



# Evoluzione del Sistema Immunitario nelle diverse fasce d'età: immunità innata ed adattativa

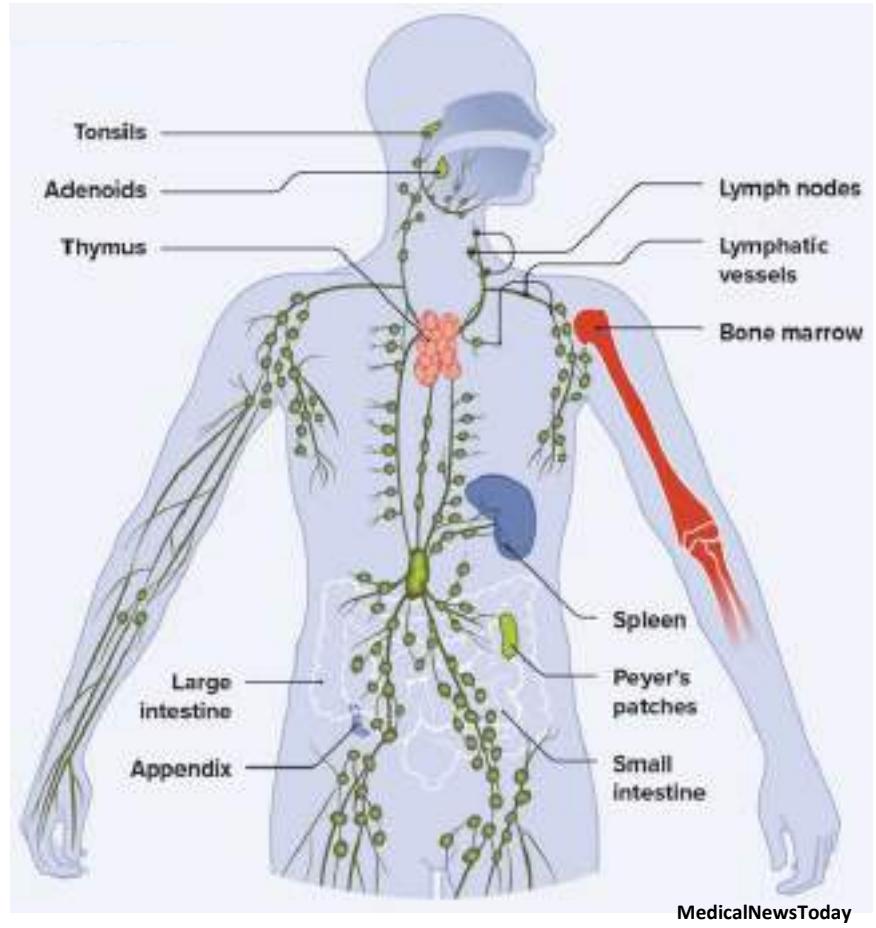
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# Il Sistema Immunitario: concetti generali

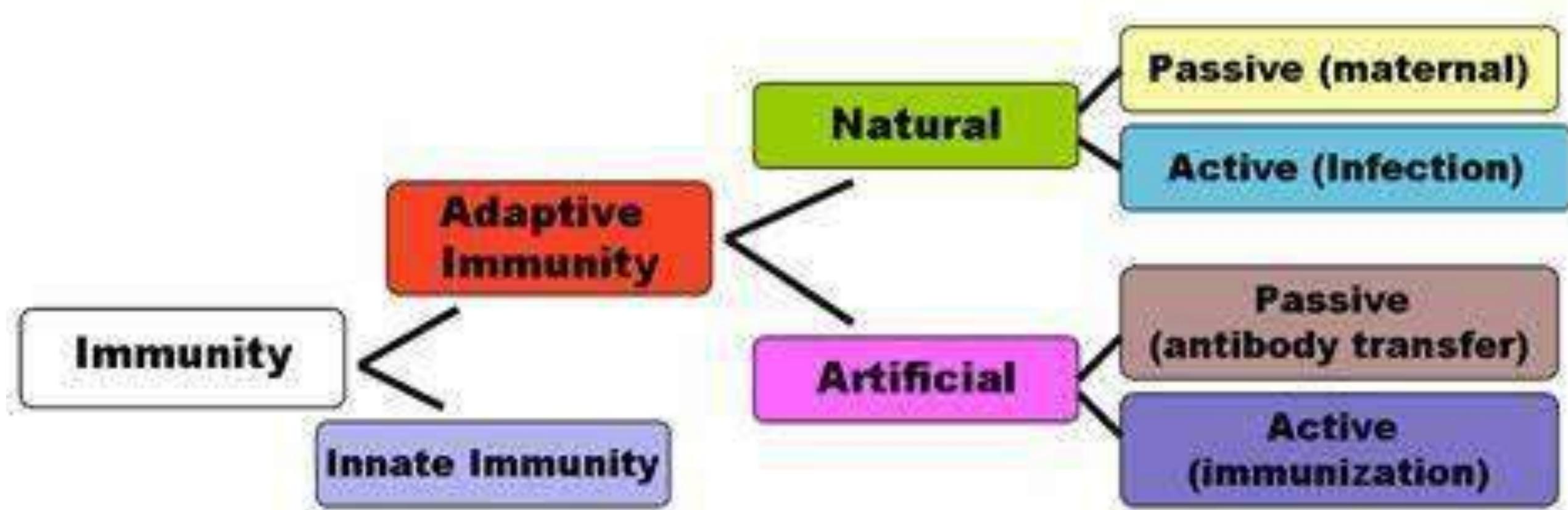




## Principali organi componenti il Sistema Immunitario

# Tipi di Immunità

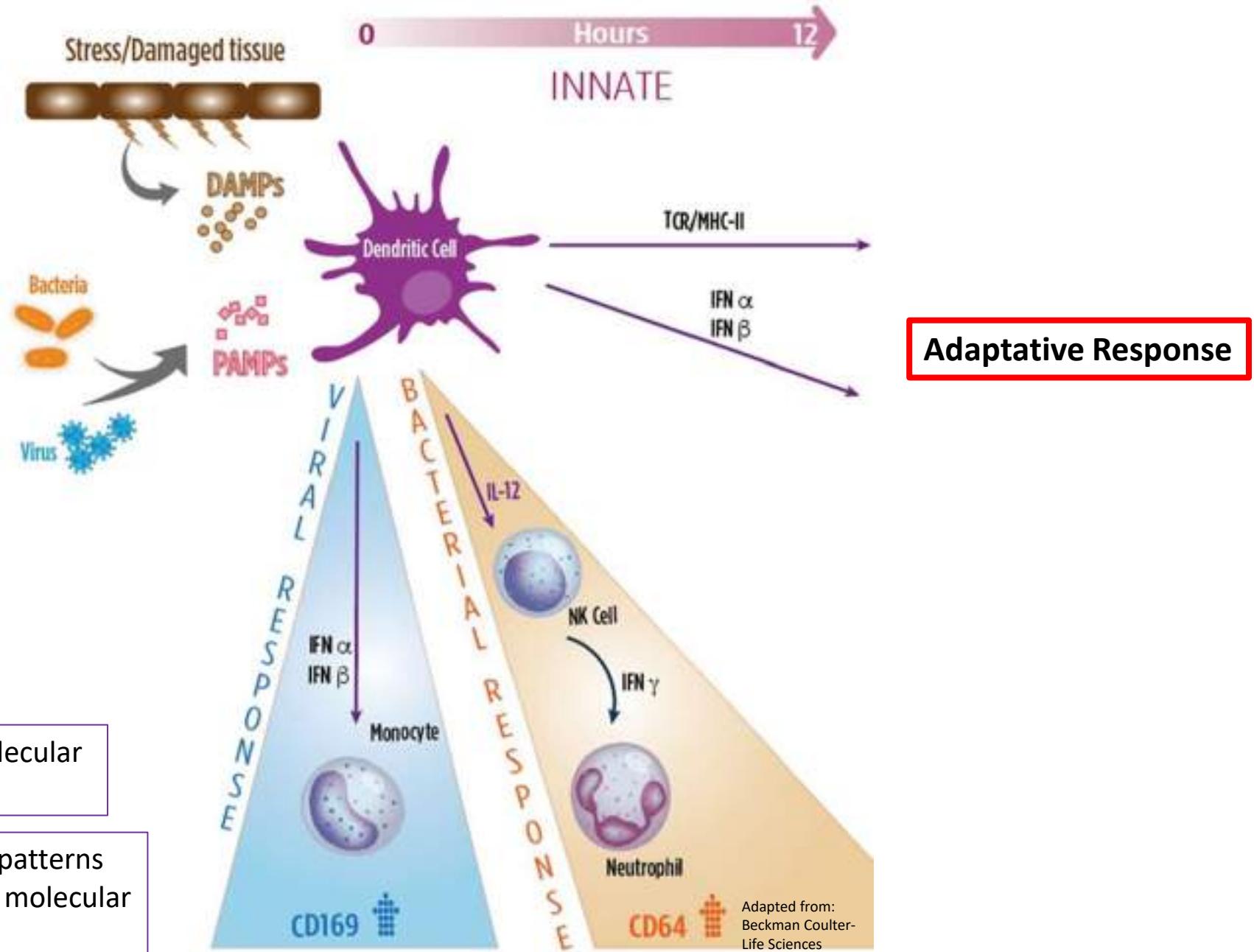
I due tipi fondamentali di immunità sono l'immunità innata e adattativa (o acquisita). Alcuni dei nostri globuli bianchi svolgono un ruolo nell'immunità innata, altri nell'immunità acquisita, mentre alcuni sono coinvolti in entrambi.



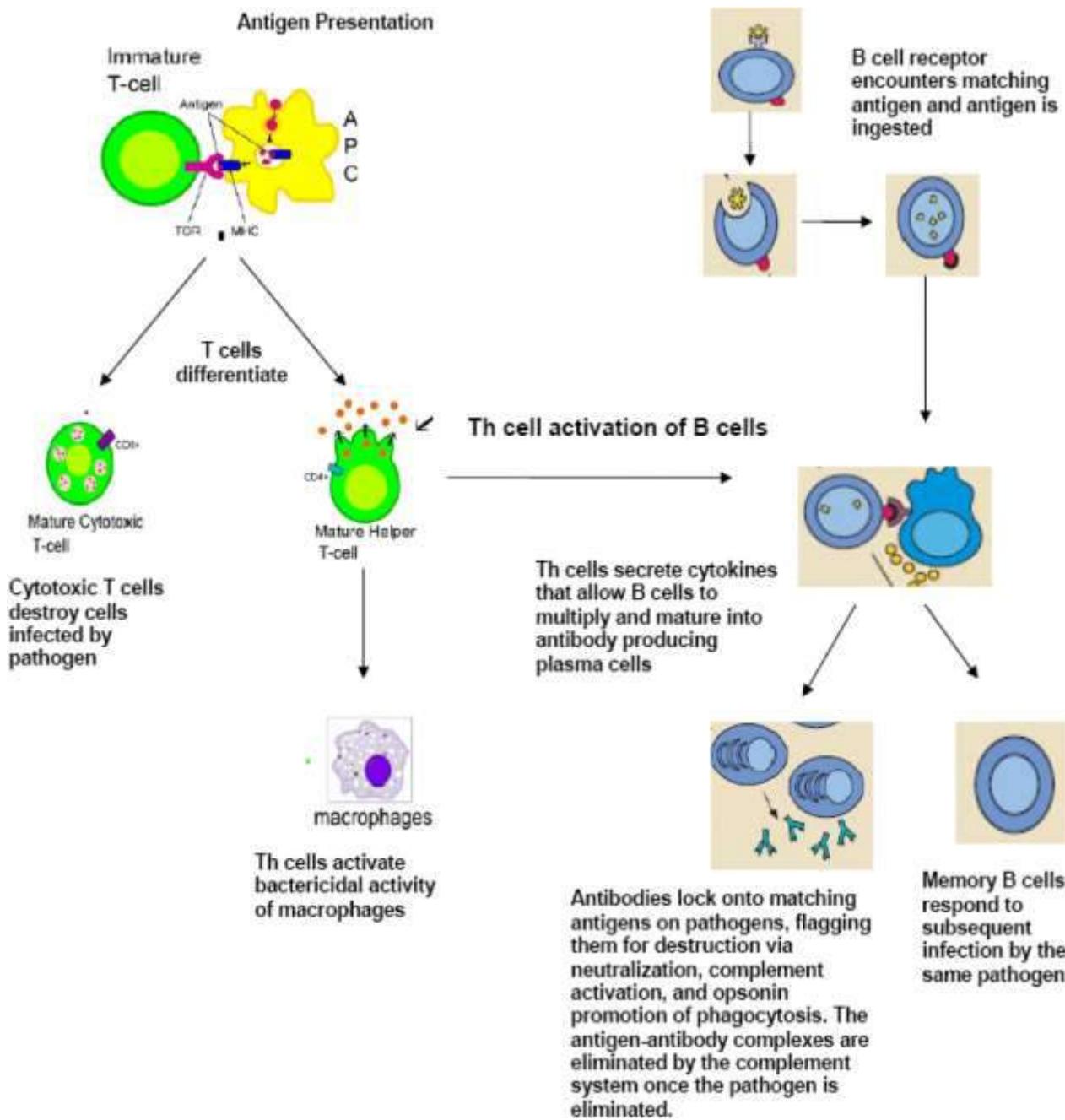
# Caratteristiche e funzioni delle cellule coinvolte nel Sistema Immunitario innato

Cell	Image	% in adults	Nucleus	Functions	Lifetime	Main targets
Macrophage*		Varies	Varies	<ul style="list-style-type: none"> <li>• Phagocytosis</li> <li>• Antigen presentation to T cells</li> </ul>	Months – years	<ul style="list-style-type: none"> <li>• Various</li> </ul>
Neutrophil		40-75%	Multi-lobed	<ul style="list-style-type: none"> <li>• Phagocytosis</li> <li>• Degranulation (discharge of contents of a cell)</li> </ul>	6 hours – few days	<ul style="list-style-type: none"> <li>• Bacteria</li> <li>• Fungi</li> </ul>
Eosinophil		1-6%	Bi-lobed	<ul style="list-style-type: none"> <li>• Degranulation</li> <li>• Release of enzymes, growth factors, cytokines</li> </ul>	8-12 days (circulate for 4-5 hours)	<ul style="list-style-type: none"> <li>• Parasites</li> <li>• Various allergic tissues</li> </ul>
Basophil		< 1%	Bi- or tri-lobed	<ul style="list-style-type: none"> <li>• Degranulation</li> <li>• Release of histamine, enzymes, cytokines</li> </ul>	Lifetime uncertain; likely a few hours – few days	<ul style="list-style-type: none"> <li>• Various allergic tissues</li> </ul>
Mast cell		Common in tissues	Central, single-lobed	<ul style="list-style-type: none"> <li>• Degranulation</li> <li>• Release of histamine, enzymes, cytokines</li> </ul>	Months to years	<ul style="list-style-type: none"> <li>• Parasites</li> <li>• Various allergic tissues</li> </ul>
Lymphocytes (T cells)		20-40%	Deeply staining, eccentric	<p>T helper (Th) cells (CD4+): immune response mediators</p> <p>Cytotoxic T cells (CD8+): cell destruction</p>	Weeks to years	<ul style="list-style-type: none"> <li>• Th cells: intracellular bacteria</li> <li>• Cytotoxic T cells: virus-infected and tumour cells</li> <li>• Natural killer cells: virus-infected and tumour cells</li> </ul>
Monocyte		2-6%	Kidney shaped	Differentiate into macrophages and dendritic cells to elicit an immune response	Hours – days	<ul style="list-style-type: none"> <li>• Various</li> </ul>
Natural killer (NK) cell		15% (varies) of circulating lymphocytes and tissues	Single-lobed	<ul style="list-style-type: none"> <li>• Tumour rejection</li> <li>• Destruction of infected cells</li> <li>• Release of perforin and granzymes which induce apoptosis</li> </ul>	7-10 days	<ul style="list-style-type: none"> <li>• Viruses</li> <li>• Tumour cells</li> </ul>

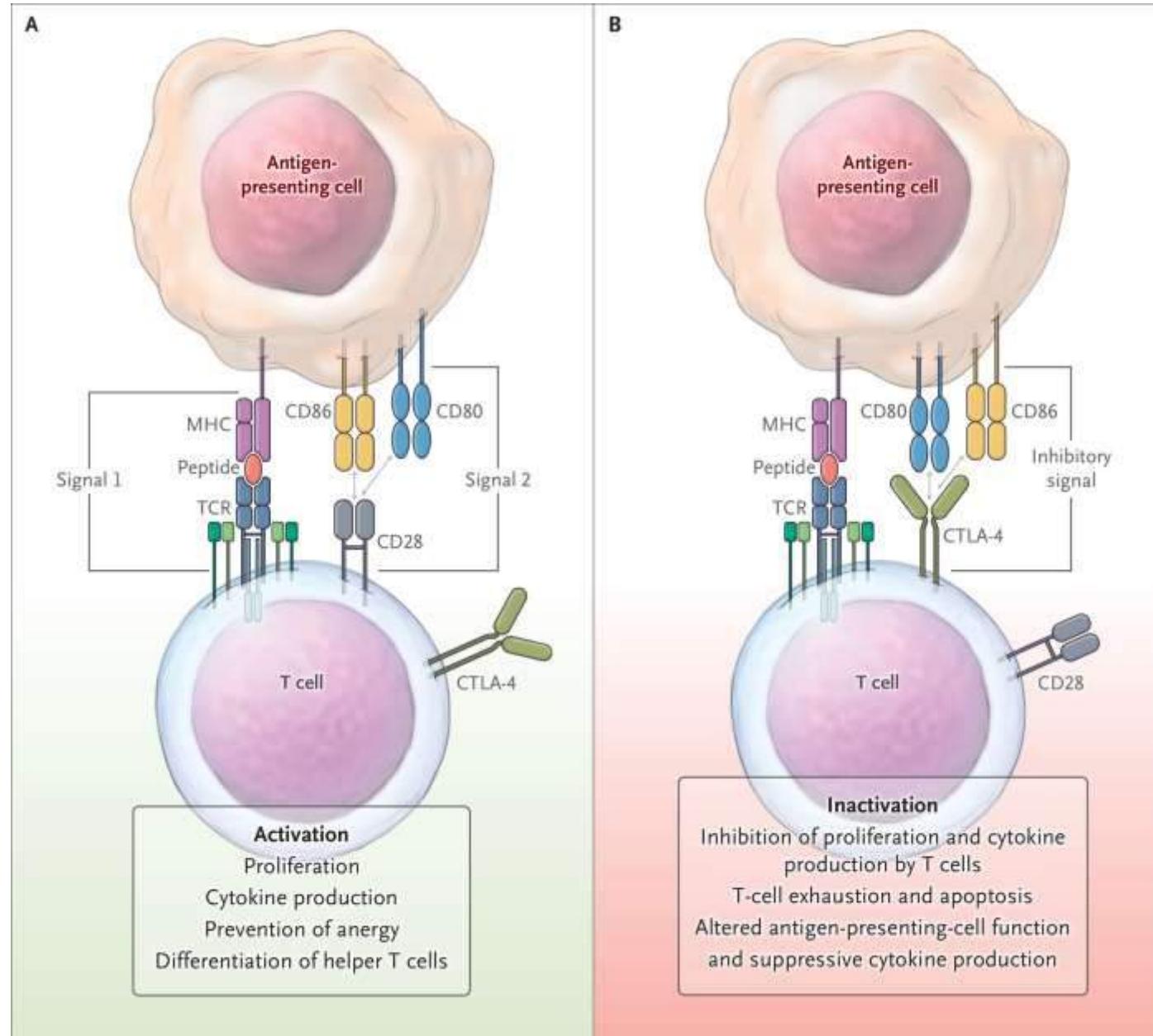
# Sistema Immunitario: la Risposta Innata



# Sistema Immunitario: la risposta adattativa

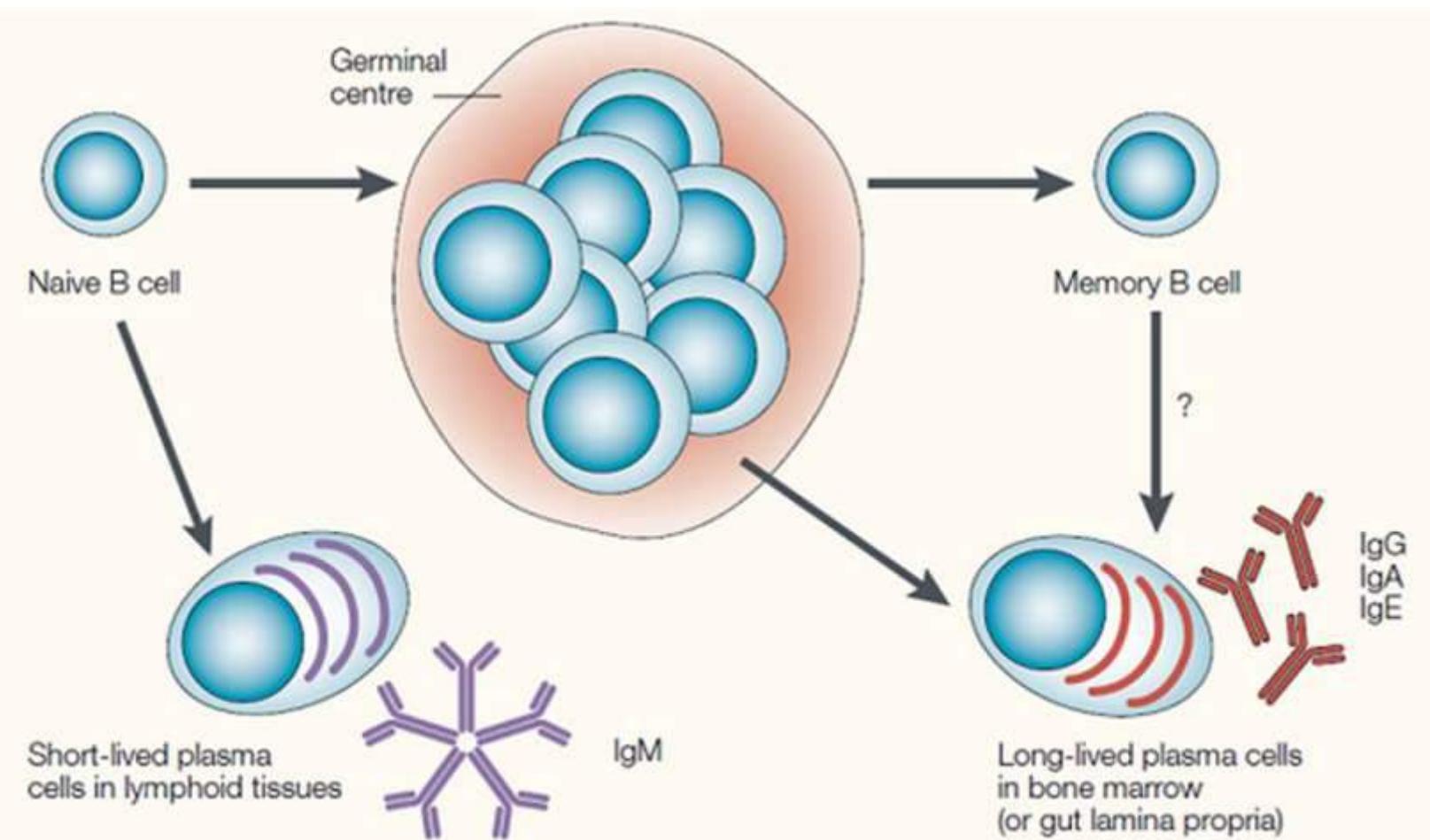


# Cellule T: Modelli a due segnali di recettori costimolatori e inibitori



# B Cell Activation and Isotype Switching

- B cells are activated by antigen presented by MHC and co-stimulatory (CD40-CD40L) signals from Th2 cells.
- After activation, B cells undergo rounds of mutation and selection to generate high-affinity **memory B cells and plasma cells**.
- Plasma cells are B cells that secrete their antigen-specific receptors in the form of **antibodies**.



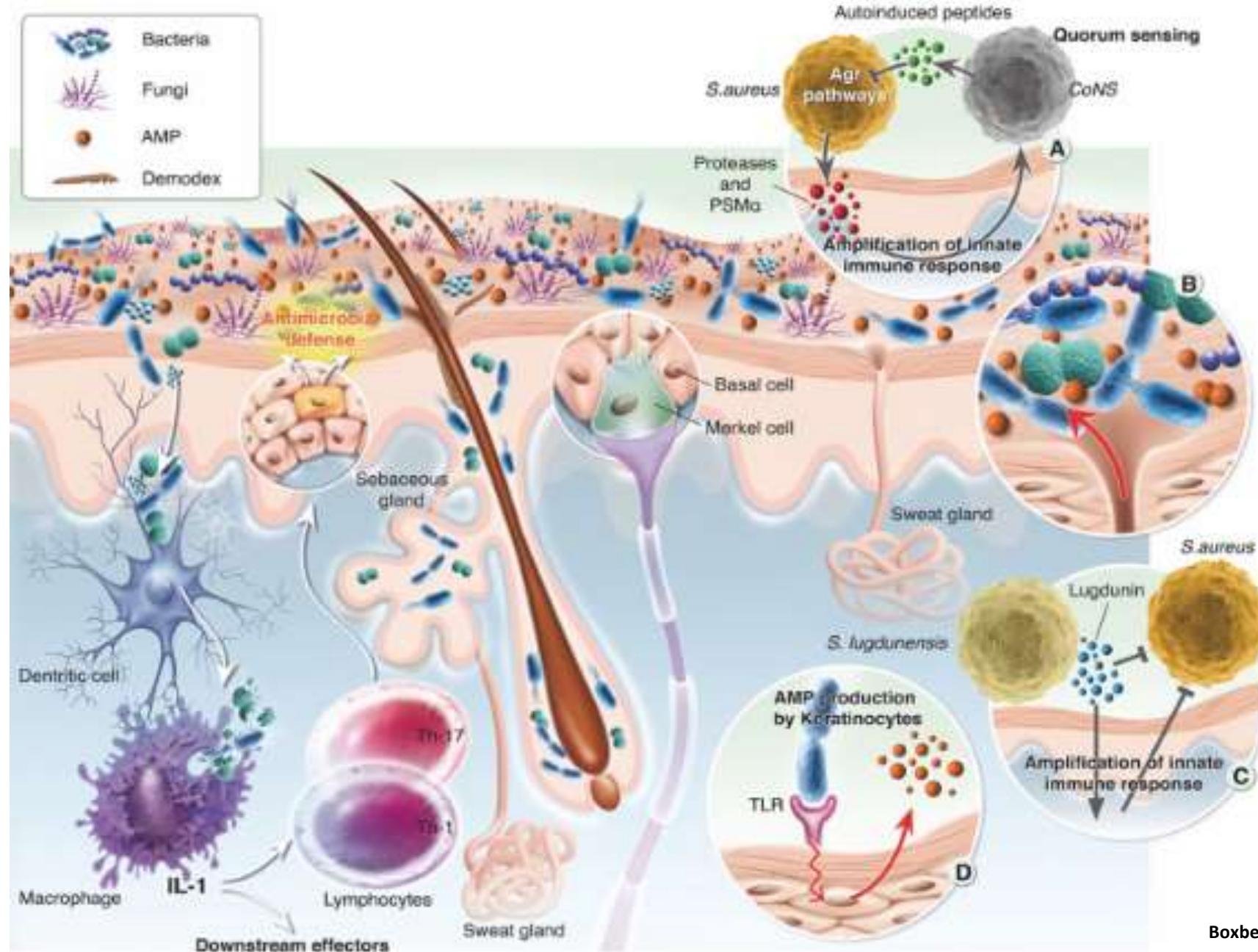
# Confronto tra risposta innata ed adattativa

	Innate immune system	Adaptive immune system
Cells	<p>Hematopoietic cells:</p> <ul style="list-style-type: none"><li>• Macrophages</li><li>• Dendritic cells</li><li>• Mast cells</li><li>• Neutrophils</li><li>• Basophils</li><li>• Eosinophils</li><li>• NK cells</li><li>• T cells</li></ul> <p>Non-hematopoietic cells</p> <ul style="list-style-type: none"><li>• Epithelial cells (skin, airways, gastrointestinal tract)</li></ul>	<p>Hematopoietic cells:</p> <ul style="list-style-type: none"><li>• T cells</li><li>• B cells</li></ul>
Molecules	<ul style="list-style-type: none"><li>• Cytokines</li><li>• Complement</li><li>• Proteins and glycoprotein</li></ul>	<ul style="list-style-type: none"><li>• Antibodies (Ig)</li><li>• Cytokines</li></ul>
Response time	<ul style="list-style-type: none"><li>• Immediate</li></ul>	<ul style="list-style-type: none"><li>• Delayed by hours to days</li></ul>
Immunologic memory	<ul style="list-style-type: none"><li>• None: responses are the same with each exposure</li></ul>	<ul style="list-style-type: none"><li>• Responsiveness enhanced by repeated antigen exposure</li></ul>

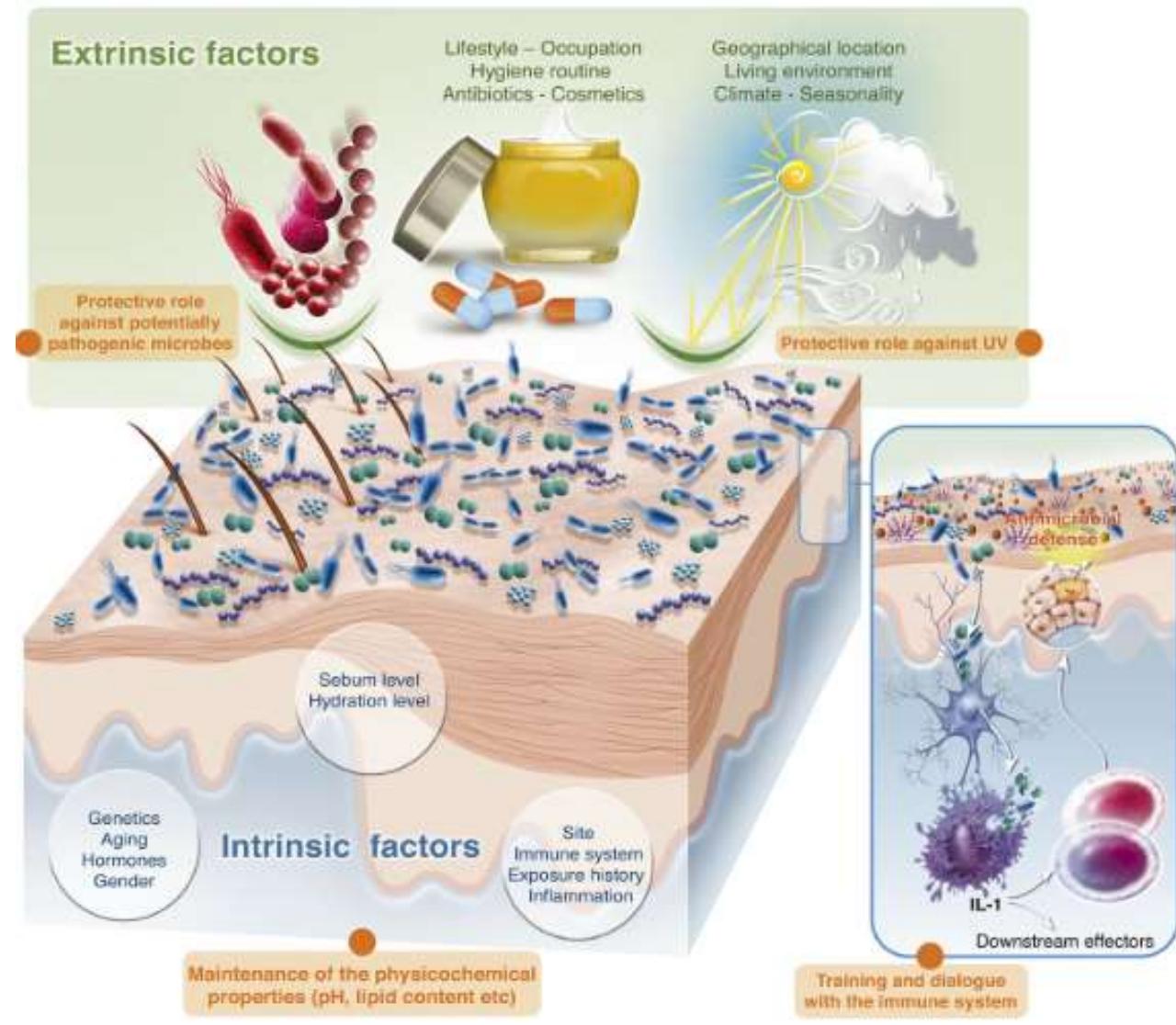
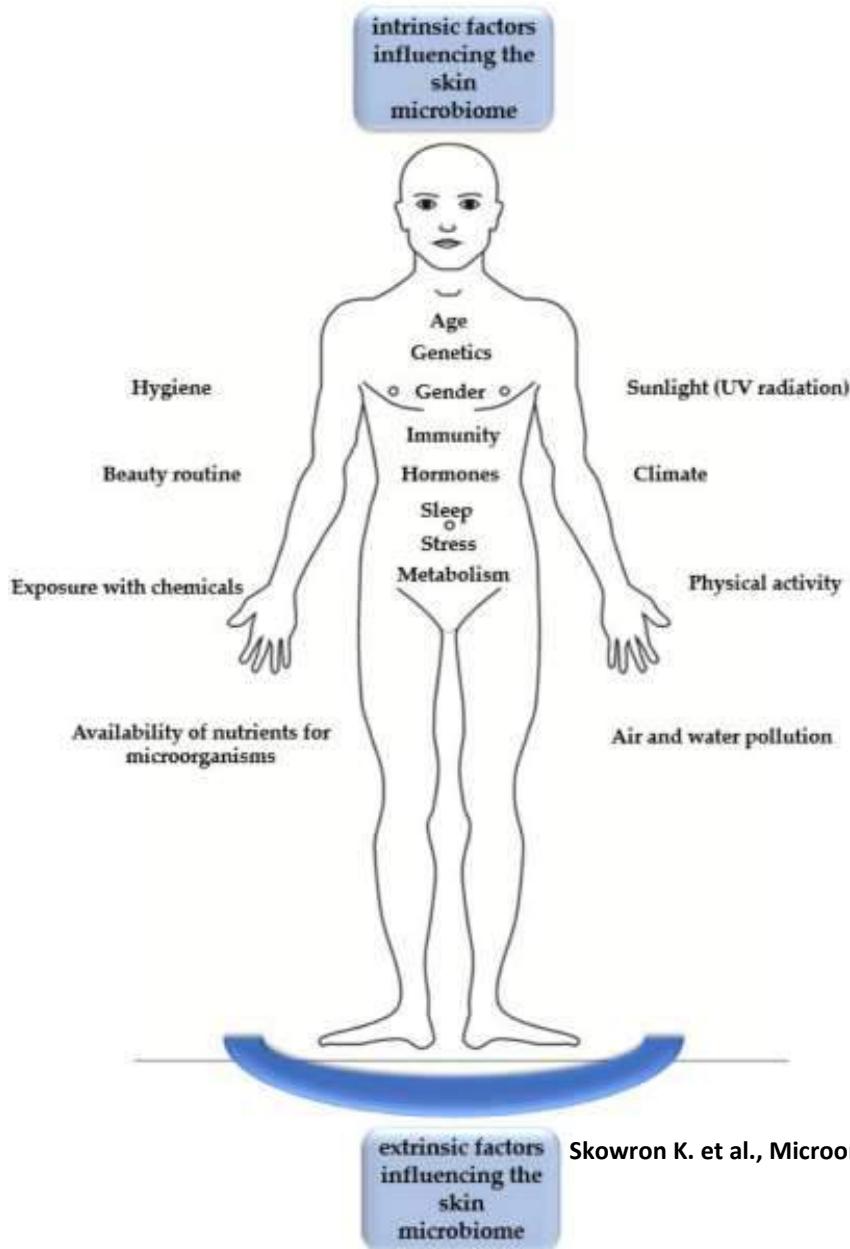
# Sistema immunitario e microbiota della pelle



# Skin microbiota, its roles, and its relationship with the immune system



# The intrinsic and extrinsic factors that influence the skin microbiome



Skowron K. et al., *Microorganisms*, 2021

Boxberger M. et al., *Microbiome*, 2021

# Age-dependent specificity of the skin microbiome

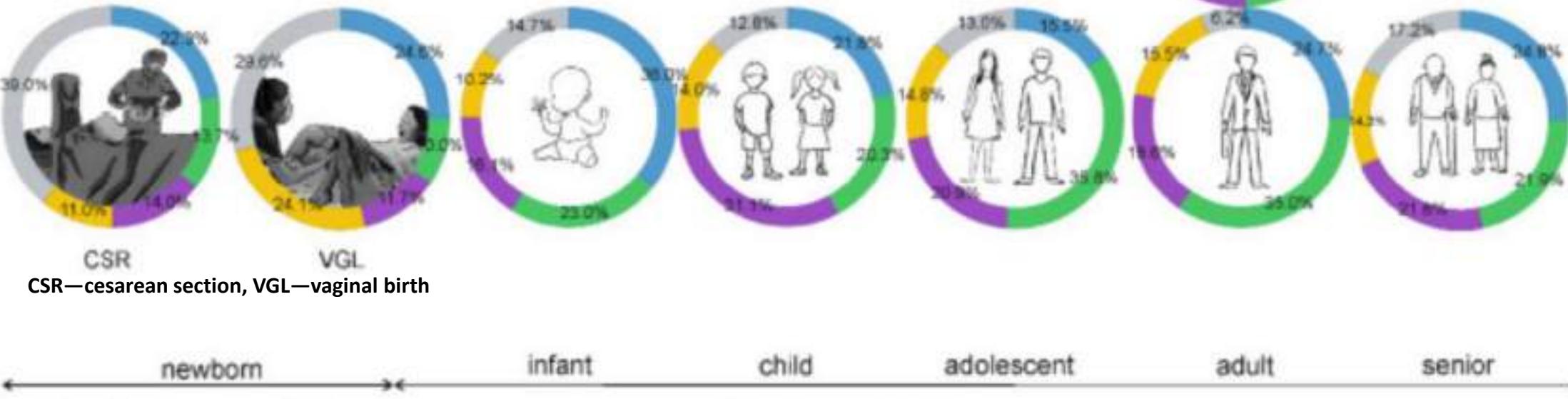
Increasing

- Spots
- Lentigines
- Wrinkles
- Redness
- Telangiectasia
- Duller micro relief
- Tissue piosis
- pH
- Epidermidis thickness

Decreasing

- Cell renewal
- Pigmentation uniformity
- Sebaceous fat
- Dermal extra cellular matrix
- Collagen
- Elastin fibres
- Sebaceous glands and sweat glands secretion

Boxberger M. et al., Microbiome, 2021



CSR—cesarean section, VGL—vaginal birth

newborn

infant

child

adolescent

adult

senior

No skin site specificities

Skin site specificities

Phylum

Firmicutes

Actinobacteria

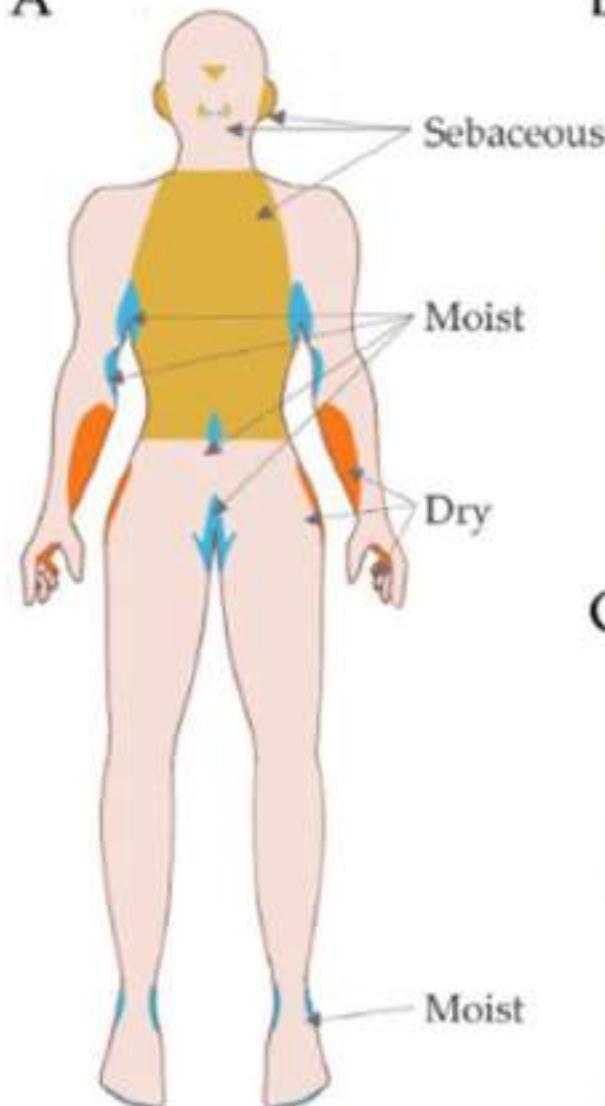
Preoteobacteria

Bacteroidetes

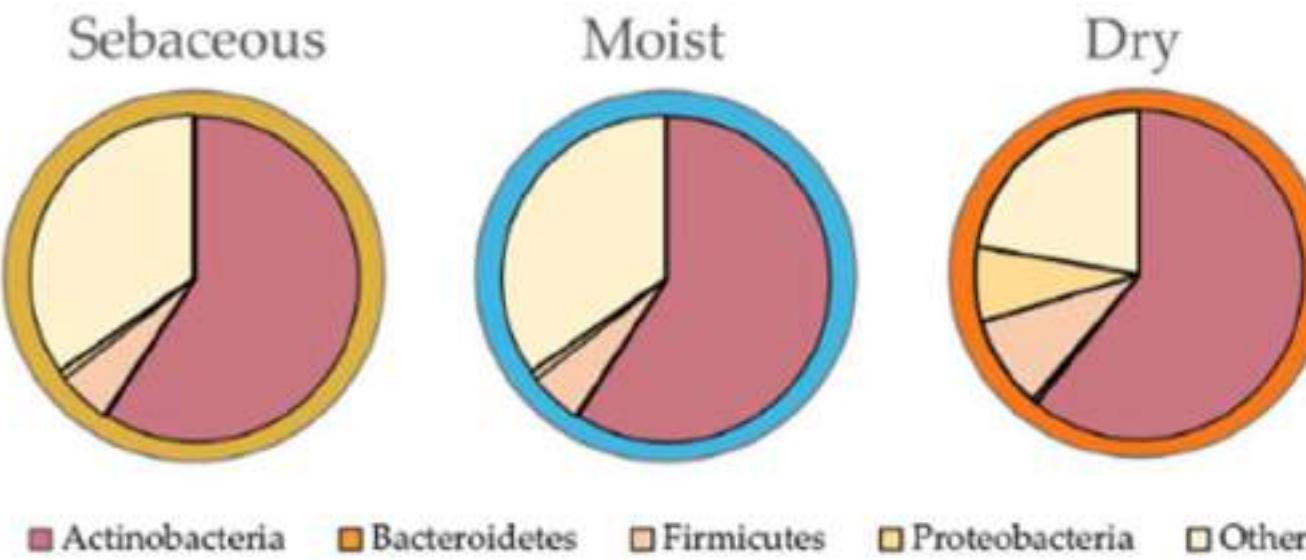
Others

# Microbial composition of the skin is dictated by topography

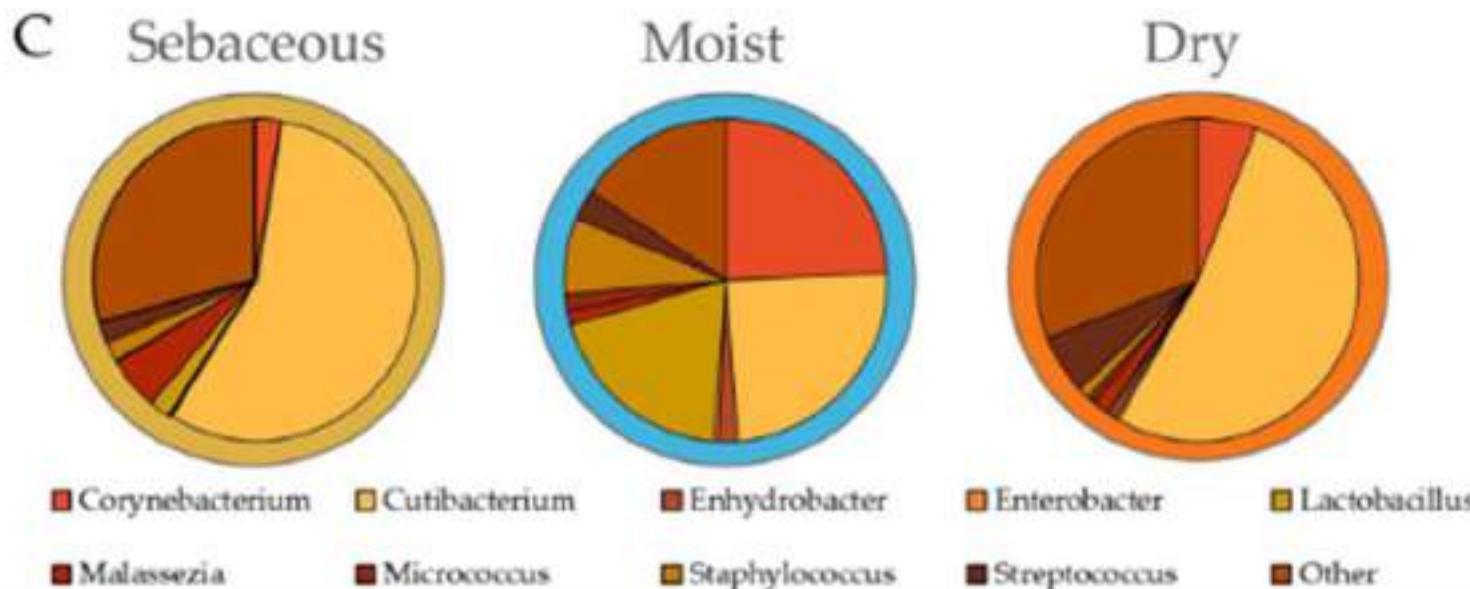
A



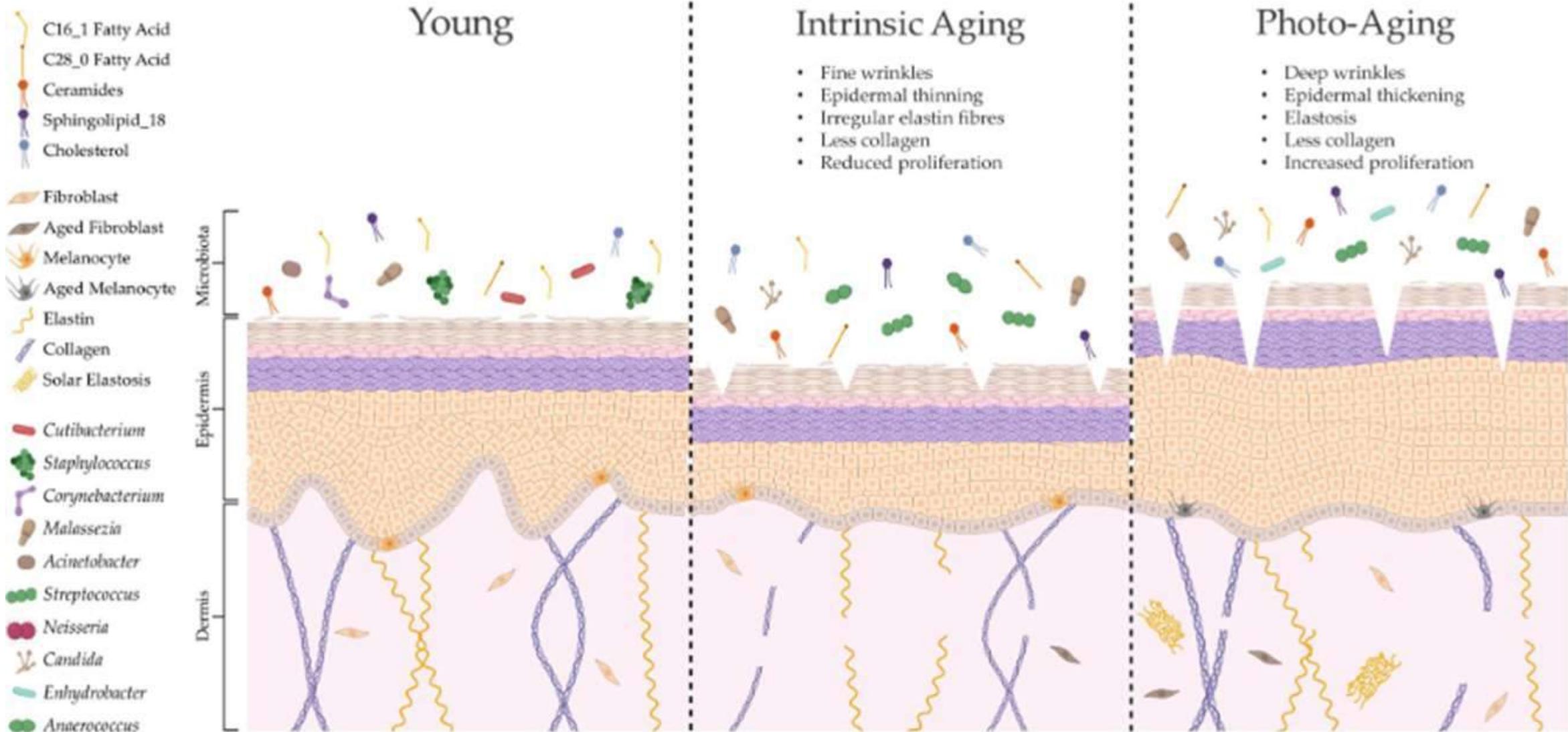
B



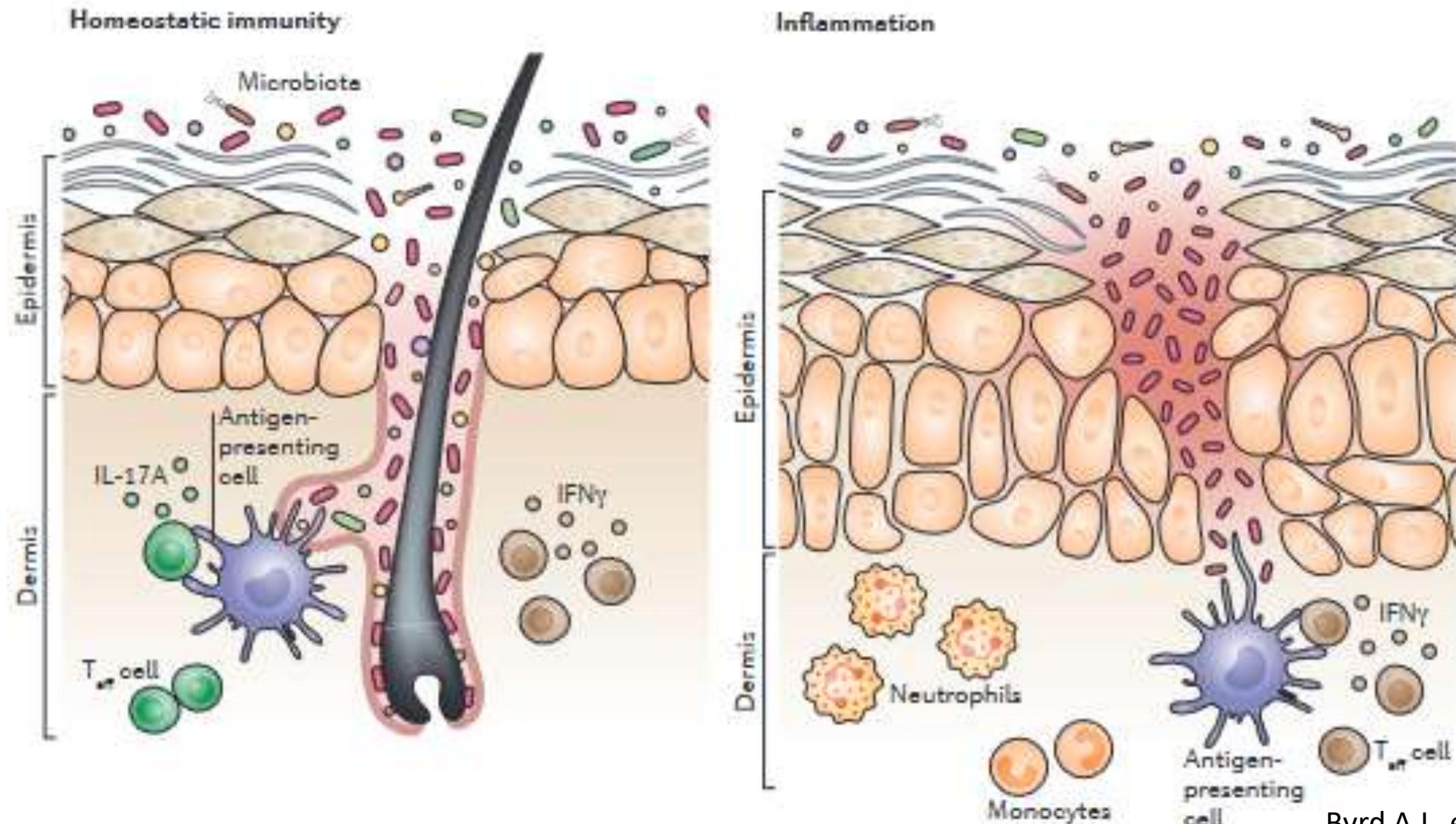
C



# Ageing alters skin structure, function and microbial colonization



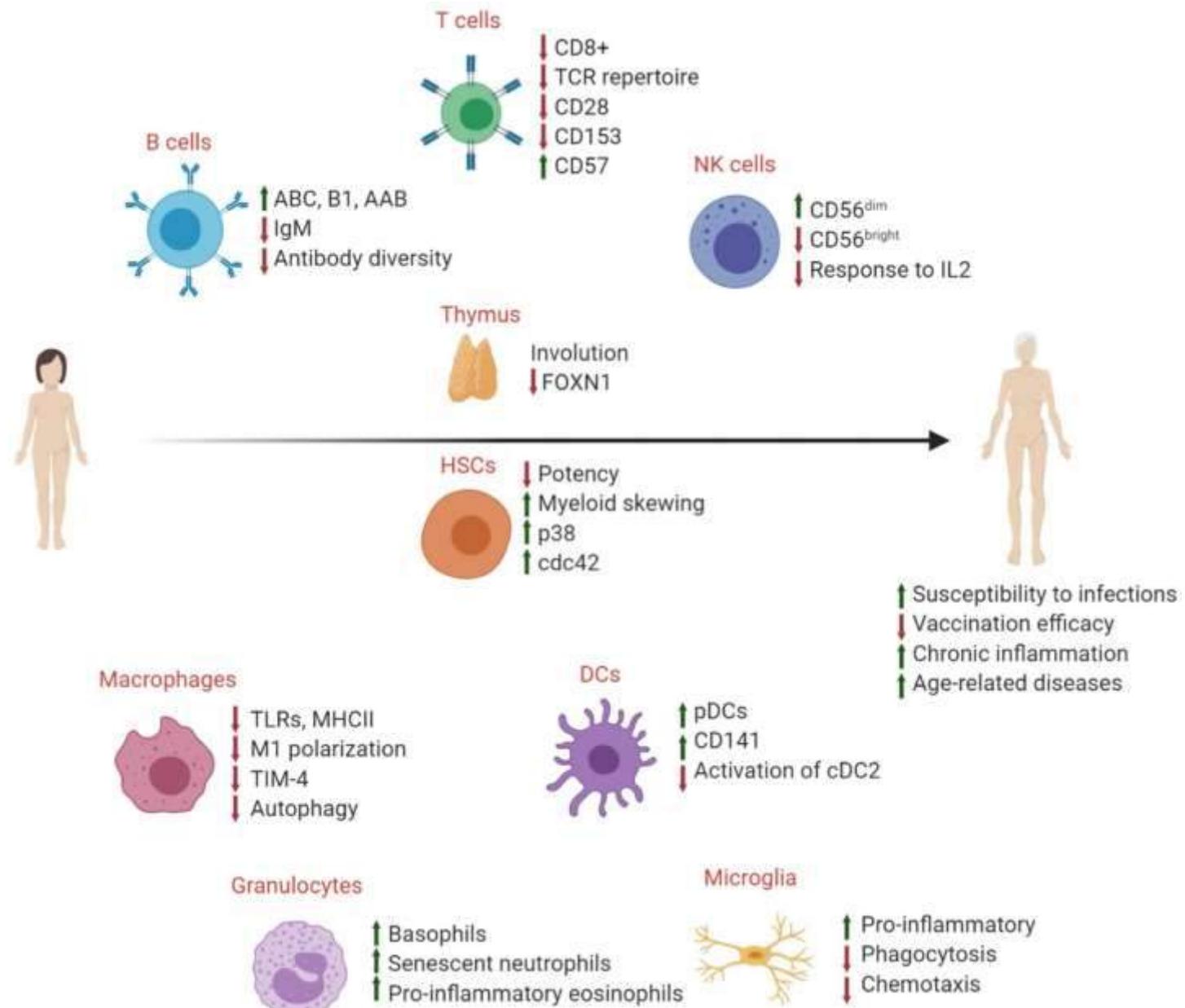
# Crosstalk between the immune system and the skin microbiota



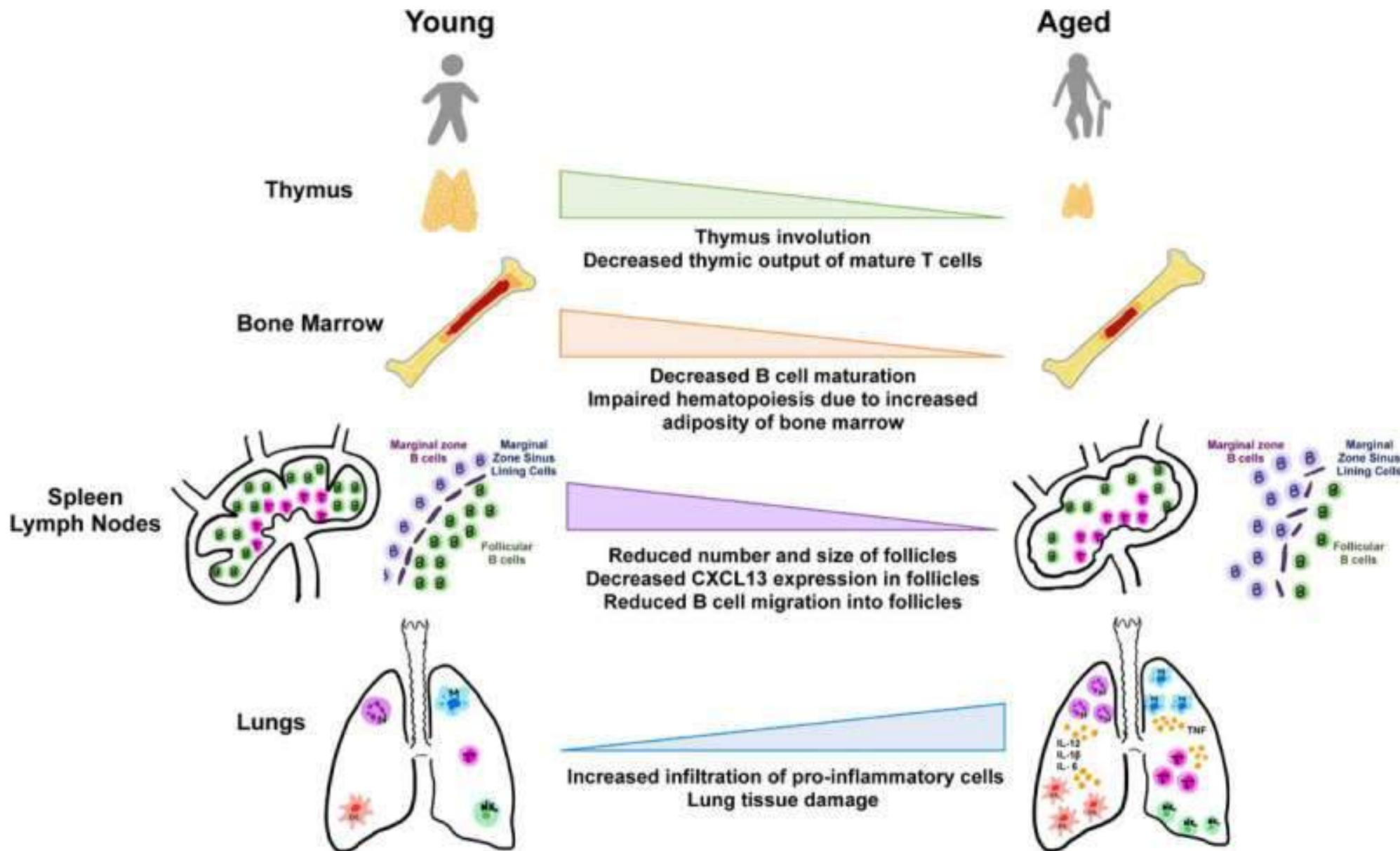
# Invecchiamento e Sistema Immunitario



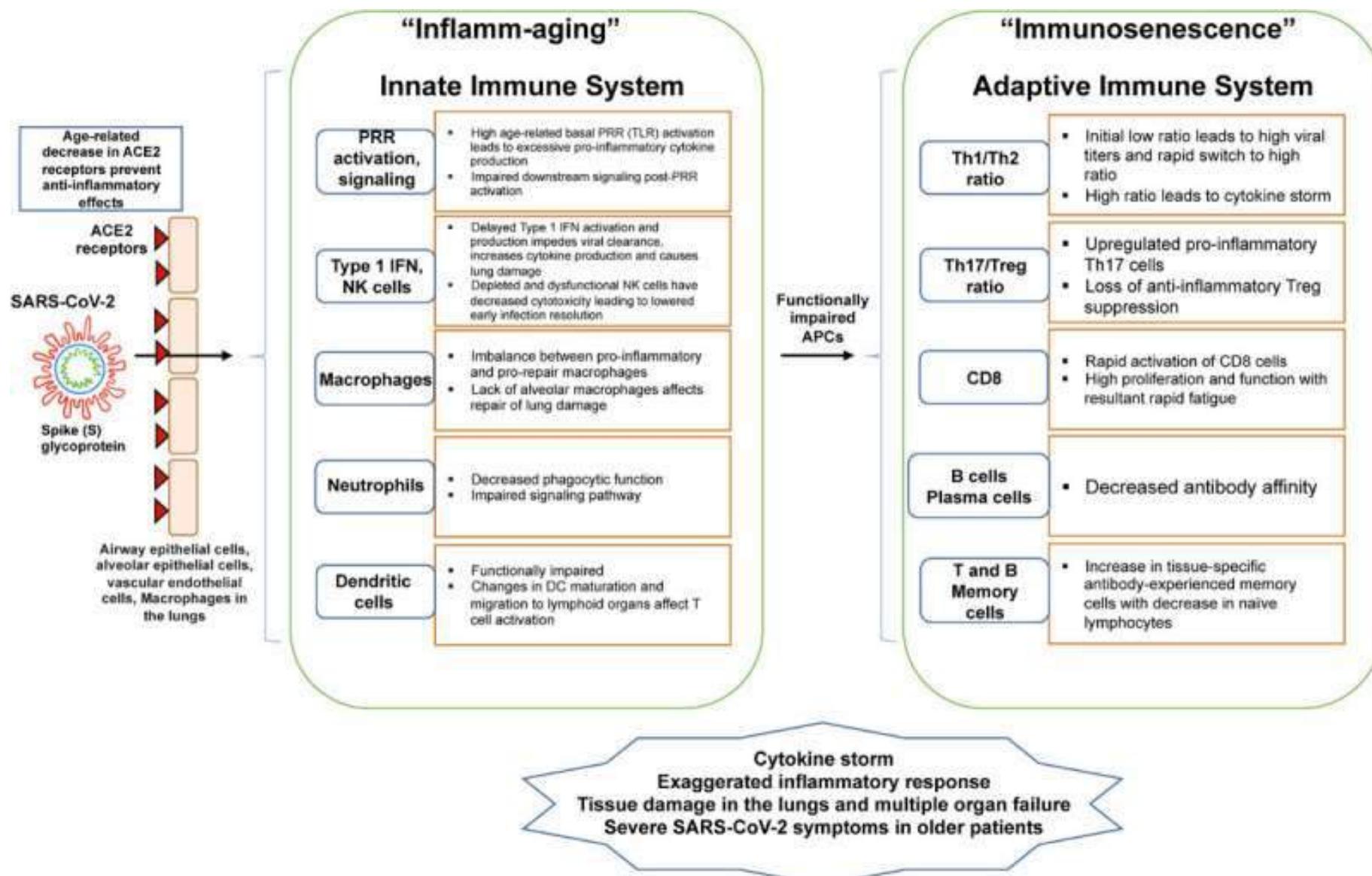
# Immune alterations during ageing



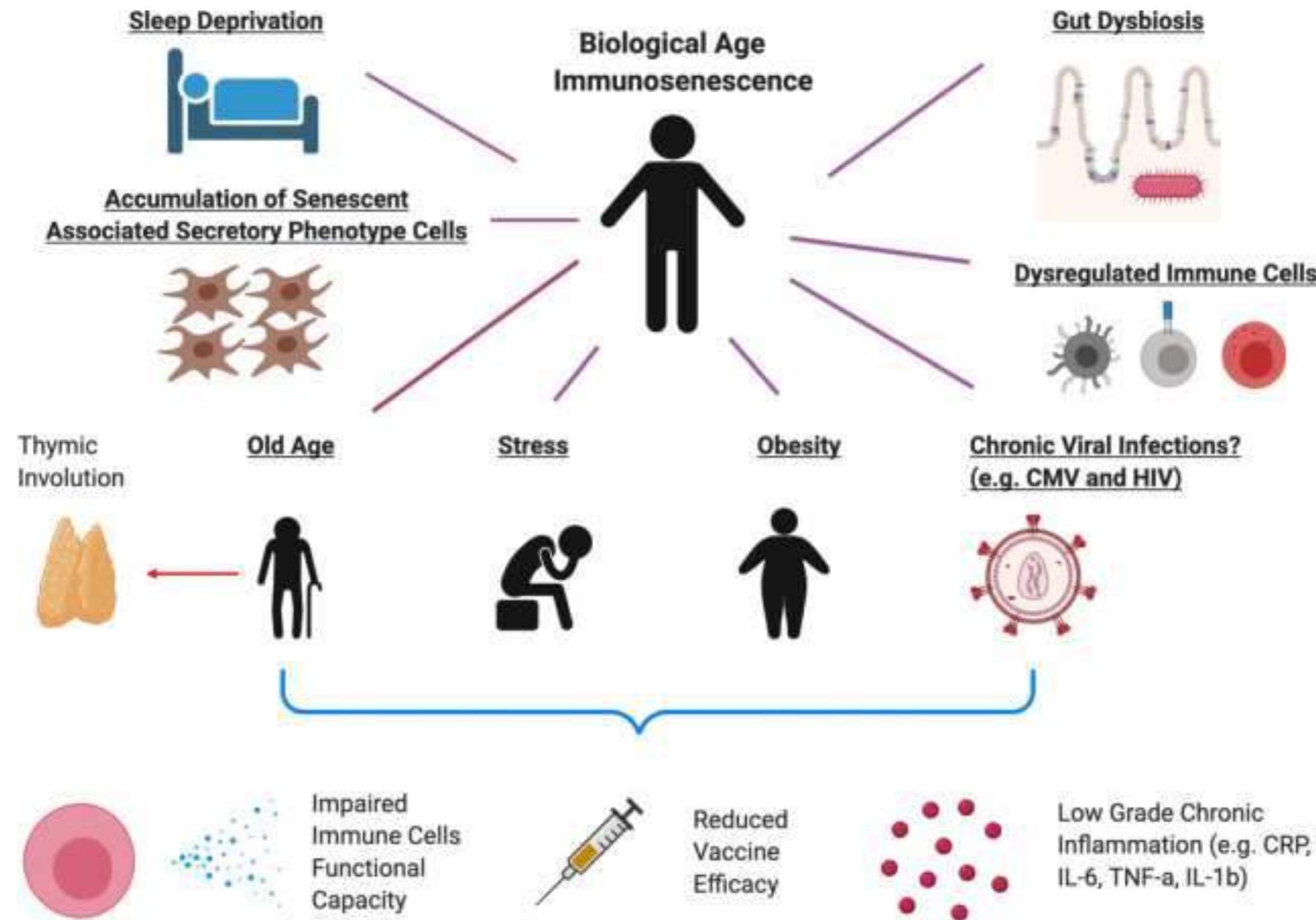
# Ageing and tissues in immunity



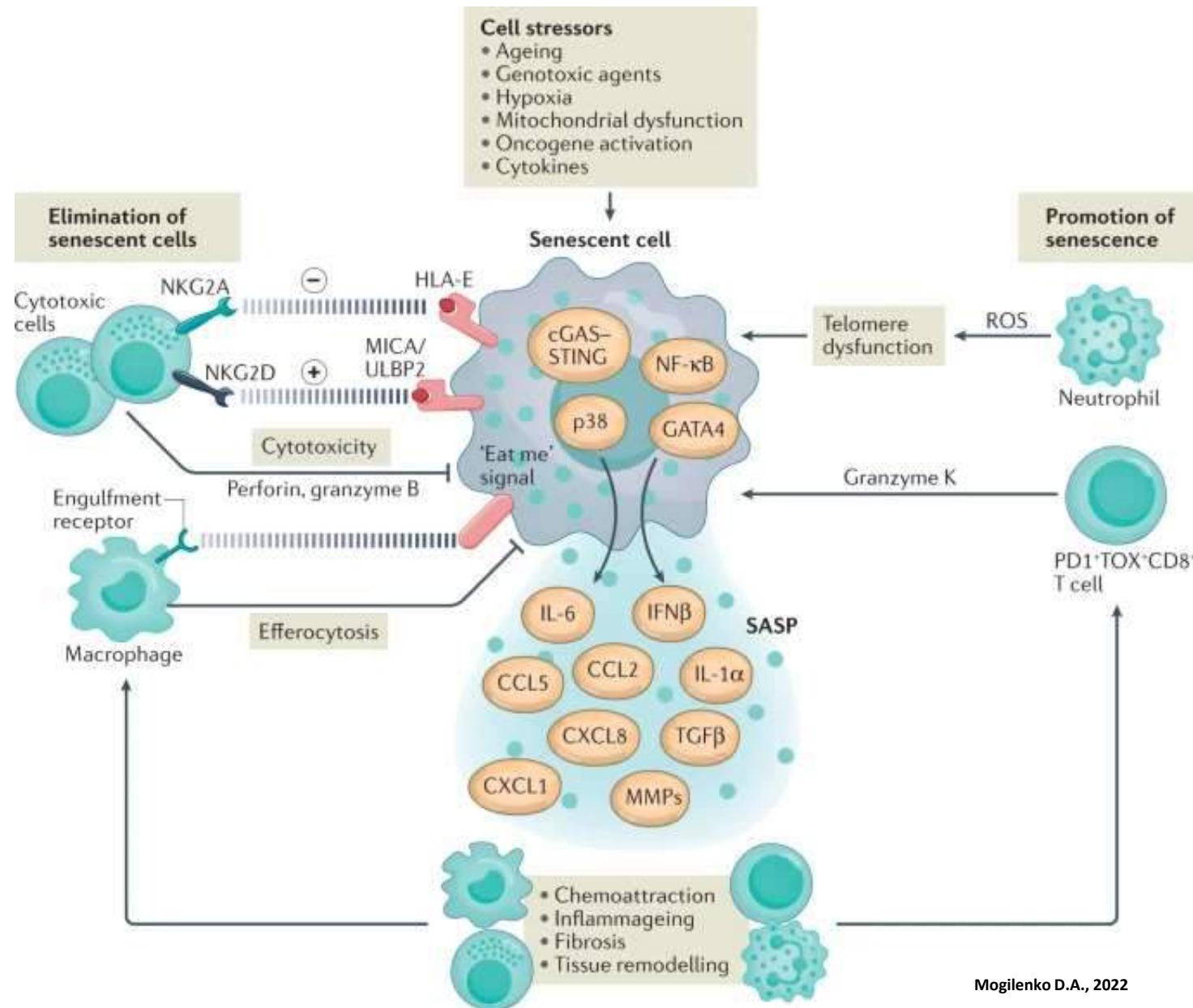
# Schematic shows age-related changes in the innate and adaptive immune system with relevance to COVID-19



# Various external stressors resulting in biological age-related immunosenescence

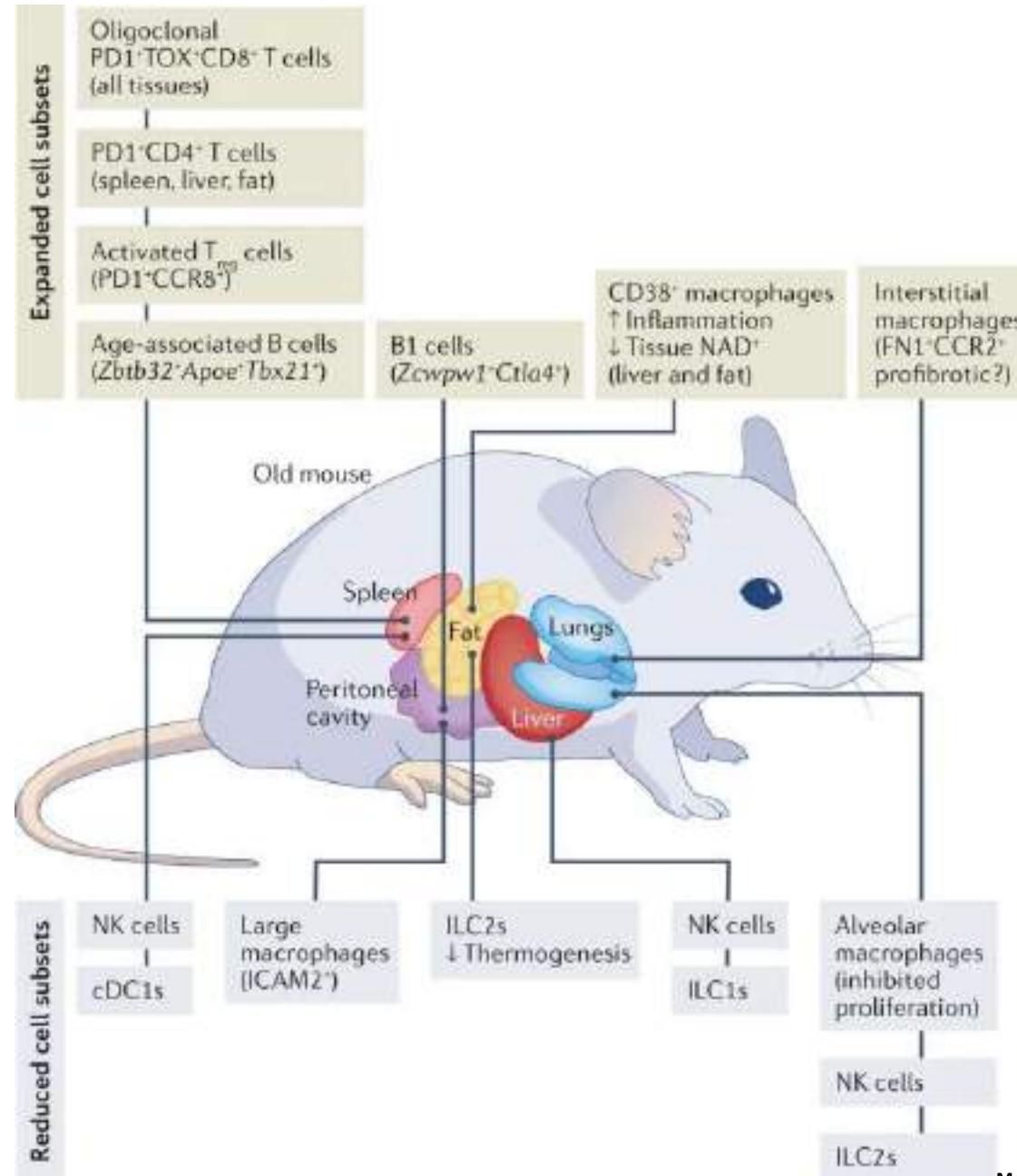


# Interactions between immune and senescent cells

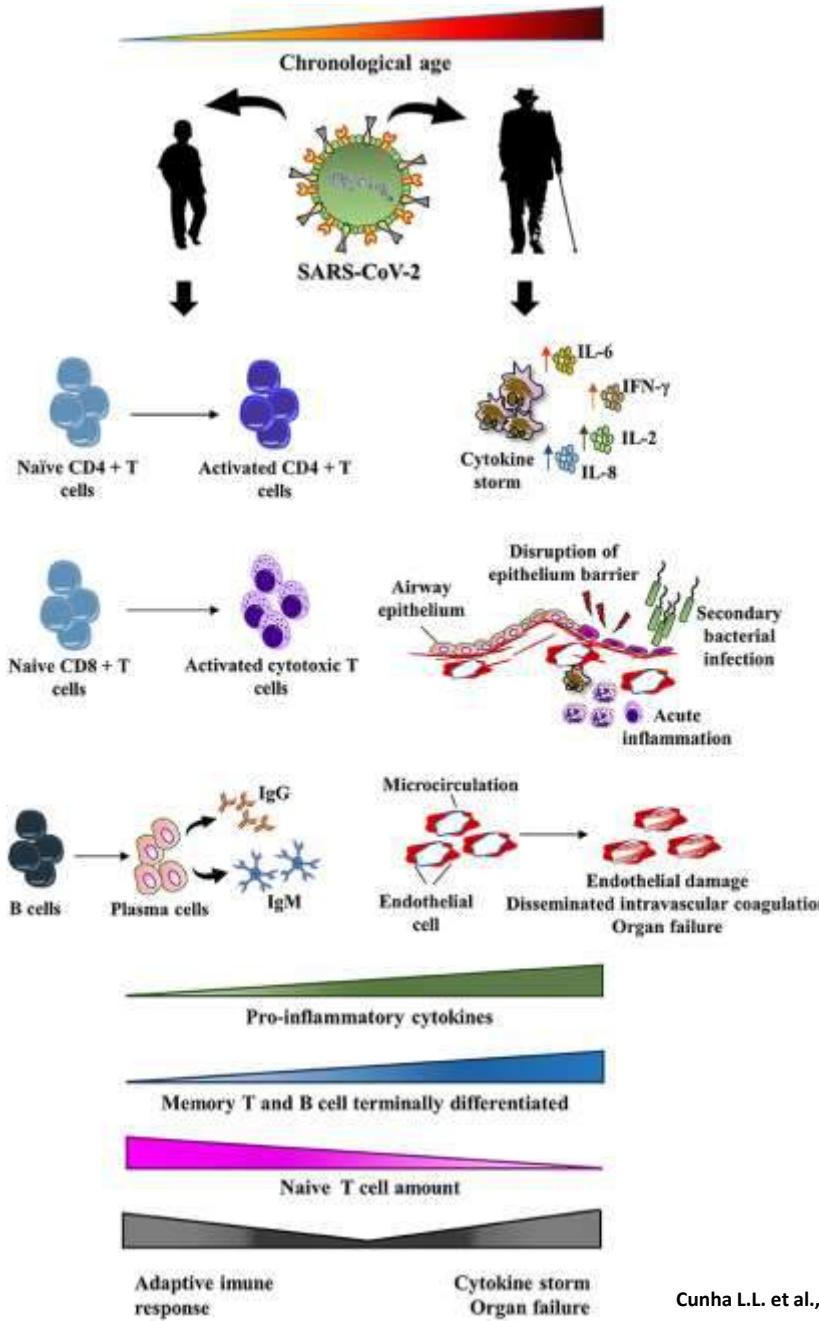


# Alterations of immune cell populations in ageing

Single-cell techniques identified expanded and reduced immune cell populations with distinct phenotypes in multiple organs of old mice.



# Potential impact of immunosenescence on the pathogenesis of COVID-19



# Sistema immunitario e differenze in relazione al sesso



## Sex differences in immune responses in different species

Common name	Species	Immune component	Sex difference
Sea urchin	<i>Paracentrotus lividus</i>	Number of immunocytes, cytotoxic activity, phagocytosis and haemolysis	Greater in females than in males
Fruit fly	<i>Drosophila melanogaster</i>	Activation of Toll and immune deficiency signalling	Greater in females than in males
Scorpionfly	<i>Panorpa vulgaris</i>	Haemolysis and phagocytosis	Greater in females than in males
Wall lizard	<i>Podarcis muralis</i>	Macrophage phagocytosis	Greater in females than in males
Eurasian kestrels	<i>Falco tinnunculus</i>	Hypersensitivity responses	Greater in females than in males
Great tit	<i>Parus major</i>	Hypersensitivity responses	Greater in females than in males
House mouse	<i>Mus musculus</i>	Pro-inflammatory cytokine responses, T cell proliferation and antibody responses	Greater in females than in males
Rhesus macaque	<i>Macaca mulatta</i>	Pro-inflammatory cytokine responses and antibody responses	Greater in females than in males
Human	<i>Homo sapiens</i>	Type I interferon activity, T cell numbers and antibody responses	Greater in females than in males

# Changes in immune responses in human males and females over the life course

The diagram illustrates the progression of human life stages from In utero to Old age, with corresponding immune system changes. The timeline is indicated by a blue arrow pointing from left to right, labeled "Age".

	In utero	Childhood/ pre-puberty	Post-puberty/ adulthood	Old age
Innate immunity	<ul style="list-style-type: none"><li>Increased inflammatory responses in males</li></ul>	<ul style="list-style-type: none"><li>↑ Inflammation in males</li><li>↑ NK cells in males</li></ul>	<ul style="list-style-type: none"><li>↑ Inflammation in females</li><li>↑ NK cells in males</li></ul>	<ul style="list-style-type: none"><li>↑ Inflammation in males</li><li>↑ IL-10 in females</li><li>↑ NK cells in females</li></ul>
Adaptive immunity	<ul style="list-style-type: none"><li>Increased IgE levels in males</li></ul>	<ul style="list-style-type: none"><li>CD4/CD8 ratios and CD4<sup>+</sup> T cell numbers equal</li><li>CD8<sup>+</sup> T cell numbers equal</li><li>IgA levels in males <math>\geq</math> females</li><li>IgM levels in males <math>\geq</math> females</li><li>IgG and IgM levels equal</li><li>B cell numbers equal</li><li>T<sub>reg</sub> cell numbers in males <math>\geq</math> females</li></ul>	<ul style="list-style-type: none"><li>CD4/CD8 ratios and CD4<sup>+</sup> T cells <math>\uparrow</math> in females</li><li>CD8<sup>+</sup> T cells <math>\uparrow</math> in males</li><li>T cell activation/proliferation <math>\uparrow</math> in females</li><li>T<sub>reg</sub> cells <math>\uparrow</math> in males</li><li>B cells <math>\uparrow</math> in females</li><li>Immunoglobulins <math>\uparrow</math> in females</li></ul>	<ul style="list-style-type: none"><li>CD4/CD8 ratios and CD4<sup>+</sup> T cells <math>\uparrow</math> in females</li><li>CD8<sup>+</sup> T cells <math>\uparrow</math> in males</li><li>T cell activation/proliferation <math>\uparrow</math> in females</li><li>T<sub>reg</sub> cells <math>\uparrow</math> in males</li><li>B cells <math>\uparrow</math> in females</li><li>Immunoglobulins <math>\uparrow</math> in females</li></ul>

**In utero:** Illustration of two fetuses in the womb.

**Childhood/pre-puberty:** Illustration of two young children, a boy and a girl.

**Post-puberty/adulthood:** Illustration of a young man and a young woman.

**Old age:** Illustration of an elderly man and an elderly woman.

# Sex differences in innate and adaptive immune responses in young and aged individuals

	 Dendritic cells	 Monocytes and macrophages	 Granulocytes	 Innate lymphoid cells	 Natural killer cells	 B cells	 T cells
Young adults	$\text{♀} > \text{♂}$ TLR7 activity (H) Type 1 IFN activity (H)	$\text{♀} > \text{♂}$ Activation (M) Phagocytic capacity (M) IL-10 production (M)	$\text{♀} > \text{♂}$ Phagocytic capacity (M) Neutrophil count (M) Nitric Oxide production post stimulation (H, R, M) M2 polarization (M)	$\text{♀} > \text{♂}$ Type 2 cytokine levels upon stimulation (M)		$\text{♀} > \text{♂}$ B cell numbers (H, M) Antibody production (H, M) % switched memory B cells (H)	$\text{♀} > \text{♂}$ CD4 <sup>+</sup> T cell count (H, M) CD4 <sup>+</sup> /CD8 <sup>+</sup> T cell ratio (H) Activated T cell count (M) T cell proliferative capacity (M) Cytotoxic T cell activity (H)
	$\text{♂} > \text{♀}$ IL-10 production (R, H)	$\text{♂} > \text{♀}$ TLR4 expression (M) Pro-inflammatory cytokine production (M) M1 polarization (M)	$\text{♂} > \text{♀}$ Neutrophil attractant chemokines (R) TLR9 expression (M)	$\text{♂} > \text{♀}$ Type 2 ILC count (H) IL-13 production upon stimulation (M)	$\text{♂} > \text{♀}$ NK cell activity (R) $\text{♀} = \text{♂}$ NK cell count (H)		$\text{♂} > \text{♀}$ CD8 <sup>+</sup> T cell count (M) $T_{\text{reg}}$ count (M)
Aged adults	$\text{♀} > \text{♂}$ Nitric oxide synthesis (H) Mammalian family of mitogen-activated protein kinases (MAPK) signaling (H, M)	$\text{♀} > \text{♂}$ CD62L, CD115 (H)			$\text{♀} > \text{♂}$ NK cytotoxicity (H) Immunosurveillance (H)	$\text{♀} > \text{♂}$ Antibody production (H) Age-associated B cell count (H, M)	$\text{♀} > \text{♂}$ CD3 <sup>+</sup> T cell count (H) CD4 <sup>+</sup> T cell count (P) CD4 <sup>+</sup> /CD8 <sup>+</sup> T cell ratio (P) $T_{\text{H}}1$ response (M)
	IL-15 production (H)	ND	ND				$T_{\text{H}}1$ response (M) Naïve CD8 <sup>+</sup> T effector memory cells (p) T cell proliferative capacity (H, P) $\text{♂} > \text{♀}$ CD8 <sup>+</sup> T cell count (P)
	$\text{♂} > \text{♀}$ CD38 expression (H) Non-classical monocyte count (H)						

Data are from studies of mice (M), rats (R), non-human primates (P), and humans (H) (125–131).

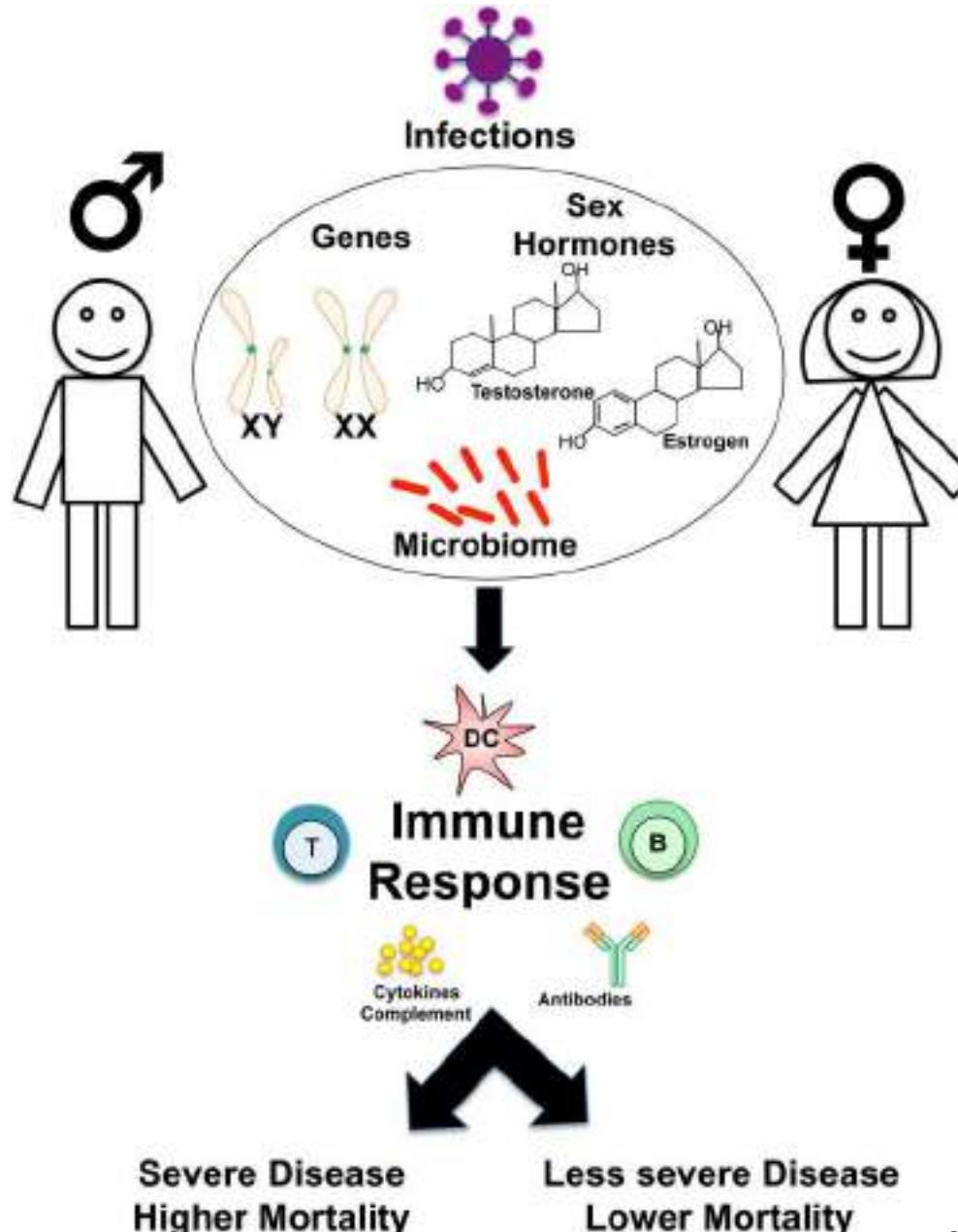
ND, not determined.

Gubbels Bupp M.R. et al., Front. Immunol., 2018

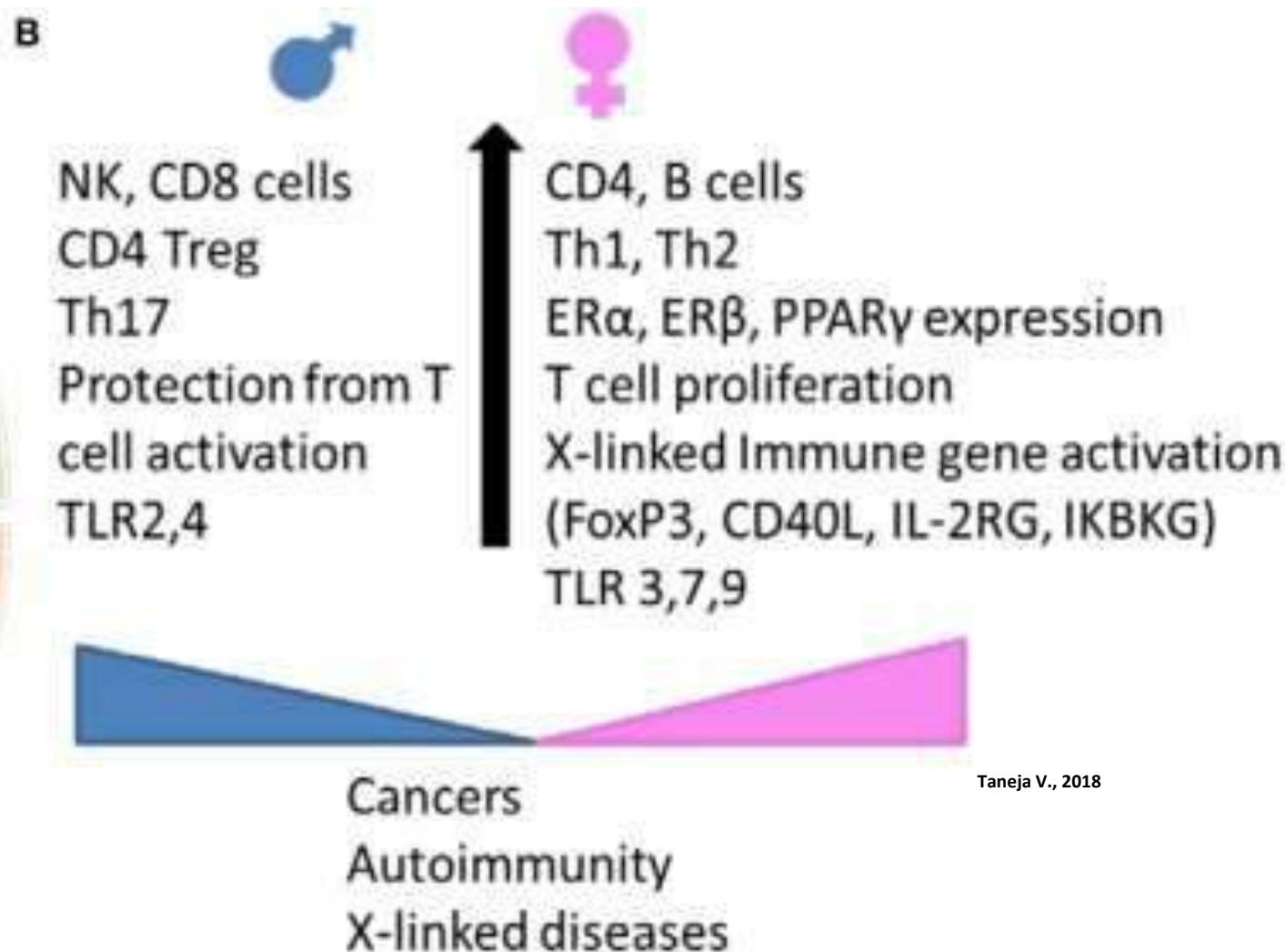
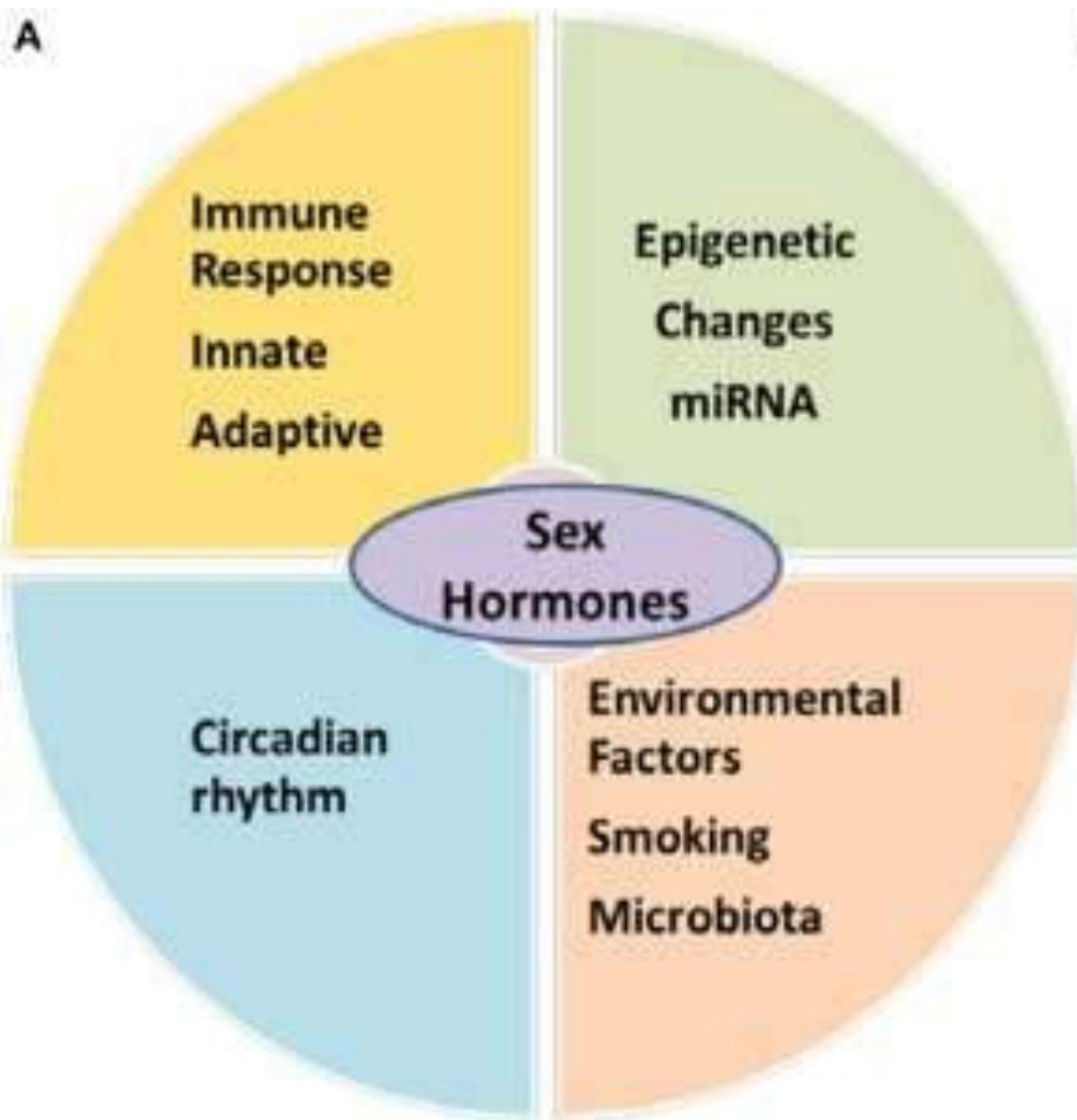
# I piu' studiati ormoni sessuali

- Il **progesterone** è un ormone naturale importante per la regolazione dell'ovulazione e delle mestruazioni, prodotto in quantità elevate dalle ovaie. È anche prodotto in quantità minori dalle ghiandole surrenali sia maschili che femminili. Il progesterone ha un effetto principalmente antinfiammatorio.
- Il **testosterone** viene secreto principalmente dai testicoli maschili ed in misura minore dalle ovaie femminili. Il testosterone è il principale ormone androgeno in quanto svolge un ruolo chiave nello sviluppo dei tessuti riproduttivi maschili come i testicoli e la prostata. Promuove inoltre le caratteristiche sessuali secondarie come l'aumento della massa muscolare e ossea e la crescita dei peli corporei. In entrambi i sessi il testosterone è coinvolto nella salute e nel benessere: influenza infatti gli stati d'animo, il comportamento ed è coinvolto nella prevenzione dell'osteoporosi.
- Gli **estrogeni** sono un gruppo di ormoni che svolgono un ruolo importante nel normale sviluppo sessuale e riproduttivo nelle donne. Anche nei maschi gli estrogeni hanno ruoli fisiologici importanti, nonostante i livelli siano significativamente più bassi rispetto alle femmine. Gli estrogeni hanno un effetto bifasico: evidenziate in gravidanza o nella fase follicolare del ciclo mestruale, hanno un ruolo prevalentemente antinfiammatorio, mentre le basse concentrazioni che si osservano nelle rimanenti fasi del ciclo mestruale hanno effetti opposti.
- La **prolattina** ha una duplice funzione, sia di ormone che di citochina, e agisce sul sistema immunitario stimolando principalmente la secrezione di IL-6 e INF- $\gamma$ . Altri effetti indotti dalla prolattina sono un'aumentata produzione di anticorpi e sviluppo di cellule presentanti l'antigene. L'iperprolattinemia sia stata descritta in relazione alla patogenesi di diverse malattie autoimmuni [30], e di seguito menzioneremo brevemente a titolo di esempio il **Lupus Eritematoso Sistemico**, l'**artrite reumatoide** e la **sclerosi multipla**, la **celiachia** e la **malattia tiroidea autoimmune**.

# Overview of sex-based differences in the immune response to Infections

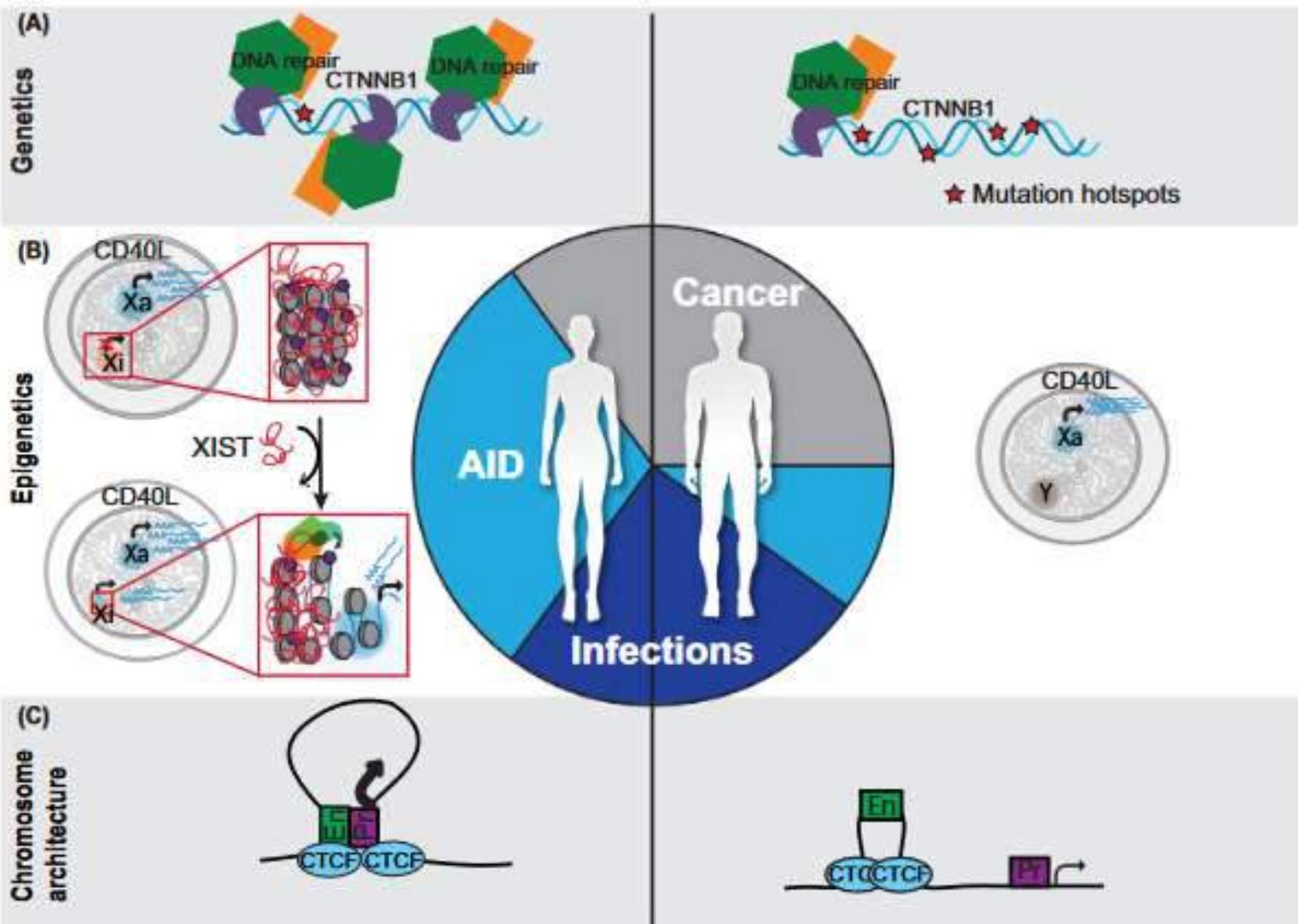


# Sex hormones interact with genetic and environmental factors and determine immunity in an individual

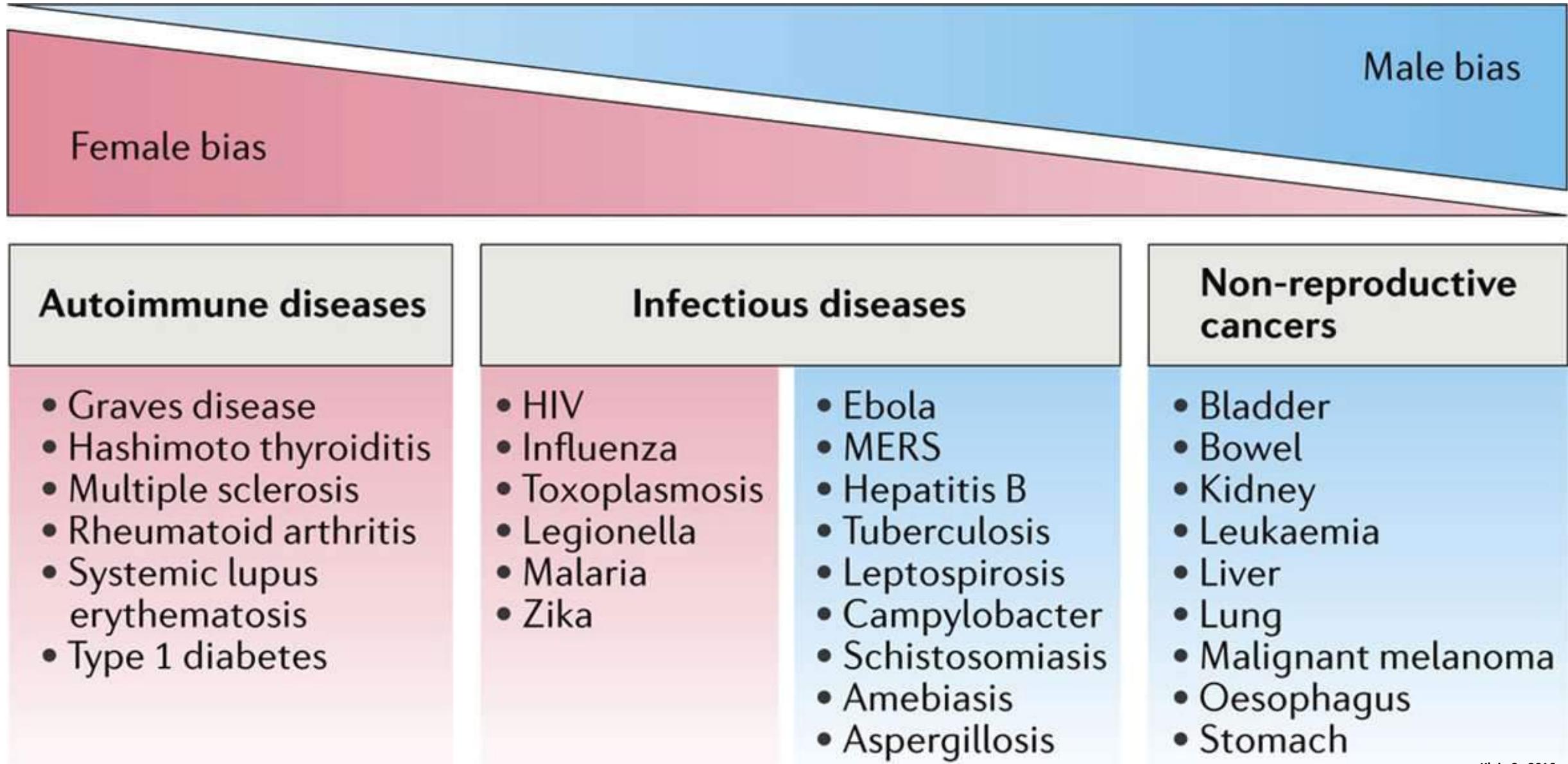


Taneja V., 2018

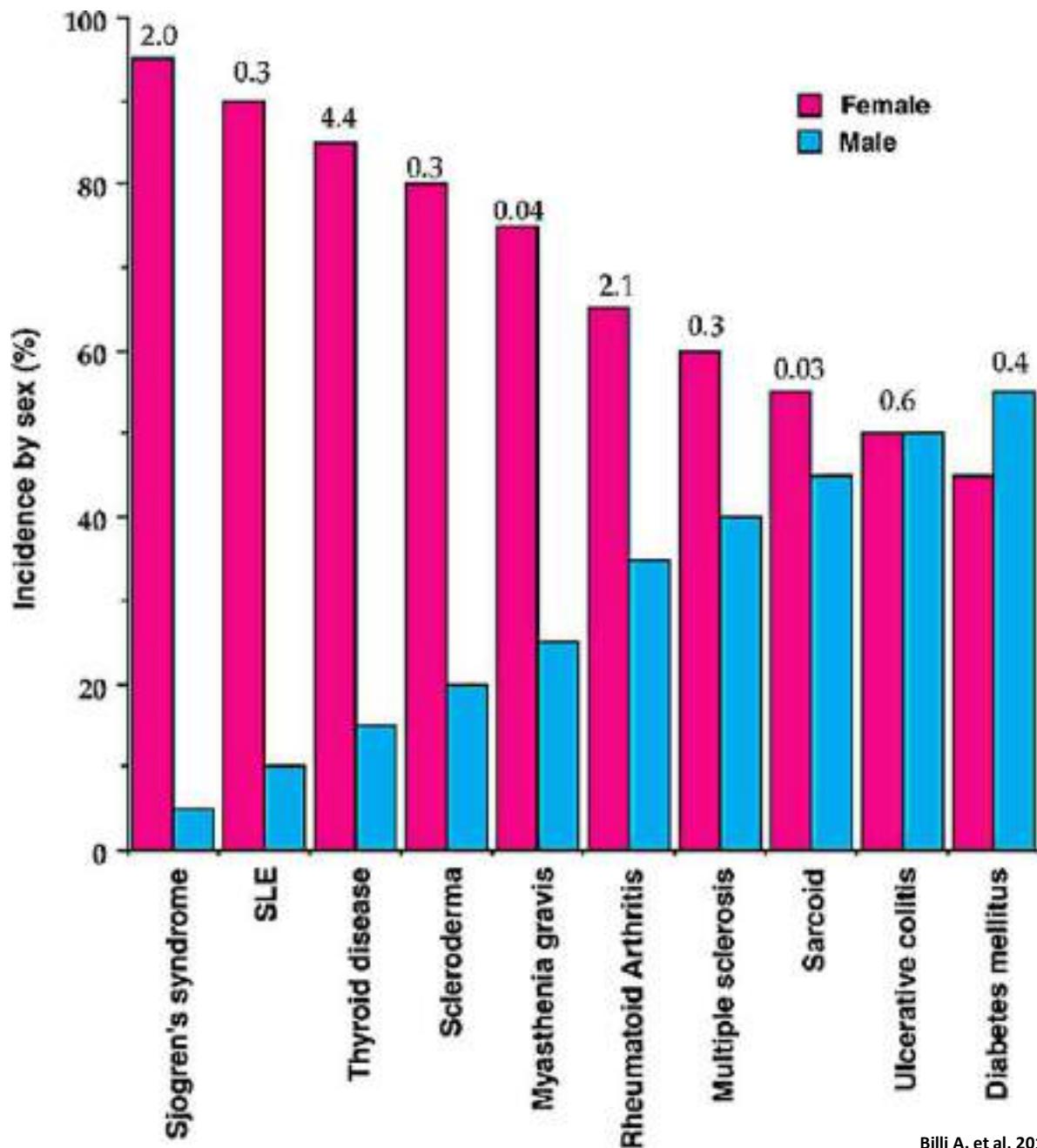
# Differences in Mutational Processes, Epigenetic States, and Chromosome Architecture Underlie Sex Bias in Human Disease



# Sex-related bias in autoimmune diseases, infectious diseases and cancers



## The sex distribution of the major autoimmune diseases

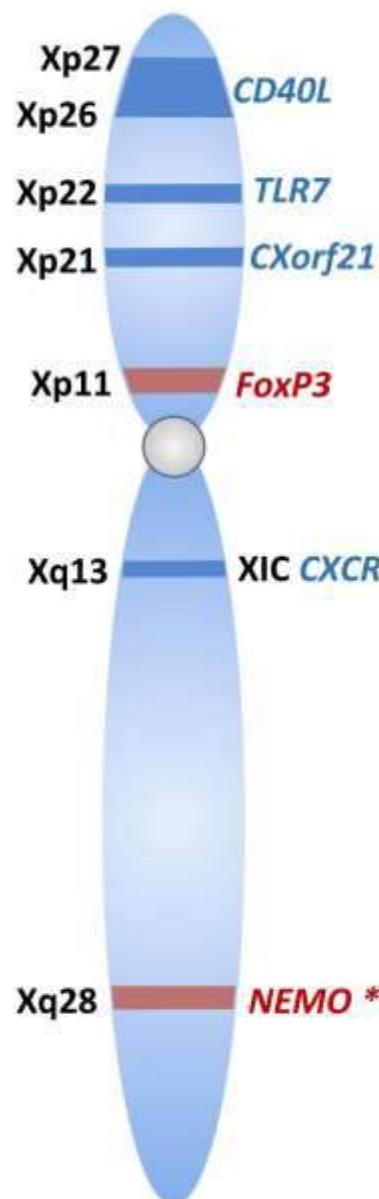


# Sex differences in responses to vaccines

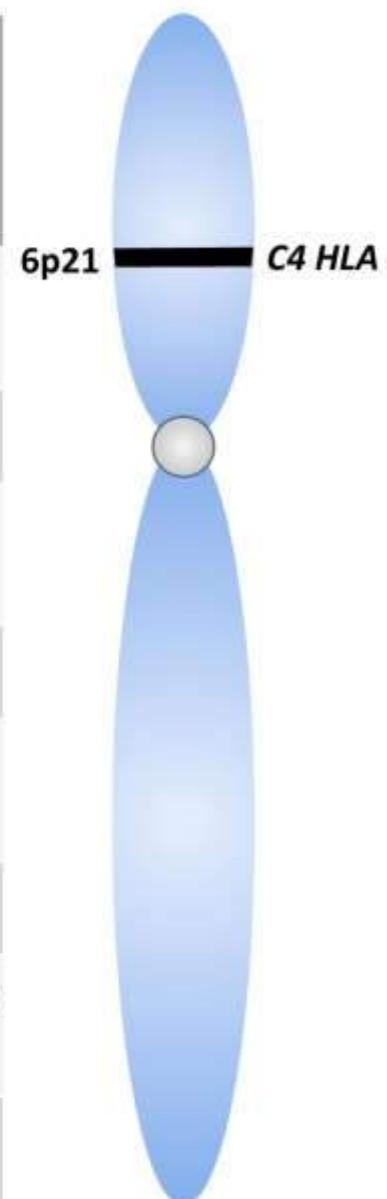
Target group	Vaccine	Sex difference in immune response	Sex difference in adverse reactions	Age (years)
Children	Hepatitis B	Greater in females	Not defined	<12
	Diphtheria	Greater in females	Not defined	<2
	Pertussis	Greater in females	Not defined	<2
	Pneumococcal	Greater in females	Not defined	6–9
	Rabies	Greater in females	Not defined	6–9
	Measles	Greater in females or equivalent in both sexes	Increased in females	<3
	RTS,S vaccine against malaria	Greater in females	Increased in females	<2
	Human papillomavirus	Greater in females	Increased in females	5–17
Adults	Influenza	Greater in females	Increased in females	18–49
	Hepatitis B	Greater in females	Increased in females	>18
	Herpes virus	Greater in females	Not defined	>18
	Yellow fever	Greater in females	Increased in females	>18
	Rabies	Greater in females	Not defined	>18
	Smallpox	Greater in females	Not defined	>18
Aged adults	Influenza	Greater in females	Increased in females	>65
	Td/Tdap	Greater in males	Increased in females	>65
	Pneumococcal	Greater in males	Increased in females	>65
	Shingles	Not defined	Increased in females	>65

# Immune-related Genes implicated in the sex-based differences in the immune response

X Chromosome



Chromosome 6



Chromosome	Gene	XCI Escape	Primary Immune Effect	Mechanism
X	<b>CD40L</b>	Yes	Adaptive	CD4+ T cell proliferation
	<b>TLR7</b>	Yes	Both	PAMP recognition
	<b>CXorf21</b>	Yes	Both	Lysosomal pH optimization
	<b>FoxP3</b>	No	Adaptive	Treg regulation
	<b>CXCR3</b>	Yes	Adaptive	T and B cell trafficking
	<b>NEMO *</b>	No	Both	NF- $\kappa$ B activation
6	<b>C4</b>	No	Innate	Complement system - classical pathway
	<b>HLA</b>	No	Adaptive	T cell antigen presentation

# X-Linked Genes Associated with Sex Bias in Cancer or Autoimmune Diseases (1)

Gene	Y homologue gene	Xi status	Association with cancer sex bias	Association with autoimmune disease sex bias	Association with other sex bias
<i>ARHGEF6</i>	–	Inactive		X	
<i>ATRX</i>	–	Variable	X		
<i>BEND2</i>	–	Variable		X	
<i>C1GALT1C1</i>	<i>C1GALT1C1</i> pseudogene	Inactive/escape		X	
<i>CD40L</i>	–	Variable		X	
<i>CENP1</i>	<i>CENP1</i> pseudogene	Inactive		X	
<i>CNKS2</i>	–	Variable	X		
<i>Cxorf21</i>	–	Escape		X	

## X-Linked Genes Associated with Sex Bias in Cancer or Autoimmune Diseases (2)

Gene	Y homologue gene	Xi status	Association with cancer sex bias	Association with autoimmune disease sex bias	Association with other sex bias
<i>DDX3X</i>	<i>DDX3Y</i>	Escape	X		
<i>EFHC2</i>	–	Variable		X	
<i>FOXP3</i>	–	Inactive		X	
<i>GPR174</i>	–	Variable			X
<i>ITM2A</i>	–	Inactive		X	
<i>KDM5C</i>	<i>KDM5D</i>	Escape	X		
<i>KDM6A(UTX)</i>	<i>UTY</i>	Escape	X		
<i>MAGEC3</i>	–	Escape	X		

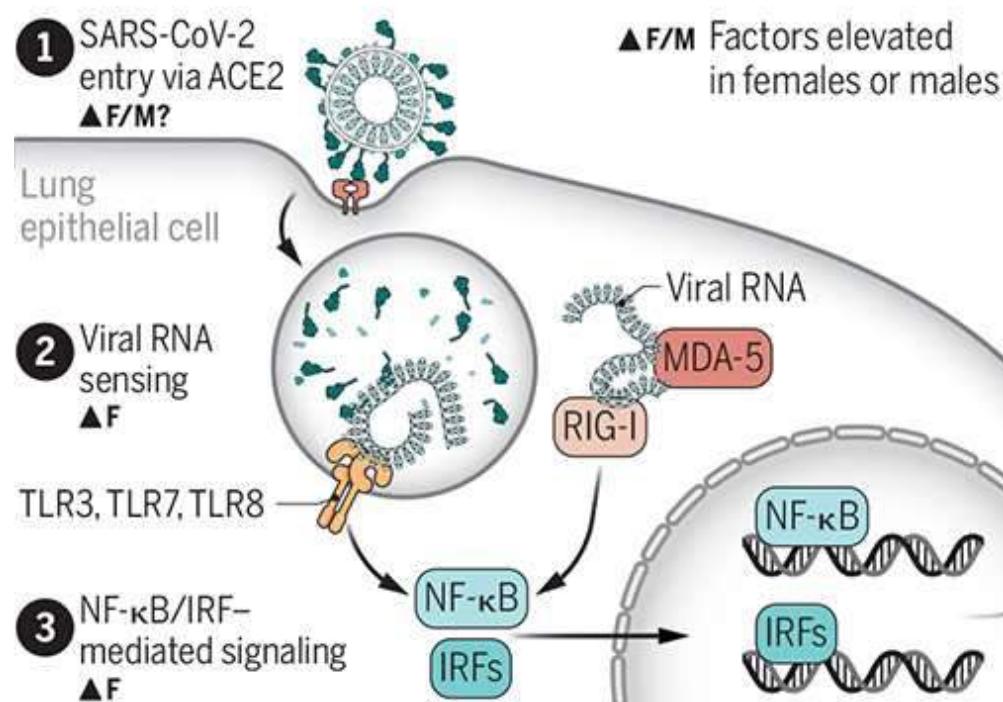
# X-Linked Genes Associated with Sex Bias in Cancer or Autoimmune Diseases (3)

Gene	Y homologue gene	Xi status	Association with cancer sex bias	Association with autoimmune disease sex bias	Association with other sex bias
<i>MCF2</i>	–	Inactive		X	
<i>NAP1L2</i>	–	Inactive		X	
<i>NLGN4X</i>	<i>NLGN4Y</i>	Variable		X	X
<i>PPP1R3F</i>	–	Inactive		X	
<i>TLR7</i>	–	Inactive/escape		X	
<i>TMEM35</i>	–	Inactive		X	
<i>ZFX</i>	<i>ZFY</i>	Escape	X		

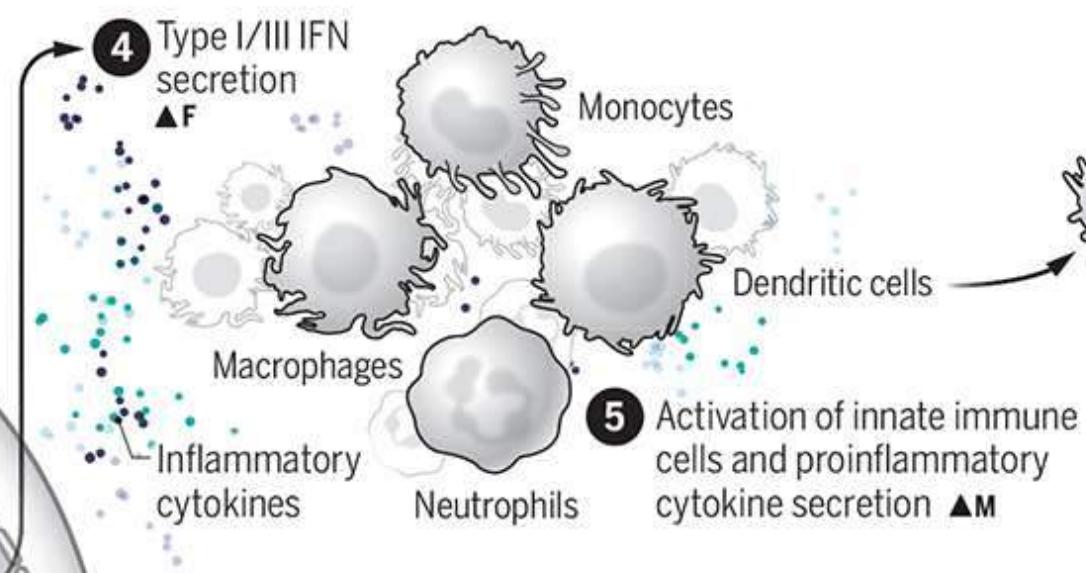
# Sex differences in factors that affect infection and immunity in COVID-19

SARS-CoV-2 binds to ACE2 to initiate host cell entry. This activates the viral RNA sensors TLR3/7/8 and RIG-I–MDA-5, which induce secretion of IFNs and other inflammatory cytokines, leading to innate and adaptive immune responses. In each of these steps, sex differences may shape the antiviral immune response.

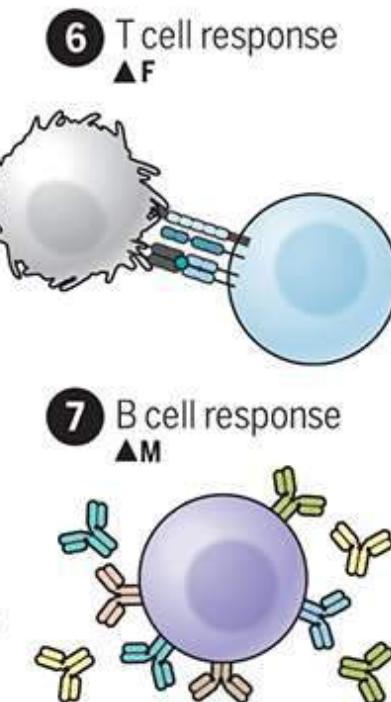
## Viral entry, sensing, and cellular response



## Innate immune response



## Adaptive immune response

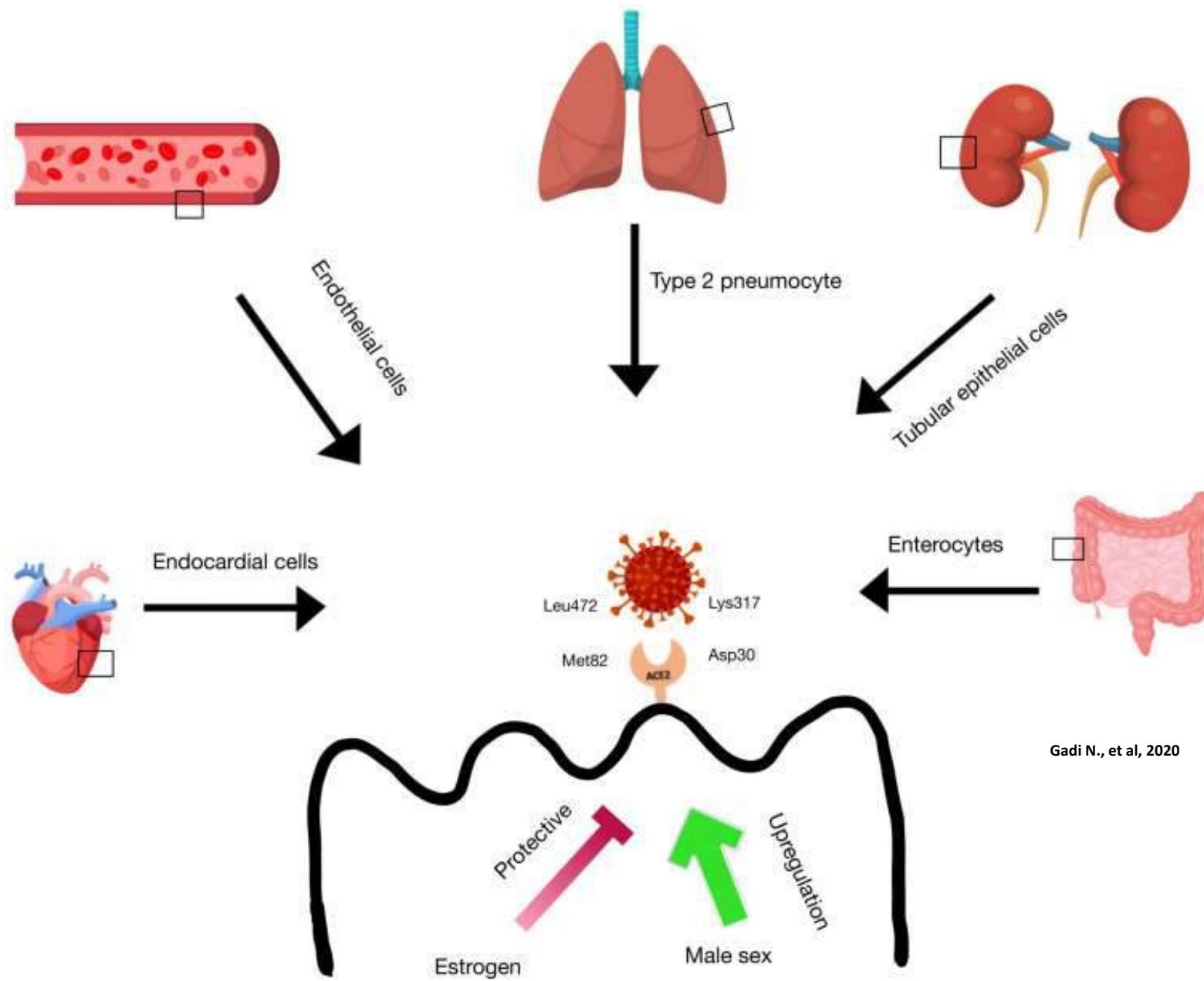


ACE2, angiotensin-converting enzyme 2; F, female; IFN, interferon; IRF, interferon regulatory factor; M, male; MDA-5, melanoma differentiation-associated protein 5; NF-κB, nuclear factor κB; RIG-I, retinoic acid-inducible gene 1; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; TLR, Toll-like receptor.

# Sex Hormones and their effects on immunity and relevance to COVID-19

Hormone	Immune Cell/Cytokine	Effect	Relevance to COVID-19
Estrogen	Type 1 IFN	Promotes synthesis	Proinflammatory, beneficial early on but harmful when delayed
	IL-12	Promotes synthesis	Th1 cytokine, proinflammatory
	IL-6	Promotes synthesis	Pro-inflammatory (cytokine storm)
	IL-1 $\beta$	Promotes synthesis	Pro-inflammatory (cytokine storm)
	Neutrophils	Delays apoptosis	High recruitment and subsequent apoptosis are found in severe patients
	B cells	Promotes activation, maturation, differentiation, Ig antibody production	Beneficial IgG response but cytokine response is higher in women
	CD4 +	Promotes activation, Th1 differentiation	Different T cell types are needed for successful infection control
	Th17	Suppresses response	Th17 is proinflammatory, decreased levels means less host damage
	CD8 +	Increases activity	High levels early on may confer benefit
	Tregs	Increases FoxP3 expression and Treg production	Tregs suppress Th1 and Th17 responses and are anti-inflammatory
Progesterone	IL-1 $\beta$	Promotes synthesis	Anti-inflammatory, suppresses cytokine synthesis and MHC expression
	IL-1 $\beta$	Suppresses activation	Th1 cytokine, pro-inflammatory
	TNF	Suppresses activation	Pro-inflammatory, neutrophil and endothelial cell immune activation
	T cells	Decreases proliferation	May control T cell responses and cytokines
	IL-4	Increases production	Th2 cytokine, promotes Ig response controls T cell proliferation
	Tregs	Increases production	Tregs suppress Th1 and Th17 responses and are anti-inflammatory
	Th17	Decreases production	Protects the host from adverse immune response
	CD8 +	Reduces IFN- $\gamma$ production and cytotoxicity	Allows higher numbers of these cells without excess proinflammatory cytokines
	TNF	Decreases production	Pro-inflammatory, neutrophil and endothelial cell immune activation
	IFN- $\gamma$	Decreases production	Pro-inflammatory, activates macrophages and increases antibody response
Testosterone	IL-10	Increases production	Anti-inflammatory, suppresses cytokine synthesis and MHC expression

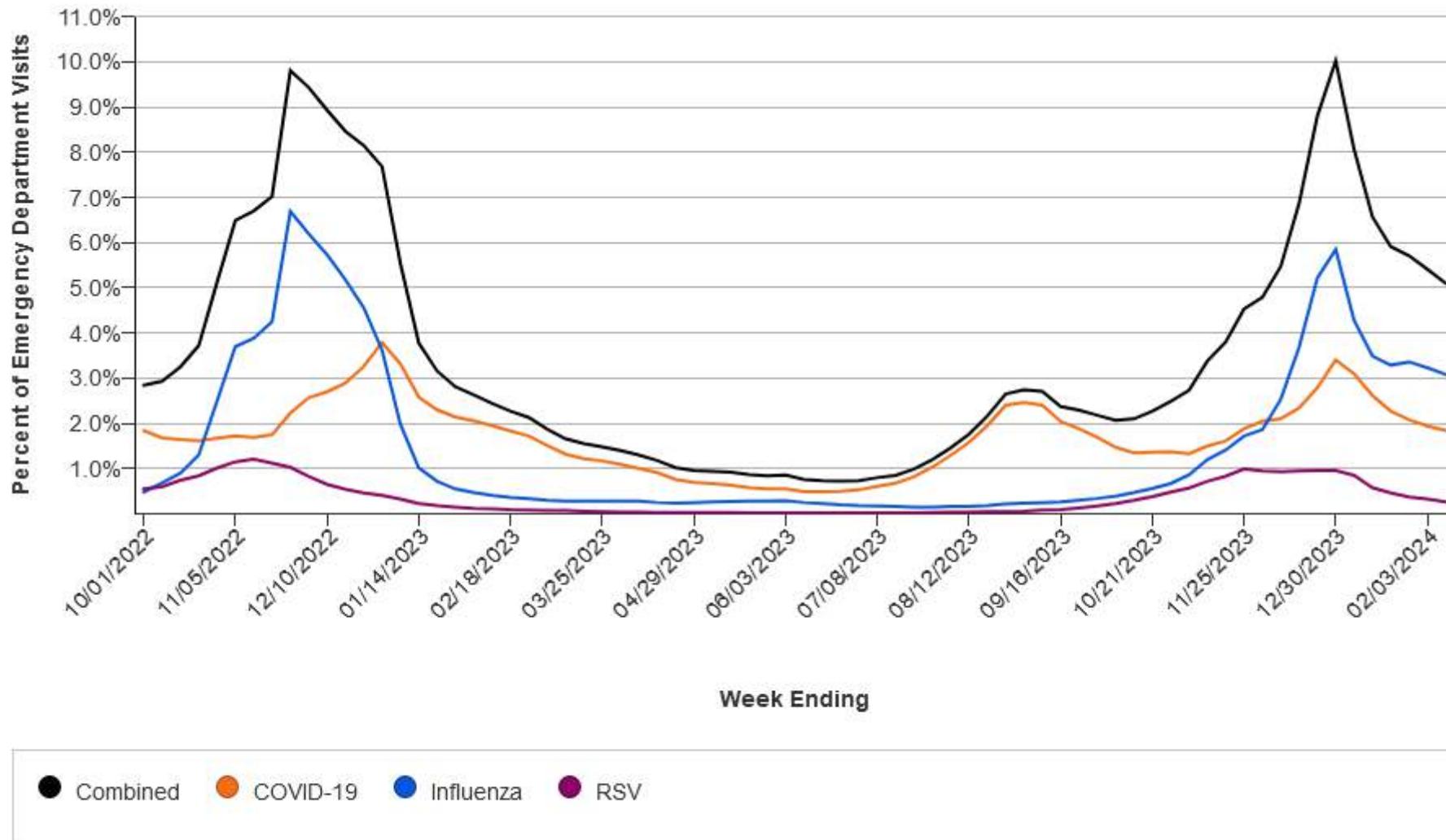
# ACE2 receptor expression in tissues



# Virus respiratori: SARS-CoV2, Influenza e Virus Respiratorio Sinciziale (RSV)



## Casi di virus respiratori negli USA

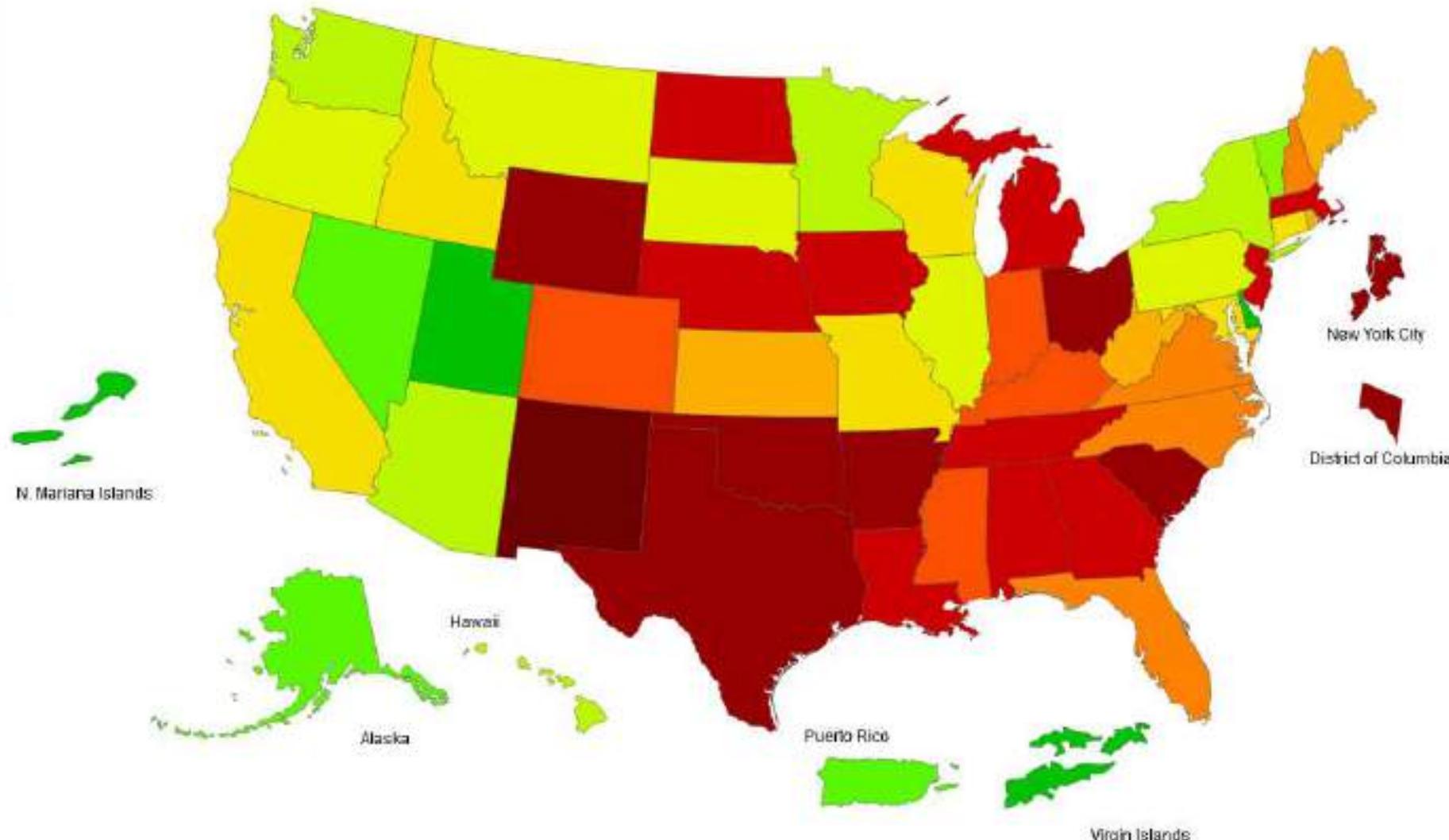
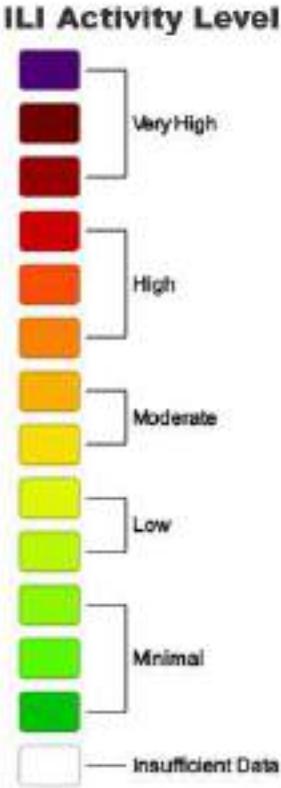


Data presented through: 02/10/2024; Data as of: 02/14/2024



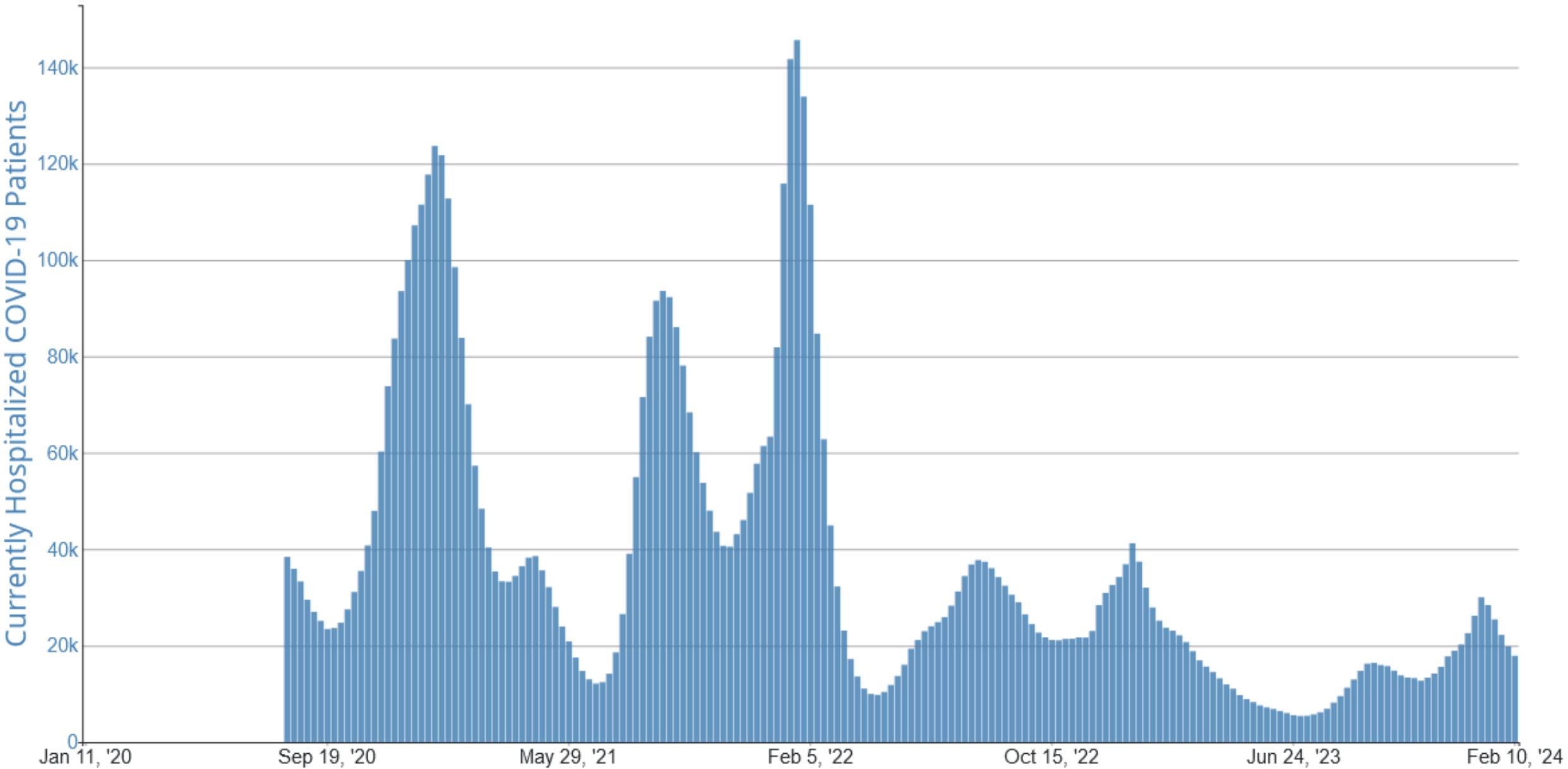
Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

2023-24 Influenza Season Week 6 ending Feb 10, 2024



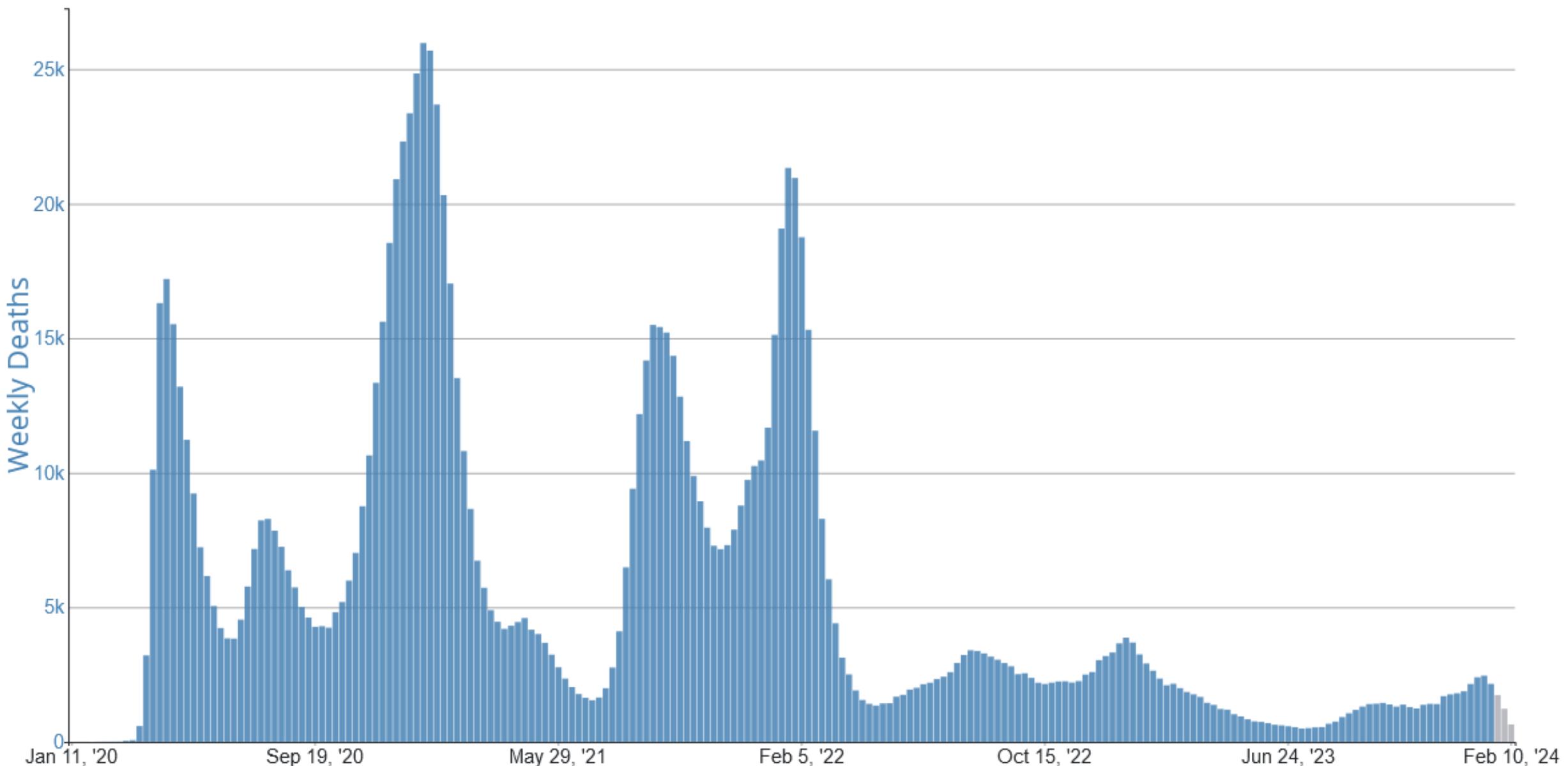
Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

# Currently Hospitalized Patients with Confirmed COVID-19, by Week, in The United States, Reported to CDC



Istituto Superiore di Sanità  
EpiCentro - Epidemiology for public health

# Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



# COVID-19 Update for the United States

## Early Indicators

### Test Positivity >

% Test Positivity

9.3%

(February 4 to February 10, 2024)

Trend in % Test Positivity

**-0.6% in most recent week**

Dec 23, 2023      Feb 10, 2024

### Emergency Department Visits >

% Diagnosed as COVID-19

1.8%

(February 4 to February 10, 2024)

Trend in % Emergency Department Visits

**-5.3% in most recent week**

Dec 23, 2023      Feb 10, 2024

## Severity Indicators

### Hospitalizations >

Hospital Admissions

21,373

(February 4 to February 10, 2024)

Trend in Hospital Admissions

**+0.8% in most recent week**

Dec 23, 2023      Feb 10, 2024

### Deaths >

% of All Deaths in U.S. Due to COVID-19

2.7%

(February 4 to February 10, 2024)

Trend in % COVID-19 Deaths

**-6.9% in most recent week**

Dec 23, 2023      Feb 10, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Total Hospitalizations

6,816,249

Total Deaths

1,178,527

CDC | Test Positivity data through: February 10, 2024; Emergency Department Visit data through: February 10, 2024; Hospitalization data through: February 10, 2024; Death data through: February 10, 2024.

Posted: February 16, 2024 12:16 PM ET



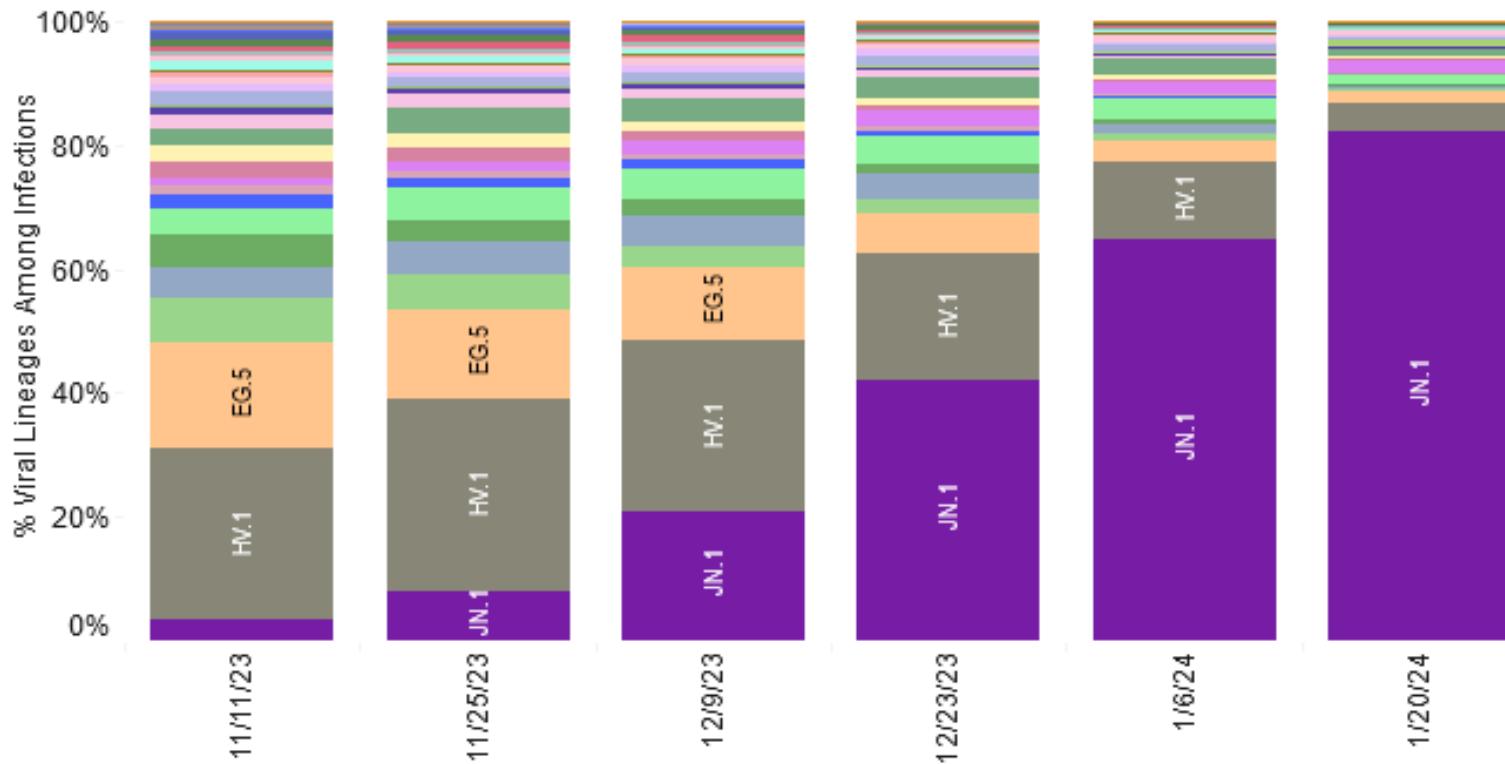
Istituto Superiore di Sanità  
EpiCentro - Epidemiology for public health

# Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/29/2023 – 2/17/2024

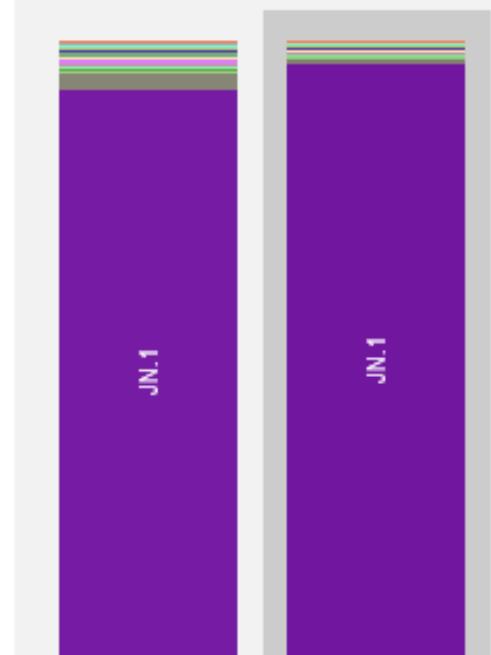


Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast: Model-based projected estimates of variant proportions

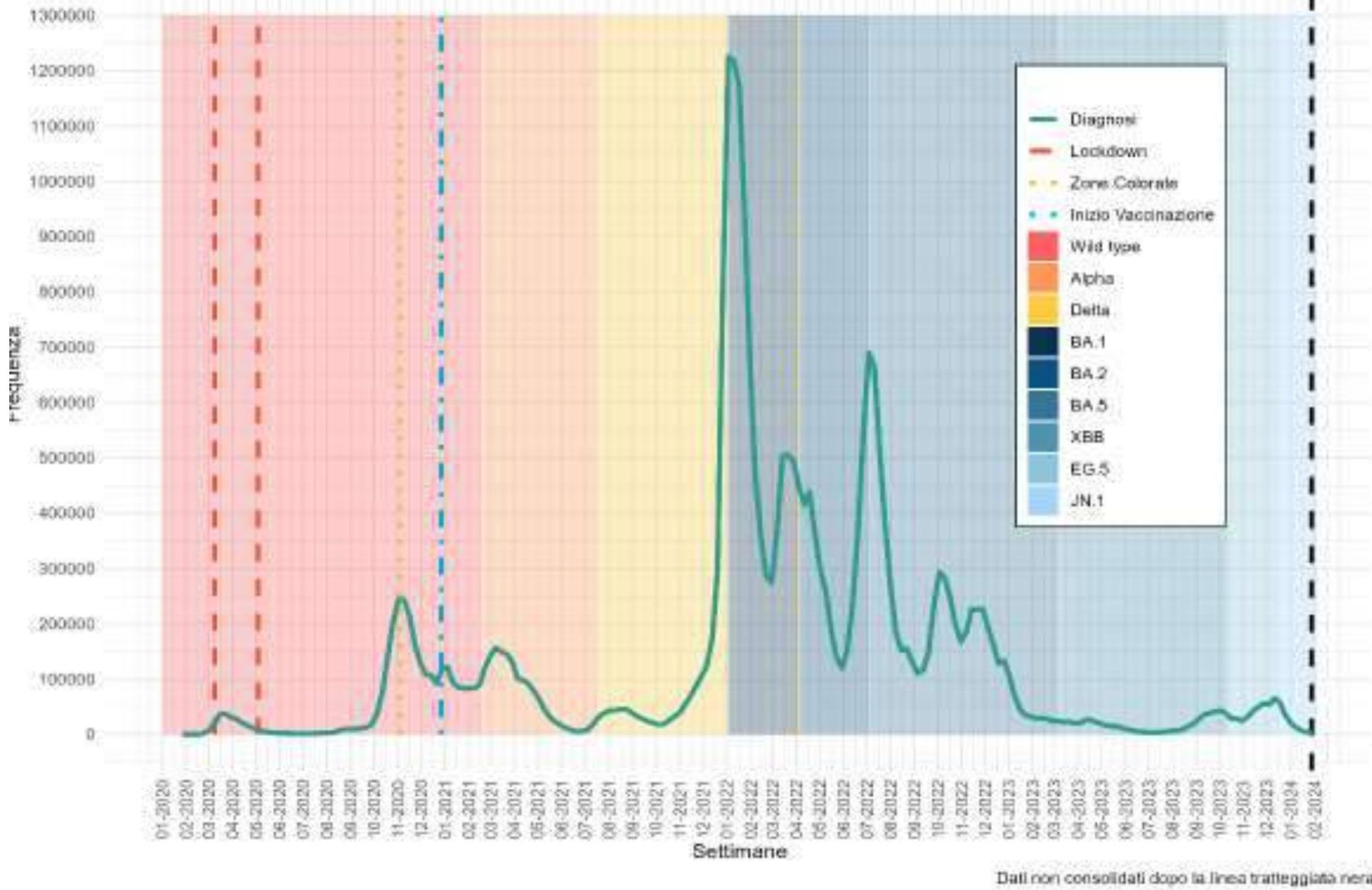


Selected  
2-Week

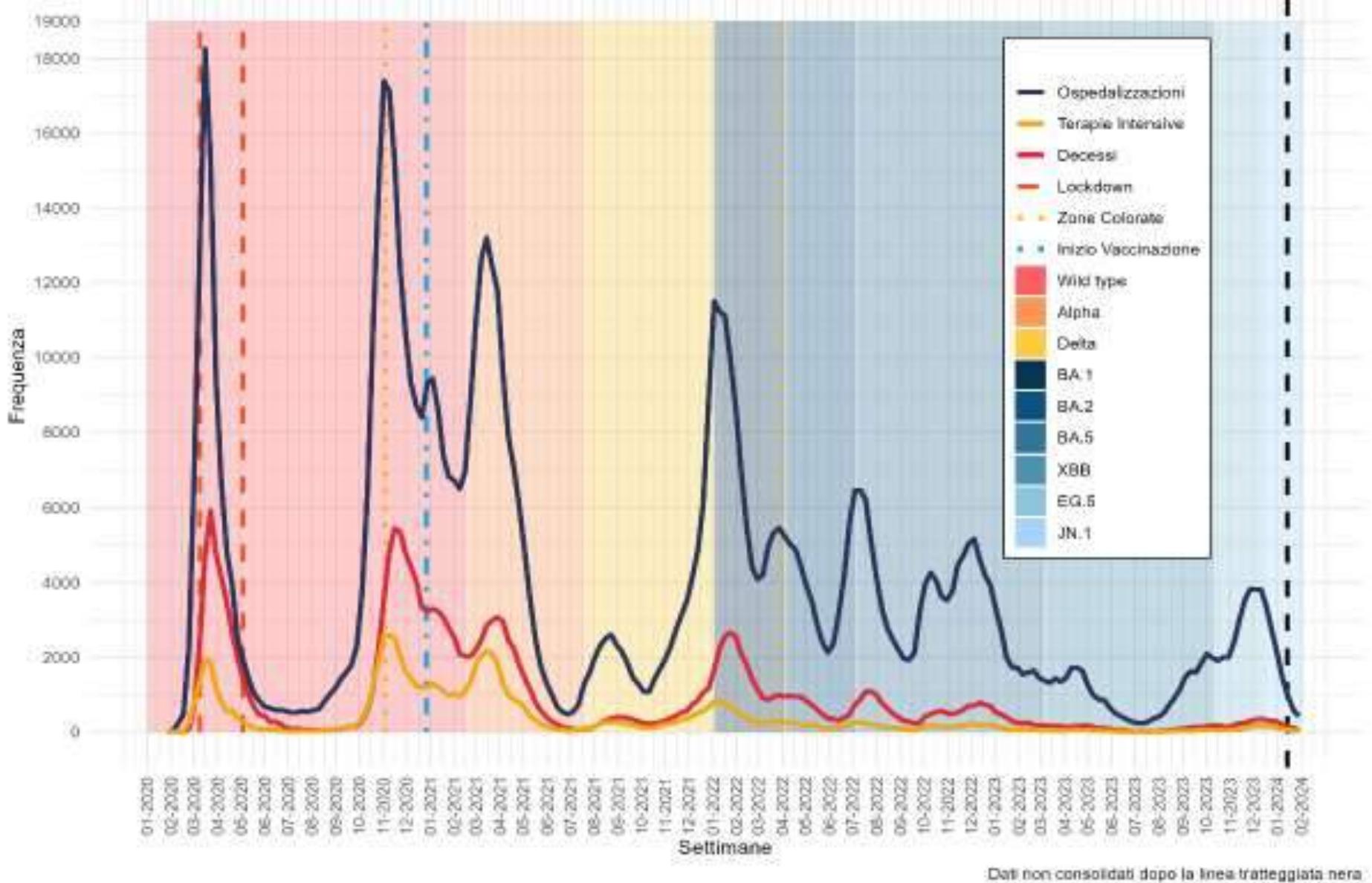
Collection date, 2-week period ending



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**Figura 1 - Numero settimanale di diagnosi di **infezione** da SARS-CoV-2 segnalate in Italia per settimana prelievo/diagnosi da inizio pandemia**



**Figura 10 - Numero settimanale di ospedalizzazioni, terapie intensive e decessi per settimana dell'evento da inizio pandemia**

Dati non consolidati dopo la linea tratteggiata nera





Note: Il dato relativo all'ultima settimana non è completamente consolidato e potrebbe essere soggetto a lievi variazioni.

**Figura 6 - Tasso di incidenza di infezioni da SARS-CoV-2 (per 100.000 ab.) segnalate in Italia per provincia (Periodo: 29/01 - 04/02/2024)**



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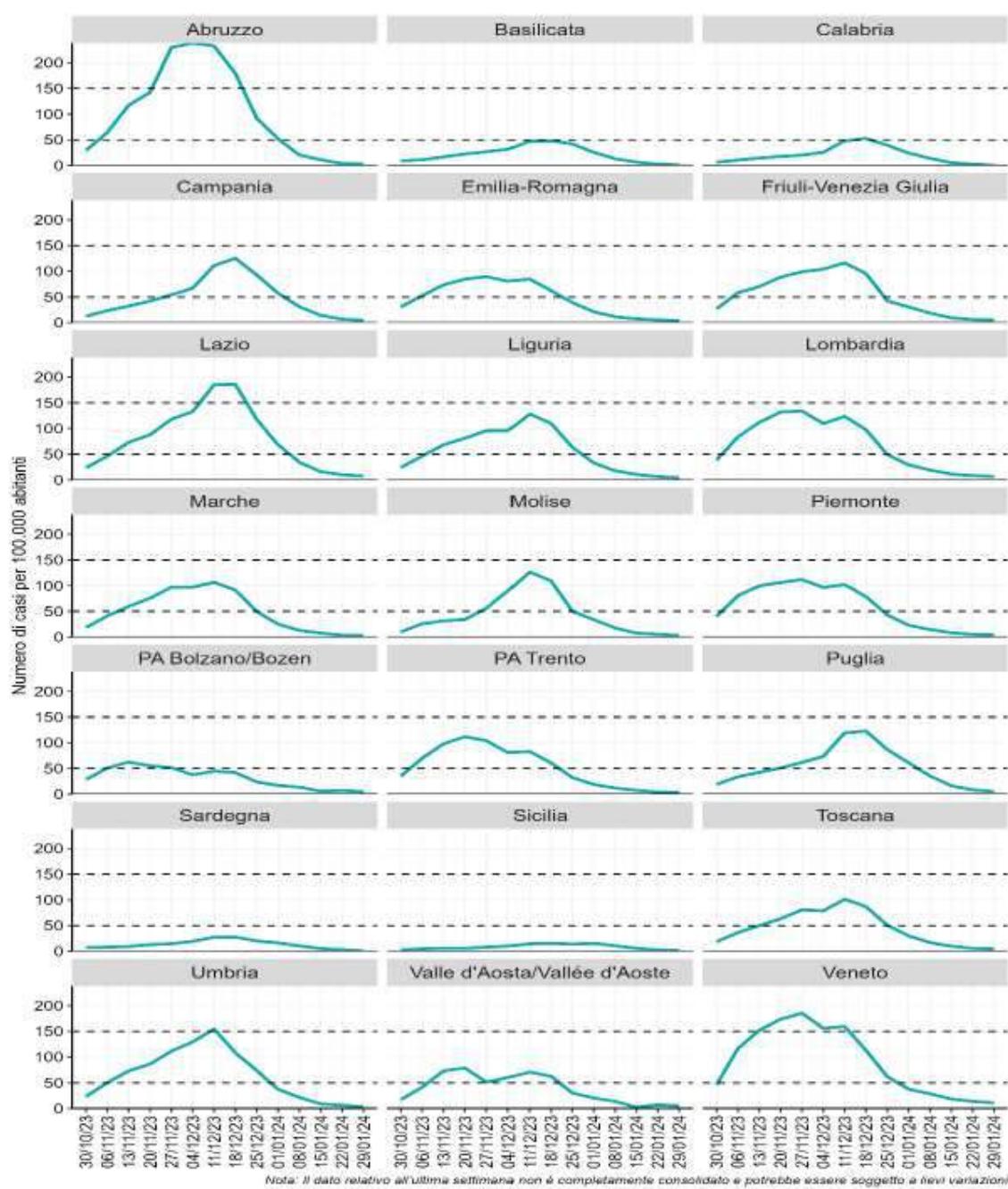
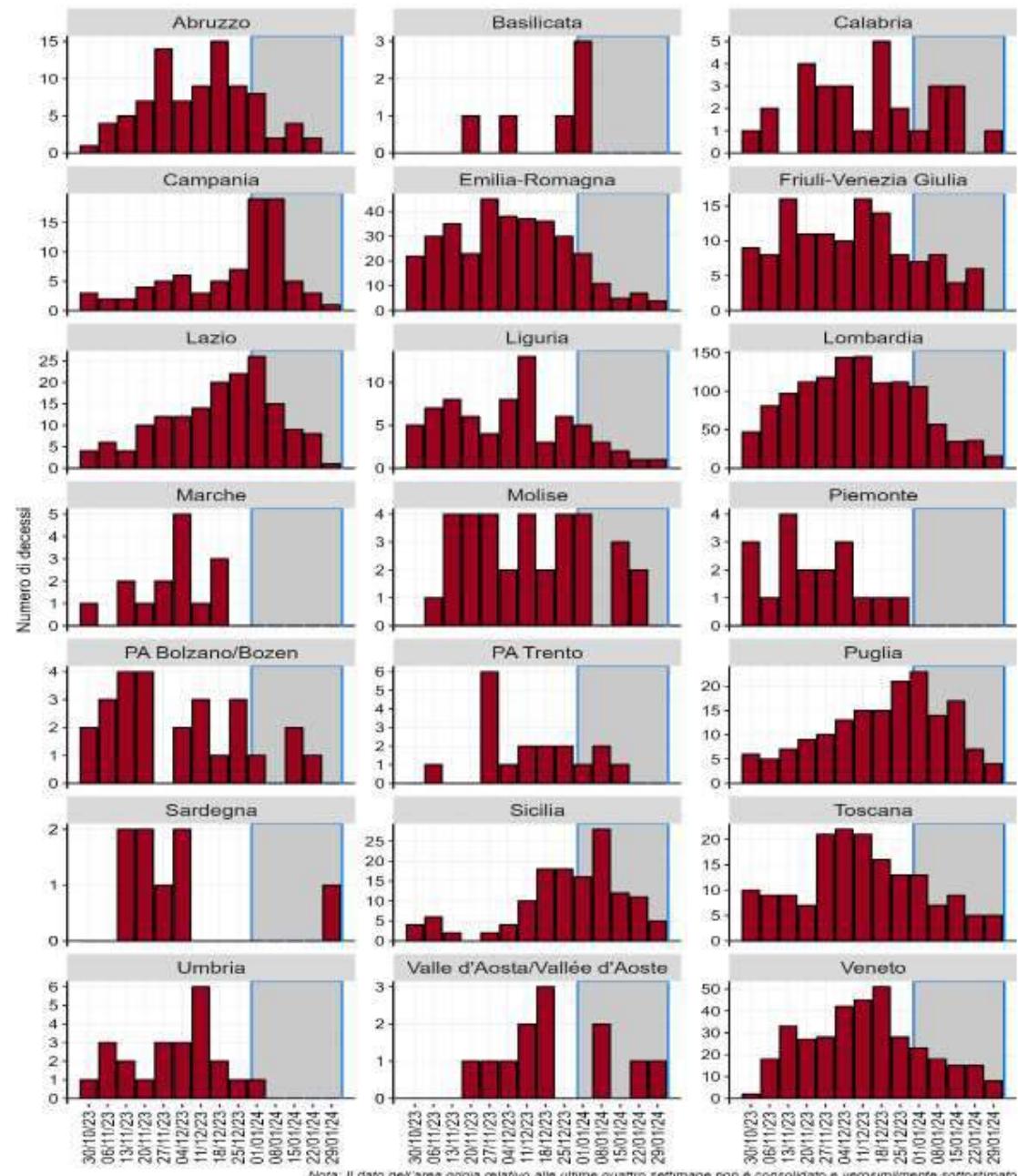


Figura 16 - Incidenza settimanale di diagnosi di **infezioni** per SARS-CoV-2 (per 100.000 ab.) per Regione/PPAA dal 30 ottobre 2023



Nota: Il dato nell'area grigia relativa alle ultime quattro settimane non è consolidato e verosimilmente sottostima.

Figura 19 - Decessi settimanali per Regione/PPAA dal 30 ottobre 2023

# Monitoraggio delle varianti di SARS-CoV-2

**Tabella 2 - Stime di prevalenza delle principali varianti di SARS-CoV-2 in Italia  
(casi notificati dal 15 al 21 gennaio 2024)**

Lignaggio	Prevalenza (%)	Range prevalenza (%) per Regione/PA
JN.1	77,0%	(0,0 - 100%)
EG.5	7,3%	(0,0 - 100%)
BA.2.86	6,1%	(0,0 - 100%)
XBB.1.9	1,7%	(0,0 – 25,0%)
XBB.1.16	0,4%	(0,0 – 4,2%)
XBB.2.3	0,2%	(0,0 – 11,1%)
XBB.1.5	0,2%	(0,0 – 3,7%)

*Nota: I lignaggi riportati comprendono i relativi sotto-lignaggi non soggetti a classificazione specifica ([ECDC](#), [WHO](#)).*





# Grazie dell'attenzione

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- Co-Head, Laboratory of Tumor Cell Biology
- Institute of Human Virology
- University of Maryland, School of Medicine