## Pox & Human Papilloma Viruses

This lecture will discuss two viruses, or rather a family of viruses (*Poxviridae*) and a single virus (*HPV*).

#### Poxviridae

# **Properties**

- **dsDNA** viruses which replicates in the **cytoplasm**<sup>1</sup> (*Unique feature*)
- Large<sup>2</sup> viruses (100 x 200 x 300)nm
- Brick-shaped envelope.
- Complex capsids (Not icosahdral or helical) = Not normal capsids
- Envelope (*Double membrane*) is **neither** acquired from Golgi Apparatus or cell membrane but is **virus-made**.
  - o Made by the virus during the replication in the cytoplasm.
  - o Upon exit, it acquires another membrane from Golgi which surrounds the whole virus.
  - o Upon exit, the Golgi membrane is lost so we can say that it exits by **exocytosis**.
- Infects humans, mammals, birds & insects.
- Has 3 or 4<sup>3</sup> genera<sup>4</sup>.

# **Epidemiology**

- **Dropped** from national (*Regular*) vaccine programs in some countries in **1972**.
- Completely eradicated in 1977.
- Last reported case was in **Somalia**.

#### Viruses

(All of these are seen in animals.)

- Smallpox
- Vaccinia (*Used in vaccines*)
- Molluscum contagiosum (MCV, associated with cutaneous lesions but no systemic involvement)
- Orf
- Cowpox
- Pseudocowpox
- Milker's Nodules<sup>5</sup>

Pox can be removed from national vaccine programs if it is eradicated in a country and not the world because it has no asymptomatic carriers. The same cannot be said for Polio.

Polio is almost eradicated from all parts of the world except for:

- Subcontinent India
- India
- Afghanistan
- Pakistan
- Nigeria

But that does not mean you can drop it from vaccine programs because it **has** asymptomatic carriers.

<sup>&</sup>lt;sup>1</sup> Remember that most DNA viruses replicate in the nucleus.

<sup>&</sup>lt;sup>2</sup> Used to be the biggest virus before Mimivirus was discovered.

<sup>&</sup>lt;sup>3</sup> Wikipedia says there are 4 genera which can infect humans.

<sup>&</sup>lt;sup>4</sup> You don't have to know which virus belongs to which genus but you must know the viruses and their properties.

<sup>&</sup>lt;sup>5</sup> This is actually a disease caused by the virus but the professor mentioned it here as a virus.

## Variola (Smallpox)

## **Properties**

- Has (*Used to have*) two types
  - o Variola Major 6
    - Death rates range between 3% to 35%
  - Variola Minor (Alastrim) <sup>7</sup>
    - Death rates less than 1%.
- Lesions are characterized by **uniform** papulvesicles which pustulate then heal slowly.
- Incubation period is around **two weeks** but can be shorter.
- Prolonged survival in extracellular environment.
- Zoonotic (Transmitted between species; monkeys and cows) and causes mild disease in humans.<sup>8</sup>
- **Highly contagious** in humans through:
  - o Respiratory Route
  - Direct contact with a lesion
  - Fomites infected with the virus
- Why do we still study about this virus? (Some previously mentioned points will be repeated)
  - o It can survive well in extracellular environment.
  - Very stable in its freeze-dried form for long periods (*Structure, function, and infectivity don't get affected*).
    - Pox in this form can be found in two institutions in: Moscow, Russia and the United States of America (Center for Disease Control; CDC).
  - o **High infectivity**<sup>10</sup> in humans.
  - o **Limited** supply of vaccines.
  - o **No** specific anti-viral therapy.
  - o Can be used in warfare and bioterrorism<sup>11</sup>.

## **Pathogenesis**

- Once the virus is in the cytoplasm, it shuts off synthesis of host cell proteins in favor of its own.
- It also changes the cell's **permeability**, eventually leading to death.
- Produces eosinphilic cytoplasmic inclusion bodies known as Guarnieri bodies<sup>12</sup>.

<sup>&</sup>lt;sup>6</sup> More severe and most common form of smallpox, with a more extensive rash and higher fever.

<sup>&</sup>lt;sup>7</sup> Less common and much less severe.

<sup>&</sup>lt;sup>8</sup> These viruses are still monitored because they can mutate and become more virulent.

<sup>&</sup>lt;sup>9</sup> To freeze-dry something is to preserve it by rapidly freezing it and then subjecting it to a high vacuum that removes ice by sublimation.

<sup>&</sup>lt;sup>10</sup> The frequency with which an infection is transmitted when contact between a virus and host occurs (*Catching the virus*)

<sup>&</sup>lt;sup>11</sup> Stable in aerosol form and very small dose is needed for infection thus making it a Class A Bioterrorism agent.

<sup>&</sup>lt;sup>12</sup> Appear as pink blobs in cytoplasm of affected epithelial cells stained with eosin. Characteristic of Poxviruses.

#### **Clinical Manifestations**

- Sudden onset of fever
- Chills
- Myalgia (*Pain in muscles*)
- Rash
  - o Develops **3 to 4 days** after the last 3 symptoms
  - Starts as a maculopapular rash which turn into vesicles, pustulate then heal slowly without leaving any scars.
- Hemorrhagic rash (*Sledge hammer*)
  - o Happens in certain cases when **bleeding into lesions** occurs.
- Bacterial superinfections
  - o Happen as a result of lesions breaking skin which is the body's first defense barrier.
  - o Can be **fatal** if it leads to development of **sepsis**.
- Refer to slide 6 for notes about the pictures
  - o Smallpox can be widespread all over the body.
  - o All lesions are in the same stage of development (*Uniform*) in contrast to chickenpox<sup>13</sup>.

## Diagnosis

- Scraping of vesicle for
  - o Virus culture
  - o Polymerase Chain Reaction<sup>14</sup> (*PCR*)
  - Electron microscopy

#### Prevention

Edward Jenner was a scientist who noticed that most milkmaids<sup>15</sup> developed cowpox (*Usually presented as a solitary lesion on their hands*) and were immune to smallpox. This observation inspired him to come up with the idea of vaccines.

- Vaccinia virus is used as a **vector** for the vaccine.
- The vaccine includes a **recombinant of smallpox and cowpox** (*Or horse-pox, as it is sometimes called*).
- Vaccine for smallpox follows the **usual course of normal smallpox** and causes a **localized lesion** at the site of injection.
- Vaccination does **not** provide life-long immunity but wanes after around **3 years**.
- Despite the relatively short duration of its effect, it was successful in achieving eradication by vaccination within short periods.

<sup>&</sup>lt;sup>13</sup> Another difference worth knowing is that Smallpox starts from the periphery while chickenpox starts from the trunk.

<sup>&</sup>lt;sup>14</sup> Biochemical test to amplify a single or a few copies of a piece of DNA across several orders of magnitude, generating thousands to millions of copies of a particular DNA sequence.

<sup>&</sup>lt;sup>15</sup> Women who milk cows.

## **Molluscum Contagiosum**

## **Properties**

- Spreads by:
  - Direct contact
  - o Towels
  - o Sex
- Incubation period is **longer** than smallpox, ranging from **2** to **8** weeks.
- Characterized by painless nodules (Pearl-like lesions with cheesy material center)
- No systemic involvement, only cutaneous lesions.

The professor will **not** ask about incubation periods but you **must** know the **contagiousness periods** for:

- Rubella (German Measles)
- Rubeola (Measles)
- Chickenpox

## **Diagnosis**

Clinical picture, which can be confirmed by the presence of **eosinophilic inclusions in cytoplasm** of epithelial cells (*Molluscum bodies*).

#### **Treatment**

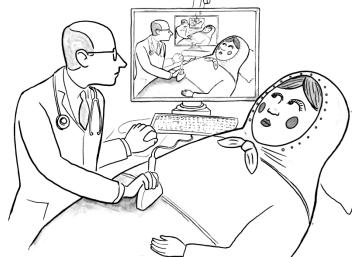
- **No** specific treatment.
- Lesions usually disappear in 2 to 12 months.
- Can be removed **surgically** or by **curettage**<sup>16</sup> (*Picture in slides*) for cosmetic reasons.

## Please refer to slide 9 for some notes regarding the pictures in it

• The top picture shows MC (*Refer to its characteristics above*).

The two bottom pictures show Orf and Cowpox which infect sheep & goats and cows respectively.

- When they infect humans, they are usually **solitary** or single lesions.
- Begin as a vesicle which enlarges inside and then starts to become necrotic in the middle.
- Healing of the lesions in Orf takes about a month while the one in Milker's Nodules takes a little bit longer.

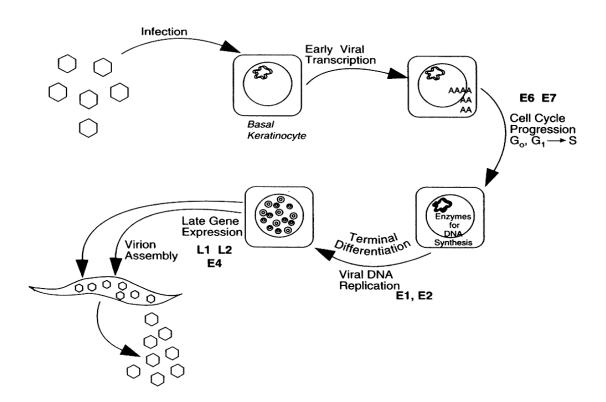


<sup>&</sup>lt;sup>16</sup> Curettage is the use of a curette (*French, meaning scoop*) to remove tissue by scraping or scooping.

## **Human Papilloma Virus**

## **Properties**

- Does **not** encode its own polymerases but **depends on cellular machinery** for its replication (*Unique Property*).
- Small naked dsDNA virus
- Genome encodes 8 early genes (E1-E8) and 2 structural proteins (L1 & L2).
- **Icosahedral** capsid which is composed of two proteins (*L1 & L2*)
- More than 100 serotypes (*Most of which are not associated with disease*).
- **Cannot** be grown in cell culture, which limits our knowledge about its replication cycle and pathogenesis.
- Associated with **malignancy** (*Proteins E6 & E7*) such as cellular dysplasia or precancerous lesions
  - o Just like **herpesviridae** and **Adenovirus** 
    - Adenovirus was **not** associated with malignancy in humans, only in animals so
      theoretically speaking, it *could* be associated with malignancy in humans but the
      relation hasn't been established yet.
    - Herpesviridae, Adenovirus and HPV all have one thing in common which is capability of producing a latent infection.
      - Herpes' latency can last for **years if not decades**.
      - Adenovirus's shedding and production can last for a **year and a half** with **no** symptoms (*Temporary latency*).
      - HPV is capable of latency but the latent infection is usually cleared within **18 to 24 months** (*Temporary latency*).
        - o **Most men and 97% of women** clear the virus within a **year and a** half.



## Replication

Not much is known about it but we do know that:

- Infects basal layers of squamous epithelium or has affinity for junctions between squamous and columnar epithelium such as seen in the **anus and cervix**.
- The virus is **internalized**<sup>17</sup> **uncoated** and then enters the **nucleus** where its replication takes place like a typical DNA virus.
- Host RNA polymerase transcribes E genes followed by early protein synthesis.
- **E6 and E7** play a role in cellular **transformation** leading to **excessive cell division**.
  - E6 bind to p53 and E7 to p105RB proteins disrupting cell cycle regulation because both previously-mentioned genes<sup>18</sup> are tumor-suppressor genes with active roles in regulation.
    - p53 repairs DNA damage by stopping the cell cycle at the G<sub>1</sub> phase to give the cell enough time to repair it or by **inducing apoptosis** if the damage is too great.
      - So binding to p53 causes the cell to divide **continuously without control**.
    - Retinoblastoma gene plays a role in regulating the cell cycle by **preventing the cell from entering the division state** until it's ready in order to minimize faults.
      - This protein has a 'pocket' and E7 was found to attach to that pocket and prevent its activity.
- The dividing cell carries viral genome as **extracellular DNA**.
  - o Most of the time, it's in the form of **episomes**<sup>19</sup> (*Like Herpesviridae*).
  - o **Occasionally**, it was **integrated** within the host's genome.
- Viral DNA synthesis occur at two levels directed by cellular DNA polymerase
  - Latent Infection
    - Virus lies latent in the **lower epidermis**
  - Vegetative DNA Replication
    - Active replication of the virus occurs in differentiated epithelial cells.
- Epithelial cells differentiate into keratinocytes where capsid proteins are synthesized and DNA replicated.
- DNA replication and synthesis **peak** at a certain time and then the virus **assembles in the nucleus** and virus is released by cell **lysis** since it's a naked virus.

## **Epidemiology & Prevalence**

- **Most common** sexually transmitted disease (*STD*).
  - o An estimated 9.2 million sexually active adults (15 24 years) are infected with genital HPV.
  - An estimated 5% to 30% of infected people might be infected with multiple serotypes.

<sup>&</sup>lt;sup>17</sup> The entering of cells by viruses following virus attachment.

<sup>&</sup>lt;sup>18</sup> Genes encoding the proteins

<sup>&</sup>lt;sup>19</sup> Closed circular DNA molecules that are replicated in the nucleus.

## **Pathogenesis**

Transmission through:

- **Direct skin-to-skin contact** (*Primary route*), more specifically **sexual contact** with infected:
  - Penis
  - Scrotum
  - o Vagina
  - o Vulva
  - o Anus
    - Anal involvement is seen mostly in **homosexuals**, especially ones with HIV.
- Contact with infected lesion can also lead to disease development.
- **Perinatal** (During the passage of the baby through the birth canal)
  - o Baby usually develops **oral or pharyngeal** papilloma.

Infectivity is 60% but most infections are **asymptomati**c.

#### **Risk Factors**

- Young age (Less than 25 years)
- Multiple sex partners
- Early age at first intercourse (Best time to give vaccine is before becoming sexually active).
- Male or female partner has (or has had) multiple sex partners.

Average incubation period is **long**, varying from **3 weeks to 1 year** or more so a patient can get infected but not develop symptoms for years.

**Clinical Manifestations** (*In a wide range of vertebrae including humans*)

- Papilloma<sup>20</sup>
- Cutaneous Warts
  - o Usually occur in children and young adults.
  - Cause the body to develop specific protective immunity against the serotype it has been infected with.
    - Vaccines might not be effective with people already infected with one or more of the serotypes in the vaccine since they already developed immunity.
  - Serotypes 6 and 11 were associated with warts only.
- Serotypes 16, 18, 31, 45 and 56 are associated with malignancy and wart lesions.
  - o Serotypes **16 and 18** are **most commonly** associated with malignancy.

<sup>&</sup>lt;sup>20</sup> Benign epithelial tumor growing exophytically (outwardly projecting) in nipple-like and often finger-like fronds.

## Please refer to slide 18 for some notes regarding the pictures in it

- Genital warts are **unsightly cauliflower-like growths**, usually caused by serotypes **6 and 11**.
- Serotypes **16 and 18** are associated with **malignant** genital warts (*Can lead to cervical or penile cancer, especially 16 for penile carcinoma*)
  - It was noted that uncircumcised males are more prone to malignancy so maybe cell transformations occurs in that part.
- Symptoms (*May recur from time to time*)
  - Single or multiple fleshy growths around the penis, scrotum, groin, vulva, vagina, anus, and/or urethra in males.
  - Itching
  - o Bleeding
  - Burning
  - o Pain
- Locations of lesions (*As seen in pictures*)
  - o Penis
  - o Thigh
  - o Anus and perianal area
  - o Vulva

# Diagnosis

- Pap smear for females (Looking for precancerous transformation or cervical dysplasia)
- PCR (Rarely used)
- Immunofluorescence Tests (Rarely used)
- No screening test for males.

# Treatment

- Surgical excision of lesion
  - o There's a great chance for recurrence because removing the lesion **doesn't** remove the virus from the body.
- Medical Treatment
- Cryotherapy (*Lesion can be removed with liquid nitrogen*)
- Electrosurgery (*Using an electric current to remove warts*)
- Radical surgery and radiotherapy are a **must** in case of carcinoma.

Remember that anti-viral drugs do **not** work on latent infections because they need actively-replicating viruses.

#### Prevention

#### Vaccine

- Relatively **new** vaccine<sup>21</sup> so the exact coverage period of the vaccine is still being studied but thought to be **5 to 7 years**, maybe longer.
- o **First** vaccine to **prevent cervical cancer**.
- o There are two types:

#### Gardasil

- Includes serotypes 6, 11, 16 and 18.
- **Recombinant** vaccine which has an **inactive** capsid protein (*L1*)
  - We have a virus like particle (*VLP*) and within is the inactivated L1.
  - There is **no** chance of developing symptoms because this is **not** a
    live attenuated vaccine and does not have the whole components
    of the virus.
- Approved for use in **females and males** as well from **9 to 21 or 26** (*Most importantly before sexual activity*)
- Given on **3 doses** in the period of **6 months** (0, 1 or 2 months then 6 months<sup>22</sup>)

## Cervarix

• Includes only serotypes **16 and 18** (*The most oncogenic serotypes*).

Please note that the footnotes are extra information for explanation and not included in the exam.

Please accompany this sheet with the slides, the professor mentioned at least 90% of all information in the slides but it's better to skim through them at least after the sheet.

# College in a nutshell

Goes to class: Teacher repeats the same damn thing again. Nothing important happens.

Misses one class: The cure to cancer is created, Waldo is found, AIs took over, the second coming of Jesus Christ took place and the Fire Nation attacked.

<sup>&</sup>lt;sup>21</sup> Approved in 2009 in the USA and 2007 in Australia and some other European countries

<sup>&</sup>lt;sup>22</sup> Months at which doses should be given