Infection Basics

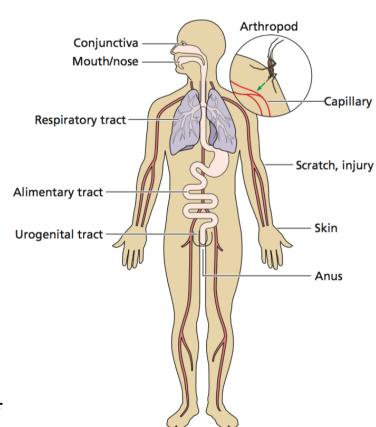
Lecture 12
Biology 3310/4310
Virology
Spring 2017

Before I came here I was confused about this subject. Having listened to your lecture, I am still confused—but at a higher level.

-ENRICO FERMI

The nature of host-parasite interactions



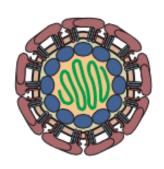


The viral genome must establish itself in a host population to endure

We live and prosper in a cloud of viruses

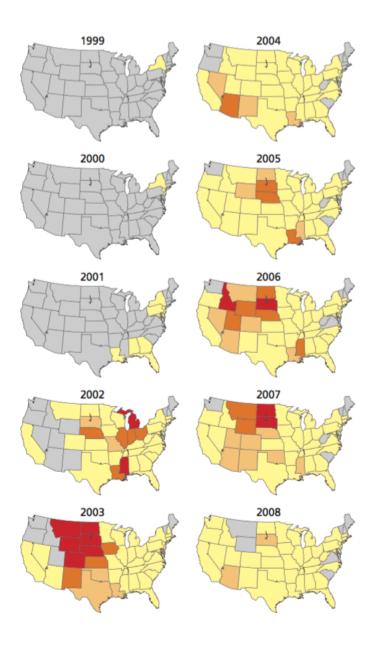
- Most infections have no consequence
- If we do get infected, many infections are *inapparent*

Example: West Nile virus infection





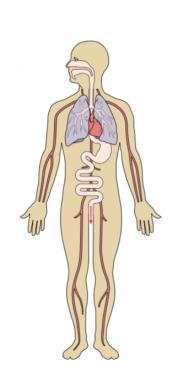
- WNV spread across the US in less than 4 years ('99)
 - By October 2004 about 1 million people were infected (Ab+)
 - Febrile illness developed in 20% of infected people
 - Neuroinvasive illness developed in 1% of infected people
- Many people were infected with no obvious disease
 - Inability to stop an epidemic because it can't be recognized early





Viral pathogenesis

- Pathogenesis: the process of producing a disease
- Two components of viral disease:
 - Effects of viral replication on the host
 - Effects of host response on virus and host

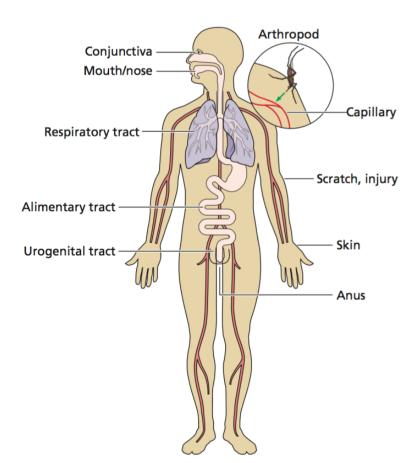


Fundamental questions of viral pathogenesis

- How does a virus particle enter the host?
- What is the initial host response?
- Where does primary replication occur?
- How does the infection spread in the host?
- What organs and tissues are infected?
- Is the infection cleared from the host or is a persistent infection established?
- How is the virus transmitted to other hosts?

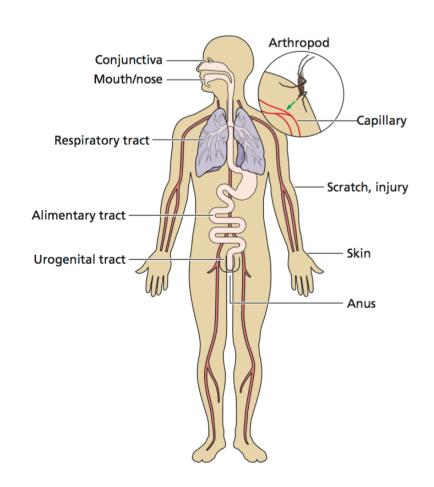
Three requirements for a successful infection

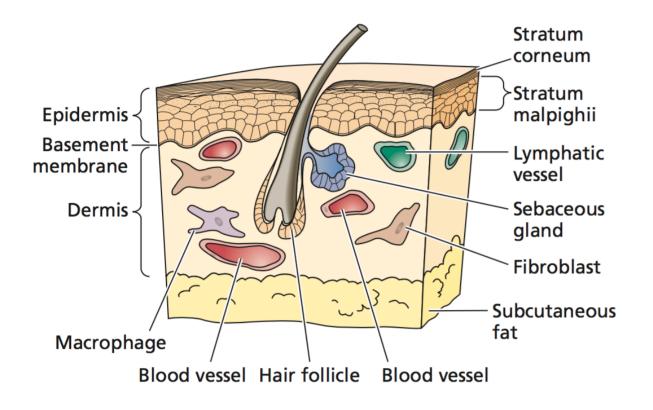
- Enough virus
- Cells accessible, susceptible, permissive
- Local antiviral defense absent or overcome

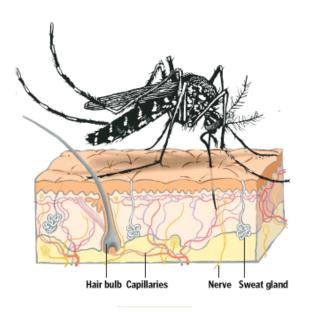


Gaining access: site of entry is critical

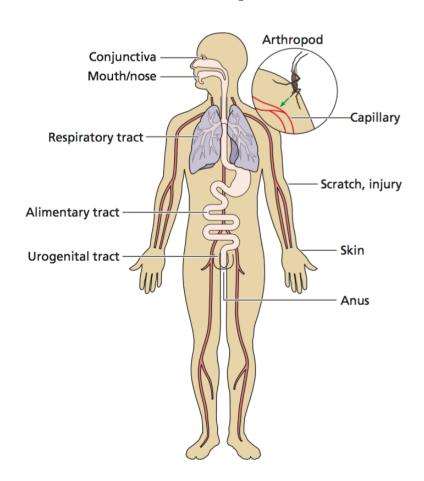
The human body presents only a **limited spectrum** of entry sites for viral infection.



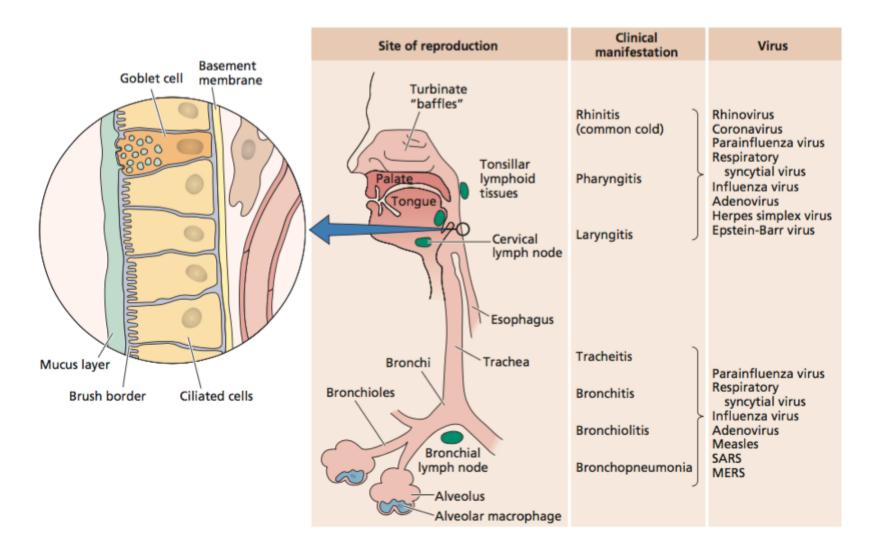




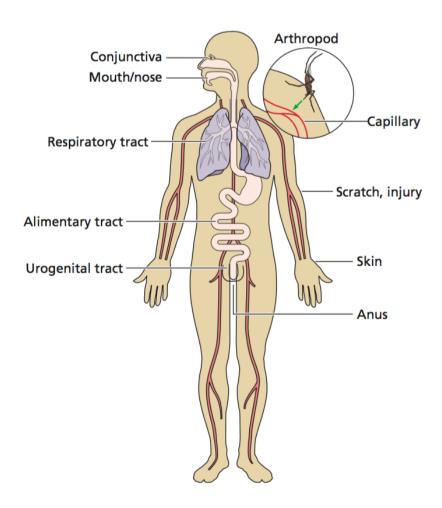
Mucosal surfaces are ripe for viral infection

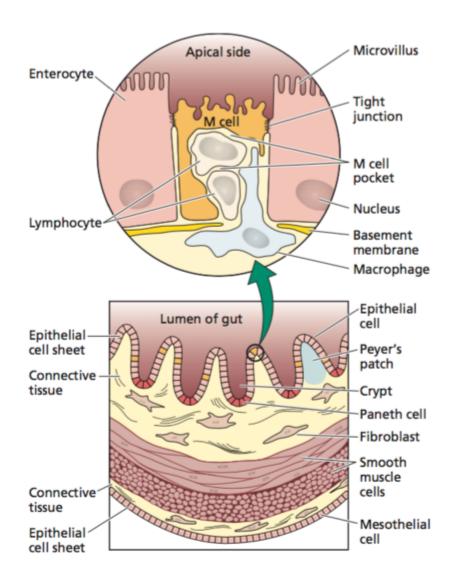


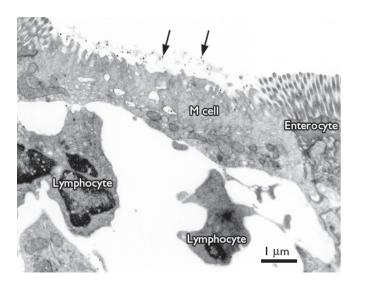
Lined by living cells



Alimentary tract





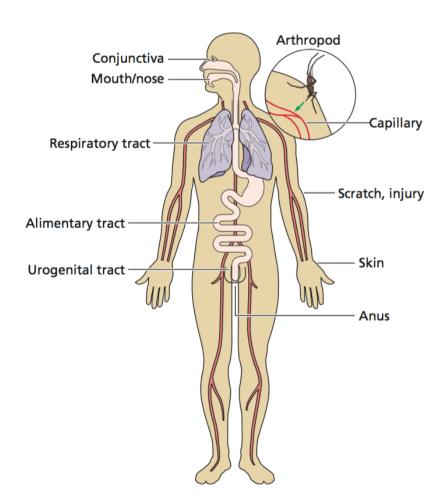


The small intestine

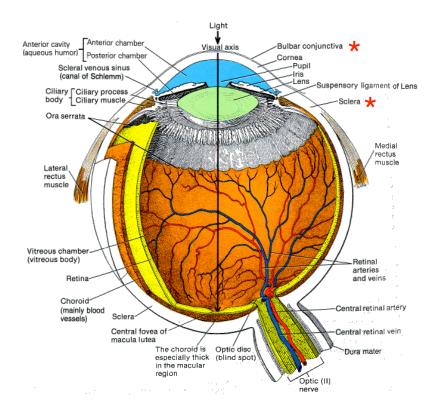
- •A selectively permeable barrier
- •Polarized epithelial cells
- Direct contact with outside world
- •Direct contact with the immune system and the nervous system

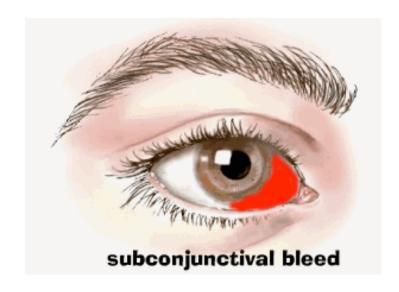
Urogenital tract

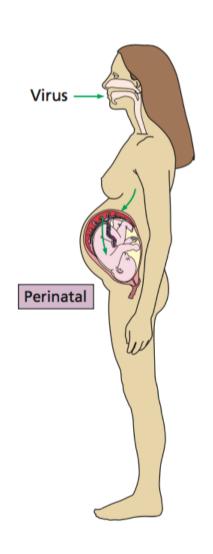
- Protected by mucus, low pH
- Minute abrasions from sexual activity may allow viruses to enter
- Some viruses produce local lesions (HPV)
- Some viruses spread from urogenital tract (HIV, HSV)



Eye







The fetus

- Transplacental vs perinatal infection
- TORCH pathogens: Toxoplasma, rubella, cytomegalovirus, HIV, other
- Zika virus

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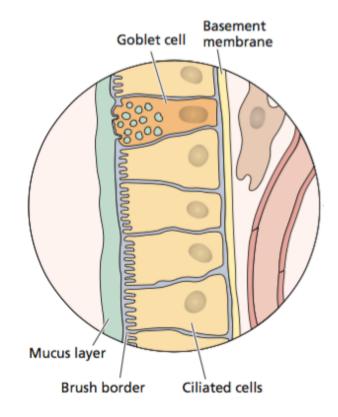
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The outer layer of which of the following is dead but can still serve as a portal of virus entry?

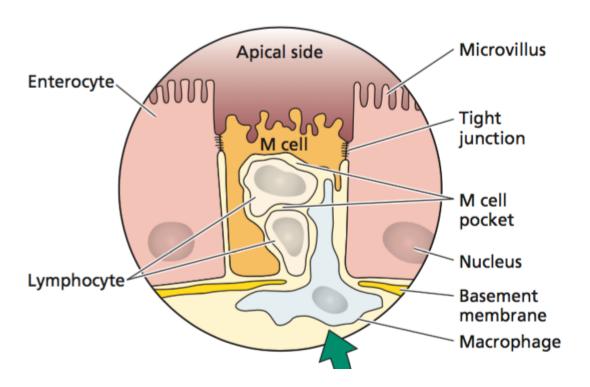
- A. Respiratory tract
- B. Alimentary tract
- C. Eye
- D. Skin
- E. Urogenital tract

Viral spread

- After replication at the site of entry, viruses may remain localized: virus spreads within the epithelium and is contained by tissue structure and immune system
- Some viruses spread beyond the primary site: disseminated; if many organs are infected, systemic
- Physical and immune barriers must be breached

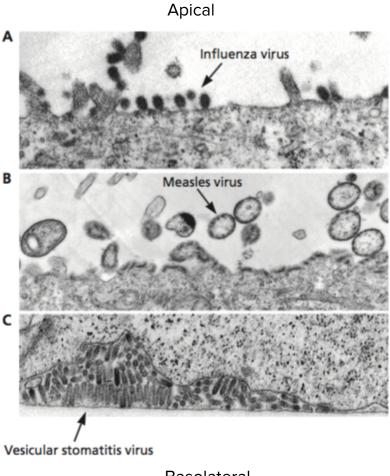


Viral spread



Viral spread

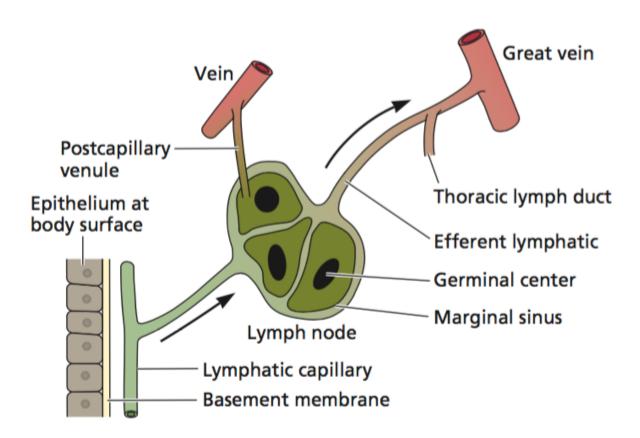
- Apical release facilitates virus dispersal (poliovirus)
- Basolateral release provides access to underlying tissues, may facilitate systemic spread
- Sendai virus



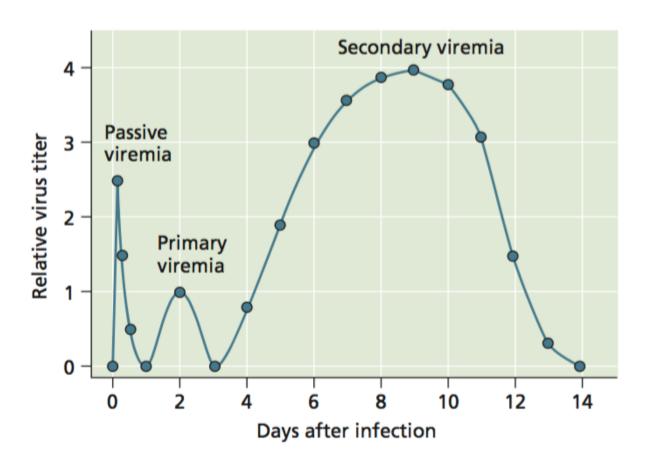
Basolateral

©Principles of Virology, ASM Press

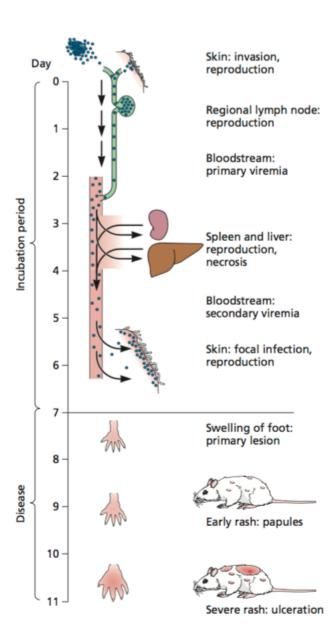
Hematogenous spread

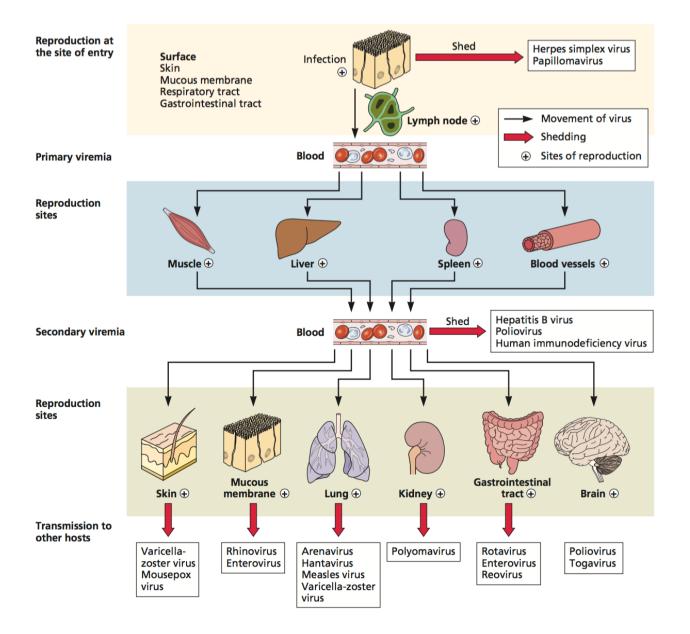


Viremia



Pathogenesis of mousepox





Viruses that cause skin rashes in humans

Virus	Disease	Features
Coxsackievirus A16	Hand-foot-and-mouth disease	Maculopapular rash
Measles virus	Measles	Maculopapular rash
Parvovirus	Erythema infectiosum	Maculopapular rash
Rubella virus	German measles	Maculopapular rash
Varicella-zoster virus	Chickenpox, shingles	Vesicular rash
Zika virus	ZIKV illness	Maculopapular rash



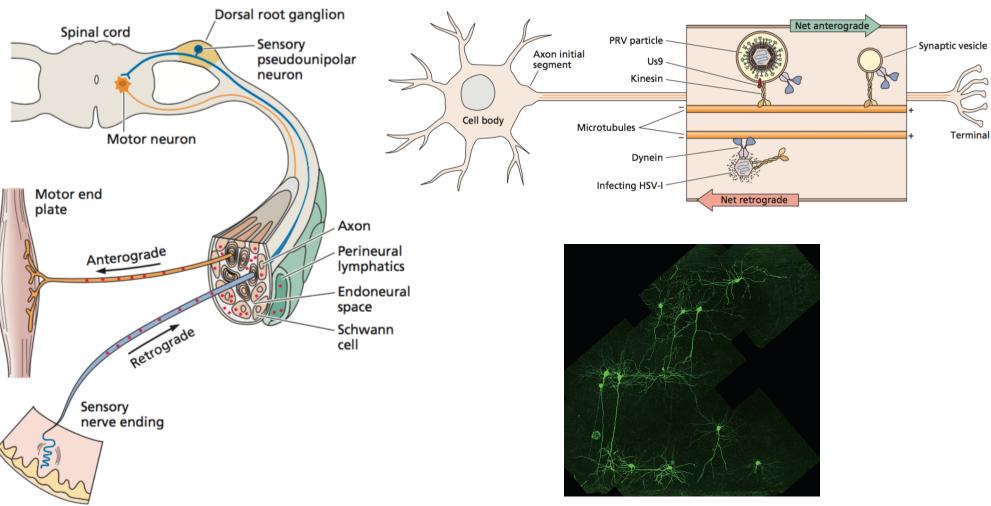
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In general, secondary viremia is a consequence of which of the following events?

- A. Viral replication in the bloodstream
- B. Viral replication at the original site of entry
- C. Viral replication in organs distal to the site of entry
- D. Viral replication in lymph nodes
- E. All of the above

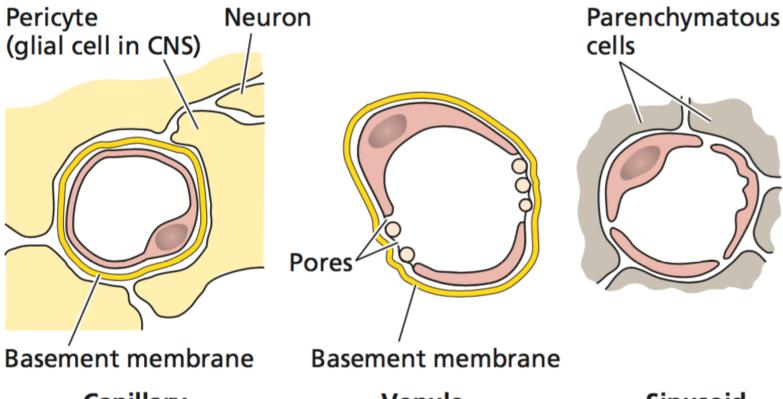
Neural spread



Infections of the CNS

- Neurotropic virus can infect neural cells; infection may occur by neural or hematogenous spread from a peripheral site
- Neuroinvasive virus can enter the CNS after infection of a peripheral site
- Neurovirulent virus can cause disease of nervous tissue
- HSV: low neuroinvasiveness, high neurovirulence
- Mumps: high neuroinvasivness, low neurovirulence
- Rabies: high neuroinvasiveness, high neurovirulence

Tissue invasion



Capillary

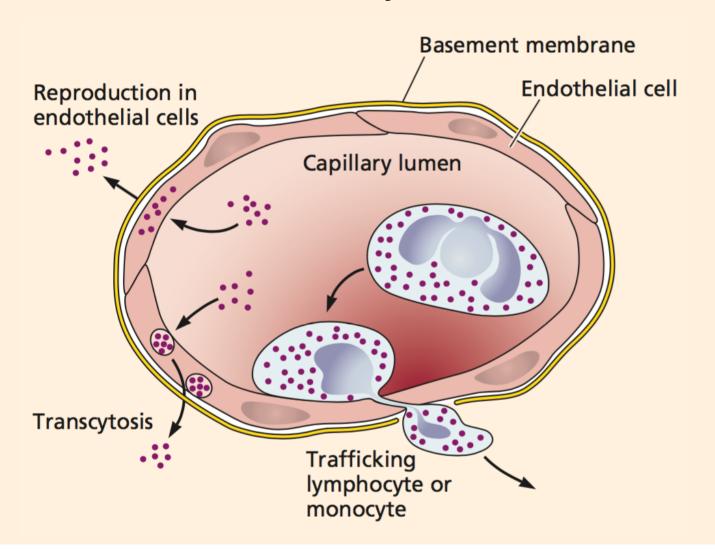
CNS, connective tissue, skeletal & cardiac muscle

Venule

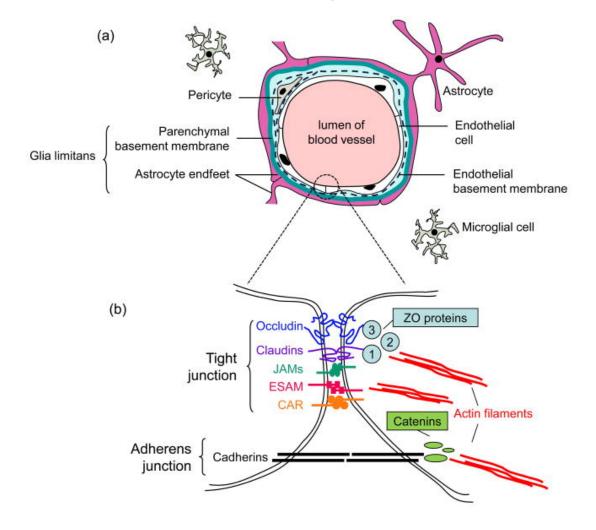
Renal glomerulus, pancreas, ileum, colon **Sinusoid**

Liver, spleen, bone marrow, adrenal glands

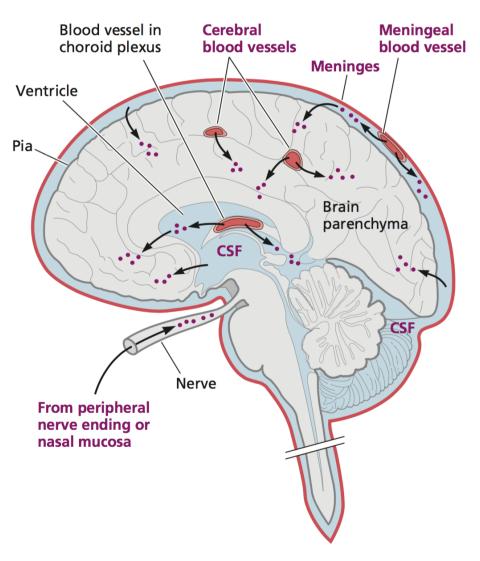
Blood-brain junction



Blood-brain junction

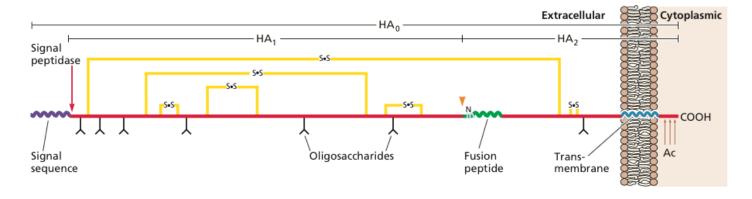


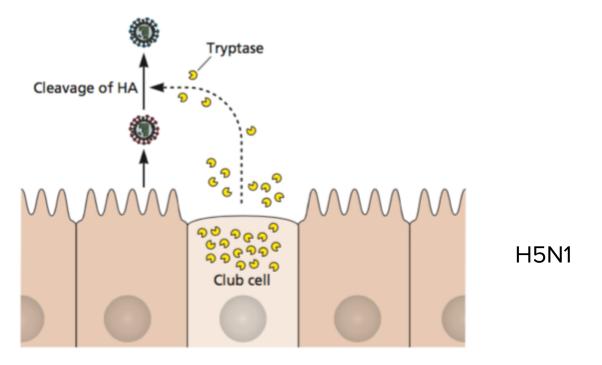
Tissue invasion: CNS



Tissue tropism

- The spectrum of tissues infected by a virus
 - Enterotropic, neurotropic, hepatotropic
- Ranges from limited to pantropic
- Some determinants: Susceptibility, permissivity, accessibility, defense





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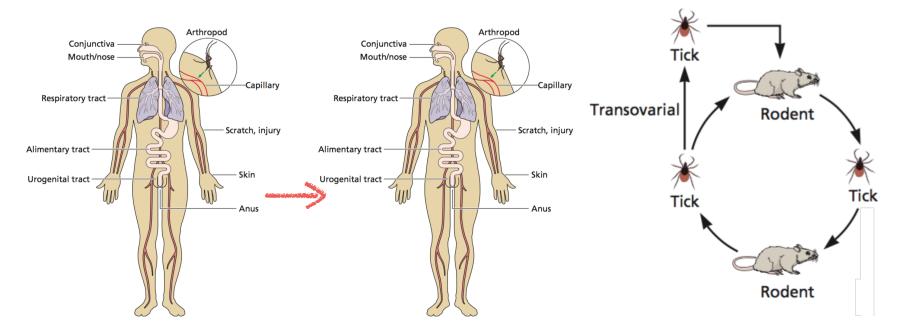
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Insertion of multiple basic amino acids at the HA cleavage site allows influenza virus to infect many organs. This means that the _____ of the virus has changed.

- A. Susceptibility
- B. Club cell tryptase
- C. Permissivity
- D. Tropism
- E. All of the above

Transmission of infection

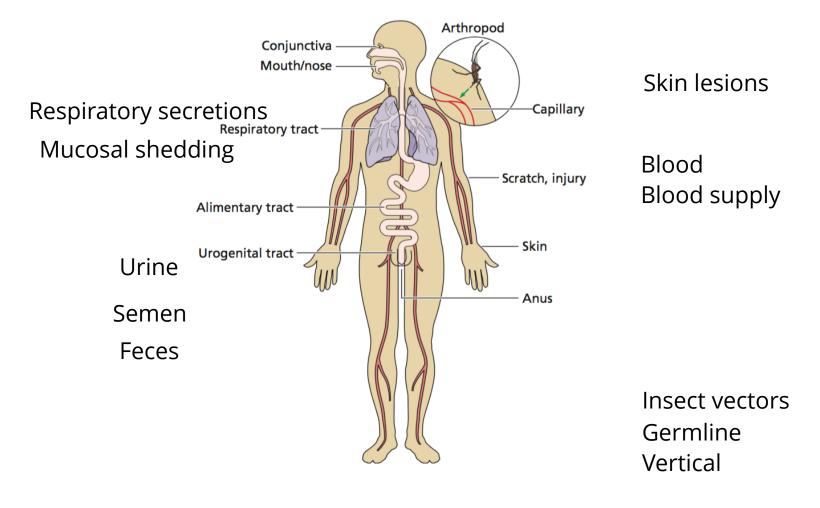
- Spread of infection from one susceptible host to another; required to maintain chain of infection
- Two general patterns



Transmission terms

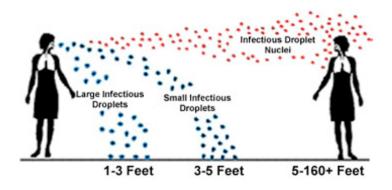
- Horizontal transmission between members of same species (zoonotic different species)
- *latrogenic* activity of health care worker leads to infection of patient
- Nosocomial when an individual is infected while in hospital or health care facility
- Vertical transmission transfer of infection between parent and offspring
- Germ line transmission agent is transmitted as part of the genome (e.g. proviral DNA)

Virus shedding

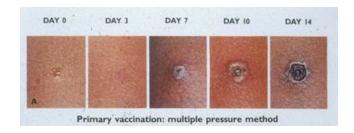


Virus shedding





- Respiratory secretions aerosols produced by coughing, sneezing, speaking
- Nasal secretions contaminating hands, tissues



Morbidity and Mortality Weekly Report (MMWR)

Secondary and Tertiary Transmission of Vaccinia Virus After Sexual Contact with a Smallpox Vaccinee — San Diego, California, 2012

Weekly March 1, 2013 / 62(08);145-147

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6208a2.htm

Vaccinia Virus Infection After Sexual Contact with a Military Smallpox Vaccinee --- Washington, 2010

Weekly
July 2, 2010 / 59(25);773-775

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5925a2.htm?s_cid=mm5925a2_w

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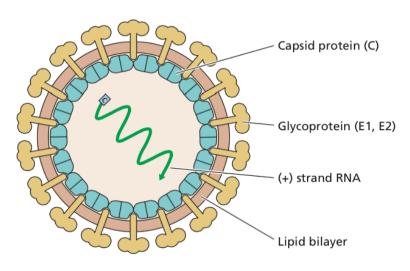
Which statement about viral transmission is not correct?

- A. All virus infections are transmitted by shedding
- B. The route is determined by the site of virus shedding
- C. Transmission is required to maintain a chain of infection
- D. Speaking can produce an aerosol that can transmit infection
- E. Horizontal transmission is among members of one species

Geography and season

- Geography may restrict presence of virus requirement for specific vector or animal reservoir
- Chikungunya virus how vector can affect localization of viral infection

Chikungunya virus

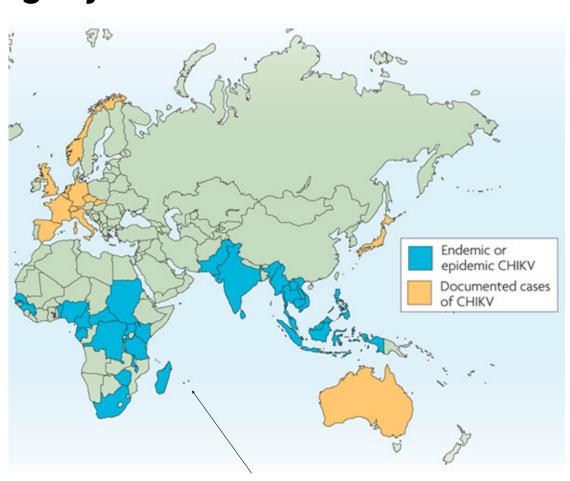




- Togavirus, alphavirus genus
- Spread by Aedes aegypti
- Rash, fever, joint pains

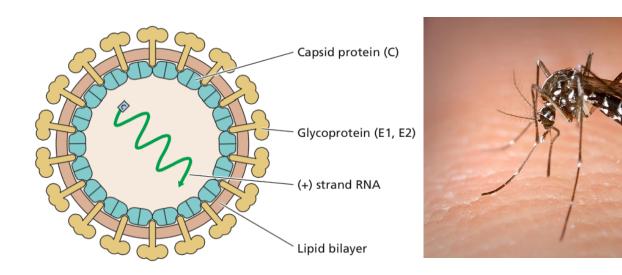
Chikungunya virus

- Asia, Africa, never Europe or US
- 2004 outbreaks spread from Kenya to India
- 2007 outbreak in Italy, first in Europe



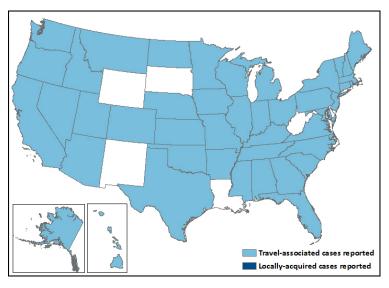
Réunion

Chikungunya virus



- Recent outbreaks associated with Aedes albopictus
- One amino acid change in viral E1 glycoprotein

Aedes albopictus

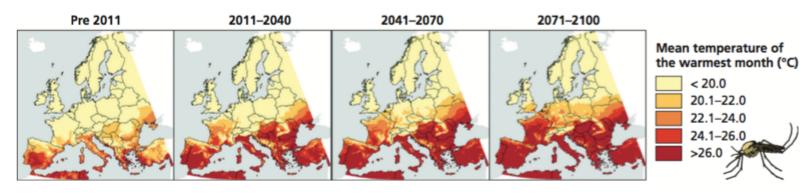


Chikungunya virus infections, US

679 cases, no local transmission (rare before 2006)



A. albopictus range



Seasonality of virus infections

