

Respiratory Virus

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Structure and Objectives

- Global burden of respiratory virus infections
- Seasonality of respiratory virus
- Respiratory tract
- Reservoir drops: Influenza
- Goopfellas: RSV
- Natural born killer: SARS
- Pulp afflictions: Other respiratory virus

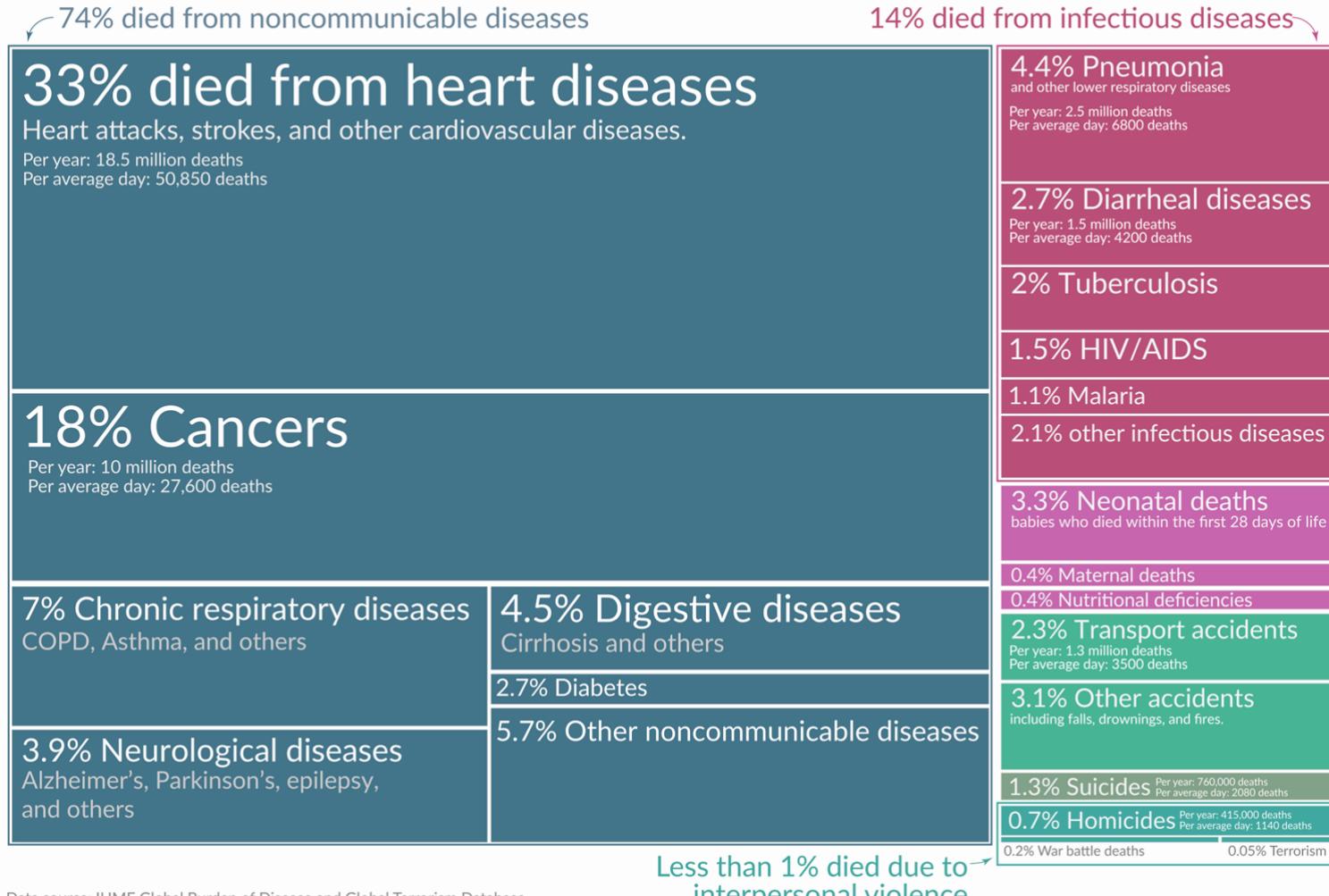


Global burden of respiratory virus

What do people die from? Causes of death globally in 2019

The size of the entire visualization represents the total number of deaths in 2019: 55 million.
Each rectangle within it is proportional to the share of deaths due to a particular cause.

Our World
in Data

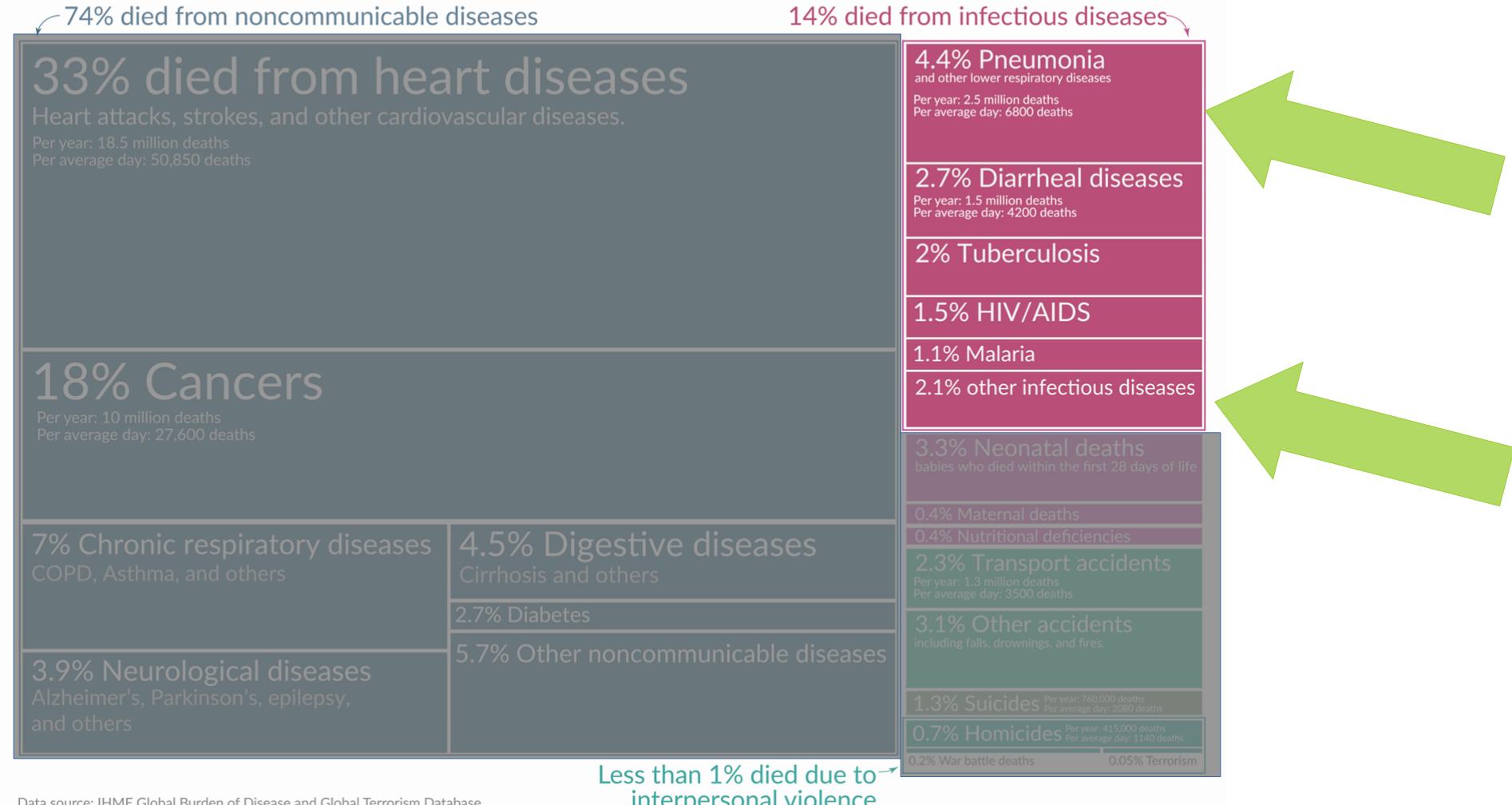


Global burden of respiratory virus

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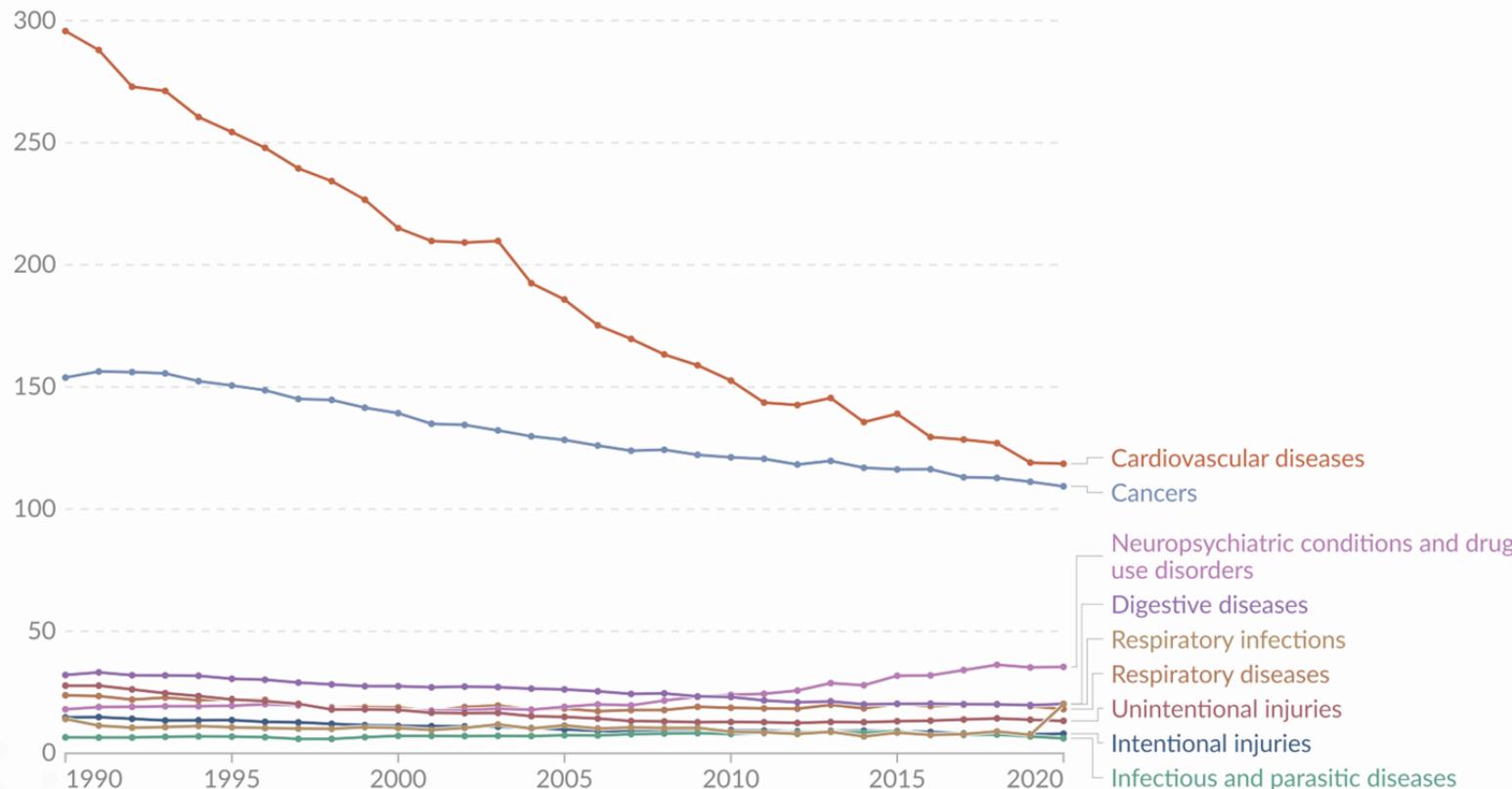


Global burden of respiratory virus

Death rates from different causes, Germany

Our World
in Data

Reported annual death rate from different causes per 100,000 people, based on the underlying cause¹ listed on death certificates. Comparisons may be affected by differences in measurement.



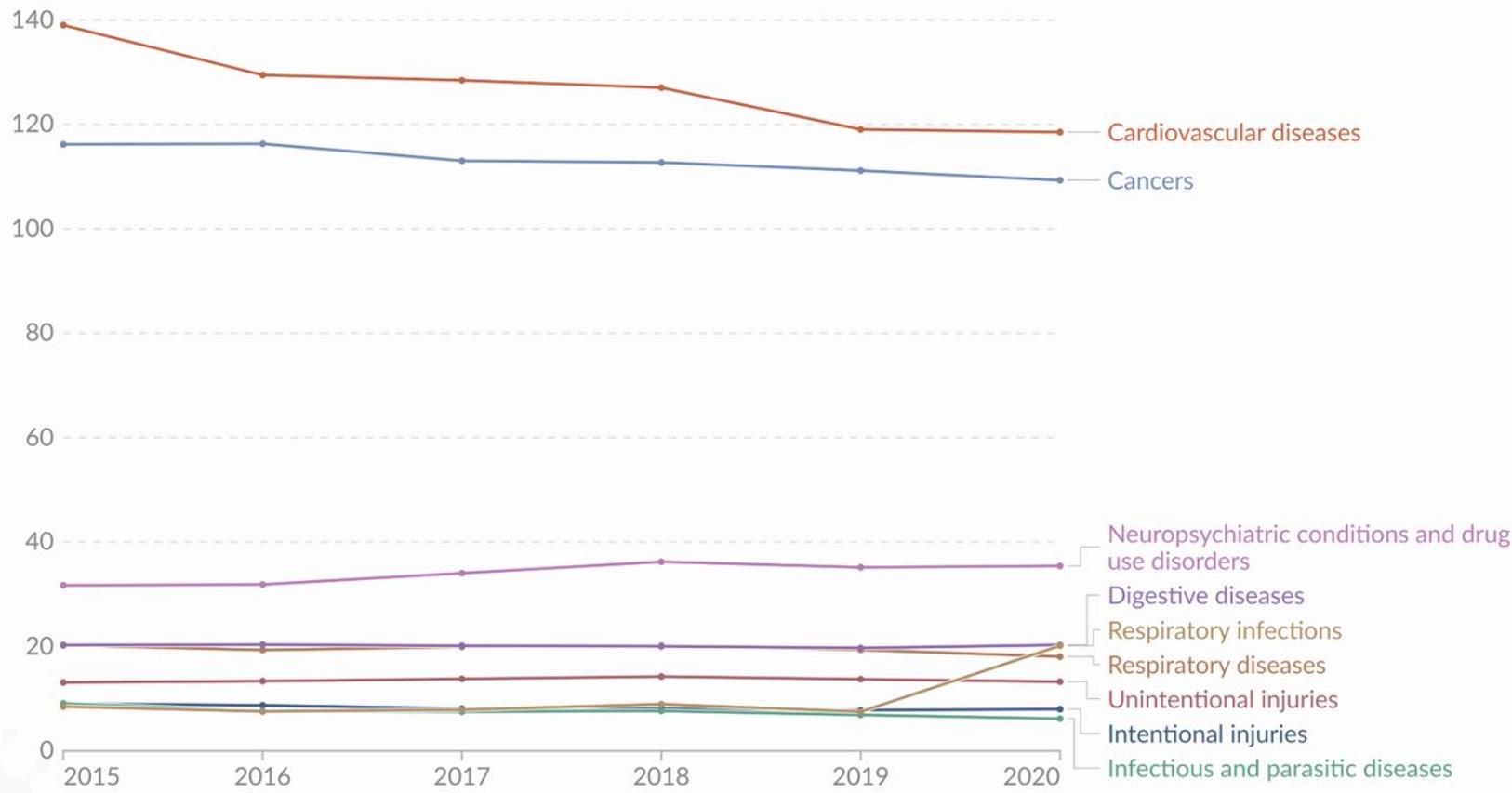
Top 4 cause of death in Germany

Global burden of respiratory virus

Death rates from different causes, Germany

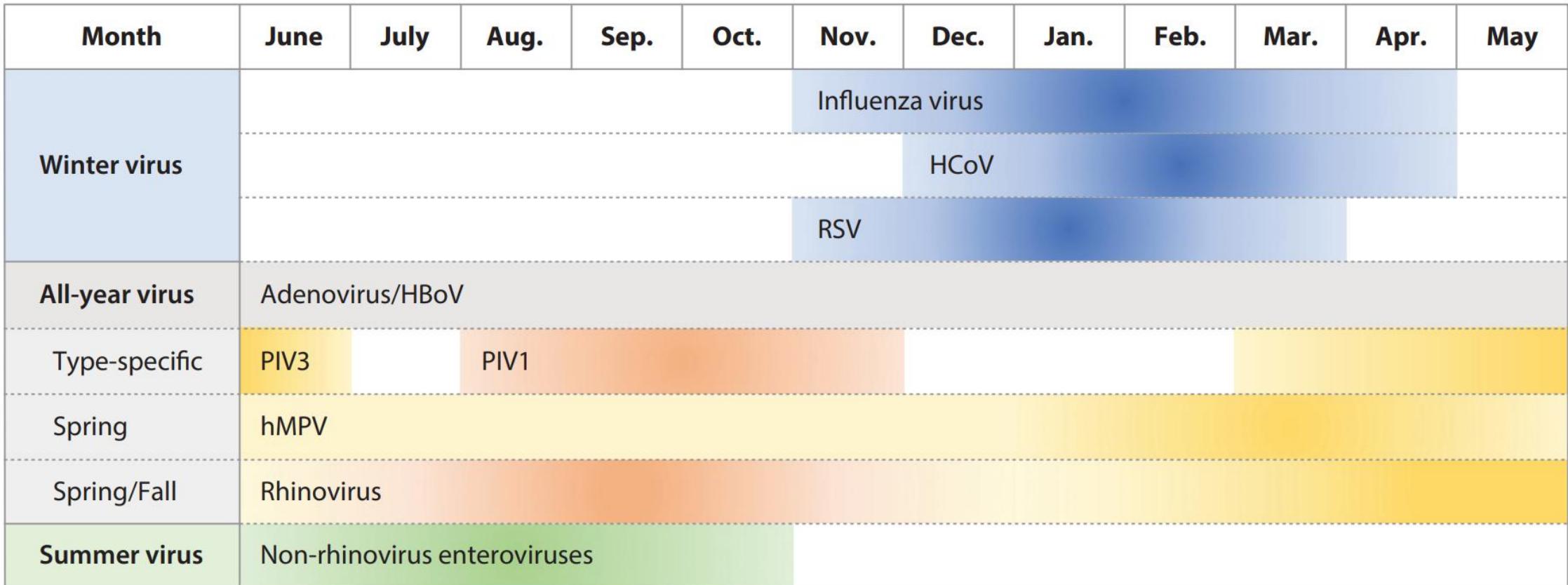
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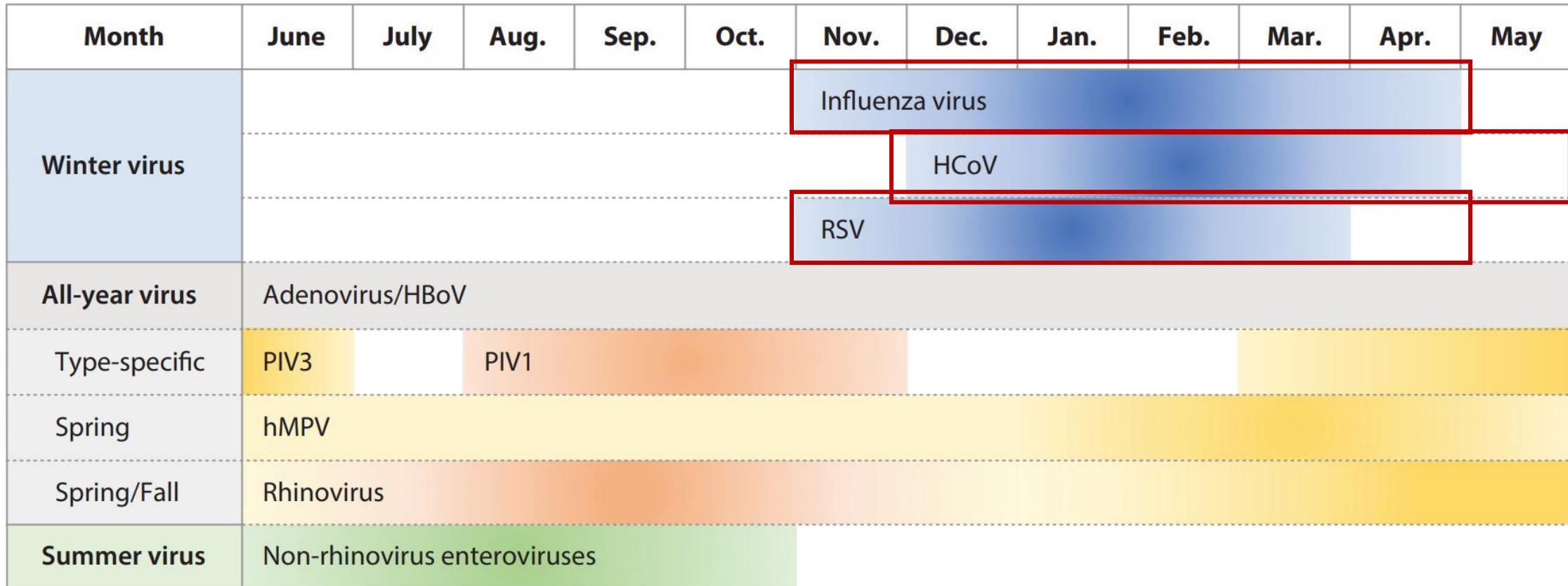


Main cause of death via
communicable diseases

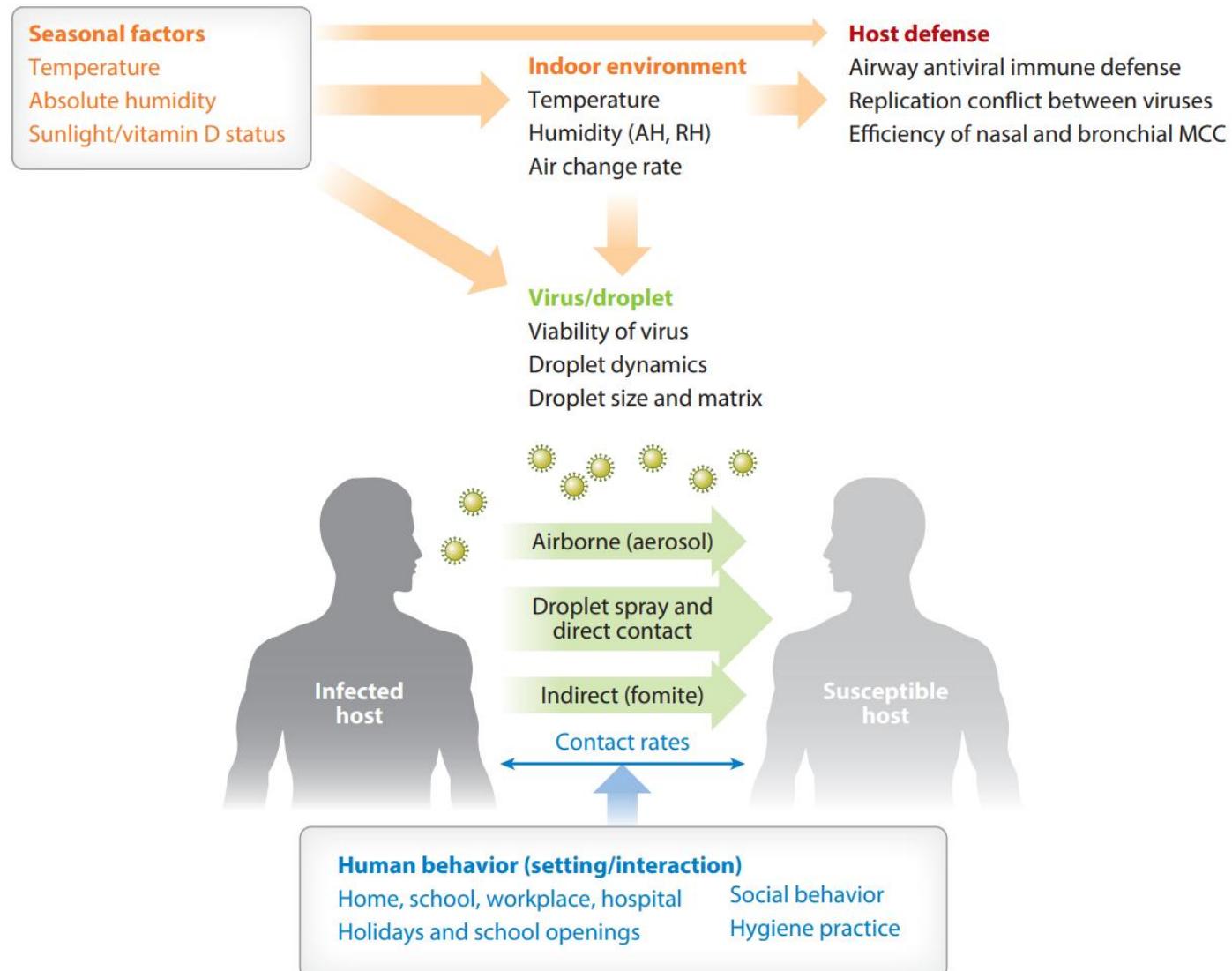
Seasonality of respiratory virus



Seasonality of respiratory virus

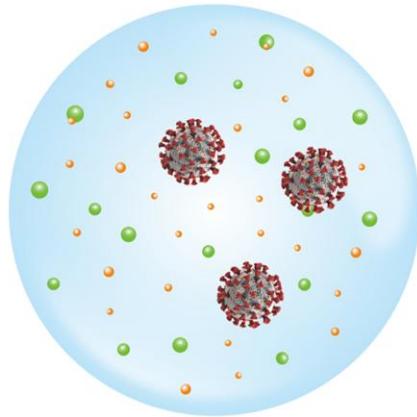


Seasonality of respiratory virus

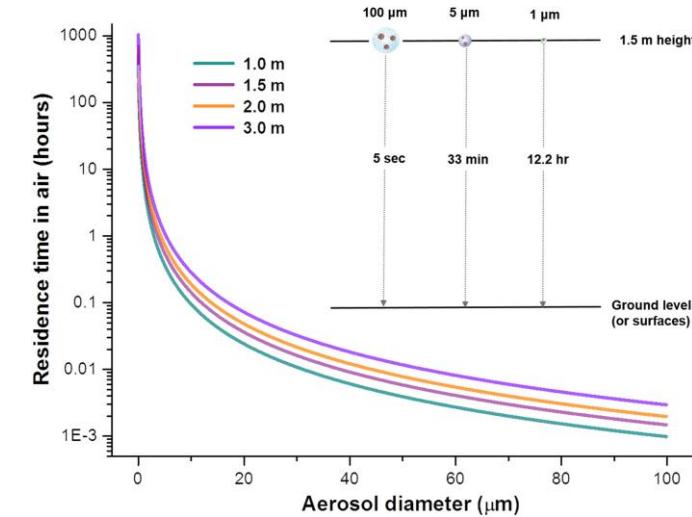


Seasonality of respiratory virus

Physicochemical properties of virus-laden aerosols:

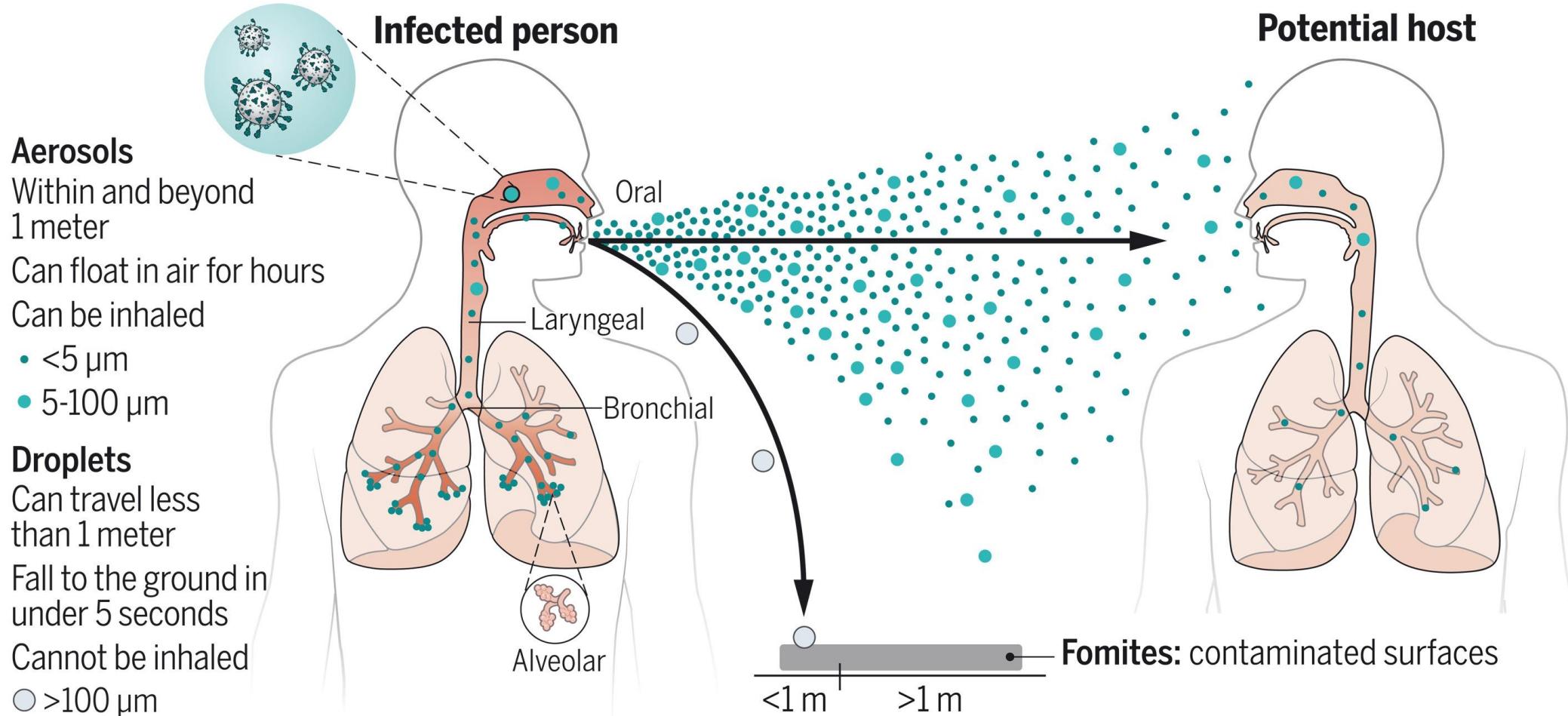


- Size
- Viral load and infectivity
- Other chemical components:
- electrolytes, proteins, surfactants
- pH value
- Electrical charge
- Air/liquid interfacial properties

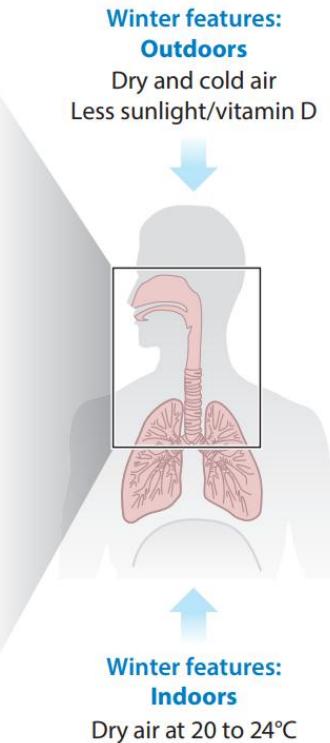
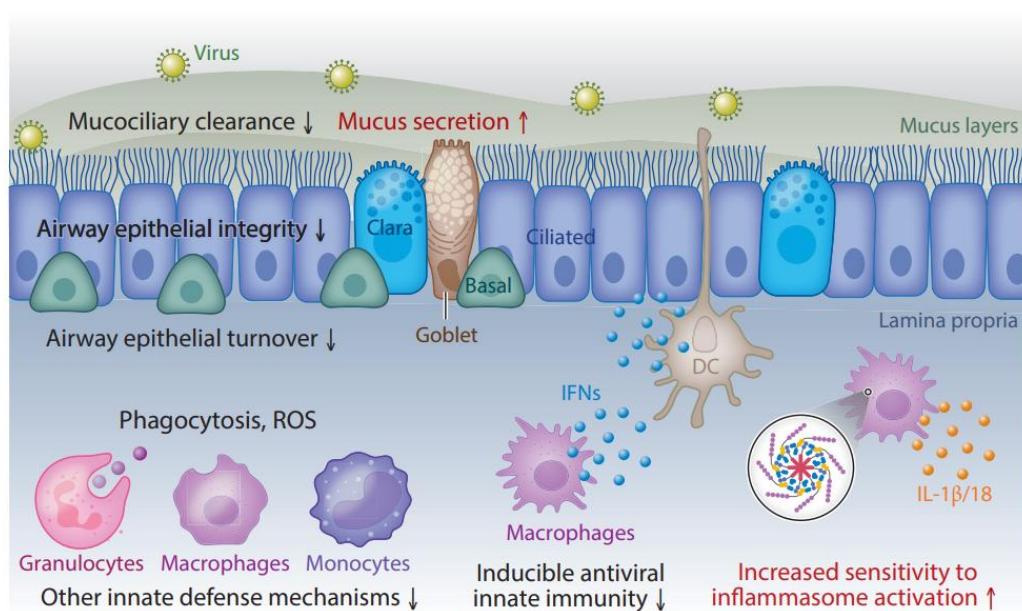
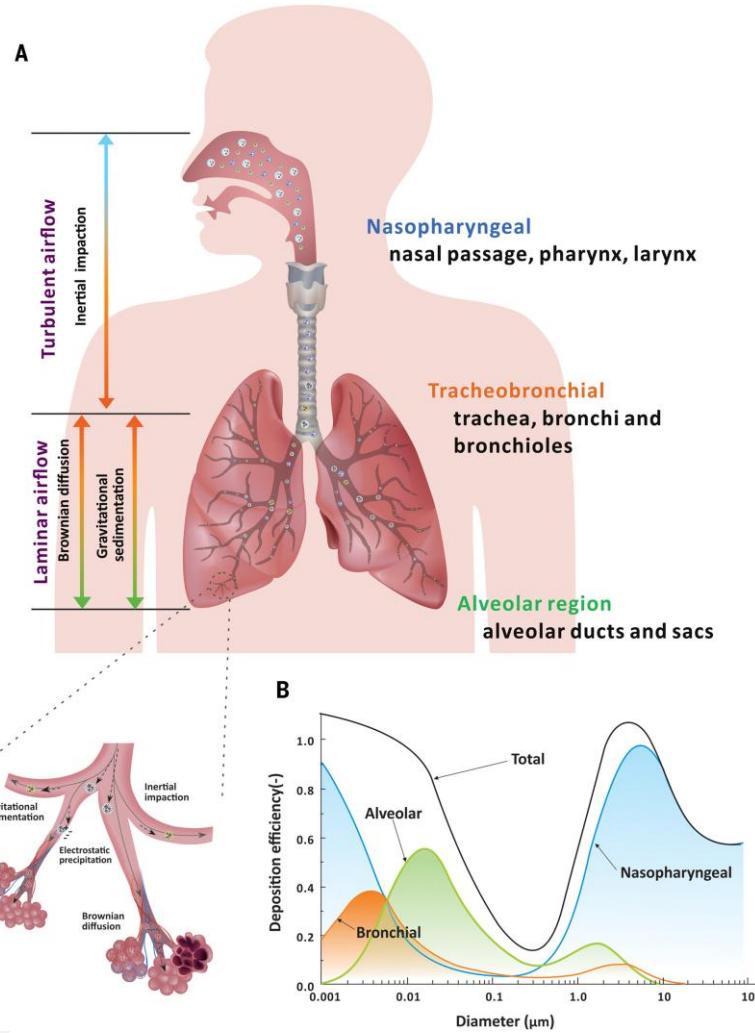


Climate/season	Outdoor absolute humidity	Indoor relative humidity (%)	Respiratory virus stability	Proportion of droplet nuclei	Viability of respiratory viruses	Predominant transmission
Tropical	High	60–100	High	Low	High	Fomite, direct and indirect contact
Temperate: spring, fall	Intermediate	40–60	Low	Low	Low	All transmission ways possible
Temperate: winter	Low	10–40	High	High	High	Predominantly airborne

Seasonality of respiratory virus



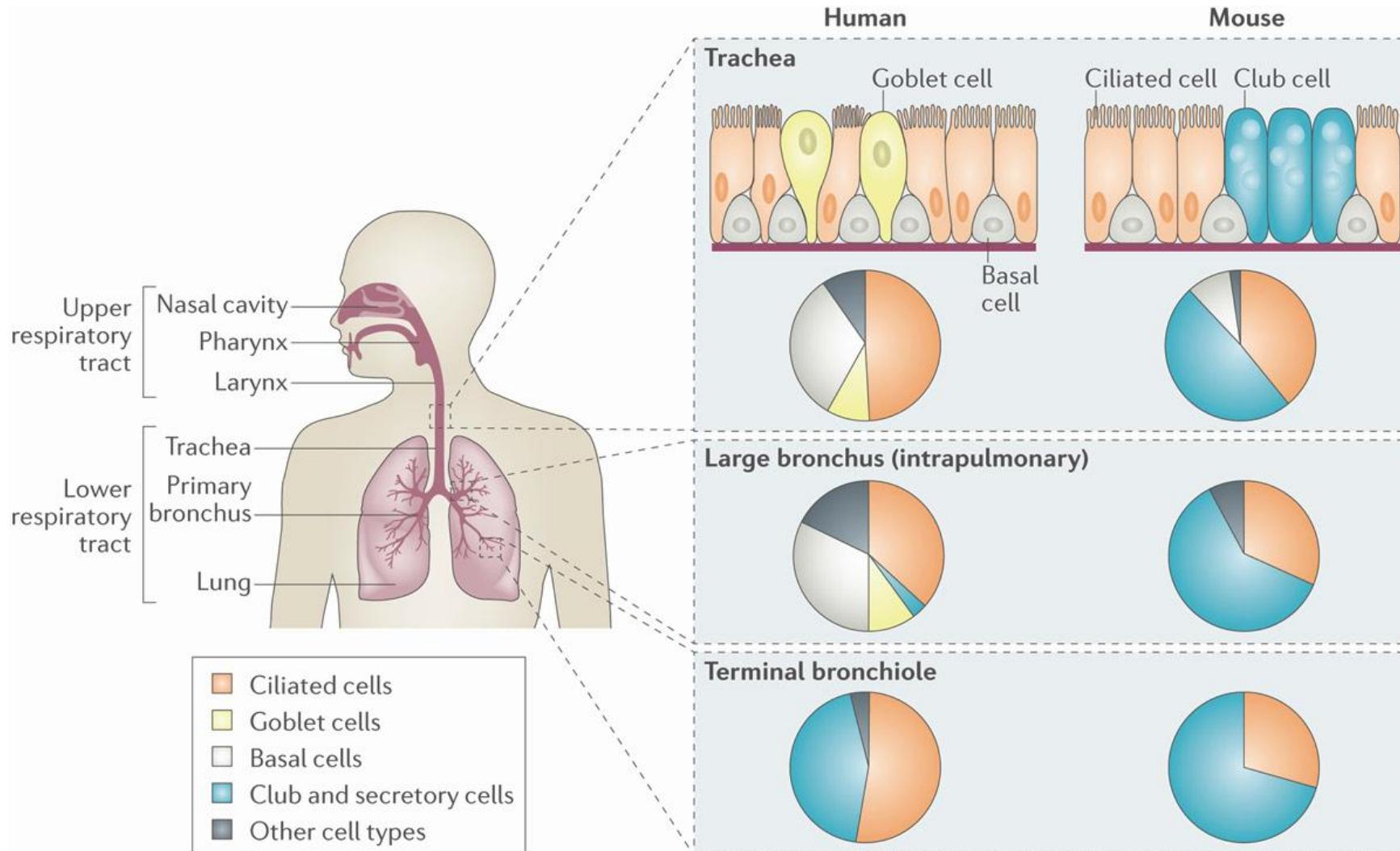
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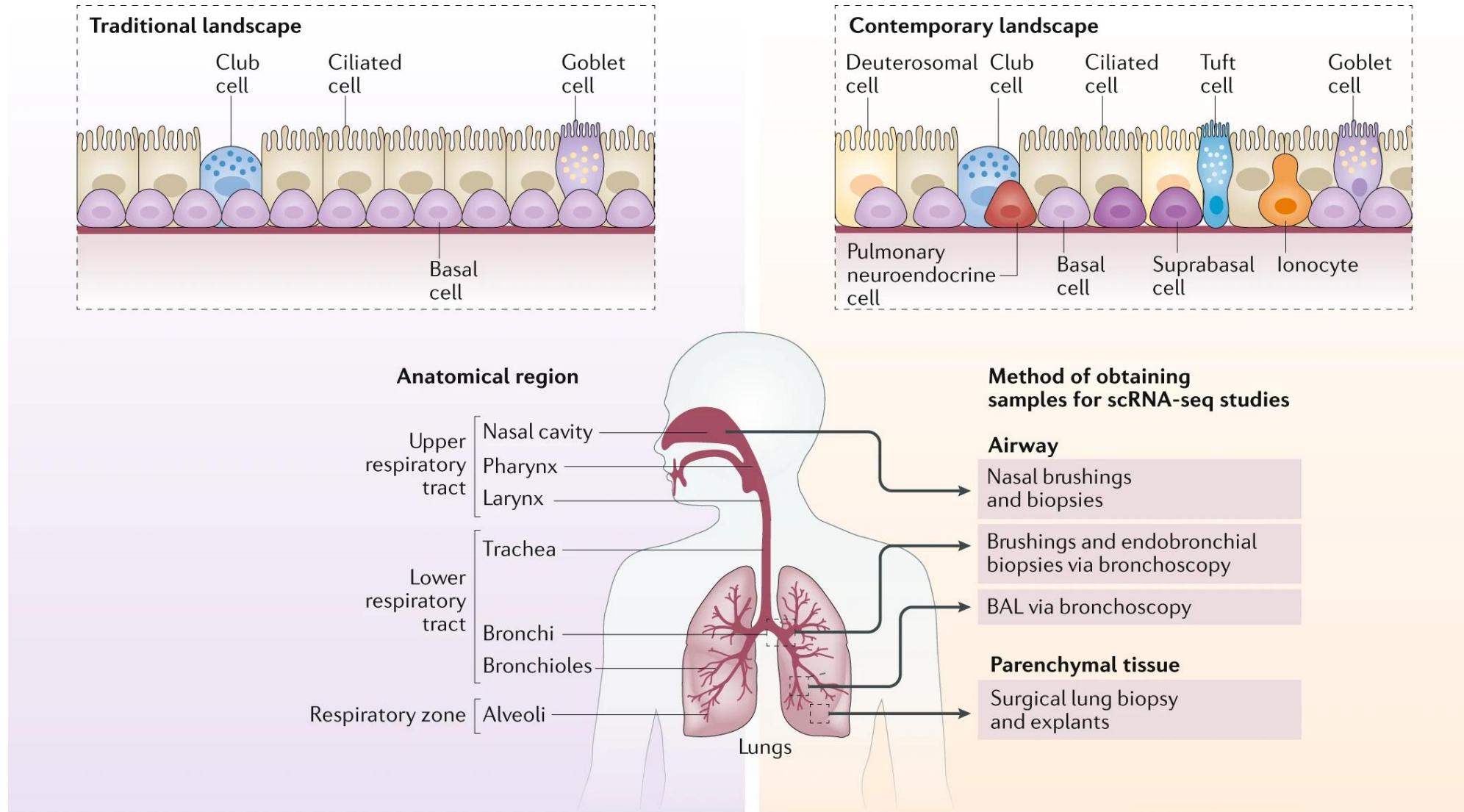
The human respiratory tract



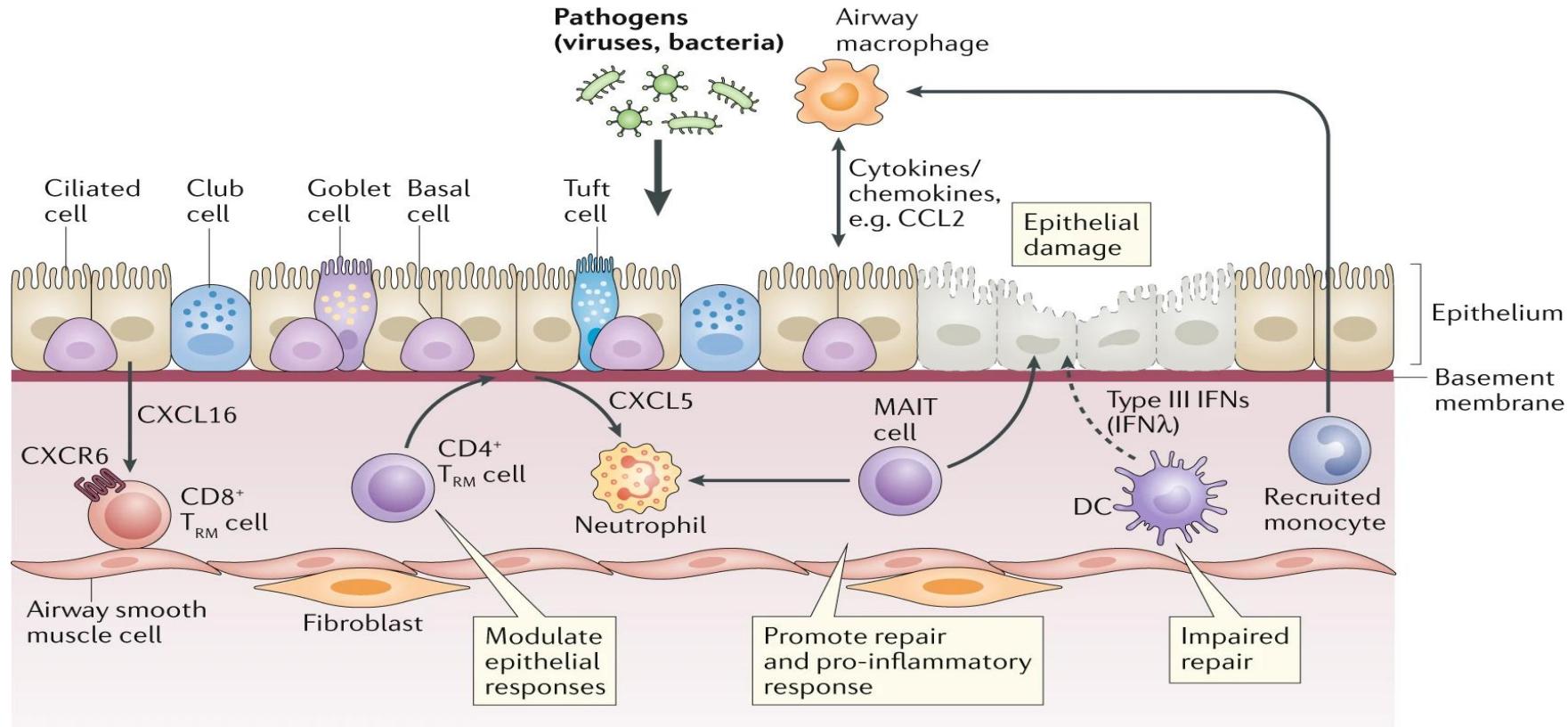
Respiratory tract

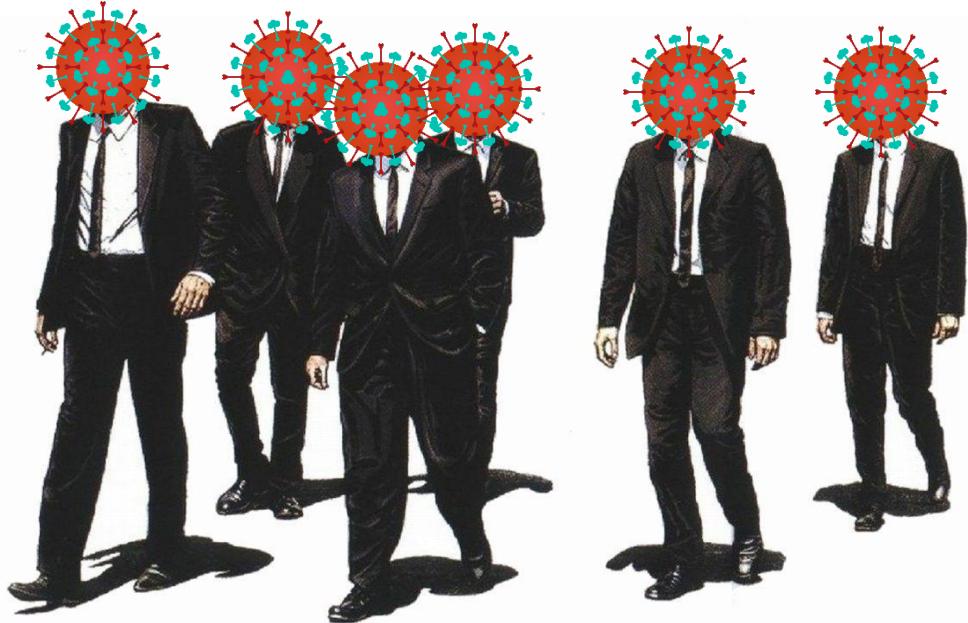


Respiratory tract



Respiratory tract





The cast:
Reservoir drops

Influenza (“Flu”)

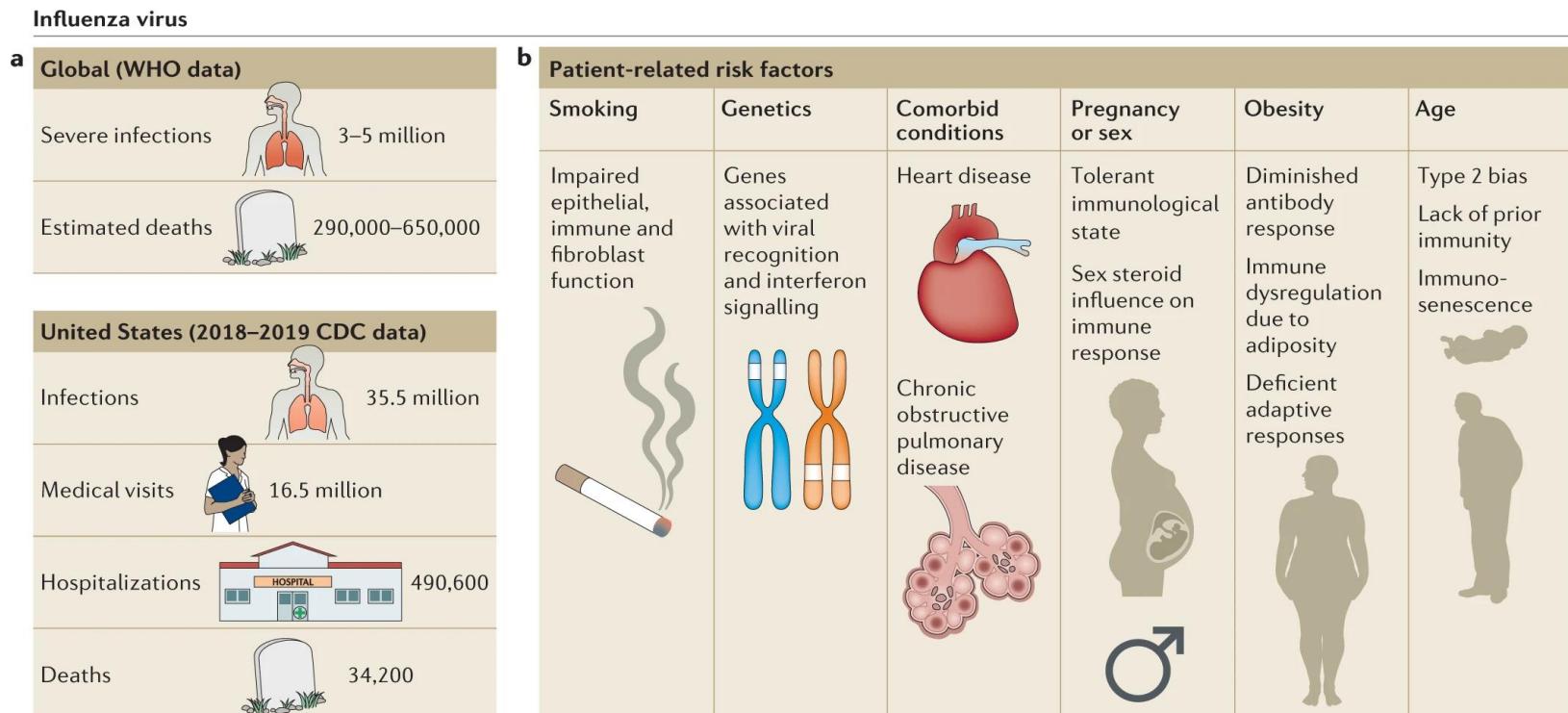
Infectious respiratory disease
(mild to severe illness)

Annual seasonal epidemic
General population: 5–20%
Children: 20–35%

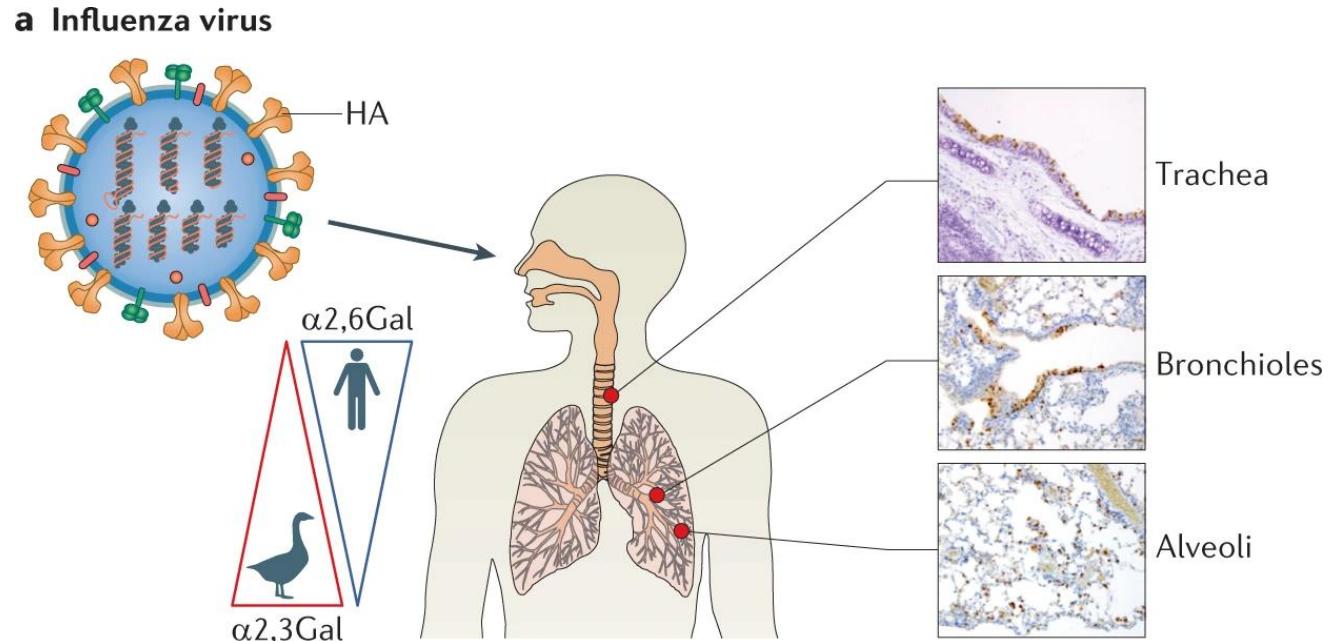
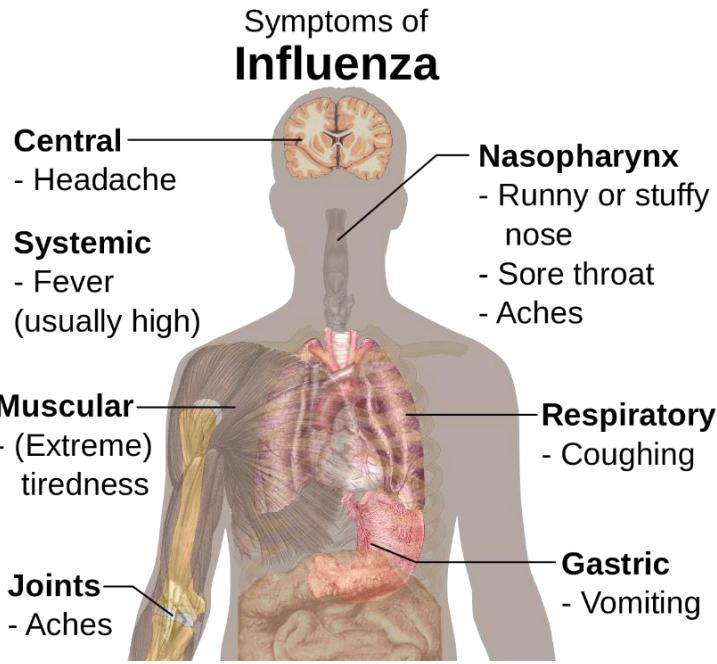
Sporadic pandemic

Circulates in humans and animals

Vaccines are available



Influenza: pathophysiology



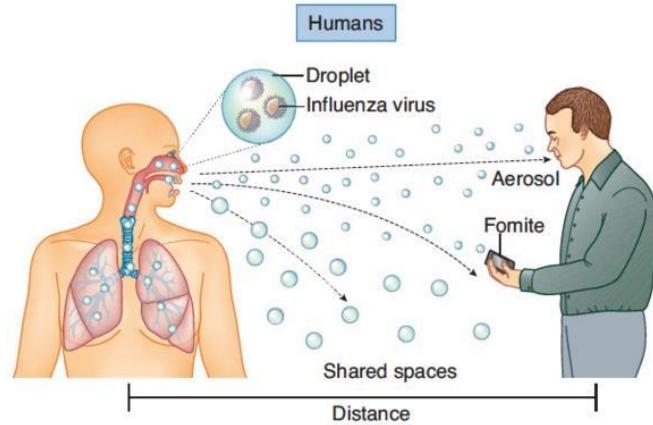
Infects **upper** and **lower** respiratory tract (epithelial cells)

Symptoms arise after 1-2 days after infection

Infected cells produce proinflammatory cytokines (cytokine storm)

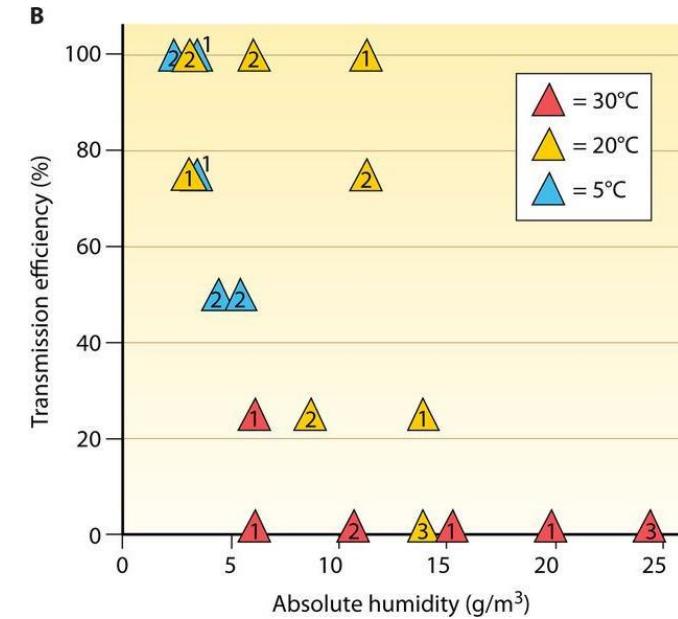
Severity of disease is the result of the interplay between viral virulence, host resistance and infection tissue

Influenza: transmission



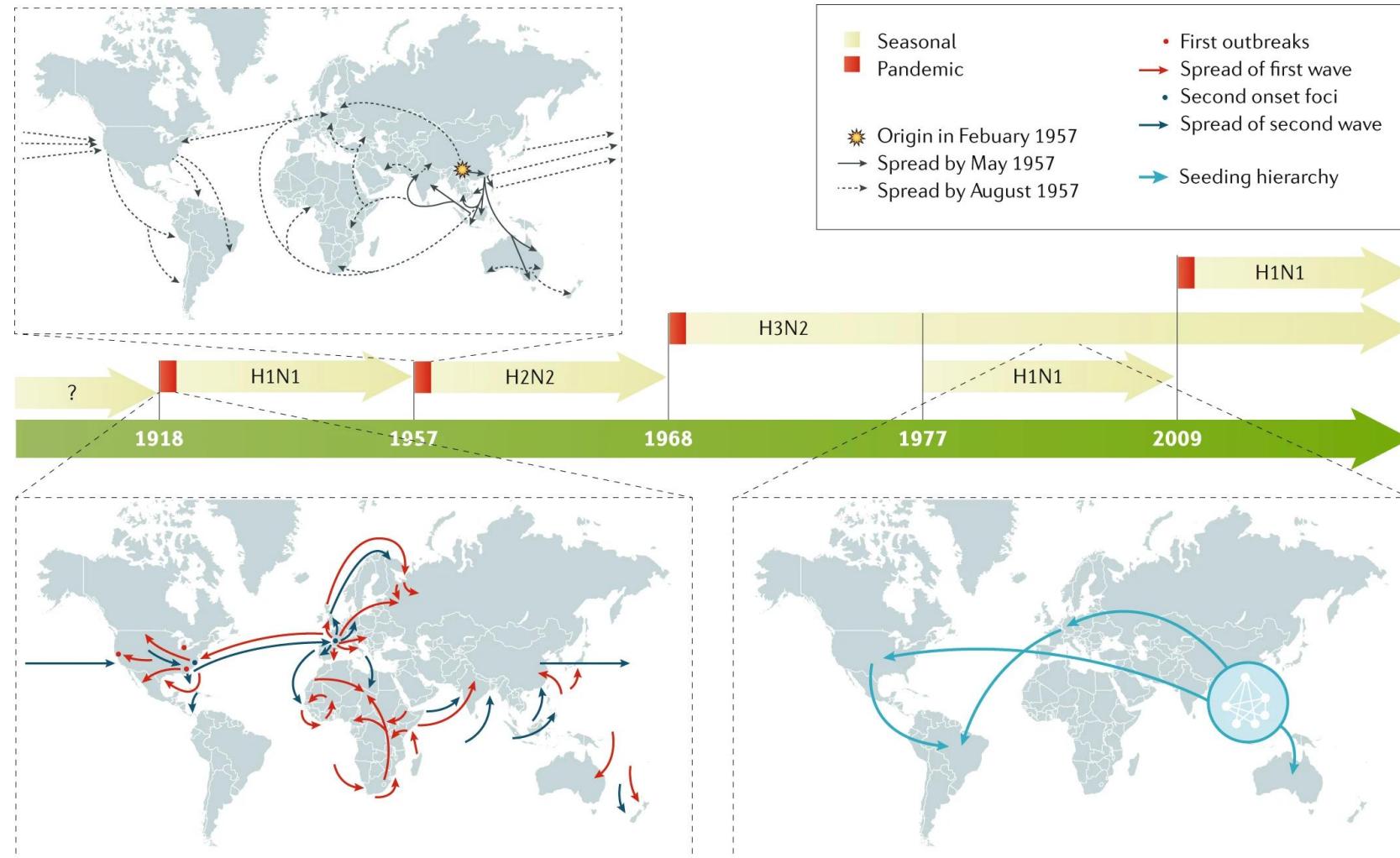
Respiratory droplets (main mechanism)
Short distance (1m or less)

(In-)Direct contact
infected individuals
Fomites

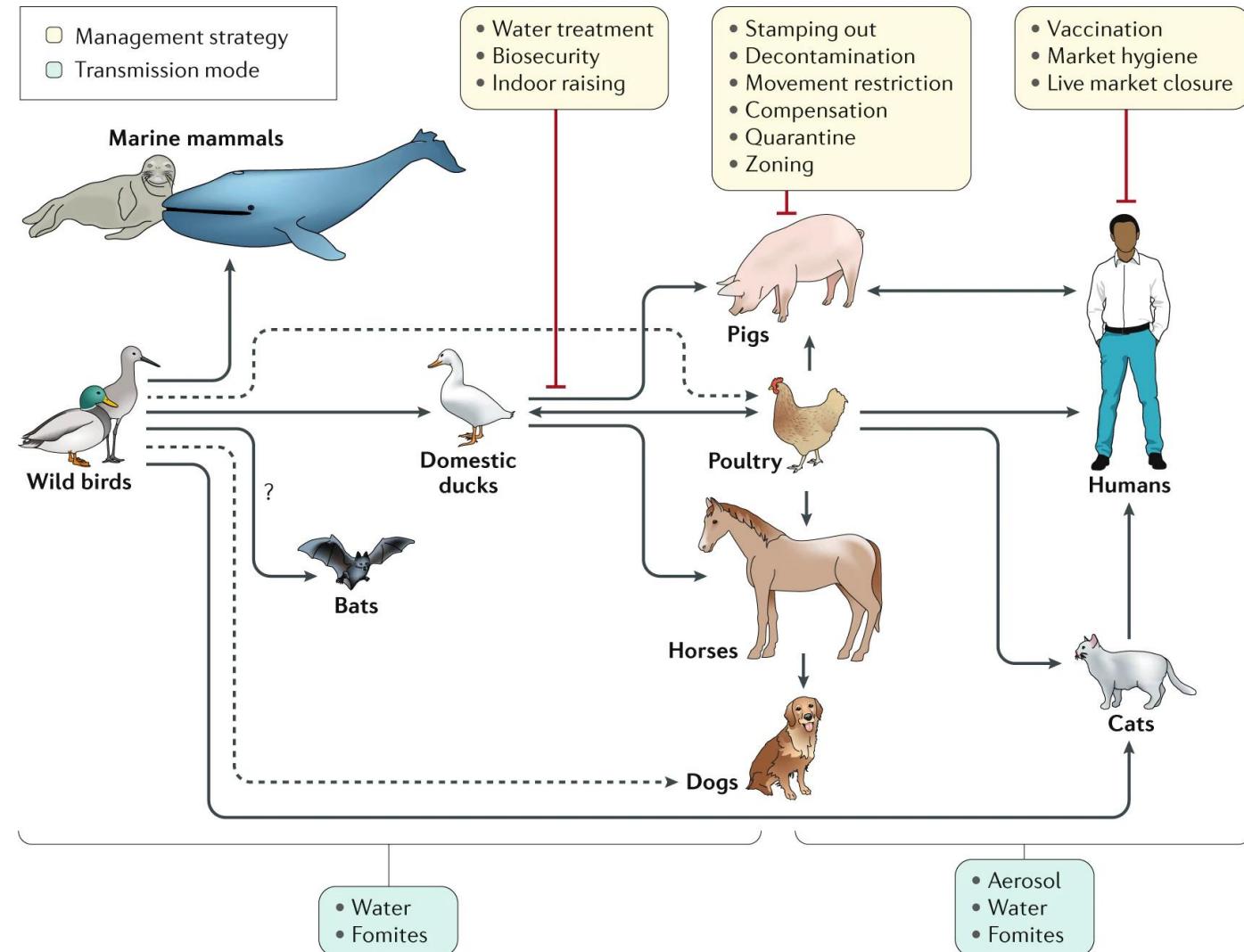
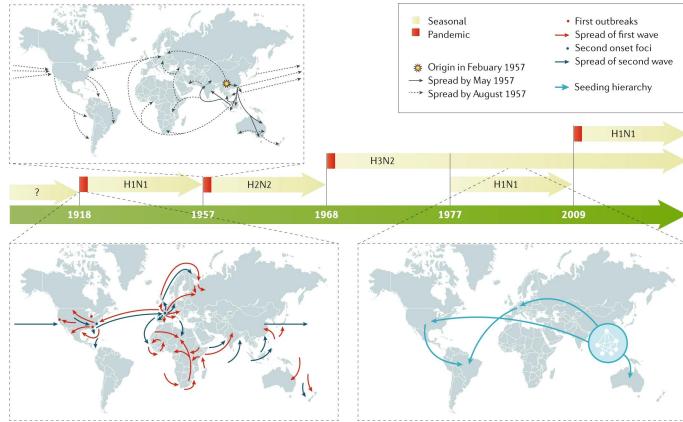


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Influenza: Global distribution



Influenza: Global distribution



Influenza: Host range

A

- Most common
- Infects humans and animals
- Can cause pandemics
- Different subtypes
- 18 HA and 11 NA

B

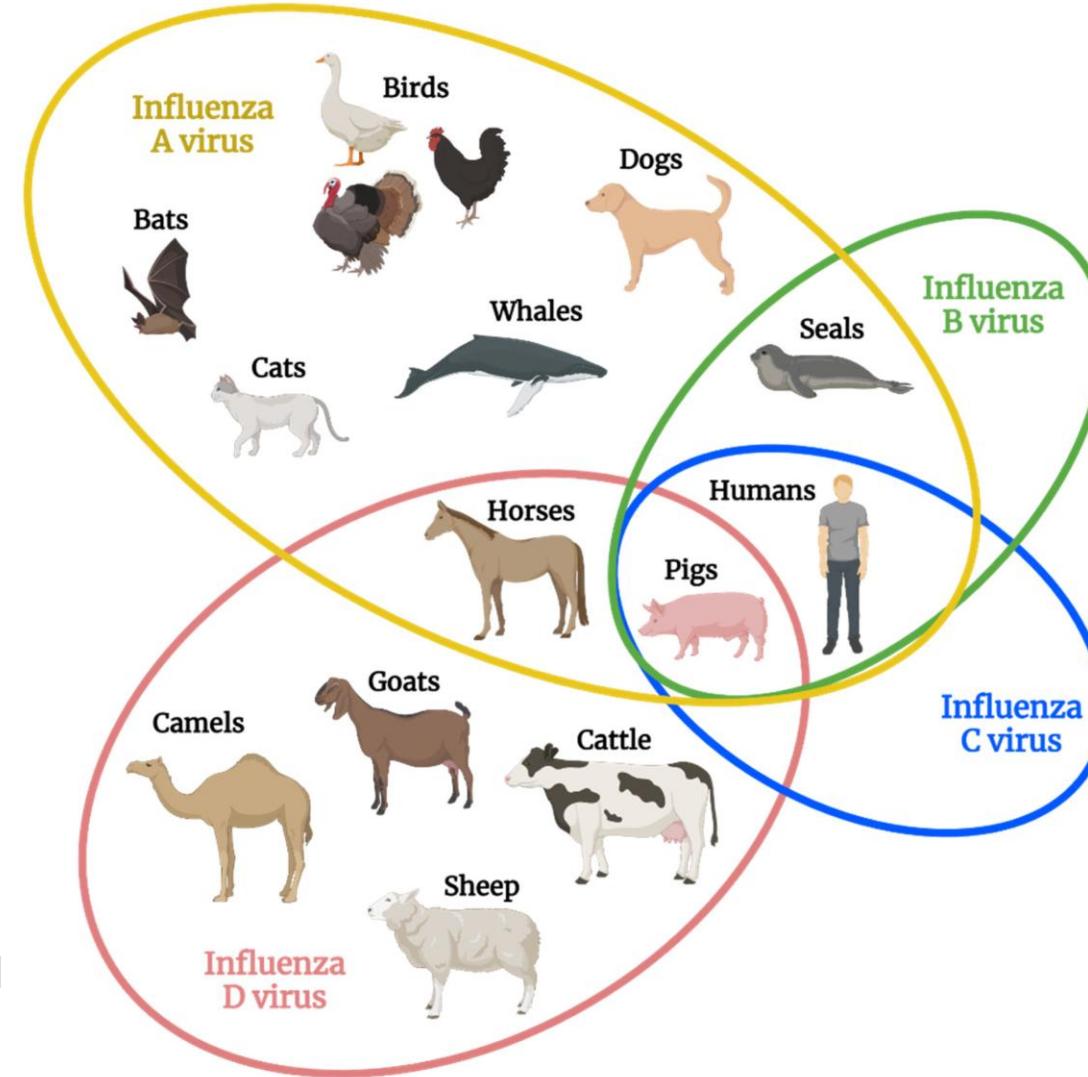
- Infects humans
-

C

- Mostly infects humans
- Causes mild symptoms

D

- Identified in 2011 from pigs
- No human infections described



Influenza: Biology

Order: Articulavirales

Family: Orthomyxoviridae

Genus: Alphainfluenzavirus

Betainfluenzavirus

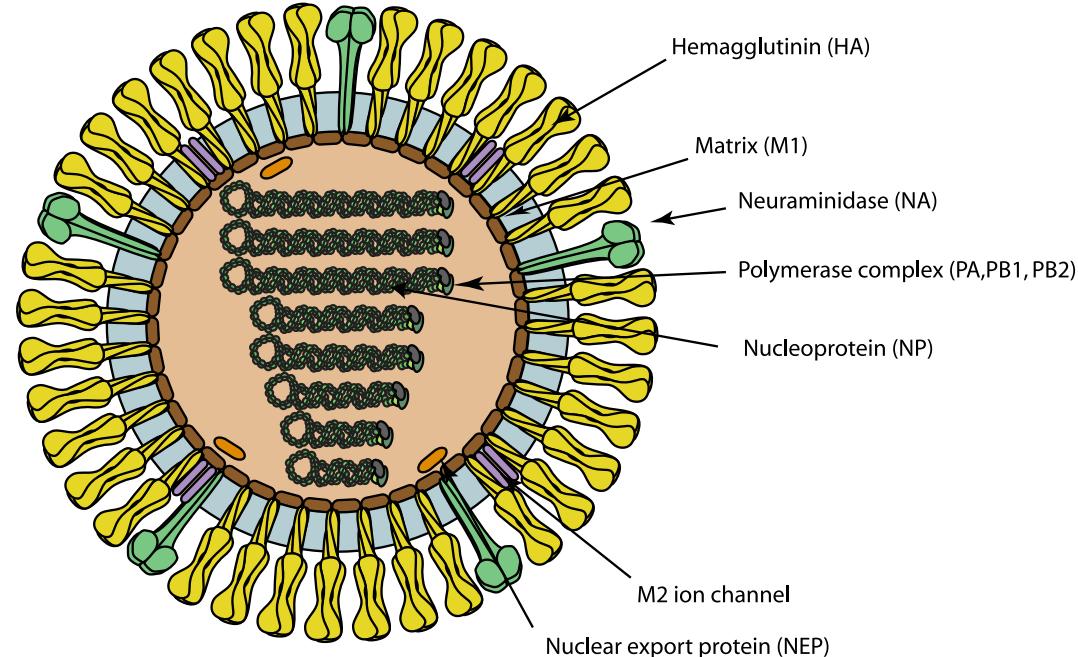
Gammainfluenzavirus

Deltainfluenzavirus

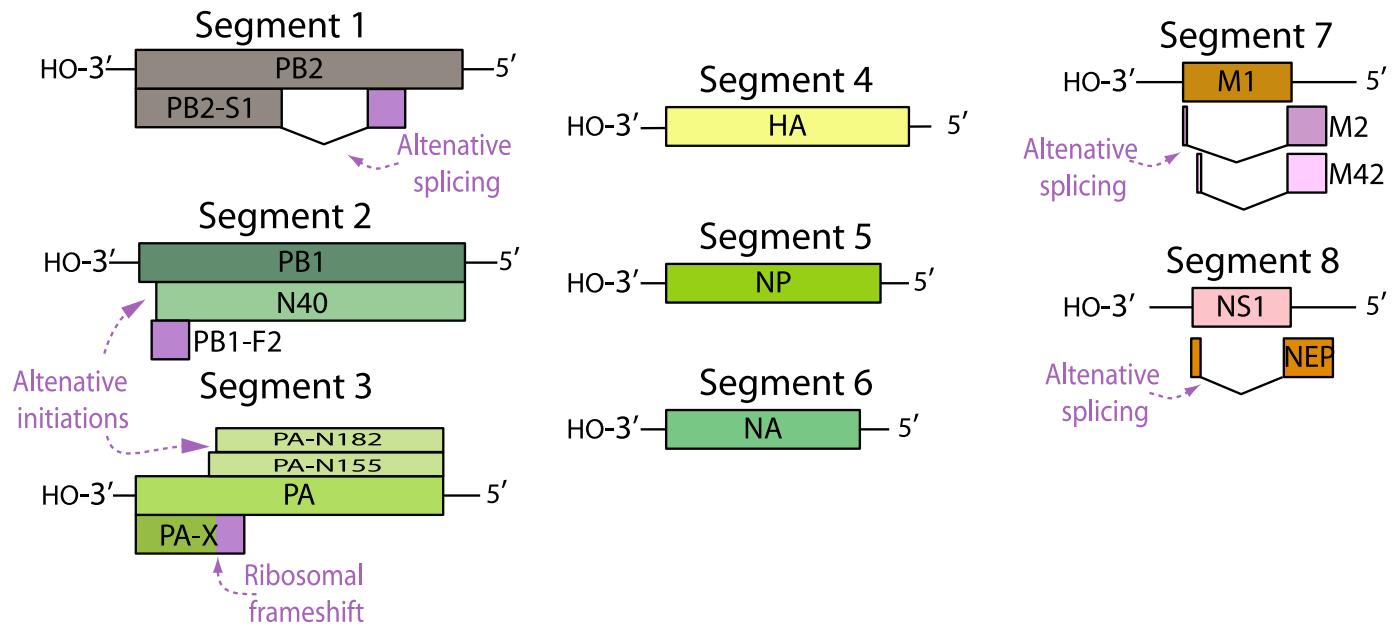
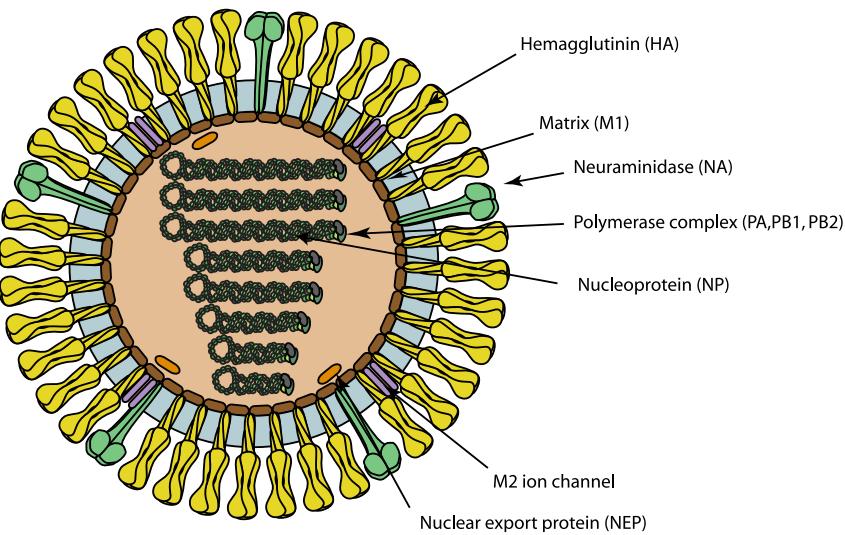
Enveloped

Diameter of 80-120nm

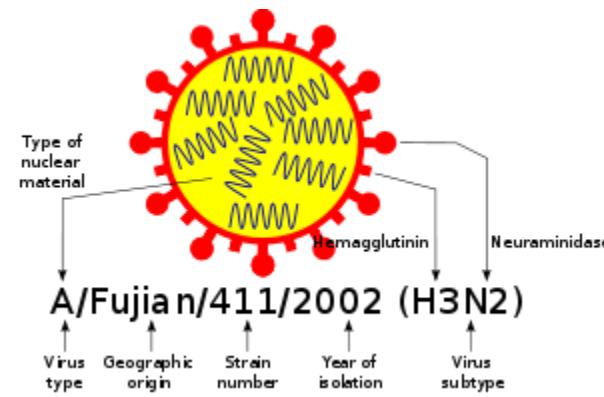
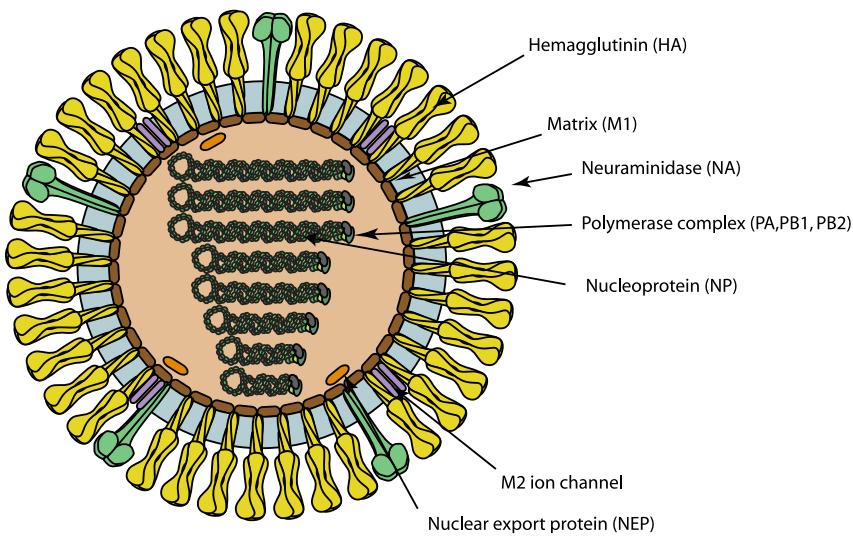
Segmented (8AB – 7CD)



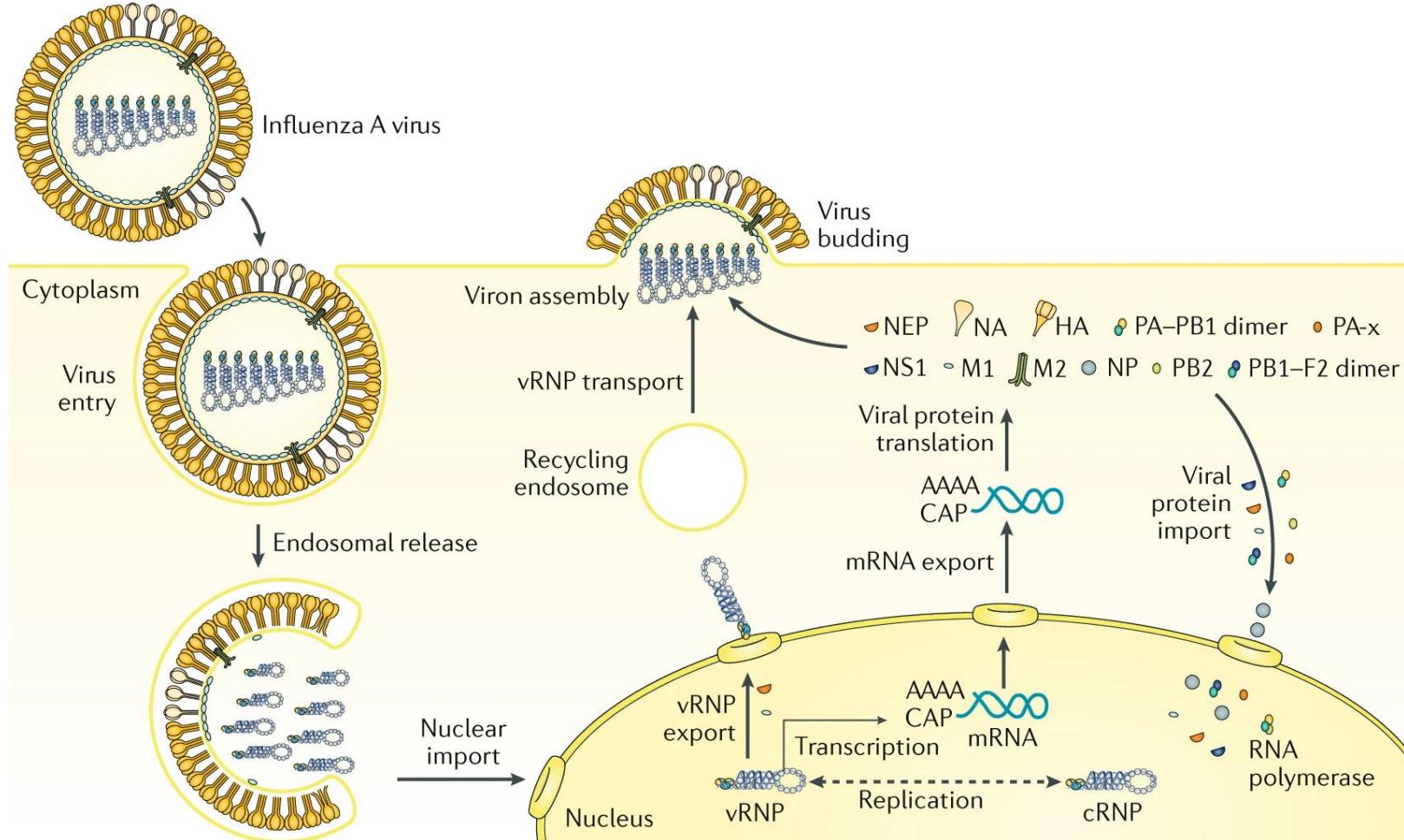
Influenza: Biology



Influenza: Nomenclature

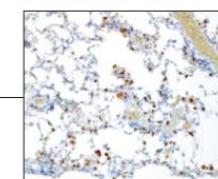
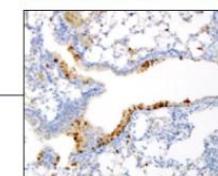
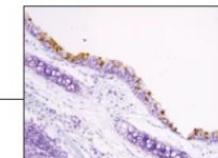
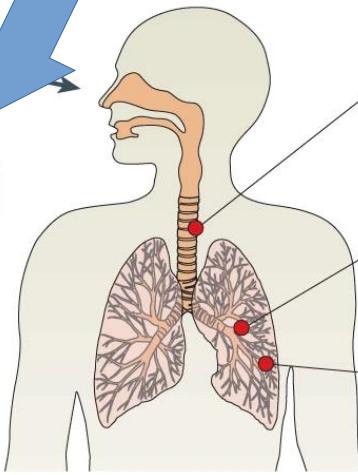
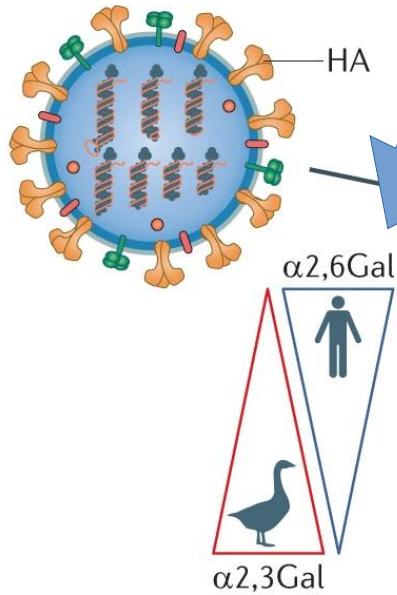


Influenza: replication



Influenza: binding

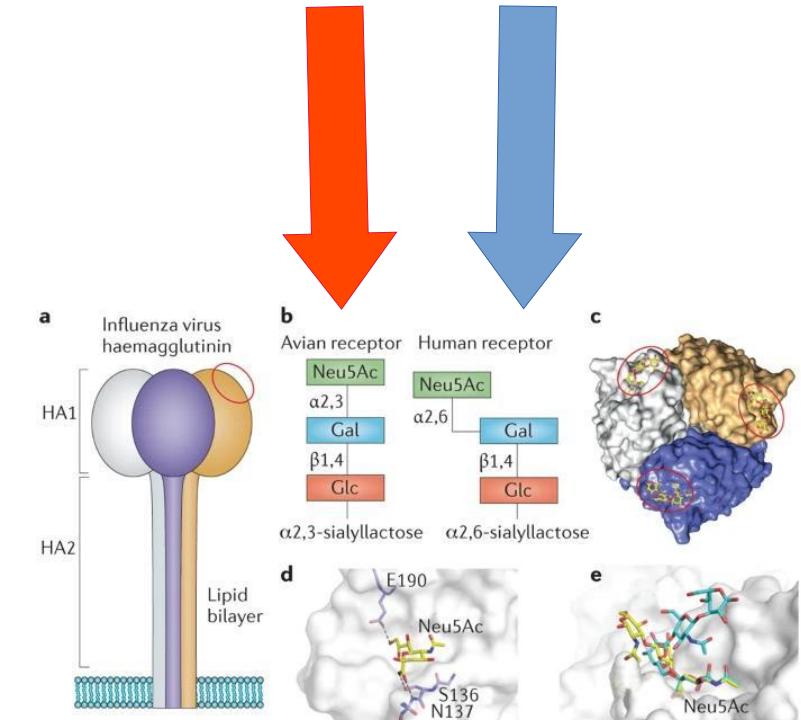
a Influenza virus



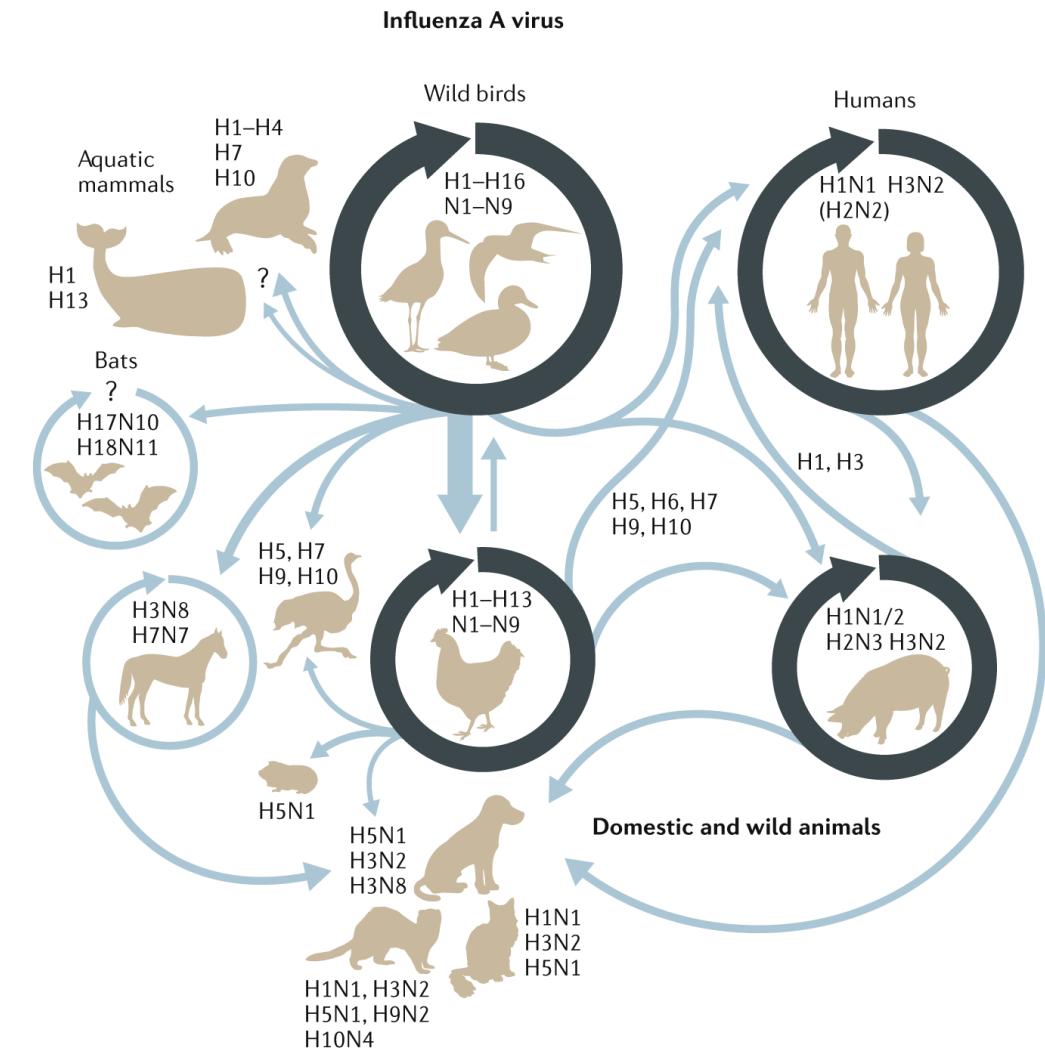
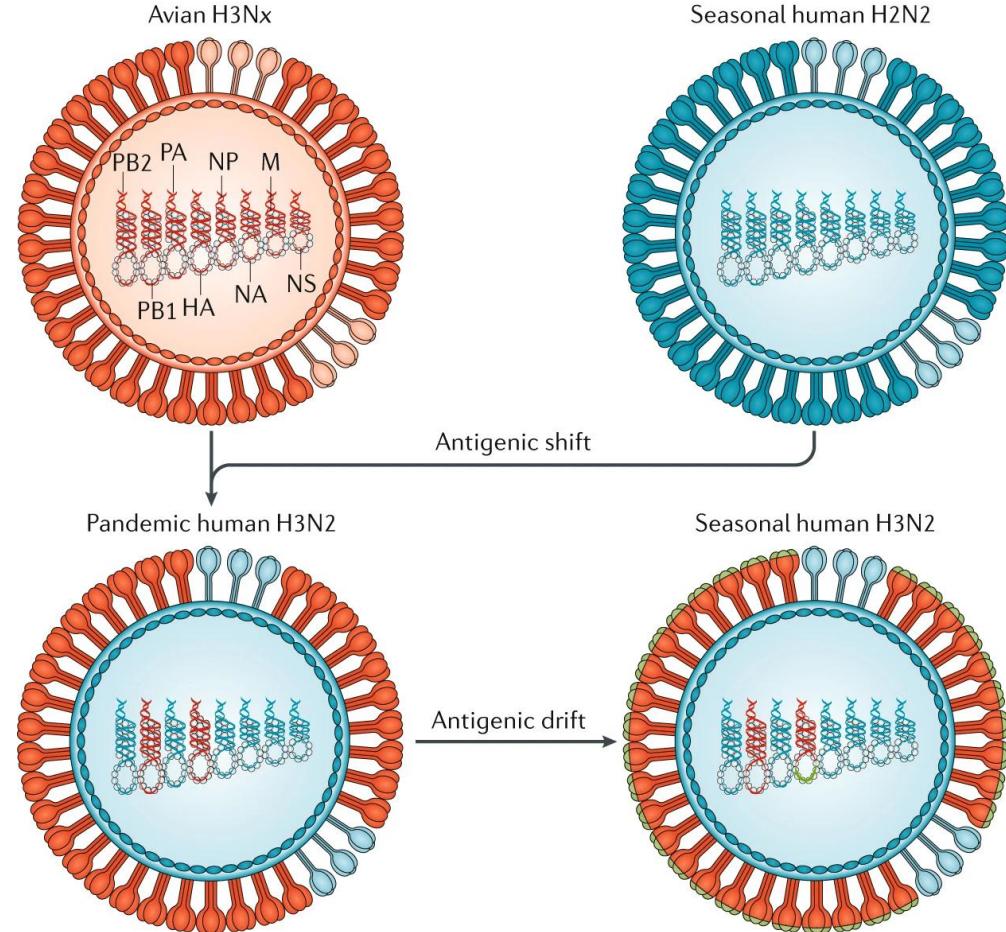
Trachea

Bronchioles

Alveoli

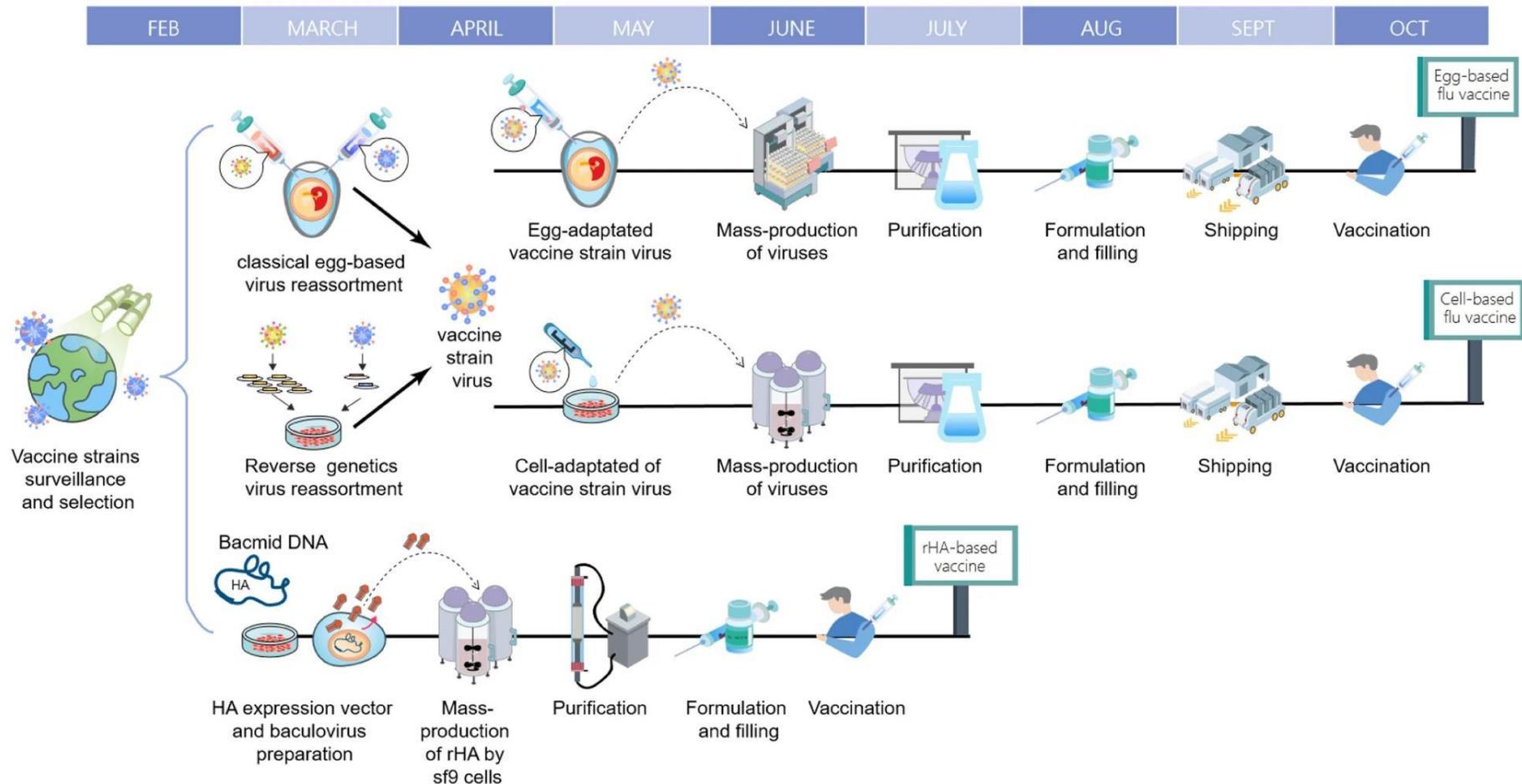


Influenza: Antigenic „schwifrt”



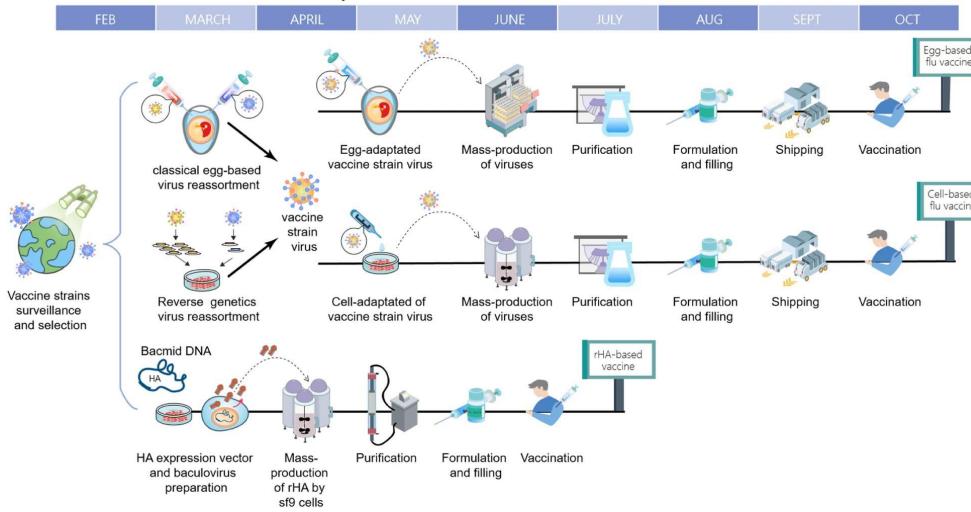
Influenza: Vaccination

Current influenza vaccine productions



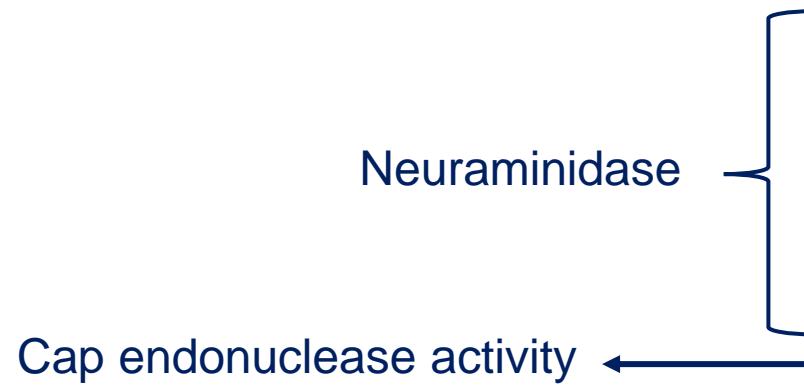
Influenza: Vaccination & Drugs

Current influenza vaccine productions



Drug	Route of administration	Approved age of use
Oseltamivir	Oral	At least two weeks old
Zanamivir	Inhalation	At least five years old
Peramivir	Intravenous injection	At least 18 years old
Laninamivir	Inhalation ^[1]	40 milligrams (mg) dose for people at least 10 years old, 20 mg for those under 10 ^[66]
Baloxavir marboxil	Oral ^[4]	At least 12 years old ^[46]

Influenza: Vaccination & Drugs



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The cast:
Goopfellas

RSV (Respiratory syncytial virus)

Infectious respiratory disease

(mild to severe illness)

Dangerous to vulnerable populations:

Older adults: 6/10000 in rich countries

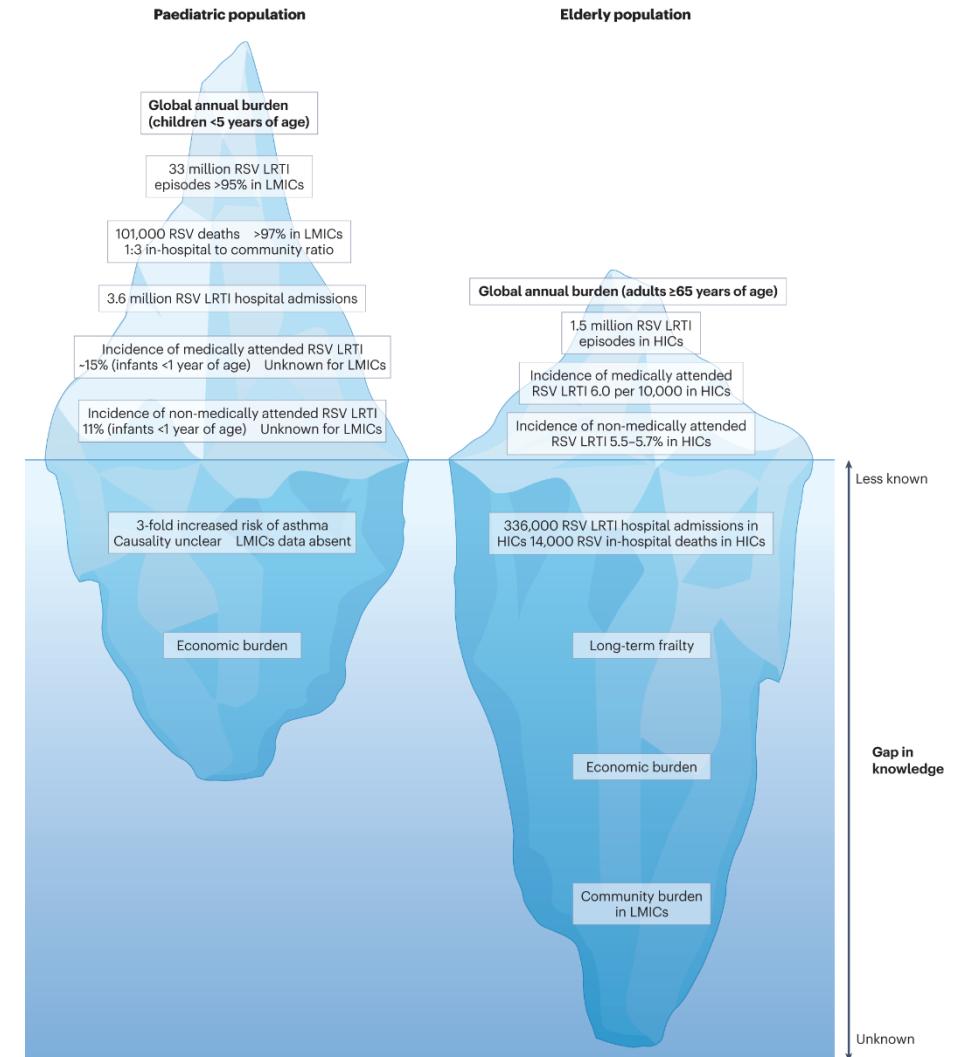
Children up to 5y: 33M annually LMIC

Leading cause of bronchiolitis and pneumonia in young children

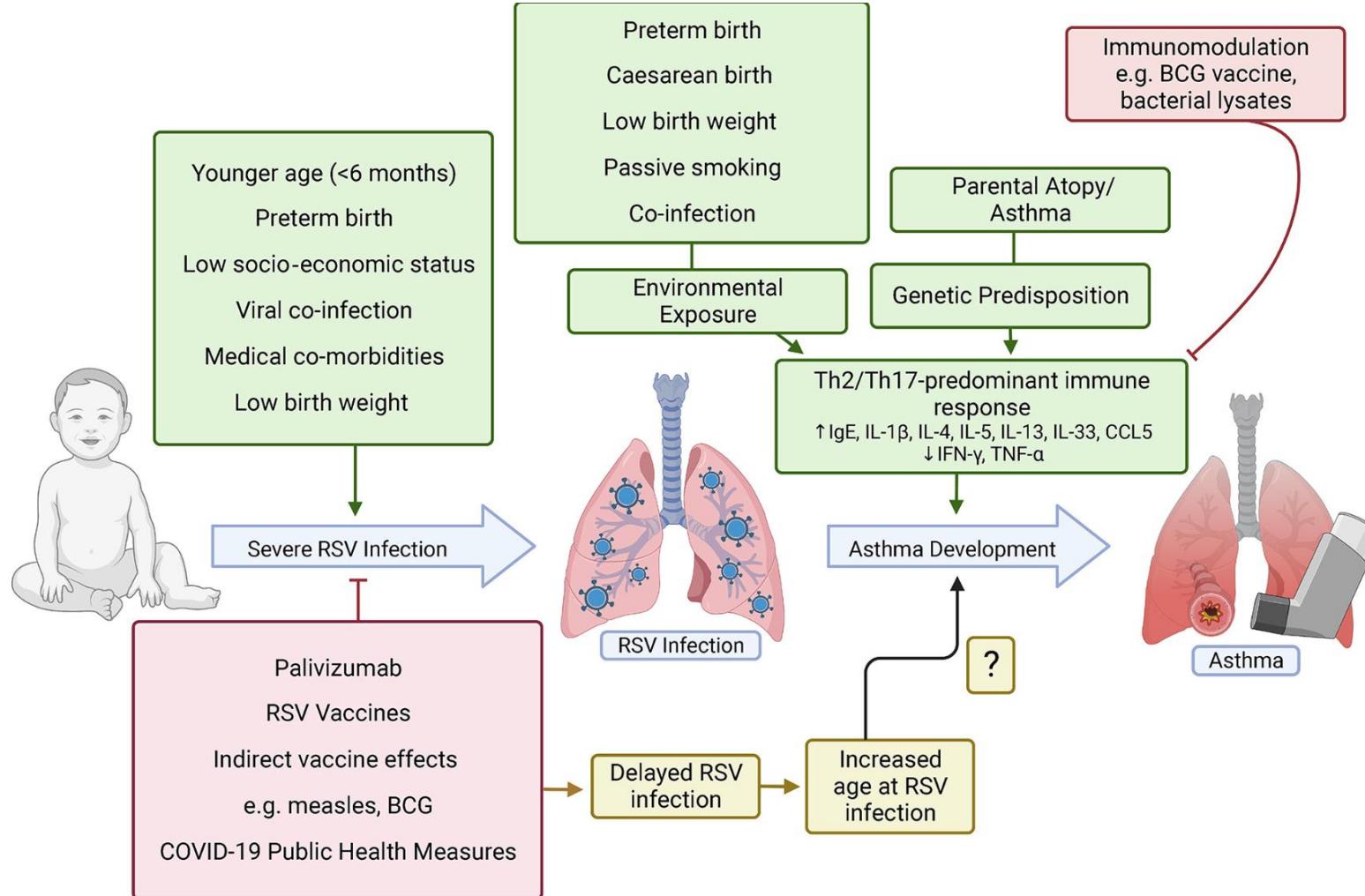
Circulates in humans

Vaccines: Arexvy (GSK) (EU-US), Abrysvo (Pfizer) (US), and Mresvia (Moderna)(US)

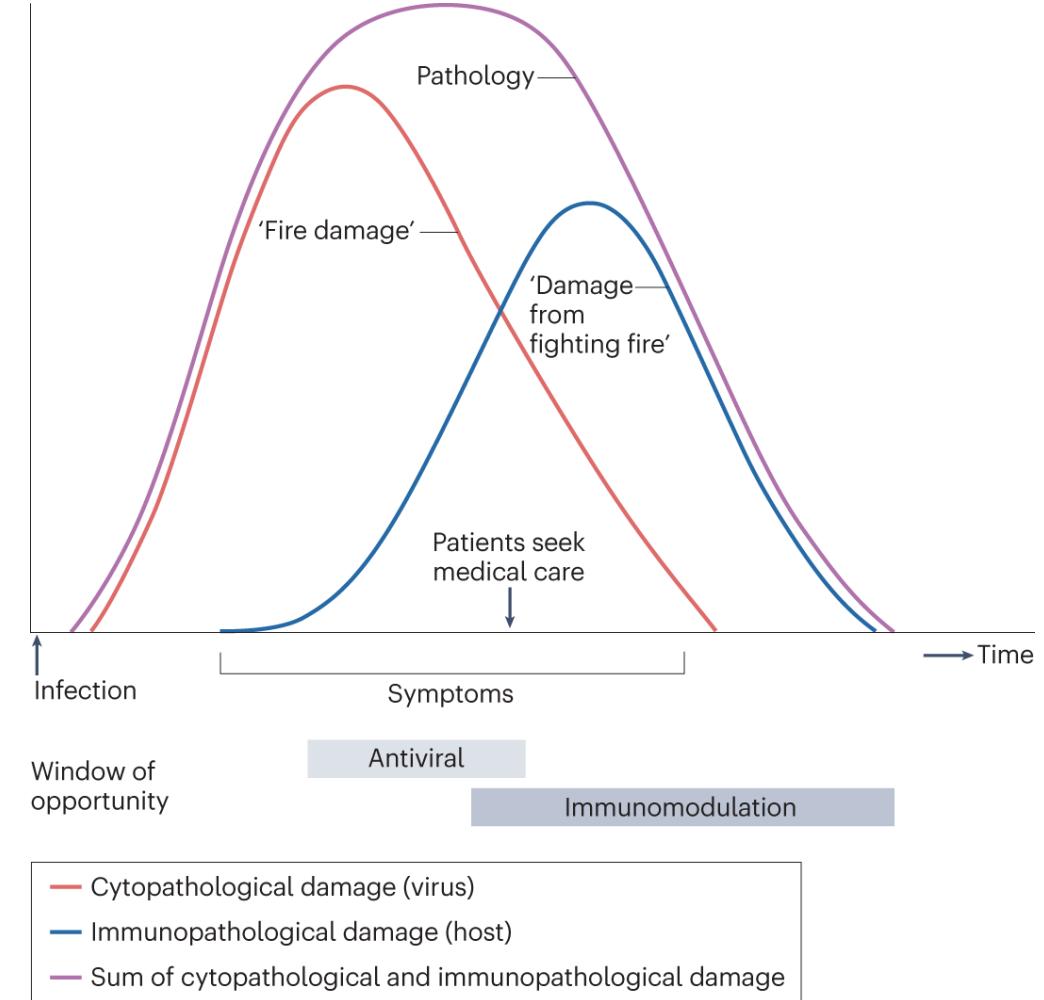
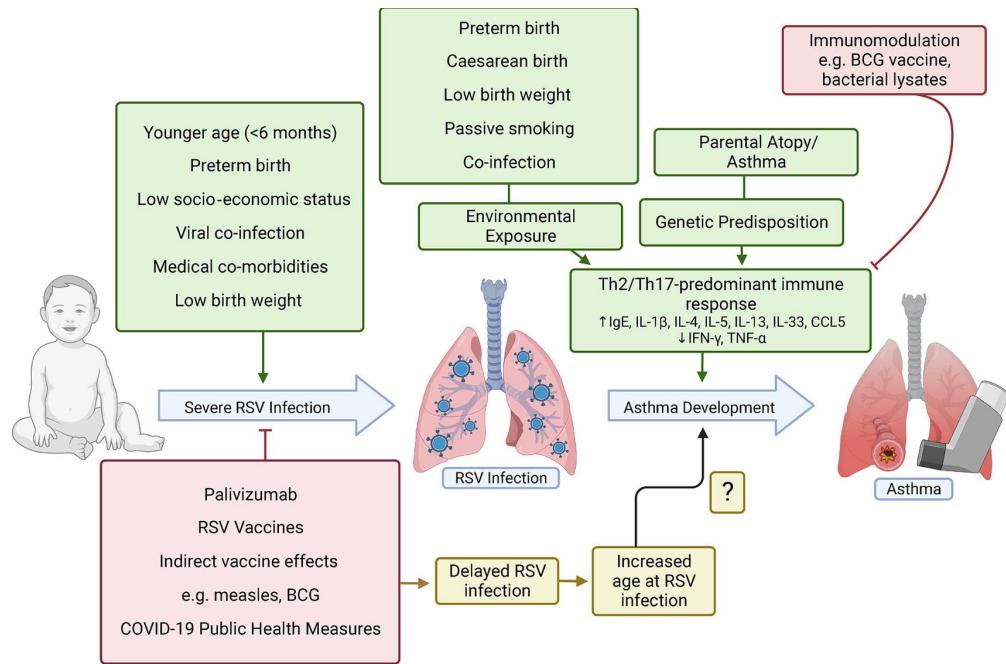
Normally, seasonal



RSV: Pathophysiology



RSV: Pathophysiology



RSV: Biology

Order: Mononegavirales

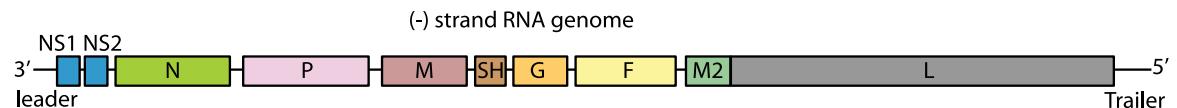
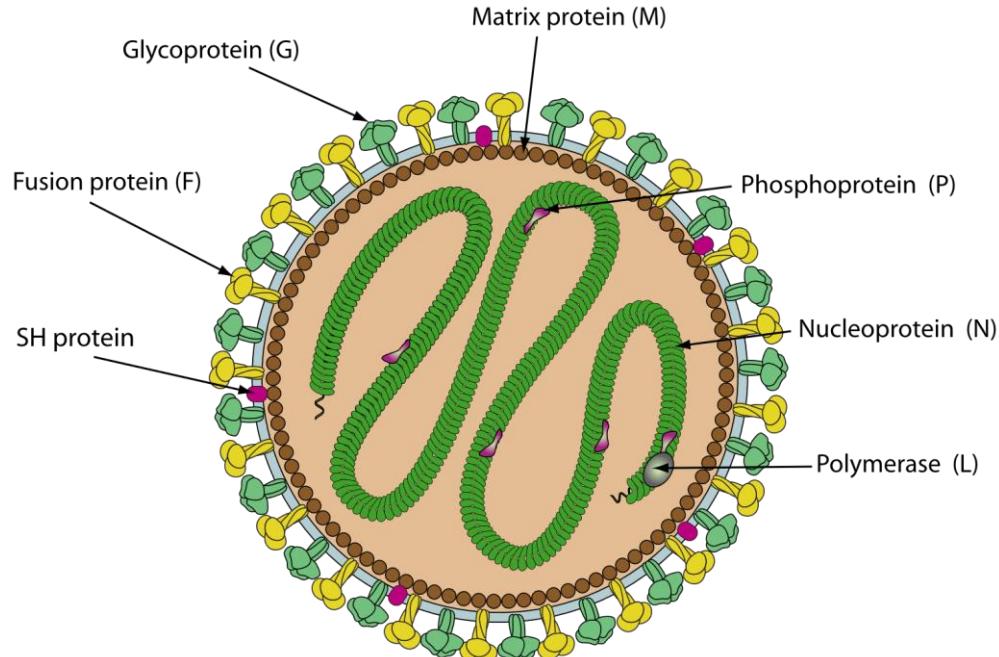
Family: Pneumoviridae

Genus: Orthopneumovirus

Enveloped, spherical.

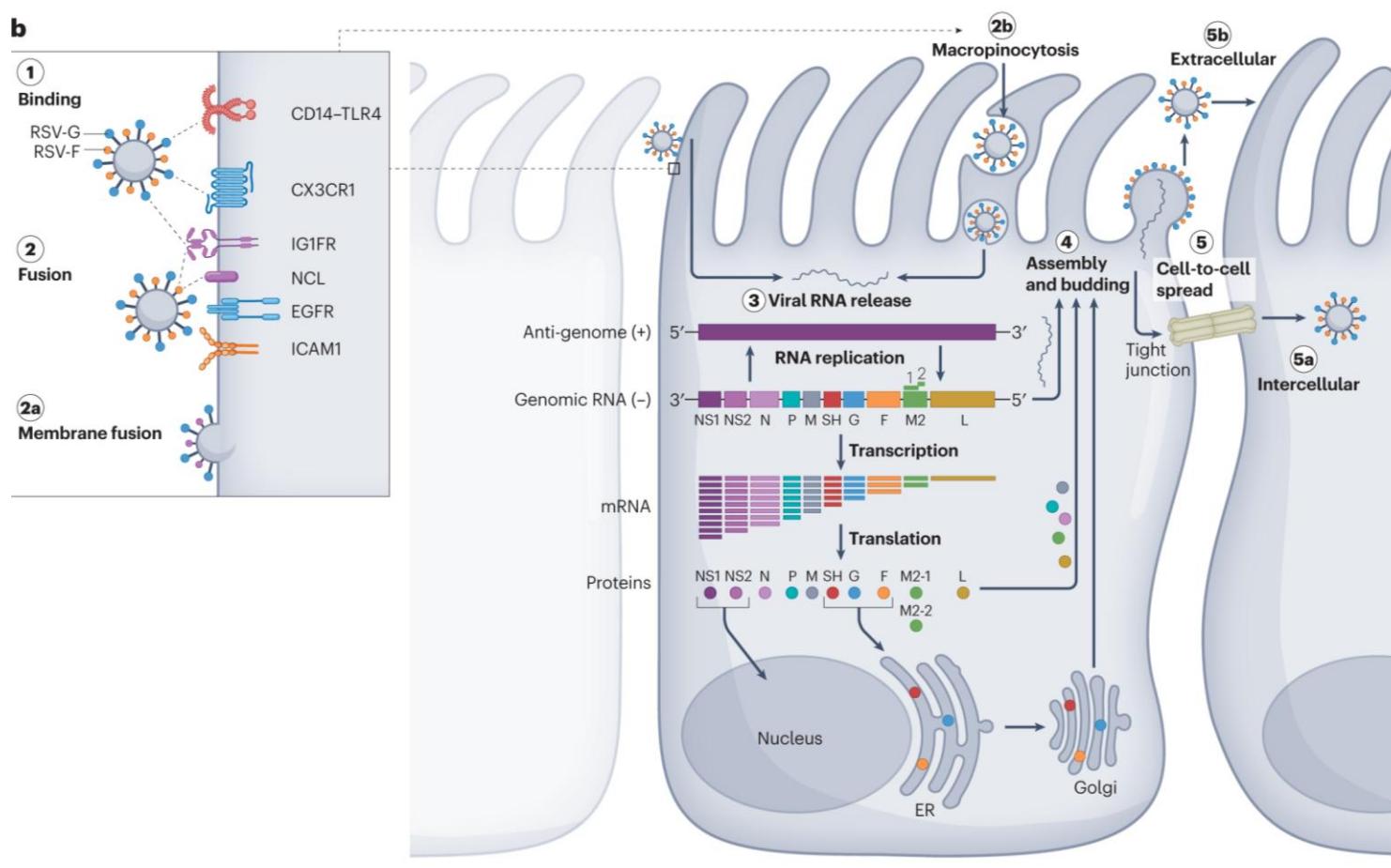
Diameter ~ 150nm nm

Subtypes RSV-A and RSV-B



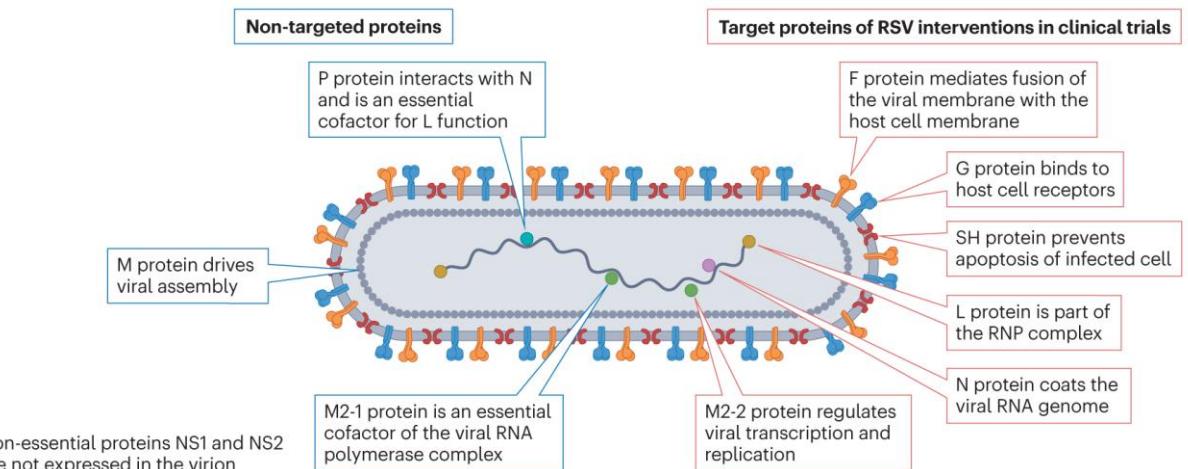
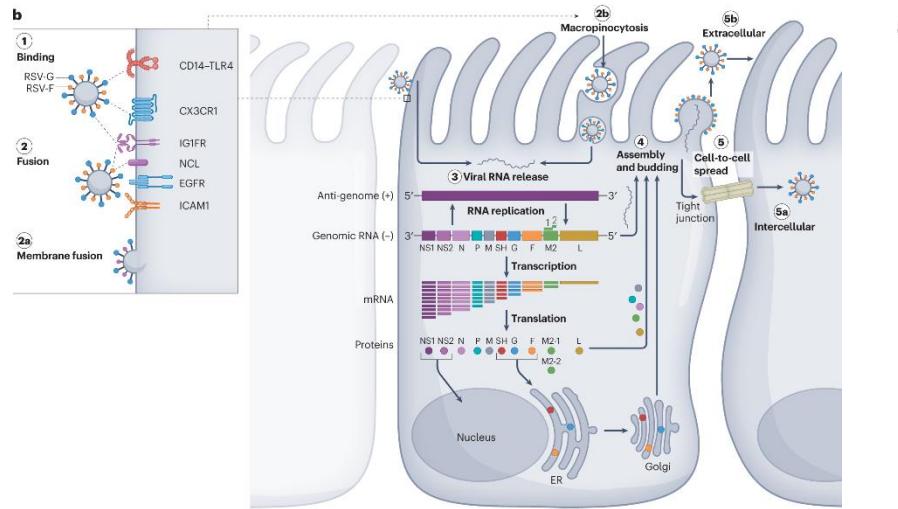
RSV: Biology

b

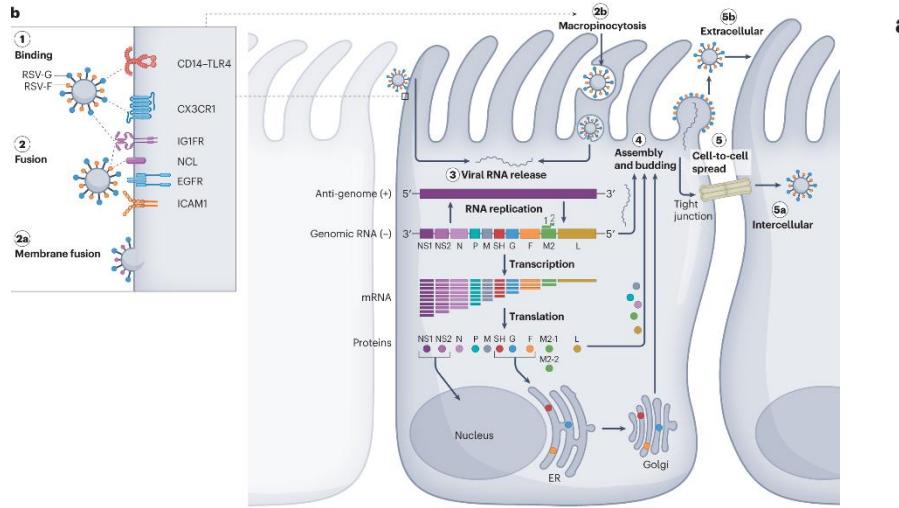


Location in the Virion	Protein	Alternative Name	Function	Additional Information
Lipid envelope (transmembrane surface proteins)	G	Glycoprotein	Viral attachment to ciliated cells of the host airway	F and G glycoproteins are the two major surface proteins that control viral attachment and the initial stages of infection. F and G proteins are also the primary targets for neutralizing antibodies during natural infection.
	F	Fusion protein	Fusion of viral and host cell membranes; syncytium formation	
	SH	Small hydrophobic protein	Viroporin; ion channel	Participates in cell fusion, but no known neutralizing epitope
Inner envelope face	M	Matrix protein	Assembly	
Ribonucleocapsid	N	Nucleoprotein	RNA-binding	Involved in genome transcription, RNA replication, and particle budding
	P	Phosphoprotein	Phosphorylation	
	L	"Large" protein	RNA-dependent RNA polymerase	
	M2-1	-	Transcription processivity factor	
Regulatory	M2-2	-	Regulation of transcription / RNA replication	
Nonstructural	NS-1	-	Involved in evasion of the innate immune system	Act by inhibiting apoptosis and inhibiting Type I IFN signaling
	NS-2	-		

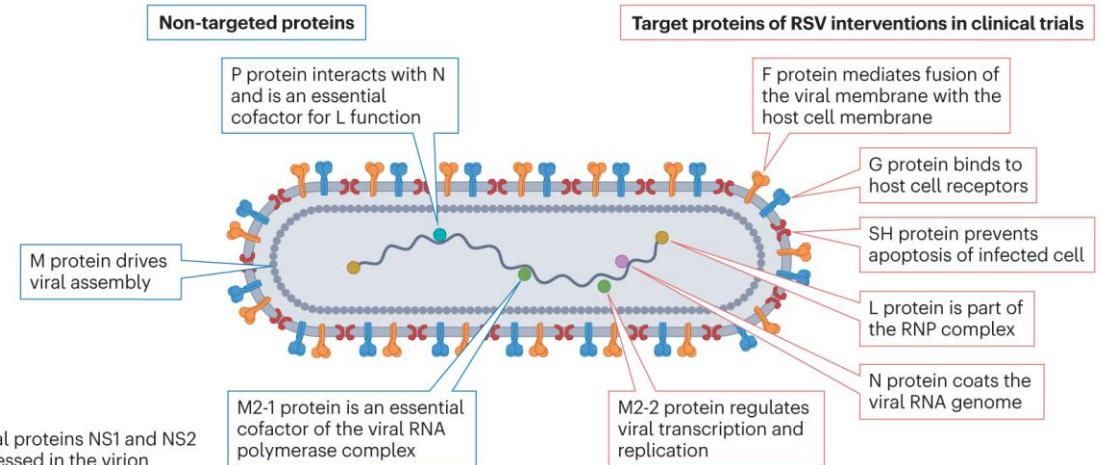
RSV: Biology



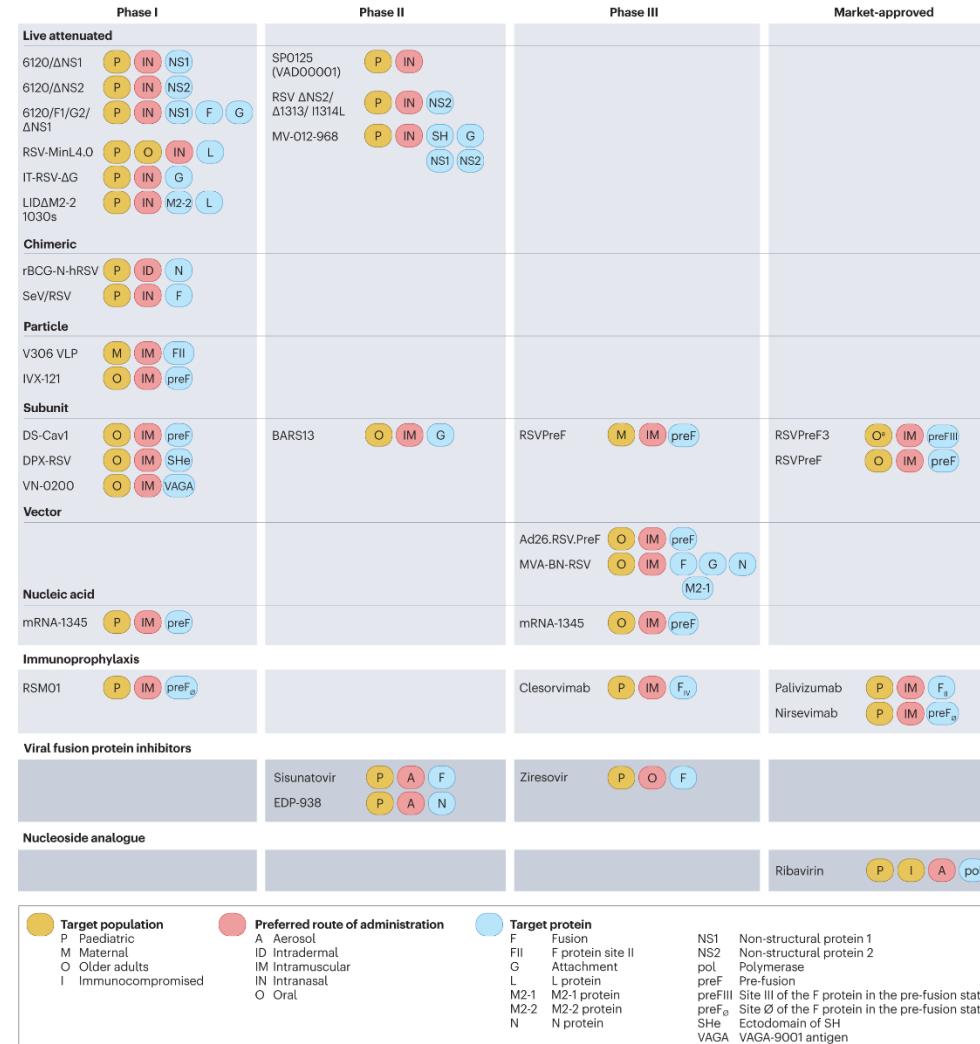
RSV: Biology



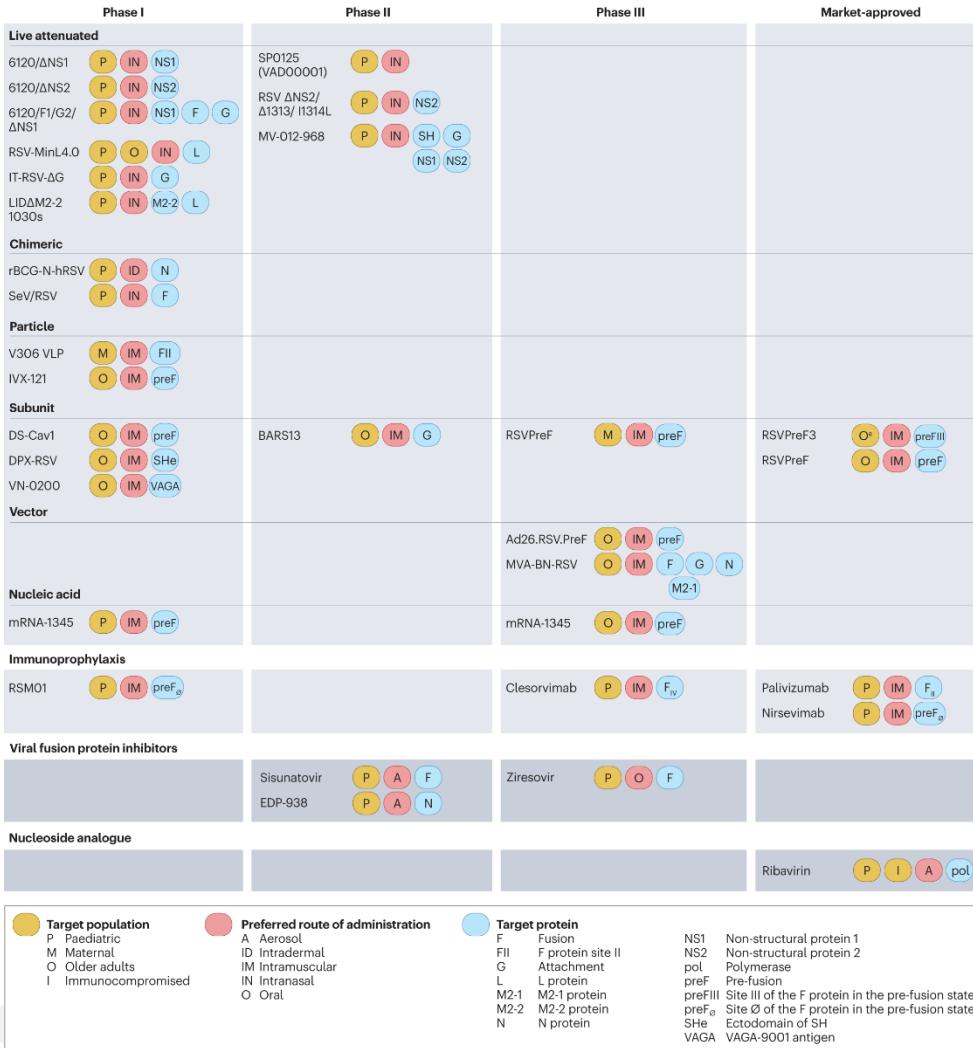
Non-essential proteins NS1 and NS2 are not expressed in the virion



RSV: Treatment

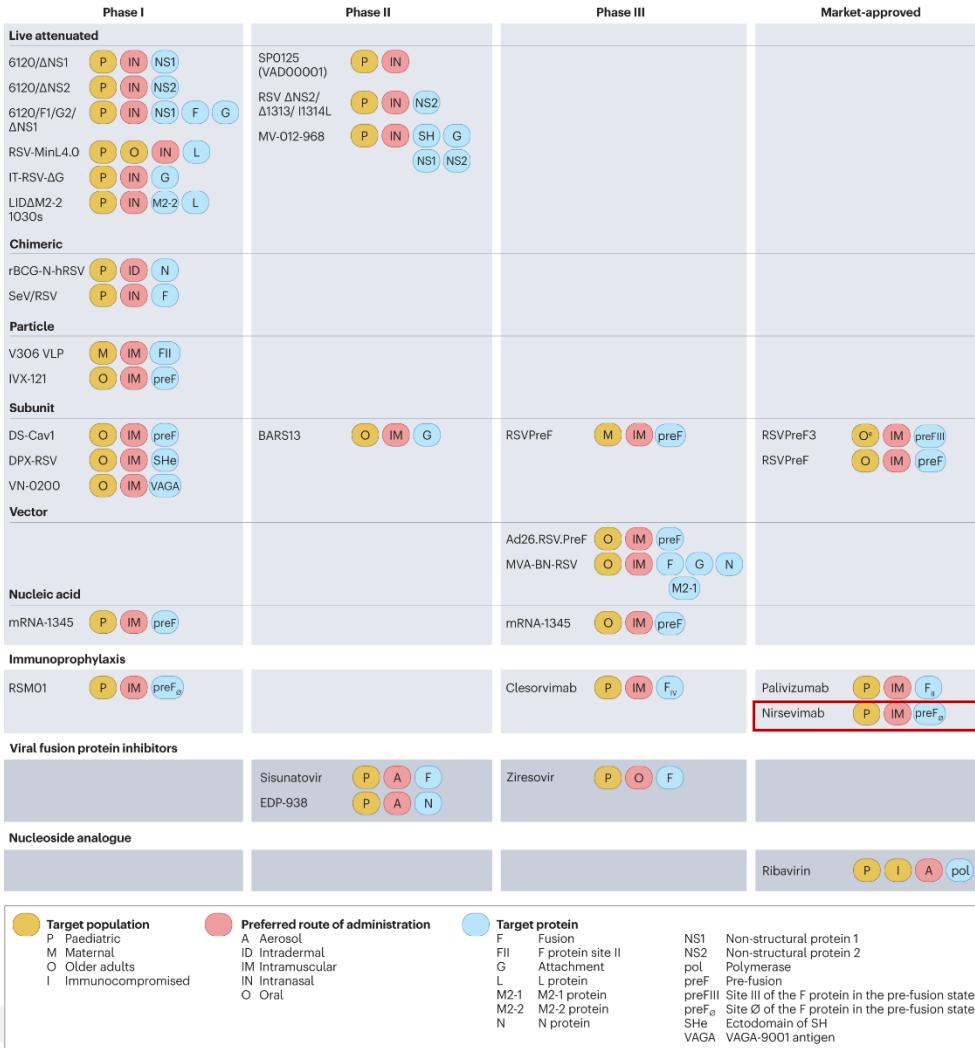


RSV: Treatment & Prophylaxis

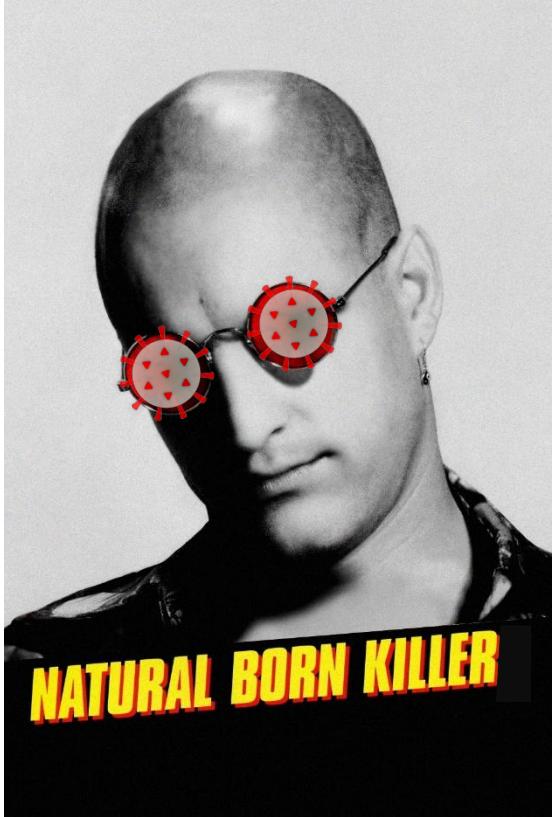


Name	Description	Marketing Authorisation Holder	Kind of Vaccine	License Number	License Date	Further information
Abrysvo	Respiratorischer Synzytial-Virus-Impfstoff (rekombinant) Verwendung ab einem Lebensalter von 60 Jahren / Use from 60 years of age onwards Verwendung bei schwangeren Personen zum Schutz des Säuglings ab der Geburt bis zu einem Alter von 6 Monaten / Use in pregnant persons to protect the infant from birth to 6 months of age	Pfizer Europe MA EMA, Belgien	Bivalent	EU/1/23/1752	23.08.2023	☞ EPAR: Abrysvo
Arexvy	Respiratorischer Synzytial-Virus-Impfstoff (rekombinant, adjuvantiert) Verwendung ab einem Lebensalter von 60 Jahren / Use from 60 years of age onwards	GlaxoSmithKline Biologicals S.A.	Mono	EU/1/23/1740	06.06.2023	☞ EPAR: Arexvy
mResvia	Respiratorisches-Synzytial-Virus-mRNA-Impfstoff Verwendung ab einem Lebensalter von 60 Jahren / Use from 60 years of age onwards	Moderna Biotech Spain S.L.	Mono	EU/1/24/1849	22.08.2024	☞ EPAR: mResvia

RSV: Treatment & Prophylaxis



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The cast:
Natural born killer
Episodes I & II

SARS Coronavirus: Episode I

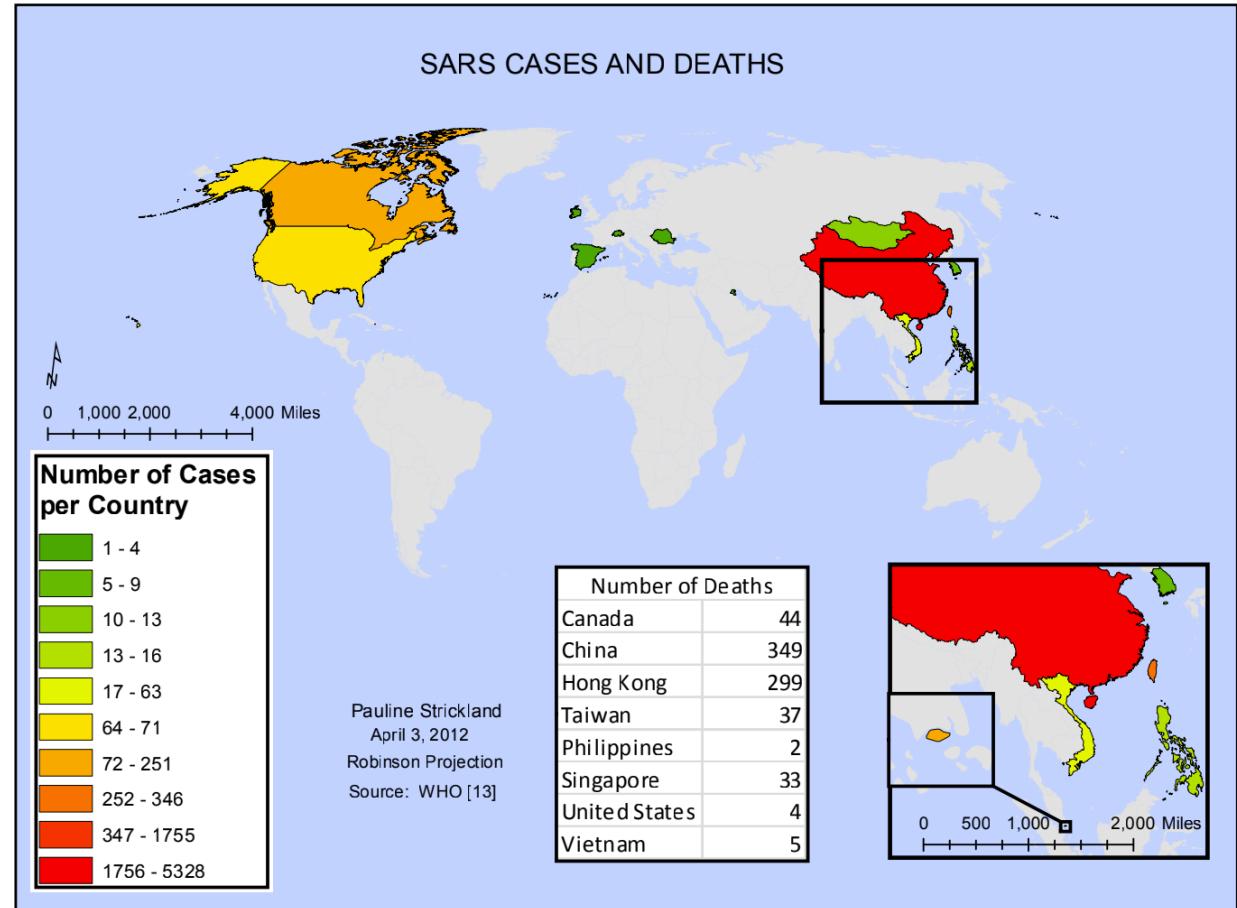
Infectious respiratory disease
(mild to severe illness)

Dangerous to the population

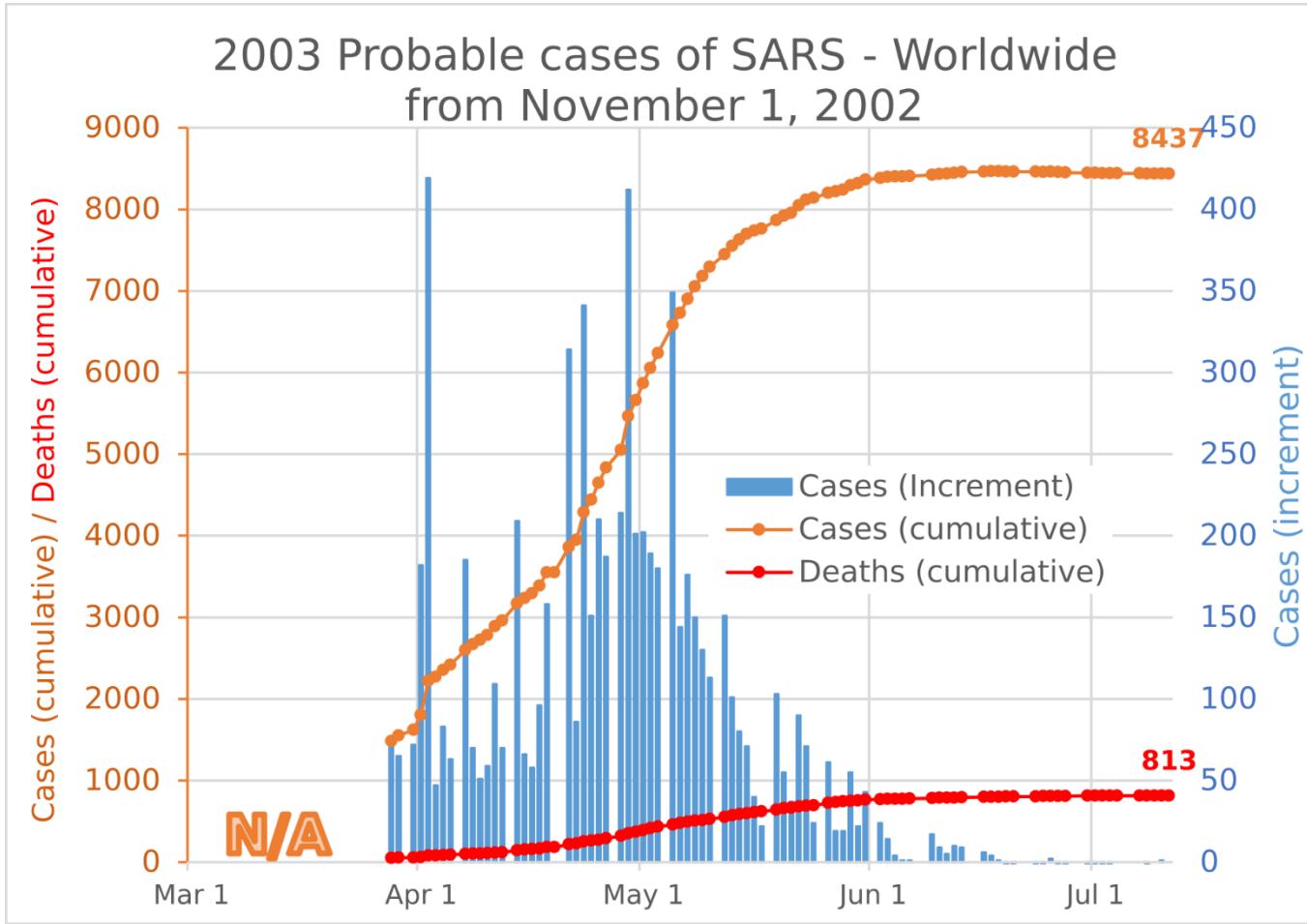
Pangolin natural reservoir

infected over 8,000 people (30 countries)

~800 deaths worldwide



SARS Coronavirus: Episode I



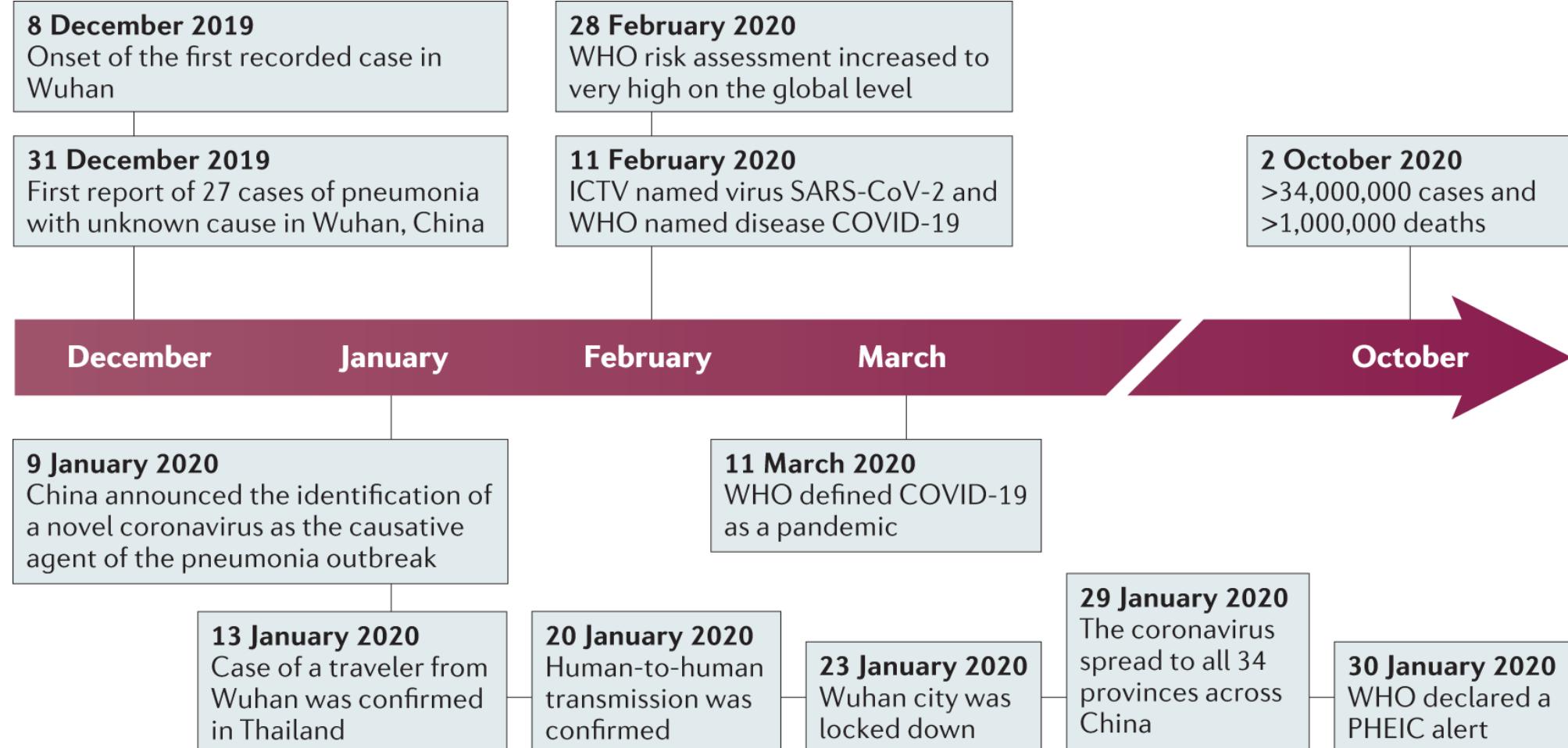
May 2004 last registered case

SARS Coronavirus: Episode I

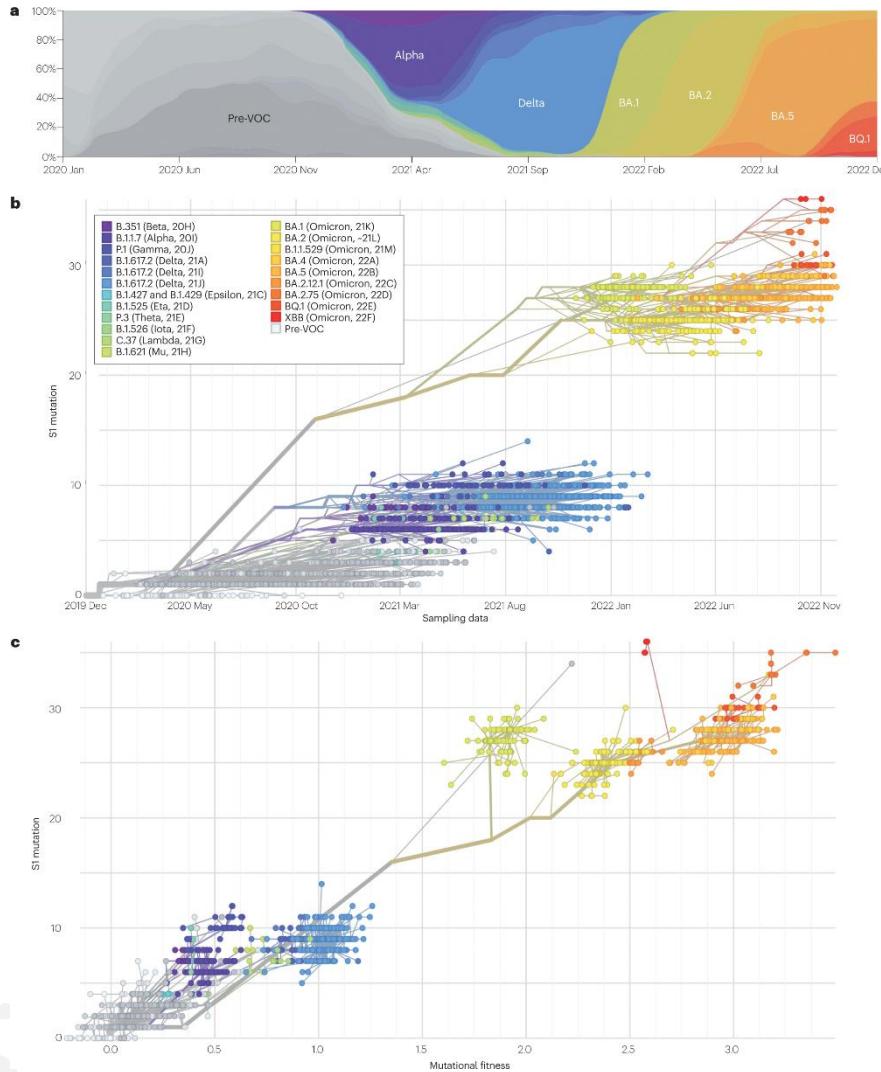
Well, this will never happen again... EVER!



SARS Coronavirus 2: Episode II



SARS Coronavirus 2: Episode II

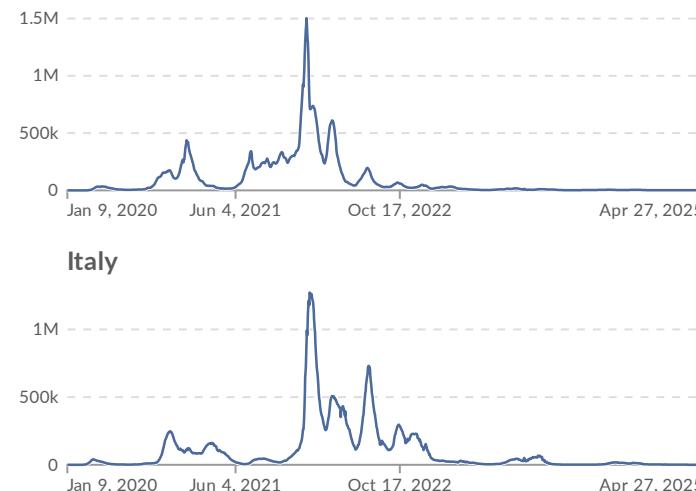


Weekly confirmed COVID-19 cases

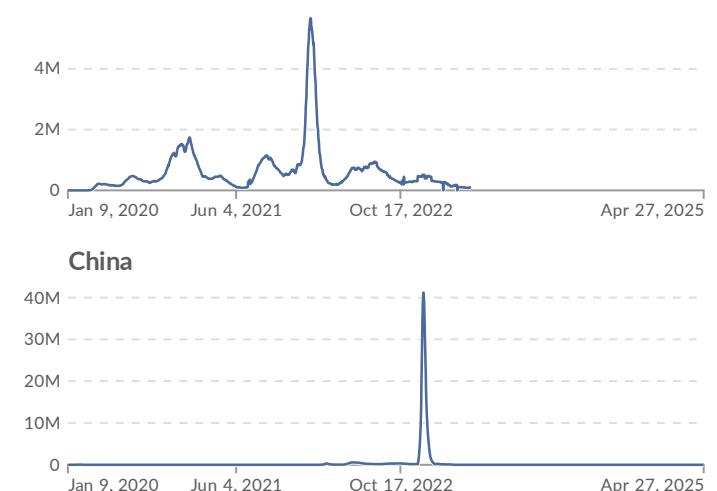
Weekly confirmed cases refer to the cumulative number of cases over the previous week.

Our World
in Data

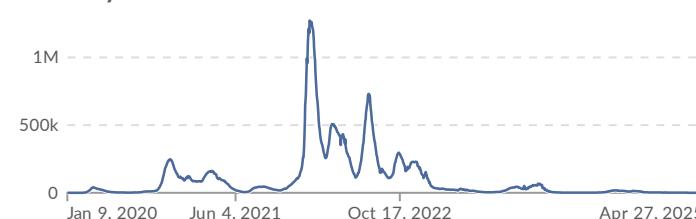
United Kingdom



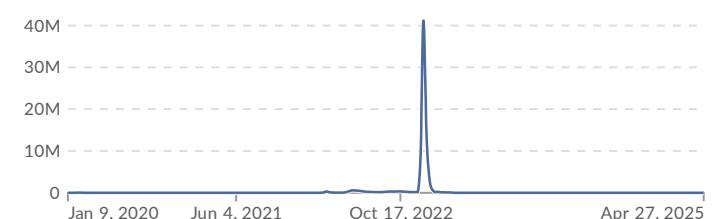
United States



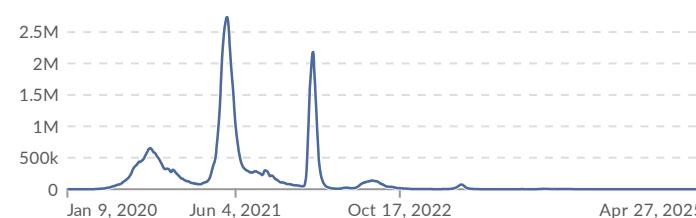
Italy



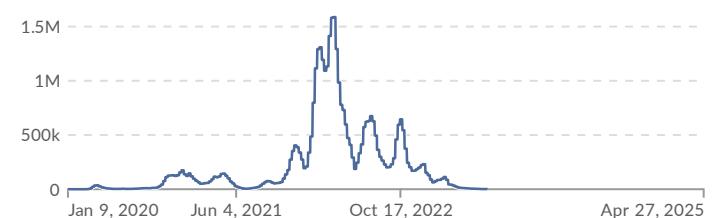
China



India



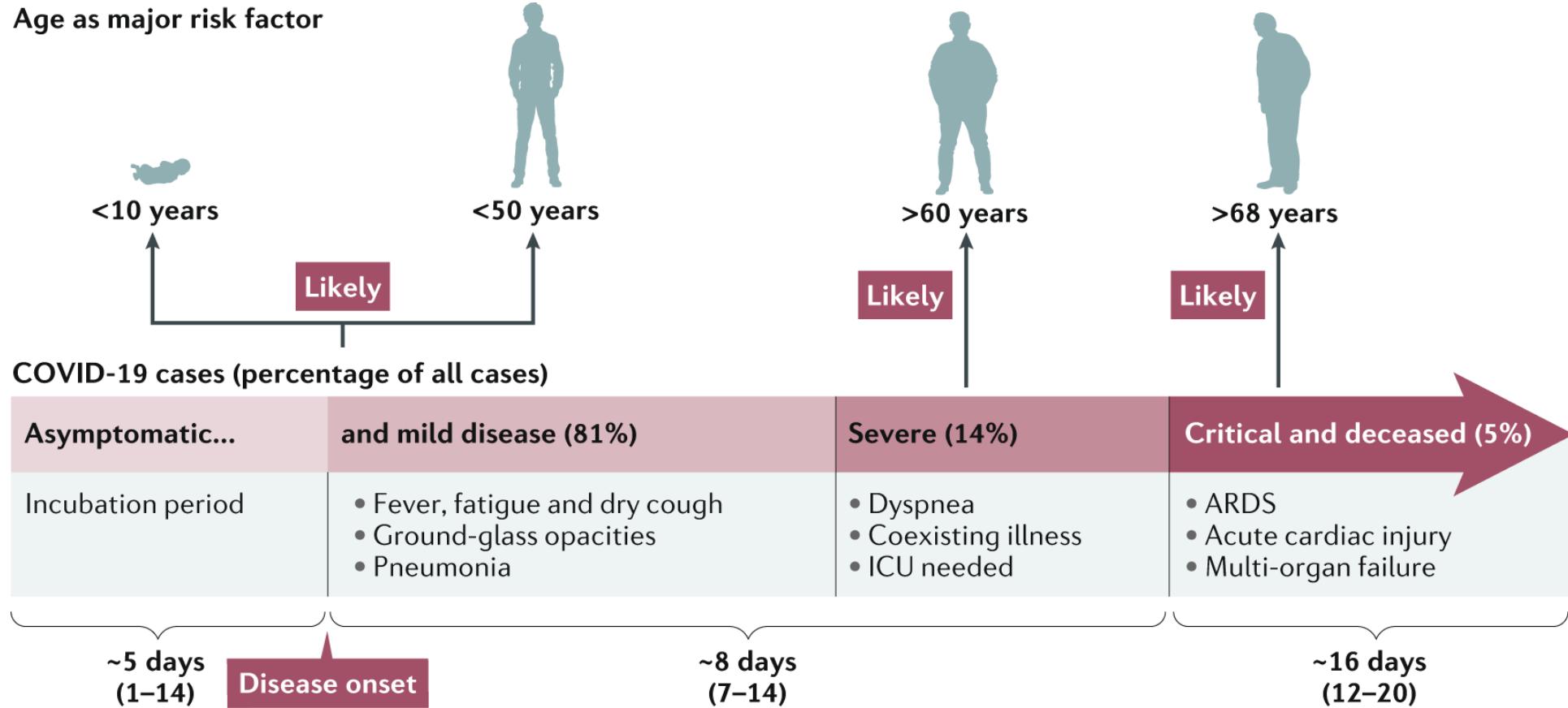
Germany



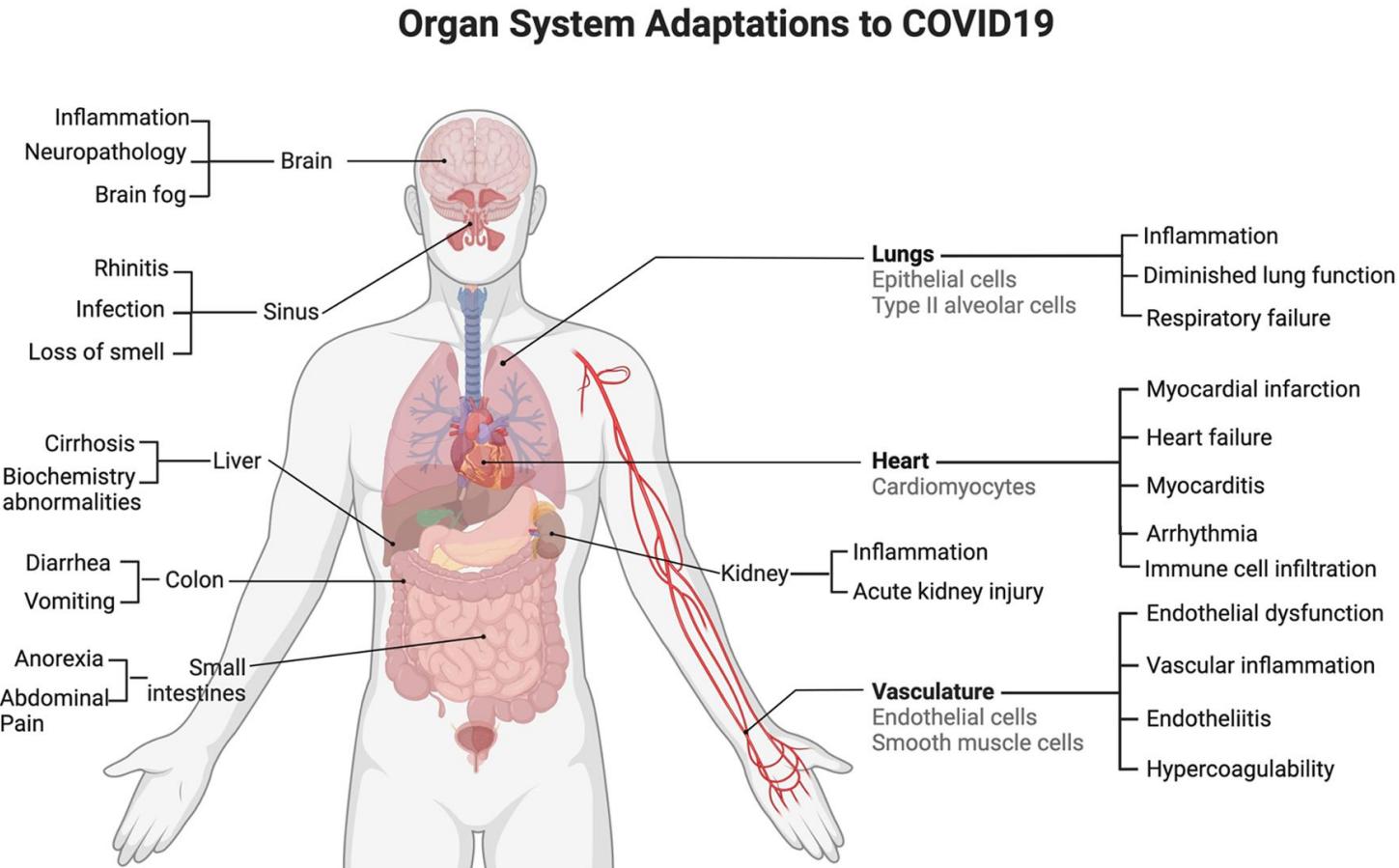
Data source: World Health Organization (2025)

OurWorldinData.org/coronavirus | CC BY

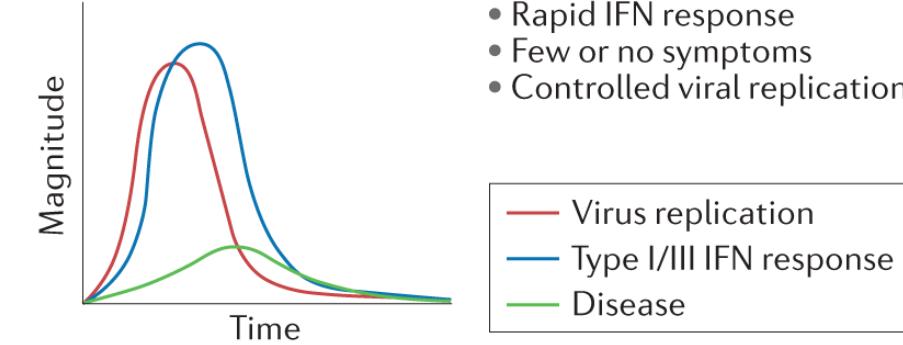
SARS Coronavirus 2: Pathophysiology



SARS Coronavirus 2: Pathophysiology

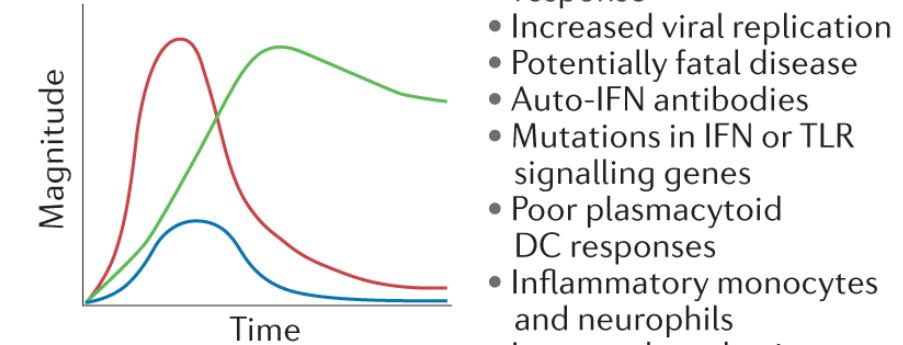


Mild or symptomatic case



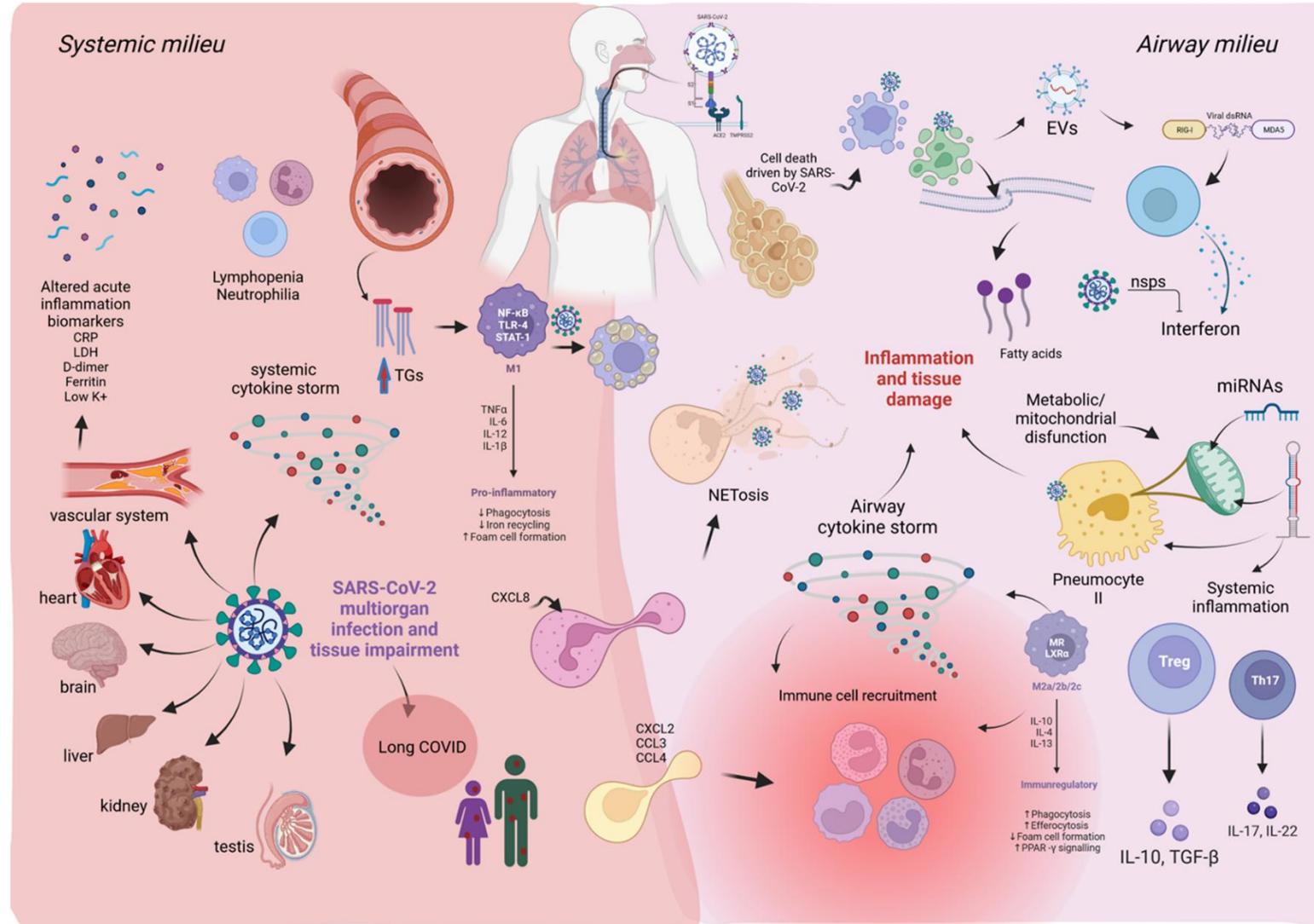
- Rapid IFN response
- Few or no symptoms
- Controlled viral replication

Severe COVID-19



- Delayed or poor IFN response
- Increased viral replication
- Potentially fatal disease
- Auto-IFN antibodies
- Mutations in IFN or TLR signalling genes
- Poor plasmacytoid DC responses
- Inflammatory monocytes and neutrophils
- Immunothrombosis

SARS Coronavirus 2: Pathophysiology



SARS Coronavirus 2: Biology

Realm: Riboviria

Order: Nidovirales

Family: Coronaviridae

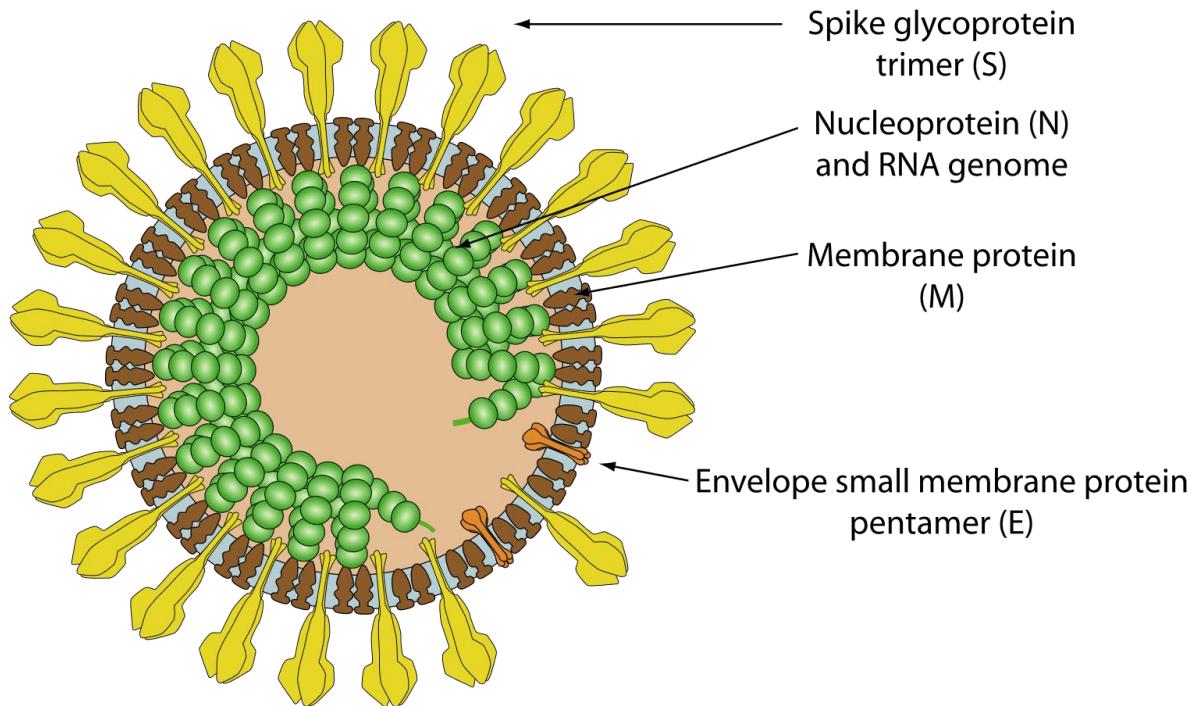
Subfamily: Orthocoronavirinae

Genus: Betacoronavirus

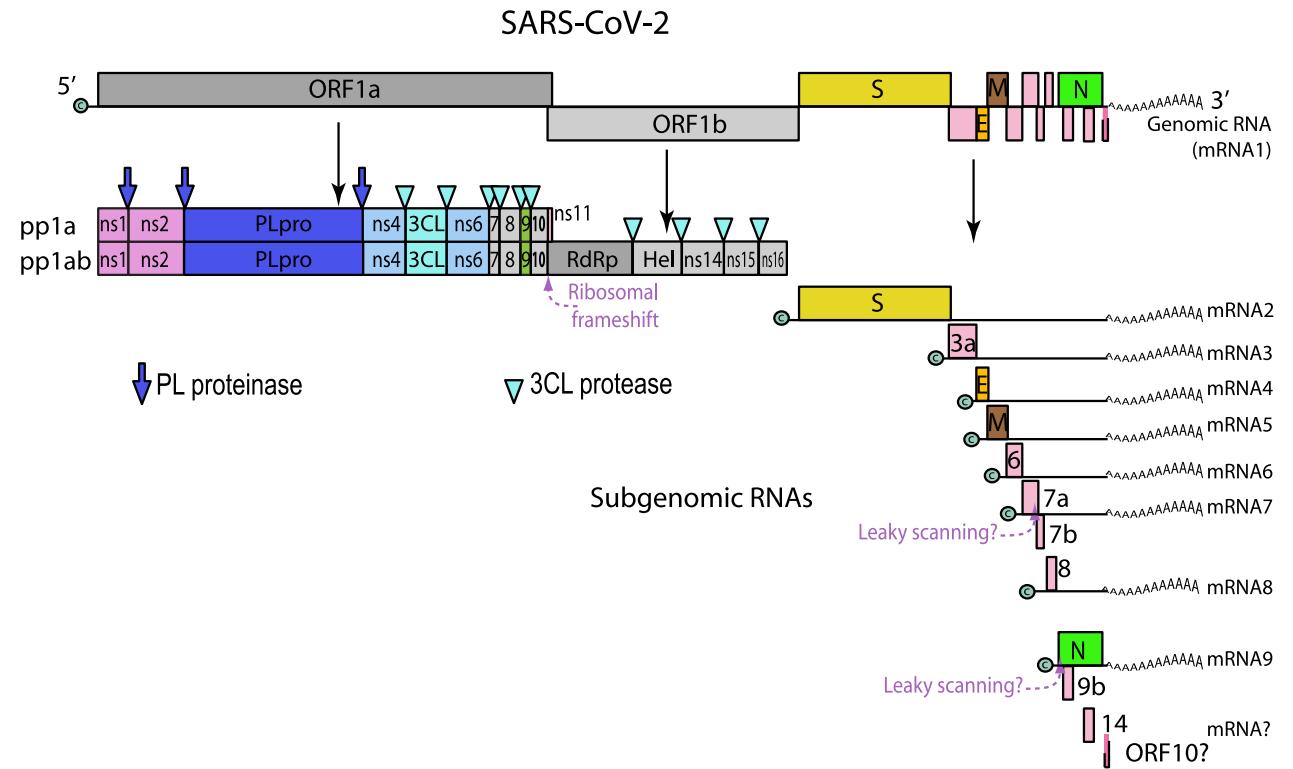
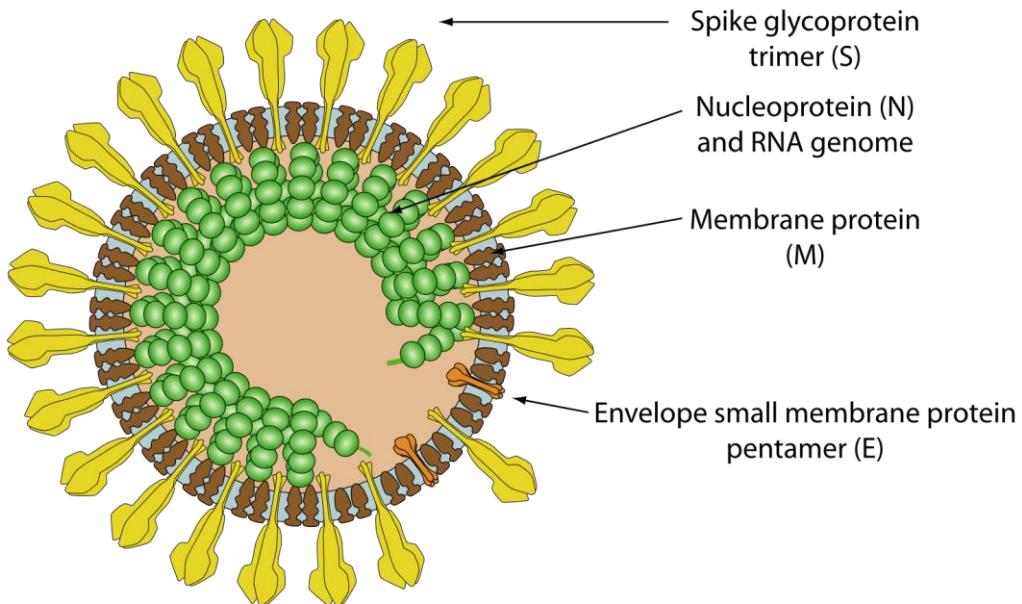
Several human pathogens:

SARS-CoV, SARS-CoV-2, HCoV-

OC43, MERS...



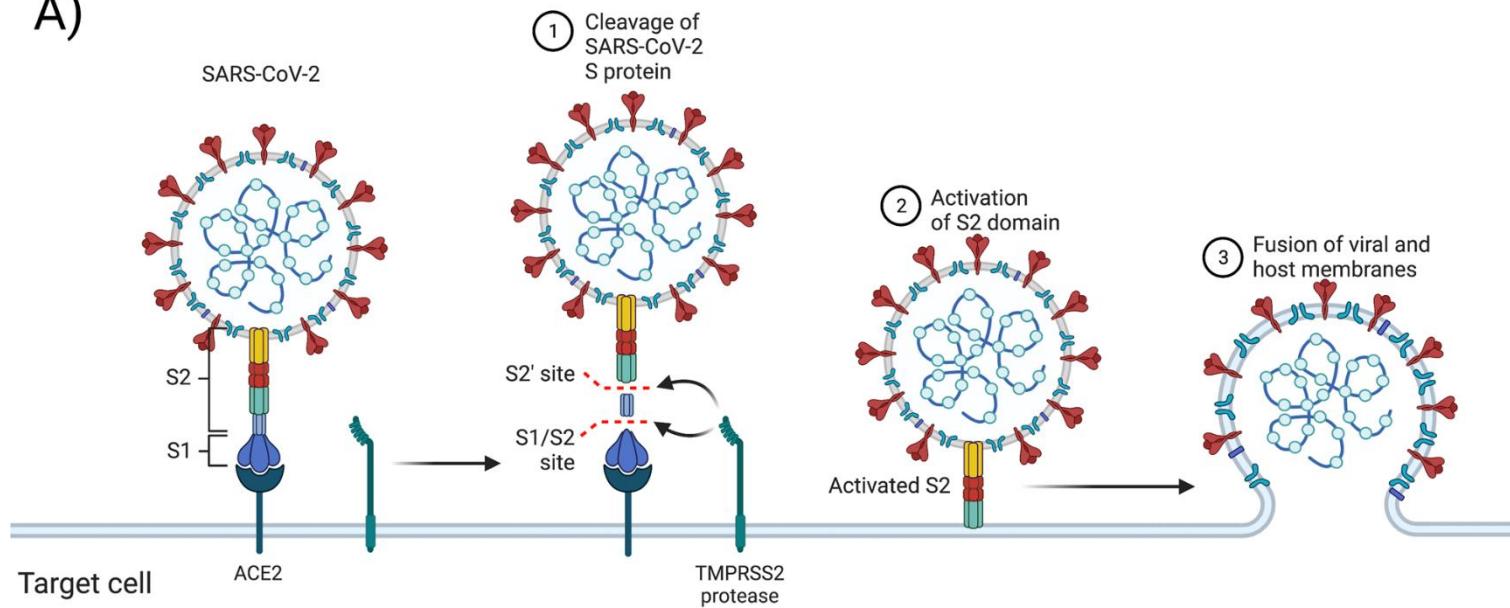
SARS Coronavirus 2: Biology



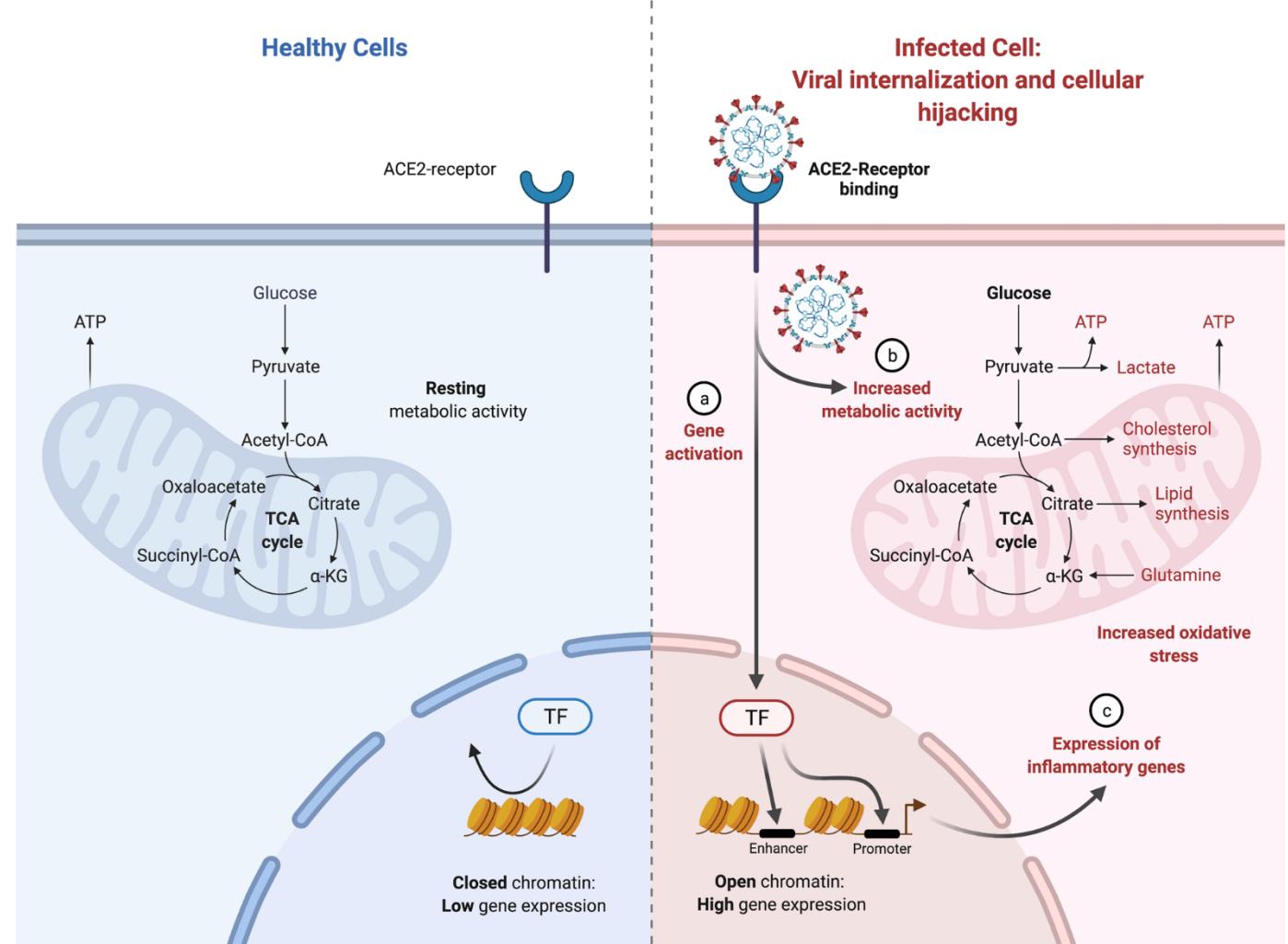
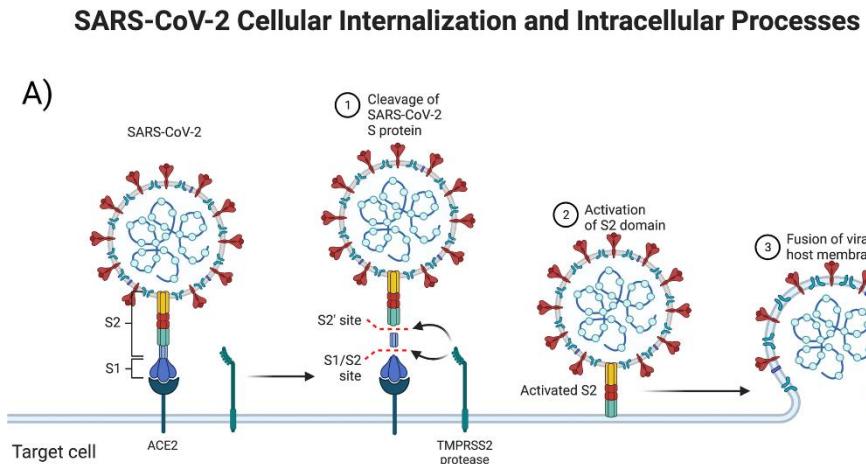
SARS Coronavirus 2: Biology

SARS-CoV-2 Cellular Internalization and Intracellular Processes

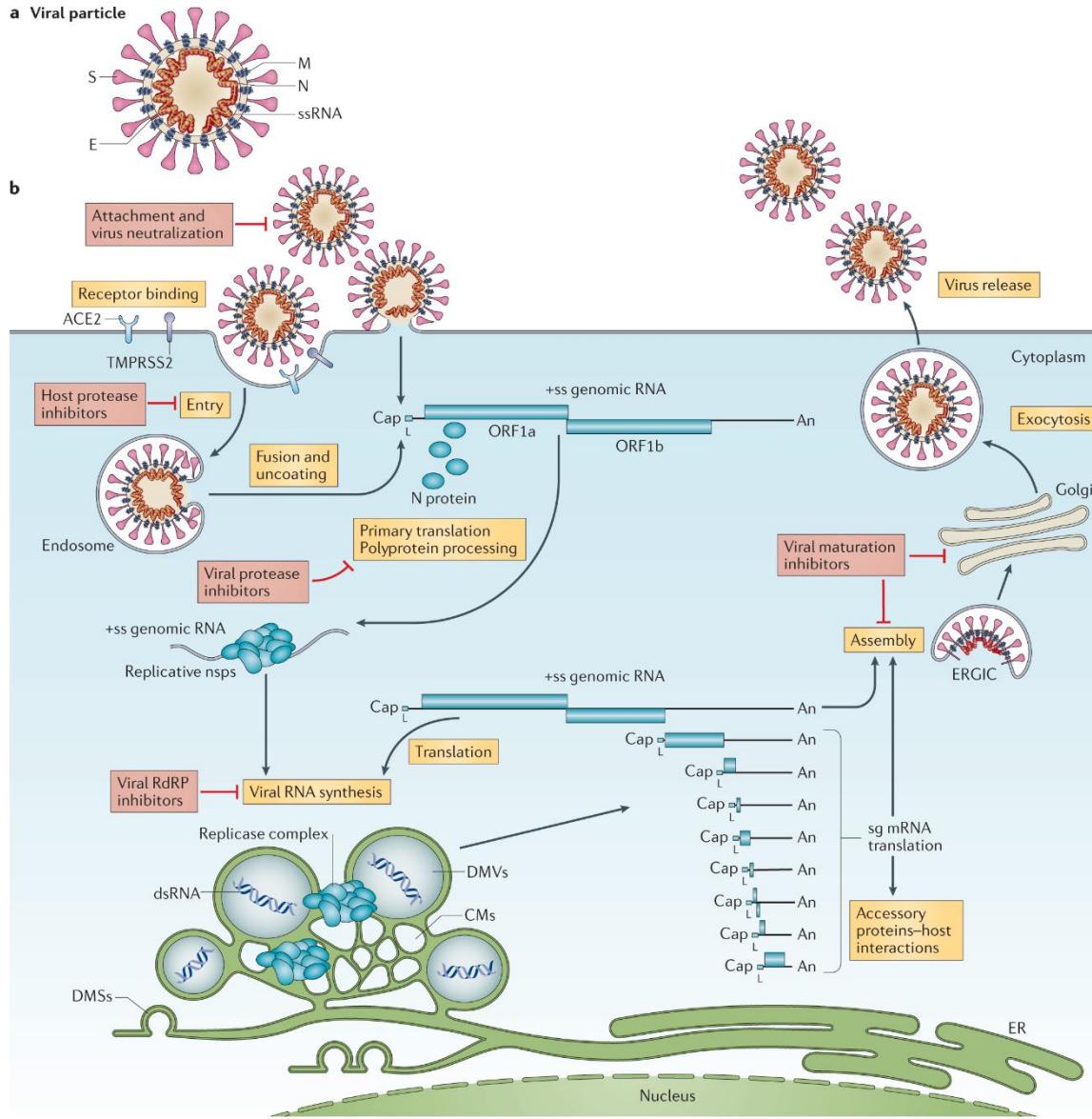
A)



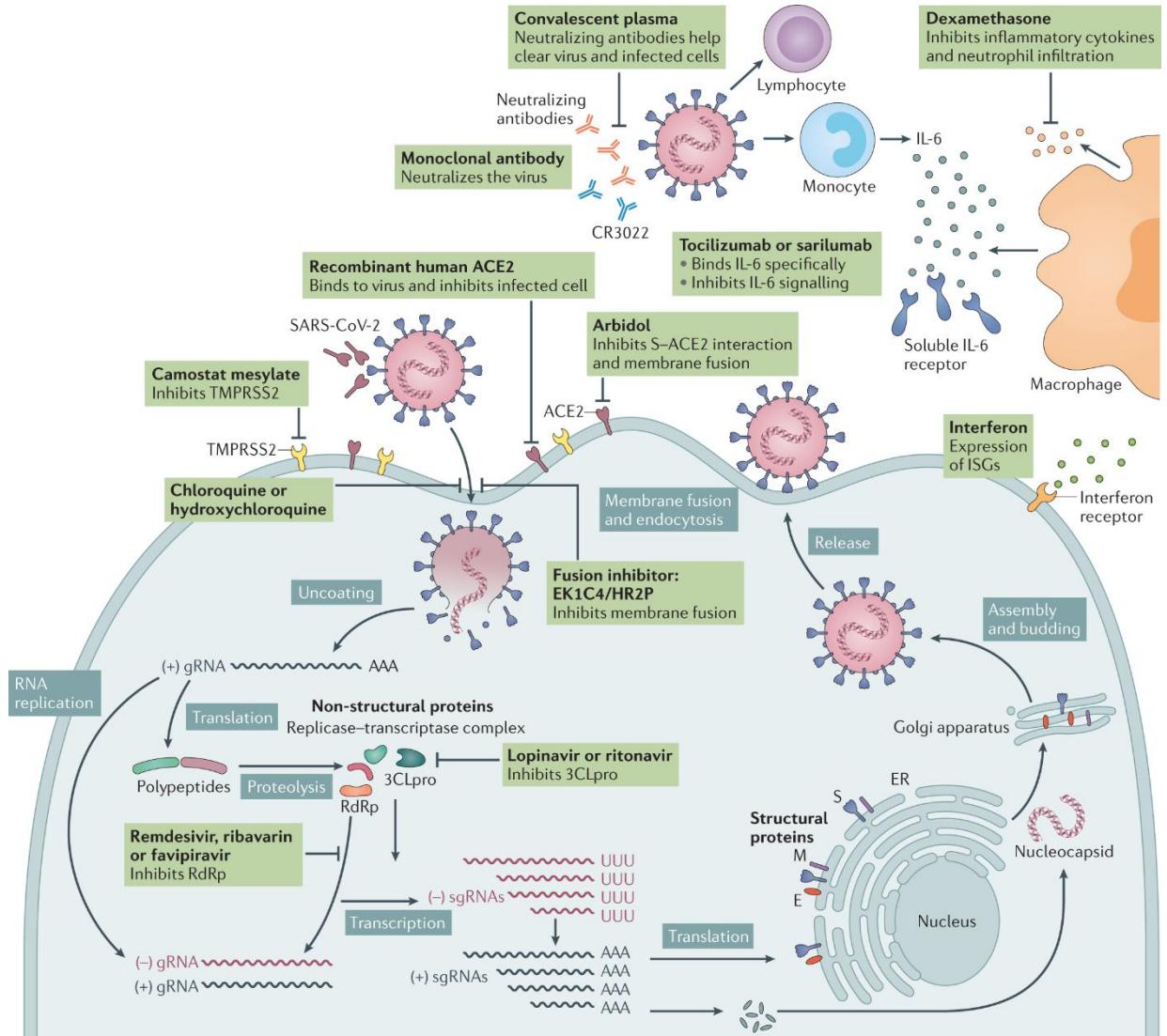
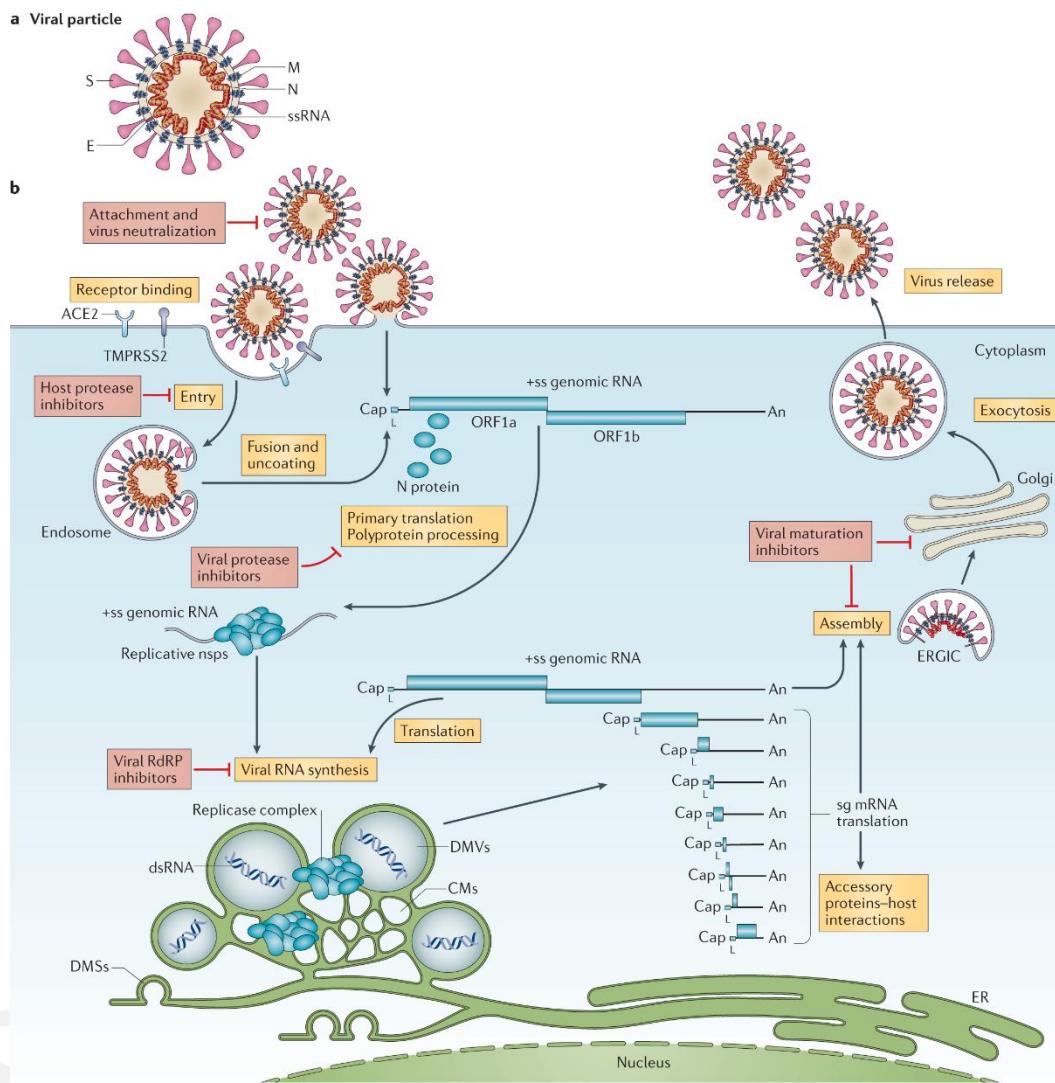
SARS Coronavirus 2: Biology



SARS Coronavirus 2: Biology

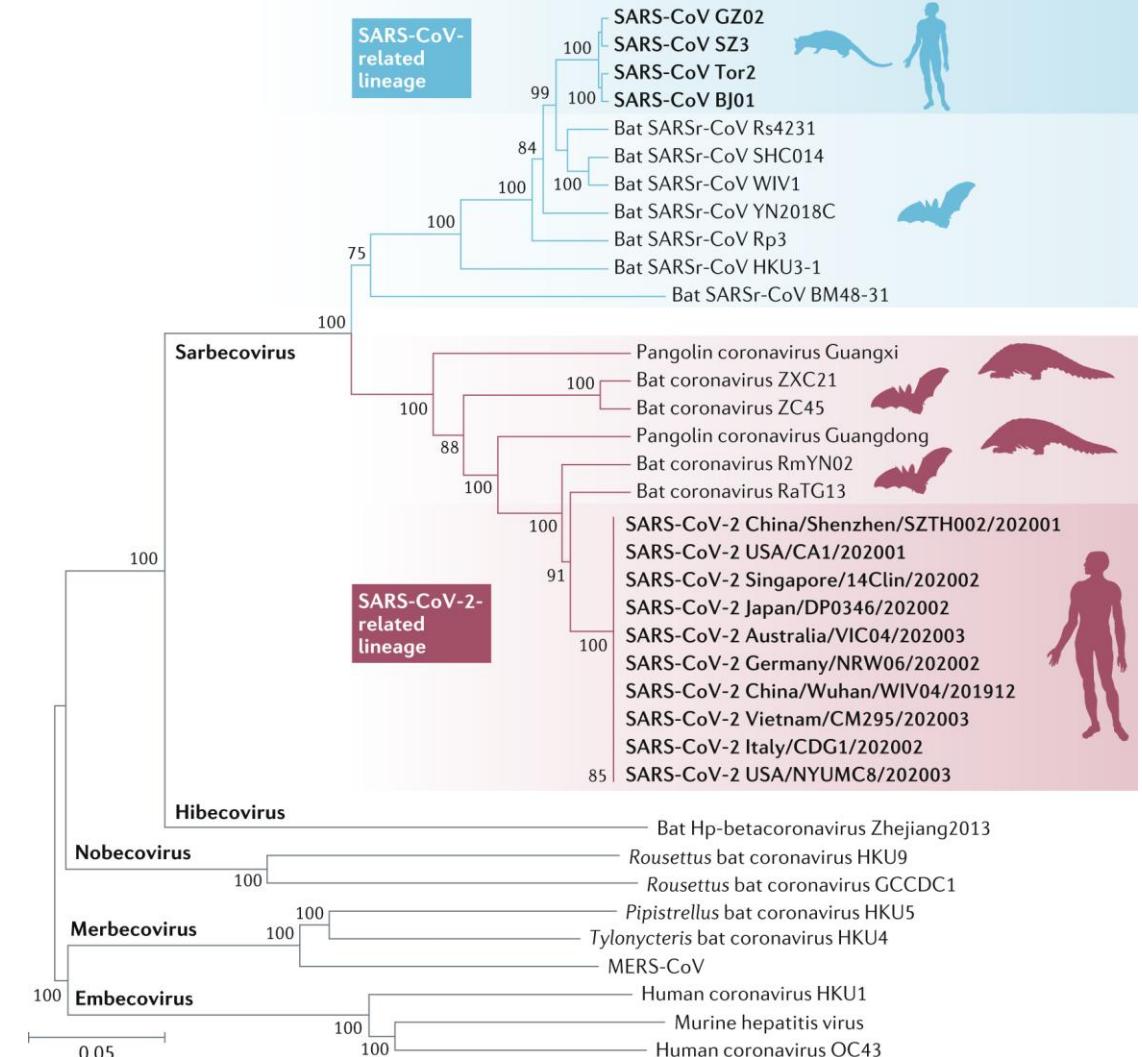
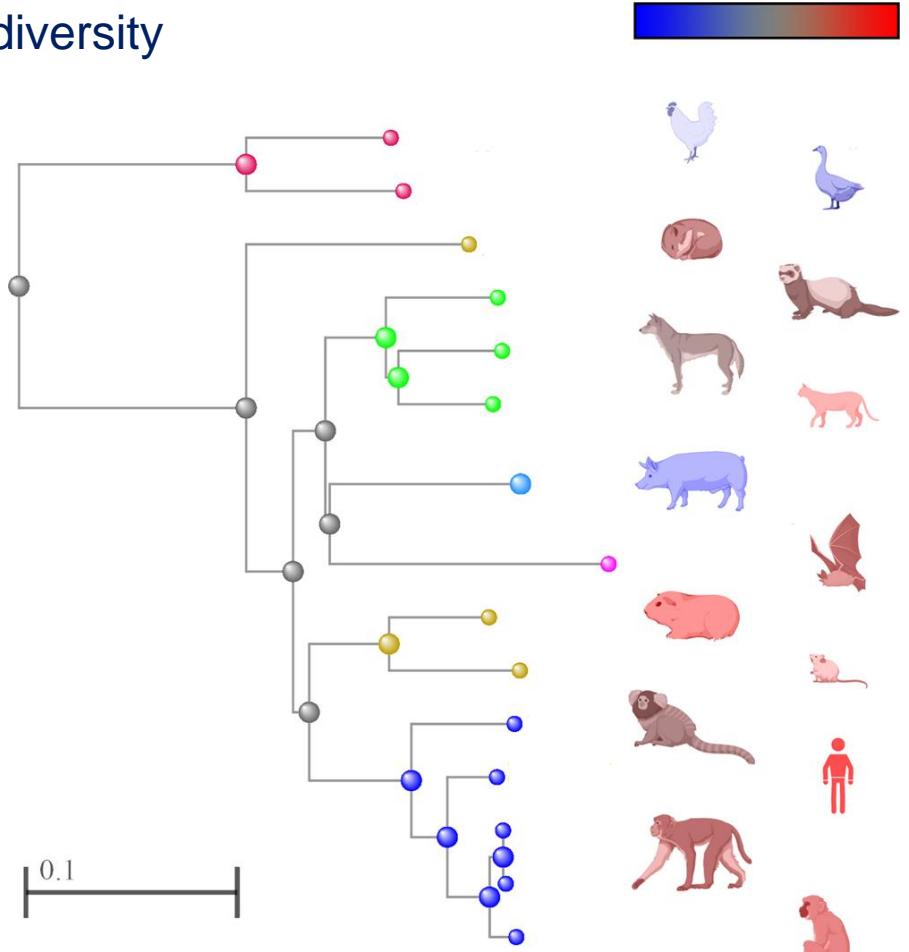


SARS Coronavirus 2: Biology



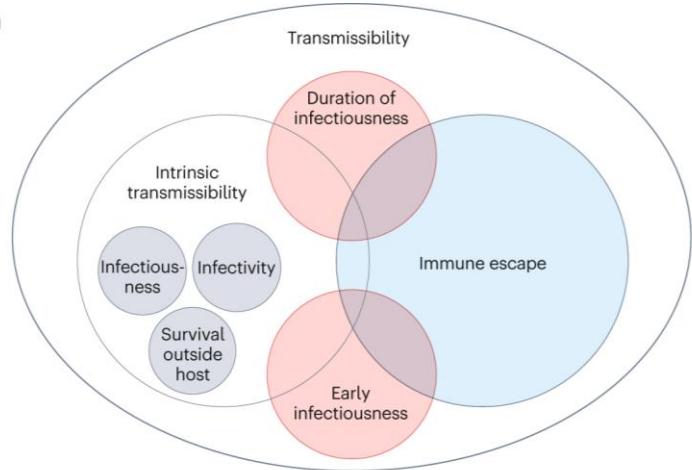
SARS Coronavirus 2: Distribution

ACE2 diversity

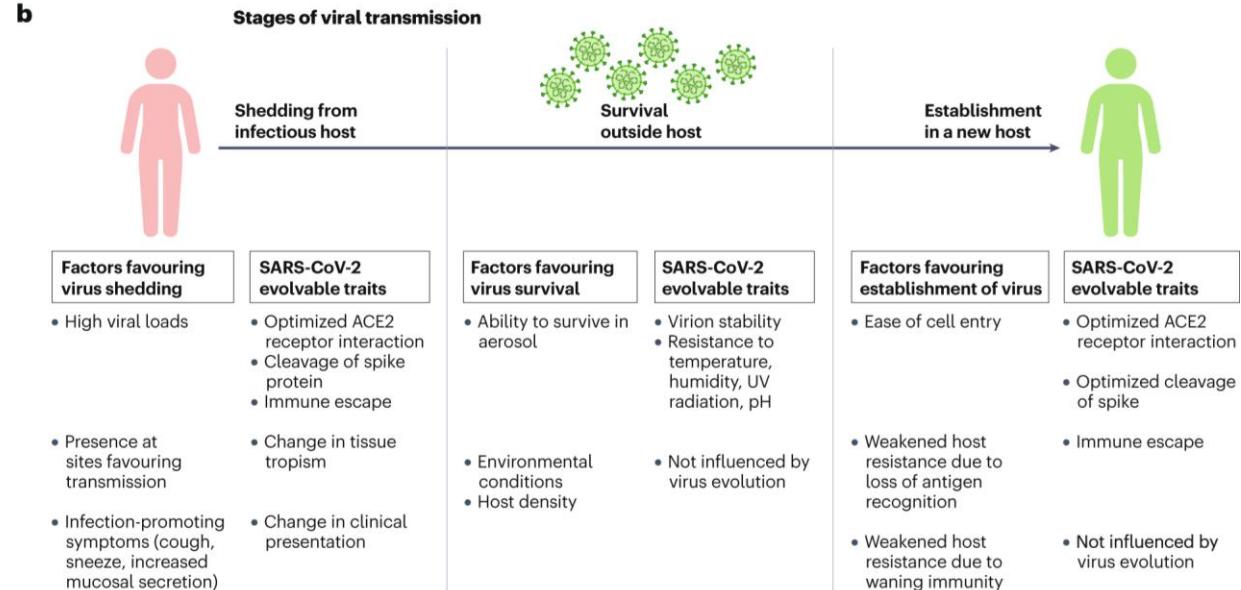


SARS Coronavirus 2: Distribution

a



b

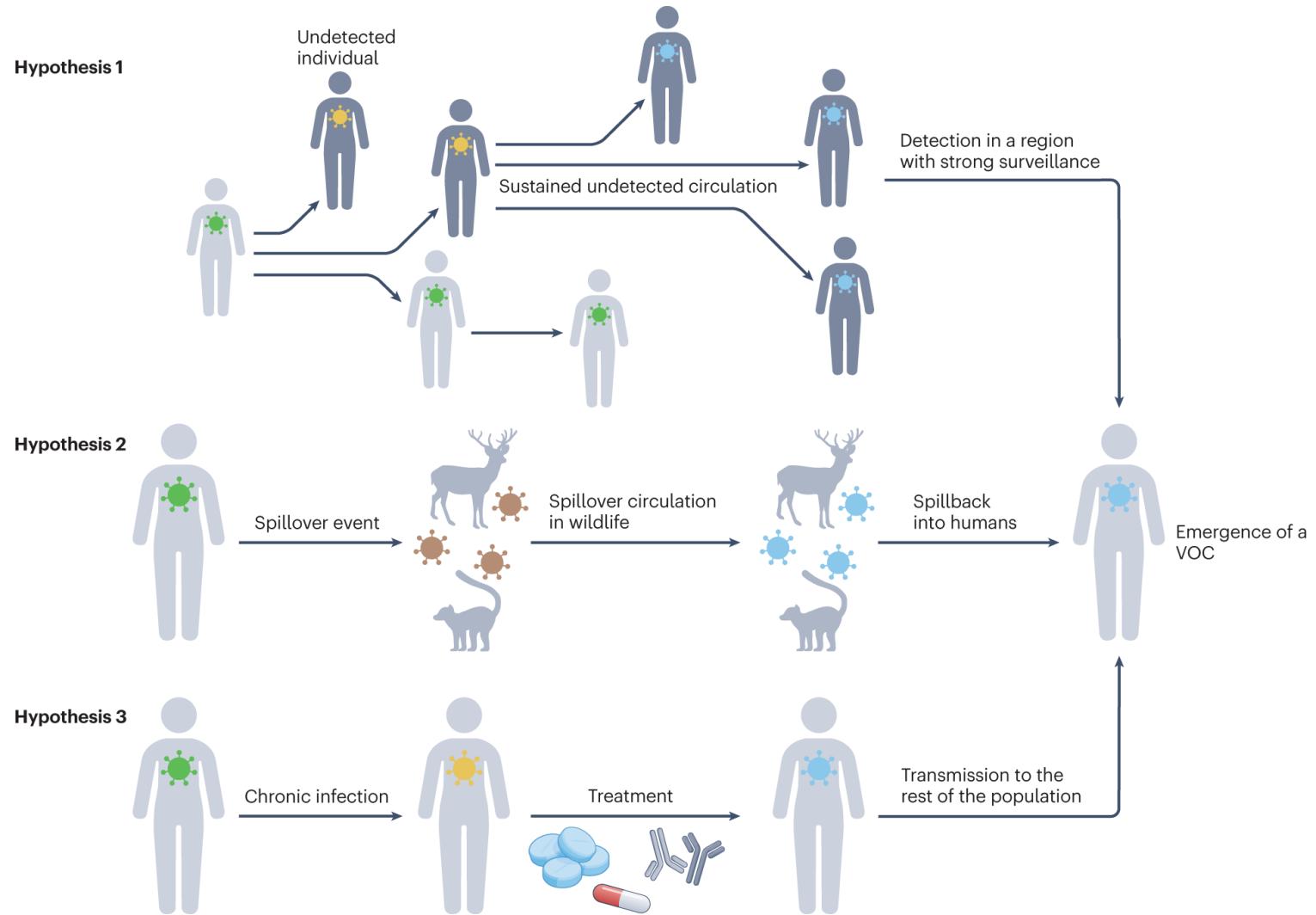


c

Elements of transmissibility affected by viral evolution	Effects on SARS-CoV-2 epidemiological outcomes							
	R_0	R_t	Generation interval	Incidence of infection	Prevalence of infection	Reinfection rates	Epidemic growth rate	Burden of disease
Intrinsic transmissibility	✓	✓	✗	✓	✓	✓/✗	✓	✓
Duration of infectiousness	✓	✓	✗	✓	✓	✓/✗	✓	✓
Early onset of infectiousness	✗	✗	✓	✓	✓	✓/✗	✓	✓
Immune escape	✗	✓	✗	✓	✓	✓	✓	✓

✓ = Effect ✗ = No effect

SARS Coronavirus 2: Distribution



We're forgetting something - 😳

Month	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
All-year virus	Adenovirus/HBoV											
Type-specific	PIV3 PIV1											
Spring	hMPV											
Spring/Fall	Rhinovirus											
Summer virus	Non-rhinovirus enteroviruses											

We're forgetting something - 😕

Pathogen	Virus	Genome
Influenzavirus	Orthomyxoviruses	ss (-) RNA
Respiratory Syncitialvirus	Pneumoviruses	ss (-) RNA
Human Metapneumovirus	Pneumoviruses	ss (-) RNA
Parainfluenzavirus	Paramyxoviruses	ss (-) RNA
Human Rhinovirus	Picornaviruses	ss (+) RNA
Coronavirus	Coronaviruses	ss (+) RNA
Adenoviruses	Adenoviruses	ds DNA

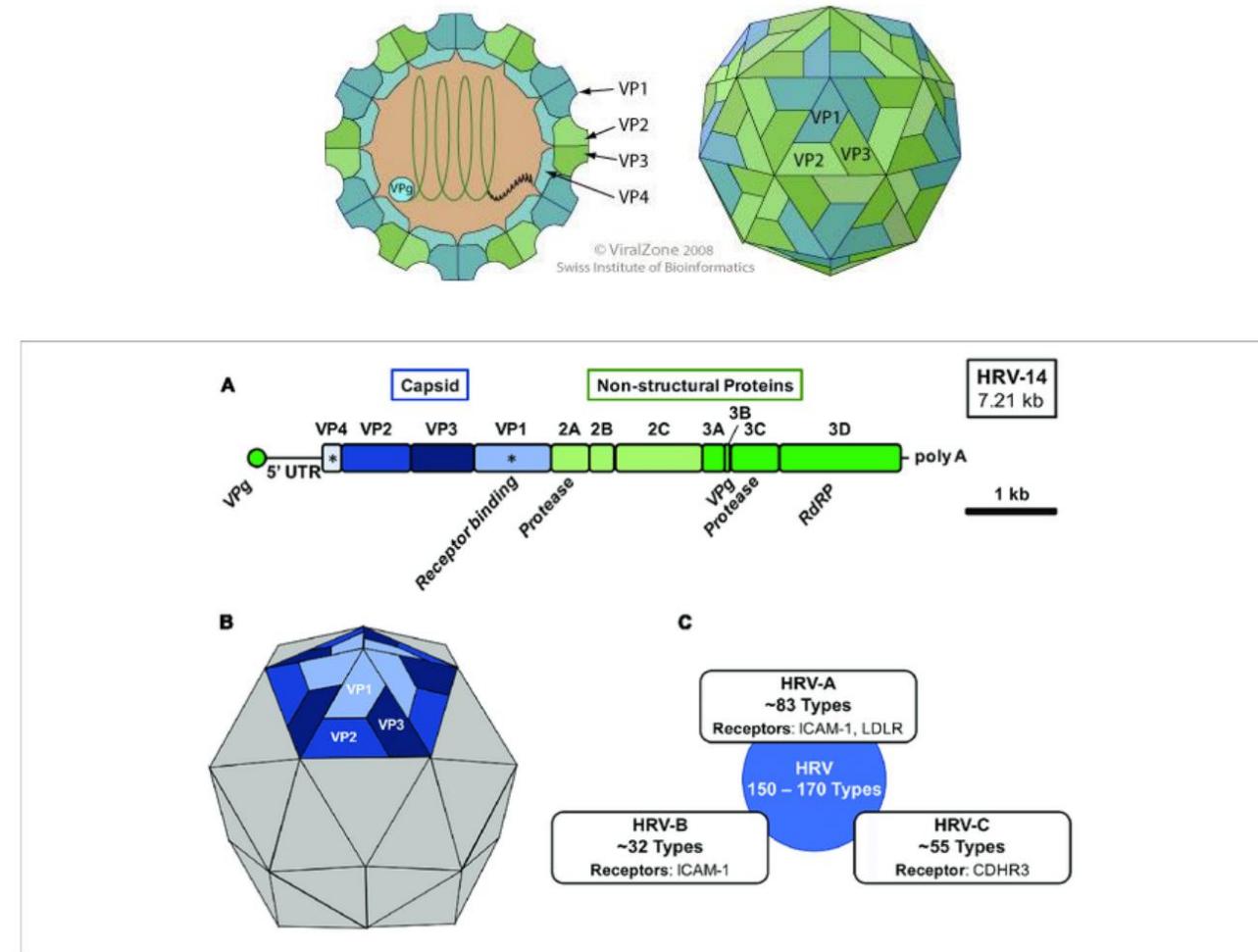


The cast:
Pulp afflictions
“we badass too”

Picornaviridae - Human Rhinovirus (HRV)

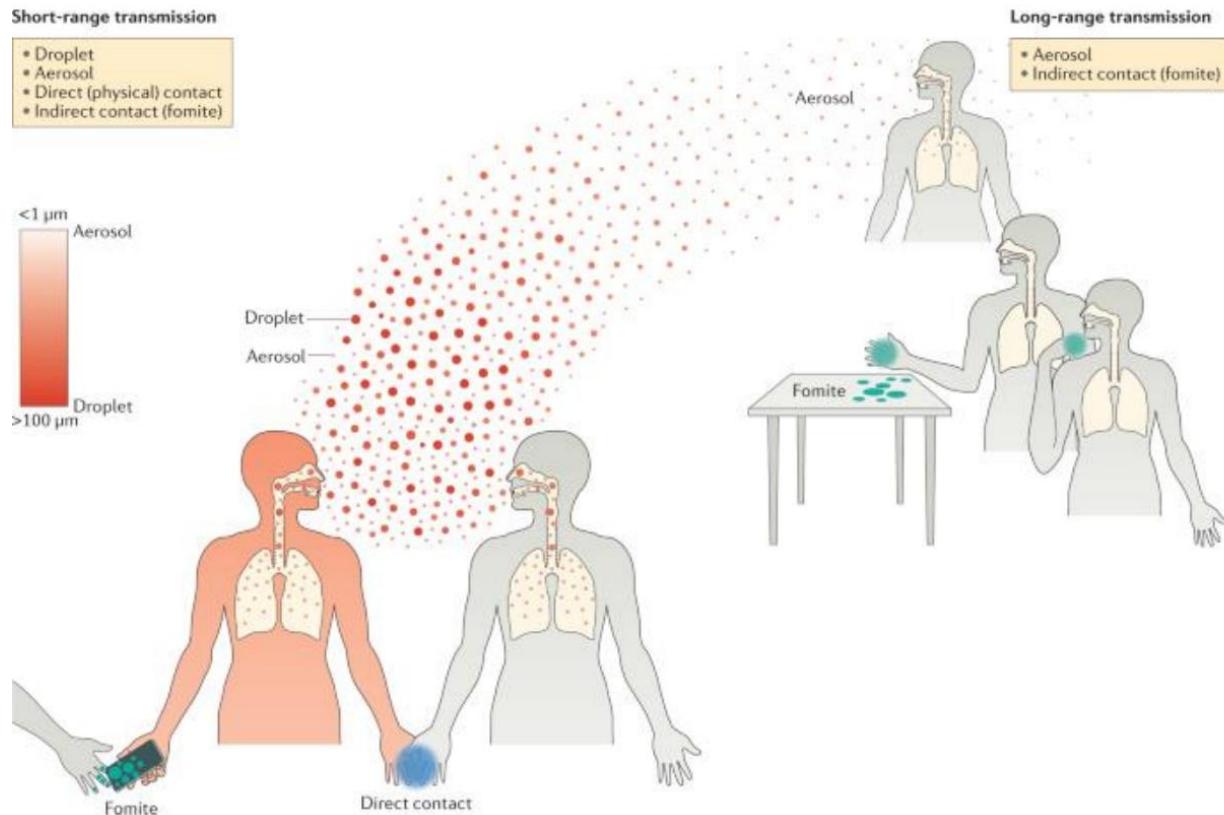
Family	Picornaviridae
Genus	Enterovirus
Genotypes / Serotypes	3 Genotypes <ul style="list-style-type: none"> • HRV-A (~83 Serotypes) • HRV-B (~32 Serotypes) • HRV-C (~ 55 Serotypes)
Genome	7.2 kb; (+)ssRNA; non-enveloped (icosahedric capsid)
Target cells	Epithel-, Endothel-, Mucosal cell, Fibroblasts, Lymphocytes, Monocytes / Macrophages

- **Genotype?** Genomic differences
- **Serotype?** Surface antigen



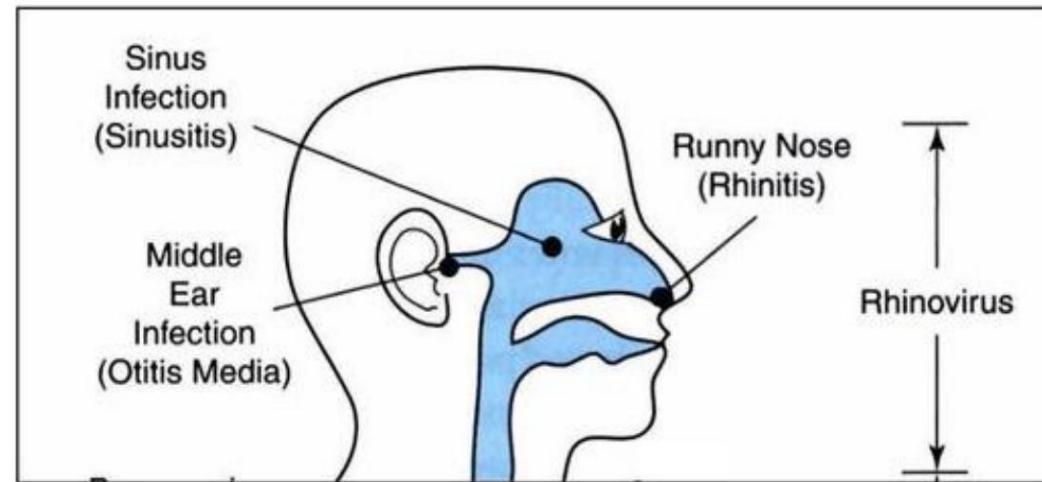
Picornaviridae - Human Rhinovirus (HRV)

Transmission	Droplet infection / smear infection Mostly direct transmission (contaminated hands, fomites) Dry air inactivates them quickly Large droplets: stable (half-life 14h)
Incubation period	1-4 Days
Epidemiology	25-50% of all upper respiratory tract infections

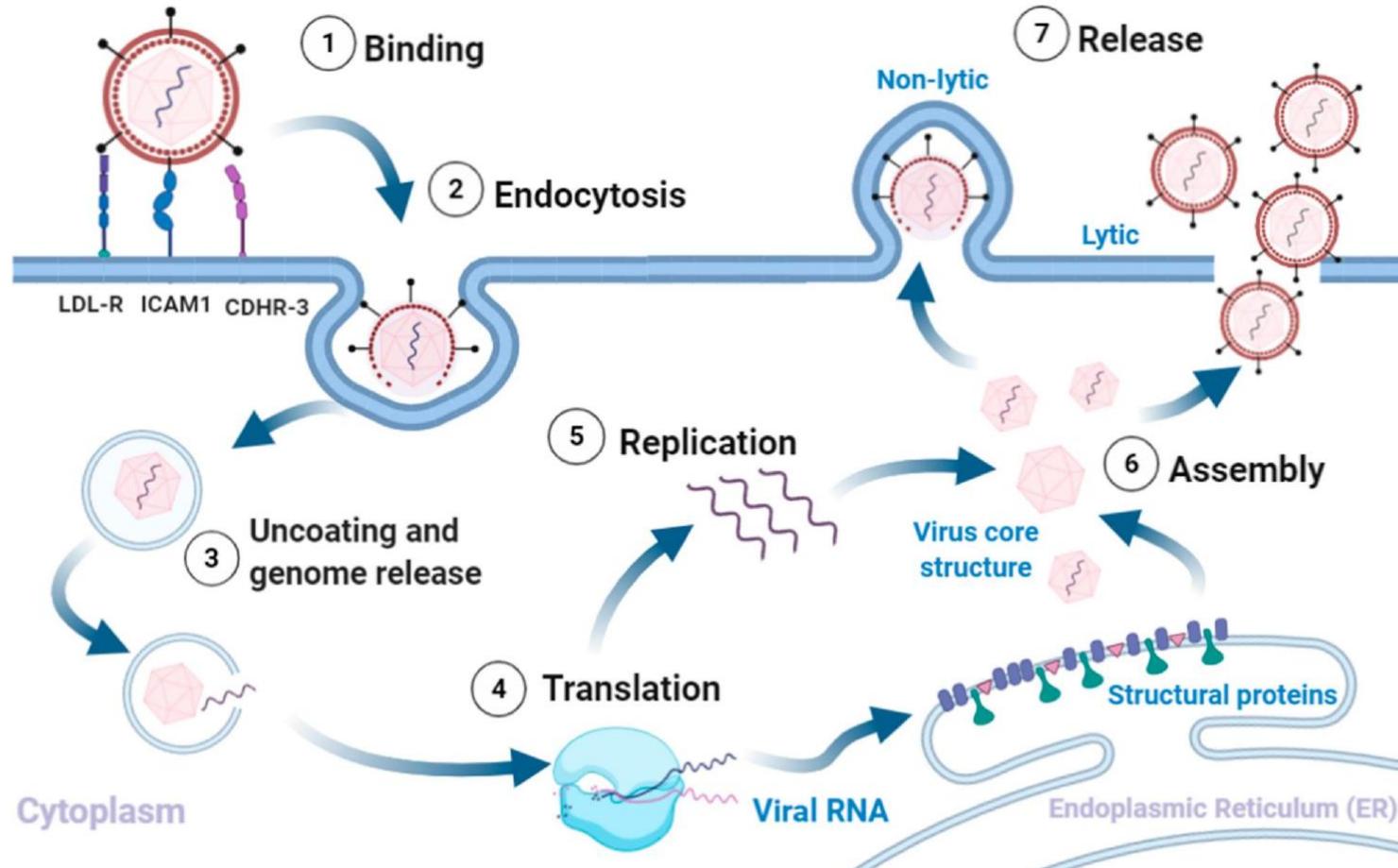


Picornaviridae - Human Rhinovirus (HRV)

Clinic	Common cold (e.g. fever, cough, runny nose)
Pathogenesis	<p>Focal destruction of the epithelium</p> <ul style="list-style-type: none"> Strictly localized Inflammatory reaction of nasal mucous membrane Vessels become permeable, fluid escapes Nasal mucous membrane swells up Breathing through the nose restricted Often secondary bacterial infection
Diagnosis	Not performed
Therapy	Symptomatic
Prophylaxis	Hygienic measures

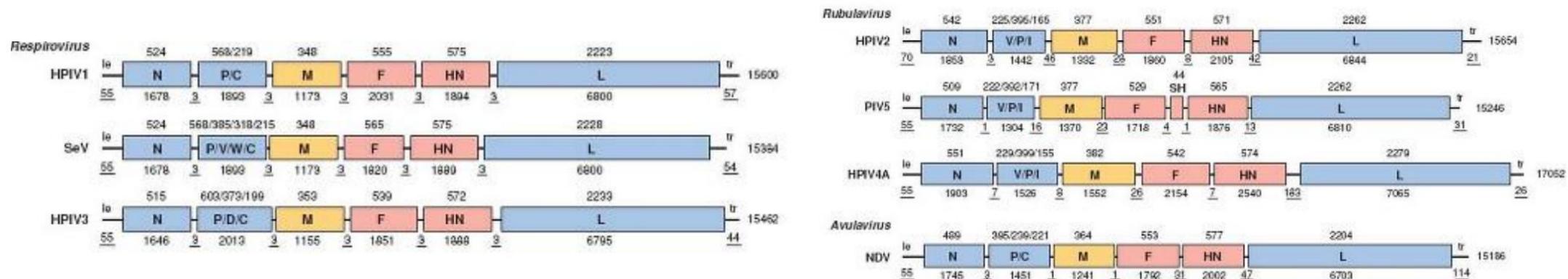
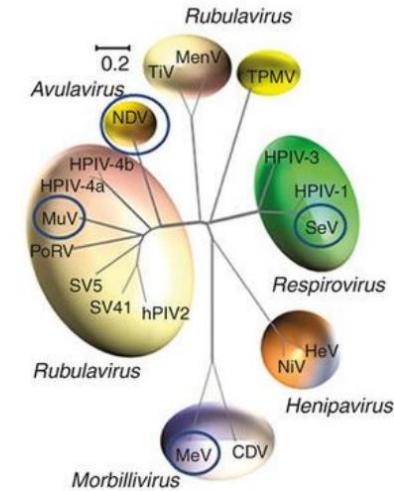


Picornaviridae - Human Rhinovirus (HRV)



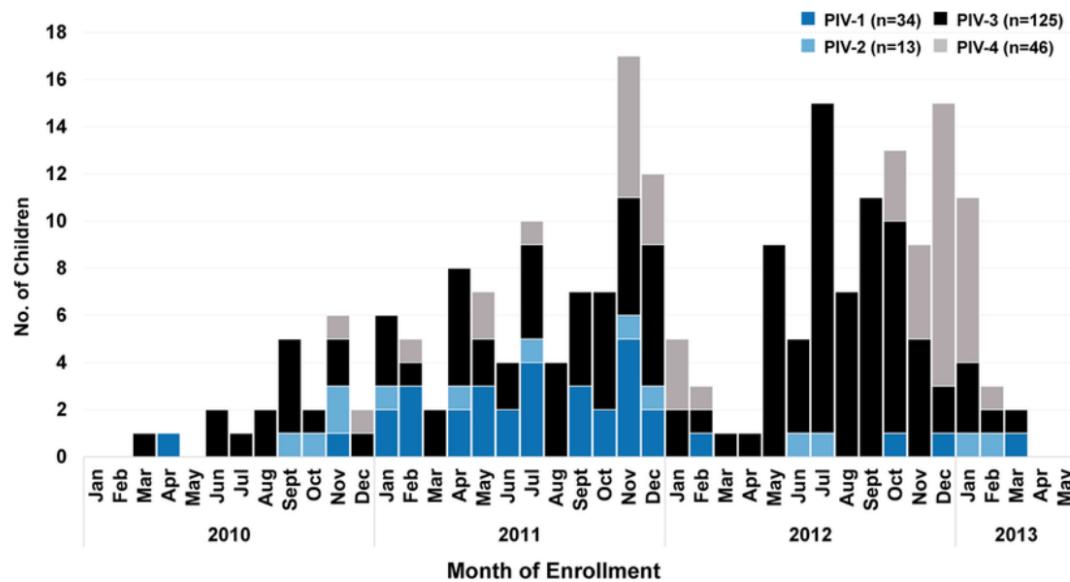
Paramyxoviridae

Genus	Rubulavirus	(Mumpsvirus; Parainfluenzaviren Typ 2, 4a, 4b)
	Avulavirus	(Newcastle-Disease-Virus)
	Respirovirus	(Parainfluenzaviren Typ 1, 3)
	Henipavirus	(Nipahvirus)
	Morbillivirus	(Measles virus)
	Orthopneumovirus	(Respiratory Syncytial virus)
	Metapneumovirus	(Human Metapneumovirus)
Genome	15-18kb; (-)ssRNA; enveloped	



Paramyxoviridae: Parainfluenza virus

Family	Paramyxoviridae
Genus	Respirovirus (Serotype 1 und 3) and Rubulavirus (Serotype 2 und 4)
Epidemiology	5-30% all acute respiratory infections, causes upper and lower respiratory illness
Transmission	Droplet infection
Target cells	Epithelial cells



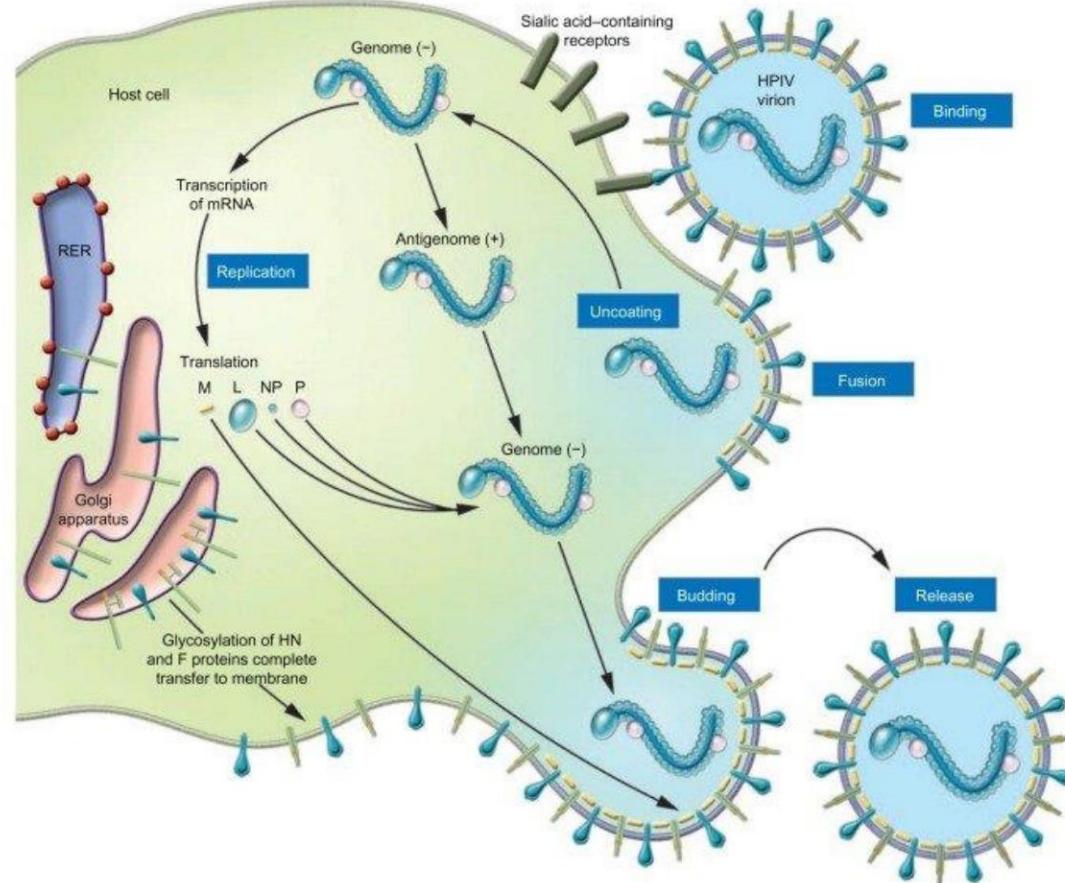
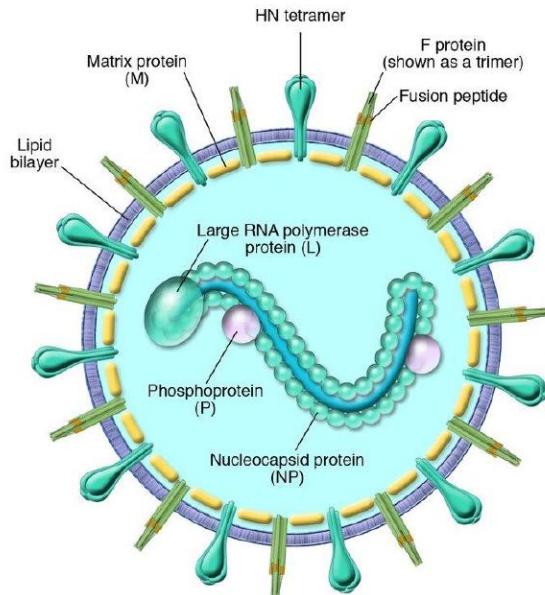
- HPIV-1 and HPIV-2: the main causes of laryngotracheobronchitis in young children
- HPIV-3: causes bronchiolitis and pneumonia and affects mainly infants
- HPIV-4: likely to cause mild progressions.

Paramyxoviridae: Parainfluenza virus

Pathogenesis	<ul style="list-style-type: none"> Infection of the mucous membranes of the nasopharynx it can spread to the entire tracheobronchial space. An infection generally triggers inflammation and releases cytokines such as interferon-gamma and TNF-alpha. In small children, the build-up of mucus can lead to an obstruction of the airways
Incubation periode	2-4 days
Klinik	<ul style="list-style-type: none"> One of the major causes of lower respiratory tract infections in young children Respiratory problems in children (rhinitis, cough, fever, laryngitis, tonsillitis and pseudocroup (HPIV-1), more rarely as pneumonia) Bacterial superinfections are common Re-infection possible, usually leads to mild illnesses
Diagnosis	Mostly clinically Direct detection possible
Therapy	Symptomatic, severe courses Ribavirin
Prophylaxis	Hygienic measures



Paramyxoviridae: Parainfluenza virus

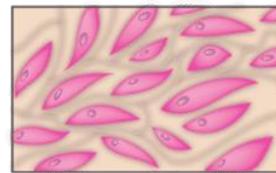


Thank you for
your attention



What is viral tropism

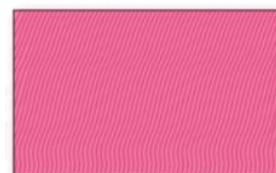
- Capability of an infectious virus to infect:



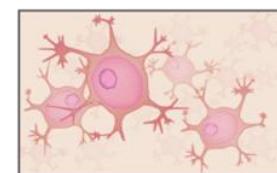
Connective tissue



Epithelial tissue



Muscle tissue



Nervous tissue

