

RS-Viral Infections

Major viri responsible for ARDs are :

- (1) **Influenza Virus**
- (2) Parainfluenza Virus
- (3) Rhinovirus
- (4) Adenovirus
- (5) **RSV**
- (6) Respiratory Coronavirus

★ All of these agents are associated w/ **an increased risk of bacterial superinfection** of the damaged tissue of the respiratory tract.

- **ROT:**
- ✓ **Direct** ▶ **Infective droplet nuclei**
- ✓ **Indirect** ▶ Hand transfer of contaminated secretions to nasal or conjunctival epithelium

Influenza Virus

Enveloped, ssRNA viri, pleomorphic
Based on ribonucleoprotein they are classified into 3 major serotypes :

| | |
|--|---|
| Type A The most imp one | Naturally infect a wide variety of species , including mammals and birds Have a great tendency to undergo significant antigenic changes |
| Type B | more antigenically stable Only known to naturally infect humans |
| Type C | minor causes of dz Affecting humans and pigs . |

Influenza A

A unique aspect of influenza A viri is their ability to develop **awide variety of subtypes** through the **processes of mutation and genetic reassortment**

2 imp Ags of this serotype are :HA & NA

| | |
|--|---|
| Hemagglutinin Subtypes : 15 | mediates binding of the virus to target cells and entry of the viral genome into the target cell H1, H2, H3 ; appear to be imp in human infections |
| Neuraminidase Subtypes : 9 | involved in the release of progeny virus from infected cells N1, N2 ; appear to be imp in human infections |

Most imp subtypes based on H, N combs are :

- (1) **H1N1** : swine flu
- (2) **H3N2** : Hong Kong flu
- (3) **H5N1** : **Birds flu (most severe)**

Cx findings / dz presentation

(1) Characteristics of **typical illness**:

- ★ Fever
- ★ Diffuse muscle aches
- ★ Chills
- ★ Resp signs ▶ **Rhinitis, cough, resp distress**

✓ Some acute manifestations :

- CNS dysfunction
- Myositis
- Myocarditis

✓ **The most common and imp compl of influenza virus infection is : Bacterial superinfection**

Bacteria that most commonly involved are : **S.pneumonia, H.influenza, S.aureus**

★ IMP★

In infants and children, a serious complication known as **Reye's syndrome** may develop **2 to 12 days after onset of the infection**. It is characterized by **severe fatty infiltration of the liver and cerebral edema**.

This syndrome is associated **not only w/ influenza viruses** but w/ a wide variety of systemic viral illnesses. The risk is **enhanced by exposure to some drugs** such as aspirin.

Pathogenesis :

(1) Multiplication of virus in **ciliated resp epithelial cells** ⇒ **functional and structural ciliary abnormalities** ⇒ **desquamation** of both **ciliated and mucus-producing** epithelial cells
▶ interference w/ the **mechanical clearance mechanism** of the RT

(2) **Viremia IS RARELY detected** (y3ni el virus affinity is almost only for Resp tract)

(3) During the acute phase of infection
▶ impaired **chemotactic, phagocytes and intracellular killing functions of PMN and alveolar macrophage activity** ⇒ renders the host susceptible to **invasive bacterial superinfections**

Recovery and immunity :

(1) **IFN production** ⇒ **limits further viral replication**

(2) Rapid generation of **NK cells**

(3) **Anti-HA Ab** ⇒ **most protective** as it has ability to **neutralize virus** on re-exposure

(4) **Anti-NA Ab** ⇒ not as protective as Anti-HA Ab, plays a role in **limiting virus spread w/n the host**

Dx :

✓ Isolates ⇒ **respiratory tract specimens, such as nasopharyngeal and throat swabs**.

✓ Culture ⇒ Kidney cell culture or other types of cell culture & Detected by

⇒ **Hemadsorption** (ability of the virus to adhere and clump RBC **due to expression of HA on the cell surface**) / **hemagglutination**

If Hads test was +ve, identification is usually done by **HAI test** (addition of Ab).

✓ Rapid dx by ⇒ **direct IF or EIA** of viral ag in epithelial cells or secretions from RT.

✓ Other way : **[Ab] titer** ⇒ **4x or greater inc** in acute phase considered to be significant.

Vaccine :

Prevent infection. It is redeveloped each year to contain specific strains of inactivated (killed) flu virus that are recommended by public health officials for that year.

RSV

• RNA virus, Paramoxyvirus.

• Almost all children are infected by age of 4 y

• Name : derived from its ability to produce **cell fusion in tissue culture (syncytium formation)**. Unlike influenza or parainfluenza viruses, **it possesses no hemagglutinin or neuraminidase**. • The genome encoded **10** proteins.

Protein **G** ⇒ **mediate attachment**

Protein **F** ⇒ **syncytium formation**

• At least two **antigenic subgroups** (A and B) of RSV are known to exist. **This dimorphism is due primarily to differences in the G glycoprotein**.

Epidemiologic studies have suggested that **group A infections tend to be more severe**.

Pathogenesis :

(1) **RSV is the single most important etiologic agent in respiratory dz's of infancy**, and it is the major cause of **bronchitis, bronchiolitis and pneumonia** among infants under 1 year of age.

(2) Pathological effects :

- ★ **Necrosis of epithelial cells**; interstitial **mononuclear** cell inflammatory infiltrates,
- ★ **Plugging** of smaller airways w/ material containing **mucus, necrotic cells, and fibrin**
- ★ **Multinucleated syncytial cells w/ intracytoplasmic inclusions**

(Viral inclusion bodies are unique structures generated by viral proteins together w/ some cellular proteins for efficient viral replication) are occasionally seen **in the affected tracheobronchial epithelium**.

| | |
|-------|--|
| Sites | Bronchi Bronchioles Alveoli (infection appear to be confined to RT epithelium, w/ dz progression ▶ middle and lower airways are involved) |
|-------|--|

| | |
|-------------------|--|
| Sx of acute phase | Cough Wheezing Resp distress (lasts 1-3weeks) |
| Spread to URT | Contact w/ infective secretions |

The apparent enhanced severity of dz, **particularly in very young infants**, may have an immunologic basis.

Factors that have been proposed to play a role include :

-**Qualitative or quantitative deficiency in humoral or secretory antibody (sIgA)** responses to critical virus-specified proteins

-**Formation of Ag-Ab complexes w/n the respiratory tract resulting in complement activation**

-**Excessive damage from inflammatory cytokines**.

Dx:

-Specimen : **Nasal washing, swabs**

-On the above, **IF or EIA** ▶ detection of viral Ags (allow us for **rapid dx**)

-Can be isolated also by **inoculation of specimen into cell culture (longer duration)**

-Can also be diagnosed by **detection of multinucleated giant cells (syncytium)**

Prevention :

No vaccine is currently available