Valentina **Negretto**

INFORMAZIONI PERSONALI

Data di nascita:
27 Settembre 1983
Residenza:
San Giovanni Lupatoto (VR)
Telefono:
391 3484717
Email:
valenegretto@gmail.com

PROFILO

Creativa, dinamica e positiva.
Forte propensione al contatto con il pubblico.
Orientata al raggiungimento degli obbiettivi, ottime capacità di adattamento e spiccate doti relazionali

PASSIONI

Passione per il design, la moda e l' arte. Seguo la musica, amo andare ai concerti, alle mostre, a teatro e al cinema.
Nel tempo libero mi piace guardare serie TV, disegnare, imparare, viaggiare e fare sport.

COMPETENZE LINGUISTICHE

Conoscenza base della lingua inglese sia scritta che parlata

Flessibile e disponibile a lavorare su turni e nei giorni festivi
PATENTE B

Esperienze Lavorative

ADETTA REPARTO MERCHANDISING E RESPONSABILE STORE
AC Chievo Verona 05/2016 - in corso (Verona)

- Coordinazione di tutta la parte Merchandising della società sportiva Chievo Verona: ordini, caricamento prodotti sulla piattaforma online tramite il programma Selfcomposer, stampa T-shirt per eventi, partite prima squadra, ordini personalizzati
- Gestione fornitori: stamperia per produzione loghi grafici da applicare sulle maglie, produzione gudget e omaggi sponsor
- Responsabile dello store Chievo Verona presso campo sportivo Bottagisio e responsabile stand durante gli eventi
- della società sportiva e partite di Campionato
  Addetta alla vendita, monitoraggio del magazzino per riassortimento articoli di area vendita, gestione layout negozio e vetrine
- Profonda conoscenza del prodotto
- Collaborazione con ufficio Marketing e prima squadra settore giovanile

ADDETTA ALLA SEGRETERIA E ASSISTENTE DOCENTE
Università degli Studi di Verona Facoltà di Medicina e Chirurgia
10/2001 - 04/2013 (Verona)

- Collaborazione nello svolgimento di attività di supporto alla ricerca quali creazioni di lucidi, fotocopie, raccolta e inserimento dati
- Ricerca, scaricamento dati e materiali da internet, battitura delle tabelle, attività di supporto alla didattica in corsi di formazione/aggiornamento professionale
- Collaborazione alla spedizione mailing-list delle locandine per diversi eventi e successiva consulenza telefonica per eventuali chiarimenti
- Preparazione materiale didattico, attestati e certificati per i discenti dei vari corsi universitari
- Supporto ai docenti esterni all' Ateneo per prenotazione di hotel di soggiorno

Istruzione e Formazione

10/2018
Tramite AC Chievo Verona ho frequentato il corso di specializzazione in *Gestione della piattaforma e criteri di ricerca Google* per l' e - commerce della società

07/2001
DIPLOMA DI ARCHITETTURA E ARREDO - Istituto d'Arte, Verona
Durante questi anni di studi ho alimentato un forte impulso per la progettazione di oggetti, forme, arredi e materiali

Competenze Informatiche

Ottima conoscenza di Selfcomposer, Winzip, sistemi di navigazione internet e gestione di posta elettronica.
Ottima conosceza delle applicazioni del sistema operativo Windows , Windows XP , Office (Excel, Word, Power Point).

Breve elenco dei corsi seguiti:

2003 – 2008

SEZIONE DI IGIENE MPAO E EPIDEMIOLOGIA & STATISTICA MEDICA -DIPARTIMENTO DI MEDICINA E SANITA' PUBBLICA – FACOLTA' DIMEDICINA E CHIRURGIA – VERONA
(Borsa di studio – Co.co.co)

1. COLLABORAZIONE NELLO SVOLGIMENTO DI ATTIVITA' DI SUPPORTO ALLA RICERCA QUALI CREAZIONI DI LUCIDI, FOTOCOPIE, RACCOLTAE INSERIMENTO DATI, RICERCA E SCARICAMENTO DATI E MATERIALI DA INTERNET, BATTITURA TABELLE, ATTIVITA' DI SUPPORTO ALLA DIDATTICA IN CORSI DI FORMAZIONE / AGGIORNAMENTO PROFESSIONALE PERFEZIONAMENTO, CON ANALOGHI AMBITI DI COLLABORAZIONE.

2. INFORMAZIONI E COLLABORAZIONE ALLA GESTIONE DELLE ATTIVITA' DI: **DIRETTORE DELLA SCUOLA DI SPECIALIZZAZIONE IN IGIENE E MEDICINA PREVENTIVA** (organigrammi, gestione schede anagrafiche del docente, …) - Prof. G. Romano

CORSO PER ADDETTI ALLE VERIFICHE ISPETTIVE QUALITA'SETTORE EA38 - Sanità ed altri Servizi Sociali – (consulenza telefonica per eventuali chiarimenti in riferimento all'iscrizione, supporto segretariale per organizzazione corso, preparazione materiale didattico, preparazione attestati e certificati per i discenti del corso) 1 e 2 Ciclo - Prof. G. Romano

CORSO PER AUDITOR/LEAD AUDITOR – Sistemi e Gestione per la Sicurezza – Prof. G. Romano

MASTER di II° LIVELLO IN "GESTIONE DEL RISCHIO E SICUREZZA DEL PAZIENTE – RISK MANAGEMENT AND
PATIENT SAFETY" 1, 2 e 3 ciclo - Prof. G. Romano

MASTER di I° LIVELLO IN "GESTIONE DELLA QUALITA' DEL RISCHIO CLINICO E DELLA SICUREZZA DEL PAZIENTE" 1 ciclo -Prof. G. Romano

CORSO DI PERFEZIONAMENTO in "ORGANIZZAZIONE, GESTIONE E QUALITA' DEI PERCORSI ASSISTENZIALI INTEGRATI" 1 e 2 ciclo - Prof. G. Romano

MASTER DI II° LIVELLO IN "EPIDEMIOLOGIA VALUTATIVA"- 2 e 3 Ciclo Prof. R. de Marco (collaborazione alla spedizione mailing-list delle locandine, ricerca di vari indirizzi su internet, consulenza telefonica per eventuali chiarimenti in riferimento all' iscrizione, preparazione materiale didattico per i corsi, preparazione attestati e certificati per i discenti del corso, supporto ai docenti esterni all' Ateneo per prenotazione di hotel per soggiorno per l' organizzazione dei seguenti corsi monografici:
1. DISEGNO E ANALISI DELLE SPERIMENTAZIONI CLINICHE DI FASE III
2. FARMACOEPIDEMIOLOGIA E FARMACOVIGILANZA: BASI RAZIONALI E FONTI DI DISCUSSIONE
3. PRINCIPI E METODI DELLA MEDICINA BASATA SULLE PROVE DI EFFICACIA
4. HEALTH EFFECTS OF AIR POLLUTION: STUDY DESIGN, STATISTICAL CHALLENGES FINDINGS AND POLICY IMPLICATIONS
5. STATISTICS FOR MICROARRAYS: DESIGNS, ANALYSIS AND INFERENCE
6. MOLECULAR EPIDEMIOLOGY: AN INTRODUCTION INTO STUDY DESIGNS, BIOMARKERS, GENES, SNPs AND ANALYSIS STRATEGIES
7. EPIDEMIOLOGIA SPECIALE
8. LA RICERCA OSSERVAZIONALE E SPERIMENTALE NELLA VALUTAZIONE DEGLI INTERVENTI SANITARI

2008 - 2009

HUB SERVICE - VERONA
(Collaborazione con Dipartimento di Medicina e Sanità Pubblica
Facoltà di Medicina e Chirurgia – Verona)

2010 - 2013

SEZIONE DI PSICHIATRIA E SEZIONE DI PSICOLOGIA MEDICA – DIPARTIMENTO DI SANITA' PUBBLICA E MEDICINA DI COMUNITA' – FACOLTA' DI MEDICINA E CHIRURGIA – VERONA (Borsa di ricerca)

1. PROGETTO DI RICERCA **DETERMINANTI GENETICI, CLINICI E PSICOSOCIALI DELL'ESITO DELLE PSICOSI IN: PROMUOVERE LA RICERCA SCIENTIFICA PER MIGLIORARE LA QUALITÀ DELLE CURE. IL CENTRO OMS DI RICERCA SULLA SALUTE MENTALE, VERONA**.
INSERIMENTO E ELABORAZIONE DEI DATI PROVENIENTI DALLE CARTELLE DEI PAZIENTI E DEGLI STRUMENTI DI MISURAZIONE PREVISTI DAL PROGETTO MEDIANTE UN DATABASE SPECIFICO, INOLTRE, FORNIRE SUPPORTO ORGANIZZATIVO GENERALE AL COMPLETAMENTO DELLA RACCOLTA DATI E ALL'ELABORAZIONE DEI DATI DEL PROGETTO – Prof.ssa M. Ruggeri.

2. PROGETTO DI RICERCA **EFFICACIA DEL LITIO NELLA DEPRESSIONE RESISTENTE CON RISCHIO SUICIDARIO**
GESTIONE DATABASE CONTENENTE LE INFORMAZIONI INERENTI AI SERVIZI PSICHIATRICI
ITALIANI CHE HANNO PARTECIPATO ALLA SPERIMENTAZIONE E INSERMENTO DATI PROVENIENTI DALLE CARTELLE CLINICHE DEI PAZIENTI RECLUTATI PER IL PROGETTO. FORNITO SUPPORTO SEGRETARIALE E ORGANIZZATIVO ALL'ATTUAZIONE GENERALE DEL PROGETTO – Prof. C. Barbui.

3. PROGETTO DI RICERCA **REFINEMENT-RESEARCH ON FINANCING SYSTEMS' EFFECT ON THE QUALITY OF MENT-AL HEALTH CARE – 7FP PROJECT REFINEMENT GA N.261459, CUP B35E10000610006" FINANZIAMENTO PROVENIENTE DALLA COMMISSIONE EUROPEA** FORNITO SUPPORTO ORGANIZZATIVO GENERALE ALL'ATTUAZIONE DEL PROGETTO.
INSERIMENTO DEI DATI PROVENIENTI DAGLI STRUMENTI DI MONITORAGGIO E VALUTAZIONE PREVISTI DAL PROGETTO DI RICERCA, IN UN DATABASE SPECIFICO – Prof. F. Amaddeo.

4. PROGETTO DI RICERCA **MISURARE LA QUALITA' DELL'ASSISTENZA PSICHIATRICA E SOCIALE FORNITA AI PAZIENTI CON DISTURBI MENTALI**. FORNITO SUPPORTO ORGANIZZATIVO AL COORDINAMENTO TRA I CENTRI OPERANTI NEL PROGETTO. INOLTRE, EFFETTATO L'INSERIMENTO DEI DATI PROVENIENTI DAI QUESTIONARI PREVISTI DAL PROGETTO DI RICERCA, UTILIZZANDO UN DATABASE
PROGETTATO AD HOC - Prof. F. Amaddeo

ORIGINAL ARTICLE

Seroprevalence for HIV and Treponema pallidum infection in an immigrants population in Verona area (Italy)

S. MAJORI*, V. BALDO**, M. MALIZIA*, I. TOMMASI*, G. MONTEIRO***, A. FERRARI****, A. ACCORDINI*****, P. GUZZO******, T. BALDOVIN**, R. TRIVELLO**, G. ROMANO*

* Department of Medicine and Public Health, Section of Hygiene, University of Verona; ** Department of Environmental Medicine and Public health, Section of Hygiene, University of Padua; *** Department of Tropical Diseases, Negrar Hospital, Verona; **** Prevention Department Local Health Agency 20, Verona; ***** Clinical Analysis Laboratory, Hospital of Bussolengo; ****** Laboratory Department, Hospital San Bonifacio, Verona, Italy

Key words

HIV • Treponema pallidum • Italy

Summary

The aim of this study was to assess the seroprevalence of HIV and Treponema pallidum (Tp) antibodies among African immigrants living in the Verona area.

Between March 2002 and May 2004, 161 immigrants were enrolled in the study, having given their informed consent and a personal epidemiological report. Each subject submitted to the necessary serological analyses to ascertain the prevalence of HIV and Tp infection. The prevalence of HBV (any marker) and HCV infection was also evaluated in HIV and Tp positive sera.

Of the 161 subjects, 80% were male; the mean age was 31.7 ± 7.94 years; 38.5% of all subjects came from Nigeria.

The prevalence of HIV infection was 3.7% (5 males and 1 female). Five males (3.1%) were Tp positive. One 37-year-old married male was positive for both HIV and Tp infection.

The prevalence of HIV and Tp.infection in the sample examined was higher than the estimated seroprevalence in the autochthonous population of the Veneto Region and Italy as a whole. This may be for various reasons, relating to the immigrants originating from areas where these infections are endemic, their life-styles and risk behavior, sexual and parenteral transmission, intravenous drug use (IVDU), or iatrogenic transmission in their home countries.

The results of our study support the advisability of routine screening for immigrants with a view to assuring the early identification of infection and disease.

Introduction

After Germany, France and Great Britain, Italy is the fourth European country for the numerical consistency of its immigrant population (which doubled in the nineties), though their incidence on the population resident remains low [1].

At the beginning of 2003, the total number of registered foreigners was 2,469,324. In addition to those with official residence permits and registered with the Home Affairs Ministry as at January 1, 2003 (1,512,324), there were also the minors brought to Italy by their parents (230,000), or born in Italy to foreign couples (45,000), immigrants still awaiting their residence permits due to bureaucratic delays (approximately 82,000) and, finally, immigrants who had applied for a residence permit (600,000). The incidence on the residence population is 4.2% [1].

In Verona (as at 31/12/2001), there were 32,499 foreigners officially recorded (15,296 of them residing in the city itself), accounting for an incidence on the local population of 3.9% [1].

Our knowledge of the state of health of Italian immigrants is scarce and fragmentary because there are also many illegal immigrants, it is often difficult for them to gain access to the public health services, the migratory flows are dynamic, diverse and variable, and finally, no suitable observational and study tools have been organized.

Until today, most of our information came from some voluntary health service structures that in the main have taken care of people who have not approached the national health service.

Data collected from these outpatient clinics often lack homogeneity and are affected by the type of health service offered and by the pattern of users whose presence in Italy is often illegal so they are socially extremely uneasy [2].

This social uneasiness often induces them to adopt inadequate lifestyles, which also have to do with living in overcrowded accommodation in poor hygienic conditions, thus facilitating the transmission of infections among families and other micro-communities. In this setting, the aim of present study was to assess the seroprevalence of HIV and *Treponema pallidum* (Tp) infection in a group of immigrants coming from Sub-Saharan Africa and attending a health center for immigrants run by a group of medical volunteers. These im-

migrants live in Verona but are not registered, so they have not approached the national health service.
The purpose of this study was to estimate the epidemiology of said infections in these communities, and their possible impact on their own communities and on the autochthonous population.

Materials and methods

The study was conduced between March 2002 and May 2004. The study population included illegal immigrants attending a Health Center For Immigrants in Verona (Italy) for health problems. After a medical check-up, each subject consecutively enrolled gave his/her informed consent to join the study and was then interviewed by a medical staff member to collect their sociodemographic details (age, sex, marital status, number of cohabitants in their accommodation, nationality, level of education, employment) and epidemiological information on the risk of parenteral/sexual infection transmission (history of Intravenous Drug Use, surgery, bisexual behavior and number of sexual partners in their lifetime). All data were collected in accordance with the Italian law on privacy.
Each subject was sent to the nearest territorial laboratory of the Verona Local Health Unit (LHU 20) for blood tests.
Half of the blood sample (10 ml) drawn was stored at –70°C, while the remainder was processed immediately. The HIV1/2 antibody test was conducted using a third-generation assay with the ELISA immunoenzyme method (Abbott Laboratories); positive samples were confirmed by Western Blot test (Riba assay – Biorad).
For Tp infection, an IgG-IgM immunoenzyme test (ELISA; Adalatis) was used on positive serum VDRL (standardized slide method), TPHA (Serodia, TP, TP-PA) and specific IgM (ELISA immunoenzyme method) were assayed. A subject with Tp IgG-IgM and TPHA positivity was considered has having a history of syphilitic infection.
An ELISA immunoenzyme assay (Abbott Laboratories) was used to detect any HBV infection (HbsAg, HbsAb, HbcAb, HbeAG, HbeAb marker).
A third-generation ELISA test (Abbott Laboratories) was also used to seek HCV antibodies and any positivity was confirmed with an immunoblotting test (Western Blot, Biorad).

Results

The study concerned 161 Sub-Saharan illegal immigrants: 38.5% came from Nigeria, 10.6% from Ghana, 6.8% from Guinea Bissau and 44.1% from various other countries.
Their sociodemographic characteristics are shown in Table I: the majority were young adults (age range 0-60; mean age 31.7 ± 7.94), male (M:F = 4:1) and unmarried (64.6%).

Tab. I. Sociodemographic characteristics of the 161 immigrants.

Characteristics	Subjects N°	%
Age group		
0-24	25	15.5
25-29	27	16.8
30-34	51	31.7
≥ 35	58	36
Sex		
Male	129	80
Female	32	20
Marital status		
Married	57	35.4
Unmarried	104	64.6
Occupation		
Employed	84	52
Unemployed	77	48
Education level		
Primary or secondary school	59	36.6
High school	102	63.4

Two thirds of the sample had a high school education and about half of them had a job.
Six subjects (3.7%) were HIV-positive (5 males aged between 30 and 37 years old, and one 33-year-old female). Five (3.1%) were positive for Tp infection (all males, aged between 27 and 37 years): all of these 5 subjects were VDRL-positive, one was TPHA-positive and none were specific IgM-positive.
Table II shows the sociodemographic characteristics of the HIV and Tp positive individuals.
One 37-year-old married male cohabiting with another 4 people was found both HIV and Tp positive.
All the subjects found positive for HIV and Tp were also HBV-positive: they were all HbcAb+ and two were also HbsAg+ (Tab. III).

Discussion

The immigrants of this study came from regions highly endemic for HIV infection, where the majority of the cases of HIV disease worldwide is currently concentrated. In Sub-Saharan Africa, the prevalence of HIV has remained relatively steady in the past few years across much of the region: at the end of 2003 the prevalence among adults was estimated to be 7.5-8.5% [3].
The prevalence of adult HIV in the resident population of Western Europe is estimated at 0.3% [3]. Menegon et al. reported that the seroprevalence of HIV infection among pregnant women in the Veneto Region (Italy) is 0.57% [4]: pregnant women are relatively unselected population, and can be considered as a sentinel population whose prevalence data can be extended to the general population too [5, 6].

Tab. II. Demographic characteristics of the immigrants found positive for HIV and Treponema pallidum (Tp).

subject n.	sex	age	marital status	N° of co -habitants	level of education	occupation	RF*	origin	HIV	LUES			
										IgG -IgM	VDRL	TPHA	IgM spec
1	M	37	single	2	secondary	no	no	Nigeria	+	-			-
2	M	30	single	2	secondary	singer	no	Nigeria	+	-			-
3	M	36	single	3	secondary	no	no	Uganda	+	-			-
4	M	35	single	4	primary	no	no	Zambia	+	-			-
5	F	33	single	3	primary	no	no	Ghana	+	-			-
6	M	37	married	4	secondary	no	no	Mali	+	+	-	+	-
7	M	25	single	6	primary	no	no	Ghana	-	+	-	+	-
8	M	21	married	2	secondary	mechanic	no	Ghana	-	+	+	+	-
9	M	20	single	5	primary	no	no	Ghana	-	+	-	+	-
10	M	33	single	5	primary	pedlar	no	Benin	-	+	-	+	-

*RF: risk factors

Among the immigrants enrolled in this study, the prevalence of HIV was 3.7%, i.e. far more than the estimated prevalence in the resident population. This is probably because the immigrants came from said areas where HIV is endemic, so they were more exposed to HIV in their home countries, but also because their illegal immigrant status and poor socio-economic conditions lead to social alienation and can favor hazardous behavior such as drug use and prostitution. In fact, Manfredi et al. reported that about 12.2% of the non-EU immigrants coming to Italy acquired HIV infection only after their arrival in our country [7].

In our study, the socio-demographic pattern found in the HIV-positive subjects was characterized by a lower level of education, higher unemployment and generally unmarried status. None of the subjects reported any specific risk factors, but this may not reflect the whole truth.

Syphilis infection is considered a sensitive marker of risky sexual behavior [8, 9]. There is growing evidence that syphilis is widespread in Africa [10]. In Ghana, for example, the seroprevalence of antibodies to Treponema pallidum among healthy blood donors is 7.5% [10]. Syphilis prevalence rates amongst pregnant women in Africa varies from 2.5% in Burkina Faso to 17.4% in Cameroon [11]. In Western Europe, according to the WHO report, the prevalence of syphilis has declined substantially with incidence rates below 5/100,000 in 1999 in the majority of countries. In Eastern Europe, on the other hand, there has been an alarming increase in the cases of syphilis since 1989, the incidence of which rose risen from 5-15/100,000 in 1990 to 120-170/100,000 in 1996 [11]. According to CDC data, since 2001 there has been a rise in its incidence in the United States too, mainly among homosexual men [12]. These data may be indicative of a declining attention to Sexually Transmitted Diseases (STD) and HIV prevention. This may have several causes, including the lack of ongoing counseling for STD, the presence of problem social groups among teenagers and young people, who take risks to demonstrate that they are brave and grown-up, the existence of self-destructive behavior prompting people to deliberately ignore the need for prevention.

Tab. III. Prevalence of HBV and HCV infection in immigrants found HIV and Treponema pallidum (Tp) positive.

subject n.	sex	age	HIV	LUES	HBV marker					HCV
					HBsAg	HBsAb	HBcAb	HBeAg	HBeAb	
1	M	37	+	-	-	-	+			-
2	M	30	+	-	-	-	+			-
3	M	36	+	-	+	-	+	-	+	-
4	M	35	+	-	-	+	+		-	-
5	F	33	+	-	-	-	+			-
6	M	37	+	+	-	-	+			-
7	M	25	-	+	-	-	+			-
8	M	21	-	+	-	+	+			-
9	M	20	-	+	-	+	+			-
10	M	33	-	+	+	-	+	-	+	-

The data on syphilis may be difficult to interpret, however. For a start, the different methods adopted in the public and private health sectors for reporting cases of syphilis (like other STD) may give rise to racial and ethnic differences in the reported rates. Moreover, the prevalence of reactive serology may not reflect the prevalence of transmissible syphilitic infection [13]. The Syphilis incidence rate, calculated with the data of Italian Ministry of Health and of ISTAT relative to year 2001, was in Italy 0.8 for 100,000; in Verona was 1 for 100,000 (1.7 for 100,000 in male, 0.5 for 100,000 in female) [14, 15].

In our study, the prevalence of syphilis was 3.1%. Serological data can photograph the serological situation (history of infection), but do not identify the clinical stage, or whether a subject is currently infected. The rules for safeguarding the subjects' privacy adopted for our study prevent us from contacting the subjects again for any further assessments or treatment.

The socio-demographic characteristics of these subjects are similar to those of the HIV-positive cases. In fact, HIV and syphilis affect similar types of individual and co-infection is common [16]. In our study, one subject was positive to both HIV and Treponema pallidum. Four of six studies examining the role of syphilis in HIV acquisition revealed a significant association between syphilis and a greater risk of HIV transmission on multivariate analysis, with risk estimates that ranged from 2.3 to 8.6 [17]. Syphilis agent may enhance HIV transmission, probably due to a greater incidence of genital ulcers [16, 18]. All HIV+ and Tp+ subjects were also positive for HBV, as was to be expected, given the high level of HBV infection in their countries of origin. These infections are all sexually transmitted and this would confirm that these individuals tend to belong to social groups at greater risk, though we cannot rule out the possibility of HIV and HBV positivity being due to parenteral transmission via the use of non-sterile medical and surgical supplies, or intravenous drug use in Italy or in Africa. The levels of prostitution and iv. drug use are rising in Africa too, especially in the most densely-populated African cities.

In conclusion, the outcome of our study would support the need to conduct routine specific screening tests for immigrants. The early identification of cases of infection and disease would enable a timely treatment and well-aimed counseling programs.

References

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■ Correspondence: Prof.ssa Silvia Majori, Department of Medicine and Public Healt, Section of Preventive Environmental and Occupational Medicine, University of Verona (Italy), Istituti Biologici II, Strada Le Grazie 8, 37134 Verona – Tel +39-045-8027653 (segr. 7652) – Fax +39-045-505357.
E-mail: silvia.majori@univr.it

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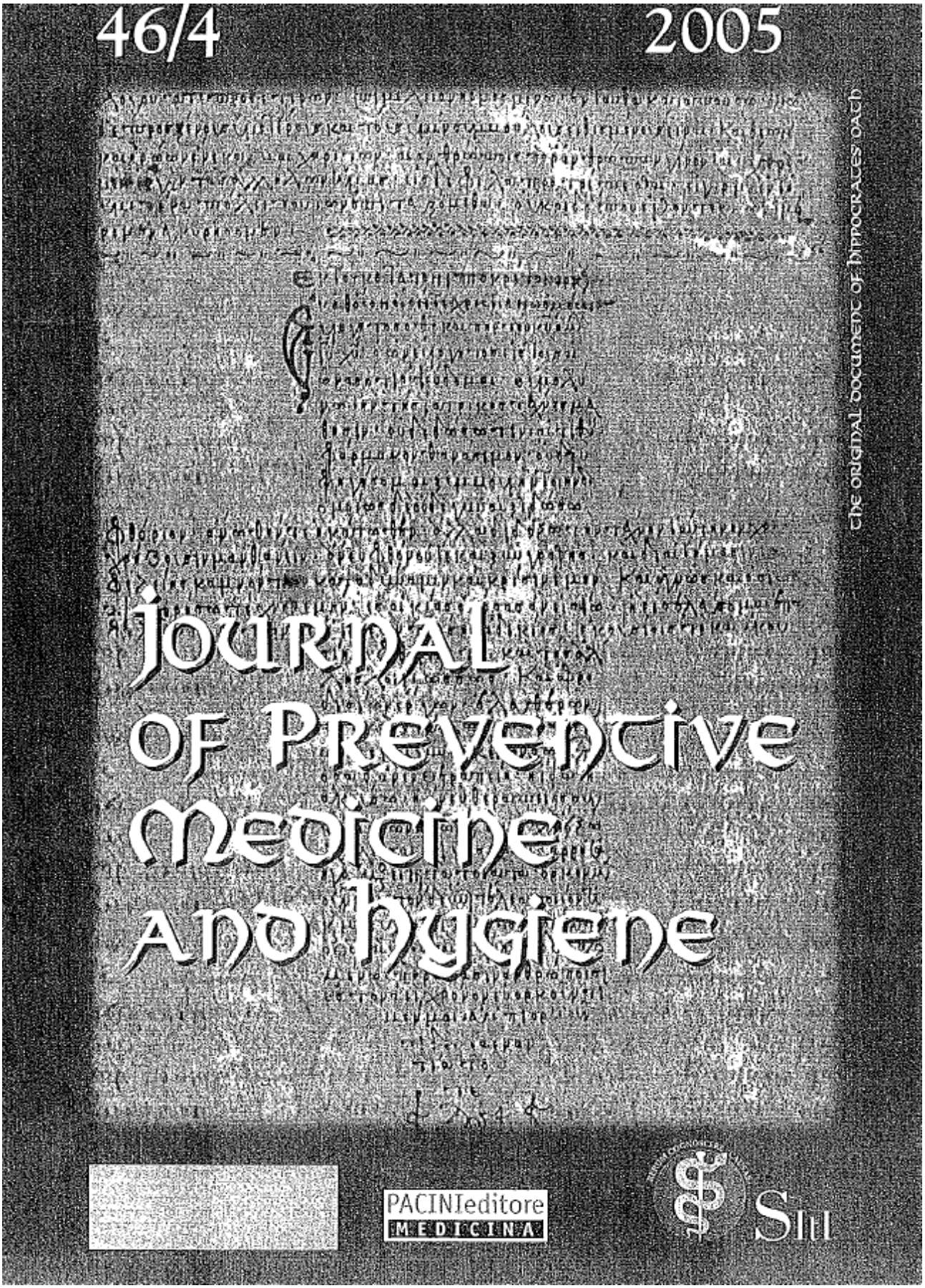

The original document of Hippocrates oath

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