO PROVA ORALE**

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