

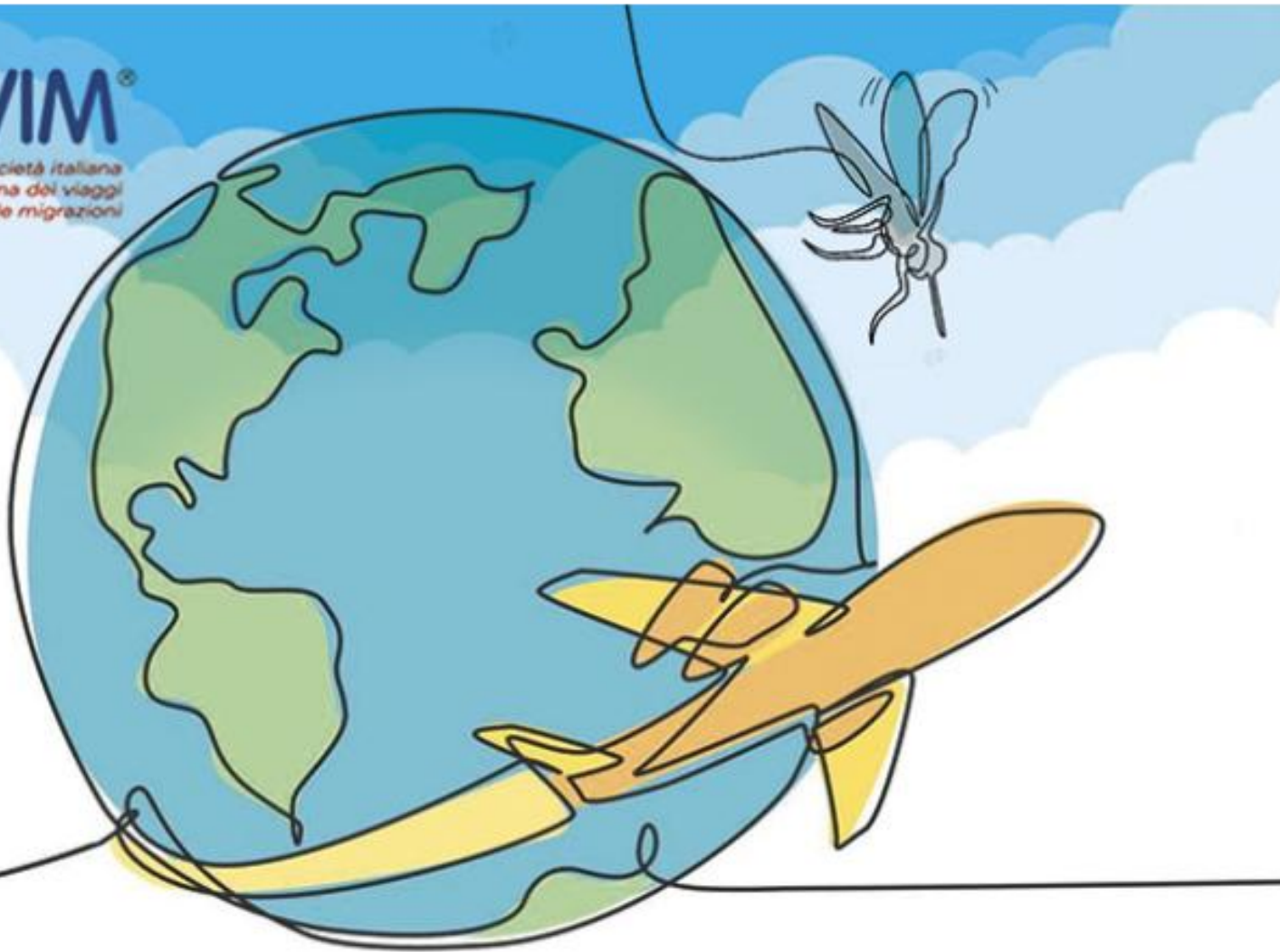
WEBINAR
VENERDÌ 06
FEBBRAIO 2026
ORE 14:20



**CHIKUNGUNYA: DALLA PATOLOGIA ALLA PREVENZIONE.
IL NUOVO VACCINO VLP TRA SFIDE PRESENTI
E PROSPETTIVE FUTURE**

**15:30-16:30 VIRUS-LIKE PARTICLES:
IL NUOVO VACCINO CHE VALORIZZA UNA TECNOLOGIA CONSOLIDATA
ANDREA ROSSANESE**

WEBINAR
VENERDÌ 06
FEBBRAIO 2026
ORE 14:20

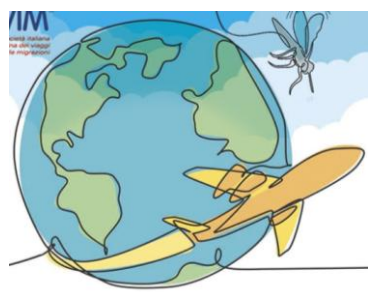


CHIKUNGUNYA: DALLA PATOLOGIA ALLA PREVENZIONE. IL NUOVO VACCINO VLP TRA SFIDE PRESENTI E PROSPETTIVE FUTURE

Conflicts of Interest

In the last two years I
have received
reimbursements
and/or honoraria to
take part in congresses
and/or advisory
boards by:

Takeda
Sanofi Pasteur
Bavarian Nordic
Valneva



VETTORI

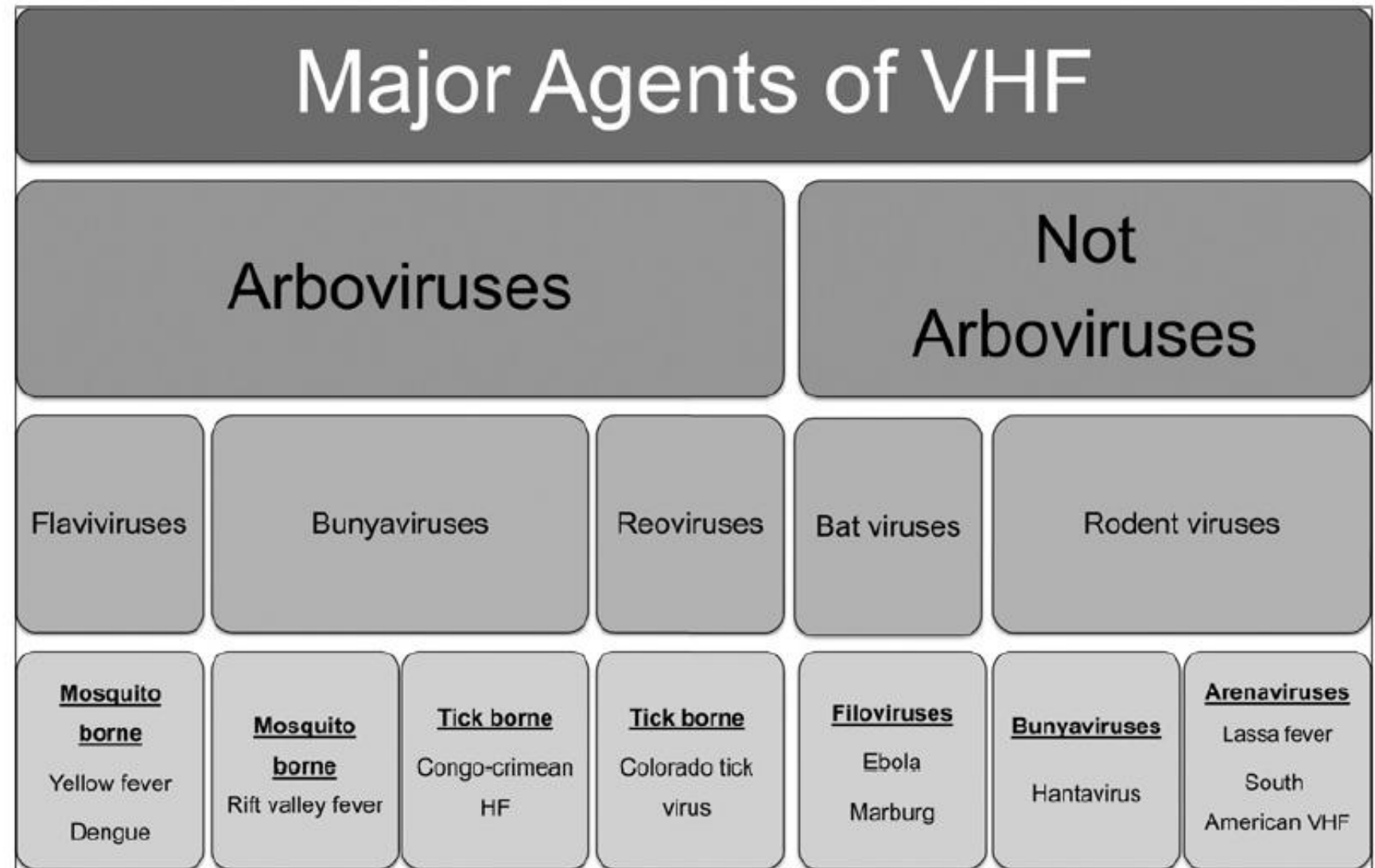
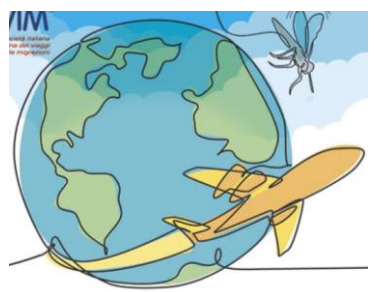
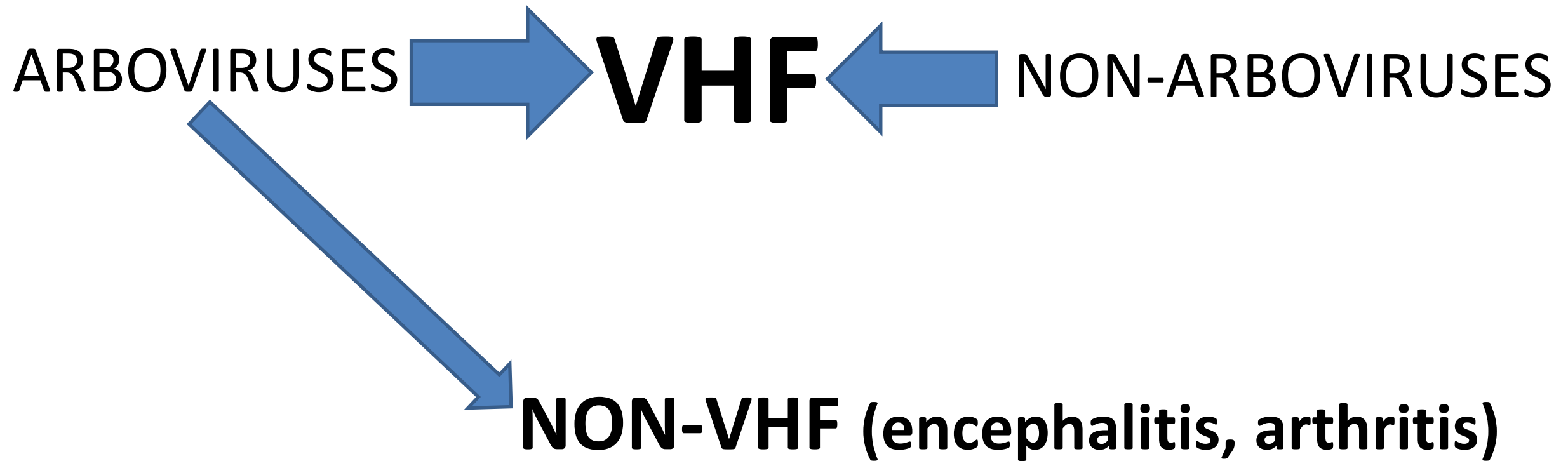
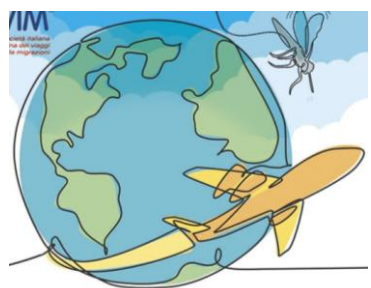


Fig. 1. Agents of viral hemorrhagic fever. Togaviruses, a large family of Arboviruses, are not included because they do not cause the VHF syndrome.



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Síntomas de enfermedad aguda

Dolor de cabeza

Inicio súbito de fiebre alta, superior a 39 grados

Conjuntivitis

Rash (alteración de la piel)

Dolor difuso de espalda

Dolores musculares

Vómito

Náuseas

Dolor articular severo

Virus Chikungunya

● La Organización Panamericana de la Salud (OPS) ha advertido sobre la propagación por las islas del Caribe del virus Chikungunya, que causa la enfermedad del mismo nombre, que es transmitido por los mosquitos *Aedes aegypti* y *Aedes albopictus* (tigre asiático). Esta es una enfermedad con una baja tasa de mortalidad, pero con afectaciones físicas fuertes a las personas que la padecen.

Cifras

4 por ciento es su tasa de mortalidad.

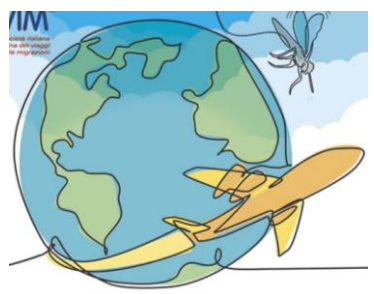
3-7 días es el periodo de incubación del virus tras la picadura del mosquito.

3-10 días, dura la enfermedad aguda.

3-28 por ciento de personas con anticuerpos para el virus tienen infecciones asintomáticas.

2-5 días después de la fiebre, aparece el rash en alrededor de la mitad de los pacientes.

790 casos, aproximadamente, se han presentado a la fecha en islas de las Antillas Menores.

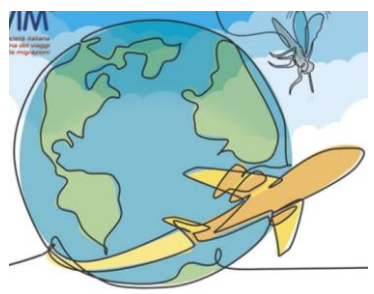


Viruses and arthritis

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Mathew AJ et al. BestPractResClinRheum 2014

Arthritis	Parvovirus B19	EBV	Hepatitis	Retroviruses	Alphaviruses
Frequency	High	Low	High	Moderate	High
Clinical	<p>Children: viral exanthems</p> <p>Adults: polyarthritits/ arthralgia</p>	<p>Polyarthralgia</p> <p>Monoarthritits</p> <p>Baker cyst</p> <p>Fever</p> <p>Pharyngitits</p>	<p>Arthralgia</p> <p>Oligo-polyarthritits</p>	<p>Arthralgia</p> <p>Reactive arthritits</p> <p>Spondyloarthritits</p> <p>Painful articular syndrome</p> <p>Acute symmetric polyarthritits</p>	<p>Polyarthritits</p>
Duration	Wks-months	Days	Acute	Chronic	Wks--years

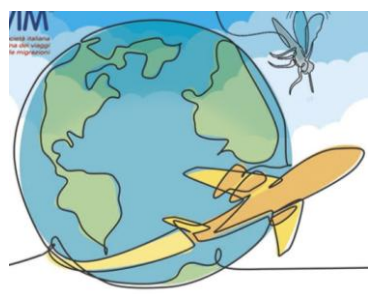


Viral exposures: risk for rheumatoid arthritis

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Kudaeva FM et al. Sem Arthritis Rheum 2019

Virus	Risk (Y or N)	Odds ratio
Parvovirus B19	Y	1.77
Epstein-Barr virus	Y: anti-VCA+; anti-EA antibodies+	1.5 2.74
Cytomegalovirus	N	-
Hepatitis B virus	N	-
Hepatitis C virus	Y	2.82
Chikungunya	Y	90



CHIK - Clinical features

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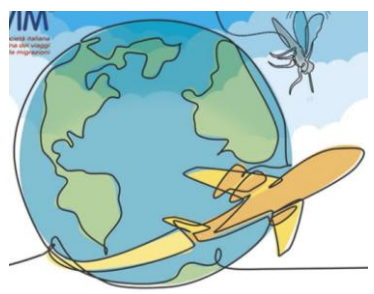
Clinical: 5-18% asymptomatic

Acute (0-3wk): fever >90%, polyarthralgia >80%,
pain/myalgia/rash 36–64%

Post acute (4-12wk): joint pains x4-10 wks in middle age,
longer in elderly

Chronic (>12wk): in 15->50%, bilat joint

- CFR 0.01-0.1%



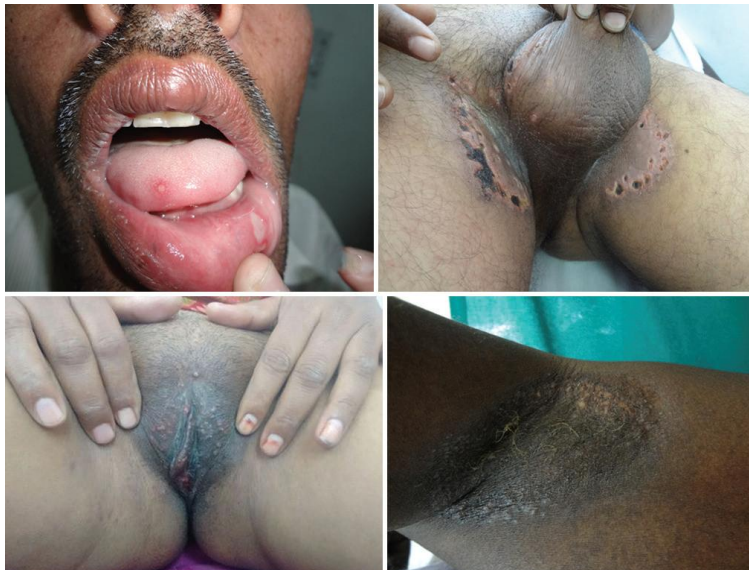
CHIK - Clinical features

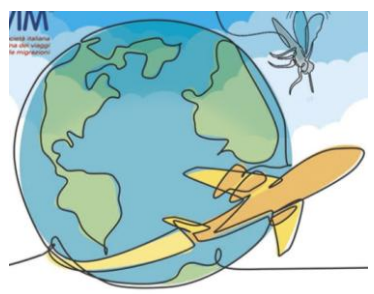
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Kumar R et al. Indian Dermatol Online J 2017



Mucocutaneous chikungunya



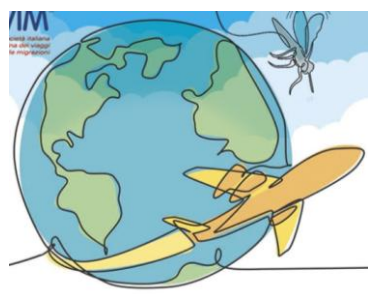


CHIK - Clinical features

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Burt FJ et al. Lancet ID 2017





CHIK - Severe disease & risk factors

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Encephalitis, GBS, flaccid paralysis, myocarditis, pneumonia, hepatitis, renal/liver failure

Uveitis, optic neuritis, retrobulbar neuritis, dendritic lesions

CFR atypical/severe: 10-48%

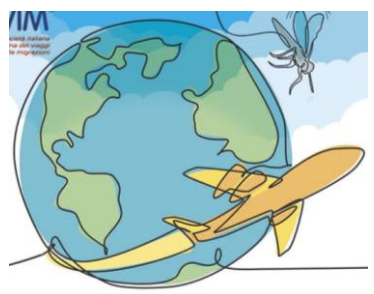
Older age, neonates

Comorbidities:
cardiovascular,
neurologic, respiratory,
diabetes

Maternal-fetal: up to 50%

Fever 79%, rash 82%, pain 100%,
edema 100%

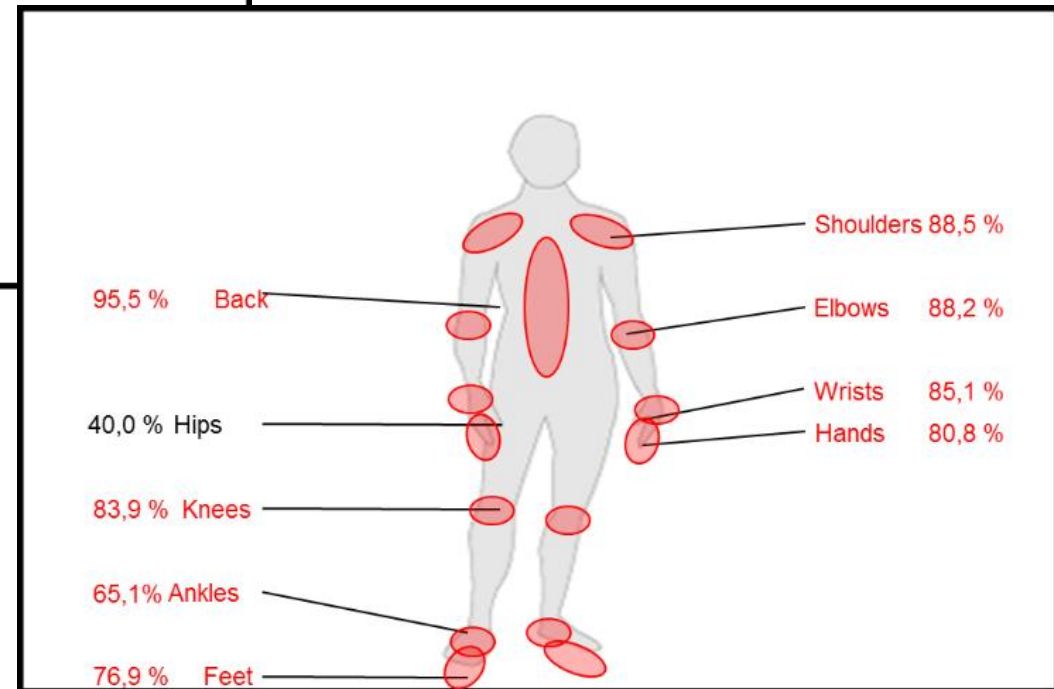
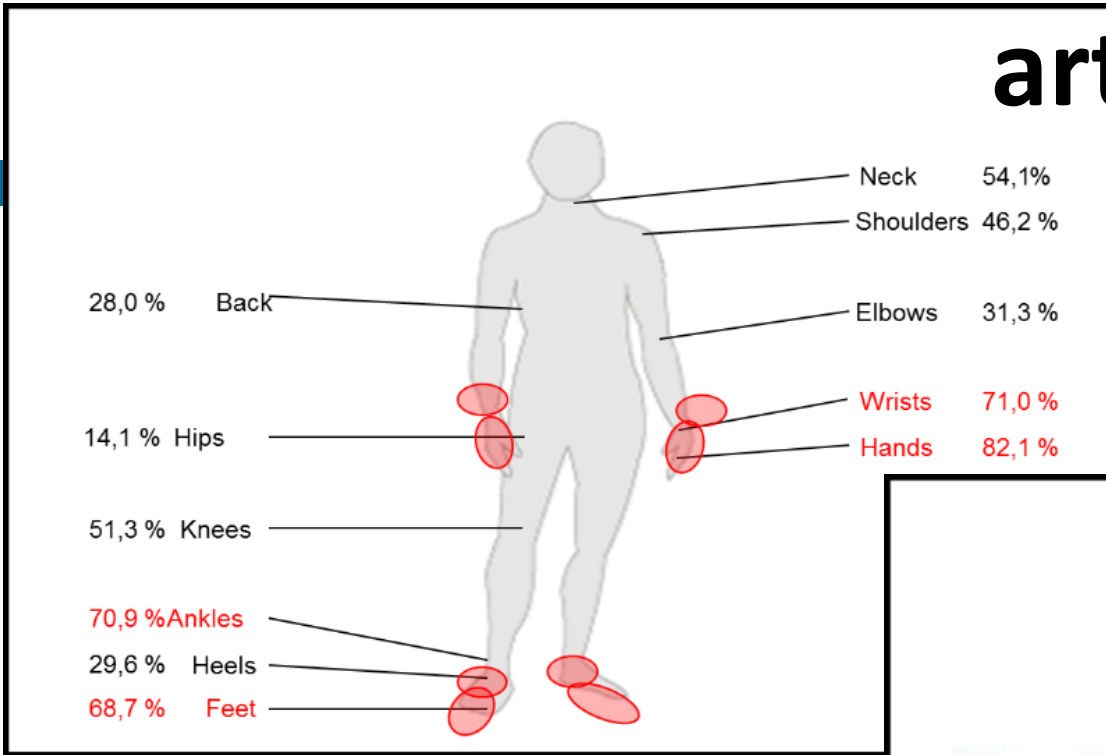
Abnormal MRI, cardiac, necrotizing
enterocolitis



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CHIK - Chronic arthralgia and stiffness

Simon F, personal data, CISTM16, Washington DC, USA



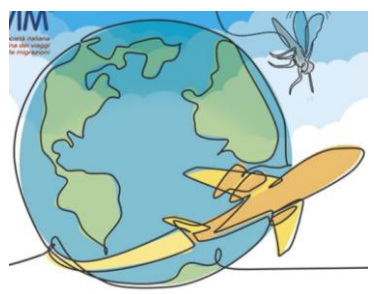
**757 military policemen,
Reunion Island, 2006**

6 months after onset

672 answerers

M: 95%, mean age : 40 yo

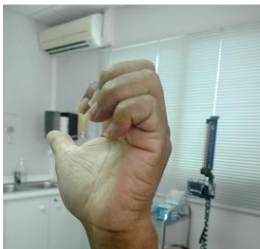
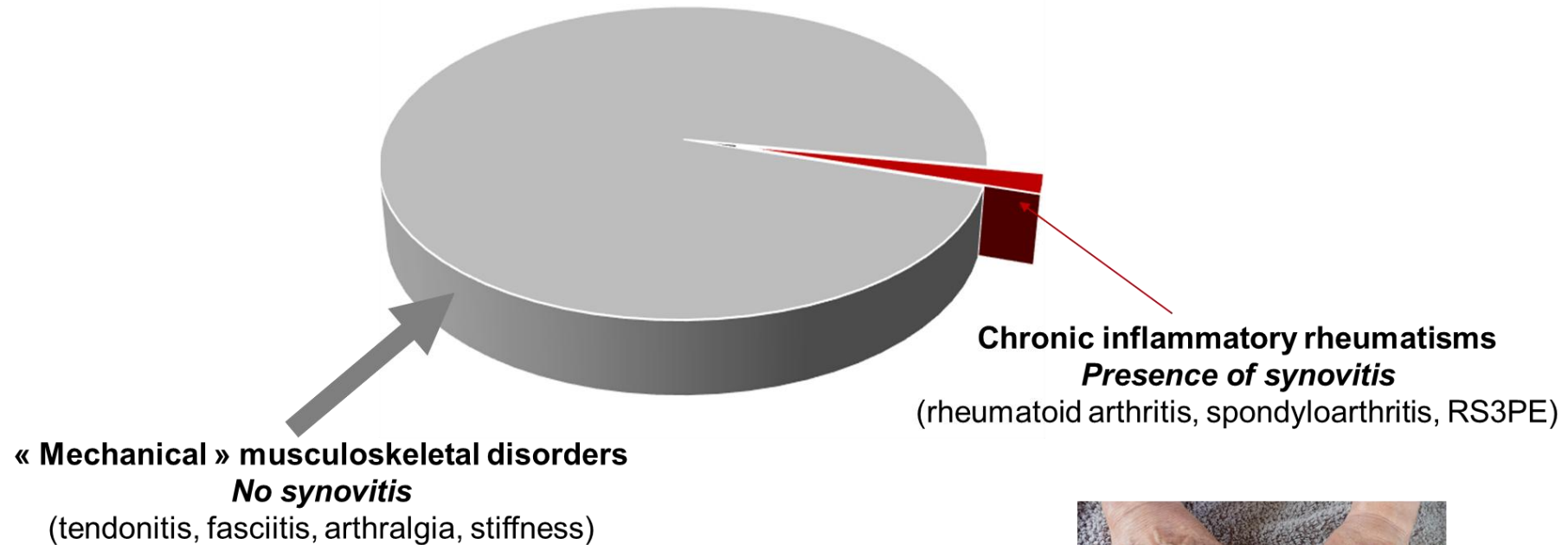
→126 CHIK+

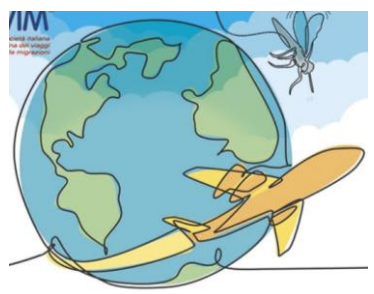


Two types of post-CHIK rheumatisms

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Simon F et al. French guidelines on chikungunya, Med Mal Infect 2015





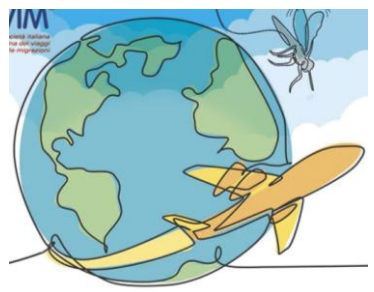
Mechanical Musc-Skel disorders

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F Simon, collection personnelle



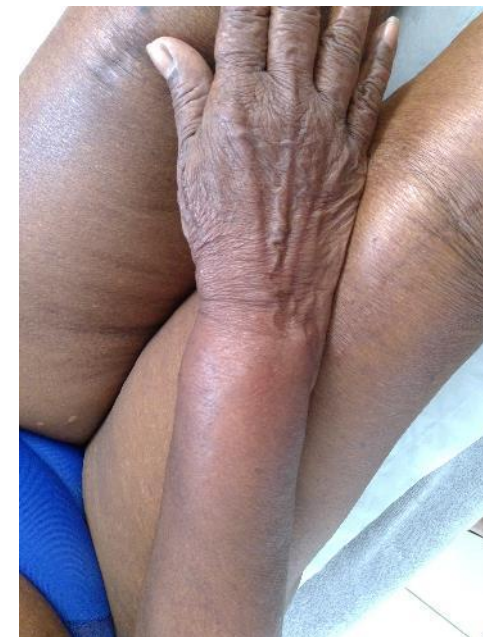
**Cumulative
and centripetal
evolution
with time**

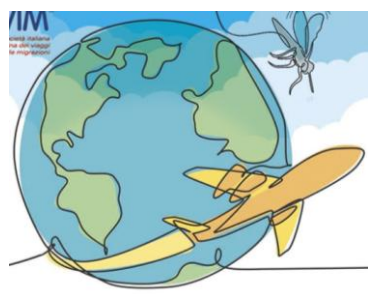


Chronic inflammatory rheumatisms

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F Simon, collection personnelle



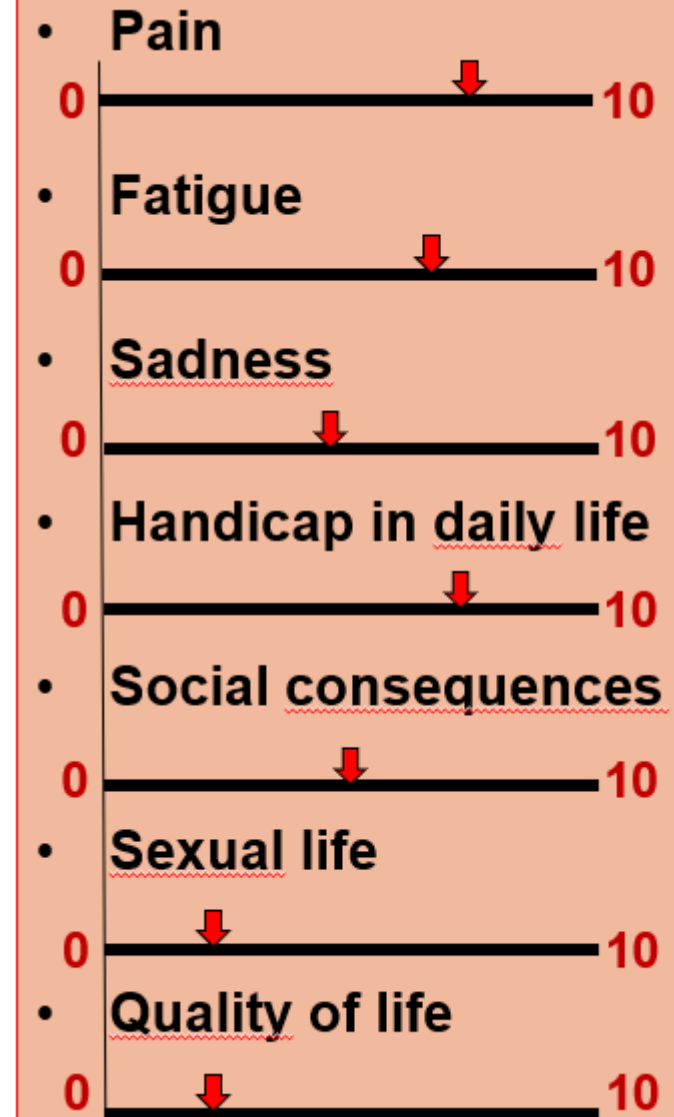


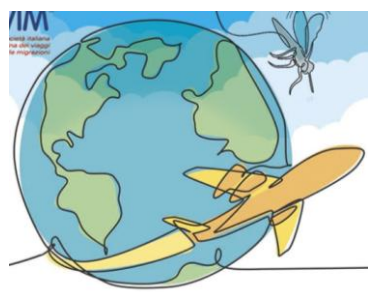
The clinical paradox of post-CHIK status

(for the majority of patients)

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- Physical examination poorly contributive
- Biological testings frequently normal or subnormal
- Imaging: rare joint destruction

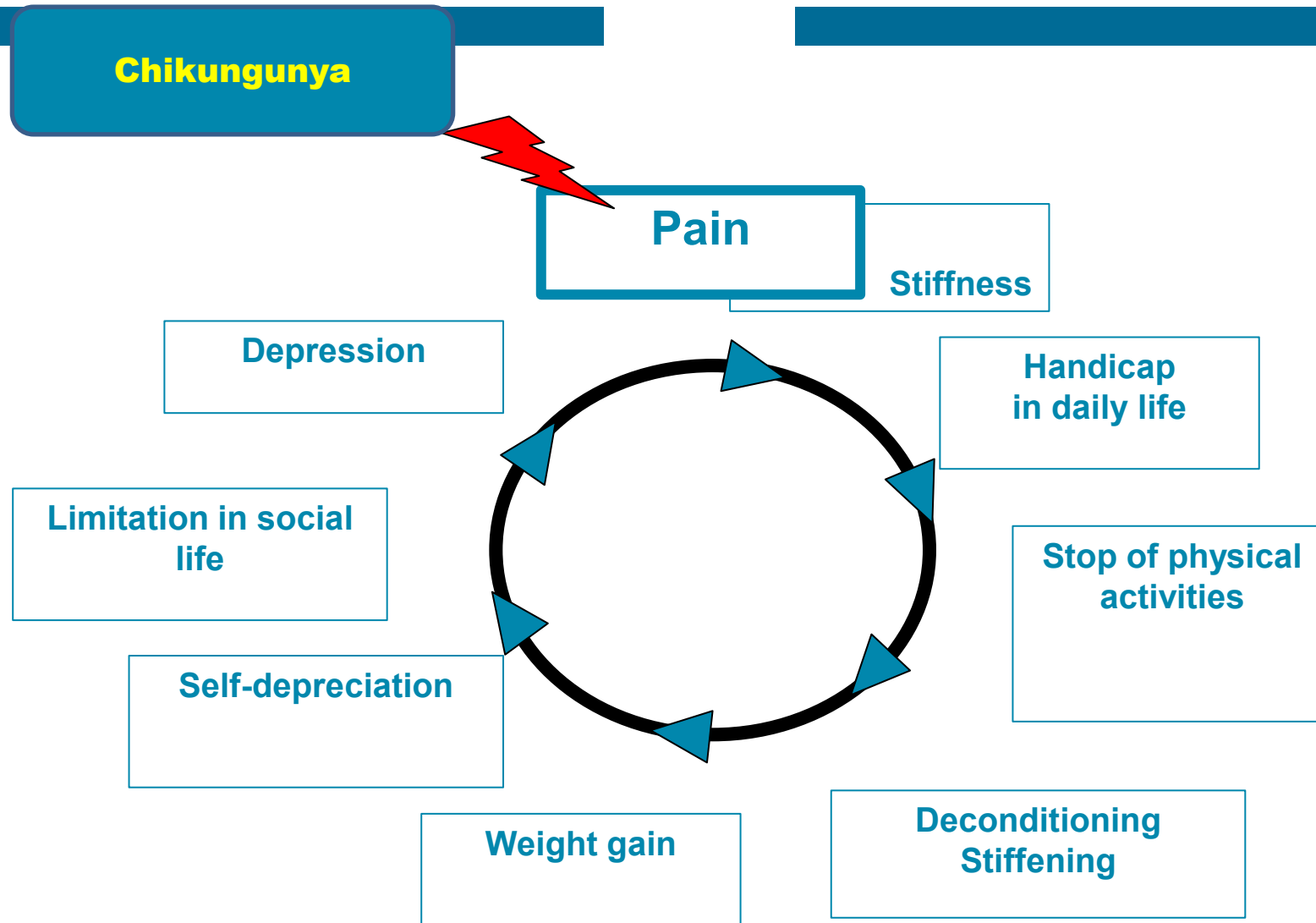


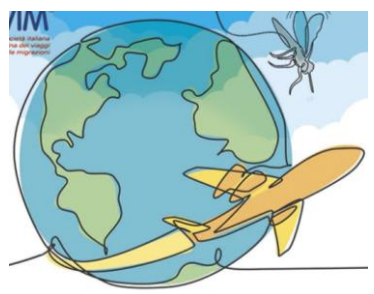


The post-CHIK vicious circle

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Chikungunya





Multiple clinical and social sequelae

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Stiffness



Pain

WORK STOPS

Accelerated ageing



Fatigue

Depression



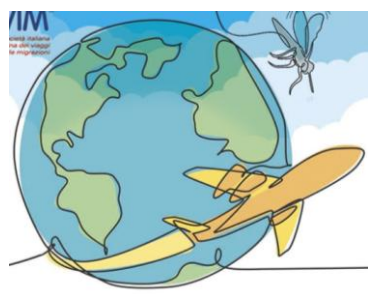
Handicap

DRUGS



INCREASED MEDICAL CONSUMPTION

LOSS OF PRODUCTIVITY



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Paziente di 64 anni di sesso femminile. Nega viaggi all'estero

Accesso in PS il 06/08 per comparsa di febbre (TC max 39.4) dal g prima, dal 03/08 marcate artralgie diffuse e inappetenza.

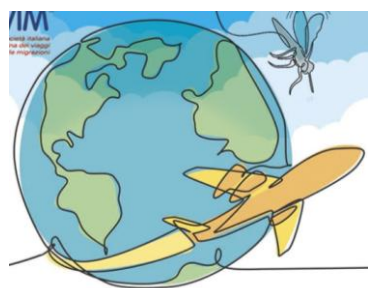
Rash cutaneo al tronco.

Importante dolorabilità alla palpazione di tutte le articolazioni, con difficoltà alla mobilizzazione. Modesto edema a livello di mano sx.

Agli EE WBC 2540 (manca formula), PLT 113K, PCR 140, PCT negativa, AST 87, ALT nella norma.

Si consiglia esecuzione di pannello febbri estive. Utile valutazione reumatologica. Si ricovera in malattie infettive.

Valutazione reumatologica: quadro di poliartralgie verosimilmente correlato allo stato febbrile, si concorda con i colleghi infettivologi per ricovero in ambiente ospedaliero per chiarimento del quadro. Dal punto di vista reumatologico valuterei un possibile morbo di Still dell'adulto (ma manca il rash, non franche artriti e l'andamento della febbre non è tipicamente serotino) o di vasculite (anche se l'esordio è particolarmente acuto).



**VIVO
BENE
VENETO** Piano Regionale
Prevenzione
del Veneto

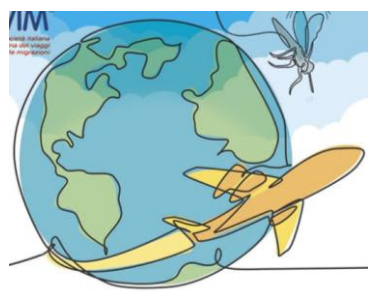
Bollettino - anno 2025
n. 17 del 12/11/2025

SORVEGLIANZA DELLE MALATTIE TRASMESSE DA VETTORI

VETTORI

		CONFERMATE			PROBABILI			Totale
		Autoctona fuori regione	Autoctona	Importata	Autoctona fuori regione	Autoctona	Importata	
West Nile	Febbre (WNF)	3	68	0	0	36	3	110
	Malattia neuroinvasiva (WNND)	2	35	0	0	7	0	44
	Donatore positivo	0	6	0	0	1	0	7
Malattie Trasmesse da Zecca	Encefalite virale da zecca (TBE)	10	17	0	2	7	0	36
	Infezione virale da zecca	2	2	0	0	14	0	18
	Malattia di Lyme	0	21	0	0	0	0	21
Dengue		0	1	30	0	0	5	36
Chikungunya		0	61	12	0	8	1	82
Zika		0	0	2	0	0	0	2
Usutu		0	2	0	0	0	0	2
Toscana		1	10	0	0	0	0	11
Oropouche		0	0	0	0	0	0	0

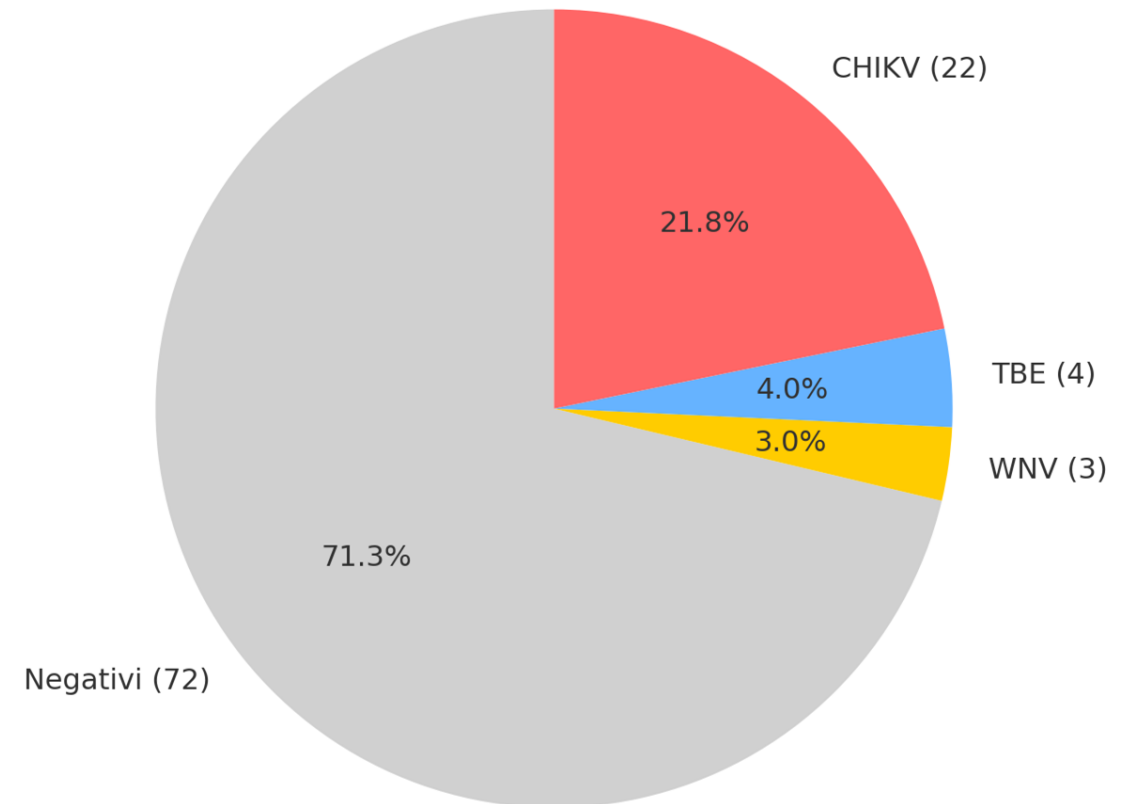
Tab.1 - Distribuzione casi notificati per tipologia di infezione e origine del caso (confermati e probabili).

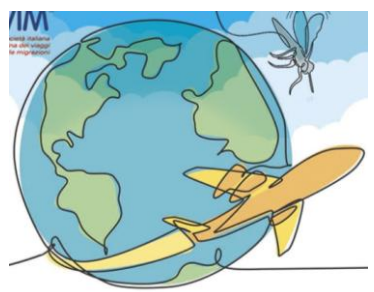


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- Totale pannelli: 101
- Casi positivi: 29 su 101 (28,7%)
- Distribuzione positivi:
 - CHIKV: 22 casi
 - TBE: 4 casi
 - WNV: 3 casi

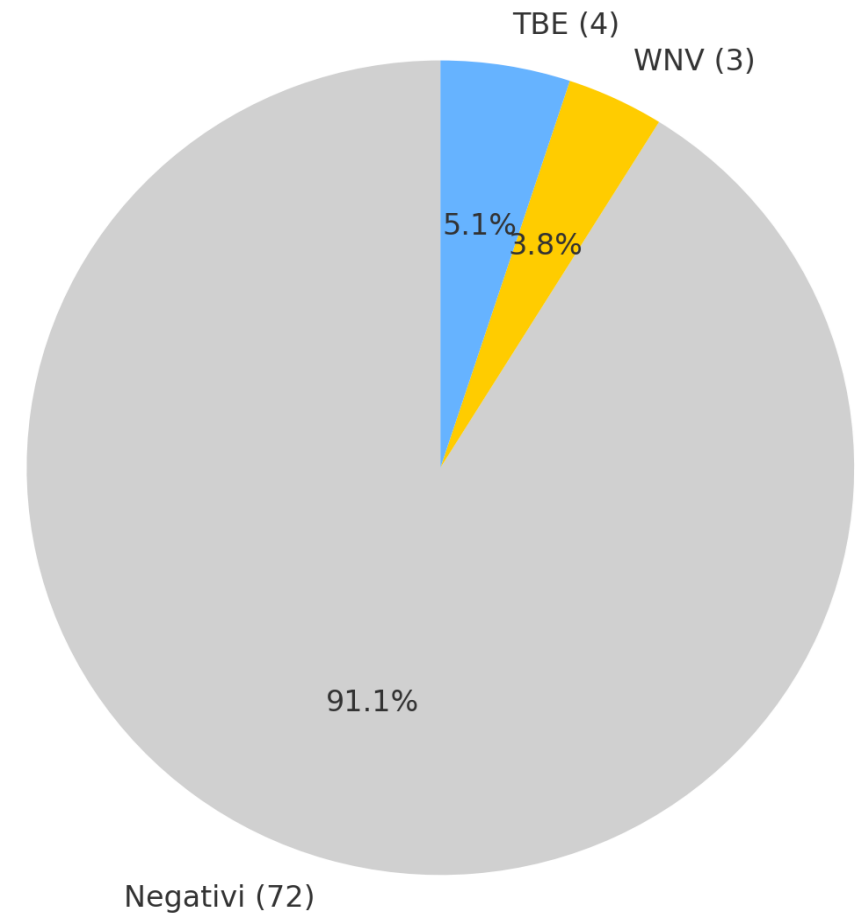
Distribuzione totale accessi (n=101) e casi positivi (n=29)

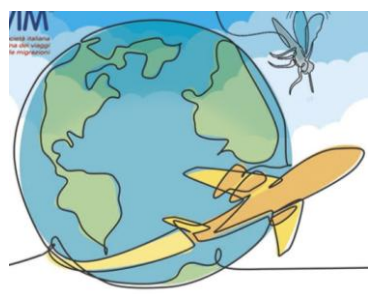




VETTORI

- Totale pannelli: 79
- Casi positivi: 7 su 79 **(8,9%)**
- Distribuzione positivi:
 - TBE: 4 casi
 - WNV: 3 casi





Misure preventive: evitare le punture di zanzara

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Precauzioni contro le zanzare raccomandate dal CDC¹



Repellenti per insetti

- Registrati EPA: DEET, IR3535, picaridina, OLE, PMD, 2-undecanone



Camicie e pantaloni a maniche lunghe

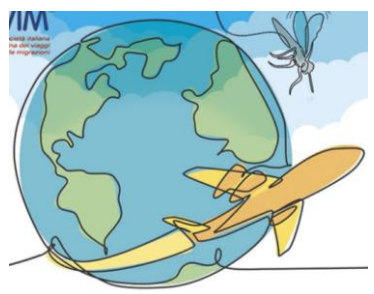
- Indumenti trattati con permetrina



Controllo delle zanzare

- Aria condizionata o zanzariere
- Rimozione dell'acqua stagnante²

CDC, Centers for Disease Control and Prevention; DEET, N,N-diethyl-meta-toluamide; EPA, Environmental Protection Agency; FDA, Food and Drug Administration; IR3535, ethyl butylacetylaminopropionate; OLE, oil of lemon eucalyptus; PMD, para-menthane-3,8-diol.



Misure preventive: vaccinazione

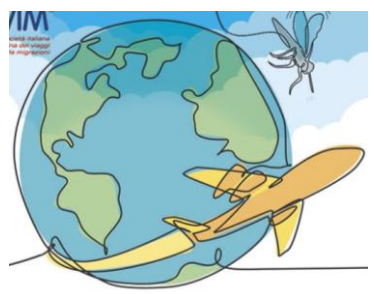
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- È difficile evitare le punture di zanzara.
- I metodi di controllo del vettore sono spesso subottimali.
- Esistono due vaccini contro il CHIKV approvati nell'UE^{1,2}

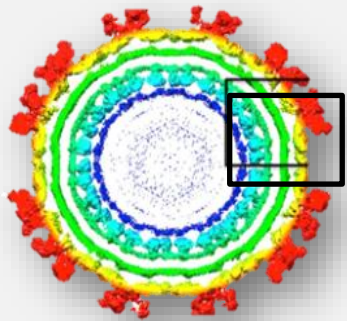
Un vaccino **vivo attenuato**, che contiene una forma indebolita del virus (non disponibile in Italia)

Un vaccino **inattivato, ricombinante**, a particelle simil-virali (virus-like particles, **VLP**), che contiene solo frammenti proteici del virus (disponibile in Italia)



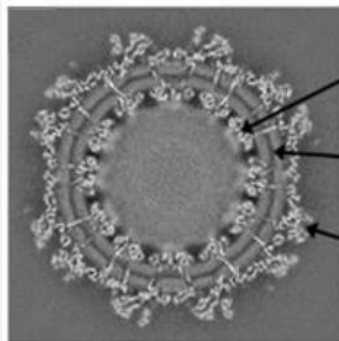
CHIKV VLP

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- Proteina E
- Membrana
- Guscio del capsid
- RNA

Chikungunya virus³

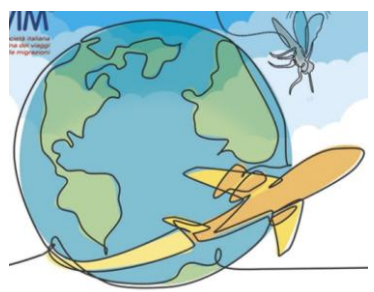


- Capsid
- Lipid bilayer
- E1/E2 Envelope spike

Vaccino CHIKV VLP

Ricostruzione tramite microscopia crioelettronica della particella simil-virale (VLP) del CHIKV²

- Tre proteine strutturali ricombinanti assemblate in particelle simil-virali (VLP)
- Le VLP non contengono materiale genetico e non sono in grado di replicare, infettare o causare malattia
- Approvazione in UE: febbraio 2025:^{4,5}
 - **Indicazione:** prevenzione della malattia causata dal CHIKV in individui di età pari o superiore a 12 anni
 - **Controindicazioni:** lipersensibilità al principio attivo o a uno qualsiasi degli eccipienti.



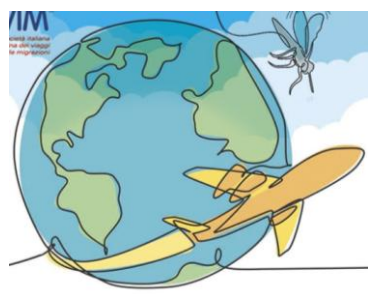
CHIKV VLP

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	VIMKUNYA™ (Chikungunya Vaccine, Recombinant) ^{1,2} CHIKV VLP
License	US, EU/EEA, UK
Technology	Adjuvanted virus-like particle (VLP) vaccine
Age indication	Individuals aged 12 years and older
Administration	Single dose, intramuscular
Shelf life	Three years
Supplied form	Pre-filled syringe containing one single dose
Marketing Authorisation Holder	Bavarian Nordic

Information updated as of 8 September 2025. Please consult relevant label for contraindications, warnings and precautions.

1. VIMKUNYA US prescribing information, available [here](#) [accessed September 2025]; 2. VIMKUNYA SmPC, available [here](#) [accessed September 2025];



Correlato di Protezione stabilito in accordo con FDA e EMA

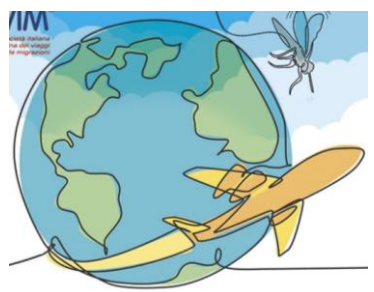
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Non sono disponibili dati di efficacia per VIMKUNYA. L'efficacia clinica è stata dedotta da una soglia del titolo di anticorpi neutralizzanti specifici per CHIKV dopo la vaccinazione.

Questa soglia è stata stabilita sulla base di due studi chiave ⁽⁴⁶⁾:

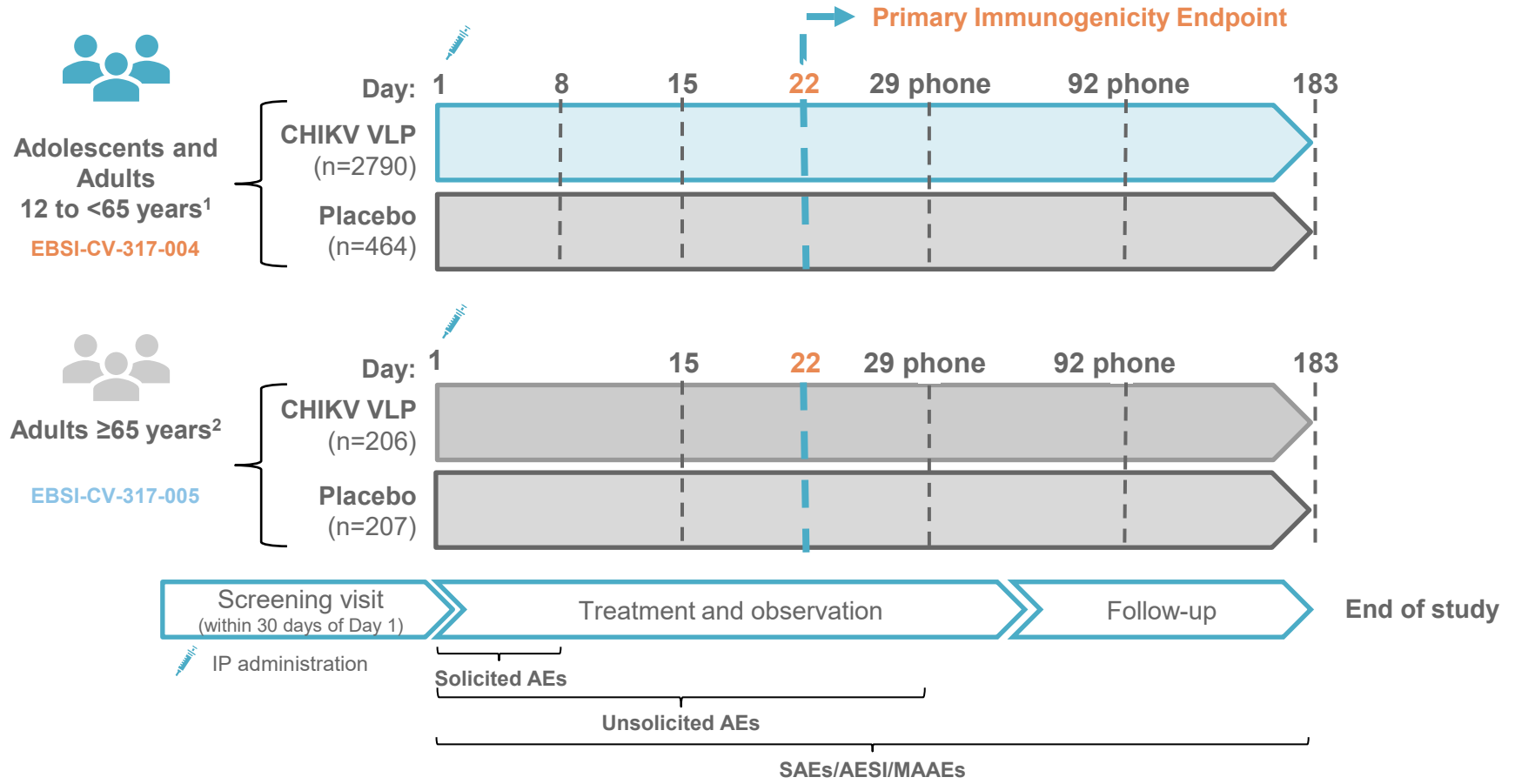
- ▶ Uno studio sierio-epidemiologico prospettico in soggetti precedentemente esposti a CHIKV.
- ▶ Uno studio di trasferimento passivo su primati non umani (NHP), utilizzando campioni sierici aggregati di partecipanti vaccinati con il vaccino VIMKUNYA.

Sulla base di questi risultati, come soglia protettiva per l'uomo è stata scelta una soglia conservativa di SNA $NT80 \geq 100$ ⁽⁴⁶⁾.

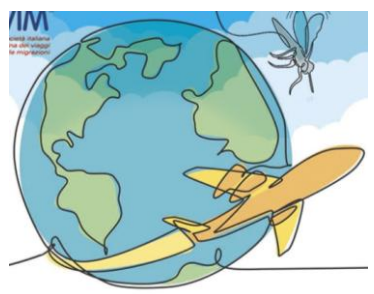


Design of the Two Pivotal Phase 3 Studies

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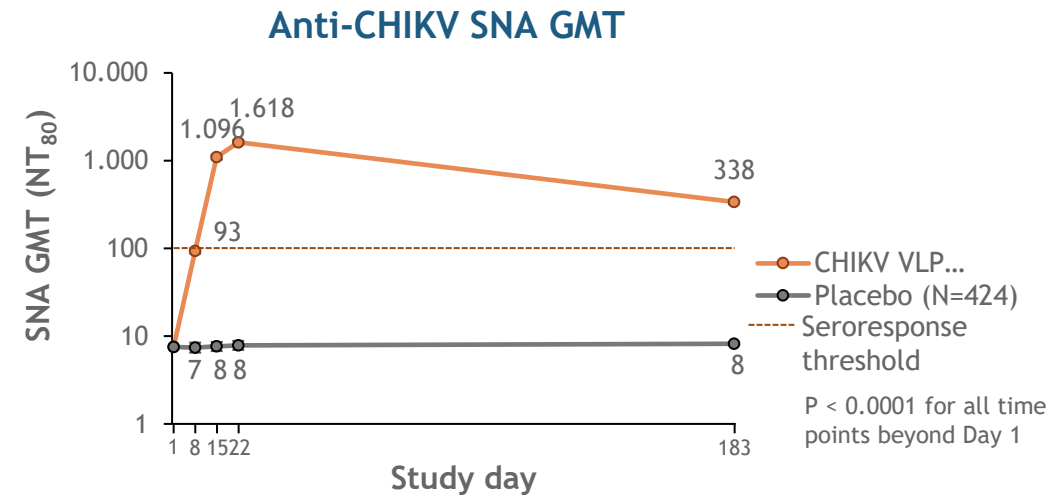
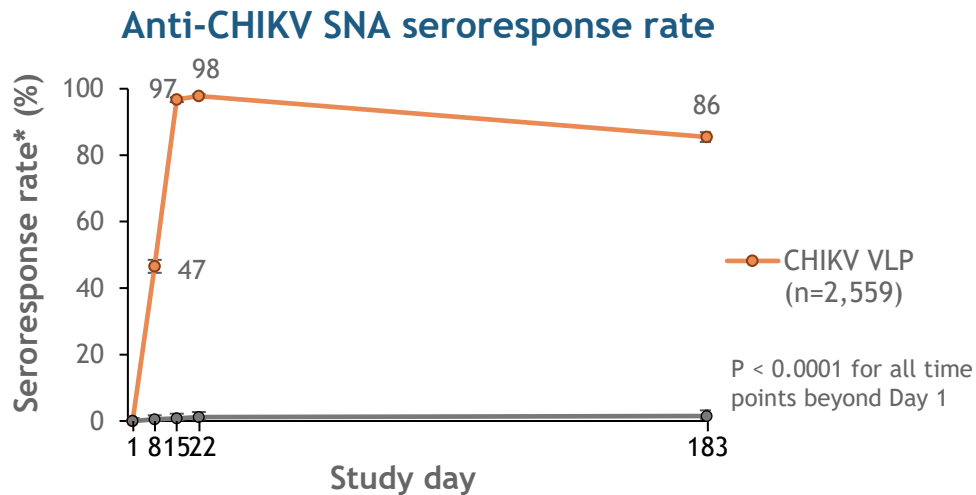
AE, adverse event; AESI, adverse event of special interest; IP, investigational product; MAAE, medically attended adverse event; SAE, serious adverse event; 1. Richardson JS, et al. Lancet. 2025;Mar 27:S0140-6736(25)00345-9; 2. Tindale LC, et al. Lancet. 2025;Mar 27:S0140-6736(25)00372-1



Rapid Induction of Robust Anti-CHIKV Seroreponse Rates and GMT in Adolescents and Adults 12 to <65 Years of Age

(immunogenicity evaluable population)

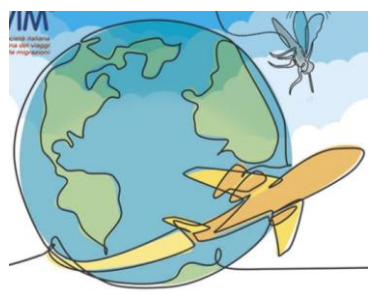
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- All co-primary endpoints were met:
- At Day 22, the seroreponse rate difference between vaccine and placebo group was 96.6% (95% CI: 95.0%, 97.5%)**
- At Day 22, the vaccine group GMT was significantly higher than that for placebo (1618 vs. 8; P<0.0001, ANOVA)
- The pairwise lot comparison of SNA response to CHIKV VLP vaccine in adults aged 18 to 45 years demonstrated equivalence
- All key secondary endpoints were met

* Seroreponse rate (considered the presumptive seroprotection rate) was defined as the percentage of participants who achieved an anti-CHIK SNA NT₈₀ titer ≥100;

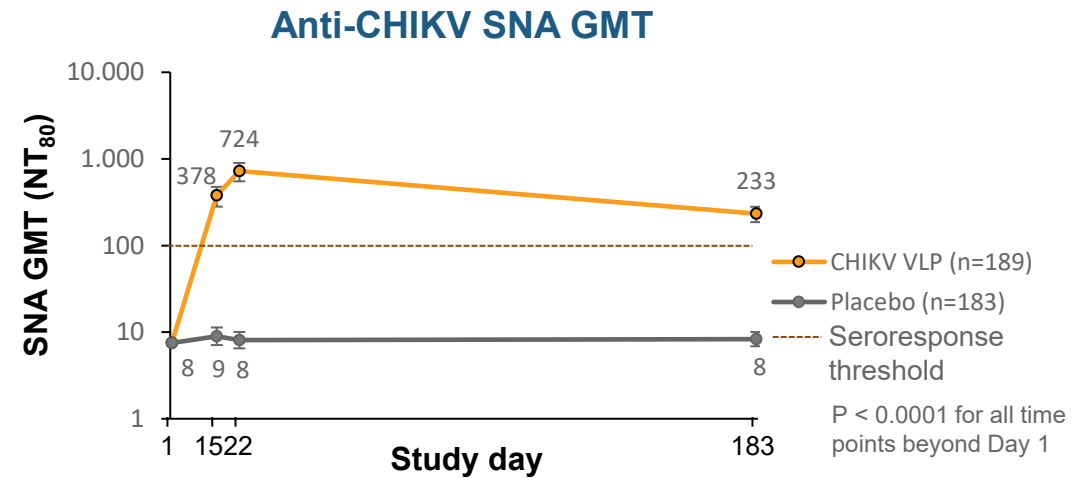
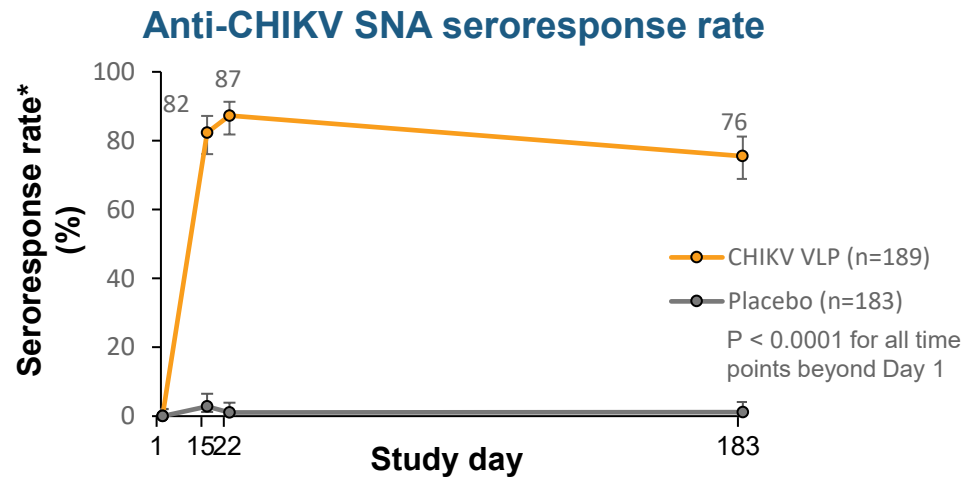
** Success criterion met: lower bound of the two-sided 95% CI on the difference in seroreponse rates between CHIKV VLP vaccine and placebo groups ≥70%; Vertical bars denote 95% confidence interval; CI, confidence interval; GMT, geometric mean titer; IEP, immunogenicity evaluable population; SNA, serum neutralizing antibody; Richardson JS, et al. Lancet. 2025;Mar 27:S0140-6736(25)00345-9



Rapid Induction of Robust Anti-CHIKV Seroreponse Rates and GMT in Adults ≥ 65 Years of Age

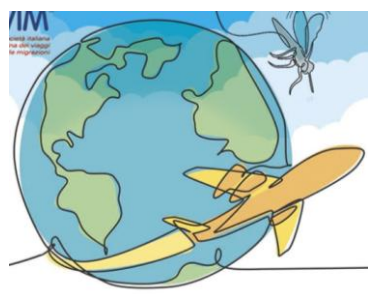
(immunogenicity evaluable population)

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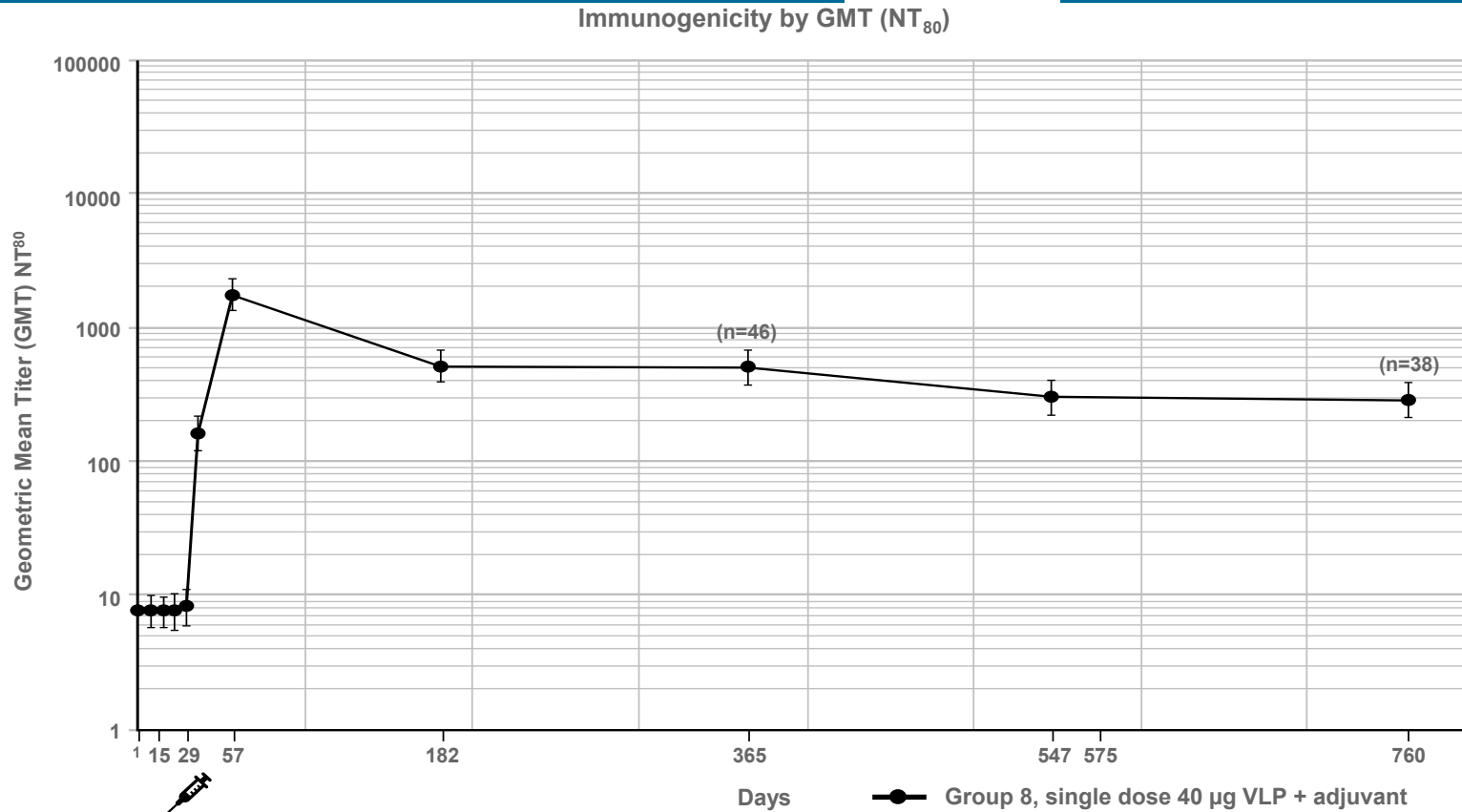
- All co-primary endpoints were met
 - At Day 22, the seroreponse rate difference between vaccine and placebo group was 86.2% (95% CI: 72.3%, 84.6%)**
 - At Day 22, the vaccine group GMT was significantly higher than that for placebo (724 vs. 8; P<0.0001, ANOVA)
- All key secondary endpoints were met

* Seroreponse rate (considered the presumptive seroprotection rate) was defined as the percentage of participants who achieved an anti-CHIK SNA NT₈₀ titer ≥ 100
Vertical bars denote 95% confidence interval; CI, confidence interval; GMT, geometric mean titer; IEP, immunogenicity evaluable population; SNA, serum neutralizing antibody. Tindale LC, et al. Lancet. 2025;Mar 27;S0140-6736(25)00372-1

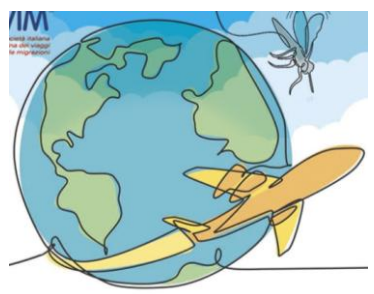


In uno studio di fase 2, una singola dose di CHIKV VLP da 40 µg ha dimostrato una risposta rapida e duratura (760 giorni)

VETTORI

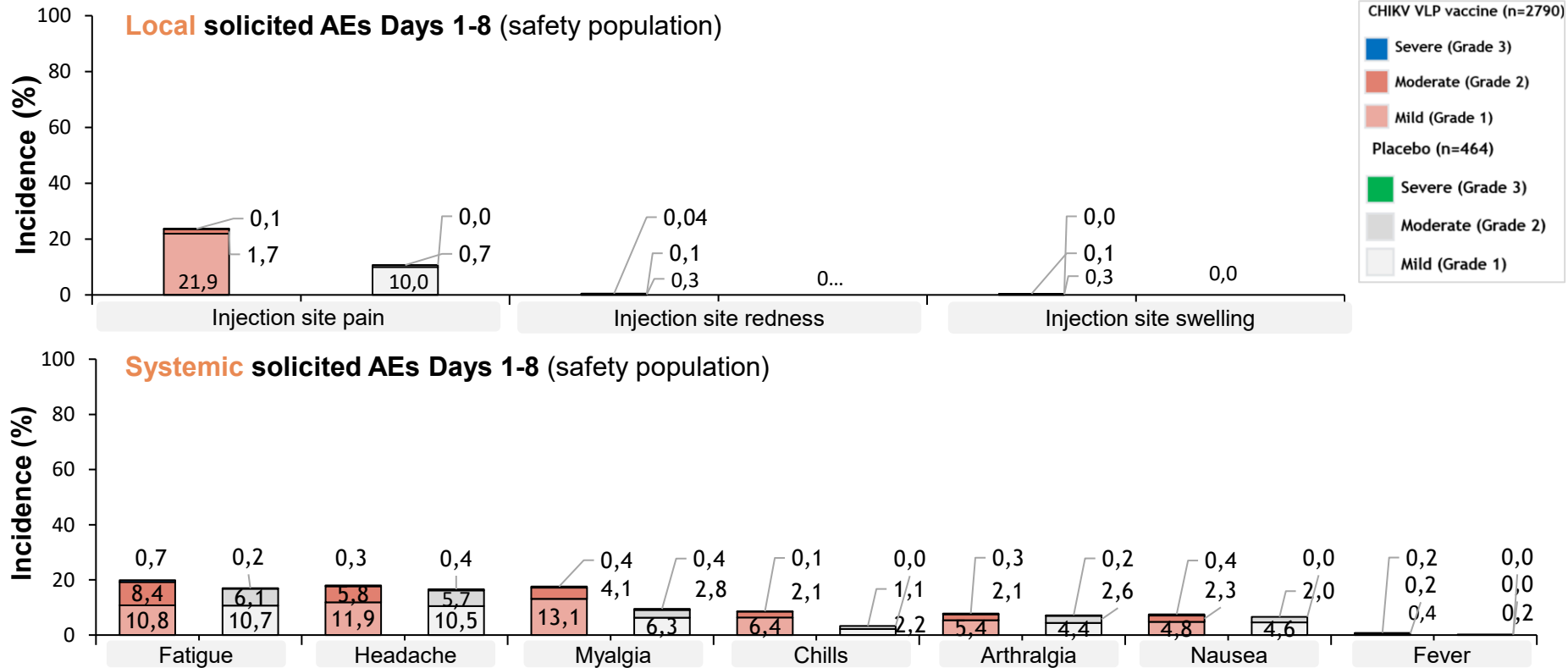


(N=38, age 18-45 years)

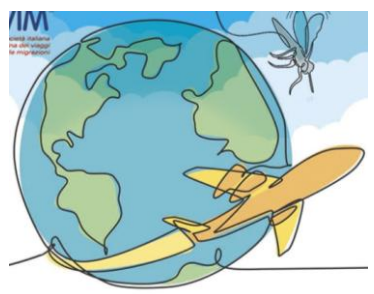


CHIKV VLP Vaccine Was Well-Tolerated in Individuals 12 to <65 Years of Age

VETTORI

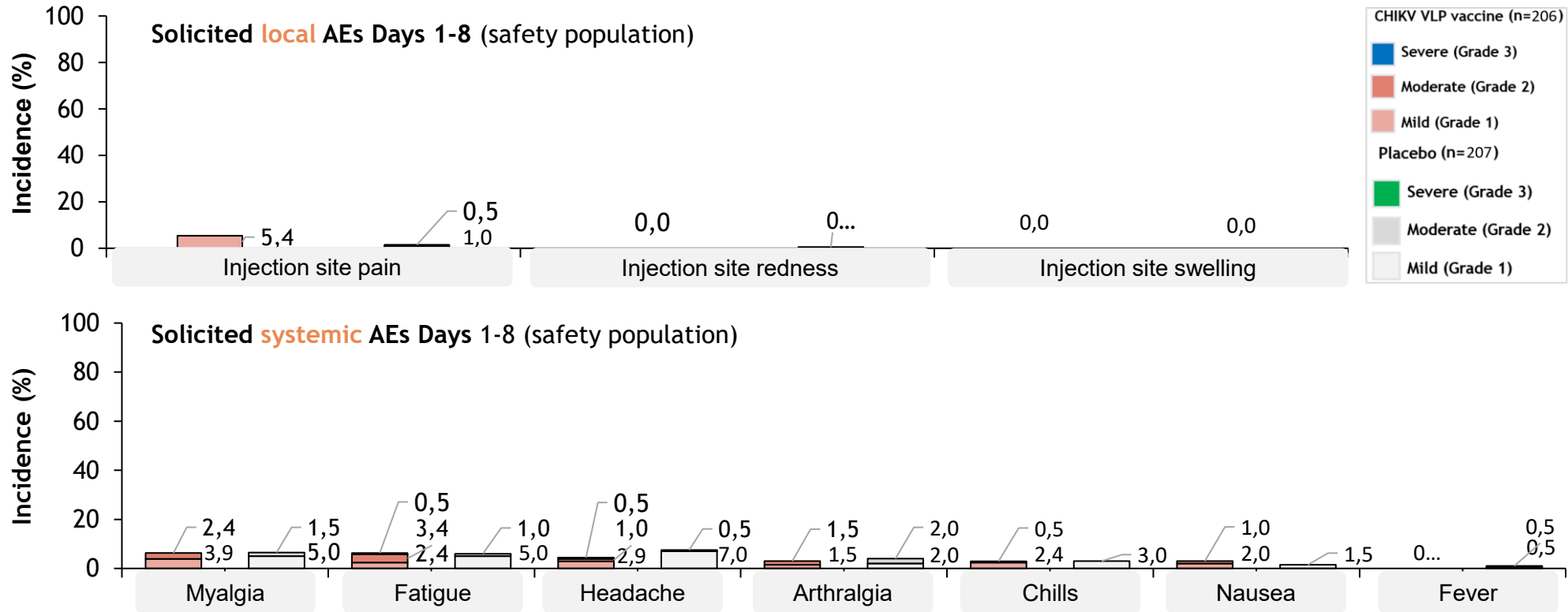


- Grade 3 (severe) local solicited AEs occurred in 5 (0.2%) CHIKV VLP vaccine recipients (4 injection site pain and 1 injection site redness); no placebo recipients reported ≥Grade 3 events.
- Grade 3 (severe) systemic solicited AEs occurred in 41 (1.5%) CHIKV VLP vaccine recipients and in 2 (0.4%) placebo recipients.

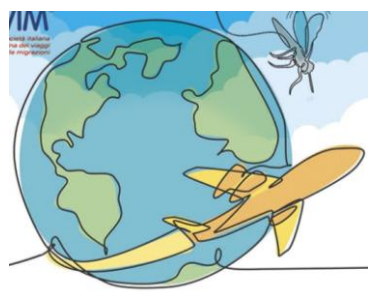


CHIKV VLP Vaccine Was Well-Tolerated in Individuals ≥ 65 Years of Age

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- No participants experienced a grade 3 (severe) or higher local solicited AE
- Solicited AEs occurred at similar rates between groups and were of grade 1 (mild) or 2 (moderate) intensity, except for one participant in the vaccine group who experienced two grade 3 (severe) systemic solicited AEs (headache and fatigue)

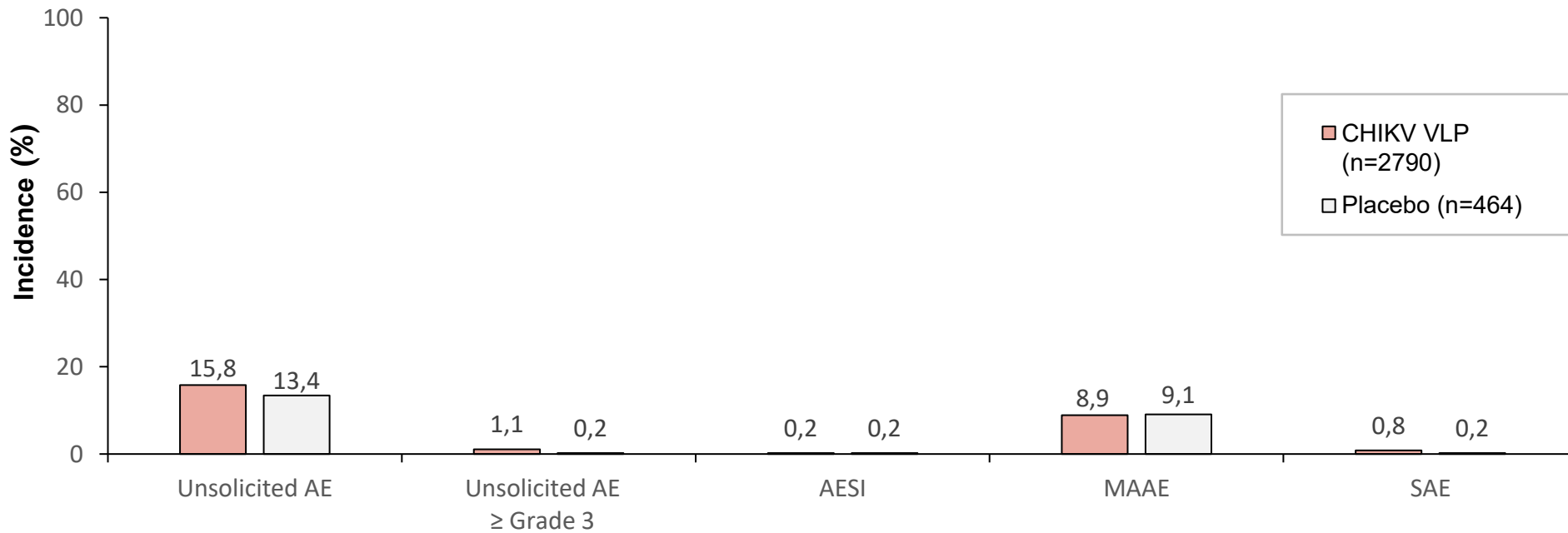


Incidence of AESI and MAAE Did Not Differ Between the CHIKV VLP Vaccine Group and the Placebo Group in Individuals 12 to <65 Years of Age

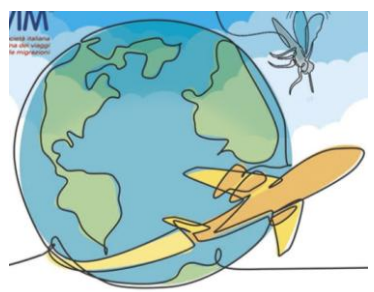
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Unsolicited AEs Day 1-29, and AESI, MAAEs and SAEs Day 1-183 (safety population)



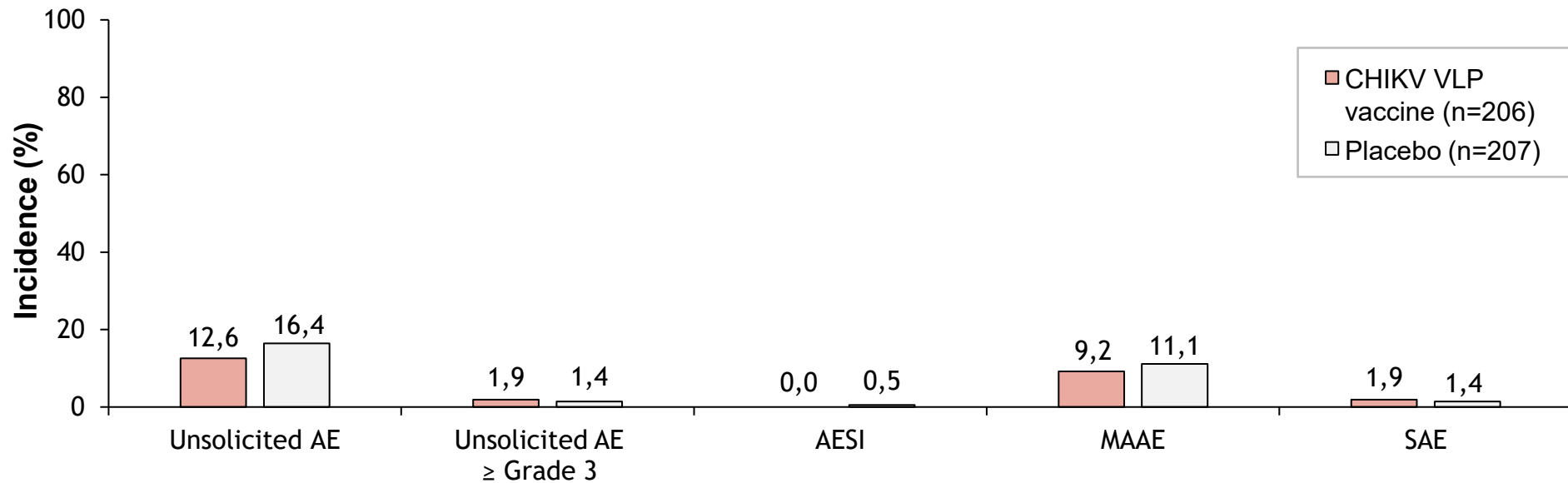
- AESI defined as new onset or worsening arthralgia that was medically attended
- One participant in the CHIKV VLP vaccine group had a severe (Grade 3) treatment-related unsolicited AE of dehydration, which resolved without medical intervention



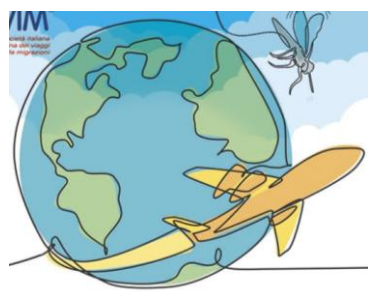
Incidence of AESI and MAAE did not Differ Between the CHIKV VLP Vaccine Group and the Placebo Group in Individuals ≥ 65 Years of Age

VETTORI

Unsolicited AEs Days 1-29, and AESI, MAAEs and SAEs Days 1-183 (safety population)



- AESI defined as new onset or worsening arthralgia that was medically attended
- Fatigue and myalgia were the only treatment-related unsolicited AEs that each occurred in more than one participant
- No SAE was considered treatment-related

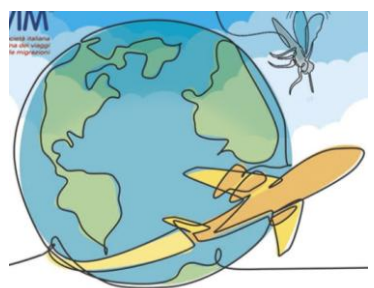


Analysis of Serious Adverse Events, Arthralgia, Arthritis and Osteoarthritis Across Clinical Trials¹ Reveals No Safety Signal

VETTORI

Event	CHIKV VLP vaccine 40/300 µg (N=3141) n (%)	Placebo (N=675) n (%)
Any Serious AEs	31/3141 (0.99)	4/675 (0.59)
Related Serious AEs ²	0	0
Solicited AE of arthralgia	230/3114 (7.39)	41/661 (6.20)
Arthralgia Grade 3	7/3114 (0.22)	1/661 (0.15)
Arthralgia duration >15 days	0	0
Unsolicited Arthritis	1 (0.03)	0
Related arthritis	0	0
Unsolicited osteoarthritis	1 (0.03)	0
Related osteoarthritis	0	0

1. Study PXVX-CV-317-001 Groups 8 and 10: 40 µg dose with 300 µg adjuvant single dose; studies EBSI-CV-317-002, EBSI-CV-317-010, EBSI-CV-317-004, and EBSI-CV-317-005
 There was 1 SAE (PT: retinal detachment) in the CHIKV VLP vaccine group that was considered possibly treatment-related by the study investigator but was assessed by the sponsor and independent SMC Chair as unrelated due to prior medical history; AE, adverse event; SAE, serious adverse event



Reazioni Avverse negli Studi Clinici

VETTORI

I dati relativi alle reazioni avverse dopo la somministrazione di VIMKUNYA si basano sull'analisi dei dati di sicurezza raggruppati di tre studi di fase 2 e due studi di fase 3, che hanno incluso 3 141 partecipanti di età ≥ 12 anni i quali hanno ricevuto una singola dose da 40 μg di VIMKUNYA e sono stati seguiti per 182 giorni ⁽⁴⁶⁾.

Le reazioni avverse riportate sono elencate in base alla frequenza indicata di seguito:

Molto comuni ($\geq 1/10$)

Comuni (da $\geq 1/100$ a $< 1/10$)

Non comuni (da $\geq 1/1\ 000$ a $< 1/100$)

Rare (da $\geq 1/10\ 000$ a $< 1/1\ 000$)

Molto rare ($< 1/10\ 000$)

La più comune reazione avversa locale in sede di iniezione dopo la somministrazione del vaccino è stata il dolore (24 %). Le reazioni avverse sistemiche più comuni osservate dopo la vaccinazione sono state stanchezza (7,8 %), cefalea (16,7 %) e mialgia (16,5 %) ⁽⁴⁶⁾.



RAPID COMMUNICATION

Post-authorisation experience and reported adverse events following use of a virus-like particle chikungunya vaccine, United States and Germany, up to August 2025

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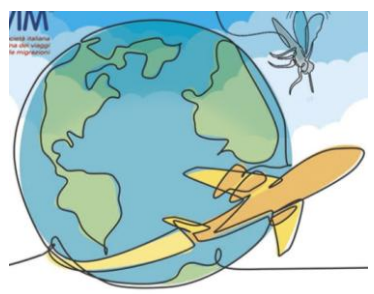
Citation style for this article:

Simone Benedetto, Lienert Florian. Post-authorisation experience and reported adverse events following use of a virus-like particle chikungunya vaccine, United States and Germany, up to August 2025. *Euro Surveill.* 2025;30(44):pii=2500792. <https://doi.org/10.2807/1560-7917.ES.2025.30.44.2500792>

Article received on 15 Oct 2025 / Accepted on 04 Nov 2025 / Published on 06 Nov 2025

Abstract

Gli anziani sono a maggior rischio di gravi chikungunya. Alcuni paesi sconsigliano di vaccinare ≥ 60 o ≥ 65 anni con il vaccino attenuato vivo autorizzato (CHIKV LA, IXCHIQ), a seguito delle segnalazioni di eventi avversi gravi (SAE). Un vaccino a particelle simili a virus (CHIKV VLP, VIMKUNYA) è autorizzato negli Stati Uniti (USA), UE/EEA e nel Regno Unito. **Fino al 31 agosto 2025, sono state somministrate oltre 12.500 dosi negli Stati Uniti e in Germania; non sono stati segnalati SAE in ≥ 65 enni.** I primi dati post-autorizzazione supportano il suo profilo di sicurezza favorevole ≥ 65 anni.



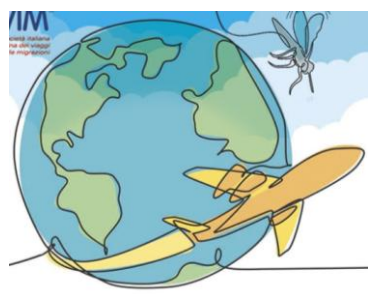
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INDICAZIONI PER L'UTILIZZO DEL VACCINO CONTRO CHIKUNGUNYA

A cura del Direttivo SIMVIM

Data di redazione: gennaio 2026



INDICAZIONI SIMVIM CHIKV VLP

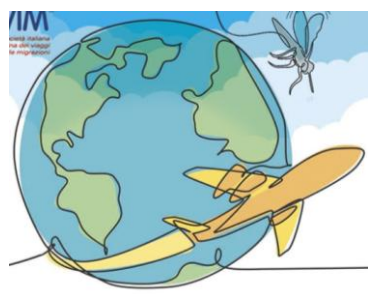
VETTORI

Il vaccino contro CHIKV dovrebbe essere preso in considerazione/raccomandato per:

- Viaggiatori diretti in aree con focolai attivi
- Viaggiatori a più alto rischio (es. malattie croniche o gravi, età avanzata)
- Viaggiatori diretti in paesi in cui si è verificata trasmissione locale di CHIKV negli ultimi 5 anni
- Personale di laboratorio che maneggia il virus
- Donne in gravidanza che non possano per alcune motivi postporre il viaggio in area a rischio

Non si ritiene opportuno porre un limite temporale rispetto alla durata del viaggio poiché l'evento che conduce all'infezione (la puntura della zanzara) può verificarsi in qualsiasi momento a partire dall'arrivo nel paese di destinazione.

Si raccomanda di vaccinare almeno 14 giorni prima della potenziale esposizione al CHIKV.

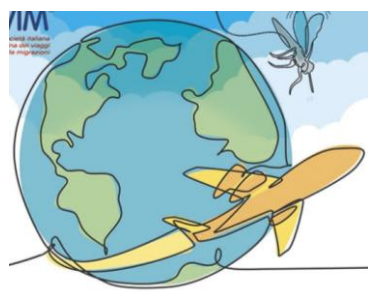


INDICAZIONI SIMVIM CHIKV VLP

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I gruppi a più alto rischio di sviluppare malattia grave includono:

- Neonati nel primo anno di vita
- Adulti di età superiore ai 65 anni (in questo gruppo, l'artralgia può progredire in artrite reumatoide cronica)
- Persone con malattie croniche (ad esempio, diabete e malattie cardiovascolari, neurologiche o respiratorie)
- Donne in gravidanza: la trasmissione *intra partum* è stata osservata in donne affette dalla malattia nelle ultime settimane prima del parto.
- Pazienti immunocompromessi
- Sebbene non sia stato chiaramente stabilito, il sesso femminile è un fattore di rischio per lo sviluppo di artrite cronica post-CHIKV.



<https://www.cdc.gov/chikungunya/data-maps/index.html>



Chikungunya Virus

EXPLORE THIS TOPIC ▼

SEARCH

Areas at Risk for Chikungunya

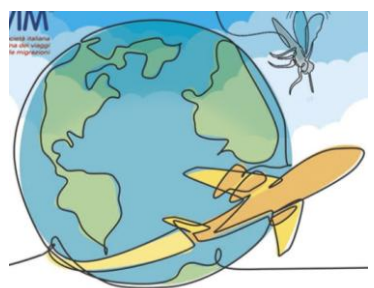


For Everyone
FEB. 5, 2026

KEY POINTS

- U.S. travelers can learn which areas have outbreaks or have elevated risk for chikungunya.
- U.S. travelers can use this information on chikungunya risk to help with decisions on vaccination.
- Some U.S. travelers (e.g., pregnant women) can use this information on chikungunya risk to help decide if they should avoid travel.





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 **CHIKUNGUNYA**
(REAL-TIME)
VISUAL ATLAS

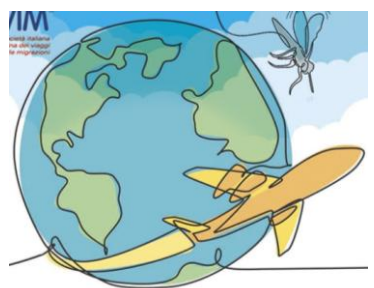
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Mappa globale del rischio
Informazioni per gli operatori sanitari

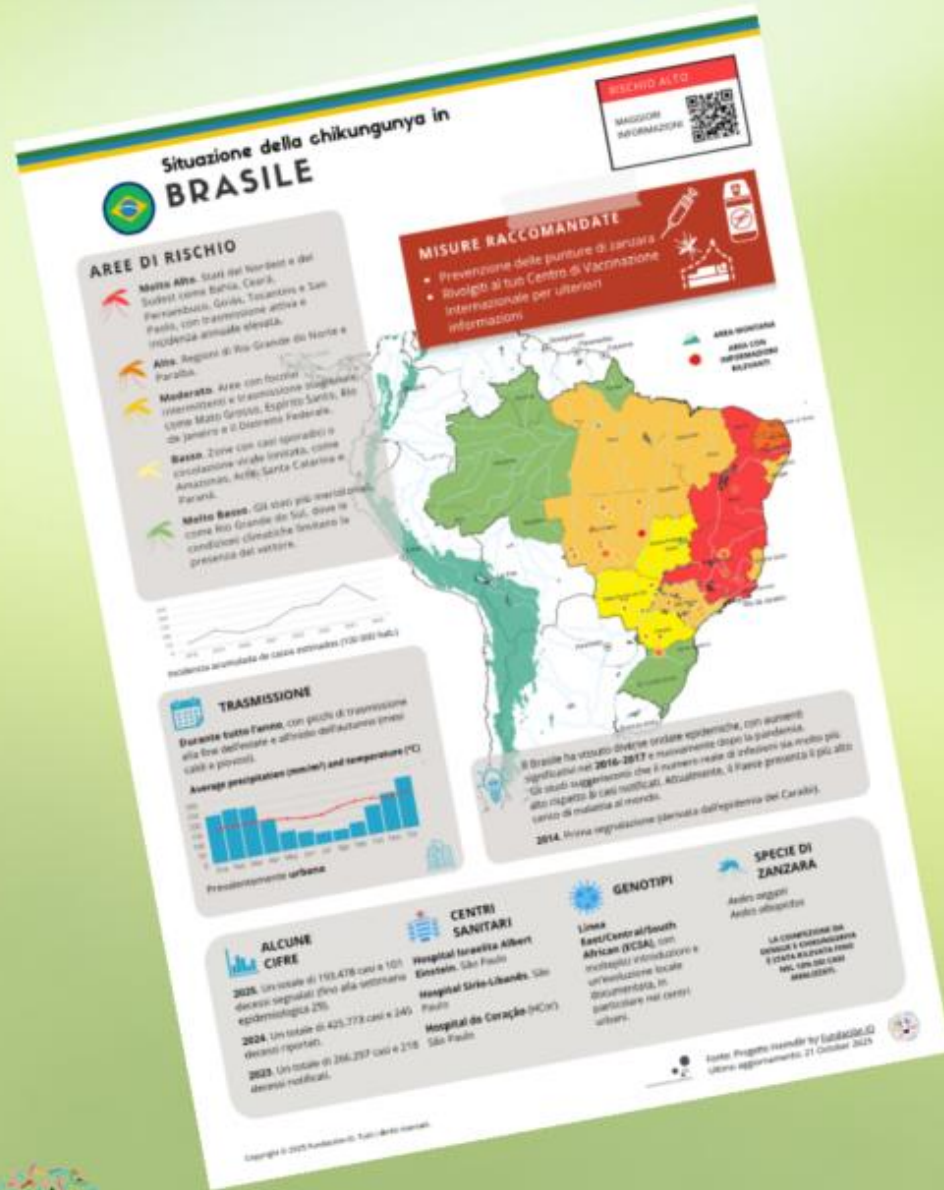


 **MAPPA INTERATTIVA DEL RISCHIO PER PAESE**
AGGIORNAMENTO IN TEMPO REALE

Scansiona per accedere



VETTORI



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AGGIORNAMENTI E APPROFONDIMENTI CLINICAMENTE RILEVANTI

A chi   rivolto:

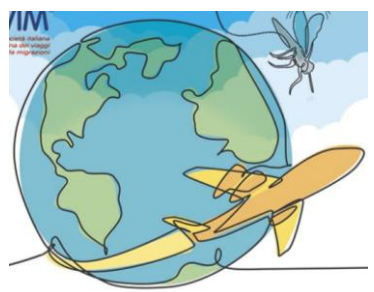
Medicina dei Viaggi, Sanit  Pubblica, Malattie Infettive e Medicina di Base.

Perch    utile:

- Rischio per Paese e analisi del trend (mappa + scheda).
- Gruppi e fasce d'et  pi  colpiti
- Misure preventive, vaccini e criteri di utilizzo quando applicabile.
- Allerte e focolai.



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