

□ Direttore Unità Operativa Malattie Infettive Policlinico P. Giaccone, Full Professor of Infectious Diseases at the University of Palermo

意大利巴勒莫“保罗-贾科莫“大型综合医院传染病科主任、巴勒莫大学传染病学全职教

授

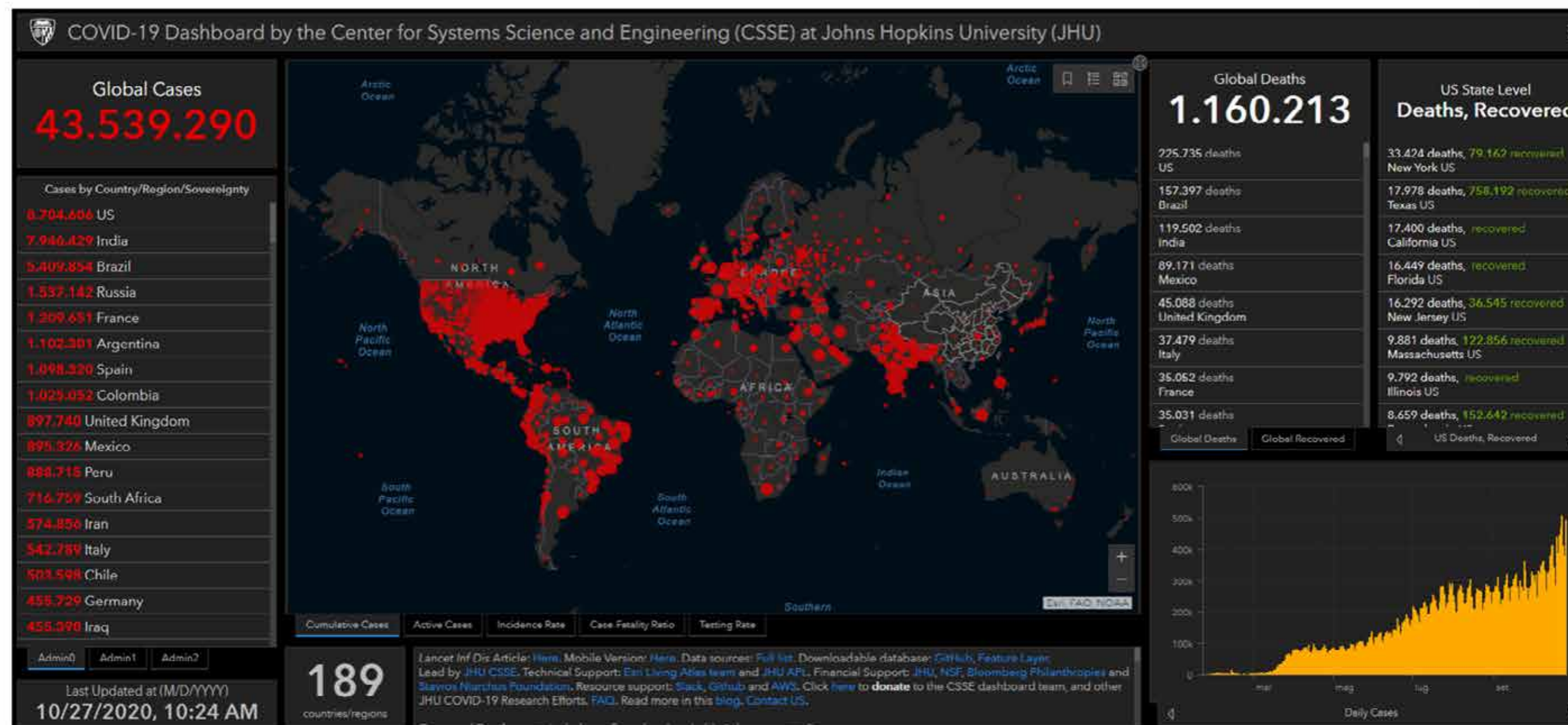


He was Head of the Infectious Diseases Unit of the AOU Policlinico “G. Martino ”of Messina. He was a member of the IOC of the AOU Policlinico "G. Martino "of Messina (Hospital Infections Committee) until 2015. From 11-11-2015 he is Director of the UOC of Infectious Diseases and of the Regional Reference Center AIDS at the AOU Policlinico" P. Giaccone ”of Palermo. It mainly deals with HIV infections, persistent fevers, tropical diseases, leishmaniasis, brucellosis, hepatitis and upper and lower respiratory tract infections, urinary tract infections, skin and soft tissue infections. The scientific activity of Prof. Cascio is documented by more than 350 publications on subjects of Pathophysiology, Epidemiology, Clinical and Therapy of Infectious and Parasitic Diseases in national and international journals.

ANTONIO CASCIO安

东尼奥·卡西奥

曾任墨西哥大学附属大型综合医院传染病科主任。2015年前一直担任墨西哥大学附属大型综合医院医院感染委员会委员。2015年11月11日以来，担任巴勒莫大学附属大型综合医院传染病科主任和艾滋病感染地区参考中心主任，主要负责管理HIV感染，持续高热，热带疾病，利什曼病，布鲁氏菌病，肝炎，上、下呼吸道感染，泌尿道感染，皮肤和软组织感染。在国内外期刊上发表有关病理生理学，流行病学，传染病和寄生虫病临床治疗相关研究350余篇。



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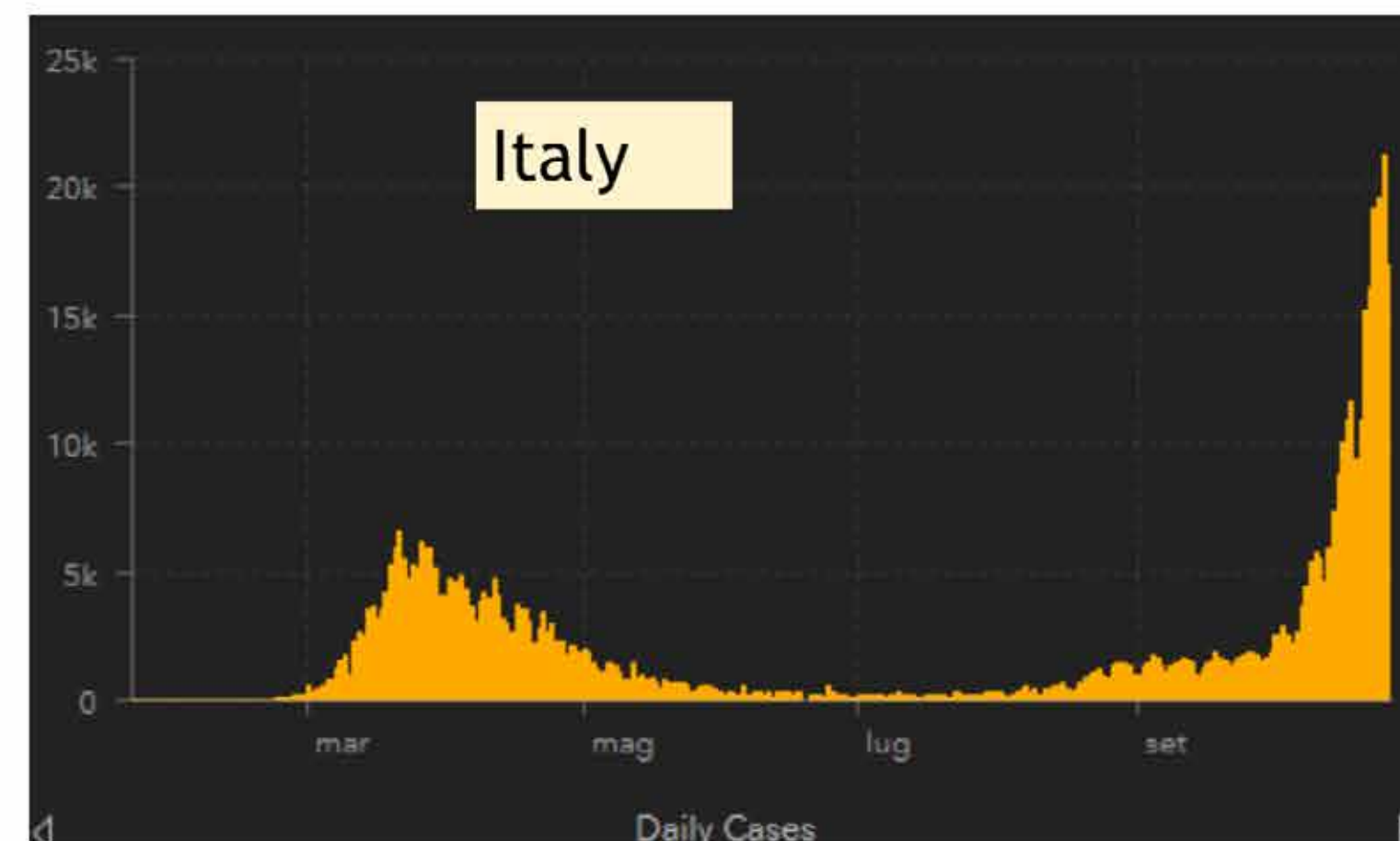
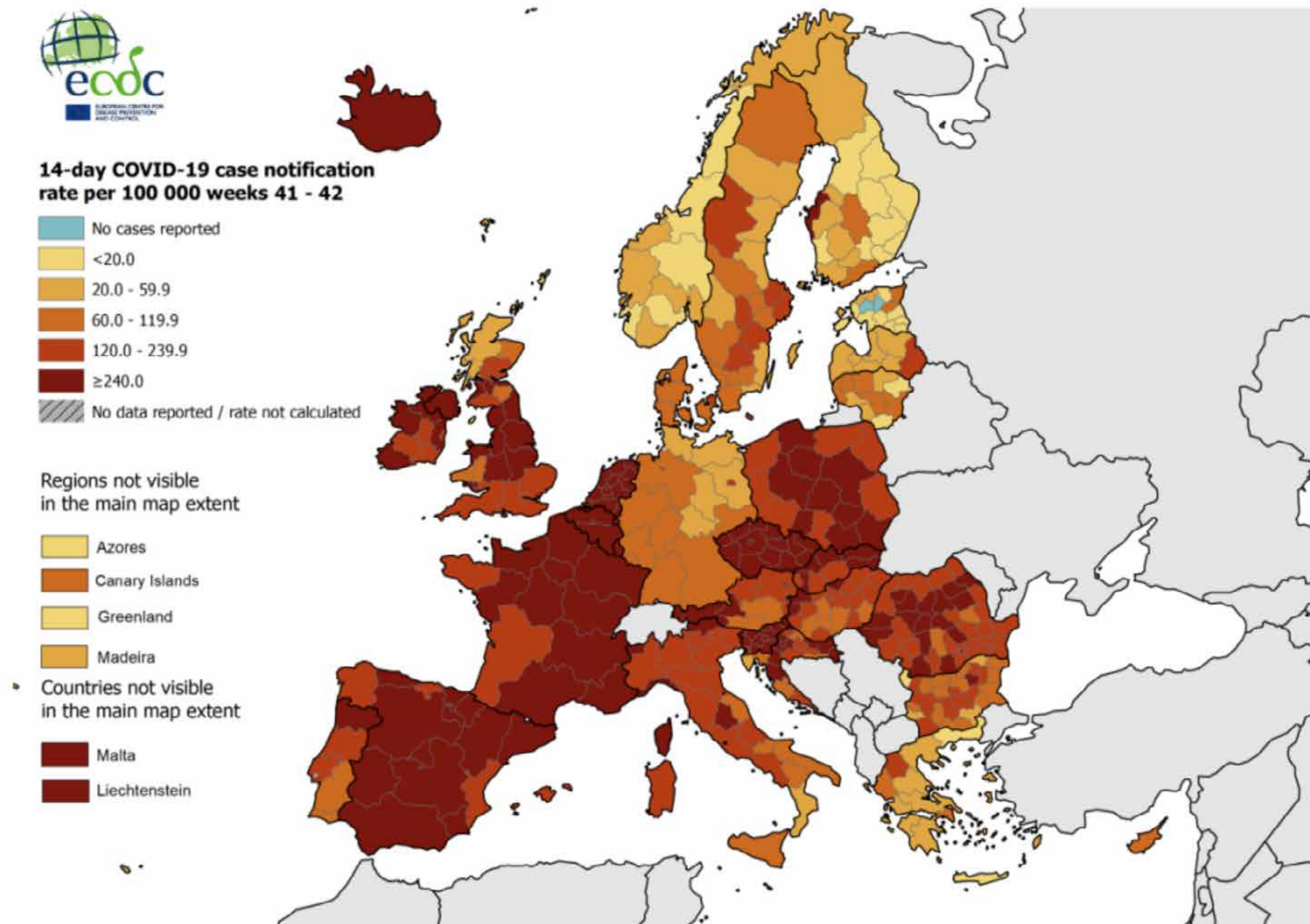
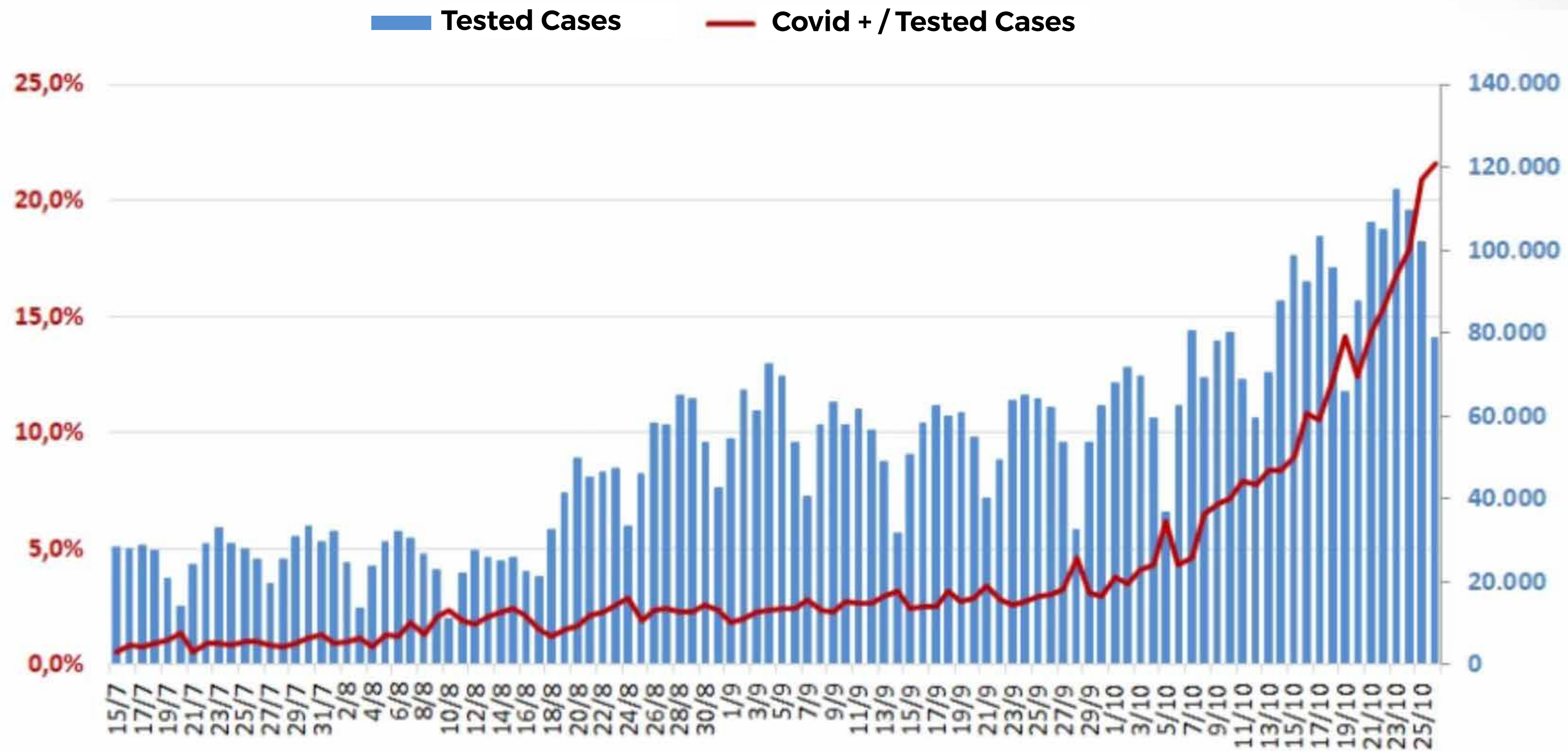


Figure 2. EU/EEA and the UK: 14-day COVID-19 case notification rate at sub-national level, weeks 41-42 2020



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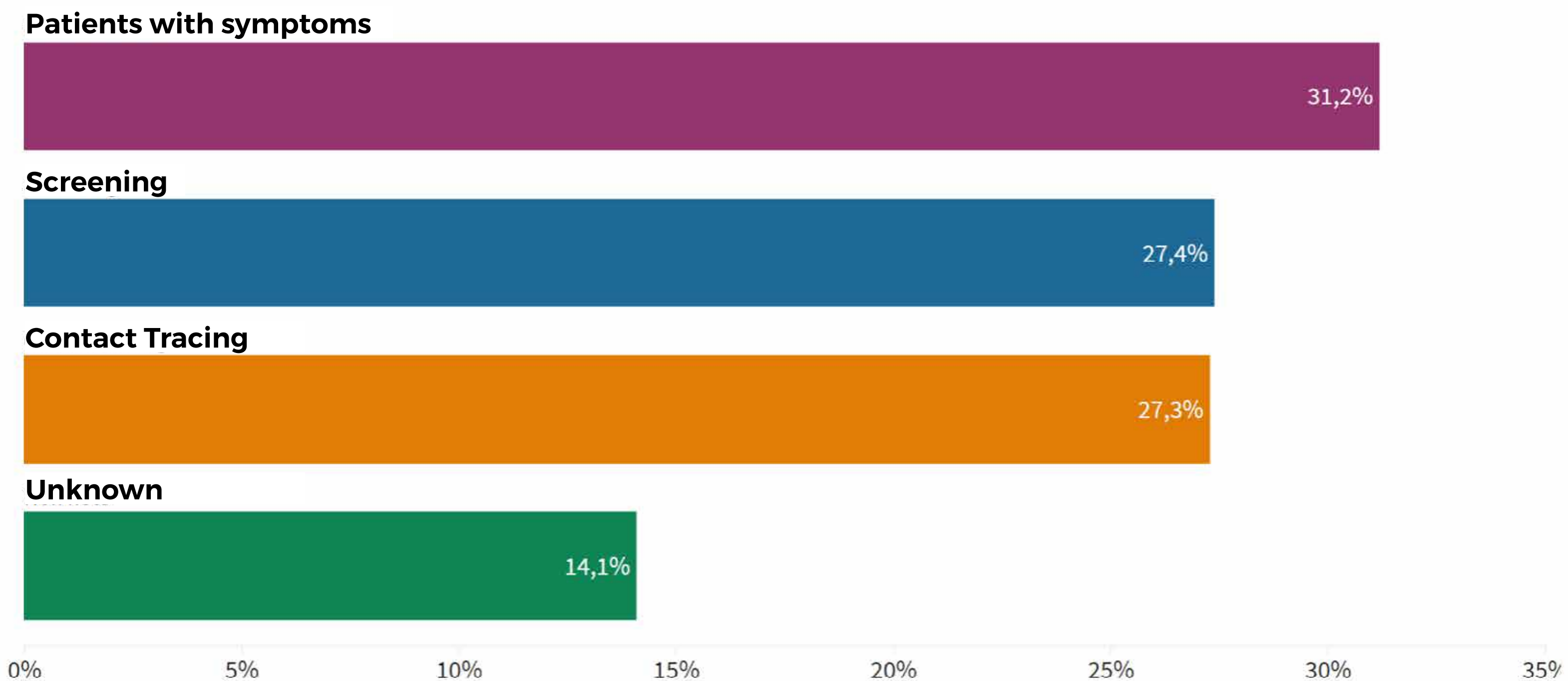


Update: 26th October 2020



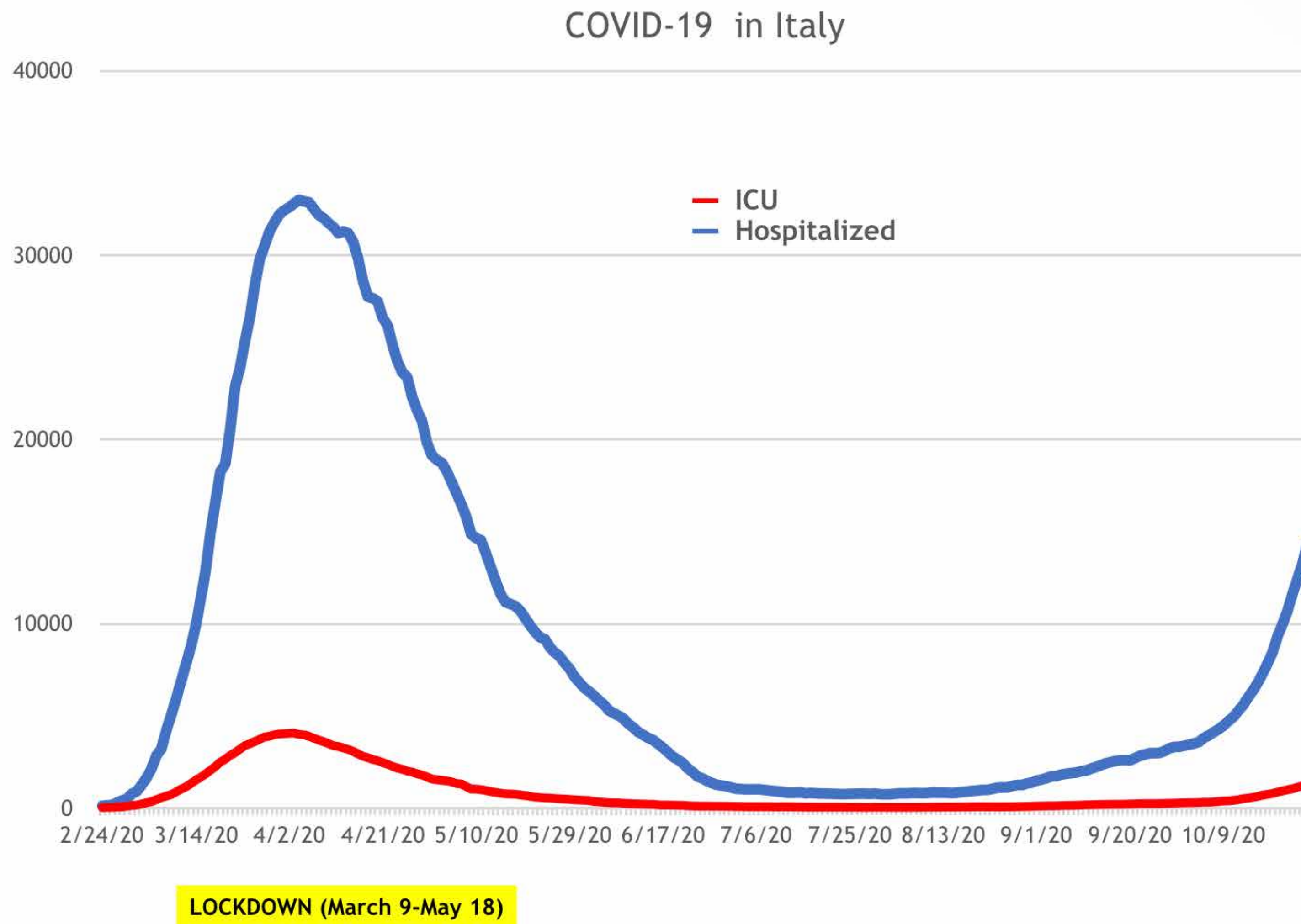
Distribution of the reason why Covid-19 + patients have been tested

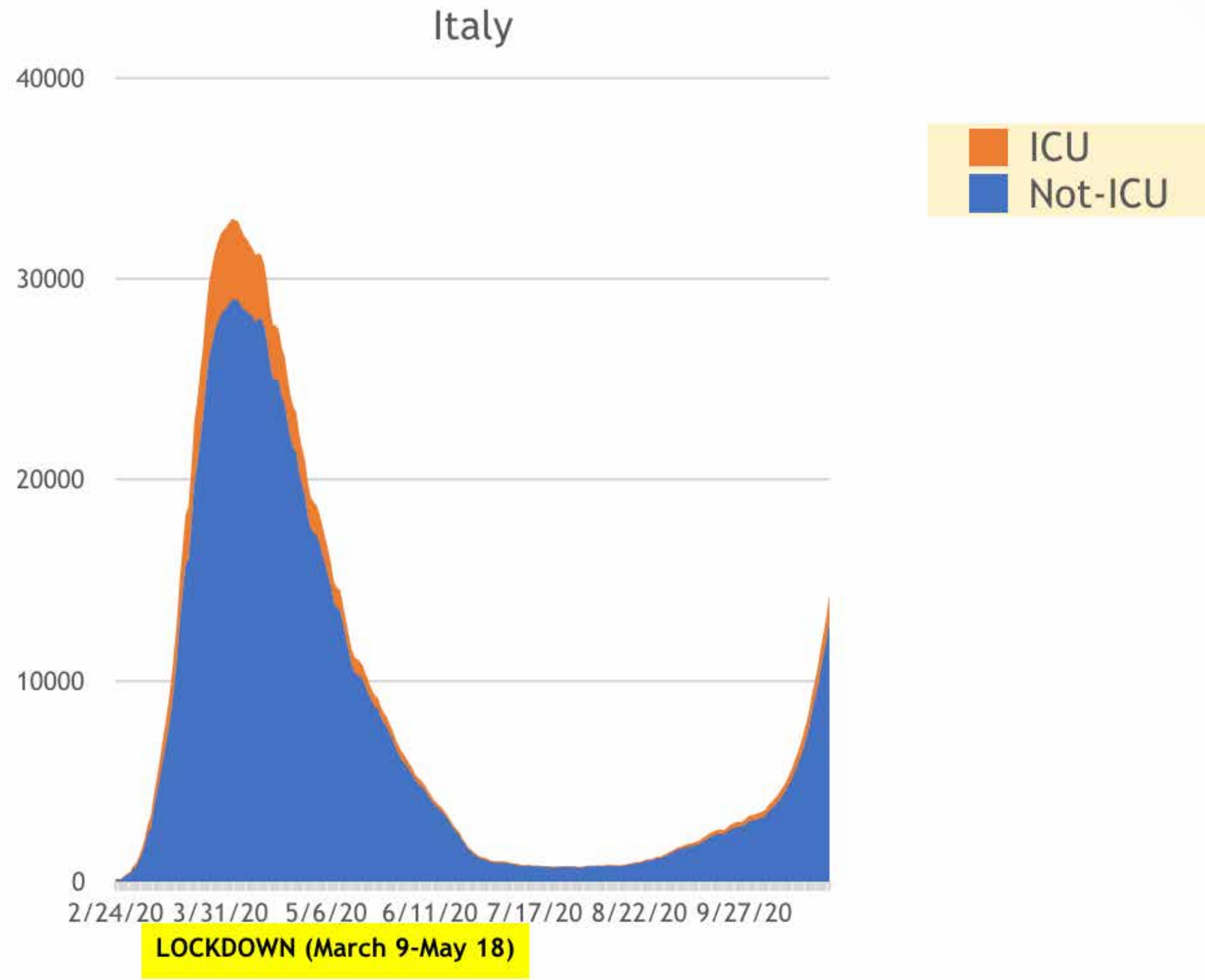
The graph is based on 88.066 cases diagnosed from 5th to 8th October 2020. Publication date: 23rd October 2020

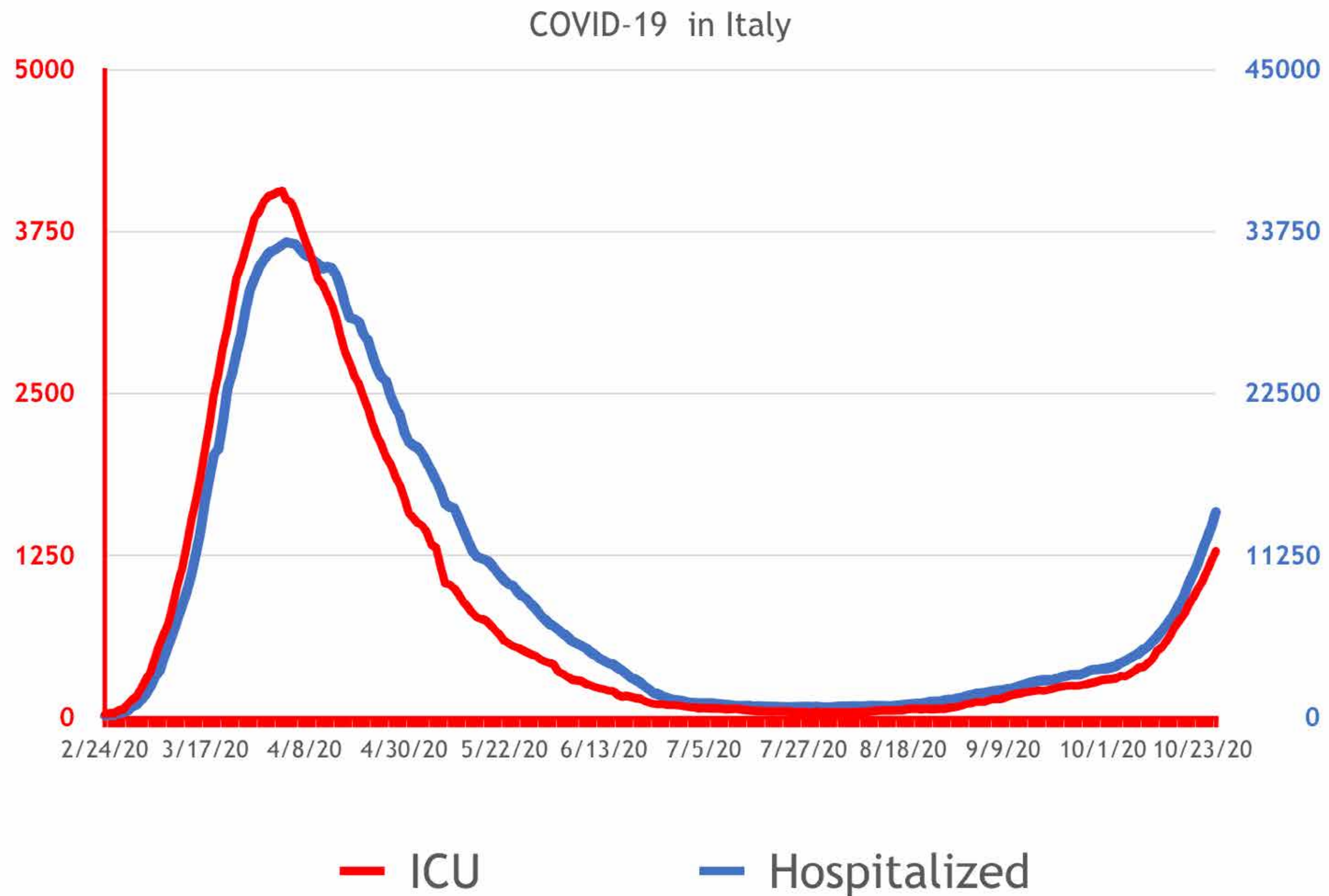


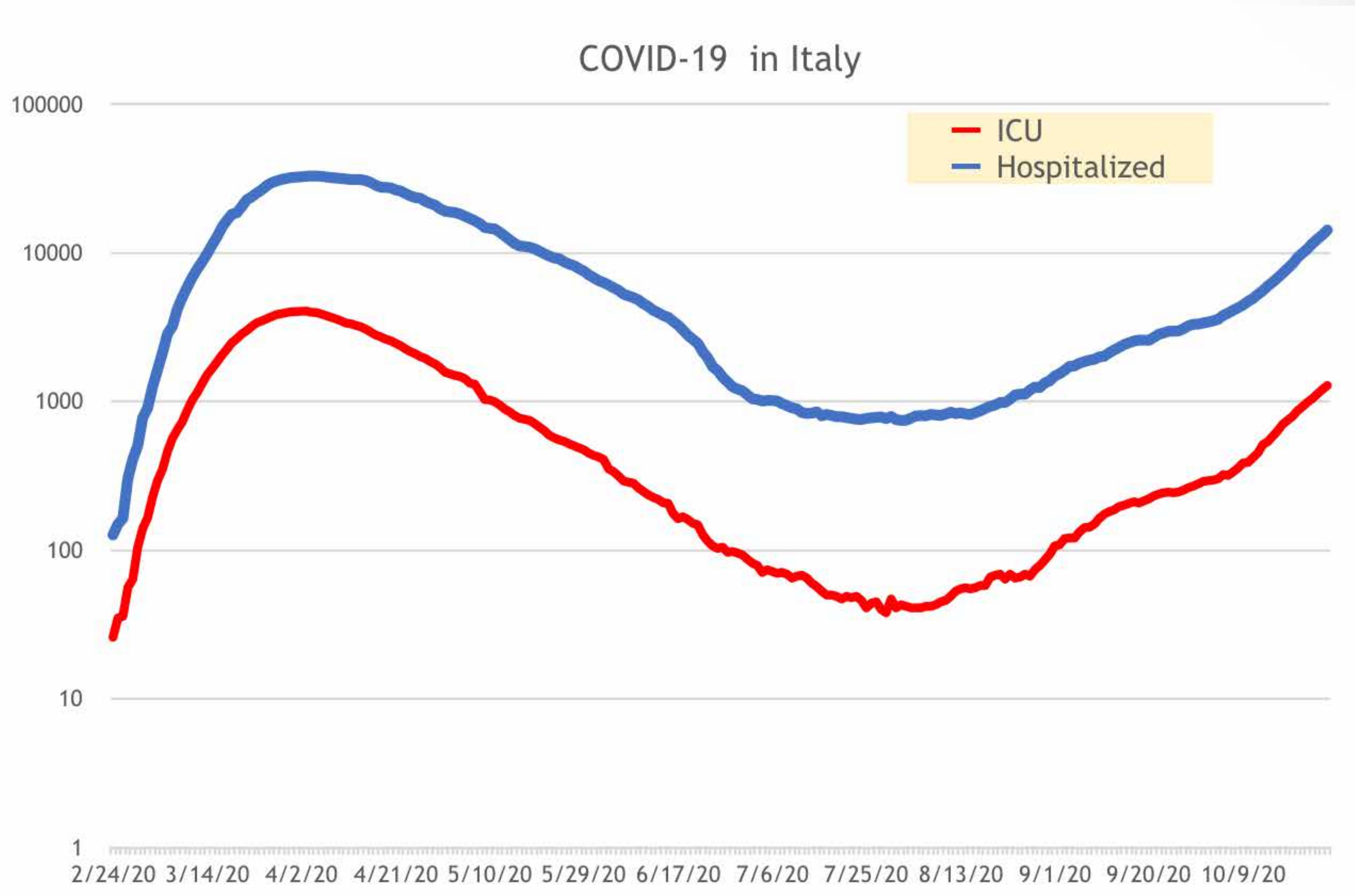
GEDIVISUAL

Fonte: [Istituto superiore di Sanità](#)





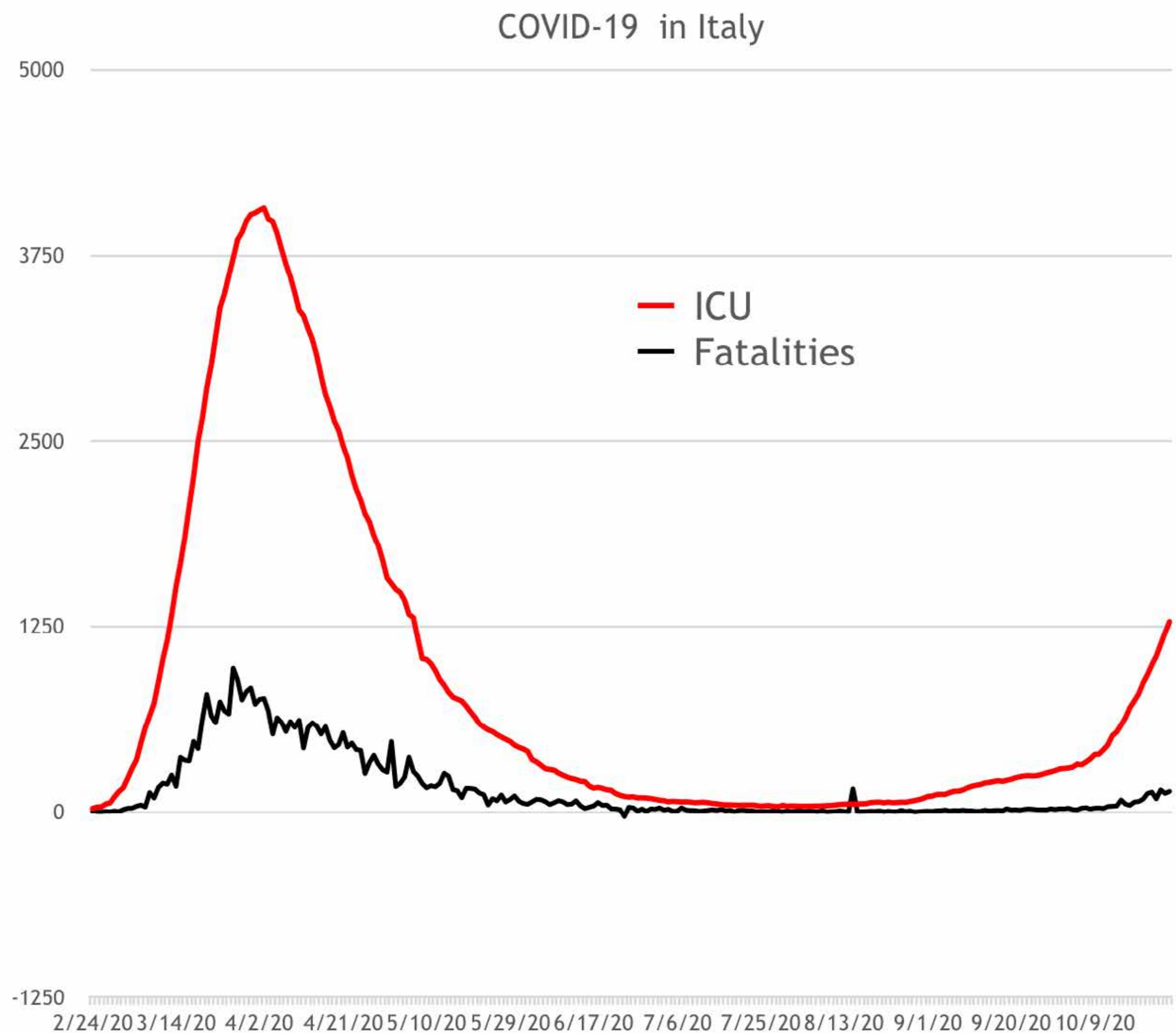


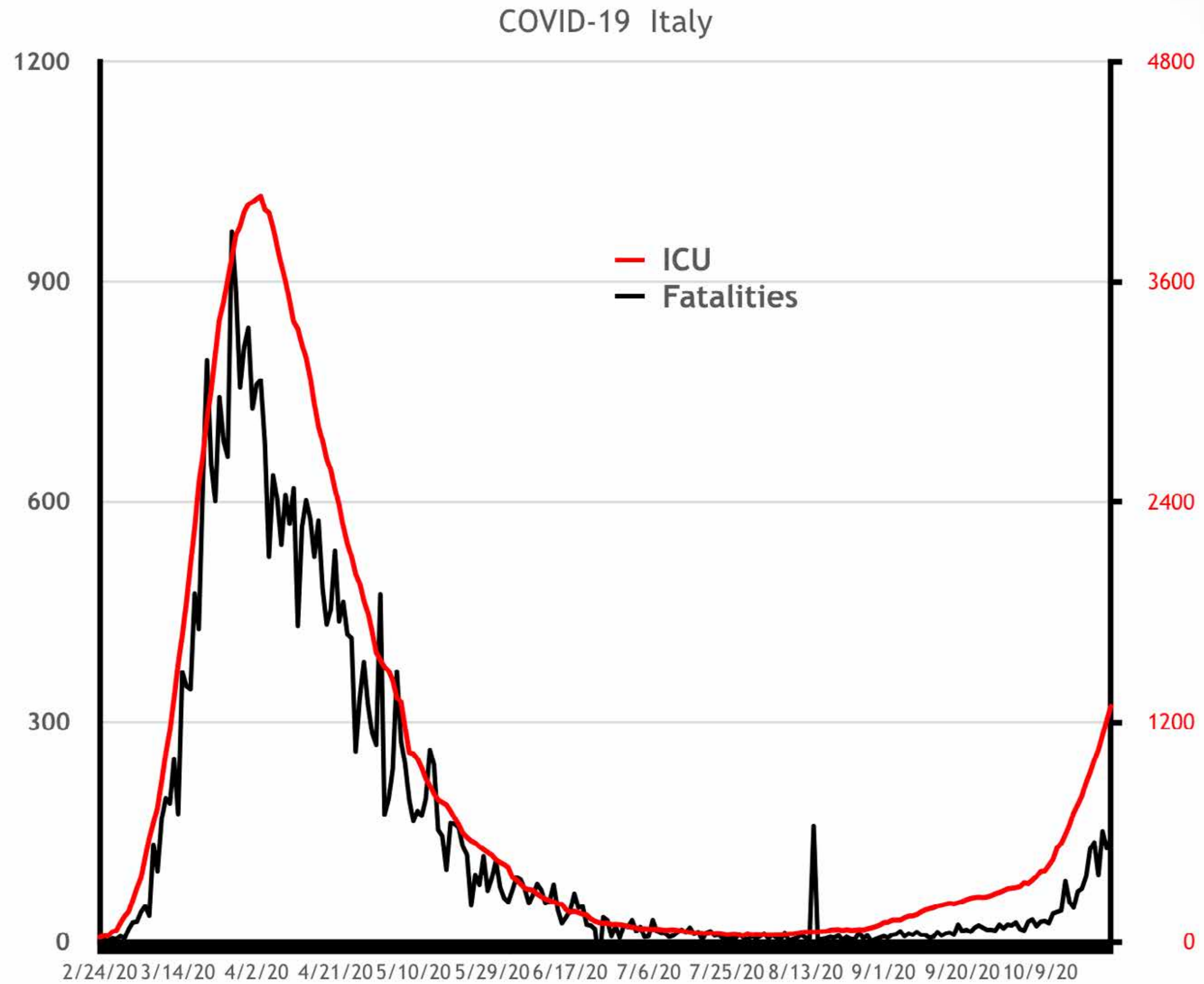


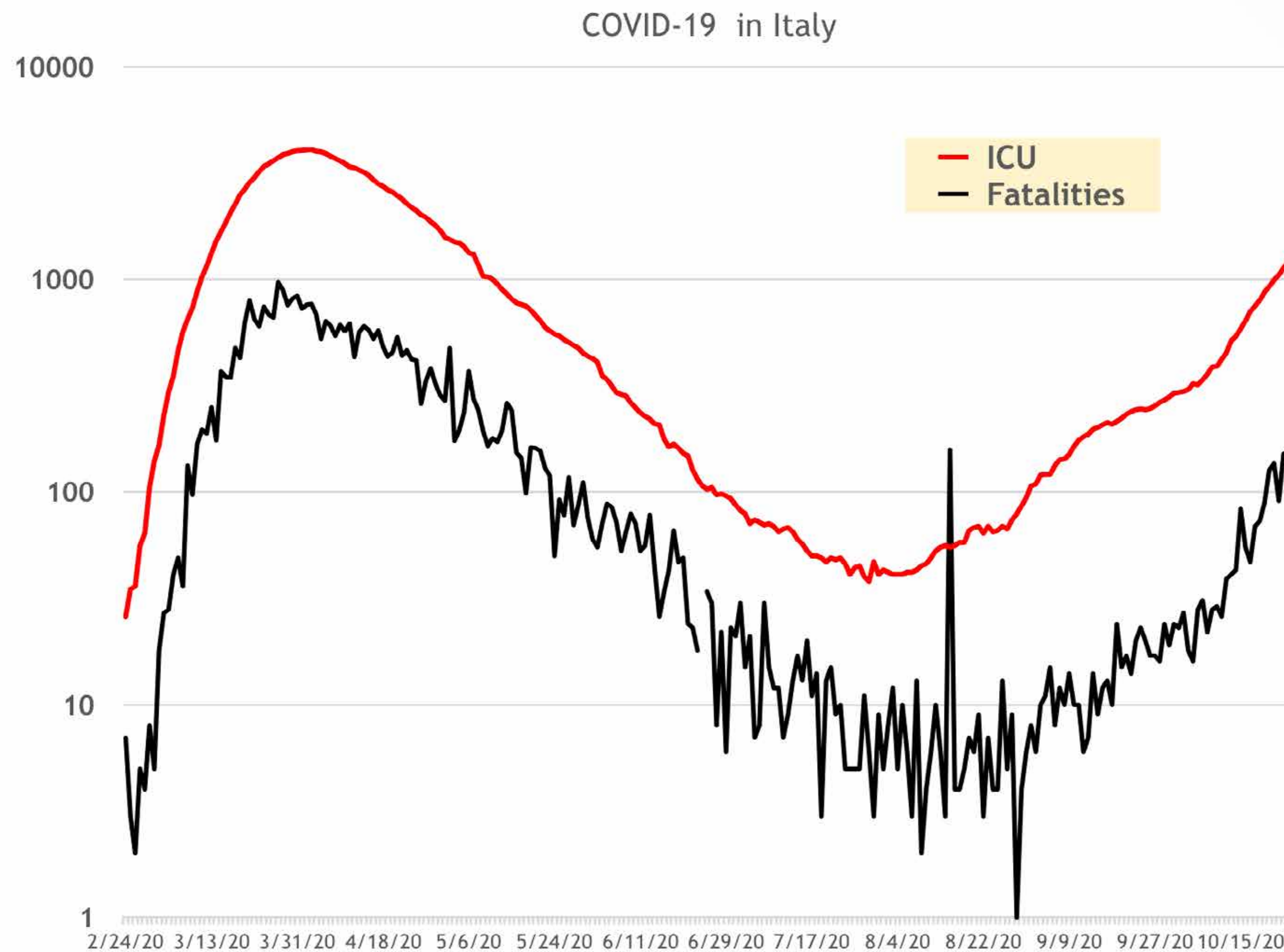
COVID-19 BEST PRACTICES | CINA / EUROPA

REGION	INTENSIVE CARE	HOSPITALIZED WITH SYMPTOMS	HOME ISOLATION
Lombardia	242 (+11)	2.459 (+133)	47.624 (+2.198)
Lazio	158 (+12)	1.598 (+123)	22.649 (+1.456)
Campania	123 (+10)	1.191 (+40)	29.361 (+1.905)
Toscana	110 (-1)	779 (+65)	18.487 (+1.992)
Piemonte	102 (+8)	1.849 (+248)	19.316 (+1.134)
Sicilia	98 (+3)	677 (+35)	10.170 (+352)
Emilia-Romagna	93 (+5)	816 (+59)	14.860 (+877)
Veneto	76 (+5)	612 (+27)	17.359 (+1.043)
Puglia	59 (+2)	589 (+41)	7.631 (+364)
Liguria	46 (+5)	788 (+92)	5.608 (+309)
Sardegna	35 (+1)	303 (+4)	4.582 (+161)
Umbria	31 (+2)	239 (+24)	4.313 (+162)
Friuli Venezia Giulia	27 (+4)	119 (+7)	3.139 (+247)
Marche	26 (+3)	227 (+49)	3.669 (+144)
Abruzzo	21 (+3)	249 (+4)	4.083 (+261)
P.A. Bolzano	12 (+12)	152 (+152)	3.337 (+3.337)
Calabria	9 (-1)	108 (+2)	2.067 (+170)
Basilicata	6 (+1)	66 (+13)	937 (-18)
P.A. Trento	5 (+5)	81 (+81)	1.354 (+1.354)
Molise	3 (+1)	19 (-1)	618 (+90)
Valle d'Aosta	2 (0)	75 (+12)	1.239 (+123)

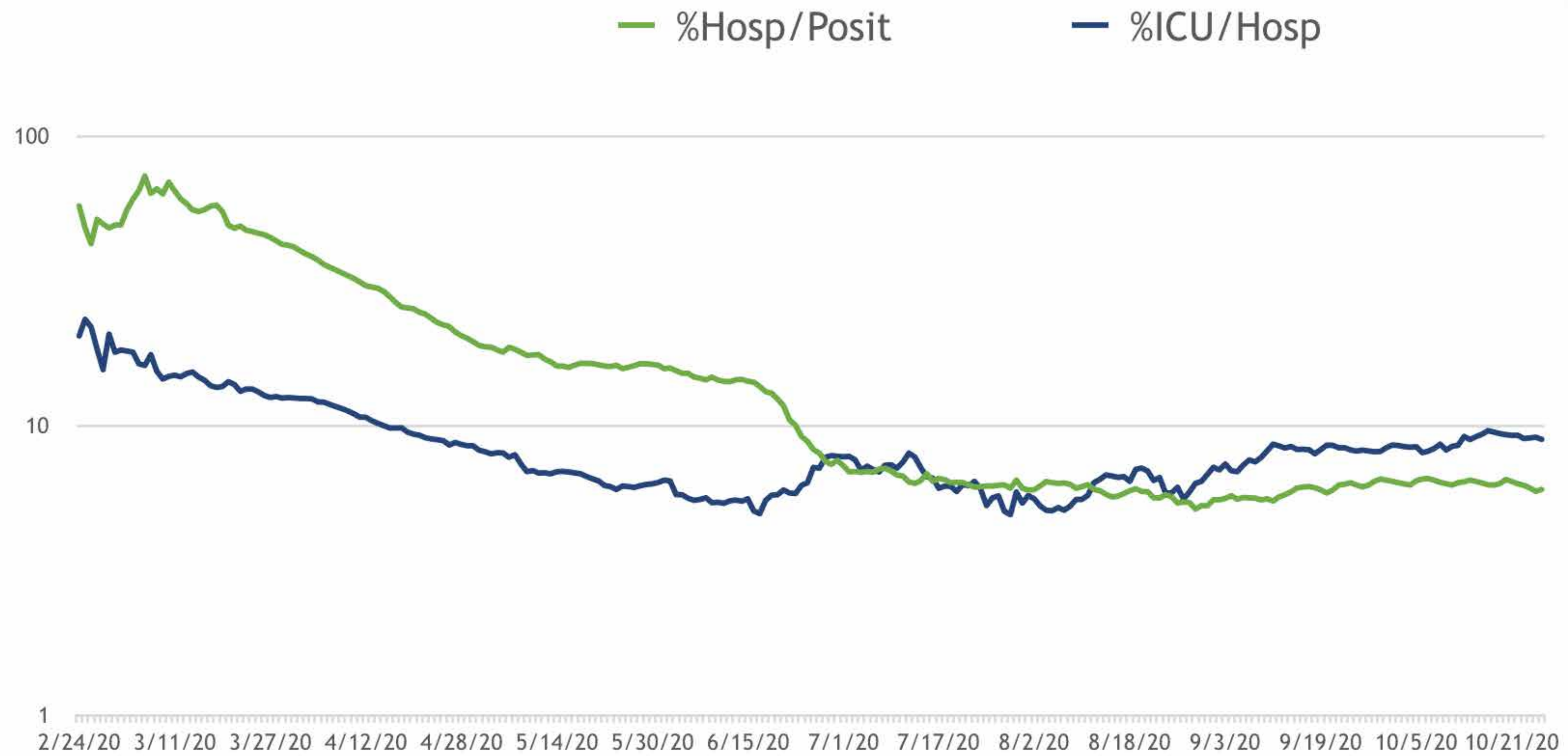








LOCKDOWN (March 9-May 18)



Lethality rate by age group

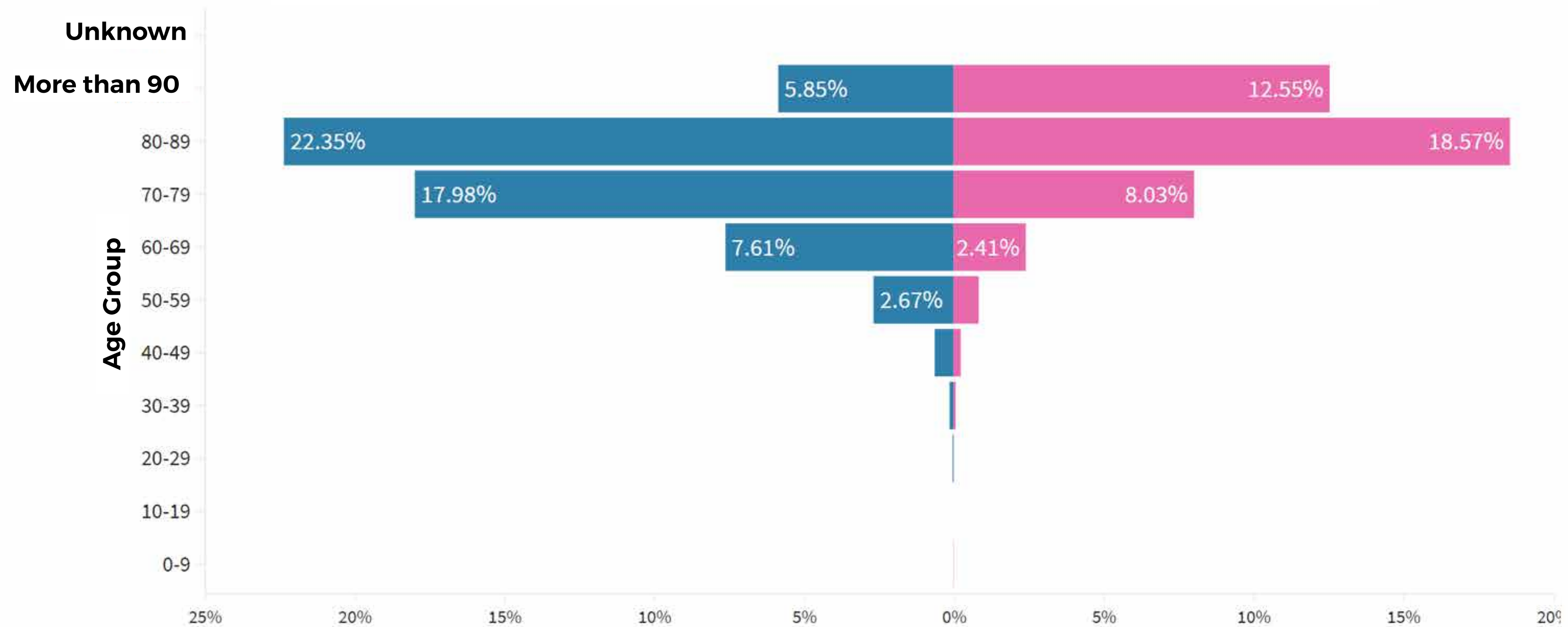
Update: 13th October 2020

Age Group	Deaths	Rate%	Lethality
0-9	4	0%	0,0%
10-19	0	0%	0,0%
20-29	15	0%	0,0%
30-39	70	0,2%	0,2%
40-49	320	0,9%	0,7%
50-59	1.270	3,5%	2,1%
60-69	3.629	10,0%	8,6%
70-79	9.454	26,1%	23,3%
80-89	14.808	40,9%	32,2%
>90	6.682	18,4%	32,3%
Unknown	1	0%	4,3%
Total	36.233	100%	10,1%

Deaths distribution per ages and gender

Men: 20.984 (57,27%) - Women: 15.657 (42,73%)

The graph is based on data updated to 20th October 2020

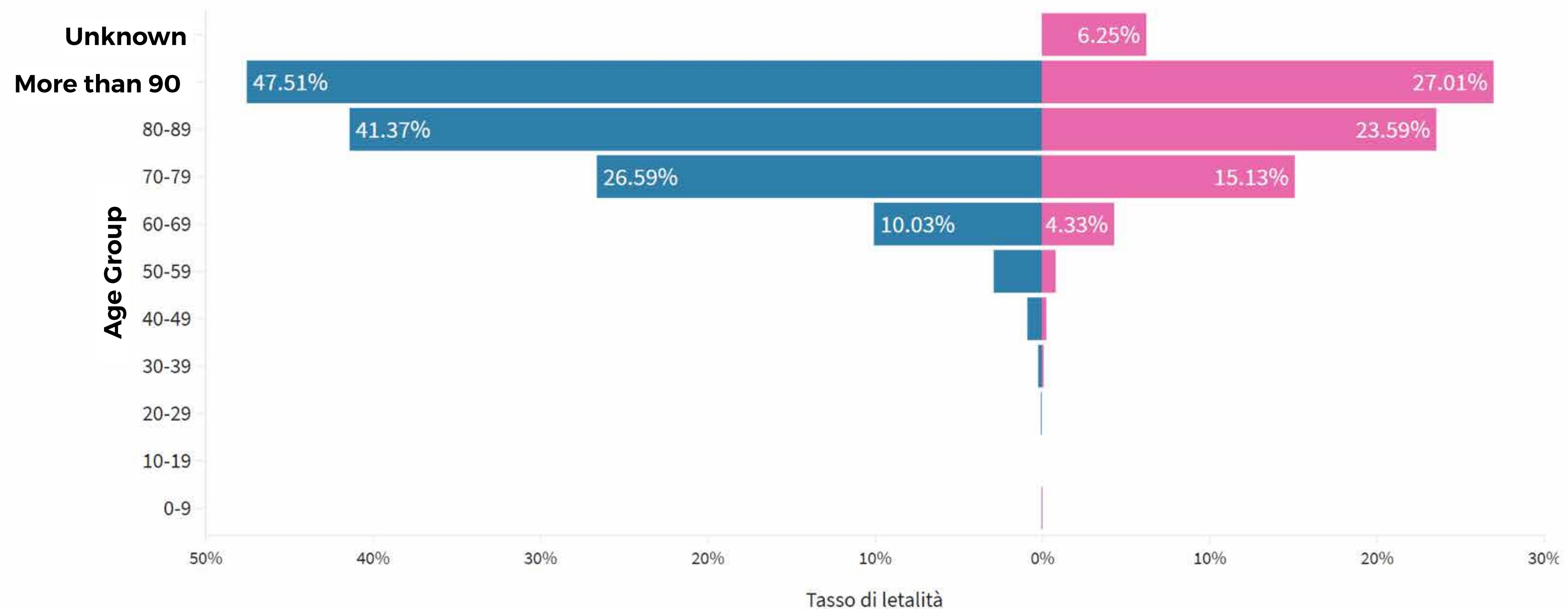


Rate of lethality per age and gender

Infected men: 204.588 of which dead: 20.984 with a rate of lethality of 10,26%

Infected women: 215.152 of which dead: 15.657 with a rate of lethality of 7,28%

The lethality rate is the percentage of deaths compared to the number of infected in this graph, both by age group and by sex. The chart is based on data updated as of 20th October 2020





SARS-CoV-2 + dead patients features in Italy

Update: 22th October 2020

Figure 1. Average age of deaths and SARS-CoV-2 + diagnosed

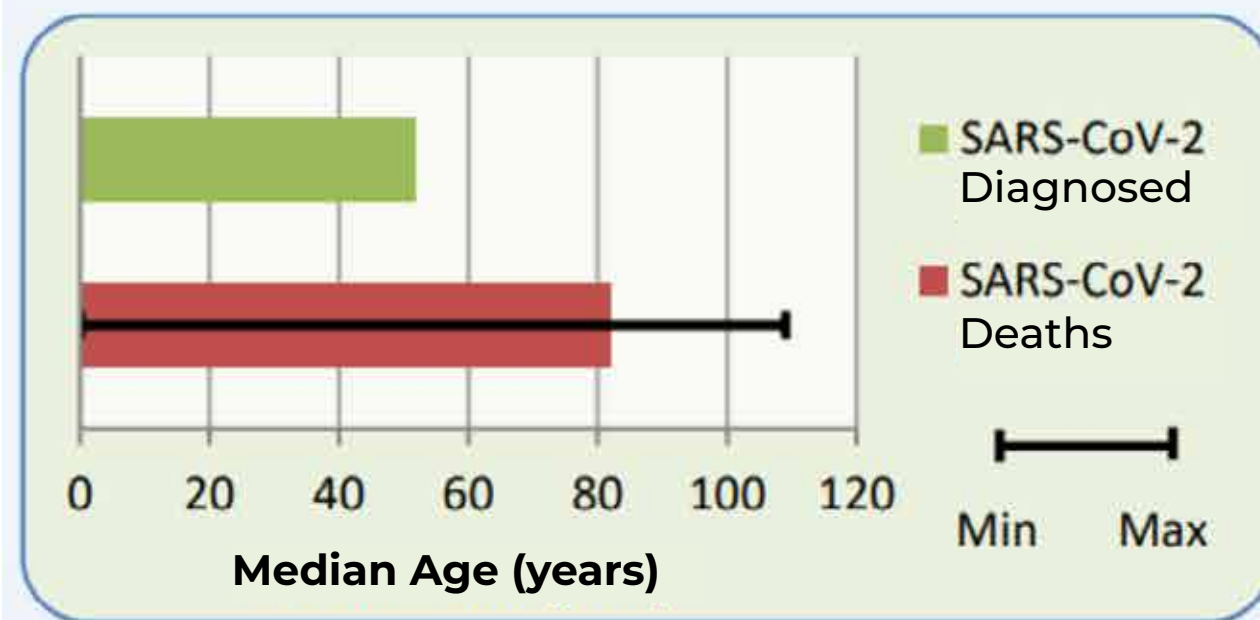


Figure 3. Average age of deceased patients SARS-COV-2 positive per week of death

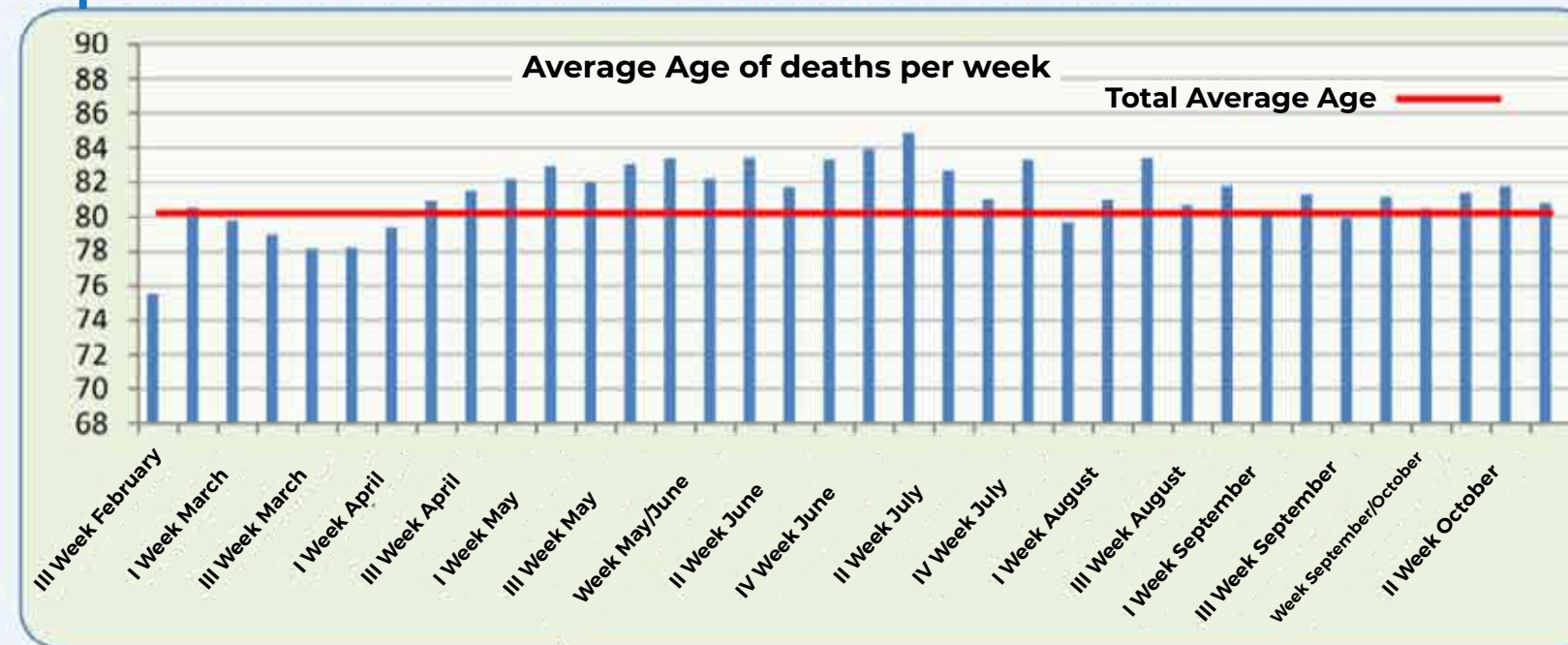


Figure 2. number of deaths per age group

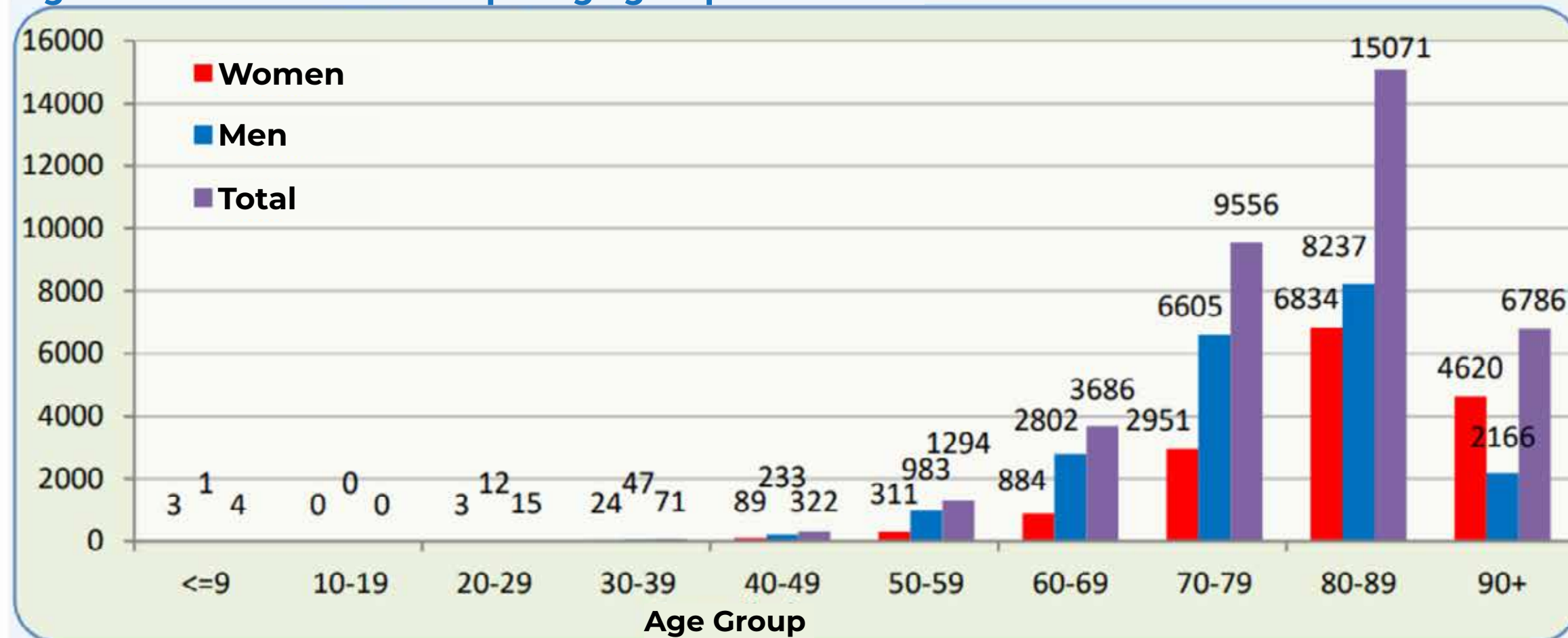
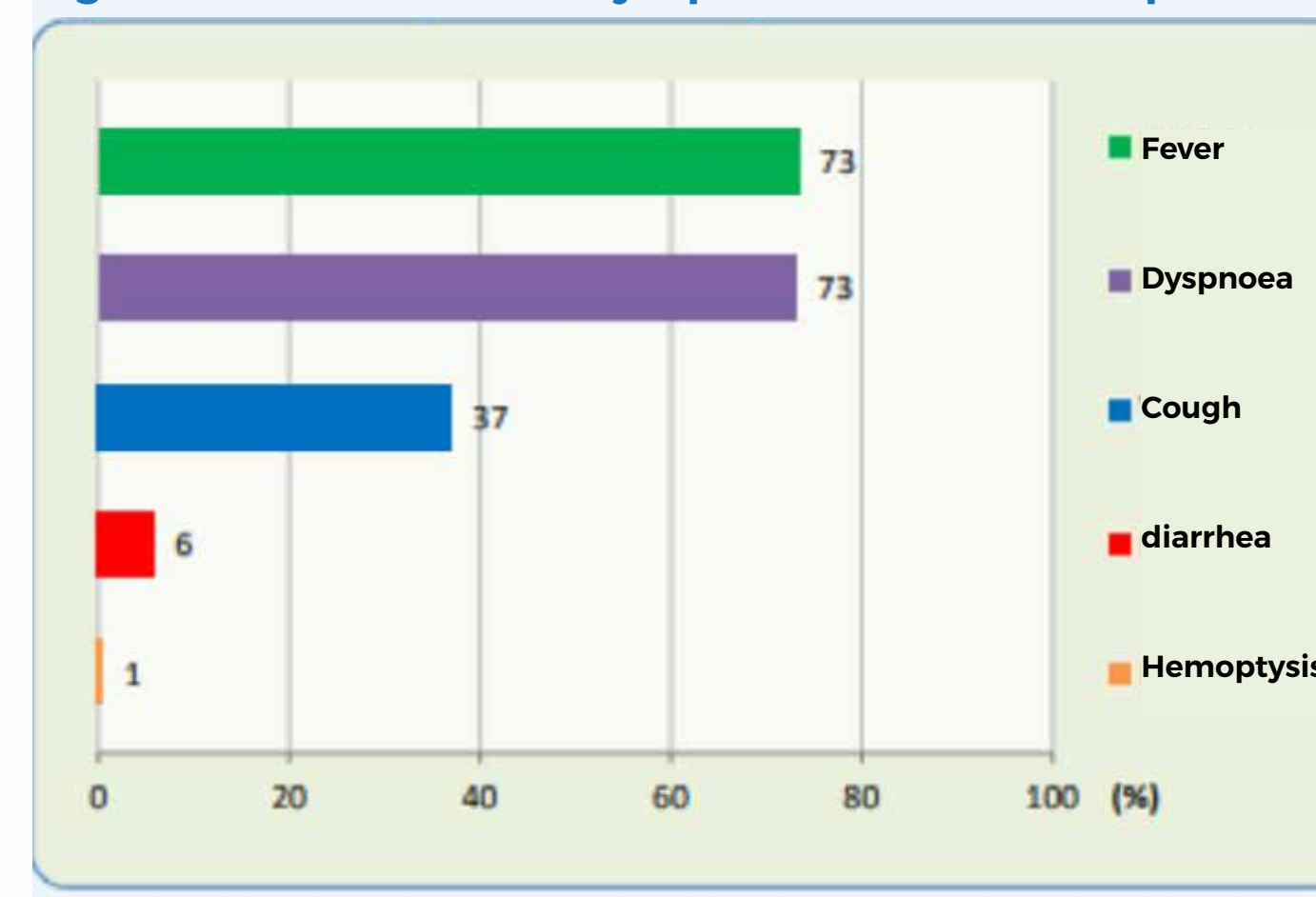


Figure 4. most common symptoms in deceased patients





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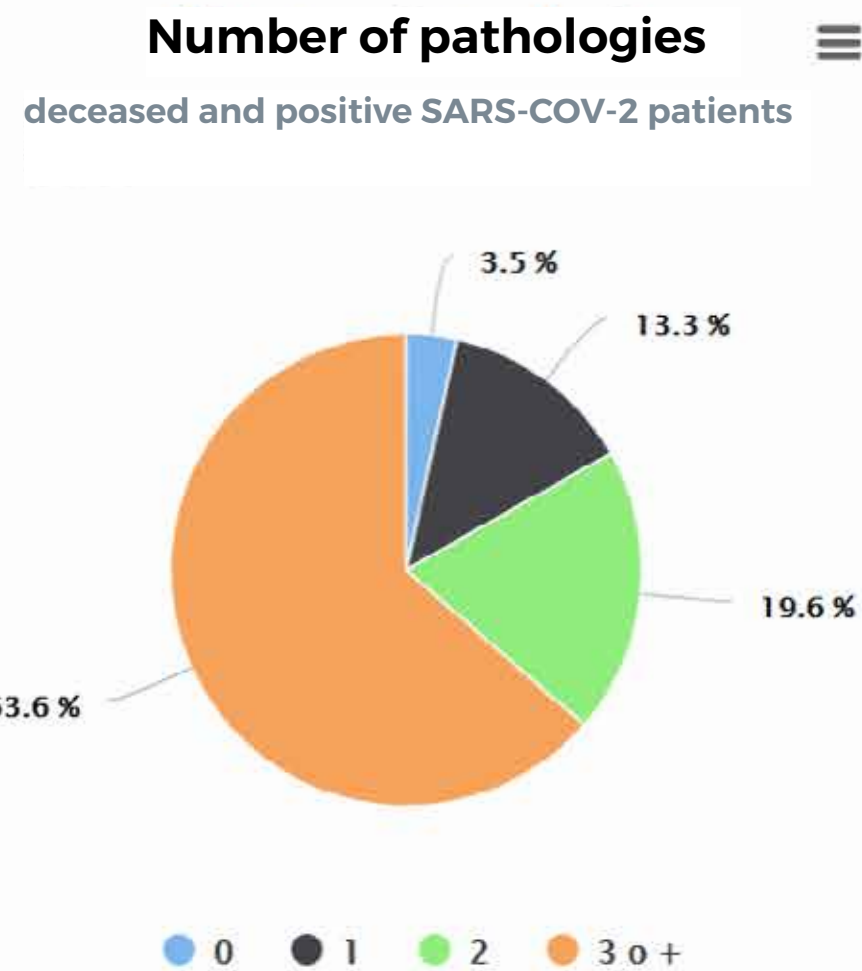
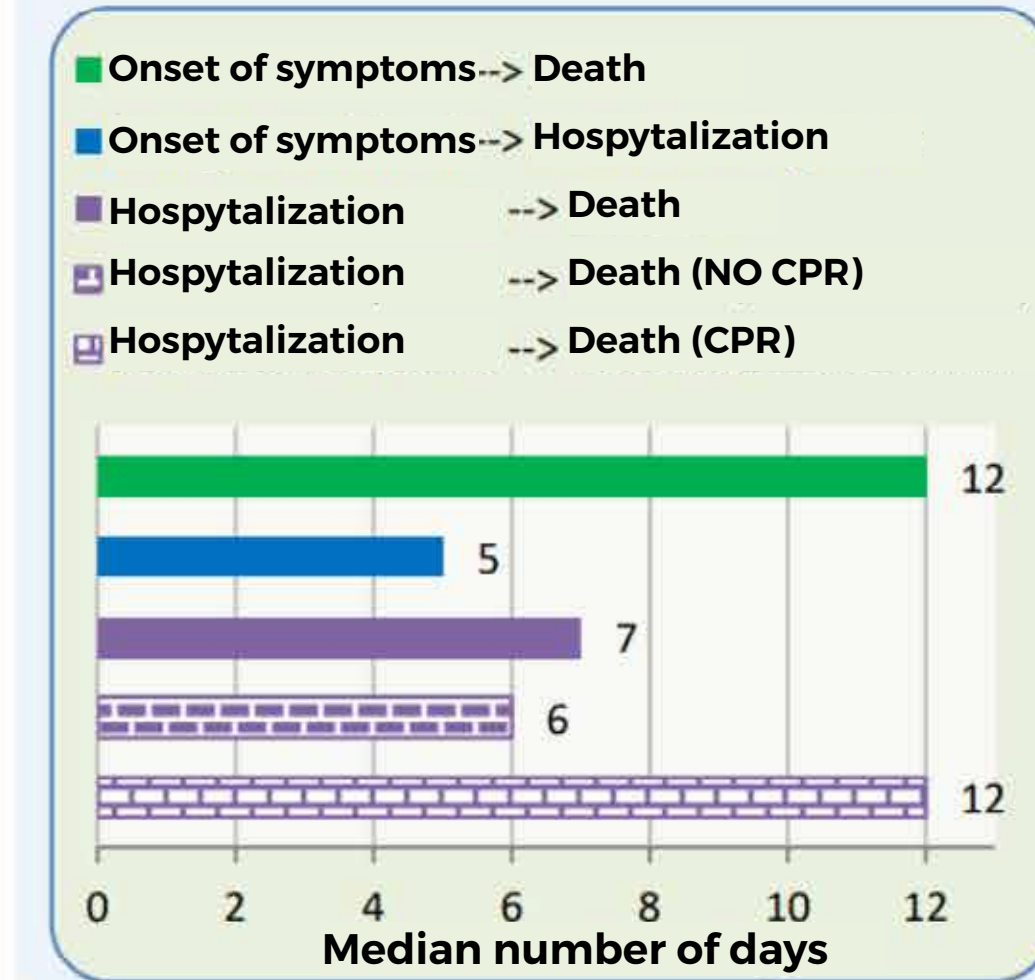
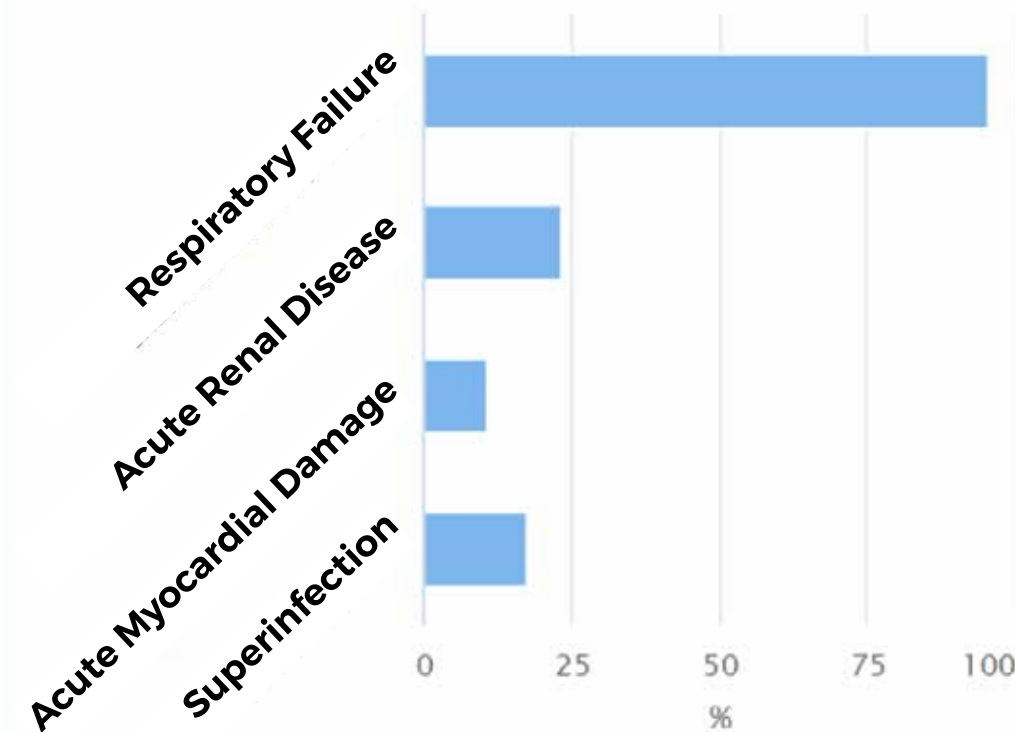


Figure 5. median hospitalization times (in days) in deceased patients SARS-COV-2 positive



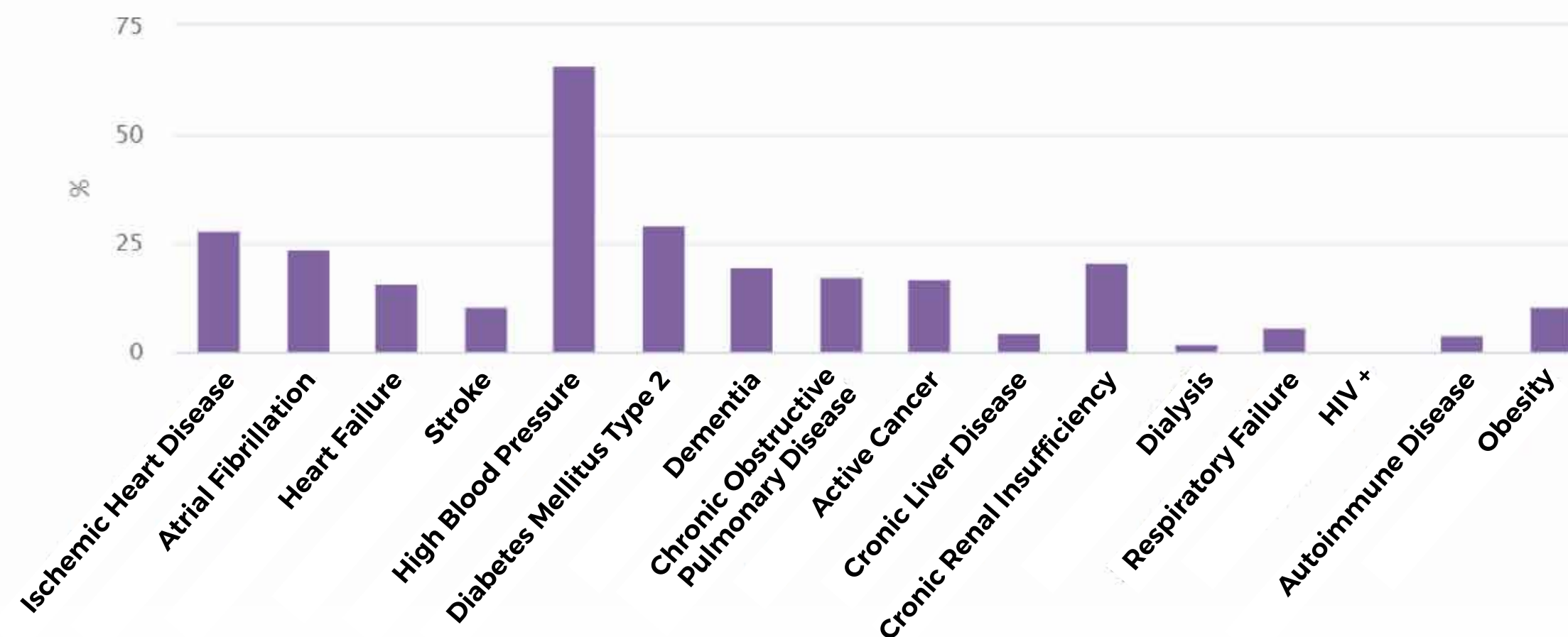
More serious complications commonly observed

deceased and positive SARS-COV-2 patients



Preexisting pathologies observed most frequently by sex

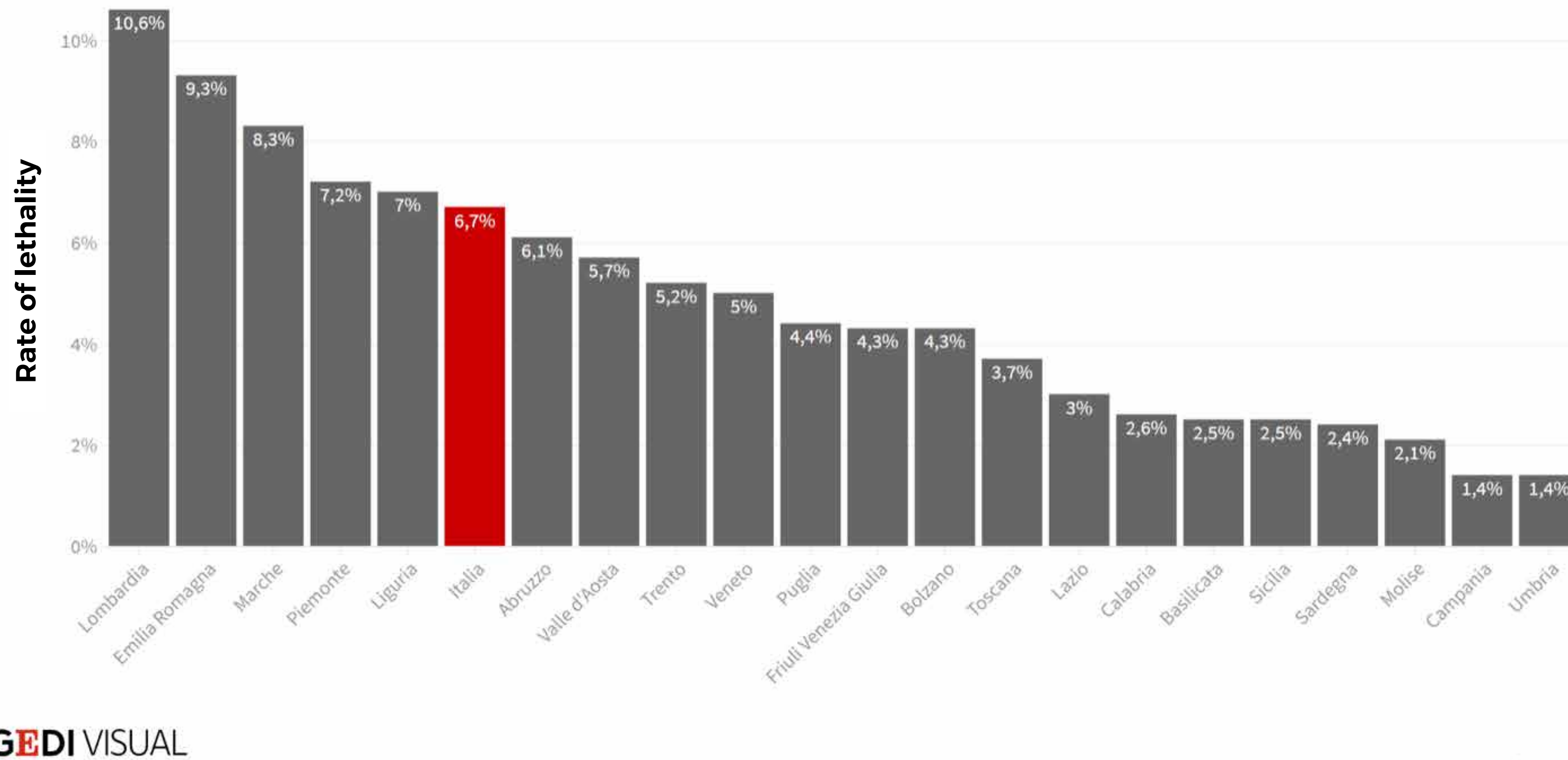
deceased and positive SARS-COV-2 patients





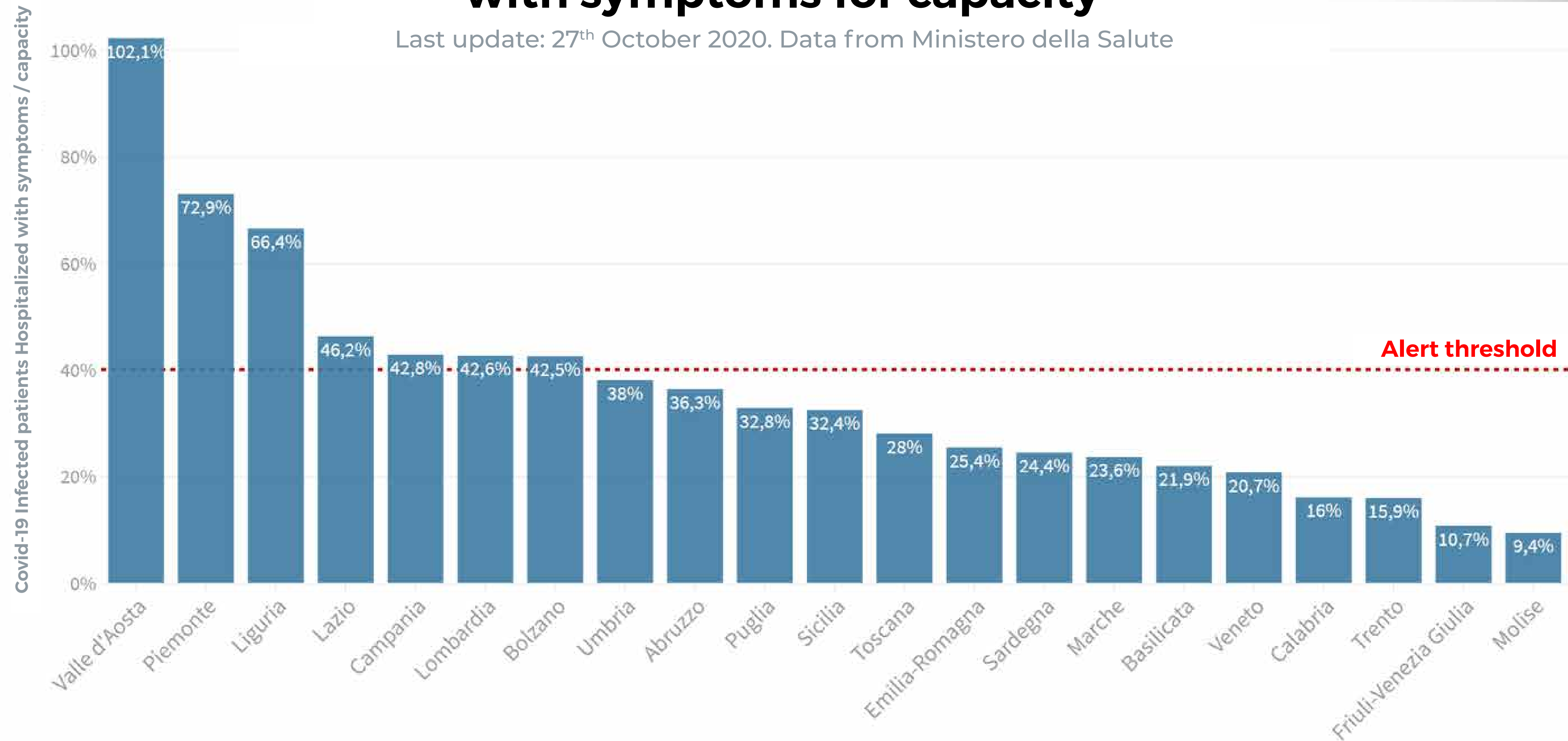
Rate of lethality per Country

The lethality rate is the percentage of deaths compared to the number of infected
 Last update: 27th October 2020. Data from Ministero della Salute



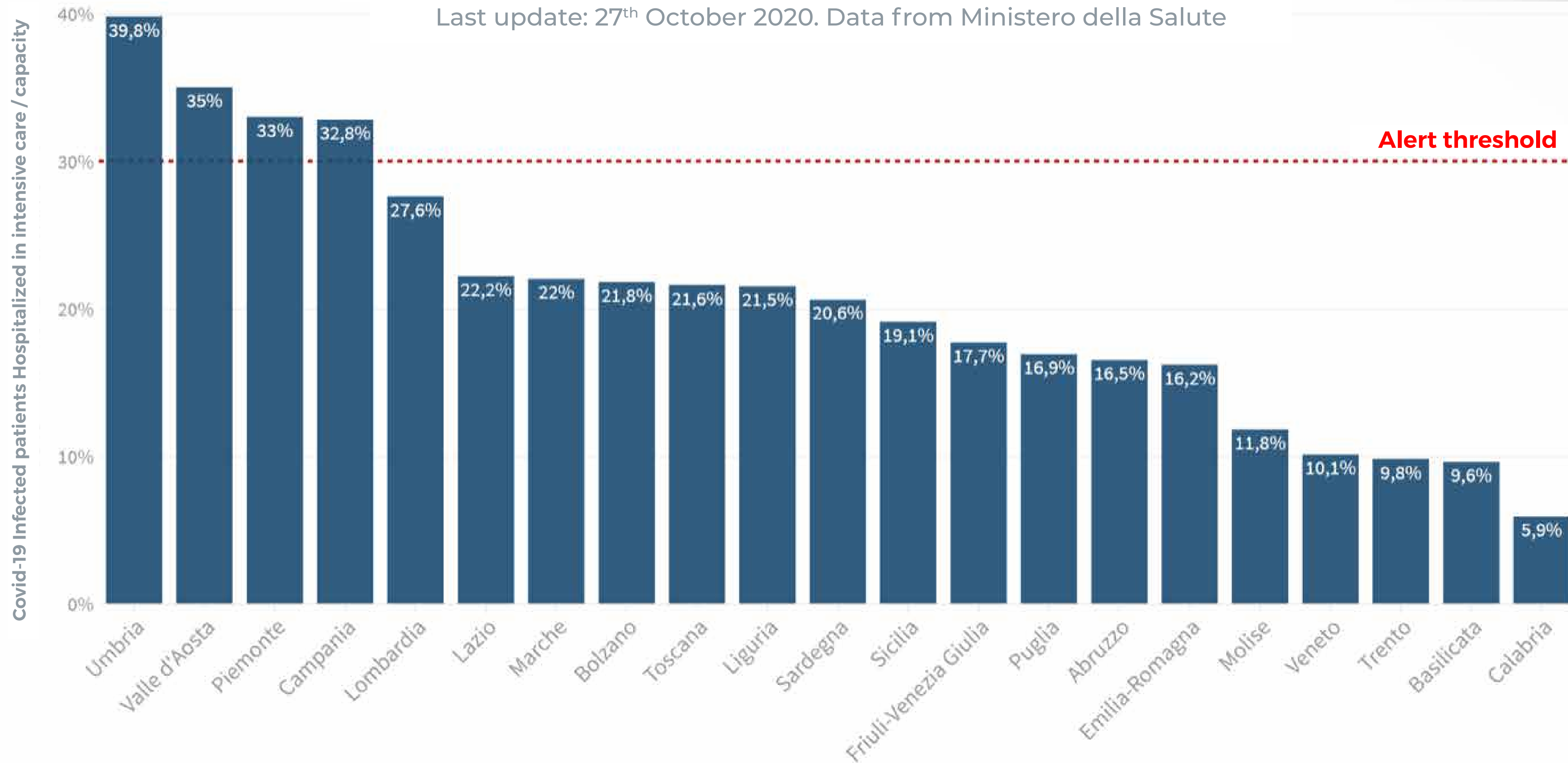
Covid-19 Infected patients Hospitalized with symptoms for capacity

Last update: 27th October 2020. Data from Ministero della Salute

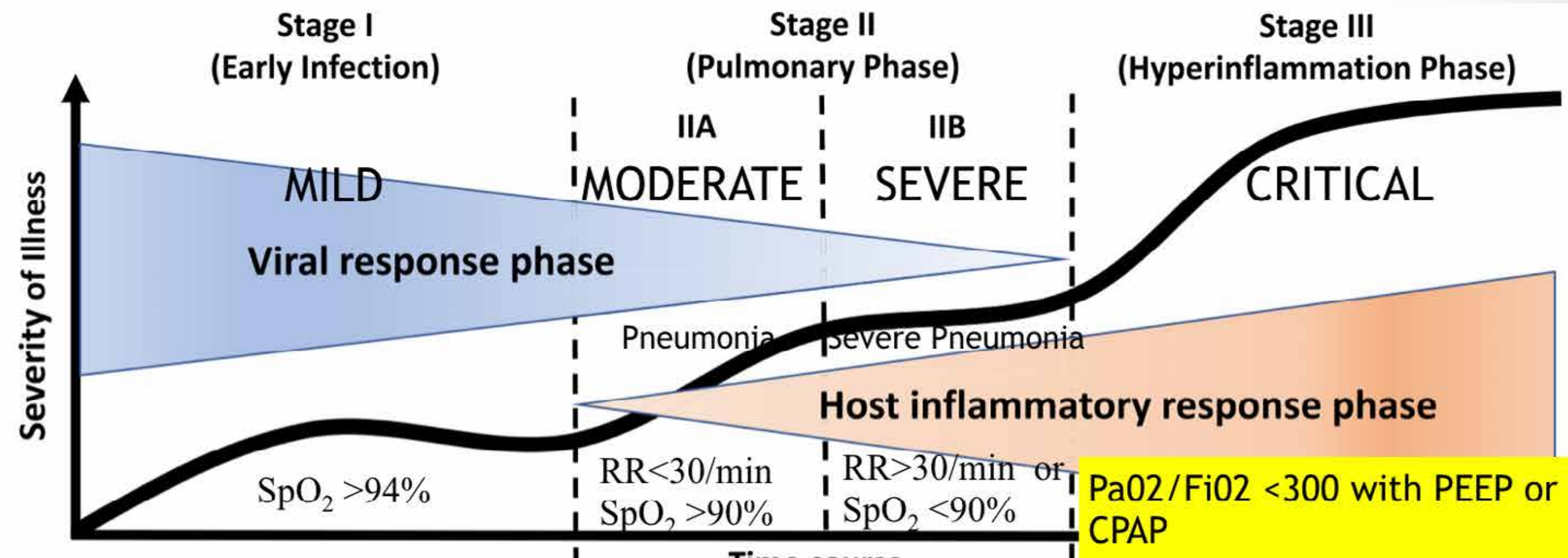


Covid-19 Infected patients Hospitalized in intensive care for capacity

Last update: 27th October 2020. Data from Ministero della Salute

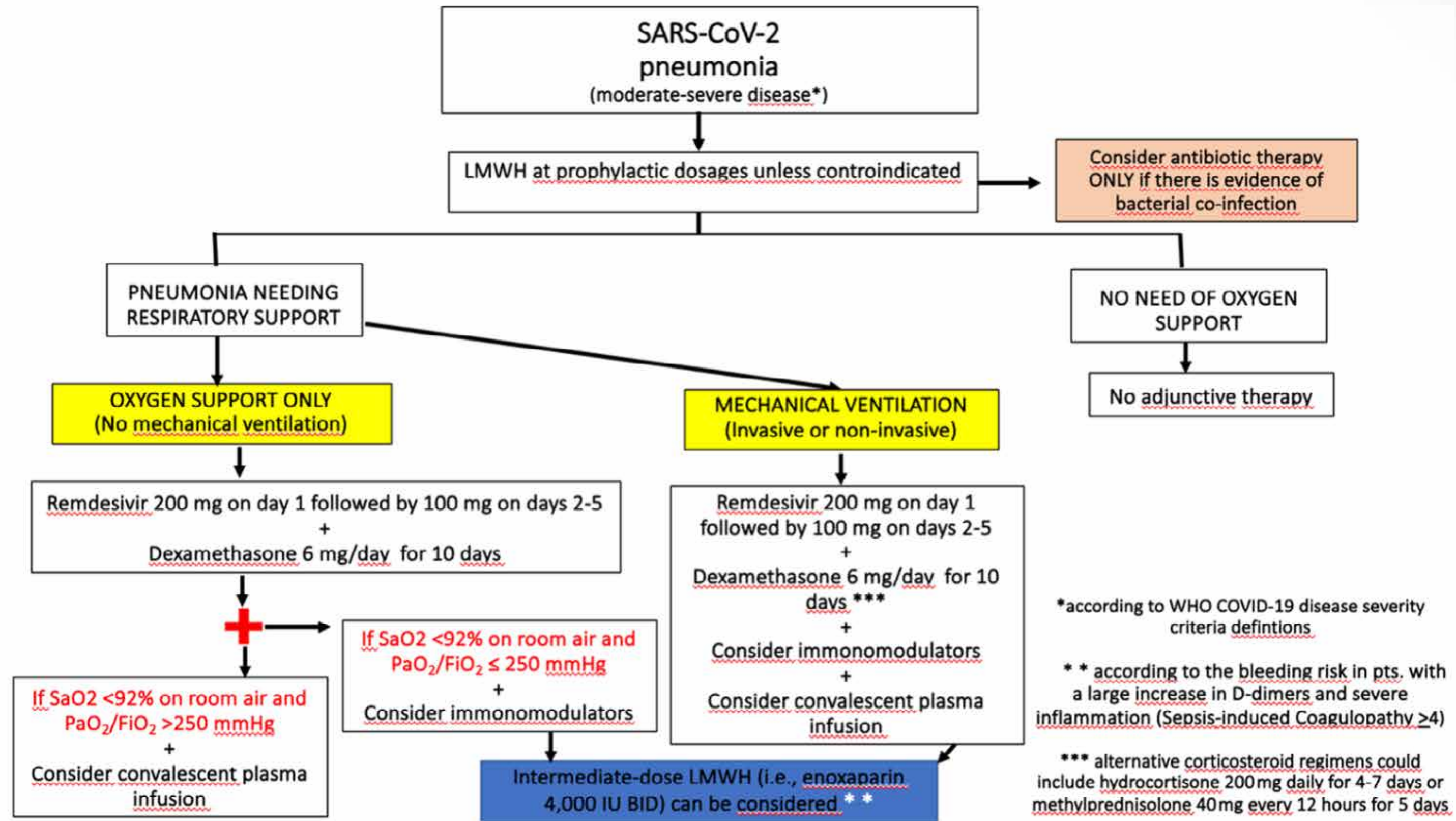


Alert threshold



	Stage I (Early Infection)	Stage II (Pulmonary Phase)	Stage III (Hyperinflammation Phase)
Clinical Symptoms	Mild constitutional symptoms Fever > 37.5 °C Dry Cough	Shortness of Breath without (IIA) and with Hypoxia (IIB) (PaO ₂ /FiO ₂ ≤ 300 mmHg)	ARDS SIRS/Shock Cardiac Failure
Clinical Signs	Lymphopenia	Abnormal chest imaging Transaminitis Low-normal procalcitonin	Elevated inflammatory markers (CRP, LDH, IL-6, D-dimer, ferritin) Troponin, NT-proBNP elevation
Potential Therapies	Remdesivir, chloroquine, hydroxychloroquine, convalescent plasma transfusions		
	Reduce immunosuppression (avoid excess steroids)	Careful use of Corticosteroids; statins; human immunoglobulin, IL-1/IL-2/IL-6/JAK inhibitors/GM-CSF Inhibitors	
	Infiltrati polmonari radiologicamente documentati > 50%		

Siddiqi HK and Mehra MR. J Heart Lung Transplant 2020;39(5):405-407.



Suggested Flow Chart for the treatment of severe cases of COVID-19. The use of remdesivir will depend on AIFA approval.

SIMIT in press