

10th AMIT

INTERNATIONAL CONGRESS

Topics in Infectious and Tropical Diseases



March 27th - 28th, 2025

Castiglioni Palace
Corso Venezia 47, Milan, Italy

Presidents
Marco Tinelli, Antonella Castagna

www.congresso-amit.it

The cover of 10th AMIT Congress

The AMIT congress traditionally display on the cover ancient documents from a private collection which represent important moments in the history of Medicine and of Infectious Diseases particularly. The choice of displaying historical prints, edicts, etc. aims to remind us how close are the links between what happened in the past, what's going on now and what may occur again in the future. Typical examples are epidemics which unfortunately, even in high technology era, recur periodically. In these periods methods of infections transmission containment are often the same already described in past centuries. Historical documents are like an archive of memento to remember us and to governments not to forget what has already happened and which must not be repeated in the future.



The cholera in Europe. The wood engraving sketch by Mr. E. Prioleau Warren in 1884 show passengers at the Avignon, France, railway station coming from cholera infected districts of Marseilles. The fumigation strategy exposed passengers for a quarter of an hour to the fumes of strong carbolic acid. The fifth cholera pandemic (1881-1896) was the fifth major international outbreak of cholera in the 19th century. The endemic origin of the pandemic, as had its predecessors, was in the Ganges Delta in West Bengal. In 1883 it reached Egypt and in the course of a few months, tens of thousands of victims died. Further westward cholera outbreaks occurred in April 1884 in the naval base Toulon, France, with smaller outbreaks in Marseilles, Paris, and other cities, affecting 10,000 people all over France. In 1885, some of the same areas were again infected. Italian migrant workers brought cholera from France to Italy, with a serious outbreak in the city of Naples in August-September 1884.

Document Grand Duchy of Parma and Piacenza on the Plague. This 1635 ban was issued in the Grand Duchy of Parma and Piacenza during the reign of Odoardo Farnese and signed by Giacomo Spacino, then Superintendent of the "health office" of the Duchy. It completes a previous edict that imposed certain behaviors on the inhabitants in the event of contact with travelers from infected regions. It should be remembered that there was an epidemic of bubonic plague that spread in Italy in the period between 1629 and 1633, which affected various areas of the North, the Grand Duchy of Tuscany, the Republic of Lucca, Germany and Switzerland, with its greatest diffusion in the year 1630. The plague of 1635 in Milan was described by Alessandro Manzoni in *Betrothed* (*Promessi Sposi*). From



then on, systems of communication to the population became increasingly widespread, especially through the most widespread possible distribution of bans and edicts. The displayed ban contains precise geographical references where plague outbreaks had been highlighted and can be considered, due to the accuracy of the georeferencing, a true forerunner of the epidemic “alerts” released to the population through by media. In particular, refers to the German regions of Svevia and Bavaria and of Switzerland. The ban indicates specifically the high risks cites in the mentioned regions. It prohibited the trade of goods from these regions to avoid the potential spread of plague outbreaks in the Duchy. In that year, Grand Duke Odoardo supported the health services of the municipality of Parma with a contribution of 100,000 lire, a very considerable sum for the time and mainly allocated for the prevention of contagious diseases.

The Winter on the skyscrapers. A cure for TB wasn’t developed until the 1940s. In the 1900s and 1910s, treatment meant fresh air and sunlight. Prevention efforts included public health campaigns against spitting and building apartments and hospitals that allowed for better ventilation and light. To battle the microbial monster, doctors isolated children in preventorium to give them to sunshine, fresh air, and good nutrition. Heliotherapy exposed children to as much sunlight as possible to restore health and vigor. Patients, nicknamed “Children of the Sun,” lived a restful life of outdoor play. Covered with a sheet and dressed in simple linen caps, short white pants and wearing dark glasses, the children were carefully exposed to direct sun rays. In 1903, the department converted a vacant pavilion at Riverside Hospital, the isolation hospital on North Brother Island, for the use of tuberculosis patients. The following year, it opened the Clinic for the Treatment of Communicable Pulmonary Diseases in Manhattan, the first facility of its type to be established by a US city; similar clinics were subsequently opened in Brooklyn and the Bronx. And in 1906, New York became the first city to operate its own sanatorium. This print depicts the “Children of the Sun” sunbathing on one of New York’s first skyscrapers.



Milano, 1700. At the end of the 16th century, with a population of over 120,000 people, Milan ranked as the fourth largest European city. During the mid-fifteenth century, the Sforzas Dukes of Milan had understood that it was necessary to build a Lazzaretto in Milan and decided to do it far from the town center and to the east of the city. In fact, they had noticed that in the Milan area the winds blow from west to east. The wind had to sweep away the disease. The Lazzaretto of Milan was a quadrangle with 366 meters long sides, designed by Lazzaro Pa-

lazzi. It was located outside the city walls and Porta Orientale (nowadays Porta Venezia) in the eastern part of the city. In the center the archbishop Carlo Borromeo commissioned a new church from Pellegrino Tibaldi. The Lazaret found itself hosting more than 16,000 people a day. Packed together at 30 people per room (not even 23 square meters), barely half managed to find precarious accommodation in the cells but, considering the times, the rooms were supplied with a latrine and a fireplace. The rest were waited in the courtyard, to the point of even filling the small church of San Carlo with plague victims. The Lazaret has described Milan by one of the famous Italian writer Alessandro Manzoni in his masterpiece I Promessi Sposi. This print of Milan was engraved in Paris in 1700.

Presentation

The AMIT International Congress has reached its 10th edition. Since 2007, the Congress has brought together the main national and international Opinion Leaders, in the field of Infectious Diseases, with the aim of providing a timely update on clinical and therapeutical management of Infectious Diseases.

At the centre of the 2025 program are the most current and relevant topics in the infectious discipline, through lectures and thematic sessions focused mainly on the increasingly-worrying phenomenon of the growing resistance to antibacterial, antiviral and antifungal drugs.

Another major challenge in a “One Health” perspective, which is now urgent, concerns the ongoing process of globalization and climate change. The development of epidemic outbreaks with local transmission in Italy and in Mediterranean Europe in particular, is no longer a remote possibility, but a reality with which we have to deal with, due to the progressive extension from endemic to urbanized areas of vectors competent for viruses and bacteria.

It is therefore necessary to equip ourselves to prepare for the risk of possible epidemics/pandemics and to avoid or limit as far as possible that tropical diseases may become endemic in countries such as ours.

It is no coincidence that the WHO, after the COVID years, has recently drawn attention to the fact that “the next pandemic could occur at any time and could be caused by an influenza virus, a new Coronavirus or an as yet unknown pathogen”. WHO, in the same recommendations for vector-borne viral diseases, highlights the so-called “silent pandemic” – which is much less well known to the general public in the media – which i.e. the spread of multi-resistant bacteria that already cause millions of death globally every years and could still increase without institutional interventions in the “One Health” perspectives which includes actions on humans, animals and the environment.



In this context an important role will be played by the implementation of appropriate vaccination strategies and innovative therapeutic approaches for the long-term management of HIV and hepatitis, and bacteria, that include the development of drugs with new action mechanisms. The administration of long-acting drugs and the role of neutralising monoclonal antibodies, which can also be administered locally, are revolutionising therapeutic management with a view to hospital/territory “continuity of care”. Central to this approach is the multidisciplinary nature of the intervention and the focus on fragile and immunocompromised populations.

There will be no shortage of suggestions and insights into emerging topics such as the role of Artificial Intelligence or phage therapy, which is being developed at numerous research centers internationally. This could be the next innovative option for the treatment of multiresistant bacteria, with virtually zero toxicity levels, high tolerability and low production costs.

An ambitious and highly innovative program that, in keeping with tradition, maintains its mission to offer an important contribution to knowledge and insights to the scientific community, and to all healthcare professionals, with the aim of further improving the care management of Infectious Diseases and the prevention of communicable diseases of the entire population.

Faculty

- **Emanuele Andreano**, Monoclonal Antibody Discovery Laboratory (MAD Lab) - Fondazione Toscana Life Sciences, Siena, Italy
- **Massimo Andreoni**, University of Rome "Tor Vergata", Italy
- **Andrea Antinori**, National Institute for Infectious Diseases, Lazzaro Spallanzani- IRCCS, Rome, Italy
- **Spinello Antinori**, ASST Fatebenefratelli Sacco - Luigi Sacco Hospital, Milan, University of Milan, Italy
- **Alessandra Bandera**, IRCCS Ca' Granda Hospital Maggiore Policlinico Foundation, Milan, University of Milan, Italy
- **Michele Bartoletti**, IRCCS Humanitas Research Hospital, Humanitas University, Rozzano (Milan), Italy
- **Matteo Bassetti**, Policlinico San Martino Hospital, Genoa, University of Genoa, Italy
- **Silvio Brusafferro**, University of Udine, Azienda Sanitaria-University of Friuli Centrale, Udine, Italy
- **Linda Bussini**, IRCCS Humanitas Research Hospital, Humanitas University, Rozzano (Milan), Italy
- **Loredana Candela**, General Directorate of Animal Health and Veterinary Medicines (DGSAF), Ministry of Health, Rome, Italy
- **Antonella Castagna**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Elio Castagnola**, IRCCS Giannina Gaslini Institute, Genoa, Italy
- **Francesco Castelli**, ASST Spedali Civili, Brescia, University of Brescia, Italy
- **Dario Cattaneo**, ASST Fatebenefratelli Sacco - Luigi Sacco Hospital, Milan, University of Milan Italy
- **Annamaria Cattelan**, University Hospital of Padua, Italy
- **Marco Cavaleri**, European Medicines Agency, Amsterdam, The Netherlands
- **Giovanni Cenderello**, ASL 1 Sistema Sanitario Regione Liguria Sanremo Hospital, Italy
- **Filippo Consolo**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Massimo Crapis**, ASFO Hospital of Pordenone, Italy
- **Fortunato D'Ancona**, Istituto Superiore di Sanità, Rome, Italy
- **Antonio Davì**, ASP 7 Ragusa-Modica, Ragusa, Italy
- **Steven G. Deeks**, University of California (UCSF), San Francisco, USA
- **Gabriele Del Castillo**, Lombardy Region, Prevention Unit - Infection Disease and Vaccination Division, Milan, Italy
- **Riccardo Di Giuli**, IRCCS Humanitas Research Hospital, Humanitas University, Rozzano (Milan), Italy
- **Emanuele Durante Mangoni**, A.O.R.N. Dei Colli Hospitals - "V. Monaldi", Naples, University of Campania "Luigi Vanvitelli", Caserta, Italy
- **Marco Falcone**, University Hospital of Pisa, Italy
- **Daniele Roberto Giacobbe**, Policlinico San Martino Hospital, Genoa, University of Genoa, Italy
- **Pasquale Giuri**, Ospedale Santa Maria AUSL Parma, Italy
- **Andrea Gori**, ASST Fatebenefratelli Sacco - Luigi Sacco Hospital, Milan, University of Milan, Italy
- **Giulia Carla Marchetti**, ASST Santi Paolo e Carlo - San Paolo Hospital, University of Milan, Italy

- **Walter Marrocco**, FIMMG - Federazione Italiana Medici di Medicina Generale - Roma, Italy
- **Claudio Maria Mastroianni**, Sapienza University, Rome, Italy
- **Francesco Menichetti**, President of Gruppo Italiano Stewardship Antimicrobica (GISA), Perugia, Italy
- **Stefano Merler**, Health Emergencies Center - Bruno Kessler Foundation, Trento, Italy
- **Marianna Meschiari**, AOU Policlinico and University of Modena and Reggio Emilia, Modena, Italy
- **Camilla Muccini**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Alessandra Mularoni**, IRCCS ISMETT (Mediterranean Institute for Transplants and Highly Specialized Therapies), Palermo, Italy
- **Rita Murri**, Policlinico Universitario Agostino Gemelli IRCCS Foundation, Rome, Italy
- **Cristina Mussini**, AOU Policlinico and University of Modena and Reggio Emilia, Modena, Italy
- **Emanuele Nicastrì**, National Institute for Infectious Diseases, Lazzaro Spallanzani- IRCCS, Rome, Italy
- **Silvia Nozza**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Annalisa Pantosti**, Istituto Superiore di Sanità, Rome, Italy
- **Roberto Parrella**, A.O.R.N. Dei Colli Hospitals - Cotugno Hospital, Naples, Italy
- **Stefania Piconi**, Alessandro Manzoni Hospital - ASST Lecco, Italy
- **Jean Paul Pirnay**, Laboratory for Molecular and Cellular Technology (LabMCT) - Queen Astrid Military Hospital, Bruxelles, Belgium
- **Mauro Pittiruti**, Policlinico Universitario Agostino Gemelli IRCCS Foundation, Rome, Italy
- **Massimo Puoti**, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy, University of Milan-Bicocca, Italy
- **Marco Ripa**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Michela Sabbatucci**, Directorate General Health Prevention, Communicable Diseases and International Prophylaxis, Ministry of Health, Rome, Italy
- **Massimo Sartelli**, ASUR Marche - Civil Hospital of Macerata, Italy
- **Jeroen Schouten**, Radboud University Medical Center, Nijmegen, Netherlands
- **Vincenzo Spagnuolo**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
- **Carlo Tascini**, Santa Maria Misericordia Hospital, Udine, Italy
- **Camilla Tincati**, ASST Santi Paolo e Carlo - San Paolo Hospital, University of Milan, Italy
- **Marco Tinelli**, Senior Consultant of Infectious Diseases, Milan, Italy; Member of the advisory board of Italian Plan of Antimicrobial Resistance, Ministry of Health, Rome, Italy
- **Giusy Tiseo**, University Hospital of Pisa, Italy
- **Pierluigi Viale**, IRCCS Policlinico Sant'Orsola, Bologna, University of Bologna, Italy
- **Francesca Vichi**, Santa Maria Annunziata Hospital - USL Toscana Centro, Bagno a Ripoli (Florence), Italy



Thursday, March 27th

07.45-08.45 *Registration of participants*

08.45-09.00 Opening remarks - **A. Castagna, M. Tinelli**

SESSION 1

MDR epidemiology and antimicrobial resistance control plan in Italy

Chairs: **G. Del Castillo, W. Marrocco**

09.00-09.20 Update of epidemiology of multidrug resistance microorganisms in Italy - **F. D'Ancona**

09.20-09.30 Discussion

09.30-10.20 **Round Table**

Chairs: **C. Mussini, R. Parrella**

Doctor or robot? The prospects of artificial intelligence in infectious diseases - **F. Consolo, S. Merler, R. Murri**

SESSION 2

Update of treatment strategies in bacterial and fungal infections

Chairs: **M. Bartoletti, C.M. Mastroianni**

10.20-10.40 Place in therapy of antibiotics to treat MDR infections
P. Viale

10.40-11.00 Optimizing antibiotic therapy in intensive care unit
M. Falcone

11.00-11.20 Combination therapy versus monotherapy for treating carbapenem-resistant gram-negative infection - **G. Tiseo**

11.20-11.40 Current and future therapeutic options in invasive mycosis - **M. Bassetti**

11.40-11.50 Discussion

SESSION 3

HIV from prevention to cure

Chairs: **A. Cattelan, A. Gori**

11.50-12.10 The role of broadly neutralizing antibodies in HIV cure - **S.G. Deeks**

12.10-12.30 Pre-exposure prophylaxis in Italy: where are we?
A. Antinori

12.30-12.50 Present and future of HIV treatment - **A. Castagna**

12.50-13.00 Discussion

13.00-14.00 **Poster Session Displayed and on site during the lunch**

14.00-14.30

Lecture

Chair: **M. Andreoni**

Phage therapy: state of the art - **J.P. Pirnay**

SESSION 4

**Policy strategies to tackle infectious diseases:
looking to the future**

Chairs: **M. Crapis, F. Vichi**

14.30-14.50

Arbovirosis: vaccination strategies - **E. Nicastri**

14.50-15.10

HBV/HDV: current and new antiviral treatments
M. Puoti

15.10-15.30

The added value of monoclonal antibodies
in infectious diseases - **E. Andreano**

15.30-15.40

Discussion

SESSION 5

**Long-acting drugs: challenges and opportunities
in real-life**

Chairs: **D. Cattaneo, G. Cenderello**

15.40-16.00

In bacterial infections - **C. Tascini**

16.00-16.20

In fungal infections - **A. Mularoni**

16.20-16.40

In viral infections - **C. Muccini**

16.40-16.50

Discussion



Friday, March 28th

09.00-09.30

Lecture

Chairs: **A. Castagna, M. Tinelli**

New vaccines and anti-infectives agents in the pipeline
M. Cavaleri

SESSION 6

UpToDate of infectious diseases management

Chairs: **F. Castelli, G.C. Marchetti**

09.30-09.50

Cardiovascular infections and indication for urgent cardiac surgery - **E. Durante Mangoni**

09.50-10.10

From bedside to doorstep: the shift towards home management of infectious diseases - **M. Ripa**

10.10-10.30

UpToDate in anaerobic bacterial infections
D.R. Giacobbe

10.30-10.40

Discussion

SESSION 7

Emerging infectious diseases and environmental health

Chairs: **S. Antinori, A. Pantosti**

10.40-11.00

Preparedness for pandemics and emerging infectious disease threats - **S. Brusaferro**

11.00-11.20

The ongoing Italian plan of antimicrobial resistance control
M. Sabbatucci

11.20-11.40

Antibiotic resistance and environmental health
M. Tinelli

11.40-12.00

Antibiotic use in animal feed and its impact on human health - **L. Candela**

12.00-12.10

Discussion

SESSION 8

Antibiotic stewardship and infection control

Chairs: **A. Bandera, S. Piconi**

12.10-12.30

How to implement an AMS program in your hospitals
J. Schouten

12.30-12.50

Prevention and management of infections in global surgery - **M. Sartelli**

12.50-13.10

Best practice in vascular access and infusion therapy: state of the art - **M. Pittiruti**

13.10-13.20

Discussion

13.20-14.20 **Poster Session Displayed and on site during the lunch**

SESSION 9 Meeting Young Experts in Infectious Diseases

Chairs: **A. Castagna, F. Menichetti**

- 14.20-14.35 Case report: MDR patient's colonization
M. Meschiari
- 14.35-14.50 Case report: PWH with limited treatment options
V. Spagnuolo
- 14.50-15.05 Case report: Invasive mycosis in hematologic patients
L. Bussini
- 15.05-15.20 Case report: Impact of antibiotics on gut microbioma
C. Tincati
- 15.20-15.30 Discussion

SESSION 10 Infectious diseases: when the host matters

Chairs: **A. Davì, P. Giuri**

- 15.30-15.50 UpToDate of antibiotic treatment in pediatrics
E. Castagnola
- 15.50-16.10 Risks factors of infectious in plastic and aesthetic surgery
R. Di Giuli
- 16.10-16.30 STIs and resistance - **S. Nozza**
- 16.30-16.40 Discussion
- 16.40-17.00 Conclusive remarks - **A. Castagna, M. Tinelli**

General Information

DATE AND MEETING VENUE

March 27th - 28th 2025

Castiglioni Palace
Corso Venezia 47, Milan, Italy
Metro Stop: Palestro

CME ACCREDITATION

The Meeting has obtained
n. 11,2 CME credits (ID number
150-427917) from Italian Ministry
for the following professions:
*Biologist, Hospital Pharmacist,
all Medical disciplines.*

Credits will be given only if
Participants attend 90% of the
working Sessions, provide
correct answer to at least 75%
of the questions included in the
final online assessment
questionnaire (multiple choice,
with double randomization)
and fill out the perceived-quality
form.

SVC ASSOBIOMEDICA

The Congress were evaluated as
compliant with the Code of Ethics
by the Conference Evaluation
System (SVC) of Assobiomedica
(Event Code: 2024-1218130004).

TRAINING OBJECTIVE

*Guidelines - protocols -
procedures*

TEACHING METHODS

Lectures, Clinical experiences
presentations in plenary sessions.

OFFICIAL LANGUAGES

Languages: Italian and English.
No simultaneous translation
provided.

REGISTRATION FEE

€ 244,00 (€ 200,00 + 44,00 VAT
22%)

The registration fee includes:

- Participation in scientific sessions
- Congress kit
- Certificate of participation and CME certificate
- Coffee break and business lunches as per program

REGISTRATION DEADLINE

March 24th, 2025

The secretariat reserves
the right to reconfirm
registrations.

Registrations must be done online
at **www.congresso-amit.it**

CME PROVIDER AND ORGANIZING SECRETARIAT

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