Viral infections of CNS

(CNS Block, Microbiology: 2016)

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<u>Virus neurological diseases</u>: ►Acute viral infections of the CNS.

>Chronic virus neurological diseases

Neurological diseases precipitated by viral infections.

OBJECTIVES;

•Acute viral infections of the CNS.

Aseptic meningitis , Paralysis & Encephalitis

≻;

- ✓ Enteroviruses & polioviruses.
- ✓ Herpes simplex virus 1.
- ✓ Rabies virus.
- ✓ Arboviruses (West Nile virus).

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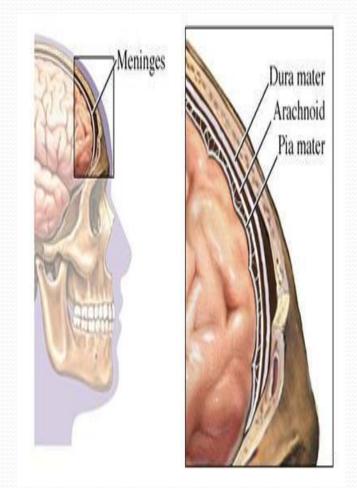
- Epidemiology
- Pathogenesis
- clinical presentations
- Lab diagnosis
 - Treatment & prevention

Meningitis

Caused by:

Infectious agents ; bacteria viruses fungi protozoa

Non-infectious agents.





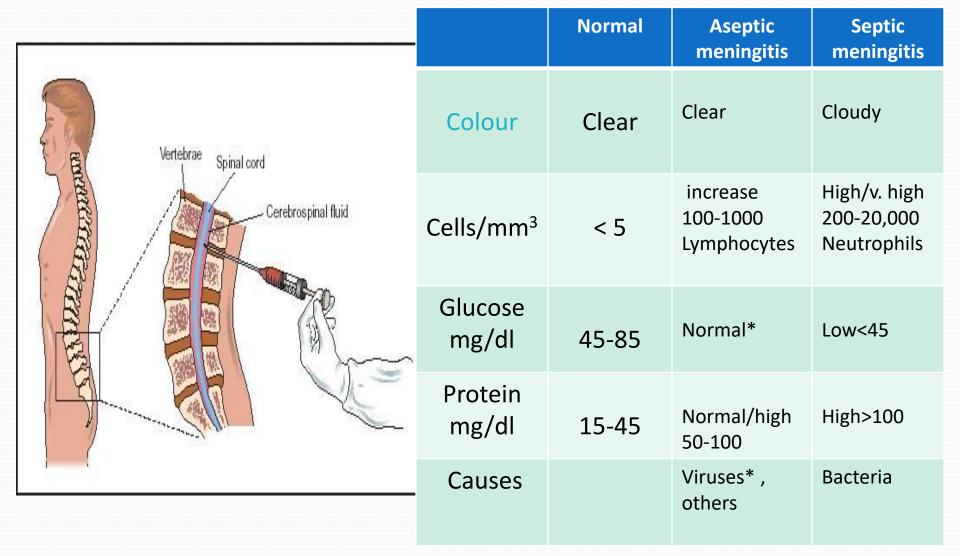
Viral Meningitis

- Aseptic meningitis
- Caused by virus.
- Less severe
- Resolves without specific treatment within a week or two

Bacterial Meningitis

- Caused by bacteria
- Quite severe and may result in a) brain damage
 - b) hearing loss
 - c) learning disability
- It would also causes death!

Cerebrospinal fluid (CSF) analysis ;



Viral Meningitis (Aseptic meningitis)

Etiological Agents:

>Enteroviruses .**

Other :
Mumps virus .
Arboviruses.
Herpes viruses.
Human Immunodeficiency Virus.
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- Picornaviridae

Include;

Poliovirus(1, 2&3 types)
Coxsackieviruses (A&B)
Echoviruses

Enteroviruses (68-71)

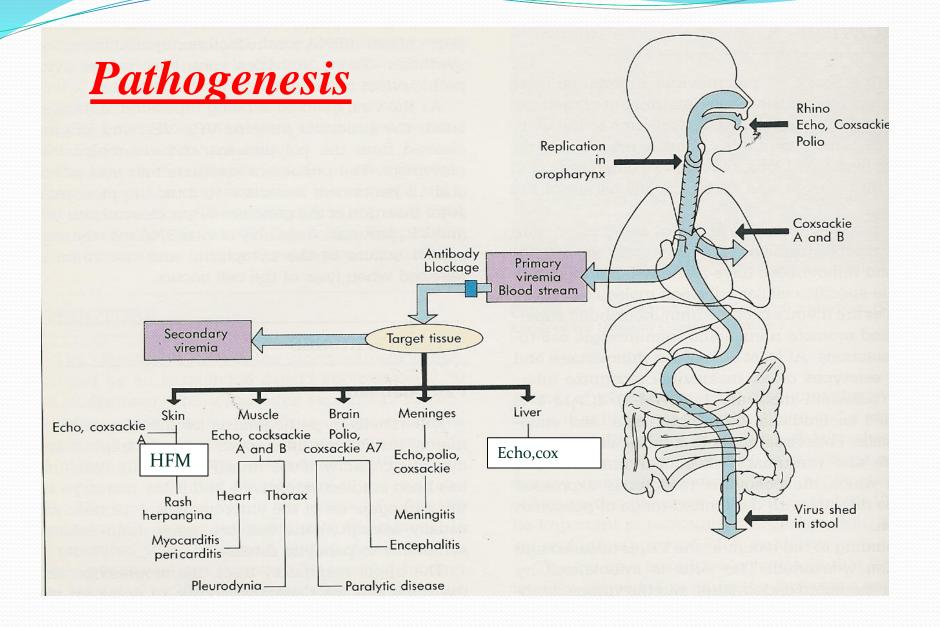
Nonenveloped, icosahedral, ss (+) RNA



- ≻Reservoir : Human
- ≻Spread :
 - Fecal oral route (mainly)
 - Inhalation of Infectious aerosols

(Crowded, Poor hygiene & Sanitation)

 Age : children > adults
 Seasonal distribution: summer & fall



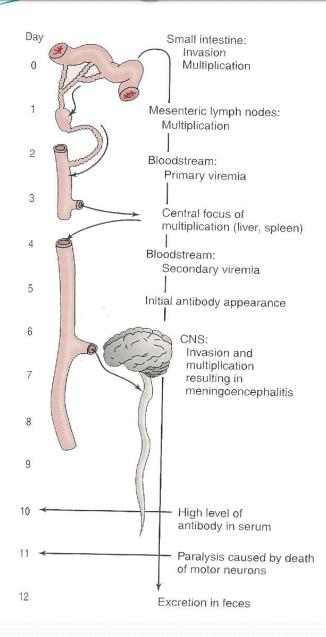


- Asymptomatic Infections*
 - Diseases;

Neurologic Diseases	Poliovirus	GP A COX.	GP B COX.	Echovirus	Enterovirus
	Types 1-3	Types 1-24	Types 1-6	Types 1-34	Types 68-71
Aseptic meningitis Paralysis Encephalitis	1-3 1-3	Many 7,9 2,5-7,9	1-6 2-5 1-5	Many 2,4,6,9,11,30 2,6,9,19	71 70,71 70,71

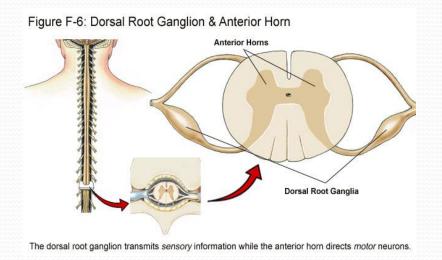
NON-Neurologic Diseases ;

Respiratory tract infections. Skin and mucosa infections; Cardiac infections Acute hemorrhagic conjunctivitis Others Pathogenesis of polio:

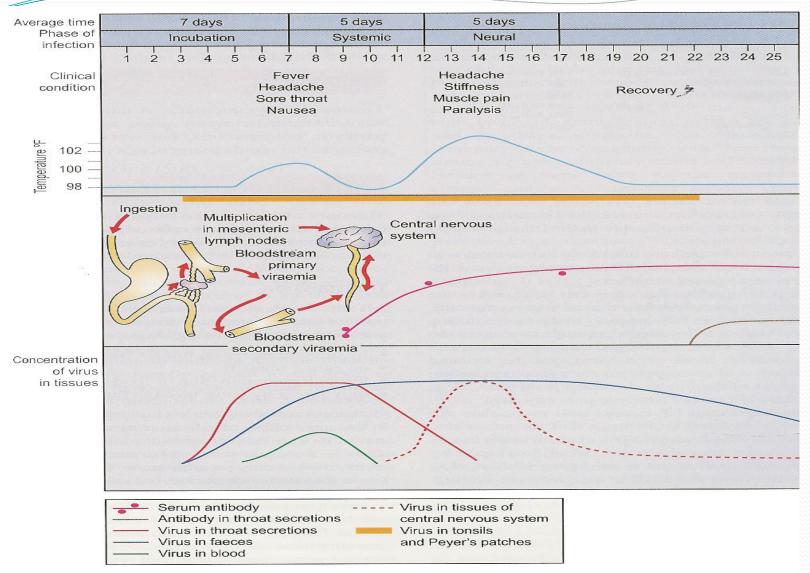


- > Pathway to CNS by:
 - Blood
 - Peripheral nerves
- Causing destruction of motor neurons of AHCs
 Rarely affects brain stem

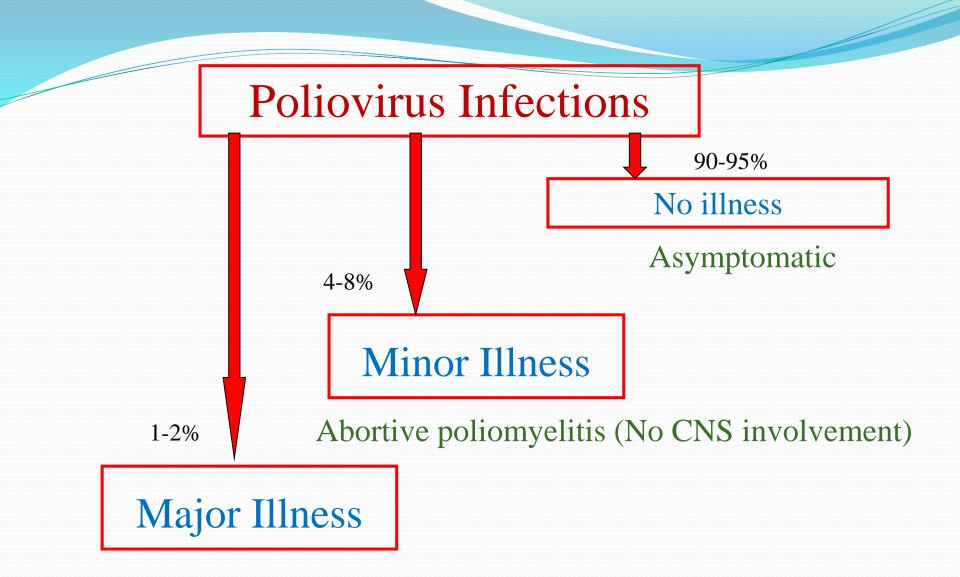
(bulber poliomyelitis)



Pathogenesis of Polio :



Immunity: IgA & IgG = Lifelong type-specific immunity



- 1- Nonparalytic poliomyelitis (Aseptic meningitis)
- 2- Paralytic poliomyelitis: (Flaccid paralysis)



Lab Diagnosis of Enteroviruses

Virus isolation*:

- Samples: Stool (best) .Rectal, throat swabs & CSF
- Inoculate in cell cultures
 - All EVs grown except some strains of Cox A viruses
- Observe for CPE
- Identify the type

CSF in aseptic meningitis; lymphocytosis Glucose level N to slightly , Protein level N or slightly Isolation rate is variable

- EV RNA detected in CSF by RT-PCR*
- Serology (limited value)

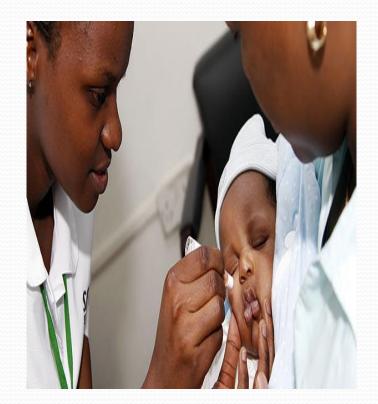


\triangleright Rx:

No antiviral Rx

≻Prevention:

- Sanitation & Hygienic measures
- > Poliovirus vaccines
 - a- Inactivated polio vaccine (IPV)
 (Salk, Killed) (S/C or IM)
 b- Live-attenuated polio vaccine (OPV)
 (Sabin, oral)



Important Features of Polio Vaccines

Attribute	Killed (IPV)	Live (OPV)
3 types (trivalent)	Yes	Yes
Prevents disease	Yes	Yes
Induces humoral IgG Route of administration Induces intestinal IgA	Yes Injection No	Yes Oral Yes
Interrupts transmission	No	Yes
Affords 2° protection by spread to others	No	Yes
Reverts to virulance	No	Yes (rarely)
Causes disease in the immun	ed No	Yes
Co-infection with other EVs may impair immunization	No	Yes
Requires refrigeration	No	Yes
Duration of immunity	Shorter	Longer

Poliovirus Vaccine

- > Adverse reactions ;
 - local reactions (IPV)
 - Vaccine -Associated Paralytic Poliomyelitis (OPV) adult, immunol ed
- ➤4 doses of PV; 2, 4, 6-18 ms

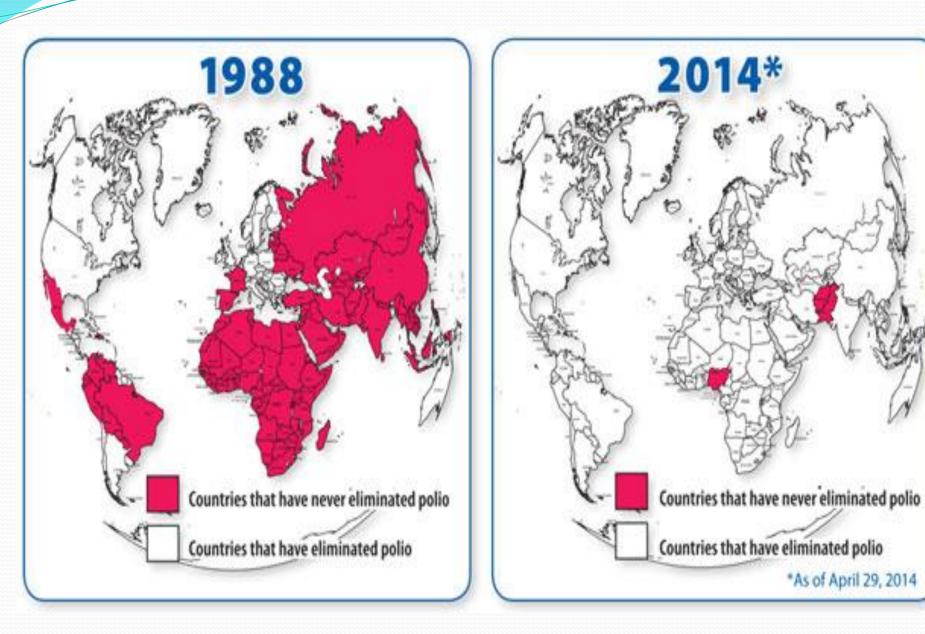
& 4 - 6 yrs

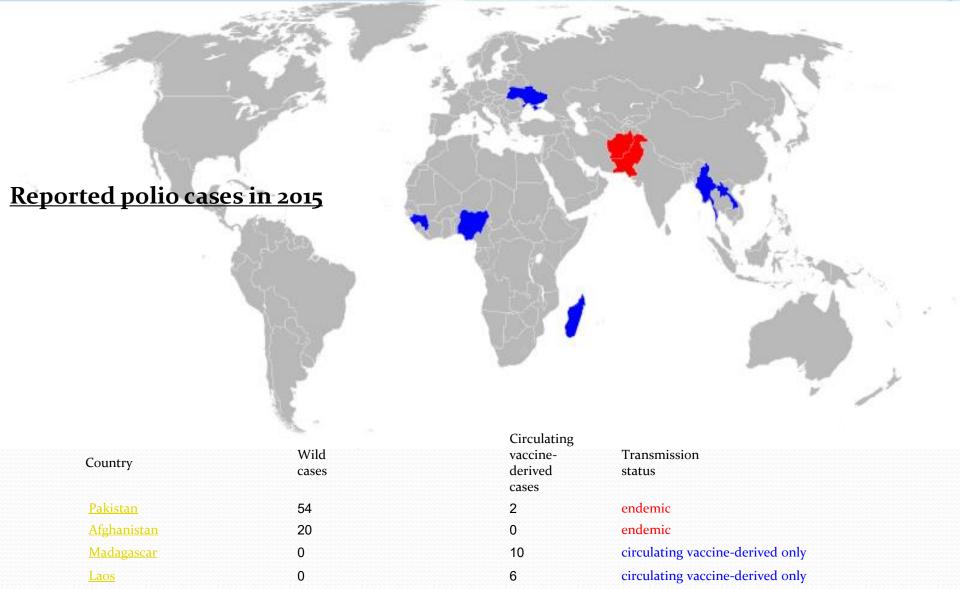
Combination vaccine ; IPV, DTaP ,Hib & HB vaccines

Polio Vaccination of Adults

Indications: Travelers to polio-endemic countriesHCW







4

2

2

1

27

circulating vaccine-derived only

circulating vaccine-derived only

circulating vaccine-derived only

circulating vaccine-derived only

Myanmar

0

0

0

0

71

Nigeria

Total

Viral Encephalitis

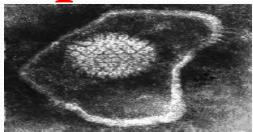
>Enteroviruses
>Herpes viruses.
>Rabies virus
>Arboviruses.

> Others

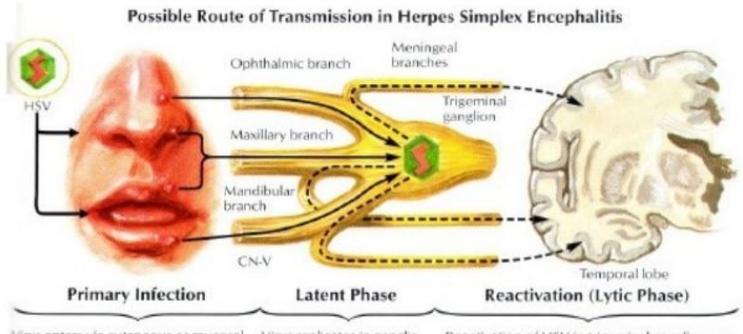
<u>Herpes Simplex Encephalitis</u>

Caused by;

- Herpes simplex virus -1(HSV-1)
- dsDNA, Enveloped, Icosahedral Virus



HSV Encephalitis



Virus enters via cutaneous or mucosal surfaces to infect sensory or autonomic before establishing latent nerve endings with transport to cell bodies in ganglia.

Virus replicates in ganglia phase.

Reactivation of HSV in trigeminal ganglion can result in spread to brain (temporal lobe) via meningeal branches of CN-V.

Herpes Simplex Encephalitis

Caused by;

• Herpes simplex virus -1(HSV-1)

dsDNA, Enveloped, Icosahedral Virus

♦ C/F;

F,H,V ,Seizures & altered mental status.

High mortality rate

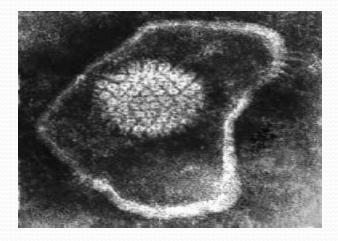
✤Dx;

> MRI

CSF---Lymph, glucose-N & Protain ---detection of HSV-1 DNA by PCR.

✤Rx;

Acyclovir.

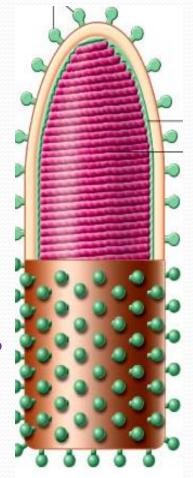


Rabies encephalitis



Rabies virus ;

Rhabdoviridae. s.s (-)RNA genome, Helical nucleocapsid, Enveloped virus.



Bullet shaped virus

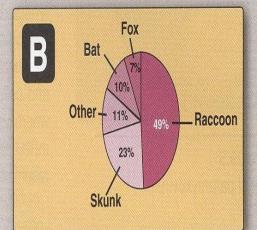


From the brain, the rabies virus can travel along autonomic nerves, leading to infection of other tissues including the skin, cornea, and salivary glands.

Rabies virus

The virus next infects the brainstem, cerebellum, and other brain structures (diffuse encephalitis).

Following inoculation, the virus may replicate locally, but then enters the peripheral nervous system, where it passively travels to the CNS.



Epidemiology; Reservoir;

Major;
 Raccoons, Foxes,
 Wolves & bats.
 Imp; cats & dogs

Skin

Salivary gland

Rabies; A fatal acute encephalitis

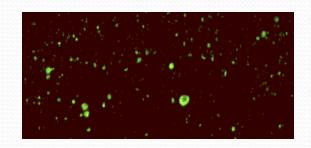
- zoonotic disease .
- 1-The incubation period: 1-3 m > longer
- 2-The prodromal phase:
 - F, H , M , A, N &V.
 - Abnormal sensation around the wound.
- 3-Neurological phase;
 - 1- encephalitis
 - Nervous, Lacrimation, salivation,
 - Hydrophobia,
 - Convulsion ,coma & death .
 - 2-Paralytic illness ; Ascending , Death , Bat.
- 4- Recovery; Extremely rare

Laboratory Diagnosis

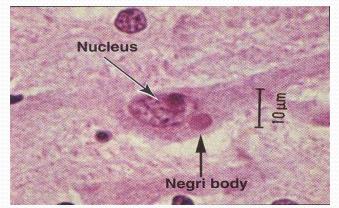
PCR; R. RNA in saliva

Rapid virus antigen detection (IF) Neck skin biopsy **Corneal impressions** Brain tissue Histopathology neuronal brain cells intracytoplasmic inclusions (Negri bodies) Virus cultivation

serology



Rabid brain stained with Fluorescent anti-rabies antibody



Negri bodies are diagnostic of rabies.

Prevention

- **Control measures** against canine rabies include;
 - Stray animals control.
 - Vaccination of domestic animals.
- Pre-exposure prophylaxis (Vaccine)

Persons at increased risk of rabies e.g. vets, animal handlers etc.

• Post-exposure prophylaxis

- Wound treatment
- Passive immunization; human anti-rabies immunoglobulin around the wound & I M.
- Active immunization; Human Diploid Cell Vaccine (HDCV)** 5 - 6 doses

<u>Arthropod –borne Viruses</u> Arboviruses > 500 Vs

Epidemiology:

Reservoir: Wild birds & Mammals Vector: Mosquito, ticks& Sandfly





Transmission: bite of infected vector

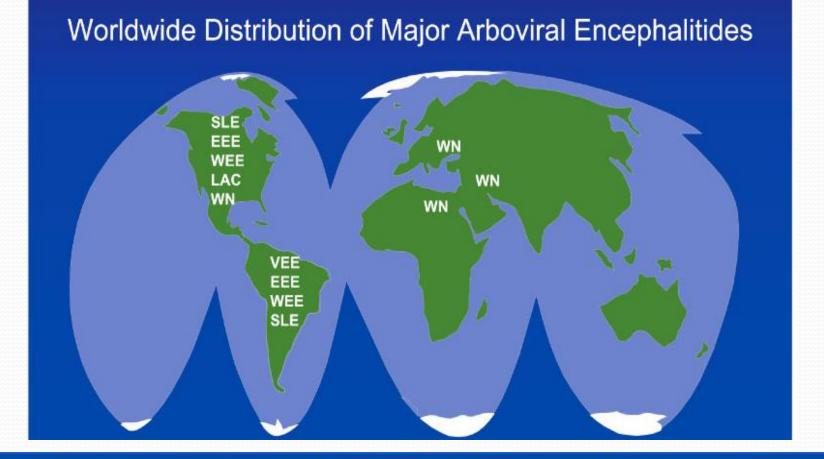
Infections

- Asymptomatic Infections*
- Diseases
- 1) Fever, Rash & arthralgia
- 2) Hemorrhagic fever \pm hepatitis
- 3) CNS disease

(meningitis & encephalitis)

ArboVs associated with CNS disease:

Virus	Vector	Reservoir	Distribution
Eastern equine encephalitis EEEV	Mosquito	Birds	America
Western equine encephalitis WEEV	Mosquito	Birds	America
Venezuelan equine encephalitis VEEV	Mosquito	Rodent	America
Japanese encephalitis V	Mosquito	Birds Pigs	Orient
Murray Valley encephalitis V	Mosquito	Birds	Australia
West Nile V	Mosquito	Birds	Europe, Africa Middle East Asia, America

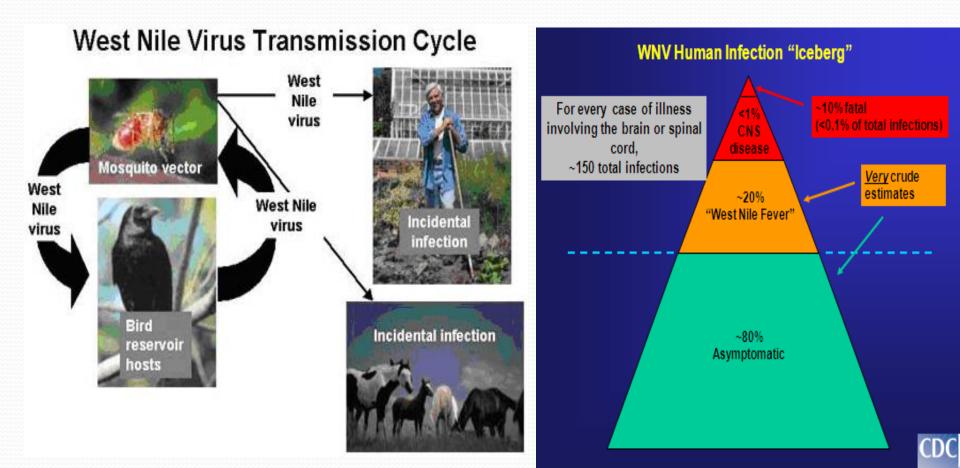


EEE: Eastern equine encephalitis LAC: LaCrosse encephalitis SLE: St. Louis encephalitis WEE: Western equine encephalitis WN: West Nile encephalitis VEE: Venezuelan equine encephalitis



Flaviviridae

Febrile illness — meningitis , encephalitis





A. Isolation (Gold standard) (Reference Lab)

B -IgM -AB* - ELISA, IF: (most used)
C - Arbovirus RNA by RT-PCR

Prevention

- 1. Vector Control:
 - Elimination of vector breading sites
 - using insecticides
 - Avoidance contact with vectors
 (repellants , net)

2. Vaccines:

Tick-borne encephalitis vaccine Japanese encephalitis vaccine







Reference books

& the relevant page numbers

Notes on Medical Microbiology

By ; Morag C. Timbury, A. Christine McCartney, Bishan Thakker and Katherine N. Ward (2002)

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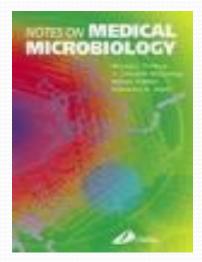
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10th Edition, 2008.

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REVIEW OF Medical Microbiology and Immunology

WARREN LEVINSON

Tenth Edition