

Lecture 6



Viral infection of respiratory tract
“influenza and adenoviruses”

- Additional Notes
- Important
- Explanation
- Examples

OBJECTIVES:

- Introduction to respiratory viral infections
- Characteristics of respiratory viruses
- Mode of transmission
- Clinical features
- Lab diagnosis
- Management & treatment.

Introduction:

- Are the commonest of human infections and cause a large amount of morbidity and loss of time at work (sick leave).
- Are common in both children and adults.
- Mostly caused by viruses.
- Mostly are mild and confined to the upper respiratory tract (URT).
- Mostly are self-limiting disease.
- URT-infection may spread to other organs causing more severe infection and death.

Influenza Virus

- Family: Orthomyxoviridae.
- Structural features: **Enveloped virus** with 2 projecting **glycoprotein** spikes:
 - ✓ Haemagglutinin (HA):
 - Attachment to the cell surface receptors.
 - Antibodies to the HA is responsible for immunity.
 - 16 haemagglutinin antigenic type, H1 – H16.
 - Found in human influenza viruses: **H1, H2, H3.**
 - ✓ Neuraminidase (NA)
 - Responsible for release of the progeny viral particles from the infected cell.
 - 9 neuraminidase antigenic type, N1 – N9.
 - Human associated N antigenic type are N1, N2.
- Genome: 8 Segmented “Paces of genes”, -ve polarity ssRNA.
- This virus is highly susceptible to mutations and rearrangements within the infected host.

■ Types of influenza virus:

1. Influenza A:

- ✓ Infects human and Animal.
- ✓ Causes epidemic “Outbreak” & pandemic “Outbreak but wider geographical area”
- ✓ Causes epizootic in animal.
- ✓ Antigenic drift⁽¹⁾ → minor change.
- ✓ Antigenic shift⁽²⁾ → major change.

2. Influenza B:

- ✓ Infects human only
- ✓ Causes outbreak
- ✓ Antigenic drift only

3. Influenza C:

- ✓ Infects human only
- ✓ Causes mild illness

⁽¹⁾ a mechanism for variation in viruses that involves the accumulation of mutations within the genes that code for antibody-binding sites.

⁽²⁾ two different viruses from two different strains (one is human) passing to intermediate host (pig) and there they infect the same cell; genes from different strains mix to form a new virus strain.

i.e: H2N2 (human) + H3N8 (avian) → intermediate host (Pig) → H3N2 “human”

- Pathogenesis: The virus **infects the epithelial cells** of the nose, throat, bronchi and occasionally the lungs.
- Transmission: **Inhalation** of infectious aerosol droplets.
- incubation period: 1-4 days.
- Symptoms: Fever, malaise, headache, cough, chills, sore throat, and generalized pain.
- Prognosis: Usually **self-limiting** disease.
- Complications:
 - ✓ Primary influenza pneumonia.
 - ✓ 2nd bacterial pneumonia.
 - ✓ Reye's syndrome. (i.e. Viral infections + aspirin).
- Lab diagnosis: **nasopharyngeal swab** → direct immunofluorescent (I.F.) or PCR
- Treatment:
 - 1. **Amantadine** → influenza A virus only
 - 2. **Rimantadine** → influenza A & B viruses.
- Prevention:
 - ✓ The flu shot vaccine (killed vaccine): Given to people older than 6-months.
 - ✓ The nasal spray flu vaccine (Flu mist): for use in healthy people between 5-49 years.
 - ✓ Both vaccines contain two strains of the current circulating influenza A virus and the current circulating strain of influenza B virus.

Avian Flu

- Avian influenza type A virus (H5N1).
- Family: Typical orthomyxovirus.
- Avian influenza viruses **do not usually** infect human.
- High risk group includes those who working in **poultry farms** and those who are in **close contact with poultry**.
- Symptoms:
 - ✓ Ranges from typical flu to severe acute respiratory disease
 - ✓ Diarrhea, abdominal pain and bleeding from the nose have been reported
- Diagnosis: **Throat swab** → PCR “Polymerase chain reaction”
- Treatment:
 - ✓ **Oseltamivir** and **Zanamivir**
 - ✓ Should be initiated within 48 hours.

Parainfluenza virus

- Family: Paramyxoviridae.
- Structural features: **Enveloped** virus with -ve polarity ssRNA genome, with 5 serotypes.
- Transmission: **Inhalation** of infectious aerosol droplets mainly in winter.
- Clinical syndrome:
 1. Croup or acute laryngotracheobronchitis (Type I, II):
 - ✓ Mainly in **infants and young children**.
 - ✓ Fever, harsh cough, difficult inspiration can lead to **airway obstruction**.
 2. Bronchiolitis and Pneumonia (Type III):
 - ✓ Young children.
- Diagnosis: Direct detection from **nasopharyngeal airway** by direct I.F.⁽¹⁾
- Treatment: Supportive treatment, No specific treatment or vaccine available.

⁽¹⁾Immunofluorescence

Respiratory Syncytial Virus (RSV)

- Family: Paramyxoviridae.
- Structural features: **Enveloped** virus with -ve polarity ssRNA genome.
- Transmission: **Inhalation** of infectious aerosols mainly in winter.
- Clinical syndromes:
 - ✓ Bronchiolitis: **Life-threatening disease in infant** especially under 6, and can lead to chronic lung disease in later life.
 - ✓ Pneumonia: can also be fatal in infant.
- Diagnosis: Direct detection of the Ag from nasopharyngeal airway by direct I.F.⁽¹⁾
- Treatment: **Ribavirin** administered by inhalation for infants with severe cases.
- Vaccine: No vaccine available, but passive immunization immunoglobulin can be given for **infected premature infants**.

⁽¹⁾Immunofluorescence

Rhinovirus & Coronavirus

■ Rhinovirus:

- Family: Picornaviridae.
- Structural features: **Non-enveloped** virus with +ve polarity ssRNA genome, more than 100 serotypes available.
- Transmission: **Inhalation** of infectious aerosol droplets.
- Clinical symptoms: **The 1st cause of common cold.**
- Symptoms: Sneezing, clear watery nasal discharge with mild sore throat, and cough.
- Treatment and prevention: **Usually self-limiting disease**, no specific treatment, and no vaccine available.

■ Coronavirus:

- Family: Coronaviridae.
- Structural features: **Enveloped** virus with +ve polarity ssRNA genome.
- Transmission: **Inhalation** of infectious aerosol droplets.
- Clinical symptoms: **The 2nd cause of common cold.**
- Treatment and prevention: No specific treatment or vaccine available.

■ Severe Acute Respiratory Syndrome (SARS)

In winter of 2002, a new respiratory disease known as (SARS) emerged in China. A new mutation of coronavirus, a zoonotic disease, the animal reservoir may be cat, and cause atypical pneumonia with difficulty in breathing.

Adenovirus

- Family: Adenoviridae.
- Structural features: **Non-enveloped** virus with **ds-DNA** genome.
- Pathogenesis: Adenovirus infects **epithelial cell** lining respiratory tract, conjunctiva, urinary tract, gastrointestinal tract and genital tract.
- Clinical syndrome:
 - ✓ Pharyngitis and tonsillitis
 - ✓ Pharyngoconjunctivitis
 - ✓ Conjunctivitis
 - ✓ Pneumonia: in preschool children
 - ✓ Gastroenteritis
 - ✓ Acute hemorrhagic cystitis
 - ✓ Cervicitis and urethritis
- Lab diagnosis: Direct detection of the Ag from **nasopharyngeal airway** by direct I.F. ⁽¹⁾
- Treatment and prevention: No specific treatment or vaccine.

⁽¹⁾Immunofluorescence



Quiz

1. Which one of the following is considered as first cause of common cold?

- a. Rhinovirus b. Coronavirus c. Adenovirus

2. Which one of the following is structurally non-enveloped?

- a. Parainfluenza b. Coronavirus c. Rhinovirus

3. Which one of the following is the only virus with dsDNA?

- a. Adenovirus b. Influenza c. Respiratory Syncytial

4. Avian flu do not usually infect humans.

- a. T b. F