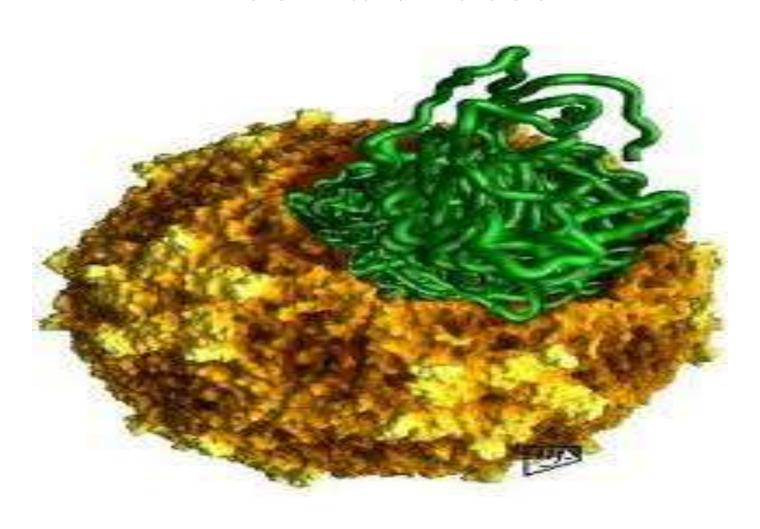
Picorna viruses



Picorna viruses

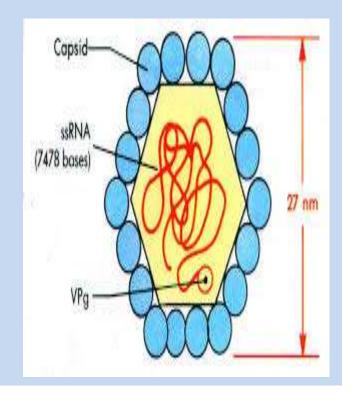
OBJECTIVES

To learn about

- Classification
- Structure
- Pathogenesis
- Immunization
- Lab diagnosis of polioviruses.

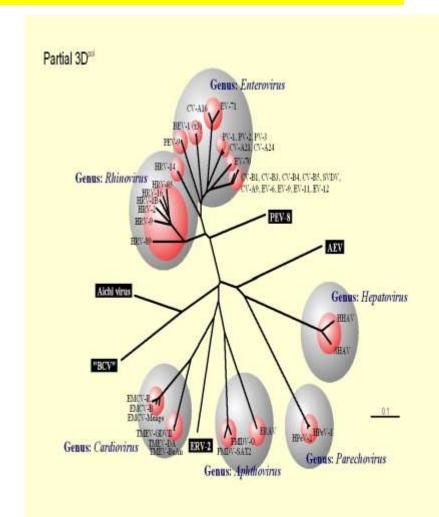
INTRODUCTION

- Viruses comprises of pico=small rna =RNA
- SS RNA
- NON ENVELOPED
- DIAMETER = 27-30 NM



CLASSIFICATION

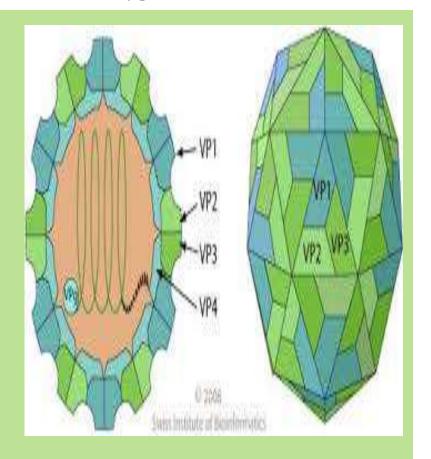
- Family- picornaviridae
- Divided 6 genera
- Enterovirus
- Rhinovirus
- Cardiovirus
- Aphthovirus
- Hepatovirus
- Parechovirus



PROPERTIES

- **SIZE** 28- 30 NM
- VIRION ICOSAHEDRAL
- SS RNA LINEAR
- **PROTEINS** VP1 VP3 antibody binding site
- INTERNAL PROTEINVP4

vpg associated with viral rna.

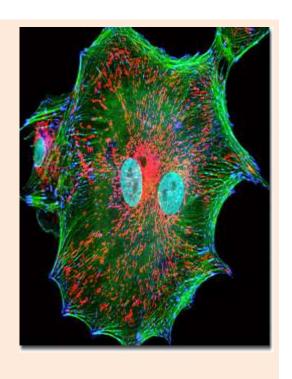


NONENVELOPE

REPLICATION - Cytoplasm.

CULTURE –
Many enterovirus - 37 deg
Monkey/human cells .

RHINO - Only human – 33 deg **COXASACKIE** – Newborn mice

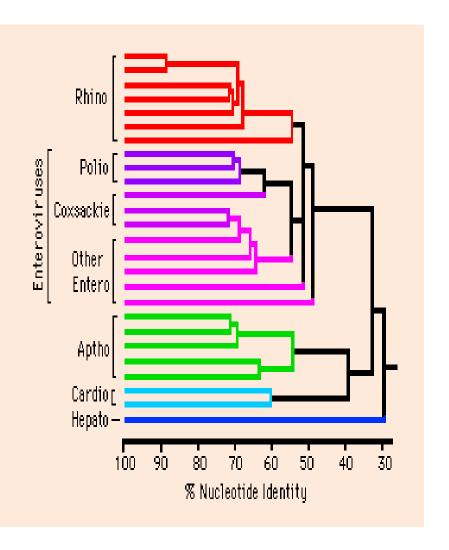


The cells from which line was initiated were sampled from the renal tissue of an African green monkey (Cercopithecus aethiops

ENTEROVIRUS

72 SEROTYPES

- -poliovirus
- -coxasackie virus
- -echo virus
- they are all found in intestine and excreted in faeces.
- since 1969 classified as type numbers.



POLIOVIRUS

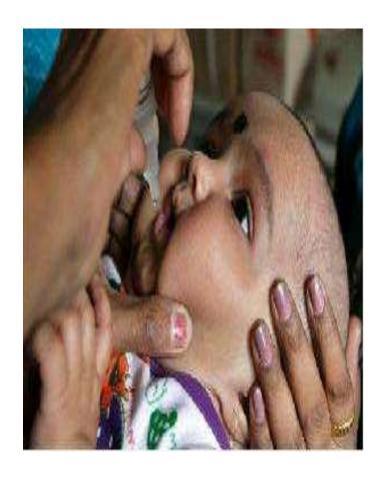
CAUSES POLIOMYELITIS MORPHOLOGY

- spherical 27 nm
- capsid has 60 subunits
- with proteins vp 1-4.
- ss rna of positive sense.



The Union Health Minister, Ghulam Nabi Azad received the official <u>certificate</u> at a function here. 28 march 2014





RESISTANCE

- Among most stable virus
- Resistant to ether chloroform bile, intestinal proteolytic enzymes
- In faeces survive for months at 37 deg
- Virus can survive for months at -20
- Room temp –several weeks
- Inactivated when heated at 55 deg for 30 min/drying /oxidising agents/chlorination
- Stable at ph -3

ANTIGENIC PROPERTIES

TWO ANTIGENS

CANTIGEN also called h or heated antigen associated with empty noninfectious particle

DANTIGEN

- 1. also called **naive or n antigen** asociated with whole virion
- 2. anti d is protective
- 3. potency of injectable poliovaccine measured in d antigen units

TYPES

• TYPE 1-3

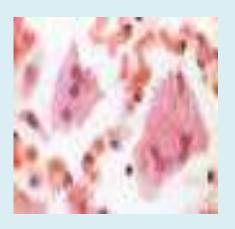
IDENTIFIED BY NEUTRALISATION TEST

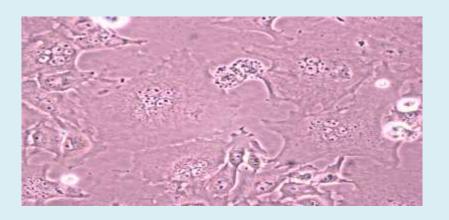
- 1 common epidemic type
- -2 usually endemic type
- 3 involved in recent epidemics

HOST RANGE AND CULTIVATION

PRIMARY MONKEY KIDNEY

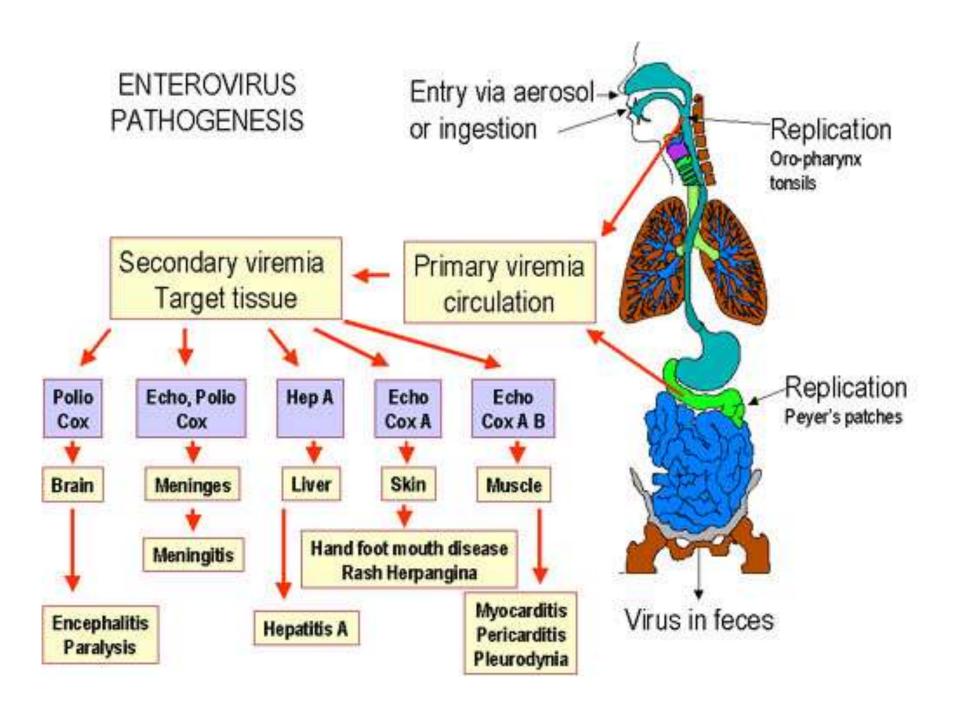
- cells round off
- become refractile
- eosinophilic intranuclear inclusion bodies





PATHOGENESIS

- Transmitted by faeco oral route
- Inhalation or entry through **conjunctiva** of droplets of **respiratory secretions**
- Ingested and multiplied in **tonsil** and small intestine. It then spreads to **regional lymph node** and **enter blood stream**.
- Spreads virus to target cells
- Where multiplication takes place
- Resulting in symptoms and Secondary viremia
- May ascend to brain tissues via infected nerves



Clinical features

- Incubation period 7-14 days
- 90 95 % presents with only serconversion
- 5% PRESENTS
- Asymptomatic illness- no symptoms
- **Abortive Poliomyelitis** The minor illness fever/hdache/sorethroat malaise, 1-5 days
- Non paralytic 3-4 d later, meningitis
- Paralytic flaccid type
- Progressive postpoliomyelitis Muscle Atrophy

Precipitating Factors

- Proactive factors
 - Fatigue
 - Trauma
 - Intramuscular injection
 - DPT
 - Operative procedures

Laboratory diagnosis

SPECIMEN

- Blood
- CSF rare.
- Throat swabs first few days
- Faeces up to 30 days.

CULTURE

- Primary monkey kidney cell
- Growth is indicated by cytopathic effect
- Isolated virus is identified and typed by antiserum

SEROLOGICAL TEST

Paired sera in CFT and neutralization.

IMMUNITY

TYPE SPECIFIC

Humoral antibody protective

- IgM appears after one week and remain for 6 mths
- IgG persists for life
- IgA provides local intestinal immunity

CMI not protective

PROPHYLAXIS

- IPV –SALK KILLED PV
- OPV SABIN LIVE POLIO
- As national immunization programme
- 3 doses of opv, month interval, 6,7,8 mth
- Booster dose is recommended 12 18 mths
- complete before 6 mths of age
- Between the age of 6mths 3 years

KILLED/SALK

- Developed by salk 1953
- Killed formalised
- Given s/c or i/m
- Induces antibody but no local immunity
- Not useful in epidemics
- Lifelong
- Costlier
- Strict storage and transport

SABIN/LIVE

- Developed by Sabin1957
- Live attenuated
- Given orally
- Both humoral and intestinal
- Useful herd immunity
- Booster is required
- Cheaper
- At zero degree

trivalent

- Monovalent/trivalent
- Mgcl2 or sucrose stabilise against heat inactivation

Criteria of attenuated strains

• Should not be neurovirulent. Confirmed by intraspinal inoculation.

- Following feeding—should be able to set up intestinal infection and induce immunity.
- Should posess stable markers.
- Monoclonal antibodies.
- Nucleic acid sequencing.

Markers for differentiating wild from the attenuated

	wild strain	attenuated
• D	grow well in	
	low bicarbonate	don't grow
• Rct 40	at 40 deg	don't grow
• MS	monkey kidney	grow poorly

Global eradication

- By global immunisation with OPV
- Who made a campaign to eradicate by 2000
- America was declared –1994
- Western pacific region 2000
- Europe 2002
- India march 2014

Coxasackie viruses

- Two groups A (serotypes 1-24) and B (serotypes 1-6).
- Frequently found in faeces of healthy children.

Causes

- respiratory cold like illness
- illness resembling paralytic poliomyelitis.
- herpangina, meningitis.

Can be cultured in cell culture and suckling mouse . PCR.

Rhinoviruses

- Worldwide distribution.
- More than 100 antigenic types.
- Common cold.
- Transmission droplets ,aerosol ,direct or indirect.
- Can be isolated and typed. WI- 38, MRC- 5.
- Prevention washing of hands, virucidal soaps.
- Treatment supportive.

Refrences

- Essentials of medical microbiology. Apurba S Sastry.
- Textbook of Microbiology . Ananthannarayan and Paniker.

MCQs

- 1. Zero dose of OPV is given:
- a. At one month
- b. At birth
- c. When child is having diarrhea
- d. When child is having polio
- 2. Enterovirus 72 is:
- a. Hepatitis A virus
- b. Hepatitis E virus
- c. Hepatitis B virus
- d. Hepatitis C virus

- 3. Not true about salk vaccine:
- a. Expensive than OPV
- b. Not useful in epidemics
- c. Contraindicated in low immunity
- d. Booster doses are required
- 4. The most common viruses that can cause meningo encephalitis in children a re:
- a. Arboviruses
- b. Herpesviruses
- c. Japanese encephalitis virus
- d. Enteroviruses.