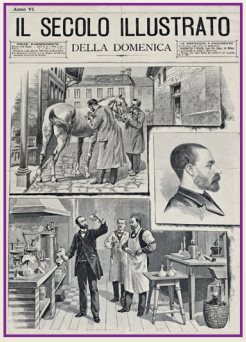
amit
Argomenti di Malattie Infettive e Tropicali

11th AMIT INTERNATIONAL CONGRESS

Topics in Infectious and Tropical Diseases











March 04th-05th, 2027

Castiglioni Palace - Corso Venezia 47 - Milan - Italy

Presidents

Marco Tinelli, Antonella Castagna

Scientific Advisors

Daniele Roberto Giacobbe, Silvia Nozza,
Marco Ripa, Giusy Tiseo

ICAR Italian Conference on AIDS and Antiviral Research

I.R.C.C.S. Ospedale San Raffaele
Gruppo San Donato

SIMIT Società Italiana di Malattie Infettive e Tropicali

The cover of 11th AMIT Congress

The ancient historical documents reproduced on the Covers of the AMIT Conferences, come from a private collection and report significant events of the History of Medicine and particularly of Infectious Diseases.
The choice to display prints, edicts, health passports, etc., aims to remind us of the close interactions between what happened in the past, the present, and what could happen in the future.
Typical examples are pandemics, which unfortunately recur periodically even in the age of high technology.
Historical documents contain detailed descriptions of containment methods to spot the transmission of infections. Many of these methods, updated with modern technologies, are now shared on social media during epidemics and pandemics. Historical documents are an archive of memories to ensure we never forget. They are still useful to institutions, healthcare workers, and population, so that what has already happened in the past is not forgotten, in the hope that it will never happen again.
Our goal is to encourage readers to revisit and appreciate the huge work accomplished in the past by eminent scientists. They left us a cornerstone in the management and prevention of infectious diseases. We do not want this legacy to be lost.



Robert Kock and Colleagues at the Institute for Infectious Diseases of Berlin in 1891.
The wood engraving sketch by Mr. H. Luders in 1880, shows Robert Koch in his laboratory in Berlin discussing with collegues while illustrating the photograph of a bacterium.
Kock before arriving in Berlin worked at Wollstein for four years. During this period he improved his methods of fixing, staining and photographing bacteria and did further important work on the study of diseases caused by bacterial infections of wounds, publishing his

results in 1878. He proved scientifically that the bacillus of anthrax is the cause of the disease, confirming the work of others who had shown that the disease can be transmitted through means of the blood of animals suffering from anthrax.
The result of all these works was the introduction of methods by which pathogenic bacteria could be simply and easily obtained in pure culture, free from other organisms and by which they could be detected and identified. Koch also laid down the conditions, known as Koch's postulates, which must be fullfilled to prove that a specific bacterium is the cause of a particular disease.
Some two years after his arrival in Berlin Koch discovered the tubercle bacillus and also a method of growing it in pure culture. In 1882 he published his classical work on this bacillus.
In 1891 he became an Honorary Professor of the Medical Faculty of Berlin and Director of the new Institute for Infectious Diseases in Berlin.
In the engraving, even if it's not easy to identify precisely the collegues, we can hypothesize that they could be von Behring, Ehrlich and Kitasato working in the same Institute in that period and who themselves made great discoveries.

Health Commission of Cisalpine Republic

This extremely rare document was written during the Cisalpine Republic, a state in northern Italy that extended primarily across the present-day regions of Lombardy and Emilia-Romagna, and marginally into Veneto and Tuscany. The state was established on June 29, 1797, by Napoleon during his Italian Campaign and ended in 1802, becoming the Italian Republic, which itself was abolished in 1805.
The institutional form of the Cisalpine State closely resembled the French one, being a directorial republic. The Directory consisted of five ministers and represented the executive power. The supreme authority remained the commander of the French troops in Lombardy. A commissioner of executive power in each department ensured government control over local authorities according to


Rep. Libertà Eguaglianza

IN NOME DELLA REPUBBLICA CISALPINA
UNA, ED INDIVISIBILE
Bologna l'11. Fruttidoro Anno VI. Repubblicano
LA COMMISSIONE DI SANITÀ
NEL DIPARTIMENTO DEL RENO
Alla Municipalità di Villa Fontana

the principles of centralism. The handwritten document, dated "10 Fructidor" and corresponding to approximately August 1, Year VI of the Cisalpine Republic, or 1798, was an ordinance issued by the Health Commission of the Reno Department, corresponding to the city of Bologna and its surrounding area. It was addressed to the "District Municipality" of Villa Fontana, now incorporated into the Municipality of Medicina, not far from Bologna.
The document notified the District Municipality that the Reno Departmental Health Commission had sent health certificates.
These health certificates were to be completed by the District Health Inspectors, who were responsible for managing public, human and animal health in the area. They were essential for assessing the health status of cattle, should they be sold at markets. Health Certificates, issued starting in the early 1500s, guaranteed the good health of people and animals when moving from one country to another, to avoid imported epidemics. The document, written 228 years ago, is an absolutely enlightening and cutting-edge example of zoonosis prevention, comparable to today's mandatory cattle registry.
The Cisalpine Republic reorganized public and military healthcare according to French administrative models, laying the foundation for future mass prevention campaigns in Italy, which were later revived in the years following the establishment of the Kingdom and then the Italian Republic. During this period, between 1799 and 1806, a massive smallpox vaccination campaign was launched by the physician Luigi Sacco, shortly after the discovery of the vaccine by Edward Jenner in 1796. In the departments of Mincio, Adige, Basso Po and Panaro alone, over 130,000 people were vaccinated, drastically reducing infant and general population mortality.

Treatment of Malaria, a misleading story

The print is signed by A. Ehrmann, an early twentieth-century illustrator and poster artist, published in the French weekly "L'Illustration" in its January 20, 1912, issue, the product "Filudina" was advertised as an excellent remedy for malaria.
Ehrmann's drawn image was highly emotional and captured readers' attention. It depicts a giant mosquito biting a man who has fallen to the ground, dead. Behind the mosquito is a shadowy figure, possibly symbolizing death or the plague that kills those who contract malaria. This advertising image was, in reality, completely misleading and harmful to the public. The text of the article, in the margin of the ima-

ge, was presumably written by a physician named Dr. Daurian, who signed it. In the first part, he briefly describes the etiopathogenesis of malaria and the (correct) treatment with the only effective drug at the time, quinine.


La fièvre paludéenne tueuse d'hommes.

L'hématozoaire, agent causal du paludisme est introduit dans le sang par un moustique, de genre anophèle.
La science a trouvé un nouveau remède, la Filudine, spécifique véritable du paludisme, non toxique et très énergique et dont l'usage va permettre de combattre victorieusement ce fléau qui décime nos colonies.

After this initial description, the text gets lost in emphasizing the new antimalarial drug, "Filudine," produced and sold by the "Chatelain" pharmaceutical laboratory in Paris. Not only was it supposed to have a high specific activity to completely eradicate malaria, but more importantly, unlike quinine, it was non-toxic.
The active drug cited was "thiarfeine," a compound combined with liver extracts to stimulate the weakened body and combat anemia. This drug was obviously completely ineffective.
This advertisement from the early 1900s, misleading potential consumers, was a precursor to many products advertised today, especially on social media, which have nothing to do with science and are often very dangerous to health, yet lucrative for those who produce them. The era of spot advertising had begun.

Valletta from the quarantine harbour

The most iconic and widely reproduced antique engraving of this exact scene was drawn by Lieutenant John Henniker Allen of the Royal Engineers, engraved by William Wallis, and published around 1840 for George Newenham Wright's historic volume, "*The Shores and Islands of the Mediterranean*".
"*Valletta from the Quarantine Harbour*" is a prominent subject of 19th-century maritime art, capturing the fortified capital of Malta from across what is known today as Marsamxett Harbour. Historically, this body of water served as the island's quarantine zone, centered around the Lazzaretto isolation hospital on Manoel Island. Maritime quarantine began in the Mediterranean in the 14th cen-


VALETTA, FROM THE QUARANTINE HARBOUR.

tury when the plague erupted in Europe. Regulations were introduced requiring the isolation of forty days of people and goods arriving from countries reported to be infected; this period of time was then thought necessary for goods to become non-infectious through exposure to air and sunlight. Subsequently, quarantine stations or lazarettos were established in many Mediterranean ports, in which travellers were housed during quarantine.
In Malta, measures to prevent the introduction of infection were recorded in the early 1500s when ships were isolated in Marsamxett Harbour. After the foundation of Valletta in 1566, a quarantine station was established on the Valletta wharf of the Grand Harbour at a site now known as "Il-Barriera", a name derived from the barrier that was built around the station.
Later, in 1643, the Knights of St John acquired the island in Marsamxett Harbour, then named Bishop's Island, and built accommodation for the reception of patients and their contacts. In the following century, Grand Master Manoel Vilhena built a fort on the island and a new lazaretto close to it in 1723, and thereafter the island became known as Manoel Island.



The History of Diphtheria

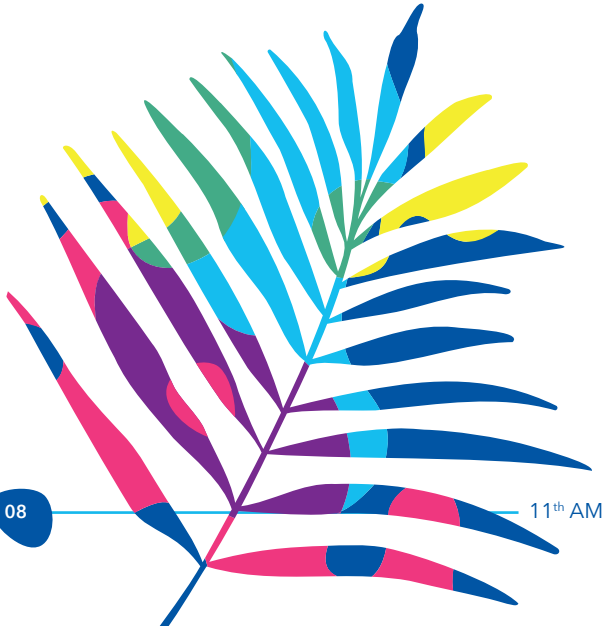
In issue 266 of Sunday, October 28, 1894, the front page of "*Il Secolo Illustrato della Domenica*" shows Emile Roux, a student of Louis Pasteur, preparing the diphtheria antitoxin serum.
This newspaper was a supplement to the Milanese daily Il Secolo, founded in 1889. It featured current events, news, and culture, accompanied by numerous black-and-white illustrations and engravings.
Serum therapy and the subsequent vaccination for diphtheria have a somewhat more complex history, involving some of the most important doctors and microbiologists of the second half of the 19th century.
In 1890, Fraenkel, Behring, and Kitasato discovered that the serum of animals immune to tetanus contains a substance capable of neutralizing the tetanus toxin, marking the beginning of the history of serum prophylaxis and serum therapy. Soon after, in 1891, Behring (1854-

1917) himself published a paper on immunization against diphtheria using procedures similar to those used for tetanus.
Emile Roux (1853-1933) and Alexandre Yersin (1863-1943) discovered the diphtheria exotoxin in 1888, in the laboratory of the Pasteur Institute, and demonstrated that broth filtrates killed animals in the same manner as living bacilli, prompting Roux to state: "Microbes are primarily dangerous because of the substances they produce."
Paul Ehrlich (1854-1915) interpreted the role of antibodies as substances that chemically bind to toxins, preventing them from reaching the target organs. In 1890, Behring succeeded in "de-intoxicating" this poison, which he first called diphtheria "toxin," by using iodine trichloride, to stimulated specific immunity in infected animals. However, this substance proved to be easily perishable and unsuitable as a vaccine.
In 1891-92, Roux, along with Louis Martin and Auguste Chailloux, succeeded in immunizing animals against the septic vibrio and diphtheria with sub-pathogenic doses of toxin. From the serum of these vaccinated animals, they then obtained the serum for seroprophylaxis therapy. The industrial production of anti-diphtheria serum allowed its worldwide use, thanks to Emile Roux.
In 1923-25, Léon Gaston Ramon, also of the Pasteur Institute, succeeded in developing a diphtheria toxin by inactivating the diphtheria toxin with formol, proving it to be stable and irreversible. Ramon further refined his discovery by significantly increasing the immunizing power of his toxin with the addition of tapioca and several other substances. From there, mass vaccination against diphtheria began, starting in early childhood, thus saving millions of lives. Unvaccinated children had previously faced a high risk of contracting the disease and dying quickly.

Presentation

Now in its 11th edition, the AMIT Congress will bring together leading national and international experts to provide an up-to-date overview of the clinical management of infectious and tropical diseases. The scientific program will focus on **multidrug resistance (MDR), antimicrobial stewardship, vaccination strategies**, and the **latest therapeutic advances in HIV and viral, bacterial,** and **fungal infections**. Recent developments in treatment will also be discussed through interactive sessions dedicated to the management of **complex clinical cases**.

Particular attention will be devoted to the **One Health approach**, highlighting the close interconnection between human, animal, and environmental health. This integrated perspective will explore how infectious diseases - including zoonotic and vector-borne infections - as well as antimicrobial resistance emerge, spread, and persist across shared ecosystems.



Faculty

- **Emanuele Andreano**, Monoclonal Antibody Discovery Laboratory (MAD Lab) - Toscana Life Sciences Foundation, Siena, Italy
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- **Massimo Antonelli**, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome; Catholic University of Sacred Heart, Rome, Italy
- **Alessandra Bandera**, Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan; University of Milan, Italy
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- **Marco Falcone**, University Hospital of Pisa, Italy
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Andrea Lombardi, Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan; University of Milan, Italy

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- **Telmo Pievani**, University of Milan, Italy
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- **Niccolò Riccardi**, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
- **Marco Ripa**, San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy
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- **Carlo Tascini**, Santa Maria Misericordia Hospital, Udine, 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
- **Antonio Vena**, Department of Health Sciences (DISSAL); University of Genoa, Italy
- **Chiara Silvia Vismara**, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy

Thursday, March 04th

08.15-09.15 *Registration of participants*

09.15-09.30 Opening remarks - **A. Castagna, M. Tinelli**

SESSION 1

09.30-10.30 **One Health: from the ancient roots to the collaborative, multisectoral approach addressing shared health**
Chairs: **A. Nardini, M. Tinelli**

09.30-09.50 From humans to the environment and back: One-health approaches to define the two-way transmission of AMR in highly anthropized settings
G. Corno

09.50-10.10 One Health and Antimicrobial Resistance: Aligning Knowledge and Action - **C. Manaia**

10.10-10.30 Discussion

10.30-11.00 ***AMIT Lecture***
Chairs: **C. Losasso, M. Tinelli**
Epidemics, pandemics and syndemics: an evolutionary and ecological issue - **T. Pievani**

INTERACTIVE SESSION 2

11.00-12.30 **From the revolution of penicillin to the optimization of antibiotic therapy**
Chairs: **R. Bruno, C.M. Mastroianni**
Discussant: **G. Antonelli**

11.00-11.20 Genomics in clinical microbiology and its role in infectious diseases - **G.M. Rossolini**

11.20-11.40 PK/PD antibiotic treatment optimization to improve clinical outcomes in infectious diseases - PK/PD-based dose optimisation in challenging patient groups
D. Cattaneo

11.40-12.00 Innovative treatment algorithms for CRE infection: from KPC to MBL and beyond - **M. Bassetti**

12.00-12.30 Discussion

12.30-13.00 *AMIT Lecture*
Chairs: **A. Castagna, D. Cereda**
Reverse vaccinology 3.0: the artificial intelligence revolution to propel vaccine development
E. Andreano

13.00-14.00 *Lunch*

SESSION 3

14.00-15.20 **Innovative solutions to tackle infectious disease**
Chairs: **A. Cattelan, M.K. Mikulska**

14.00-14.20 Incentives for new antibacterials and approaches for phage therapies - **M. Cavaleri**

14.20-14.40 New frontiers in antifungal therapy: novel agents and clinical applications - **A. Vena**

14.40-15.00 The strategic framework to prevent and tackle high risk epidemic infections - **E. Nicastri**

15.00-15.20 Discussion

INTERACTIVE SESSION 4

15.20-17.10 **Difficult to treat MDR pathogens**
Chairs: **M. Giannella, G.C. Marchetti**
Discussant: **F.G. De Rosa**

15.20-15.40 Difficult to treat Pseudomonas aeruginosa infections in critically ill patients: navigating new therapeutic options - **G. Tiseo**

15.40-16.00 Difficult to treat Stenotrophomonas maltophilia infections in Immunocompromised patients: are we finally moving beyond TMP-SMX? - **M. Ripa**

16.00-16.20 Acinetobacter baumannii in critically ill patients: new questions and answers - **A. Russo**

16.20-16.40 Role of vaccines in preventing lung infections and MDR selection - **A. Lombardi**

16.40-17.10 Discussion

17.10-17.30 **Conclusive remarks** - **A. Castagna, M. Tinelli**

Friday, March 05th

SESSION 5

09.00-10.20 **Antimicrobial stewardship across hospital settings and community**
Chairs: **A. Callegaro, C. Tascini**

09.00-09.20 The EU-JAMRAI-2 project addresses five interrelated areas of action - **B. Davido**

09.20-09.40 Screening for MDR pathogens in hospital setting: how and when? - **M. Meschiari**

09.40-10.00 Is antimicrobial stewardship feasible across community? - **P. Anello**

10.00-10.20 Discussion

SESSION 6

10.20-11.40 **HIV prevention and therapy today and tomorrow**
Chairs: **P. Bonfanti, A. Gori**

10.20-10.40 Reiventing oral therapy: why the pill still matters **C. Mussini**

10.40-11.00 Living beyond the pill: the injectable Long Acting perspective - **A. Antinori**

11.00-11.20 Beyond ART: the promise of bNAbs - **A. Castagna**

11.20-11.40 Discussion

11.40-12.10 ***AMIT Lecture***
Chairs: **E.G. Bignami, S. Piconi**
Enhanced sepsis care: from early detection to management in the critical care setting - **M. Antonelli**

SESSION 7

12.10-13.10 **Emerging therapeutic options for prevention and treatment for Hepatitis B and Delta**
Chairs: **P.G. Giuri, M. Puoti**

12.10-12.30 HBV **- M.R. Brunetto**

12.30-12.50 HDV - **P. Lampertico**

12.50-13.10 Discussion

13.10-14.10	*Lunch*
14.10-14.40	**AMIT Lecture** Chairs: **A. Bandera, C.S. Vismara** The forthcoming BBLI antibiotics in phase III **M. Falcone**

SESSION 8

14.40-16.00	**Update of incoming infections: prevention and treatment** Chairs: **A. Cascio, A. Oliva** Discussant: **S. Antinori**
14.40-15.00	Cutting-edge strategies for treating Staphylococcus aureus infections - **D.R. Giacobbe**
15.00-15.20	Advances in Tuberculosis management - **N. Riccardi**
15.20-15.40	Sexually transmitted diseases: update of treatment **S. Nozza**
15.40-16.00	Discussion
16.00-16.30	**Conclusive remarks** - **A. Castagna, M. Tinelli**

General Information

DATE AND MEETING VENUE
March 4th - 5th 2027
Castiglioni Palace
Corso Venezia 47, Milan, Italy
Metro Stop: Palestro

WEBSITE
www.congresso-amit.it

CME ACCREDITATION
The Meeting has obtained **n. 9.1 CME credits** (ID number **150-493755**) from Italian Ministry for the following professions: Medical Doctor, Pharmacist.
Medical disciplines: *Infectious Diseases, Microbiology and Virology*
Pharmacist disciplines: *Hospital Pharmacy*

Credits will be given only if the Participant attend 90% of the working Sessions, sign the sign-in sheet at the start and end of the Congress, provides 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.

OFFICIAL LANGUAGES
Languages: Italian and English. No simultaneous translation provided.

RESIDENTIAL CONGRESS: REGISTRATION FEE
€ 244,00 (€ 200,00 + 44,00 VAT)

The registration fee includes:

- Participation in scientific works
- Congress kit
- Teaching materials
- Certificate of participation and CME certificate
- Coffee station and business lunches as per program

RESIDENTIAL REGISTRATION METHOD
The Residential Congress can have a maximum of 300 participants.
Registration deadline:
March 02nd 2027
The secretariat reserves the right to reconfirm registrations.
Registrations must be done online at www.congresso-amit.it

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