



Autodiagnosi & Cura nelle Comuni

Malattie Infettive

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Francesco G. De Rosa
“Infectious Diseases 2”
City of Health and Science
University of Turin, Italy
Cardinal Massaia Hospital, Asti



Disclosures

Consultant/Advisory Board/Speaker fees

- Pfizer, MSD, AstraZeneca, Angelini
- Astellas Pharma, Basilea, Sanofi Aventis
- Thermo Fisher, Biomereuix
- BioTest, Nordic Pharma
- Sofar, Gilead Sciences
- Correvio, Hikma

Autodiagnosi

- **Modalità operativa "guidata"**
 - Pazienti cronici
 - Comorbidità
 - Immunosoppressione / splenectomia
- **Overlap tecnico con prescrizione differita**
- **Facile tendenza a overdiagnosi e uso eccessivo di farmaci o medicinali**
- **Dovrebbe sempre essere accompagnata da adeguata informazione (d)al MMG/Caregiver**

"Cura"

- **Terapia sintomatica**
 - Antipiretici / antinfiammatori
 - Fluidificanti del muco
 - Attenzione alle terapia croniche
 - Effetti collaterali additivi spesso sottovalutati
- **Effetto placebo non sempre valutabile**
- **Utilizzo di probiotici frequenti nelle patologie "gastroenteriche"**

Respiratory Viruses Cause Late Morbidity in Recipients of Hematopoietic Stem Cell Transplantation

- **Retrospective, single-center, observational cohort study**
 - To determine the incidence of Common respiratory viral infections (CRVIs)
 - Patients with allogeneic (allo) or autologous (auto) HSCT, Australia 2009 - 2017
 - Median follow-up: 8.9 and 4.5 years for auto- & allo-HSCT recipients, respectively
 - 149 CRVI episodes in 74 patients, with rhinovirus most common (n = 81, 47%)
- **Majority of CRVIs (113/149, 75.8%) >100 days post-HSCT**
- **67% were diagnosed in the outpatient setting**
- **Lower respiratory tract infection (LRTI) in 45.6% (68/149)**

Respiratory Viruses Cause Late Morbidity in Recipients of Hematopoietic Stem Cell Transplantation

- **Multivariate logistic regression analysis**
 - Coviral infections and CMV viremia
 - Independent risk factors for progression of CRVI to LRTI
- **Ten (6.7%) → ICU & mechanically ventilated**
- **Eight (5.4%) patients died within 30 days of CRVI**
- **Prevention**
 - Strict infection control practices
 - Vaccination
 - Patient education is essential

Electronic Health Record Based-Human Immunodeficiency Virus (HIV) Screening Program in an Urban Emergency Department for Diagnosing Acute and Chronic HIV Infection

- **Since 2006, Centers for Disease Control → routine opt-out HIV testing among sexually active 13- to 64-year-old in the emergency department (ED)**
- **Since 2015 → electronic health record (EHR) to enhance HIV testing**
 - 13-64 years of age, did not have HIV listed on their problem list, and did not have an HIV antigen/antibody (Ag/Ab) test in the EHR within the past rolling 12-month period
- **→ Baseline HIV test rate was 2.5% of the target population by age**
- **→ 23,588 test performed (17.1% of the target population) HIV Ag/Ab tests**
 - 164 positive tests
 - 18 acute seroconverters, 51 new chronically infected persons
 - 95 known infected, many of who had not disclosed their status
- **Positive test rate was 0.70% → 0.29% if only newly diagnosed counted**
- **Important tool to linkage to care**

Percorsi di Cura & Specificità Operative

- **Paziente Cronico**
- **Paziente Colonizzato da MDR**
- **Paziente Immunocompromesso**

- **Percorso di cura / PDTA(?)**
 - Endocardite infettiva
 - Infezione protesica, cardiovascolare, ortopedica
 - Riabilitazione in colonizzato da MDR