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Recognition of influenza and non-influenza related respiratory illness

Recognition of respiratory illness (RI) is difficult and requires a respiratory viral panel (RVP) to assist with establishing an accurate clinical diagnosis. Influenza and non-influenza like respiratory illness often masquerades as asthma-like. Because the initial differential diagnosis includes asthma, this can lead to treatment confusion and an underestimation for the primary causes of air-flow obstruction. Viral related bronchospasm with air-flow obstruction (AFO) is difficult to ameliorate with bronchodilator therapy when associated with bronchiolitis. Emerging research from histopathology of rat lung tissue study is providing valuable information as to how many viral agents affect lung pathophysiology. These viruses are high pathogenic and may cause a change in bronchial wall structure, peri bronchial thickening and intravascular hemorrhage. These viruses may be the root cause of global epidemics and pandemics. Globally the H1N1 pandemic 2009 caused over 18,000 deaths. Non-influenza viruses such as enterovirus D-68 has been having a profound effect globally and responsible for deaths in the USA and Philippines. Zoonotic viruses such as Coronavirus 229E has been linked to Middle East Severe Acute Respiratory Syndrome (MERS). Many viruses are passed bi-directionally between animal and humans, 2017 the USA had a dog flu epidemic. Viral lung infections are known to increase morbidity and mortality in patients with and without premorbid pulmonary disease. They are highly pathogenic and are known to increase mortality in patients with compromised immunes systems. Failure to recognize acute RI may respiratory failure where the support therapy is ventilator, proning, nitric oxide, ECMO. This can lead to complications such as; ARDS, and organ failure and severe acute respiratory syndrome. There have been case reports which indicated that high flow nasal cannula and heliox may be effective as supportive therapy. More study is needed to understand the relationship between acute RI and these support therapies.

Biography

Sherwin Morgan completed his respiratory care training from Malcolm X College of Respiratory Care in Chicago, IL. He is an advanced respiratory care practitioner with the National Board for Respiratory Care in the United States. He is Clinical Practice and Development/Educator/Research Coordinator in the Department of Respiratory Care Services, Section of Pulmonary and Critical Care Medicine at University of Chicago Medicine. He has published more than 25 peer review papers in multiple medical journals. He has designed, engineered, and collaborated with a number of research studies with the pulmonary medicine department.

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