

V EDICIÓN JORNADA CIENTÍFICA

Gesitra-IC

ACTUALIZACIÓN EN LA PATOLOGÍA INFECCIOSA
DE PACIENTES INMUNOCOMPROMETIDOS

5 Y 6 MARZO 2026

ICOMEM

Ilustre Colegio Oficial de Médicos de Madrid

MADRID



Gesitra-IC

Grupo de Estudio de Infección en el Trasplante
y el Huésped Inmunocomprometido

seimc



Actualización de la situación epidemiológica y tratamiento de los virus respiratorios más relevantes en el paciente oncohematológico y con trasplante de órgano sólido



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Universidad Complutense de Madrid

Madrid, 6 de marzo de 2026



SaludMadrid

**Hospital Universitario
12 de Octubre**

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Instituto de Investigación
Hospital 12 de Octubre



H120
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CENTRO DE INVESTIGACIÓN BIOMÉDICA EN RED
Enfermedades Infecciosas



Grupo de Estudio de Infección en el Trasplante
y el Huésped Inmunocomprometido



• Virus respiratorios: siempre de moda...

Madrid

ESPAÑA · COMUNIDAD DE MADRID · AYUNTAMIENTO DE MADRID · CERCANÍAS · METRO · EMT · ÚLTIMAS NOTICIAS

GRIPE AVIAR >

Un brote no declarado de gripe aviar deja cientos de cigüeñas muertas en el Manzanares

La Comunidad de Madrid sostiene que es un caso de baja patogenicidad sobre el que no está obligada a informar, mientras bomberos y forestales llevan cuatro días retirando cadáveres de animales



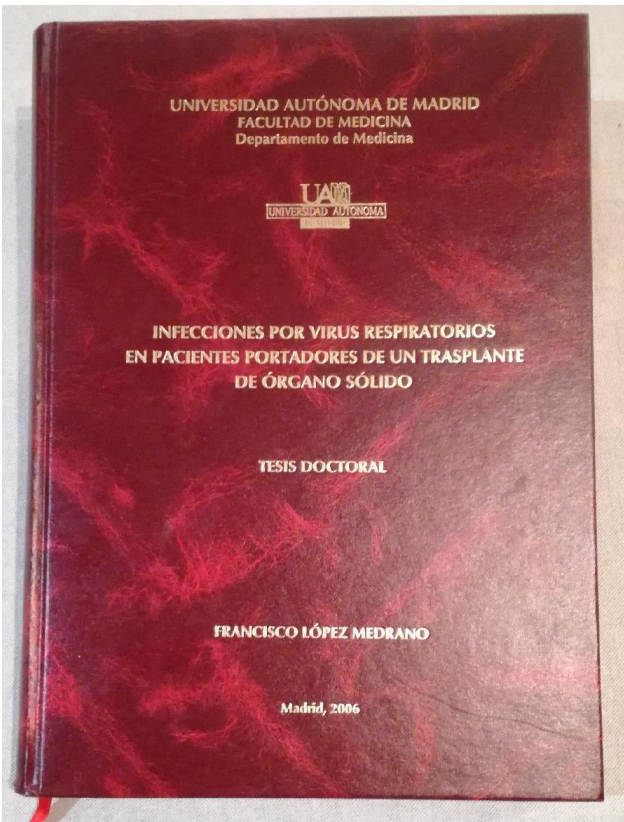
Cientos de cigüeñas muertas amontonadas en la ribera del río Manzanares, el pasado viernes.

PANDEMIA >

Cataluña alerta a la OMS de un caso de gripe porcina contagiado entre personas en Lleida

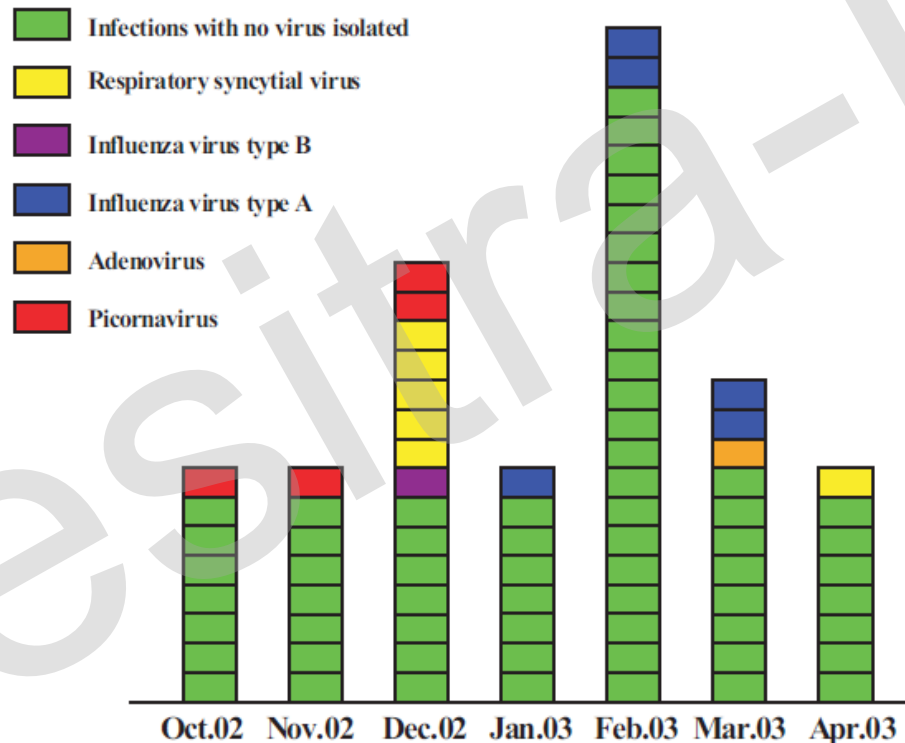
El paciente no ha tenido contacto con animales ni granjas que expliquen el origen de la infección, que sigue sin identificarse, pero la Generalitat no ha detectado más positivos y considera que el riesgo para la población sigue siendo “muy bajo”





Clinical Implications of Respiratory Virus Infections in Solid Organ Transplant Recipients: A Prospective Study

Francisco López-Medrano,^{1,6} Jose M. Aguado,¹ Manuel Lizasoain,¹ Dolores Folgueira,² Rafael San Juan,¹ Carmen Díaz-Pedroche,¹ Carlos Lumbreras,¹ Jose M. Morales,³ Juan F. Delgado,⁴ and Enrique Moreno-González⁵

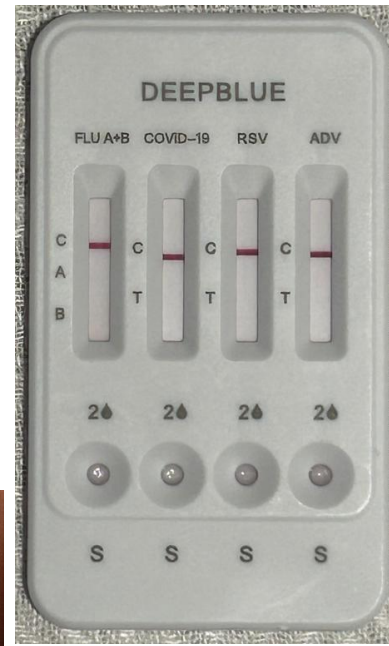
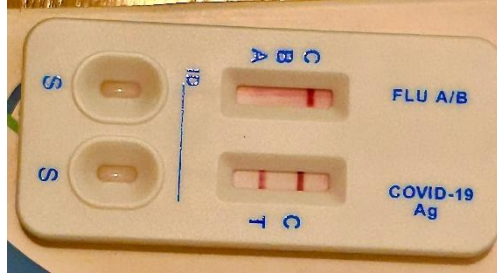


• *Transplantation* 2007; 84: 851-6

FIGURE 1. Monthly distribution of the episodes of respiratory virus infection.

Conclusions. Incidence of RVI among solid organ transplant recipients is similar to general population but complications are higher. A relationship between RVI and rejection was not detected. The rate of influenza vaccination was lower than expected. The presence of fever in a transplant recipient with RVI strongly suggests influenza infection.

- Del diagnóstico... ya ha hablado el Dr Navarro



- De la prevención... va a hablar la Dra. Carbonell

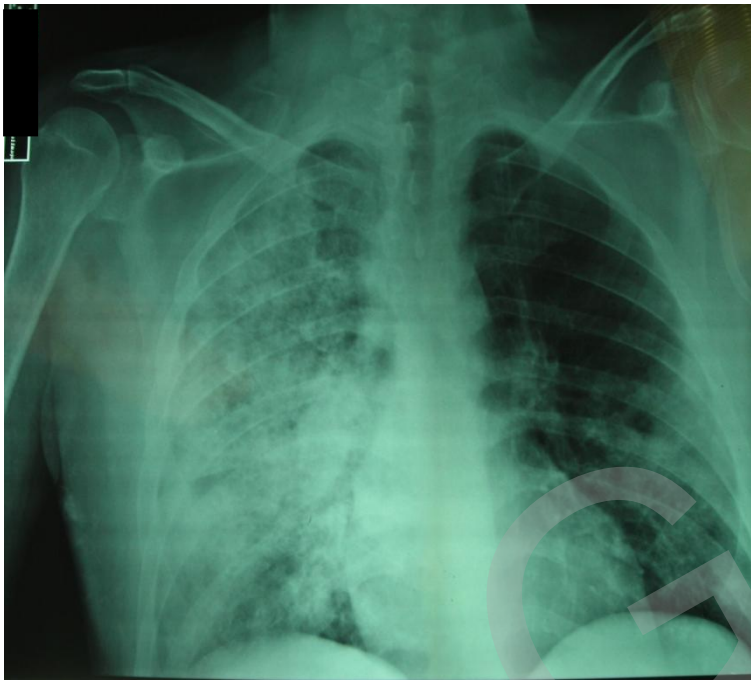


- Cuadro clínico...
 - pensad en vuestra experiencia personal
 - en resumen: indistinguibles
- ¡OJO con las complicaciones! ...

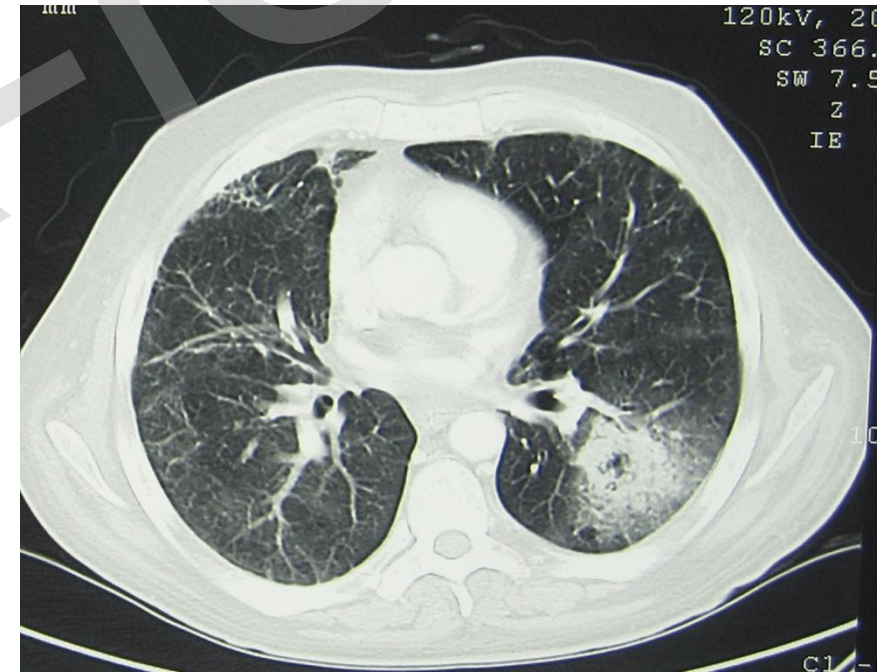
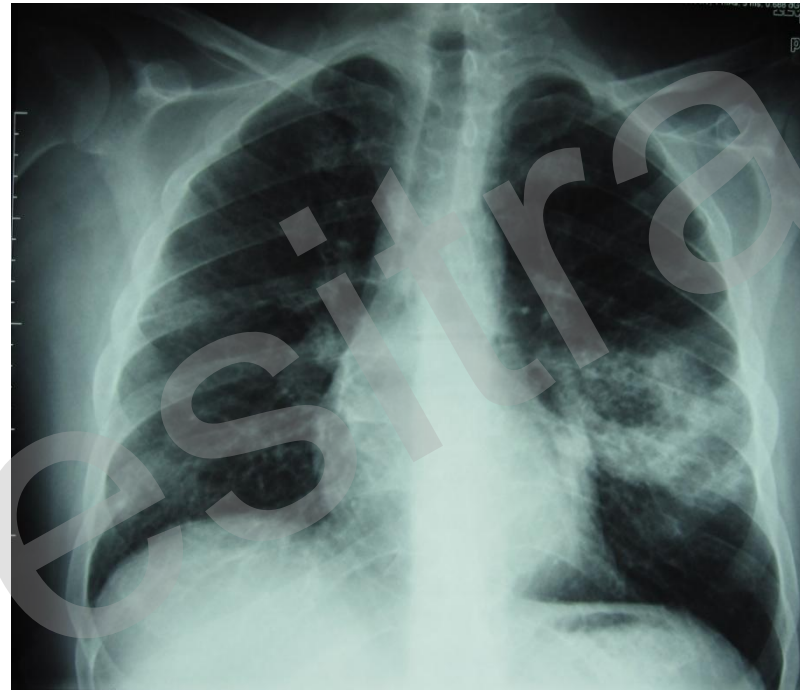


- Tx Renal + VIH + VHC
Gripe A (H1N1) pandémica

Noviembre 2009



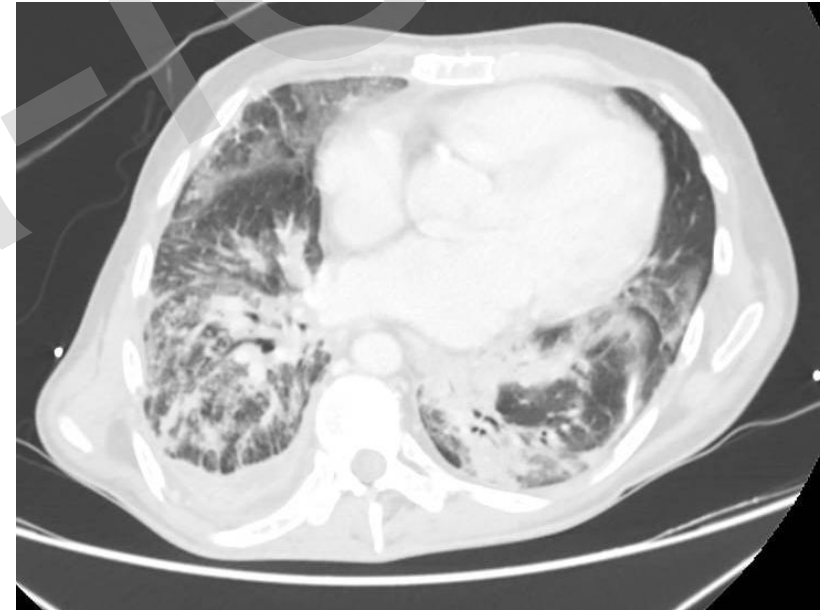
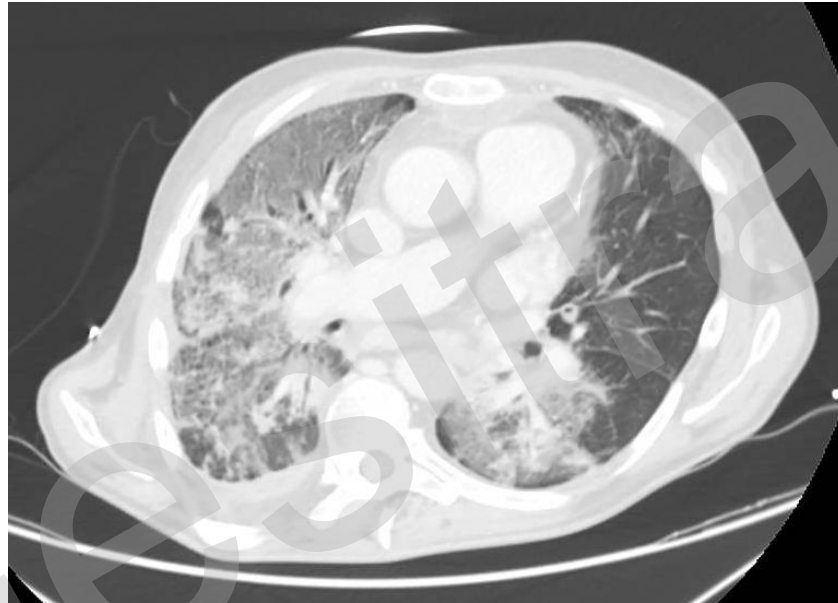
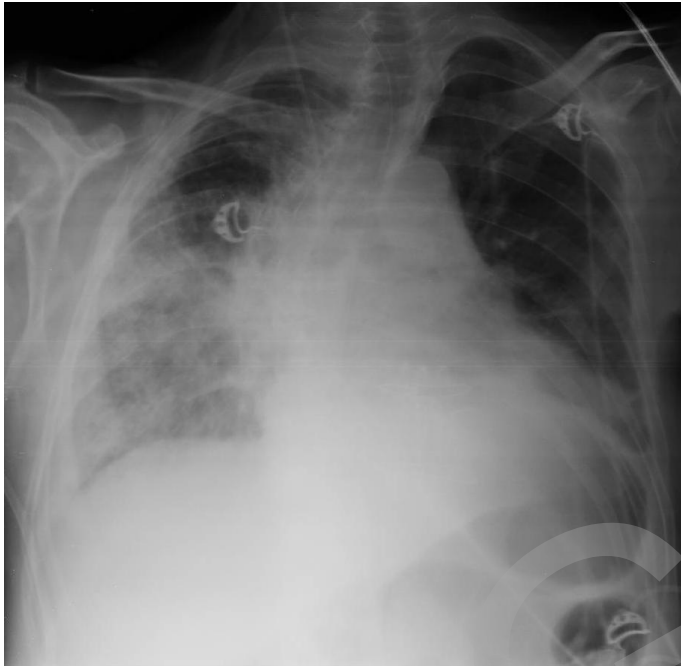
Enero 2010



- *Aspergillus fumigatus*
- *Exitus letalis*

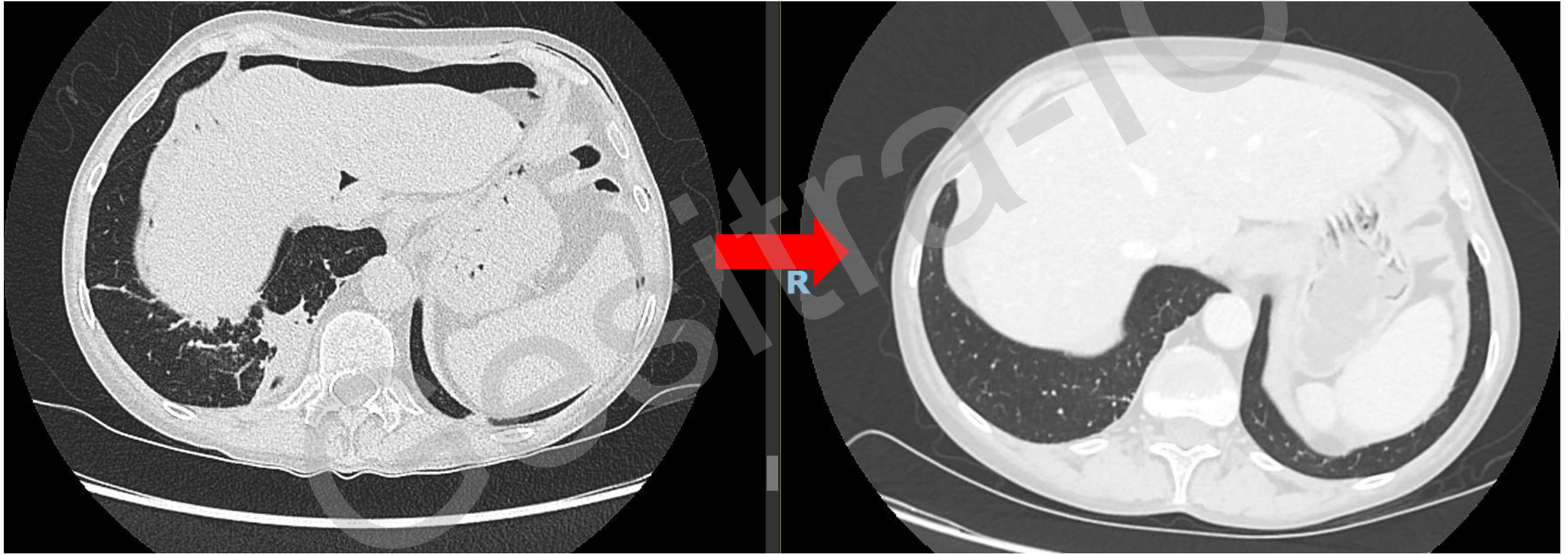
- Tx Pulmonar COVID-19

➡ Enero 2024



- *Scedosporium apiospermum*
- *Exitus letalis*

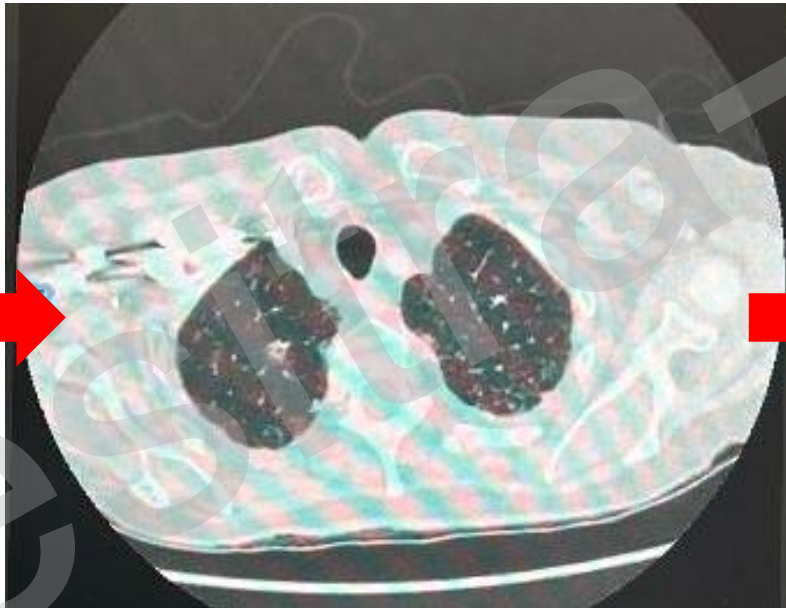
- Mujer de 52 años – Tx Cardíaco
- Gripe complicada con *Aspergillus*
- Isavuconazol



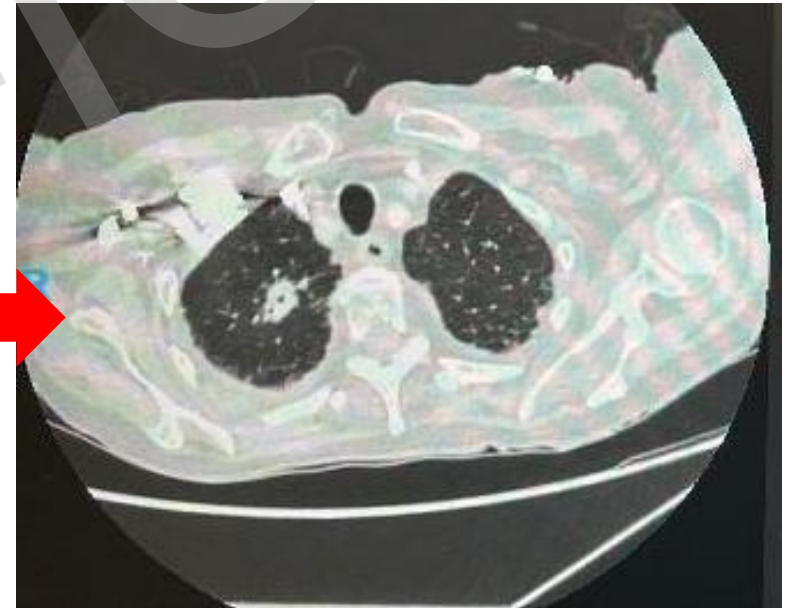
- Mujer de 64 años – Tx Pulmonar
- COVID-19 complicado con *Aspergillus fumigatus*
- Isavuconazol



- Nov 2025
- COVID-19

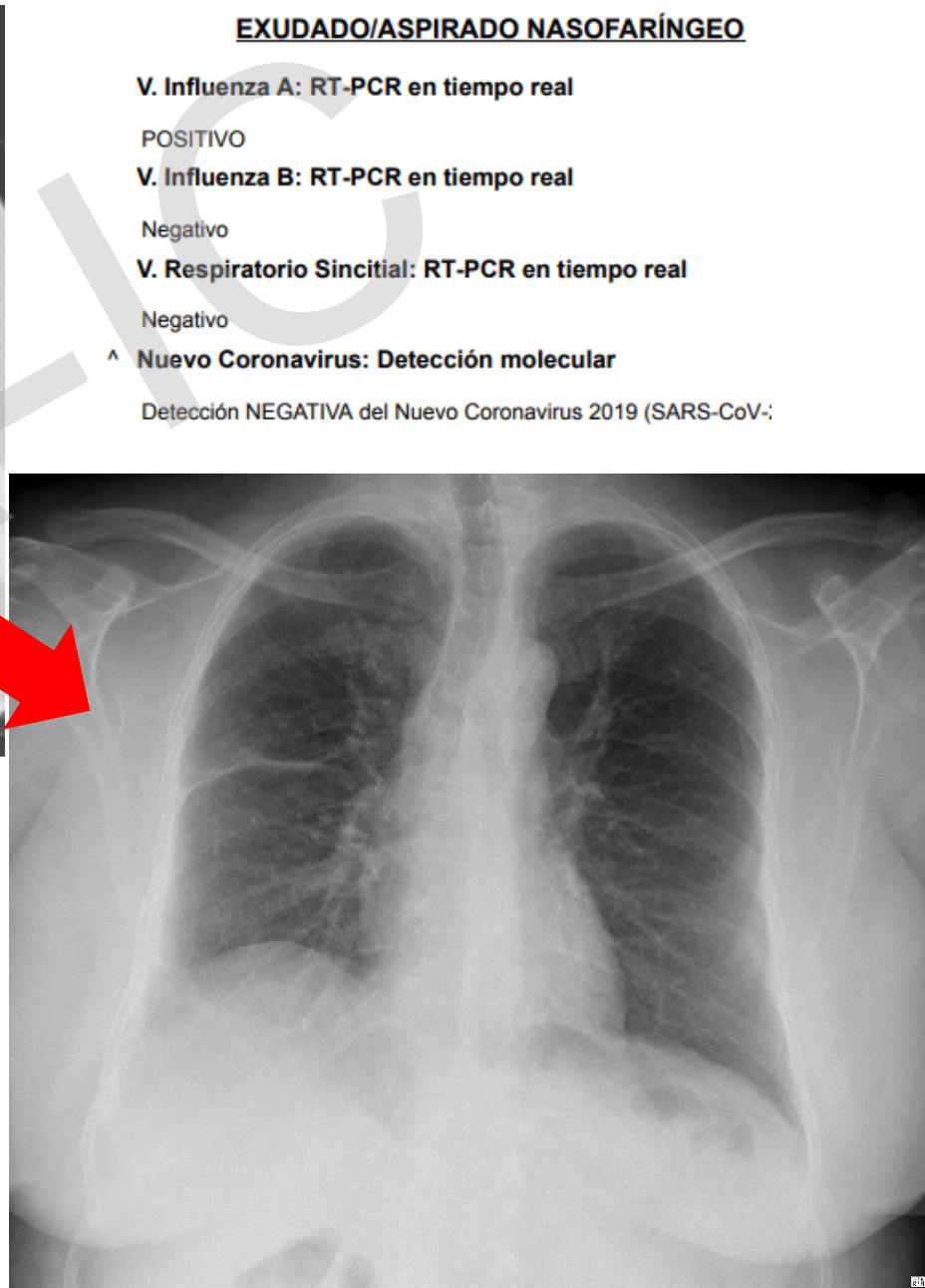


- Dic 2025
- *Aspergillus* 1 UFC
- CT “similar a Nov”



- Feb 2026
- *Aspergillus* “abundante”
- Inicia isavuconazol

Mujer de 59 años – Gripe + *S aureus*



EXUDADO/ASPIRADO NASOFARÍNGEO

- V. Influenza A: RT-PCR en tiempo real
POSITIVO
- V. Influenza B: RT-PCR en tiempo real
Negativo
- V. Respiratorio Sincitial: RT-PCR en tiempo real
Negativo
- ^ Nuevo Coronavirus: Detección molecular
Detección NEGATIVA del Nuevo Coronavirus 2019 (SARS-CoV-2)

ESPUTO

Bacterias: Cultivo
Bact. general: Dra. Brañas (4403/16; 9177)
Muñoz Gallego (4403/16; 9177)

FLORA MIXTA CON PREDOMINIO DE: *Staphylococcus aureus*

Antibiograma
Responsable: Dra. Jennifer Villi

SE CULTIVA: *Staphylococcus aureus*

<i>Staphylococcus aureus</i>		
	Valoración	C.M.I. (mg/L)
Penicilina	R	>0.25
Oxacilina	R	>2

SANGRE Venopunción

Tinción Gram
COCO GRAM (+) EN RACIMOS.

Hemocultivo
SE CULTIVA: *Staphylococcus aureus*

Antibiograma
Responsable: Dr. Raúl Recio

SE CULTIVA: *Staphylococcus aureus*

Responsable: Dra. Jennifer V

<i>Staphylococcus aureus</i>		
	Valoración	C.M.I. (mg/L)
Penicilina	R	>0.25
Oxacilina	R	>2

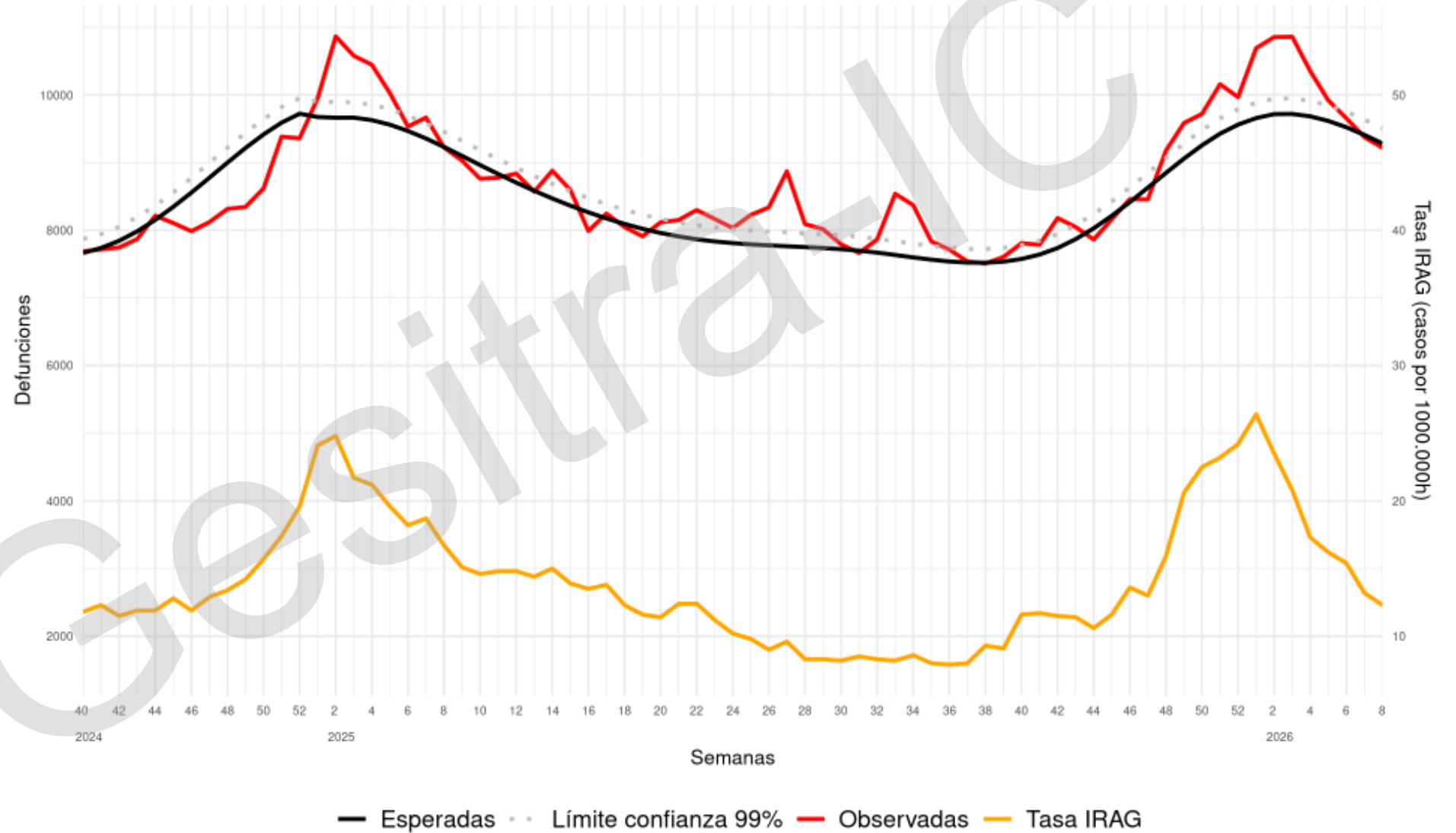
- **La epidemiología...**

- **El tratamiento...**

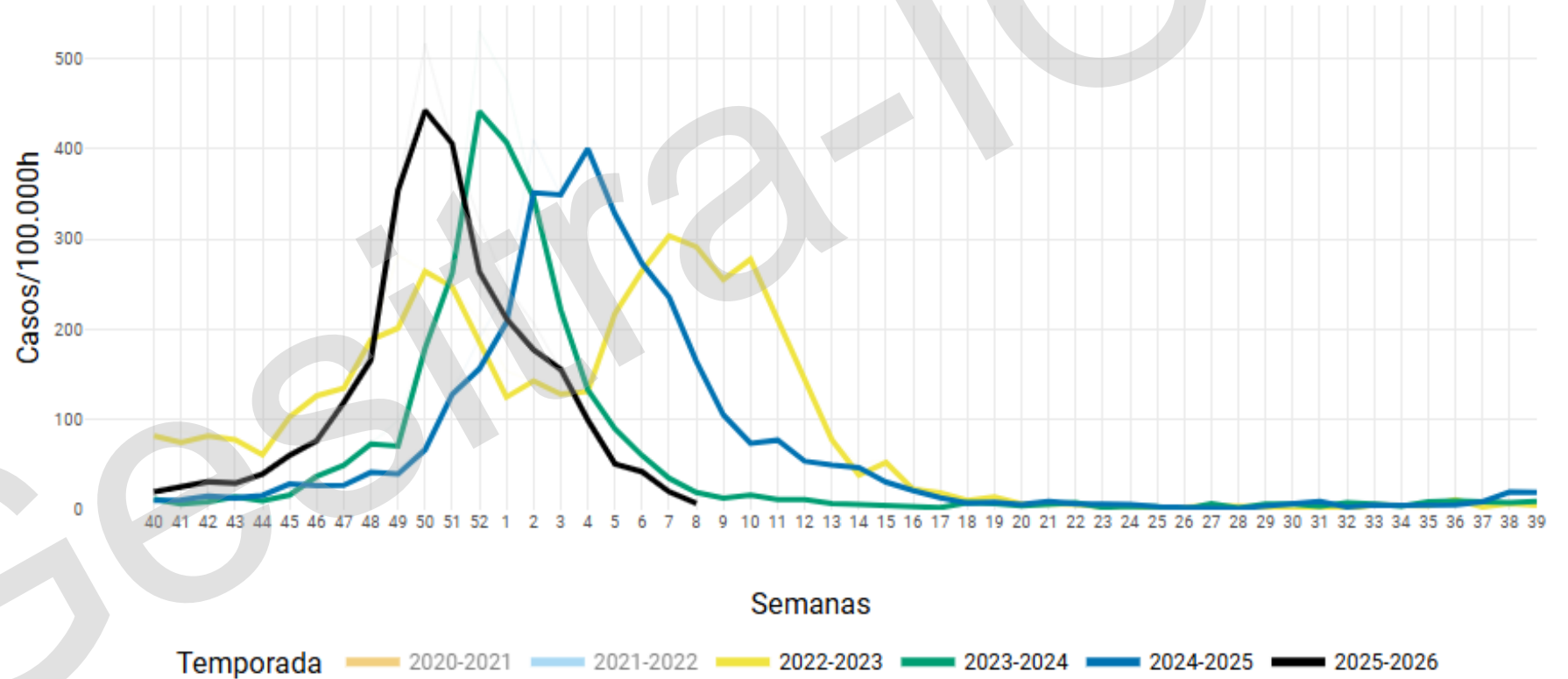
- **La epidemiología...**

Gesitra-1C

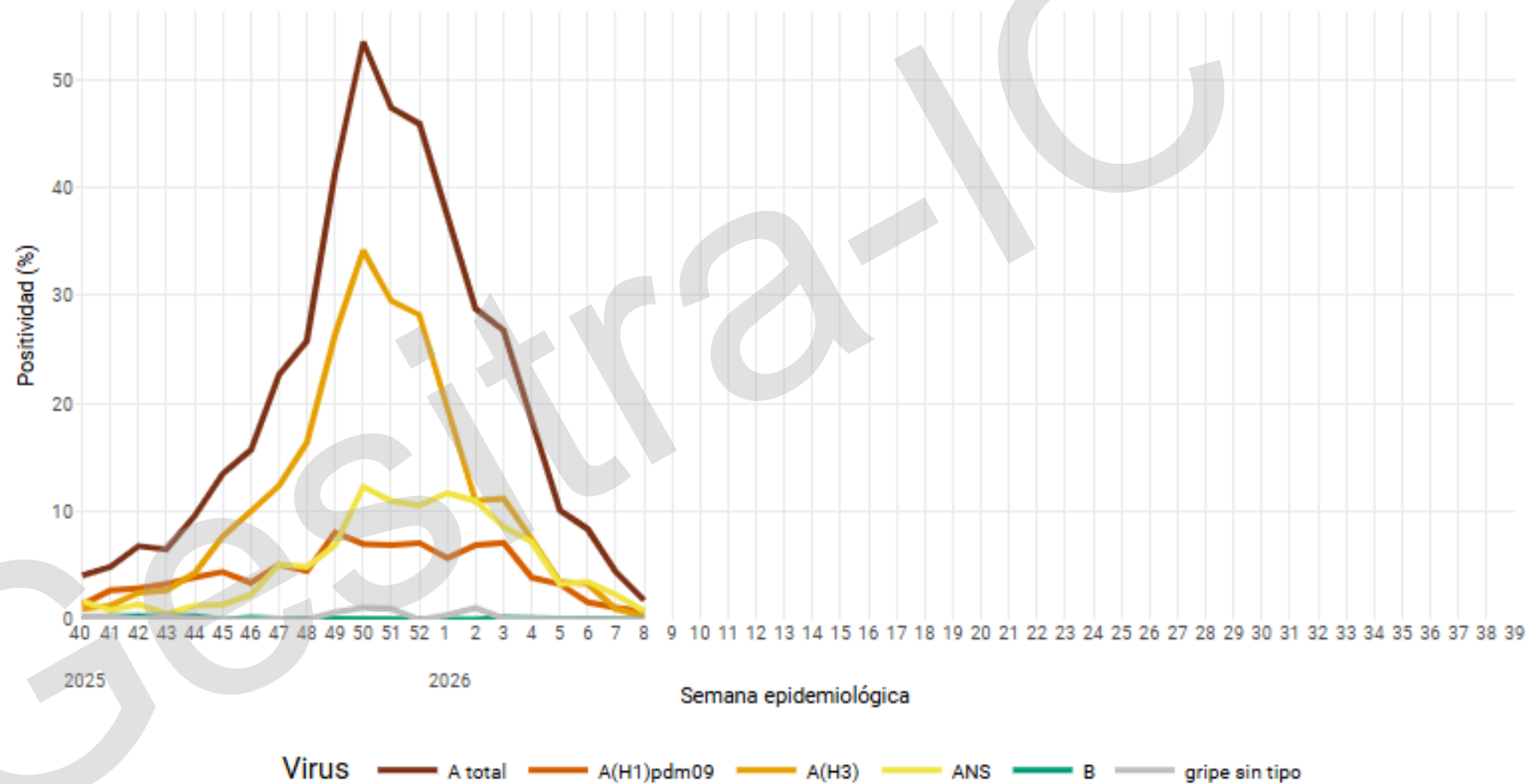
Mortalidad por todas las causas observada y esperada en las tres últimas temporadas



- **Gripe**

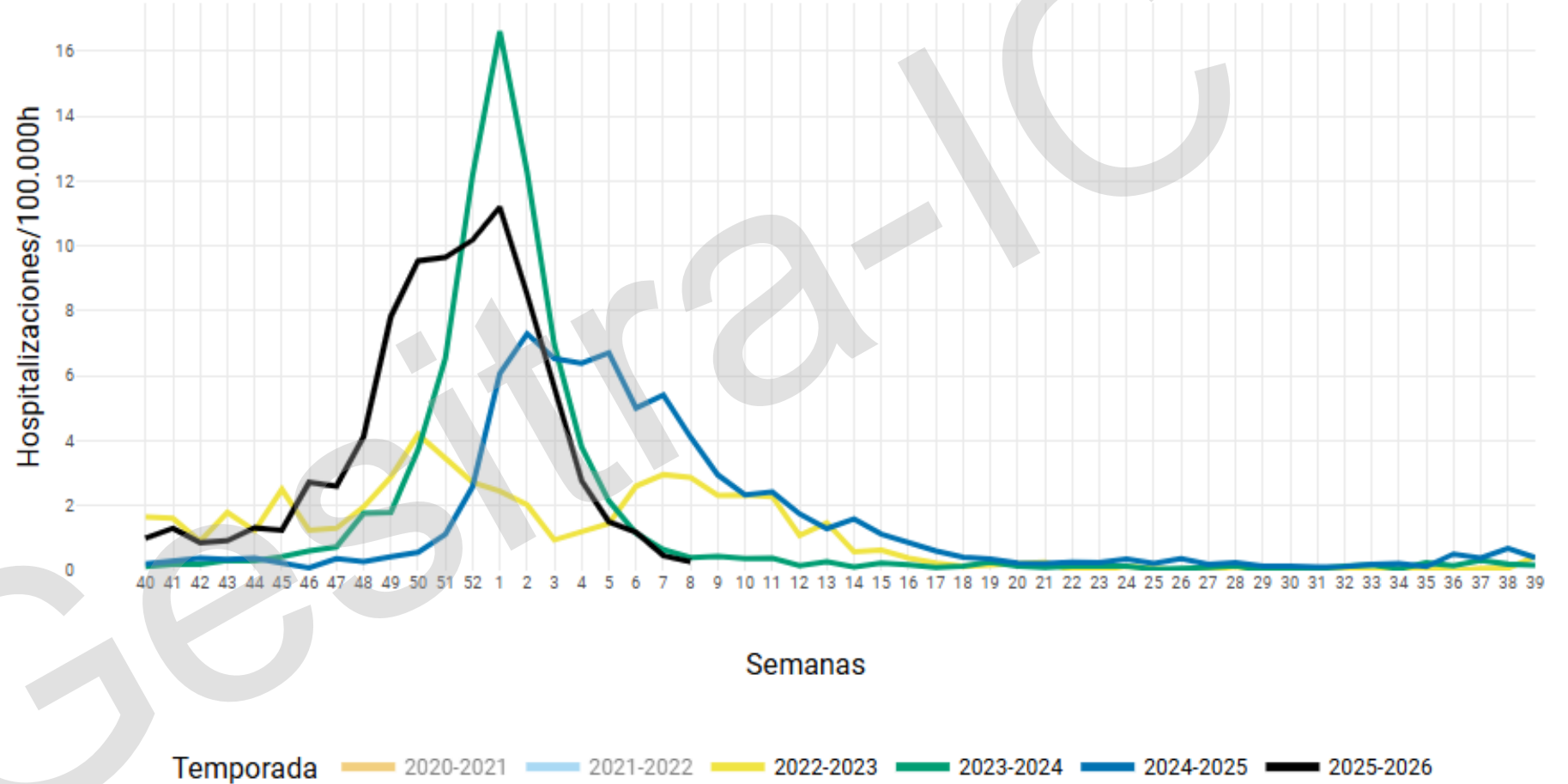


Porcentaje de positividad a gripe por tipo/subtipo de virus en Atención Primaria. SiVIRA, temporada 2025-2026



- **Gripe**

Tasa estimada de **hospitalización** por gripe por temporada. Temporadas 2020-2021 a 2025-2026. SiVIRA

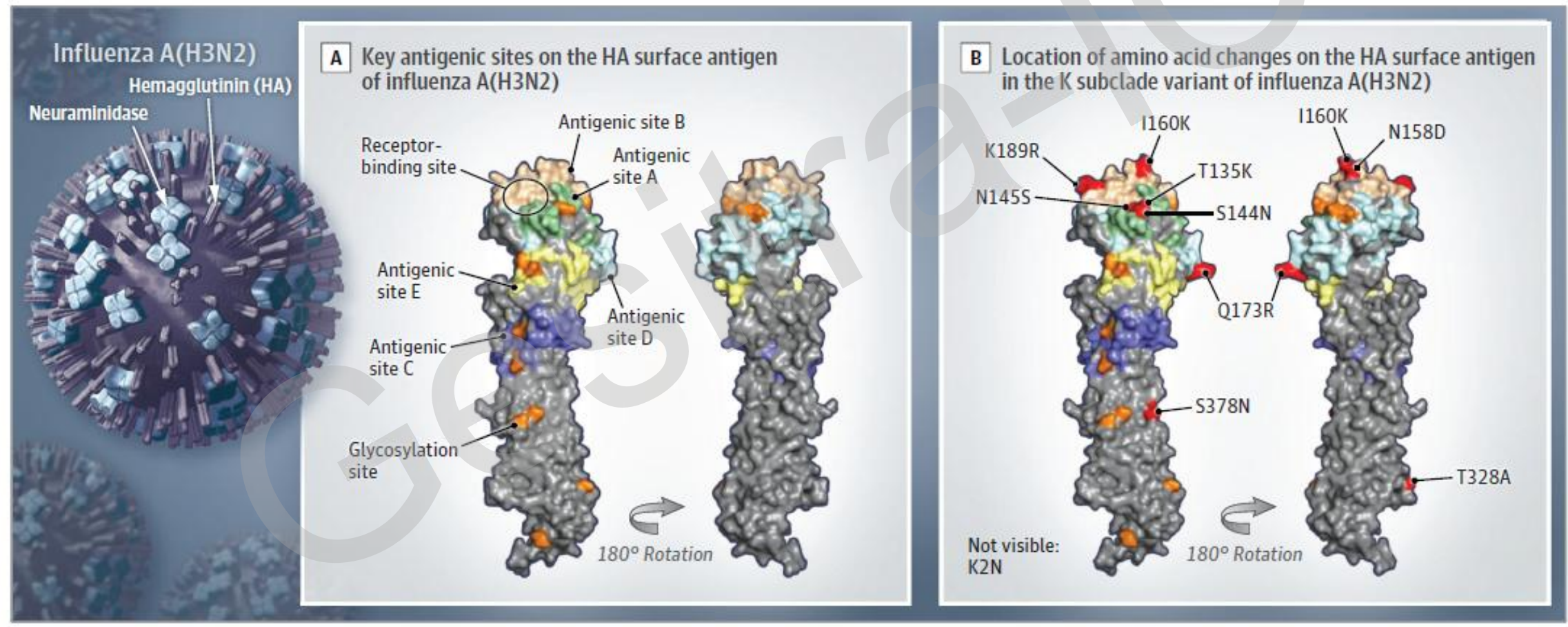


Influenza A(H3N2) Subclade K Virus Threat and Response

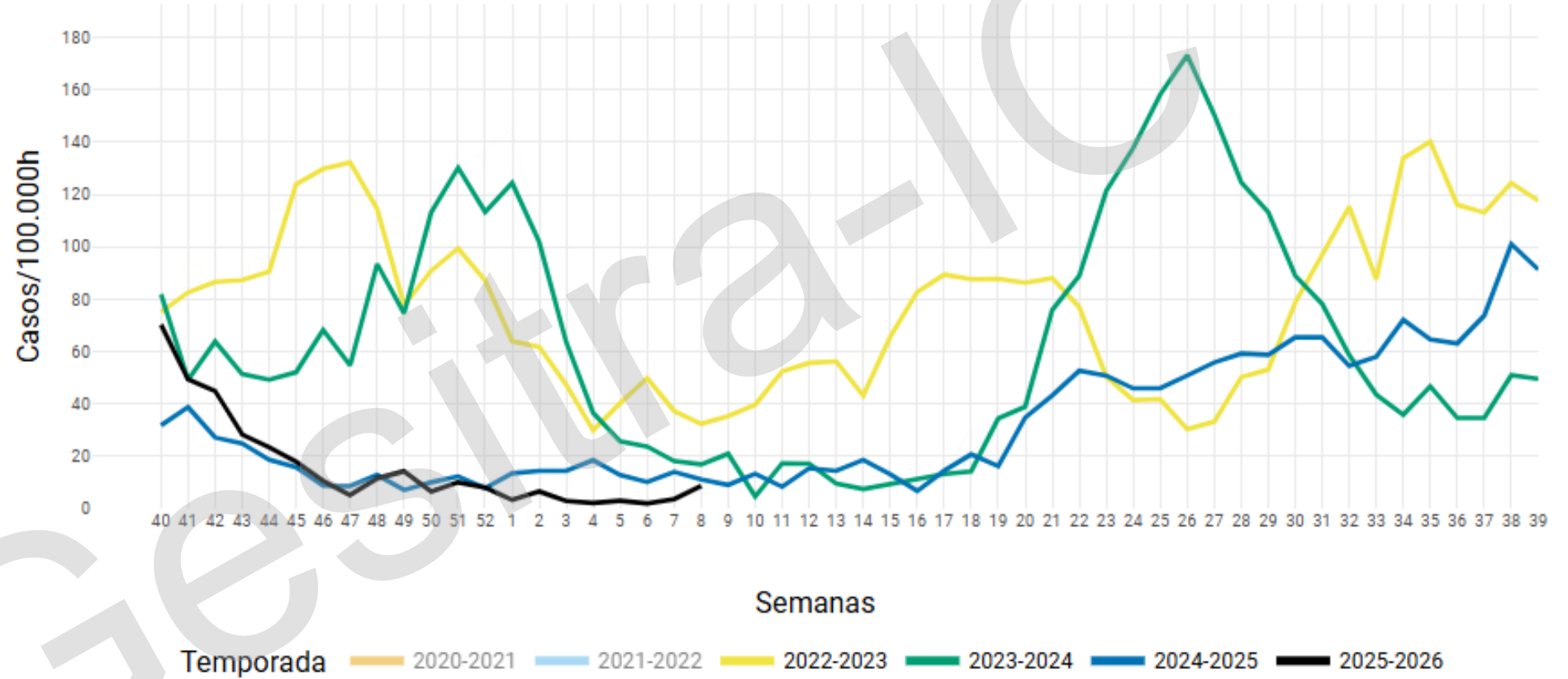
- Zambon M et al. *JAMA* 2026; 335: 307-310

Maria Zambon, BSc, BM, BCh, PhD; Frederick G. Hayden, MD

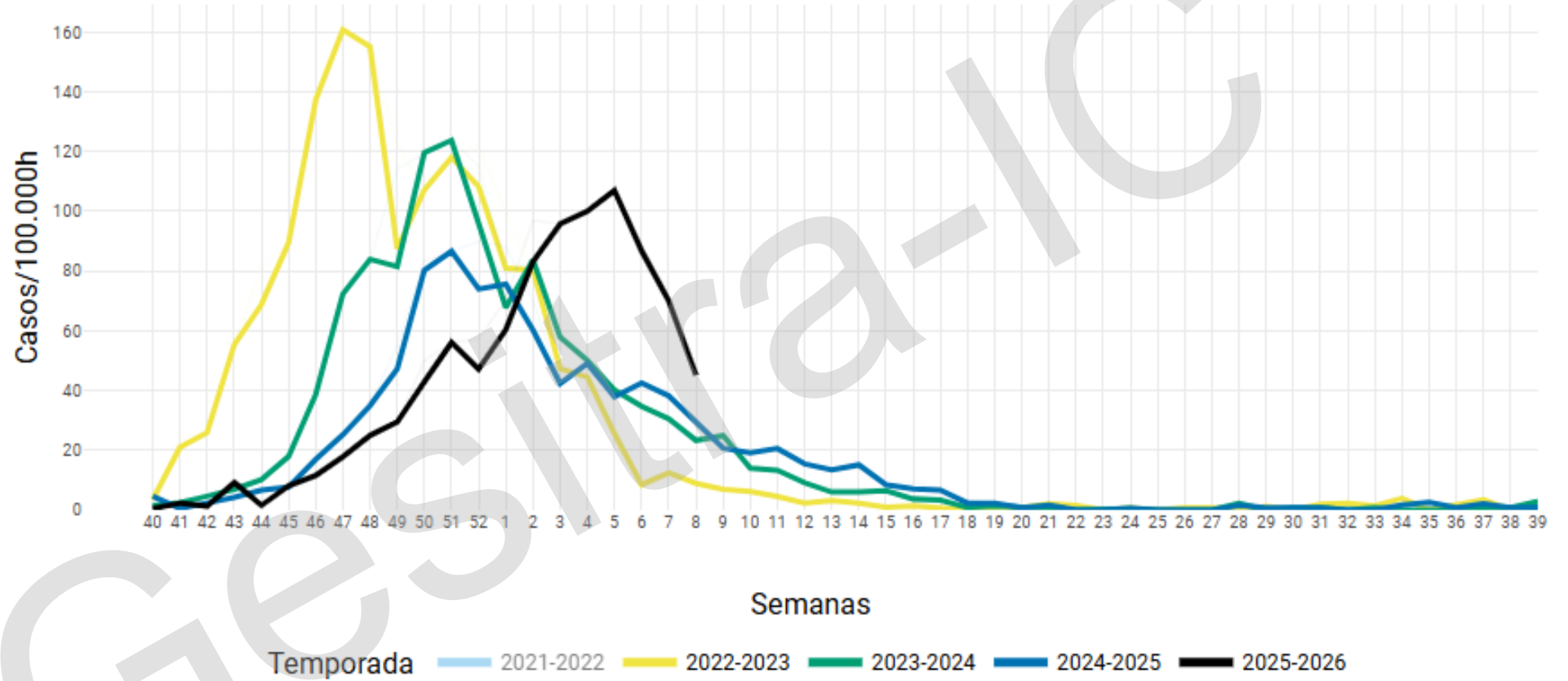
Figure. Antigenic Sites and Amino Acid Changes in the K Subclade Variant of Influenza A(H3N2)^a



- COVID



- VRS



The hospital and mortality burden of COVID-19 compared with influenza in Denmark: a national observational cohort study, 2022-24

Peter Bager, Ingrid Bech Svalgaard, Frederikke Kristensen Lomholt, Hanne-Dorthe Emborg, Lasse SVestergaard

- Dinamarca
- Poblacional, observacional
- 2022-2024

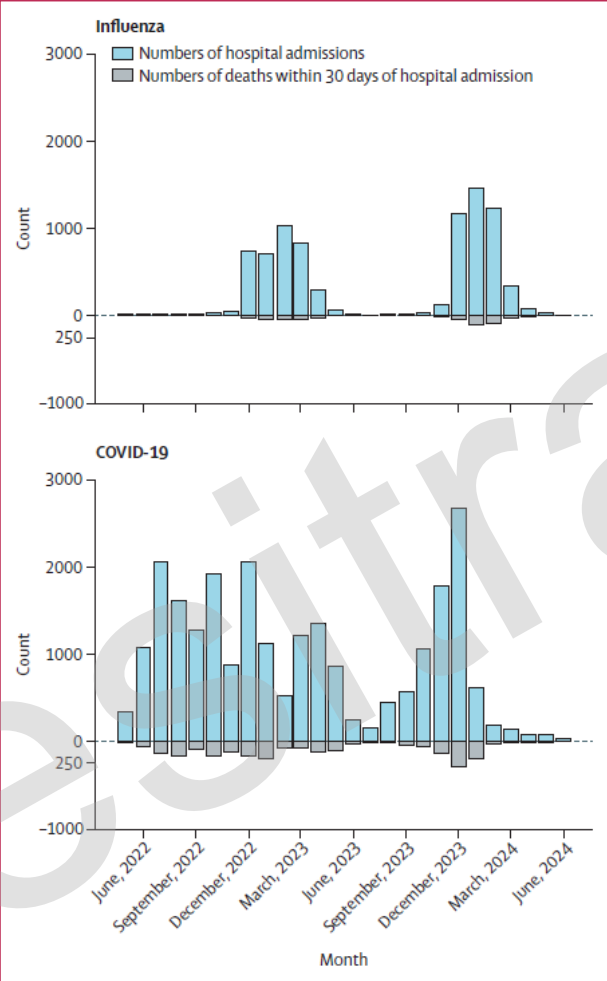


Figure 2: Number of COVID-19 and influenza hospital admissions and deaths in Denmark by month from May, 2022, to June, 2024

• *Lancet Infect Dis* 2025; 25: 616-24

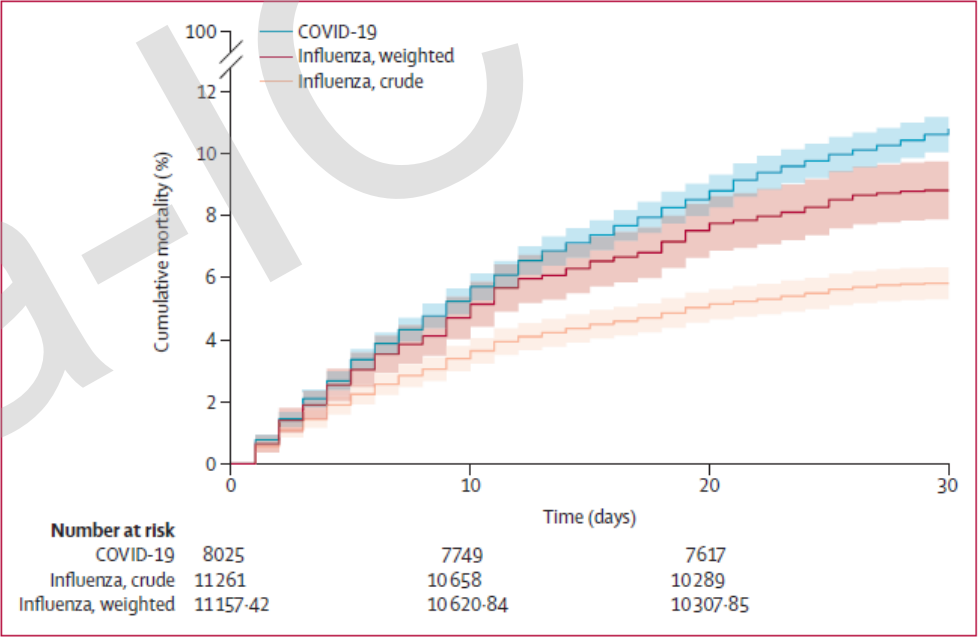


Figure 3: Cumulative incidence of death among hospitalised patients
The patient population is restricted to those admitted to hospital with COVID-19 (n=11261) or influenza (n=8025) during the 2022-23 and 2023-24 winter seasons in Denmark. Summer season refers to June 1–Nov 30, and winter season refers to Dec 1–May 31 (appendix p 7). Both crude and weighted estimates are presented for influenza, with weighted estimates adjusted for differences in sex, age at test (10-year intervals), season, country of origin, region of residence, vaccination status, and a range of comorbidities between the groups using inverse probability weighting.

Interpretation COVID-19 represented a greater disease burden than influenza, with more hospital admissions and deaths, and more severe disease (primarily among non-vaccinated people, those with comorbidities, and male patients). These results highlight the continued need for attention and public health efforts to mitigate the impact of SARS-CoV-2.

Beyond the Usual Suspects: RSV Infection in Patients With Hematological Malignancies Compared to Influenza and SARS-COV-2—A Report From the EPICOVIDEHA/ EPIRESEHA Registry

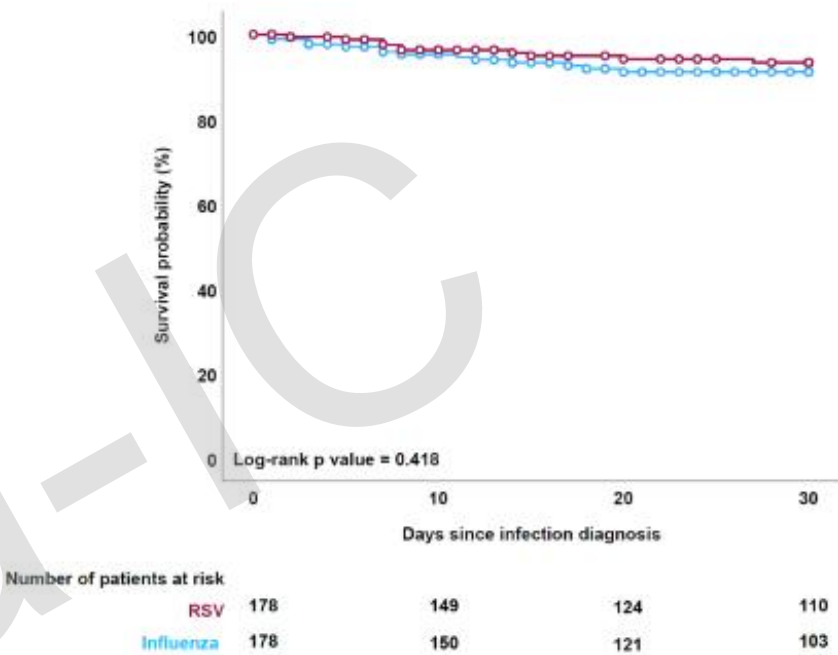
- *Am J Hematol* 2026; 101: 365-75

Jon Salmanton-García^{1,2,3,4} | Francesco Marchesi⁵ | Milan Navrátil^{6,7} | Iker Falces-Romero^{8,9} | Maria Ilaria Del Principe¹⁰ | Jorge Labrador^{11,12} | Klára Plukovics¹³ | Verena Petzer¹⁴ | Monika M. Biernat^{15,16} | Michail Samarkos¹⁷ | Dario Leotta¹⁸ | Nicola Fracchiolla¹⁹ | Anna Dąbrowska-Iwanicka²⁰ | Antonio Vena²¹ | Benjamin Višek²² | Yavuz M. Bilgin²³ | Jens Van Praet²⁴ | Mario Virgilio Papa²⁵ | Inmaculada Heras Fernandez²⁶ | Francesca Farina²⁷ | Luboš Drgona²⁸ | Josip Batinić^{29,30,31} | Barbora Weinbergerová³² | Nurettin Erben³³ | Joanna Drozd-Sokolowska³⁴ | Patricia García-Ramírez³⁵ | Annarosa Cuccaro³⁶ | Martin Čerňan³⁷ | Nicola Sgherza³⁸ | Tobias Lahmer³⁹ | Donald C. Vinh⁴⁰ | Gaëtan Planteveve⁴¹ | Alberto López-García⁴² | Chiara Cattaneo⁴³ | Nikola Pantić⁴⁴ | Sofya Khostelidi⁴⁵ | Julio Dávila-Valls⁴⁶ | Andrés Soto-Silva⁴⁷ | László Imre Pinczés⁴⁸ | Ferenc Magyar⁴⁹ | Reham Abdelaziz Khedr⁴⁸ | Michelina Dargenio⁴⁹ | Martijn Bakker⁵⁰ | Igor Stoma⁵¹ | Carolina García-Vidal⁵² | Ildefonso Espigado⁵³ | Claudio Cerchione⁵⁴ | Caterina Buquicchio⁵⁵ | Zlate Stojanoski⁵⁶ | Gabriele Magliano⁵⁷ | Stefanie K. Gräfe⁵⁸ | Avinash Aujayeb^{1,2,3,4,59} | Lucia Prezioso⁶⁰ | Vladimir Otašević⁶¹ | Maria Merelli⁶² | Erica Mackenzie⁶² | Andreas Glenthoj⁶³ | Eleni Gavrilaki⁶⁴ | Noha Eisa^{65,66} | Mario Delia^{67,68} | Alessandro Busca³⁸ | Ahlam Almasari⁶⁹ | Tatjana Adžić-Vukićević⁶⁸ | Ivana Urošević⁴⁴ | Uluhan Sili⁷⁰ | Carolina Miranda-Castillo⁷¹ | Gustavo-Adolfo Méndez⁷² | Stef Meers⁷³ | Monia Marchetti⁷⁴ | Nicola Coppola⁷⁵ | Gökçe Melis Çolak⁷⁶ | Darko Antić⁷¹ | Ditte Stampe Hersby^{44,77} | Pellegrino Musto⁶⁴ | Milche Cvetanoski^{38,78} | Martin Schönlein⁵⁷ | Tommaso Francesco Aiello⁷⁹ | Elena Arellano⁸⁰ | Davide Nappi⁵⁴ | Sonia Martín-Pérez²⁵ | Mirjana Mitrović⁴⁶ | Raul Cordoba^{44,77} | Romane Prin⁴² | Marta Callejas-Charavia⁸¹ | Gina Varricchio³⁵ | Martina Bavastro³⁵ | Alessandro Limongelli⁸² | Amalia N. Anastasopoulou⁸² | Alessandra Romano¹⁷ | Dominik Wolf¹⁸ | Kevin Nguyen¹⁴ | Lukas Van Den Ven^{1,2,3,4} | Alessia Di Pilla^{1,2,3,4} | Antonio Giordano^{83,84} | Oliver A. Cornely^{83,84} | Livio Pagano^{2,3,4,83,84,85}

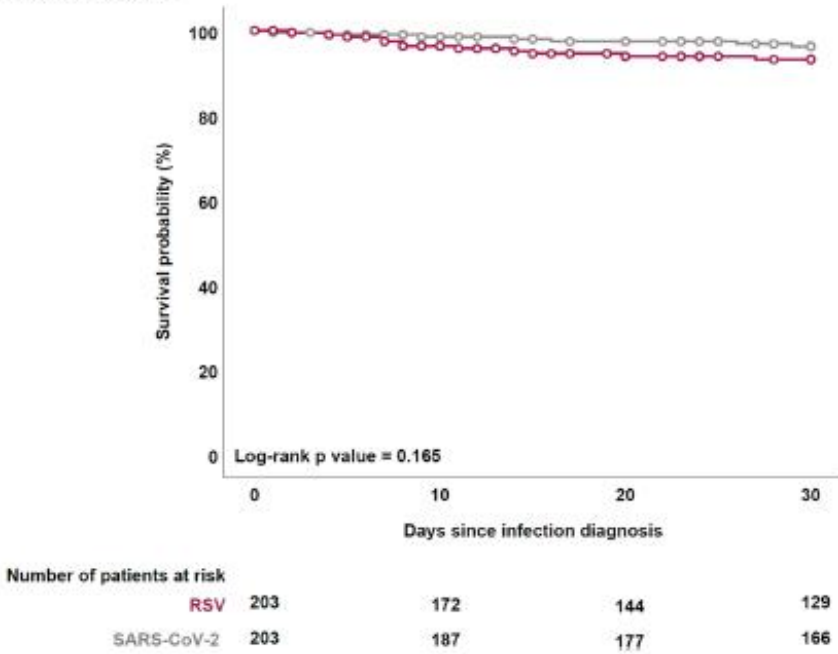
- Registro internacional
- Pacientes hematológicos
- 2023-2024

RSV is a clinically significant respiratory infection in patients with hematological malignancies—especially those with active lymphoid neoplasms, recent chemotherapy, or coinfections—causing high hospitalization, secondary infection, and mortality rates. Compared with influenza and SARS-CoV-2, RSV remains underdiagnosed, undertreated, and under-vaccinated, highlighting the urgent need to improve vaccines, diagnostics, and therapies.

A) RSV vs influenza



B) RSV vs SARS-CoV-2



- **El tratamiento antiviral...**

- **Gripe**

Inhibidores de la neuraminidasa: oseltamivir / zanamivir

- Disminuyen complicaciones en todos los estadios
 - Profilaxis pre-exposición – desarrollo de infección
 - Profilaxis peri-exposición – desarrollo de síntomas (comunidad y nosocomial)
 - Tratamiento ambulatorio casos leves – duración de síntomas
 - Tratamiento ambulatorio pacientes en pacientes de alto riesgo – disminución de evolución a formas graves (ingreso)
 - Pacientes ingresados – disminución de días de ingreso, disminución de ingresos en UCI y disminución de mortalidad
 - Pacientes en UCI – disminución de mortalidad

USE OF THE SELECTIVE ORAL NEURAMINIDASE INHIBITOR OSELTAMIVIR TO PREVENT INFLUENZA

FREDERICK G. HAYDEN, M.D., ROBERT L. ATMAR, M.D., MARGO SCHILLING, M.D., CASEY JOE DONALD PORETZ, M.D., DAVID PAAR, M.D., LES HUSON, PH.D., PENELOPE WARD, M.D., ROGER AND THE OSELTAMIVIR STUDY GROUP*

Inhaled Zanamivir versus Oral Oseltamivir to Prevent Influenza-related

Hospitalization or Death: a Nationwide Population-based Quasi-experimental Study

Effectiveness of neuraminidase inhibitors in reducing mortality in patients admitted to hospital with influenza A H1N1pdm09 virus infection: a meta-analysis of individual participant data

Stella G Muthuri*, Sudhir Venkatesan*, Puja R Myles, Jo Leonardi-Bee, Tariq SA AlKhuwaitir, Abdullah Al Mamun, Arshad Ali Khan, and the OSELTAMIVIR STUDY GROUP*

, K. Arnold Chan³, Ching-Tai Huang⁴, Chi-Tai Fang^{2, 5}*

Early Oseltamivir After Hospital Admission Is Associated With Shortened Hospitalization: A 5-Year Analysis of Oseltamivir Timing and Clinical Outcomes

Jeremy Katzen,¹ Rachel Kohn,¹ Jessica L. Houk,² and Michael G. Ison^{3,6}

Effect of Early Oseltamivir Treatment on Mortality in Critically Ill Patients With Different Types of Influenza: A Multiseason Cohort Study

Theodore Lytras,¹ Elisavet Mouratidou,^{1,2} Anastasia Andreopoulou,¹ Stefanos Bonovas,^{3,4} and Sotirios Tsiodras^{1,5}

Oseltamivir treatment for influenza in adults: a meta-analysis of randomised controlled trials

Joanna Dobson, Richard J Whitley, Stuart Pocock, Arnold S Monto

Effectiveness of Oseltamivir in Preventing Influenza in Household Contacts

A Randomized Controlled Trial

Robert Welliver, MD

Arnold S. Monto, MD

Oseltamivir plus usual care versus usual care for influenza-like illness in primary care: an open-label, pragmatic, randomised controlled trial

Christopher C Butler, Alike W van der Velden, Emily Bongard, Benjamin R Saville, Jane Holmes, Samuel Coenen, Johanna Cook, Nick A Francis,

Efficacy of oseltamivir treatment started within 5 days of symptom onset to reduce influenza illness duration and virus shedding in an urban setting in Bangladesh: a randomised placebo-controlled trial

Alicia M Fry, Doli Goswami, Kamrun Nahar, Amina Tahia Sharmin, Mustafizur Rahman, Larisa Gubareva, Tasnim Azim, Joseph Bresee, Stephen P Luby, W Abdullah Brooks

DOCUMENTO DE CONSENSO

Diagnosis, treatment and prophylaxis of influenza virus infection – Consensus statement of the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC), the Spanish Society of Pediatric Infectious Diseases (SEIP), the Spanish Association of Vaccinology (AEV), the Spanish Society of Family and Community Medicine (SEMFC) and the Spanish Society of Preventive Medicine, Public Health and Health Management (SEMPSPGS)

Autores: Francisco López-Medrano¹; Santiago Alfayate²; Jordi Carratalà³; Judith Chamorro-Camazón⁴; Elisa Cordero⁵; Marta Cruz-Cañete⁶; María Fernández-Prada⁷; Manuel García-Cenoz⁸; M Ángeles Marcos⁹; Santiago Melón¹⁰; Nemesio Moreno-Millán¹¹; María Ángeles Onieva-García¹²; Raúl Ortiz de Lejarazu¹³; Jaime Jesús Pérez-Martín¹⁴; Juan Rodríguez-García¹⁵; Germán Schwarz-Chavarri¹⁶; Alfredo Tagarro-García¹⁷; Diego van Esso-Arbolave¹⁸; Diego Viasus¹⁹; Tomàs Pumarola²⁰



SEIP
Sociedad Española de Infectología Pediátrica

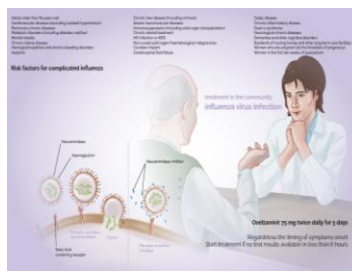
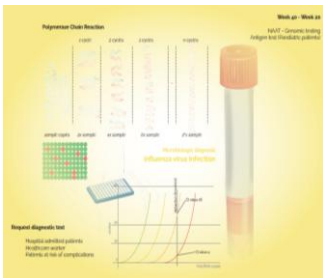
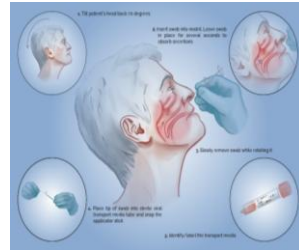
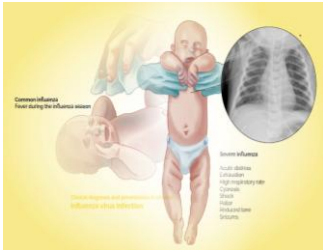
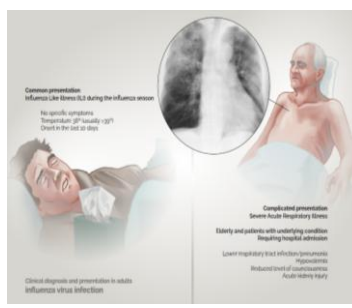
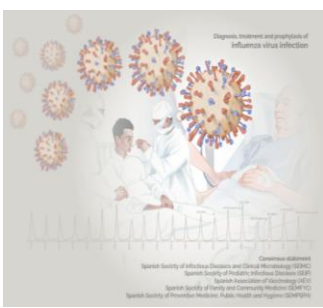


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Sociedad Española de Medicina de Familia y Comunitaria



Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica

Accesible en: www.seimc.org



Evaluation of Oseltamivir Used to Prevent Hospitalization in Outpatients With Influenza

A Systematic Review and Meta-analysis

• *JAMA Intern Med* 2024; 184: 18-27

Ryan Hanula, BSc; Émilie Bortolussi-Courval, NClín; Arielle Mendel, MD, MSc; Brian J. Ward, MSc, MDCM;
Todd C. Lee, MD, MPH; Emily G. McDonald, MD, MSc

- 2.352 estudios identificados
- 15 incluidos en el metanálisis
- Reducción de hospitalización en estudio por intención de tratar:
RR 0,77 (IC 95% 0,47 – 1,27)
- No aumento significativo de efectos adversos graves

CONCLUSIONS AND RELEVANCE In this systematic review and meta-analysis among influenza-infected outpatients, oseltamivir was not associated with a reduced risk of hospitalization but was associated with increased gastrointestinal adverse events. To justify continued use for this purpose, an adequately powered trial in a suitably high-risk population is justified.

- ¡Ver cartas al editor! Hospitalización NO era el objetivo primario de NINGUNO de los 15 estudios incluidos en el metanálisis

We recommend that clinicians use influenza antivirals as early as possible to limit duration of symptoms and specific influenza-associated complications. This recommendation is supported by existing clinical trials and professional societal guidelines.²

A 5-Year Prospective Multicenter Evaluation of Influenza Infection in Transplant Recipients

Deepali Kumar,¹ Victor H. Ferreira,¹ Emily Blumberg,² Fernanda Silveira,³ Elisa Cordero,⁴ Pilar Perez-Romero,⁴ Teresa Aydllo,⁴ Lara Danziger-Isakov,⁵ Ajit P. Limaye,⁶ Jordi Carratala,⁷ Patricia Munoz,⁸ Miguel Montejo,⁹ Francisco Lopez-Medrano,¹⁰ Maria Carmen Farinas,¹¹ Joan Gavalda,¹² Asuncion Moreno,¹³ Marilyn Levi,¹⁴ Jesus Fortun,¹⁵ Julian Torre-Cisneros,¹⁶ Janet A. Englund,¹⁷ Yoichiro Natori,¹ Shahid Husain,¹ Gail Reid,¹⁸ Tanvi S. Sharma,¹⁹ and Atul Humar¹

• *Clin Infect Dis* 2018; 67: 1322-9

- 20 hospitales de España, Canadá y Estados Unidos – 2010 a 2015
- Confirmación microbiológica – 477 TOS y 139 TPH
- 22% neumonía; 65% hospitalizados; 11% UCI; 94% tratamiento antiviral

Table 4. Analysis of Risk Factors Associated With Intensive Care Unit Admission

Risk Factor	Admitted to ICU (n = 68)	Not Admitted to ICU (n = 548)	P Value (Univariate)	Multivariate OR (95% CI)	P Value (Multivariate)
Age, y, median (range)	60 (1–75)	55 (1–84)	.055	1.009 (.99–1.03)	.45
Time from transplant, y, median (range)	3.82 (0.01–30.7)	3.21 (0.01–40.7)	.98		
Influenza A (vs B)	62/68 (91.2)	414/545 (76.0)	.005	2.25 (.92–5.52)	.077
SOT (vs HSCT)	53/68 (77.9)	424/548 (77.4)	.92		
Lung transplant (vs nonlung)	14/68 (20.6)	107/548 (19.5)	.84		
Hospital-acquired influenza	13/55 (23.6)	42/55 (76.4)	.002	2.50 (.98–6.37)	.054
Influenza vaccination in the same season	31/56 (55.4)	346/487 (71.0)	.016	0.49 (.26–.90)	.023
Prednisone (Y/N)	44/68 (64.7)	367/548 (67.0)	.71		
Calcineurin inhibitor (Y/N)	49/68 (72.1)	425/548 (77.6)	.31		
Mycophenolate (Y/N)	33/68 (48.5)	281/548 (51.3)	.67		
Azathioprine	5/68 (7.4)	27/548 (4.9)	.40		
Sirolimus/everolimus	4/68 (5.9)	57/548 (10.4)	.24		
≥2 comorbidities	14/68 (20.6)	80/543 (14.7)	.21		
Hypogammaglobulinemia (IgG <700 mg/dL)	7/20 (35.0)	79/231 (34.2)	.94		
Lymphopenia	36/56 (64.3)	251/462 (54.3)	.16		
Early antiviral therapy	15/57 (26.3)	194/503 (38.6)	.070	0.42 (.20–.87)	.019

Data are presented as no./No. (%) unless otherwise indicated. Bold font represents *P*-values <.05.

Abbreviations: CI, confidence interval; HSCT, hematopoietic stem cell transplantation; ICU, intensive care unit; IgG, immunoglobulin G; OR, odds ratio; SOT, solid organ transplantation.

Conclusions. Annual influenza vaccination and early antiviral therapy are associated with a significant reduction in influenza-associated morbidity, and should be emphasized as strategies to improve outcomes of transplant recipients.

Effect of neuraminidase inhibitor (oseltamivir) treatment on outcome of hospitalised influenza patients, surveillance data from 11 EU countries, 2010 to 2020

Cornelia Adlhoc¹, Concepción Delgado-Sanz², AnnaSara Carnahan³, Amparo Larrauri², Odette Popovici⁴, Nathalie Bossuyt⁵, Isabelle Thomas⁵, Jan Kynčl⁶, Pavel Slezak⁶, Mia Brytting³, Raquel Guilomar⁷, Monika Redlberger-Fritz⁸, Jackie Malstre Melillo⁹, Tanya Melillo⁹, Arianne B. van Gageldonk-Lafeber¹⁰, Sierk D. Marbus¹⁰, Joan O'Donnell¹¹, Lisa Domegan¹¹, Joana Gomes Dias¹, Sonja J. Olsen¹²

- 11 países europeos en los años 2010 a 2020
 - 20.000 pacientes hospitalizados por gripe
 - 31% tratados con inhibidores de la neuraminidasa en < 48 h desde el ingreso
 - Disminución de mortalidad con inicio de antiviral...
 - *Euro Surveill* 2023; 28: pii=2200340
- < 48 h (OR 0,51); 3-4 d (OR 0,59); 5-7 d (OR 0,64) (p<0,001)

What are the implications of your findings for public health?

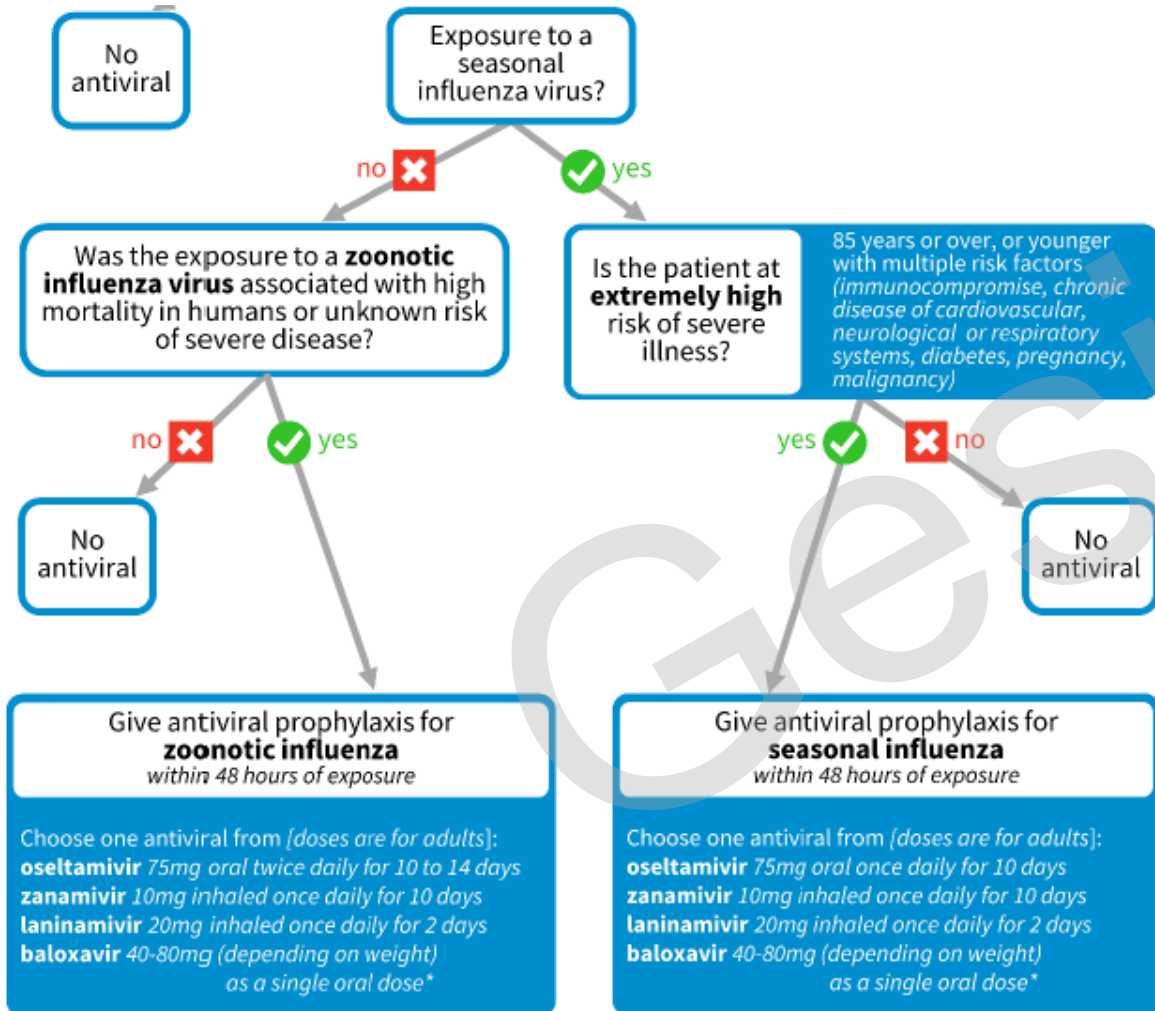
Our results support the role of antiviral treatment in hospitalised patients with laboratory-confirmed influenza. Antiviral treatment was found to reduce the risk of in-hospital death when given early after influenza virus confirmation, but even when the 48-hour window after symptom onset has passed.

Clinical practice guidelines for influenza



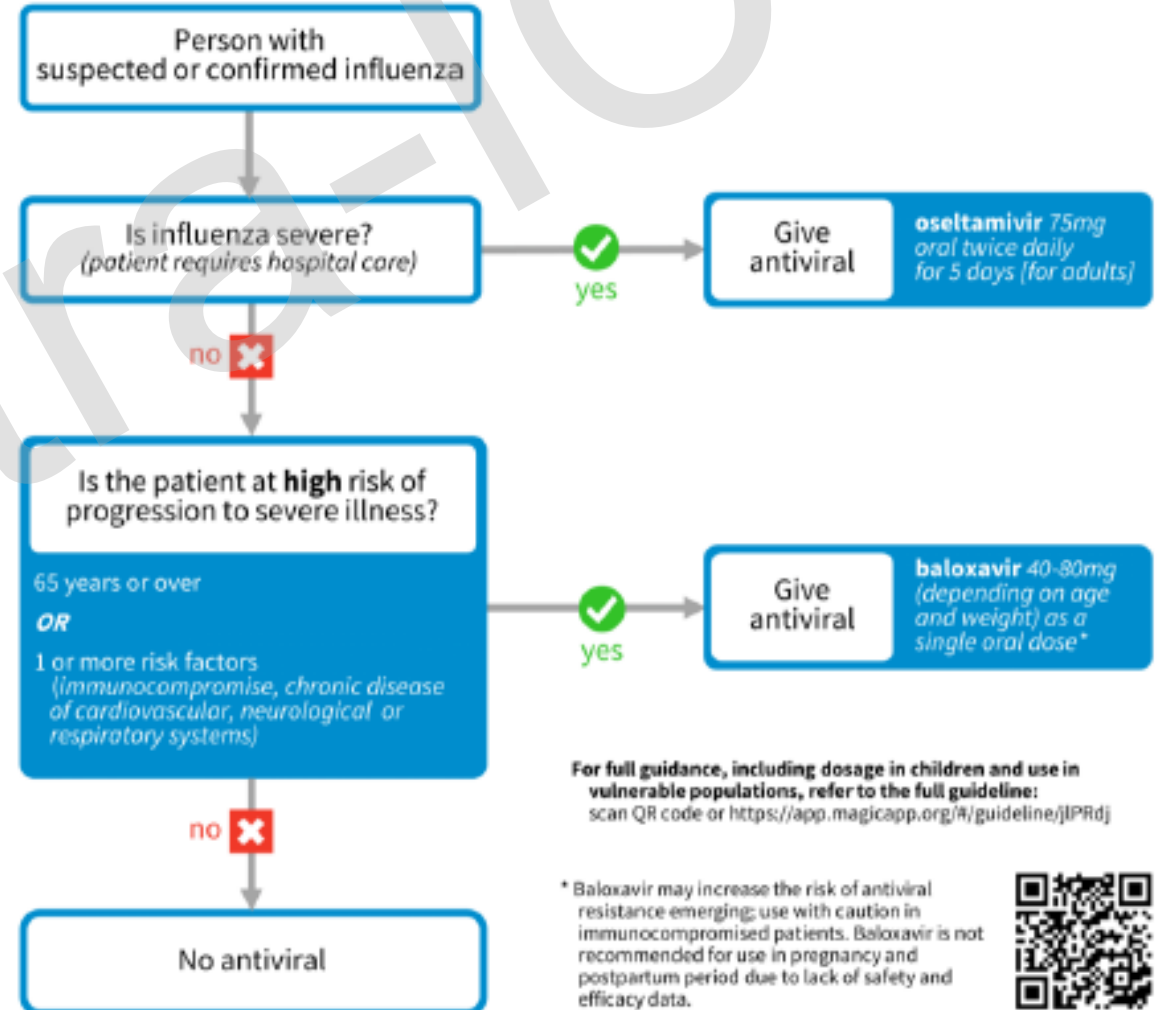
• 2024

• www.who.int



Influenza treatment (seasonal flu)

from World Health Organization
Clinical practice guidelines for influenza (2024)



For full guidance, including dosage in children and use in vulnerable populations, refer to the full guideline: scan QR code or <https://app.magicapp.org/#/guideline/IIPRdJ>

* Baloxavir may increase the risk of antiviral resistance emerging; use with caution in immunocompromised patients. Baloxavir is not recommended for use in pregnancy and postpartum period due to lack of safety and efficacy data.



- La realidad en España...

Tamiflu® 75 mg

cápsulas duras

oseltamivir

75 mg

Vía oral



10 cápsulas duras



10245413

10245413

FARMACIA ATOCHA

LDO. JESÚS ECHARRI TORRES

NIF 50314248-T

TLF. 915273415

Fecha: 12/10/25

Hora: 21:12

F. Simp A1246162/2025

Vendedor: 13/ANDREY

CIP: DNBL370443911016

Descripción Artículo	Ca	P.V.P	%A	Importe
C.Nac.: 778779.2 C.Aport.: NOFAR				
TAMIFLU 75 MG 10 C	1	31,57		31,57
Total.....:				31,57
Entrega Eur.....				0,00
Con Tarjeta: VISA.....				31,57
Devolución Eur.....				0,00
Total Pvp Recetas.....:				31,57
Total Aportación Recetas.....:				31,57

Tipo Impositivo	Base	Cuota	Importe
Super Reducido	30,36	1,21	31,57

... NO financiado en el SNS

Mi conflicto de intereses...

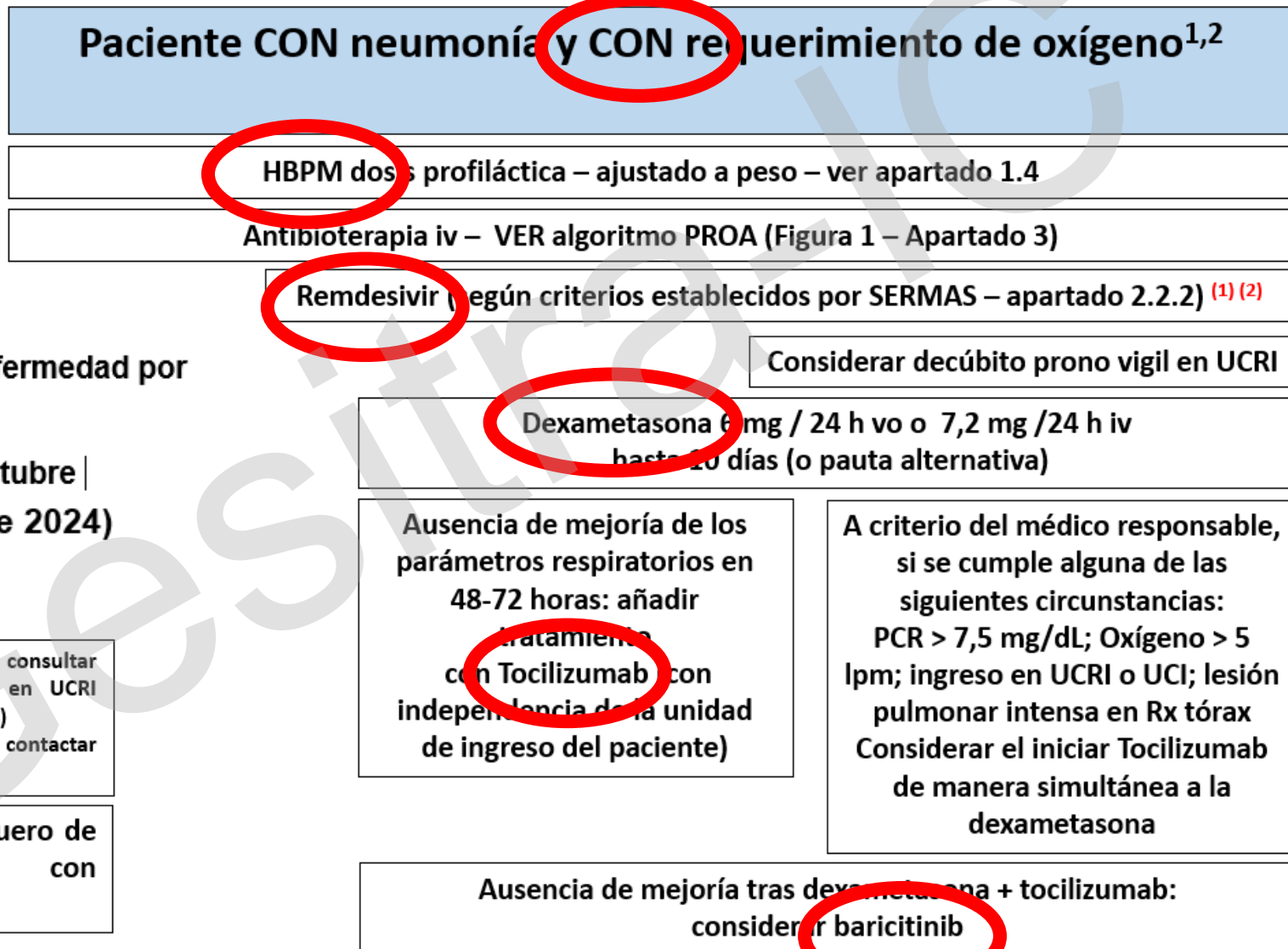


Hospital Universitario
12 de Octubre



• COVID-19

Esquema de Abordaje Terapéutico de Covid-19 (II)



Guía de tratamiento de adultos con enfermedad por

SARS-CoV-2 (COVID-19)

Hospital Universitario 12 de Octubre |

Versión 34.0 (29 de febrero de 2024)

1 – Requerimiento de gafas nasales ≥ 6 lpm: consultar con Neumología la indicación de ingreso en UCRI (Unidad de Cuidados Respiratorios Intermedios)
2 – Requerimiento de mascarilla reservorio: contactar con Medicina Intensiva

(1) Considerar el tratamiento con suero de convalecientes en pacientes con ventilación mecánica

• COVID-19

Guía de tratamiento de adultos con enfermedad por
SARS-CoV-2 (COVID-19)
Hospital Universitario 12 de Octubre |
Versión 34.0 (29 de febrero de 2024)

Esquema de Abordaje Terapéutico de Covid-19 (I)

Paciente CON síntomas SIN requerimiento de oxígeno
(ambulatorio o ingreso hospitalario)

SIN neumonía:
Considerar anticoagulación
profiláctica en pacientes con
alto riesgo trombótico (ver
apartado 1.4)

CON neumonía:
HBPM dosis profiláctica – ajustado a
peso – ver apartado 1.4
Antibioterapia – VER algoritmo
PROA (Figura 1 – Apartado 3)

¿Presenta factores de riesgo de evolución a
formas graves Grupos 1, 2, 3, 4 y 5 (ver Tabla 1)?

SÍ

Paxlovid vo
¡cuidado interacciones!

Ver criterios en apartado 2.6

Paxlovid contraindicado

Remdesivir iv 3 días

Ver criterios en apartado 2.2.1

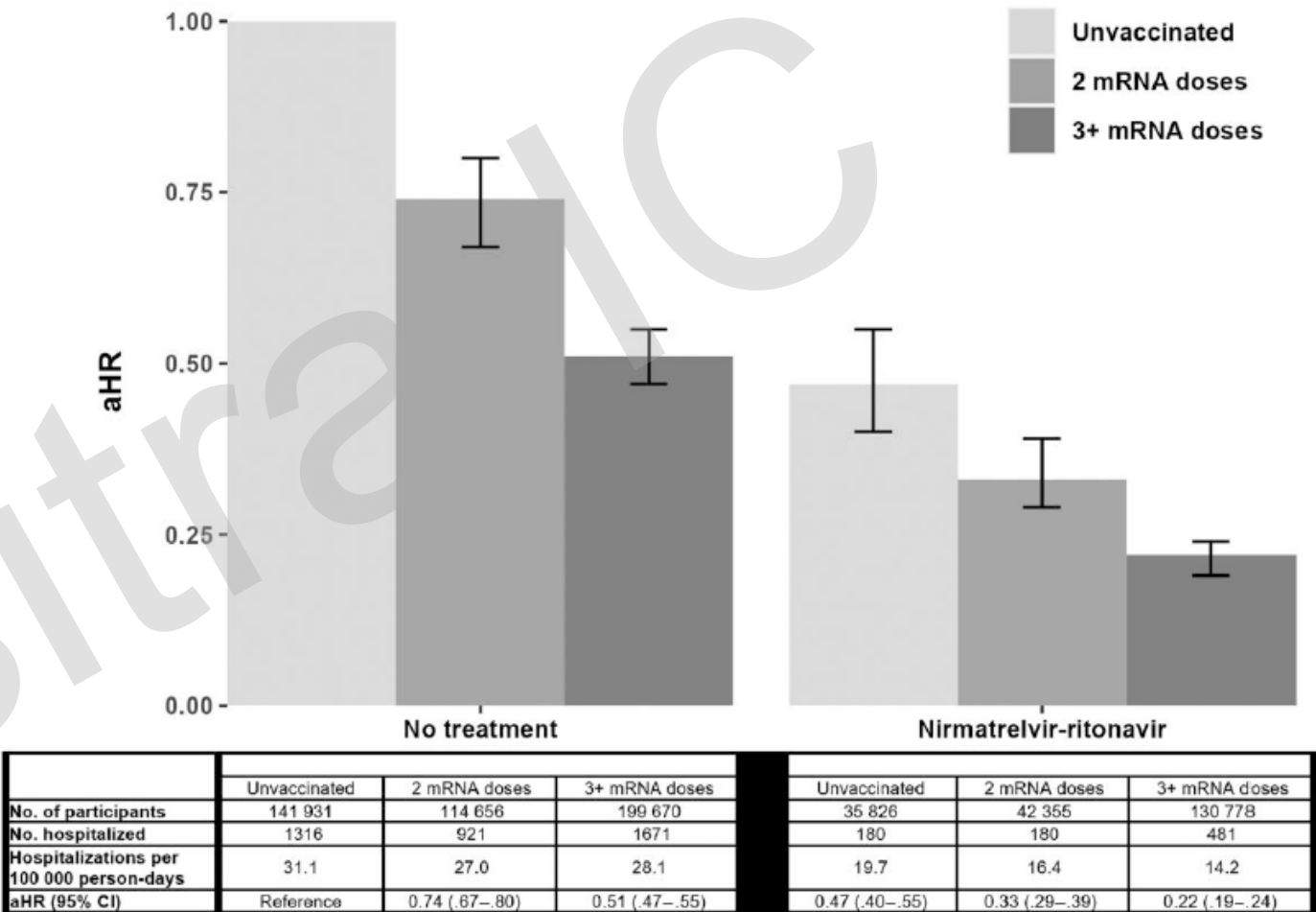
SIEMPRE consultar esta página sobre interacciones
farmacológicas ANTES de prescribir PAXLOVID
<https://www.covid19-druginteractions.org/>

Combined Protection of Vaccination and Nirmatrelvir-Ritonavir Against Hospitalization in Adults With Coronavirus Disease 2019

Melisa M. Shah,^{1,✉} Brendan Joyce,² Ian D. Plumb,¹ Sam Sahakian,² Leora R. Feldstein,¹ Eric Barkley,² Mason Paccione,² Joseph Deckert,² Danessa Sandmann,² Melissa Briggs Hagen,^{1,a} and Jacqueline L. Gerhart^{2,a}

- Adultos con alto riesgo de progresión a formas graves
- aHR – *hazard ratio* ajustada
- Riesgo de hospitalización

• Clin Infect Dis 2024; 79: 108-10



- EEUU: ¡Solo 30% con indicación reciben tratamiento!

Management of COVID-19 in immunocompromised patients: an European Society of Clinical Microbiology and Infectious Diseases consensus document

Michele Bartoletti ^{1,2}, Ozlem Azap ³, Aleksandra Barac ^{4,5}, Manel Ben Selma ⁶, Onder Ergonul ⁷, Effrossyni Gkrania-Klotsas ⁸, Paolo Antonio Grossi ^{9,10}, Robert Krause ^{11,12}, Blin Nagavci ^{13,14}, José Ramón Paño-Pardo ^{15,16,17}, Ligia Camera Pierrotti ¹⁸, Nicholas Power ¹⁹, Jesús Rodríguez-Baño ^{16,20,21}, Marcella Sibani ²², Monica A. Slavin ^{23,24}, Balint Gergely Szabo ^{25,26}, Beatrice Tazza ²⁷, Nicole Ngai Yung Tsang ²⁸, Sotirios Tsiodras ²⁹, Ines Zollner-Schwetz ^{11,12}, Roy F. Chemaly ^{30,*}, on behalf of the ESCMID Study Group for Infections in Compromised Hosts and the ESCMID Study Group for Respiratory Viruses

- Clin Microbiol Infect 2025; 31: 1655-66

Table 1
Summary of questions and statements

Question	Setting/condition	Statement
(1) How should immunocompromised patients with mild/moderate or severe COVID-19 be treated at the first occurrence of infection?	Mild disease	Initial standard treatment with either nirmatrelvir/ritonavir, remdesivir, or monoclonal antibodies (when available and active against circulating variants)
	Moderate/severe disease	Consider prolonged and/or combination therapy in selected highly immunosuppressed patients Consider combination and prolonged therapy

- COVID-19 – oportunidades perdidas para el tratamiento...

Underutilization of nirmatrelvir/ritonavir in eligible COVID-19 patients

- *Eur J Clin Microbiol Infect Dis* 2025; 24: 2283-6

Celia Fortea de Arpe¹ · Reynaldo Homen^{1,2} · Adrian Valls-Carbó^{1,2} · Julia Barrado¹ · Carolina Olmos-Mata¹ · Juncal Pérez-Somarriba^{1,2} · Ana Muñoz-Gomez^{1,2} · Maria Jose Núñez-Orantos^{1,2} · Noemí Cabello-Clotet^{1,2} · Vicente Estrada^{1,2}

- 132 pacientes ingresados por COVID-19 (agosto – noviembre de 2023)
- 88/132 tenían indicación de N/r ambulatorio pero...
- ... solo 3,8% lo recibieron...
- ... a pesar de que 24% habían contactado con el sistema sanitario antes del ingreso
- 80% tenían una interacción potencial medicamentosa con N/r pero...
- ... solo un 11% presentaba una contraindicación absoluta para recibir N/r

Our data confirm that many patients who could benefit from early treatment with NMV/r are not receiving it. This limited use may be linked to missed opportunities to prevent hospitalization and mortality from Covid-19.

- Tx pulmonar como tratamiento de COVID-19 grave

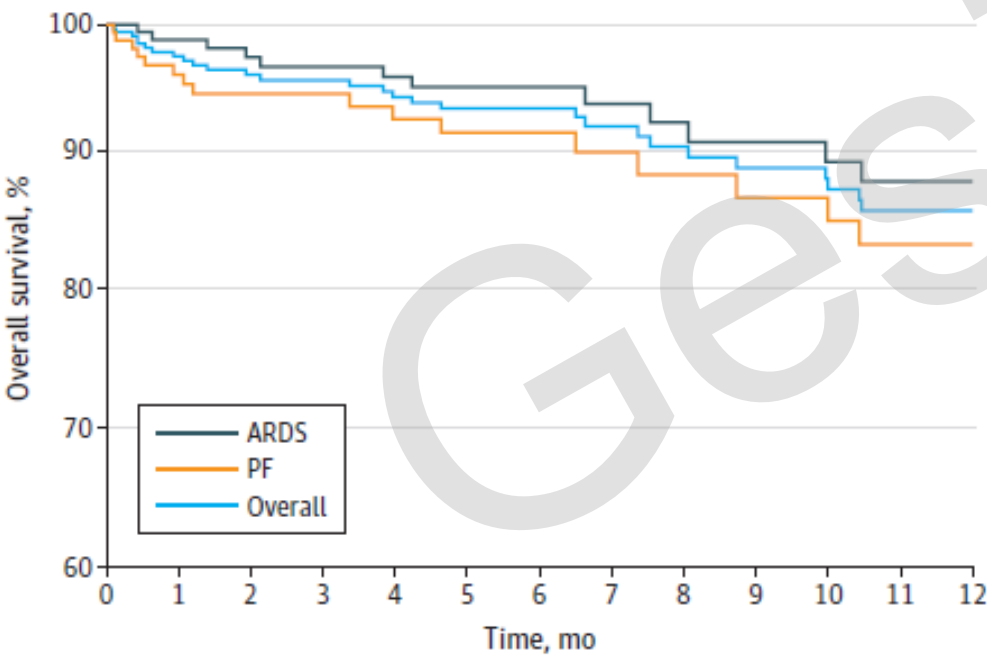
Outcomes Following Lung Transplant
for COVID-19-Related Complications in the US

- JAMA Surgery 2023; 158: 1159-66

Panagiotis Tasoudis, MD; Leonard J. Lobo, MD; Raymond D. Coakley, MD; Chris B. Agala, PhD;
Thomas M. Egan, MD, MSc; Benjamin E. Haithcock, MD; Gita N. Mody, MD, MPH; Jason M. Long, MD, MPH

- SDRA (195 pacientes) y fibrosis pulmonar (190 pacientes) post-COVID-19

Figure 2. Survival Following COVID-19-Related Lung Transplant in the US



ARDS indicates acute respiratory distress syndrome; PF, pulmonary fibrosis.

Functional status at listing	No. (%)	
	Patients with ARDS (n = 195)	Patients with PF (n = 190)
Moribund	32 (16.5)	<11 ^b
Very sick	113 (58.3)	89 (47.3)
Severely disabled	16 (8.3)	28 (14.9)
Disabled	<11 ^b	18 (10.1)

Meaning The findings indicate that lung transplant was associated with good outcomes in patients with irreversible respiratory failure due to COVID-19, with survival comparable to other pretransplant etiologies.

• **VRS**

• *Adv Ther* 2022; 39: 4037-51

Ribavirin for Treatment of Subjects with Respiratory Syncytial Virus-Related Infection: A Systematic Review and Meta-Analysis

Sofia Tejada · Raquel Martinez-Reviejo · Hanife N. Karakoc · Yolanda Peña-López · Oriol Manuel · Jordi Rello

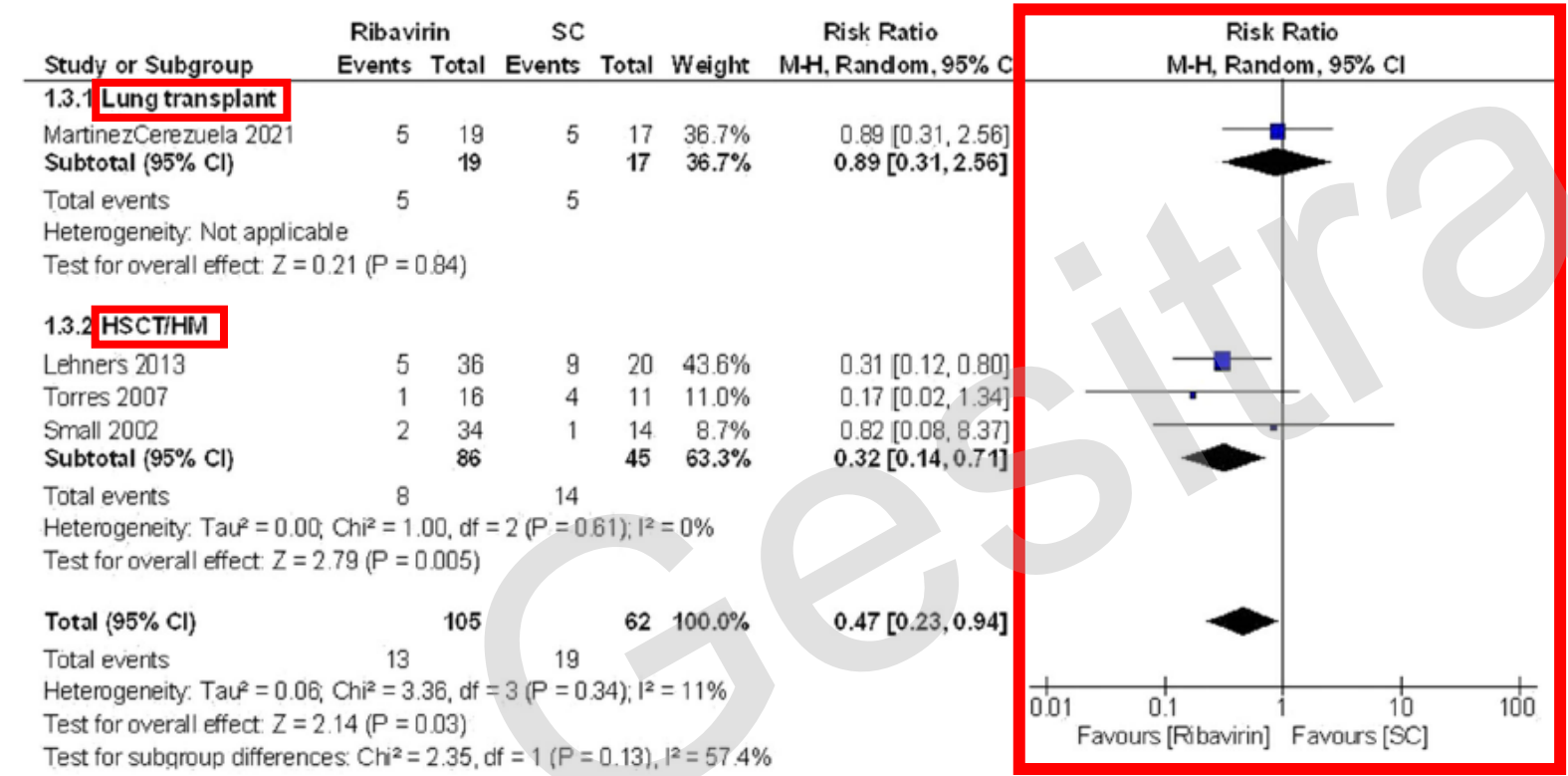


Fig. 3 Forest plot of the effect of aerosol/oral ribavirin therapy on mortality by immunocompromised subjects. The weight represents the percentage contribution of each

study to the summary effect estimate. SC = supportive care; I² = heterogeneity; df = degrees of freedom

Key Summary Points

Why carry out this study?

To improve decisions based on evidence to optimize therapy for lower respiratory tract infections caused by respiratory syncytial virus

What was learned from the study?

Oral/aerosolized ribavirin therapy significantly improves survival in haematological subjects

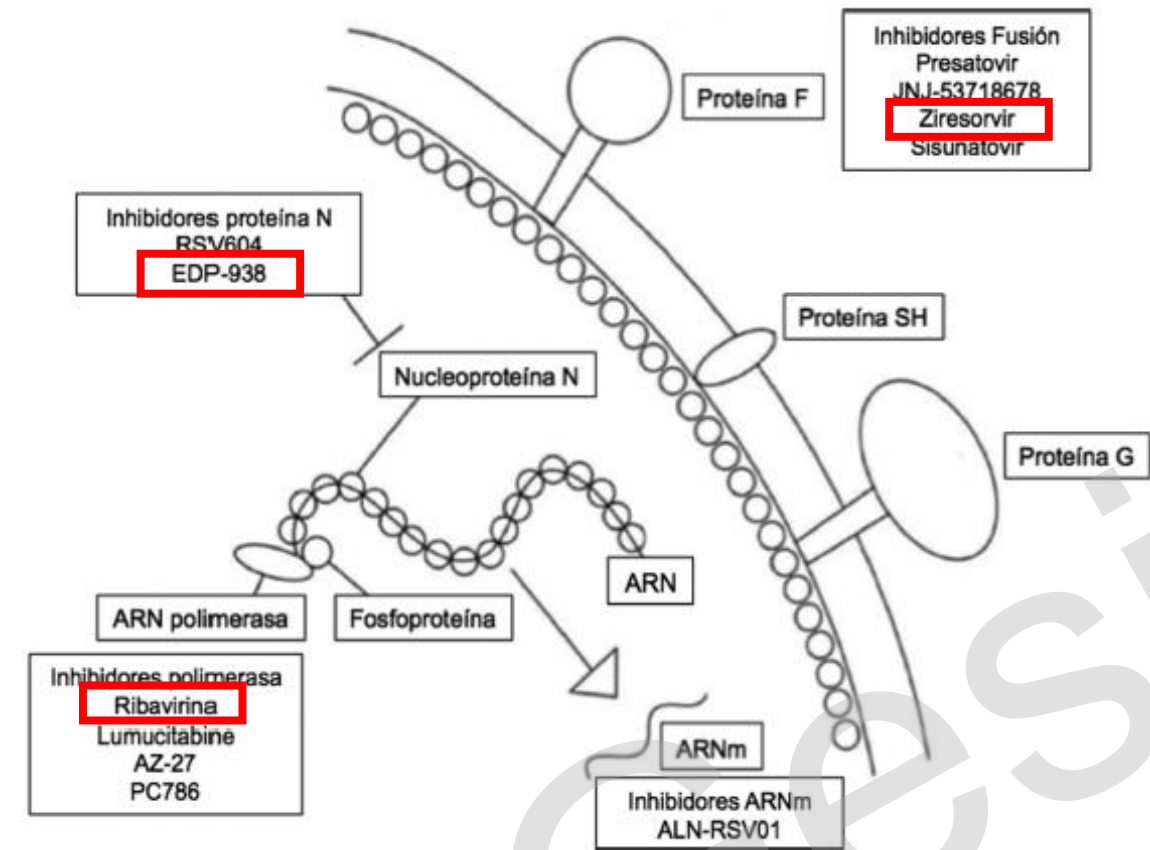
There is a lack of evidence to support its use in lung transplant recipients and healthy infants

Oral ribavirin is an effective alternative to aerosolized ribavirin, with cost savings and potentially fewer adverse events

The most reported adverse events were related to haematological manifestations and systemic toxicity. No severe adverse events were reported

• VRS... para el futuro

- Reina J *et al. Rev Esp Quimioter* 2023; 36: 26-29



Efficacy and safety of ziresovir in hospitalised infants aged 6 months or younger with respiratory syncytial virus infection in China: findings from a phase 3 randomised trial with 24-month follow-up

Han Zhang*, Wei Zhao*, Xiaoyan Zhang*, Lei Zhang*, Run Guo*, Han Huang*, Li Lin*, Feng Liu*, Haidan Chen*, Fangfang Shen*, Jinzhun Wu*

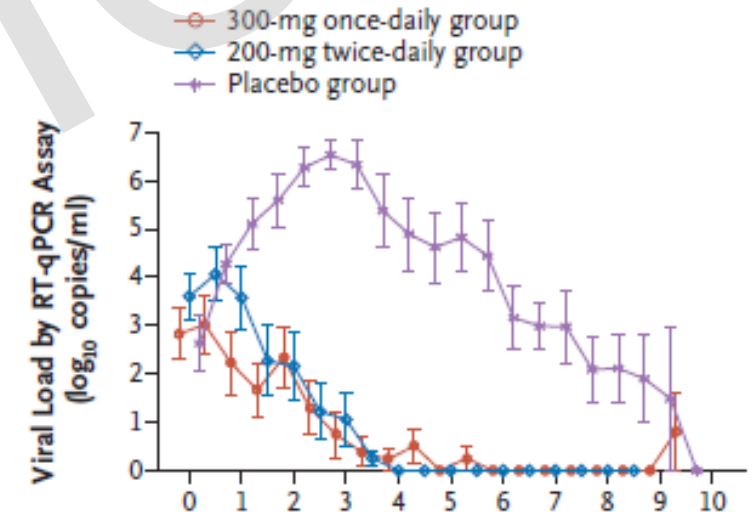
- Lancet Child Adolesc Health* 2025; 9:325-36

EDP-938, a Respiratory Syncytial Virus Inhibitor, in a Human Virus Challenge

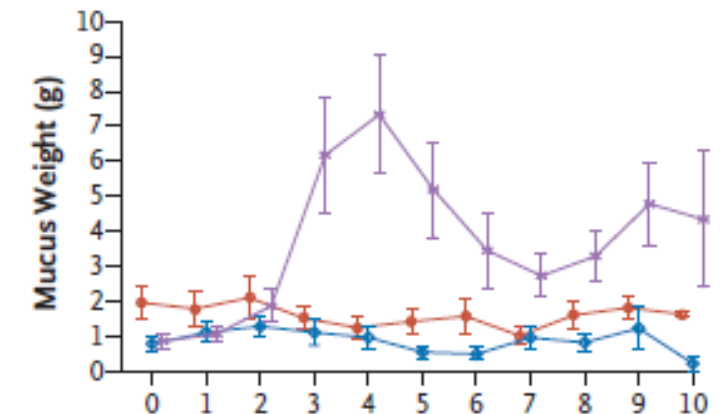
Alaa Ahmad, Ph.D., Kingsley Eze, B.Sc., Nicolas Noulin, Ph.D.,

- N Engl J Med* 2022; 386:655-66

• Carga viral



• Cantidad de moco



• Para saber más...

Respiratory Syncytial Virus 2024 3

Respiratory syncytial virus infections in adults: a narrative review

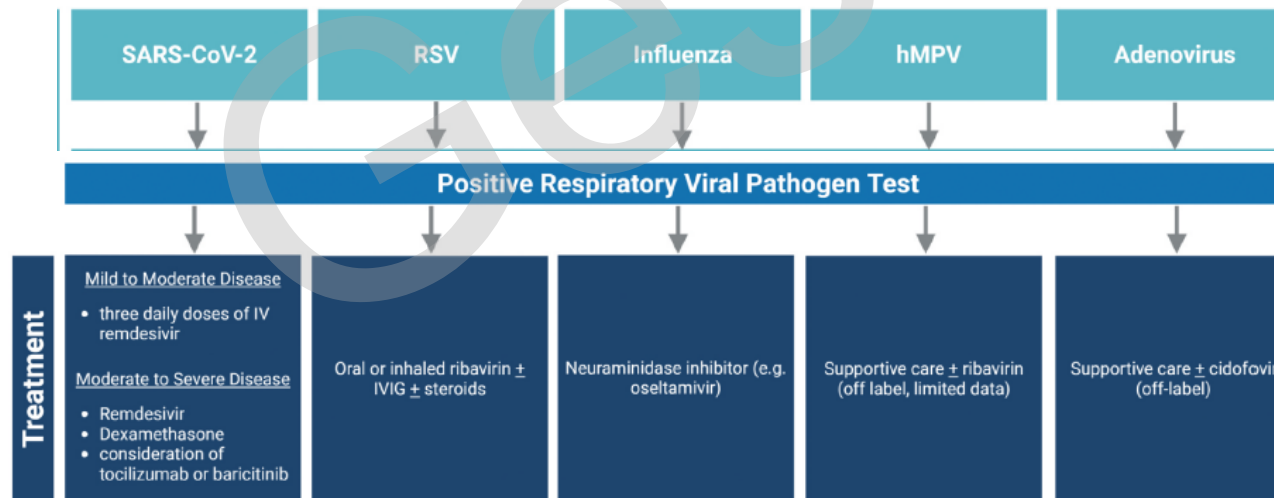
- *Lancet Respir Med* 2024; 12: 822-36

Joanne G Wildenbeest*, David M Lowe*, Joseph F Standing, Christopher C Butler

Respiratory viral infections in lung transplantation: Recent advances in epidemiology, clinical impact, and therapeutic approaches

Hannah Bahakel, MD and Lara Danziger-Isakov, MD, MPH*

- *JHLT Open* 2025; 10: 100362



Key messages

- Respiratory syncytial virus (RSV) is a common infection in adults, with incidence probably underestimated by current tests
- Although generally causing mild and self-limiting illness, RSV infection can be serious and result in hospitalisation, intensive care admission, or death, especially in older adults with underlying morbidity (such as heart failure or COPD)
- Compared with patients admitted to hospital with influenza, those with RSV tend to be older, with more comorbidity, and have poorer outcomes; total health-care resource use is similar for RSV and influenza
- RSV infection can have serious short-term (eg, cardiovascular events) and long-term (eg, loss of independence) sequelae
- RSV confers particular risks for people who are immunocompromised, including very prolonged infection and bronchiolitis obliterans
- Recently, three vaccines for older adults have been approved for market—real-world effectiveness and duration of protection, especially in the highest risk groups, is being studied
- Therapeutics to treat RSV infection are still unavailable

The 1918 “Spanish Flu” in Spain

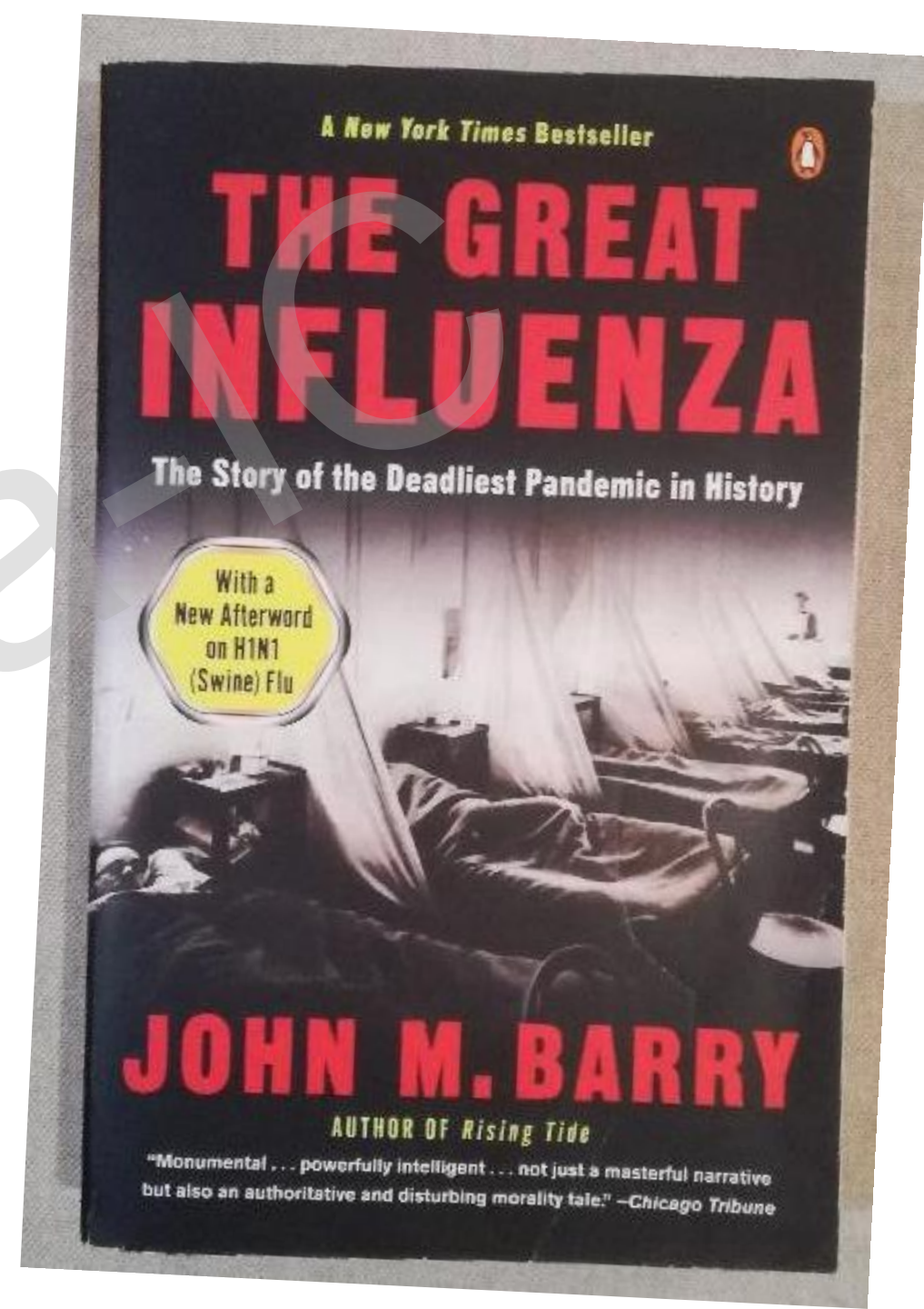
Antoni Trilla, Guillem Trilla, and Carolyn Daer

Hospital Clinic, Institut d'Investigacions Biomediques August Pi I Sunyer, University of Barcelona and Centre de Recerca en Salut Internacional de Barcelona, Barcelona, Spain

- *Clin Infect Dis* 2008; 47: 668-73

News stated that spread of a strange influenza-like illness, which was very mild, had been ongoing since the beginning of May. Because of Madrid's yearly local holidays (Fiesta de San Isidro), a great number of people gathered in ballrooms and popular parties (Verbenas) during the third week of May and, thus, were likely exposed to a high risk of virus transmission [11, 19].

Public health measures adopted by political authorities included disinfection with phenolic oil or creoline (Zotal, a very popular disinfectant at the time) (figure 3). The Spanish Royal Academy of Medicine questioned the rationale and the effectiveness of these methods [19, 23], but the opinion of local authorities prevailed, and travelers, their baggage, and railway and tramway wagons were disinfected. Theaters, cafeterias, and churches were also disinfected.





• Muchas gracias
por su atención



SaludMadrid **Hospital Universitario
12 de Octubre**

ciberinfec
Centro de Investigación Biomédica en Red
Enfermedades infecciosas

ue 25 años
H120
ESCMID Collaborative Center



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Instituto de Investigación
Hospital 12 de Octubre