

# SARS-CoV-2 Genomic surveillance activities in Italy

Paola Stefanelli

Director of VPD-Reference Labs Unit

Dept. Infectious Diseases

Istituto Superiore di Sanità (ISS)

# Influenza virological surveillance in Italy: NIC/ISS and the INFLUNET Laboratory Network

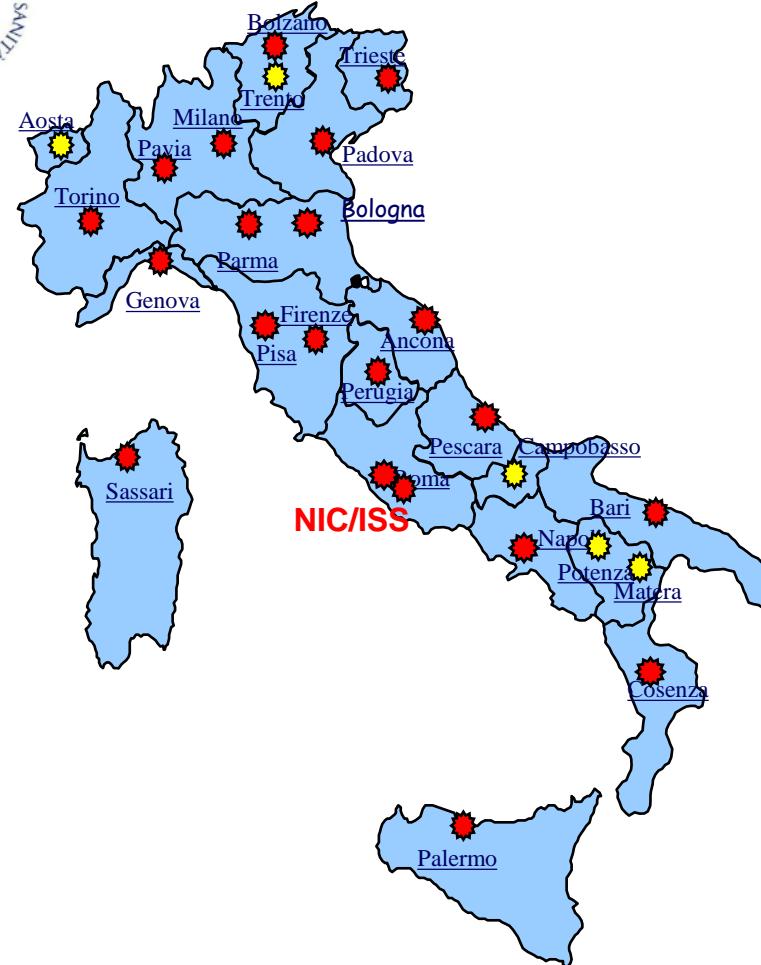


ISTITUTO SUPERIORE DI SANITA'

## ★ N. 21 peripheral Laboratories

1. Bolzano, Trentino-Alto Adige
2. Torino, Piedmont
3. Milano, Lombardy
4. Pavia, Lombardy
5. Padova, Veneto
6. Trieste, Friuli-Venezia Giulia
7. Genova, Liguria
8. Parma, Emilia-Romagna
9. Firenze, Tuscany
10. Perugia, Umbria
11. Roma, Chatolic Univ., Lazio
12. Bari, Apulia
13. Sassari, Sardinia
14. Palermo, Sicily
15. Roma, Spallanzani Hosp., Lazio
16. Bologna, Emilia-Romagna
17. Pisa, Tuscany
18. Ancona, Marche
19. Pescara, Abruzzo
20. Napoli, Campania
21. Cosenza, Calabria

## The InfluNet Laboratory Network



## ★ + 5 newly enrolled peripheral Laboratories for the 2022/23 season

1. Trento, Trentino-Alto Adige
2. Aosta, Aosta Valley
3. Campobasso, Molise
4. Potenza, Basilicata
5. Matera, Basilicata

The Influnet Network has been recently geographically extended to cover the entire national territory, with a total 26 laboratories located in all the Italian Regions.

# The early detection of viral variants, their characterization and tracing as a critical component of the pandemic response

Italy has defined and implemented a sequencing strategy of SARS-CoV-2

- To optimize sequencing and obtain data that may guarantee a continuous flow of information (on which the early identification of new variants is based)
- To obtain a high precision estimation of the prevalence of viral variants

# Sequencing strategies for identification and monitoring of SARS-CoV-2 variants in Italy

## Two independent collection flows

(MoH circular 0017975-17/03/2022)

Weekly structured sequencing, where targeted sampling does not overlap with random sampling

### Periodic (monthly flash surveys)

High-precision  
prevalence estimation

#### Random sampling

Carried out on an agreed day of the month and statistically calibrated to intercept variants that circulate, in each macro-region, with a prevalence 0.5-1%, at a confidence level of 95%.

### Continous

Real-time monitoring of  
circulating viral genotypes and  
early warnings issue

#### Targeted sampling

Statistically calibrated to intercept variants that circulate, at national level, with a prevalence >0.25%, at >90% probability, by considering 1.000 sequences per week, regardless from the estimated number of cases.

### The data converge in the monthly bulletin

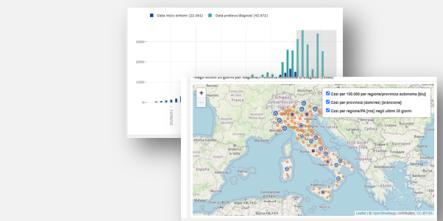
“Prevalenza e distribuzione delle varianti  
di SARS-CoV-2 di interesse per la Sanità  
Pubblica in Italia”

#### **Categories:**

1. hospitalized subjects;
2. subjects at ICU;
3. reinfected subjects;
4. immunocompromised;
5. subjects returning from targeted countries;
6. atypical manifestations.

# Objectives of the microbiological national surveillance component

Accurately monitor the prevalence and spread of circulating variants and support epidemiological and genomic virological characterisation



Epidemiological data on all laboratory confirmed SARS-CoV-2 cases of infection



Image source: [CDC](#)

- Integrated surveillance (case-based data sent to TESSy)

- Monthly prevalence surveys (cross-sectoral)

- National vaccination repository

Detect novel or emerging VOCs and VOIs in a timely fashion

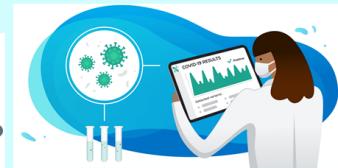
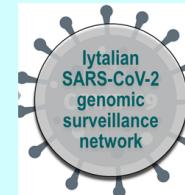


Image source: <https://www.onecodex.com/blog/2020/03/16/covid-19-sequencing-analysis/>

VOC/VOI

All SARS-CoV-2 sequences

- Genomic surveillance and analysis platform (I-Co-Gen)



# The network

- Currently, the **Italian genomic laboratory network** involves 69 laboratories across all of the 21 Italian Regions and Autonomous Provinces in the country, coordinated at central level by ISS.
- **A dedicated national collaborative infrastructure:** sequence data are collected in the ISS managed national repository called “I-Co-Gen” (Italian COVID-19 Genomic), accessible to all peripheric laboratories, where the sequences are uploaded, analyzed, and verified for completeness and timeliness. After a quality review and integration, all consolidated data are transferred to the public genomic repository *GISAID* for data sharing. *Early warning* for new variants and new mutations of concern are provided.
- Data and analyses produced using this approach enable prompt restitution of the information in the form of publicly available **reports** (e.g. flash survey reports: <https://www.iss.it/en/web/guest/ricerca?categoryId=5616545>) and **open data** (e.g. [https://www.epicentro.iss.it/coronavirus/open-data/covid\\_19-iss.xlsx](https://www.epicentro.iss.it/coronavirus/open-data/covid_19-iss.xlsx)).

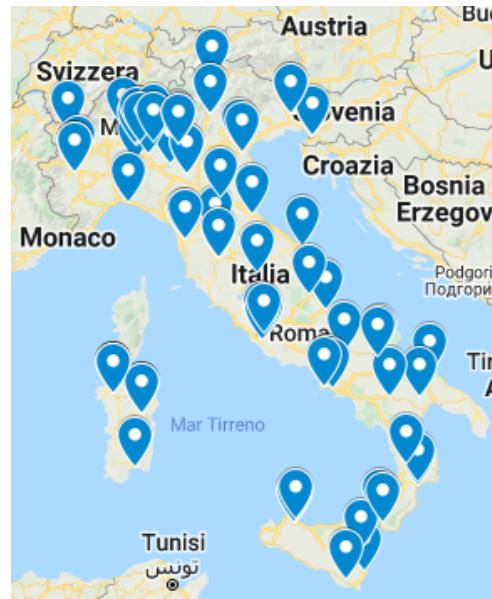
# Italian SARS-CoV-2 Sequencing Network

I-Co-Gen platform

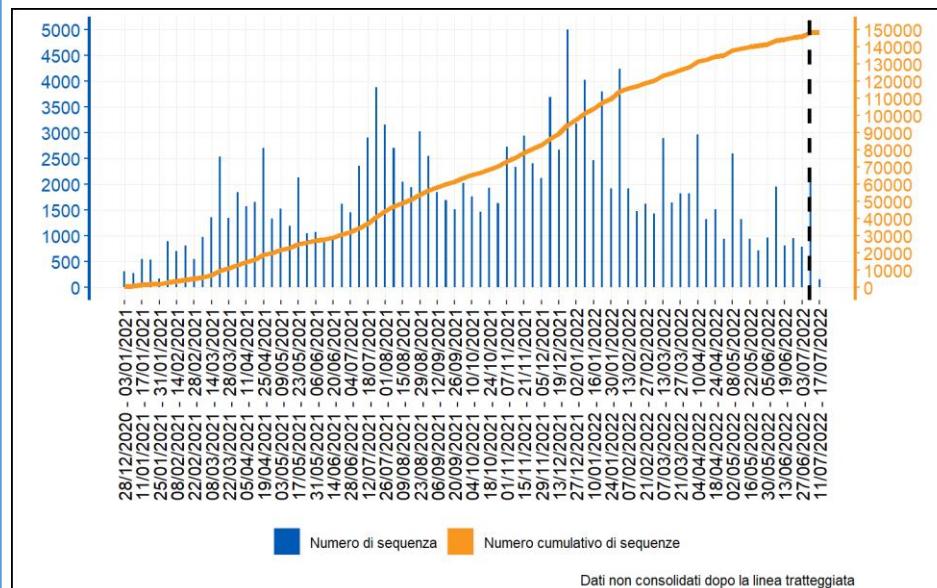


Collaborative infrastructure for the **collection, analysis, early warning and international sharing (GISAID)** of sequencing data with adequate quality standards

The network comprises 69 laboratories located throughout the country



Based on the last published report, more than **165,000 sequences** have been collected

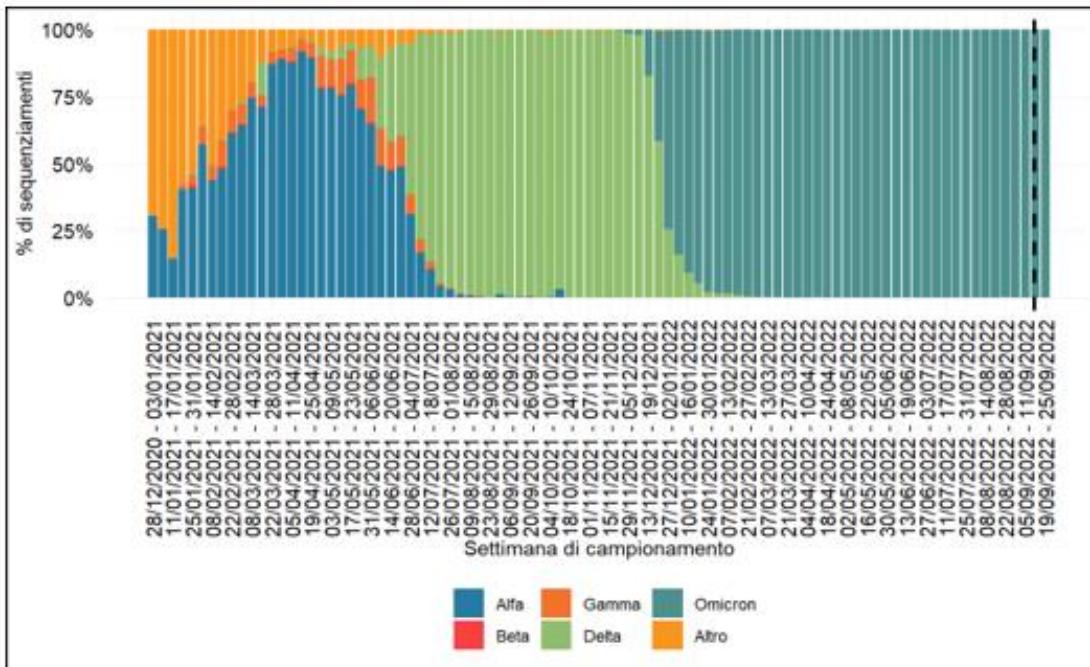


<https://www.epicentro.iss.it/coronavirus/sars-cov-2-monitoraggio-varianti-rapporti-periodici>

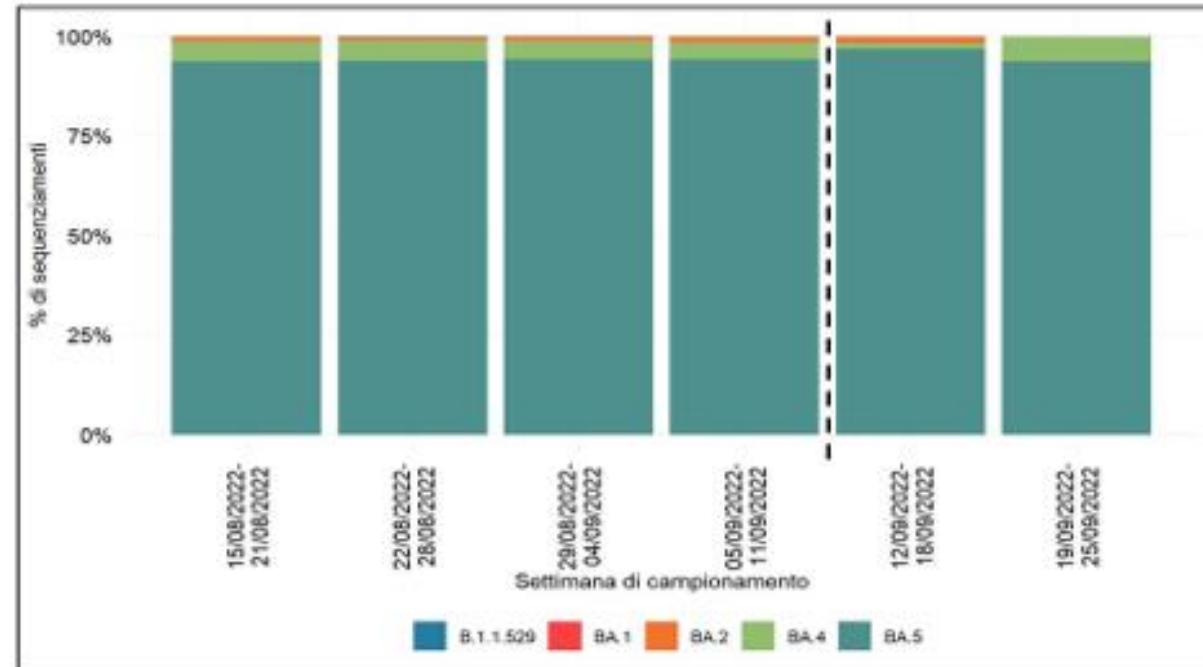
To support the network and make it stable, financial support is provided in accordance with art. 34bis, L. 23 July 2021, n. 106 (and subsequent amendments)

# Analysis of Sars-CoV-2 sequences deposited in the I-Co-Gen platform

(last update 26 September 2022)



"Altro": Includes sequences associated with other variants / lineages and unclassifiable sequencing



Each lineage include the identified sub-lineages.

Not consolidated data after the dotted line

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-monitoraggio-varianti-rapporti-periodici>



[www.iss.it/malattie-infettive](http://www.iss.it/malattie-infettive)

# The flash surveys on SARS-CoV-2 variants in Italy

Laboratories have the task to collect positive COVID-19 samples distributed across five macro-areas, defined according to the Eurostat

The sample size is calculated to have the statistical power to detect a prevalence of 1%, with 0.8% error within each macro-area, based on the number of cases notified on the day of the survey.

The collected samples are then sequenced and the genomes are uploaded into I-Co-Gen platform and the final results in terms of lineages and sublineages are communicated to the MoH and ISS to calculate the prevalence and, finally, write a report.

The prevalence estimates at national level are obtained as the average prevalence in the different Regions / PPAA weighted by the number of regional cases notified in the day of the survey.

**A mathematical framework was used to estimate the relative transmissibility of competing SARS-CoV-2 variants of concern, taking as case study the co-circulation of Alpha and Gamma in Italy at the beginning of 2021.**

Based on two genomic surveillance surveys conducted across the whole Italian territory on 18 February and 18 March 2021, it was showed that the Alpha variant was already dominant on 18 February in a majority of regions/AP (national prevalence: 54%) and had almost completely replaced historical lineages by 18 March (dominant in all regions/AP, national prevalence: 86%). At the same time, a substantial proportion of cases of the Gamma variant on 18 February, almost exclusively in Regions of central Italy was identified.



Europe's journal on infectious disease surveillance, epidemiology, prevention and control

**RESEARCH**

## Co-circulation of SARS-CoV-2 Alpha and Gamma variants in Italy, February and March 2021

Paola Stefanelli<sup>1,\*</sup>, Filippo Trentini<sup>2,3,\*</sup>, Giorgio Guzzetta<sup>2</sup>, Valentina Marziano<sup>2</sup>, Alessia Mammone<sup>4</sup>, Monica Sane Schepisi<sup>4</sup>, Piero Poletti<sup>2</sup>, Carla Molina Grané<sup>2,5</sup>, Mattia Manica<sup>2</sup>, Martina del Manso<sup>4,6</sup>, Xanthi Andrianou<sup>4,7</sup>, Marco Ajelli<sup>8,\*\*</sup>, Giovanni Rezza<sup>4,\*\*</sup>, Silvio Brusaferro<sup>9,\*\*</sup>, Stefano Merler<sup>2,\*\*</sup>, COVID-19 National Microbiology Surveillance Study Group<sup>10</sup>

1. Department of Infectious Diseases, Istituto Superiore di Sanità, Rome, Italy

2. Center for Health Emergencies, Bruno Kessler Foundation, Trento, Italy

3. Dondena Centre for Research on Social Dynamics and Public Policy, Bocconi University, Milan, Italy

4. Directorate General of Health Prevention, Ministry of Health, Rome, Italy

5. University of Trento, Trento, Italy

6. European Programme for Intervention Epidemiology Training (EPIET), European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

7. Cyprus University of Technology, Limassol, Cyprus

8. Laboratory for Computational Epidemiology and Public Health, Department of Epidemiology and Biostatistics, Indiana University School of Public Health, Bloomington, IN, United States

9. Istituto Superiore di Sanità, Rome, Italy

10. The members of the COVID-19 National Microbiology Surveillance Study Group are listed under Investigators and at the end of the article

\* These authors contributed equally to this article.

\*\* These authors contributed equally as senior authors.

**Correspondence:** Paola Stefanelli ([paola.stefanelli@iss.it](mailto:paola.stefanelli@iss.it))

---

**Investigators:** The investigators are listed at the end of the article.

**Citation style for this article:**

Stefanelli Paola, Trentini Filippo, Guzzetta Giorgio, Marziano Valentina, Mammone Alessia, Sane Schepisi Monica, Poletti Piero, Molina Grané Carla, Manica Mattia, del Manso Martina, Andrianou Xanthi, Ajelli Marco, Rezza Giovanni, Brusaferro Silvio, Merler Stefano, COVID-19 National Microbiology Surveillance Study Group, Co-circulation of SARS-CoV-2 Alpha and Gamma variants in Italy, February and March 2021. Euro Surveill. 2022;27(5):pii=2100429. <https://doi.org/10.2807/1560-7917.ES.2022.27.5.2100429>

Article submitted on 27 Apr 2021 / accepted on 13 Sep 2021 / published on 03 Feb 2022

# Tracking the progressive spread of the SARS-CoV-2 Omicron variant in Italy, December 2021 - January 2022.

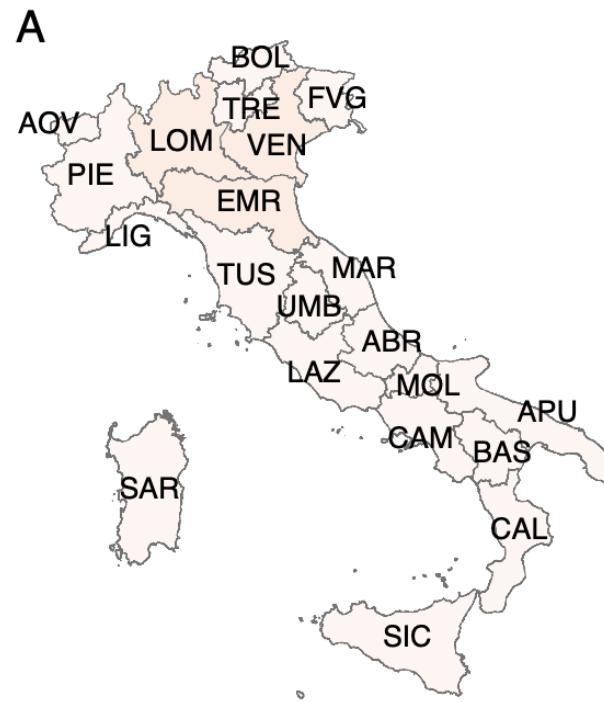
Paola Stefanelli, Filippo Trentini, Daniele Petrone et al.

(accepted for publication *Eurosurveillance*, preprint in *MedRXiv*)

- The results of **three quick genomic prevalence surveys** conducted biweekly in Italy between December 6, 2021, and January 3, 2022. were used to estimated prevalence of Omicron and combine with data gathered by the Italian Integrated Surveillance System to assess the impact of the variant spread on the overall circulation of SARS-CoV-2.
- The results shows that Omicron became dominant across the Italian territory **in less than one month**, significantly increasing SARS-CoV-2 transmission.

The screenshot shows a preprint page from medRxiv. At the top, the medRxiv logo is displayed along with logos for CSH (Cold Spring Harbor Laboratory) and BMJ Yale. The page title is "Tracking the progressive spread of the SARS-CoV-2 Omicron variant in Italy, December 2021 - January 2022". Below the title, the authors' names are listed: Paola Stefanelli, Filippo Trentini, Daniele Petrone, Alessia Mammone, Luigina Ambrosio, Mattia Manica, Giorgio Guzzetta, Valeria d'Andrea, Valentina Marziano, Agnese Zardini, Carla Molina Grane, Marco Ajelli, Angela Di Martino, Flavia Riccardo, Antonino Bella, Monica Sane Schepisi, Francesco Maraglino, Piero Poletti, Anna Teresa Palamara, Silvio Brusaferro, Giovanni Rezza, Patrizio Pezzotti, Stefano Merler, the Genomic SARS-CoV-2 National Surveillance Working Group, the Italian Integrated Surveillance of COVID-19 Study Group. The DOI is provided as <https://doi.org/10.1101/2022.01.27.22269949>. A note below states: "This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice." Below this, there are social media sharing icons (Twitter, LinkedIn, Facebook, etc.) and download options (PDF, Print/Save Options, Author Declarations, Supplementary Material, Data/Code). The page also features a "Tweet" button and sections for "COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv" and "Subject Areas" (Infectious Diseases (except HIV/AIDS)).

Dec 6, 2021



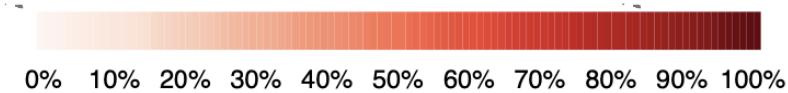
Dec 20, 2021

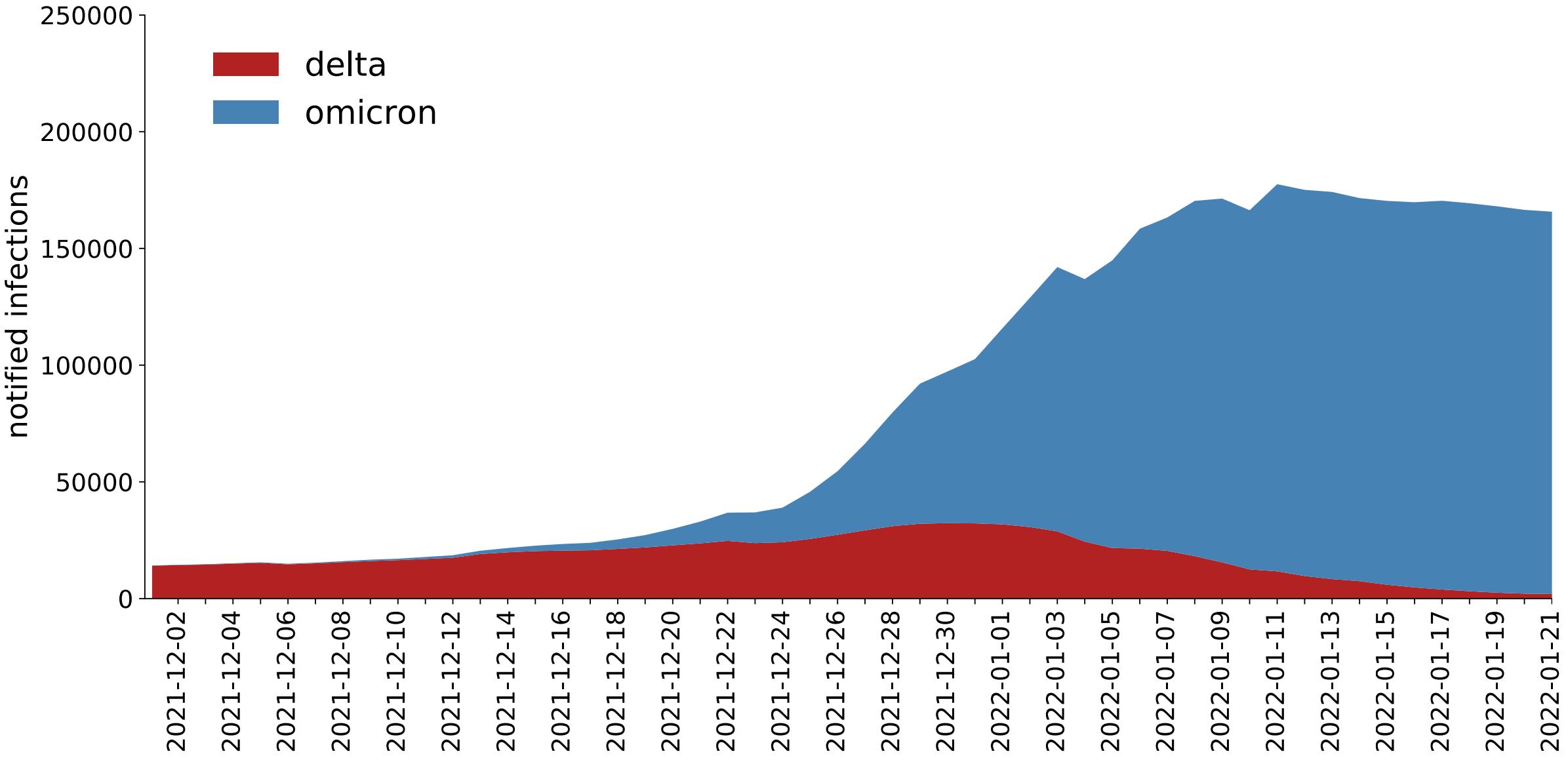


Jan 3, 2022



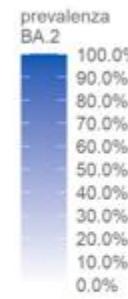
Jan 17, 2022





# Prevalence estimate from the most recent "flash survey" (September 6, 2022)

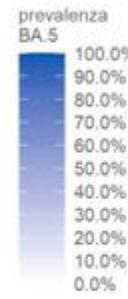
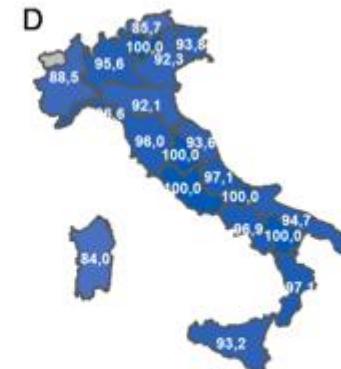
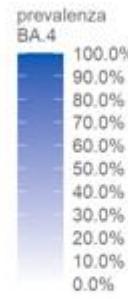
<https://www.epicentro.iss.it/coronavirus/sars-cov-2-monitoraggio-varianti-indagini-rapide>



Variante Omicron **100%** (range: 100% - 100%)

0,21%	(0% - 0,4%)	BA.1
1,11%	(0% - 14,3%)	BA.2
4,41%	(0% - 16,0%)	BA.4
<b>94,41%</b>	<b>(84,0% - 100%)</b>	<b>BA.5</b>

Each BA.n lineage include the identified sub-lineages.



# Genomic surveillance in Italy

## Weaknesses

- ❖ Inability to collect and sequence enough positive samples in the community suitable for genomic surveillance (use of antigenic tests).
- ❖ Delay between sample collection and the upload of sequences on the national genomic surveillance platform I-Co-Gen in same epi weeks.
- ❖ Difficulty in ensuring high quality of patient data in terms of completeness and data sharing at local level.

## Strengths

- ❖ Sequence data collected and managed by a unique central facility accessible to all peripheric laboratories and ISS, where the sequences are uploaded, analyzed and verified for completeness and timeliness.
- ❖ Early warning periodically added and/or revised for new variants o mutations of concern.
- ❖ Data and analyses produced using a standardized approach, enabling prompt restitution of information in the form of publicly available reports and open data.
- ❖ Continuous stimulating collaborations in place within the Italian genomic laboratory network and ISS.

# What about the next phase?

- SARS-CoV-2 will likely continue to circulate and new variants may emerge.
- Immune escape mutations may be selected, replacing previous circulating variants, due to the selective pressure of vaccine-induced and natural immunity.
- In the perspective of an integrated surveillance of respiratory viruses, this system will not only be maintained but eventually implemented to integrate influenza and other respiratory pathogens (RSV) as a useful by-product of the efforts made to counteract the COVID-19 pandemic in the country.

# Thanks to

**Laboratori Regionali/PPAA.** Liborio Stuppia, Federico Anacletio, Laboratorio di Genetica Molecolare, Centro Studi e Tecnologie Avanzate (CAST), Università degli Studi "G. d'Annunzio", Chieti; Giovanni Savini, Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise "Giuseppe Caporale", Teramo; Antonio Picerno, Teresa Lopizzo, UOC Analisi Chimico Cliniche e Microbiologiche, AOR "San Carlo", Potenza; Domenico Dell'Edera, UOSD Laboratorio di Genetica Medica, P.O. "Madonna delle Grazie", Matera; Pasquale Minchella, SOC Microbiologia e Virologia, AO "PuglieseCiaccio", Catanzaro; Francesca Greco, UOC Microbiologia e Virologia, PO "Annunziata", Cosenza; Giuseppe Viglietto, Laboratorio di Genomica Funzionale e Patologia Molecolare, Università degli Studi "Magna Graecia", Catanzaro; Maria Teresa Fiorillo, Azienda Sanitaria Provinciale di Reggio Calabria, Reggio Calabria; Luigi Atripaldi, AORN "Azienda Sanitaria dei Colli", Napoli; Antonio Limone, Istituto Zooprofilattico Sperimentale del Mezzogiorno, Portici, Napoli; Davide Cacchiarelli, Istituto Telethon di Genetica e Medicina (TIGEM), Pozzuoli, Napoli; Pierlanfranco D'Agaro, SC UCO Igiene e Sanità Pubblica, Azienda Sanitaria Universitaria Giuliano-Isontina (ASUGI), Trieste; Danilo Licastro, Laboratorio Genomica ed Epigenomica, Area Science Park, Basovizza, Trieste; Federica Baldan, Sabrina Lombino, Dipartimento di Medicina di Laboratorio, Azienda Sanitaria Universitaria Friuli Centrale (ASU FC); Stefano Pongolini, Unità di Analisi del Rischio ed Epidemiologia Genomica, Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia-Romagna, Parma; Tiziana Lazzarotto, Giada Rossini, Laboratori CRREM, UO Microbiologia, AOU "Policlinico di S'Orsola" (IRCCS), Bologna; Vittorio Sambri, Dipartimento di Medicina Specialistica Diagnostica e Sperimentale (DIMES), Università di Bologna, Bologna, & UOC Microbiologia, AUSL della Romagna, Cesena; Giorgio Dirani, Silvia Zannoli, UOC Microbiologia, AUSL della Romagna, Cesena; Paola Affanni, Maria Eugenia Colucci, Laboratorio di Igiene e Sanità Pubblica, Dipartimento di Medicina e Chirurgia, Università degli Studi di Parma, Parma; Maria Rosaria Capobianchi, Emanuela Giombini, Laboratorio di Virologia, Istituto Nazionale Malattie Infettive IRCCS "L. Spallanzani", Roma; Florigio Lista, Dipartimento Scientifico, Policlinico Militare di Roma, Roma; Patricia Alba, Diagnistica Generale, Dipartimento di Virologia, Istituto Zooprofilattico Sperimentale del Lazio e della Toscana (IZSLT), Roma; Alice Massacci, IRCCS "Regina Elena" Istituto Nazionale Tumori, Roma; Carlo Federico Perno, Unità Complessa di Microbiologia ed Immunologia Diagnostica, Ospedale Pediatrico "Bambino Gesù", Roma; Maurizio Sanguineti, Istituto di Microbiologia e Virologia, Fondazione Policlinico Universitario "A. Gemelli" IRCCS, Roma; Elisabetta Riva, Fondazione Policlinico-Università Campus Bio-Medico, Roma; Ombratta Turriziani, Dipartimento di Medicina Molecolare, Policlinico Umberto I, Roma; Bianca Bruzzone, Laboratorio di Riferimento Regionale per la diagnosi molecolare di SARS-CoV-2, U.O. Igiene, Ospedale Policlinico "San Martino" IRCCS, Università degli Studi di Genova, Genova, & Laboratorio di Riferimento Regionale per le Emergenze di Sanità Pubblica (LaRESP), Liguria; Giancarlo Icardi, Flavia Lillo, Andrea Orsi, Laboratorio di Riferimento Regionale per le Emergenze di Sanità Pubblica (LaRESP), Liguria; Elena Pariani, Dipartimento di Scienze Biomediche per la Salute, Università degli Studi di Milano, Milano; Fausto Baldanti, Unità Virologia Molecolare, Fondazione IRCCS Policlinico "San Matteo", Pavia, & Università di Pavia, Pavia; Maria Rita Gismondo, Valeria Micheli, U.O.C Microbiologia Clinica, Virologia e diagnostica delle Bioemergenze, ASST "Fatebenefratelli-Sacco", Milano; Fabrizio Maggi, SC Laboratorio Microbiologia, ASST "Sette Laghi", Varese; Arnaldo Caruso, Laboratorio di Microbiologia e Virologia, ASST "Spedali Civili di Brescia", Brescia; Ferruccio Ceriotti, Fondazione IRCCS "Ca' Granda" Ospedale Maggiore Policlinico di Milano, Milano; Maria Beatrice Boniotti, Ilaria Barbieri, Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna, Brescia; Alice Nava, ASST Grande Ospedale Metropolitano Niguarda, Milano; Erminio Torresani, IRCCS Istituto Auxologico Italiano, Milano; Fabiana Cro, Cristina Lapucci, SYNLAB ITALIA, Brescia; Enzo Boeri, Nicola Clementi, Laboratorio di Microbiologia, Dipartimento di Medicina di Laboratorio, Ospedale "San Raffaele", Milano; Marina Noris, Istituto di Ricerche Farmacologiche "Mario Negri" IRCCS, Milano; Giulia Bassanini, Laboratorio SME, PTP Science Park S.c.a.r.l., Lodi; Claudio Farina, Marco Arosio, Laboratorio di Microbiologia e Virologia, ASST "Papa Giovanni XXIII", Bergamo; Maria Oggionni, ASST Bergamo Ovest, Bergamo; Sergio Malandrin, Annalisa Cavallero, Laboratorio di Microbiologia e Virologia, ASST Monza, Monza; Valerio Leoni, ASST della Brianza - Laboratorio Analisi "Ospedale di Circolo" Desio; Fabio Sagrati, ASST Cremona; Flavia Maggiolini, Lifebrain Lombardia S.r.l. - Centro Diagnostico San Nicola Laboratorio Analisi; Stefano Menzo, SOD Virologia, AOU "Ospedali Riuniti", Ancona; Silvio Garofalo, Massimiliano Scutellà, UOC Laboratorio Analisi, POA "Cardarelli", Campobasso; Elisabetta Pagani, Laboratorio Aziendale di Microbiologia e Virologia, Azienda Sanitaria dell'Alto Adige, Bolzano; Lucia Collini, Microbiologia e Virologia, Presidio Ospedaliero "Santa Chiara", Trento; Valeria Ghisetti, Centro di Riferimento Regionale per validazione e controllo di qualità SARS-CoV2, Ospedale Amedeo di Savoia, Torino; Silvia Brossa, Paola Marino, Giorgia Migliardi, IRCCS Fondazione del Piemonte per l'Oncologia, Candiolo; Giuseppe Ru, Elena Bozzetta, Simone Peletti, Istituto Zooprofilattico Sperimentale del Piemonte, Liguria e Valle d'Aosta, Torino; Maria Chironna, Laboratorio di Epidemiologia Molecolare e Sanità Pubblica, AOUC Policlinico di Bari, Bari; Antonio Parisi, Istituto Zooprofilattico Sperimentale della Puglia e della Basilicata, Putignano, Bari; Rosella De Nittis, Laboratorio di Microbiologia e Virologia, Policlinico Riuniti - Azienda Ospedaliero Universitaria, Foggia; Salvatore Rubino, Sergio Uzzau, Flavia Angioi, Gabriele Ibba, Caterina Serra, S.C. Microbiologia e Virologia, Laboratorio Virologia, AOU di Sassari, Sassari; Giovanna Piras, UOC Ematologia, P.O. "San Francesco", Azienda Tutela Salute, ASSL Nuoro, Nuoro; Giuseppe Mameli, Laboratorio di Patologia Clinica, P.O. "San Francesco", Azienda Tutela Salute, ASSL Nuoro; Ferdinando Coghe, Laboratorio Generale (HUB) di Analisi Chimico Cliniche e Microbiologia, PO "Duilio Casula", AOU di Cagliari, Cagliari; Francesco Vitale, Fabio Tramuto, Laboratorio di Riferimento Regionale per la Sorveglianza Epidemiologica e Virologica del PROMISE - AOUP "Giaccone", Palermo; Guido Scalia, Concetta Ilenia Palermo, Laboratorio di Virologia Clinica, AOUP "V. Emanuele", PO "Gaspare Rodolico", Catania; Giuseppe Mancuso, UOC Microbiologia, AOU "G. Martino", Messina; Teresa Pollicino, Laboratorio di Diagnostica Molecolare dell'Unità Gestione Centralizzata Laboratori, Messina; Francesca Di Gaudio, Centro Regionale per la Qualità (CRQ), Palermo; Stefano Vullo, Stefano Reale, Istituto Zooprofilattico Sperimentale della Sicilia, Palermo; Vincenzo Bramanti, U.O.C. Laboratorio Analisi - Asp Ragusa, Ragusa; Maria Grazia Cusi, UOC Microbiologia e Virologia, Azienda Ospedaliera Universitaria Senese, & Dipartimento di Biotecnologie Mediche, Università degli Studi di Siena, Siena; Gian Maria Rossolini, SOD Microbiologia e Virologia, AOU "Careggi", Firenze; Mauro Pistello, UOC Virologia, AOU Pisana, Pisa; Antonella Mencacci, Barbara Camilloni, S.C. Microbiologia, Dipartimento di Medicina e Chirurgia, Università di Perugia, Perugia; Silvano Severini, Istituto Zooprofilattico Sperimentale dell'Umbria e delle Marche, Perugia; Massimo Di Benedetto, Laboratorio Analisi Cliniche, Ospedale "Parini", Aosta; Calogero Terregino, Isabella Monne, Istituto Zooprofilattico Sperimentale delle Venezie, Legnaro, Padova; Valeria Biscaro, UOC Microbiologia-Virologia, AULSS2 La Marca, PO Treviso, Treviso.

**Ministero della Salute.** Alessia Mammone, Monica Sane Schepisi, Francesco Maraglino, Giovanni Rezza.

**Fondazione Bruno Kessler.** Filippo Trentini, Giorgio Guzzetta, Valentina Marziano, Piero Poletti, Stefano Merler.

**Referenti Regionali.** Antonia Petrucci (Abruzzo); Michele La Bianca (Basilicata); Anna Domenica Mignuoli (Calabria); Pietro Buono (Campania); Erika Massimiliani (Emilia-Romagna); Fabio Barbone (Friuli Venezia Giulia); Francesco Vairo (Lazio); Camilla Sticchi (Liguria); Danilo Cereda (Lombardia); Lucia Di Furia (Marche); Raffaele Malatesta (Molise); Annamaria Bassot (P.A. Bolzano); Pier Paolo Benetollo (P.A. Trento); Chiara Pasqualini (Piemonte); Lucia Bisceglia (Puglia); Maria Antonietta Palmas (Sardegna); Salvatore Scondotto (Sicilia); Emanuela Balocchini (Toscana); Anna Tosti (Umbria); Mauro Ruffier (Valle D'Aosta); Filippo Da Re (Veneto).

## Istituto Superiore di Sanità:

Paola Stefanelli, Angela Di Martino, Alessandra Lo Presti, Luigina Ambrosio, Stefano Morabito, Gabriele Vaccari, Ilaria Di Bartolo, Arnold Knijn, Flavia Riccardo, Daniele Petrone, Martina Del Manso, Antonino Bella, Patrizio Pezzotti, Stefano Fiore, Giulietta Venturi, Claudia Fortuna, Giulia Marsili, Antonello Amendola, Alberto Mateo Urdiales, Massimo Fabiani, Stefano Boros, Fortunato (Paolo) D'Ancona, Maria Cristina Rota, Antonietta Filia, Maria Fenicia Vescio, Corrado Di Benedetto, Marco Tallon, Luca De Sabato, Anna Teresa Palamara..

# ISS

A multidisciplinary commitment  
for everyone's health



Thanks for listening

In house printed ISS-COS • 28.9.2021



[www.iss.it/malattie-infettive](http://www.iss.it/malattie-infettive)