

# Respiratory viruses – revision

based on presentation of prof. Votava

- **The most important:**

- **influenzavirus A a B**
- **adenoviruses**
- **RSV and metapneumoviruses**
- **parainfluenzaviruses (type 1+3 = *Respirovirus*, type 2+4 = *Rubulavirus*)**
- **rhinoviruses**
- **coronaviruses (incl. SARS agent)**

# Other respiratory agents of virological interest – revision

- Bacterial agents causing atypical pneumoniae:
- *Mycoplasma pneumoniae* – the most common
- *Coxiella burnetii* – Q-fever
- *Chlamydia (Chlamydophila) psittaci* – agent of ornithosis & psittacosis
- *Chlamydia (Chlamydophila) pneumoniae*

# Etiology of epiglottitis – revision

- Epiglottitis acuta:

**Serious disease – medical emergency**

**The child may suffocate!**

**Practically one and only important agent:**

***Haemophilus influenzae* type b**

# Etiology of laryngitis and tracheitis – revision

- Respiratory viruses again but other than agents of nasopharyngitis:  
**parainfluenza and influenza A viruses & RSV**
- Bacteria:  
***C. pneumoniae*, possibly *Mycopl. pneumoniae*, secondarily: *S. aureus* and *Haem. influenzae***  
**laryngotracheitis pseudomembranosa (croup):**  
***Corynebacterium diphtheriae***

# Etiology of bronchitis – revision

- Acute bronchitis:

**Viruses: influenza, parainfluenza, adenoviruses, RSV**

**Bacteria, secondarily after viruses:**

**pneumococci, *Haem. influenzae*, *Staph. aureus*,  
moraxellae (again “the gang of four”)**

**Bacteria, primarily: *Mycoplasma pneumoniae*,  
*Chlamydia pneumoniae*, *Bordetella pertussis***

- Chronic bronchitis (cystic fibrosis):

***Pseudomonas aeruginosa*, *Burkholderia cepacia***

# Etiology of bronchiolitis – revision

- Isolated bronchiolitis in newborns and infants only:

*Pneumovirus (= respiratory syncytial virus, RSV)*

*Metapneumovirus*

# Different types of pneumoniae – revision

1. **Acute – community-acquired pneumonia**
  - in originally healthy
    - adults
    - children
  - in debilitated persons
  - after a contact with animals
2. **Acute – nosocomial pneumonia**
  - VAP = ventilator-associated
    - early
    - late
  - others
3. **Subacute and chronic pneumonia**

# Etiology of pneumoniae I

## – revision

- Acute, community-acquired, in healthy adults
- bronchopneumonia and lobar pneumonia:
  - *Streptococcus pneumoniae*
  - *Staphylococcus aureus*
  - *Haemophilus influenzae* type b
- atypical pneumonia:
  - *Mycoplasma pneumoniae*
  - *Chlamydia pneumoniae*
  - Influenza A virus (during an epidemic only)

# Etiology of pneumoniae II

## – revision

- Acute, community-acquired, in healthy children
- bronchopneumonia:
  - *Haemophilus influenzae* type b (→ vaccination)
  - *Streptococcus pneumoniae*
  - *Moraxella catarrhalis*
  - In newborns: *Streptococcus agalactiae*  
*enterobacteriae*
- atypical pneumonia:
  - respiratory viruses (RSV, infl. A, adenoviruses)
  - *Mycoplasma pneumoniae*
  - *Chlamydia pneumoniae*
  - in newborns: *Chlamydia trachomatis* D-K

# Etiology of pneumoniae III

## – revision

- Acute, community-acquired, in debilitated individuals:
  - pneumococci, staphylococci, haemophili
  - *Klebsiella pneumoniae* (alcoholics)
  - *Legionella pneumophila*
- In more serious immunodeficiency:
  - *Pneumocystis jirovecii*
  - CMV
  - atypical mycobacteria
  - *Nocardia asteroides*
  - aspergilli, candidae

# Etiology of pneumoniae IV

## – revision

- **Acute, community-acquired, after a contact with animals:**
- **Bronchopneumonia**
  - *Pasteurella multocida*
  - *Francisella tularensis* (tularemia)
- **Atypical pneumonia**
  - *Chlamydia psittaci* (ornithosis)
  - *Coxiella burnetii* (Q-fever)

# Etiology of pneumoniae V

## – revision

- **Acute, nosocomial:**
- **VAP (ventilator-associated pneumonia)**
  - **early (up to the 4th day of hospitalization):**  
**sensitive community strains of respiratory agents („gang of 4“)**
  - **late (from the 5th day of hospitalization):**  
**resistant hospital strains**
- **Other nosocomial pneumoniae**
  - **viruses (RSV, CMV)**
  - **legionellae**

# Etiology of pneumoniae VI

## – revision

- Subacute and chronic:
  - aspiration pneumonia and lung abscesses
    - *Prevotella melaninogenica*
    - *Bacteroides fragilis*
    - peptococci and peptostreptococci
  - lung tuberculosis and mycobacterioses
    - *Mycobacterium tuberculosis*
    - *Mycobacterium bovis*
    - atypical mycobacteria (e.g. the complex *M. avium*–*M. intracellulare*)