

on the basis of their performances in 2018 and 2019.

In case of concomitant urgency, the activation of the second EOR was scheduled, in order to guarantee urgent surgical treatments in the required time.

Results: Despite a reduction in the hours of availability of the EORs (from 144 hours in 2019 to 72 hours in 2020 and 96 hours in 2021), the number of surgeries switched from 4811 in 2019 to 3879 in 2020 and 4342 in 2021, thus increasing the index obtained by comparing the number of interventions on the hours of availability of the EOR.

Conclusion: The rational use of the EOR contained the reduction of interventions determined by the trend of the SARS-CoV-2 pandemic, guaranteeing the execution of class A and B interventions within the times required by the legislation.

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Impact of a benchmarking and feedback intervention on surgical site infections following hip arthroplasty and colon surgery procedures: an interrupted time series analysis

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Background and Objective: Surgical site infections (SSIs) are monitored in Piedmont, a Northern Italian region, through a surveillance system based on a European Centre for Disease Prevention and Control protocol. A benchmarking and feedback intervention was implemented in 2019: each participating hospital received a yearly report summarizing local data in comparison to the regional benchmark, which was based on cumulative 5-year data, stratified by procedure type. Our aim was to evaluate the effect of the intervention on SSI rates.

Methods: We included data collected from 42 hospitals on procedures monitored from 2017 to 2021, classified according to National Healthcare Safety Network (NHSN) categories. The two most frequently monitored categories were considered: colon surgery (COLO) and hip arthroplasty (HPRO). Procedures were stratified into 2 groups by their Infection Risk Index (IRI, calculated according to NHSN methodology). Monthly SSI ratios were calculated, by pooling data according to procedure month. Segmented regression of an interrupted time series was modeled to assess the intervention's impact. Significance level was set at $p < 0.05$.

Results: We analysed 3962 low-IRI COLO procedures (2751 preintervention, 1211 post), 1995 high-IRI COLO procedures (1413 pre, 582 post) and 12686 low-IRI HPRO procedures (8081 pre, 4605 post); insufficient data was available in the high-IRI HPRO group due to the low number of cases. In all groups we identified a downward level change at the breakpoint and a subsequent upward change in trend; no result reached statistical significance. The largest effects were detected in the high-IRI COLO group: -11% in level ($p = 0.094$, $SE = 6.4\%$) and +0.29%/month in trend ($p = 0.054$, $SE = 0.15\%/month$).

Conclusions: Our analysis suggests that the intervention could be effective in decreasing SSI rates, particularly in the high-IRI COLO group, however further efforts should be targeted towards maintaining results. In particular, further attention should be aimed towards ensuring feedback reaches surgical and nursing staff.

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Acute respiratory virus emergency department admissions in a tertiary care hospital in Central Italy and the relative impact on bed occupancy, January 2017-May 2022

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Background and Objective: Acute Respiratory Infections (ARIs) have a relevant impact on public health in terms of prevalence and costs associated with the diseases. This concern highlighted the need to adopt accurate surveillance systems to respond to new emergencies and meet the demand for access to care. The objective of our work is to set up, at the Azienda Ospedaliero-Universitaria Pisana (AOUP), an automated syndromic surveillance for ARI.

Methods: The trend of the AOUP Emergency Department (ED) accesses from January 2017 to May 2022 was analyzed, using ICD9-CM disease codes that define syndromes associated with ARI (except SARS-CoV-2 infection codes). The data

obtained were analysed by week and by 6 age groups, as well as by outcome type, with a focus on inpatient ward admissions to define the impact on bed occupancy. Results: During the period, ARI admissions were 33,101 (annual average 5,520), resulting in 7,426 admissions (22.8%, annual average 1,163). A seasonal pattern is observed between week 42 of each year and the week 17 of the following year, that represent the winter season period. The reduction in ED accesses from week 10-2020 (from a weekly average of 144.3 to 78.2) is due to the and the public health measures implemented for the emergence of the COVID19 pandemic. Nevertheless, the average weekly admission rate was 30.8%, compared with 21.7% in 2017-2019. Analysis by age group showed a peak of accesses in the last weeks of 2021 for the <1 and 1-4 years old age group considered.

CONCLUSIONS: Data on ARI admissions provide useful information to direct health policies to identify indicators of next epidemic waves. By this way, we can act early in terms of emergency preparedness and response, preventing overloading of health facilities and ensuring the most appropriate and targeted access to care for the entire population.

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Pilot study to evaluate the impact of respiratory syncytial virus in the community, in children under 5 and adults over 65

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Background: Respiratory syncytial virus (RSV) is the main cause of hospitalization for acute respiratory infection (ARI; WHO case definition) in children under 5 years and the third viral cause of hospital admission in over 65.

The main objective of this study is to evaluate the burden of RSV-related disease in the primary care setting, to support future prevention strategies. Secondary objectives are 1) to describe the epidemiological trend of ARIs, 2) to identify the predictive parameters of the clinical presentation severity, complications, socio-economic and healthcare impact.

Methods: As part of the RSVComNet project, in 2019/20 and 2021/22 winter seasons, in Lazio, Puglia, Liguria and Lombardia regions (representing 40% of the Italian population), children under 5 years with ARI were enrolled and subjected to a nasopharyngeal swab for the differential diagnosis of the main respiratory infectious agents. Parents of RSV-positive children completed a 14-day and 30-day follow-up questionnaire. In 2022/23, Tuscany will also participate in the study, also enrolling adults over 65.

RESULTS: In 2019/20 and 2021/22, 493 children were diagnosed with ARI and 187 (37.9%) were positive for RSV. The median disease duration was 9.5 days (IQR 7-14), with a median of 1 extra visit by their pediatrician (IQR: 1-2). 12 children (6.6%) were hospitalized (10 <1 years old) with a median stay of 5.5 days (IQR: 3-7). 176/183 (96.2%) received a drug prescription and 74 (42.1%) an antibiotic. RSV type B and the region of residence were significant predictors for increased healthcare utilization. Children with dyspnea had a significantly higher risk (30%) of a longer duration of illness. The 2022/23 results will be available in May 2023. CONCLUSIONS: The study highlights the importance of monitoring ARI cases in primary care, to implement prevention strategies and allow the reduction of the disease burden at a primary care and hospital level.

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Food price trends during COVID-19 pandemic in Brazil

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The present study aims to analyze the trends in food price in Brazil in the recent past, with an emphasis on the period of the COVID-19 pandemic (2020 and March