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Opinion Article

Infections in respiratory tract

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ABOUT THE STUDY

Diseases of the respiratory tract include those that cause shortness of breath, bronchi, and other airways, such as the nasal. Acute respiratory infections and chronic respiratory illnesses like asthma, chronic obstructive pulmonary disease, and lung cancer are all respiratory conditions (Boone, et al., 2007). Numerous factors contribute to the burden of respiratory disorders. The main risk factor for its establishment is exposure to tobacco smoke, both directly and indirectly. Other significant factors include prolonged exposure to ambient air pollution, occupational illnesses, malnutrition and premature birth, as well as several early respiratory problems. Through environmental determinants, socioeconomic factors have a significant impact on the occurrence and severity of disease and may be related to a lack of access to appropriate treatment (Chung, et al., 2014). Various different microorganisms can cause respiratory illnesses. However, other agents, such as viruses like Streptococcus and Mycobacterium tuberculosis, may also present with identical symptoms (Hall, 2007). Viruses including influenza A and B, Respiratory Syncytial Virus (RSV), and Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) command much attention (Lowen, et al., 2007). The differential diagnosis of pathogens is significantly complicated by the non-specific clinical presentation of respiratory infections. Even when a viral infection is a significant potential, empirical treatment with antibiotics is frequently initiated in primary care settings, which results in the unnecessary or inappropriate prescription of antibiotics. To identify the source of a respiratory infection and to ensure that the right antimicrobial therapy is administered, an early and accurate diagnosis is essential (Liao, et al., 2012). The diagnosis of acute respiratory tract infections cannot always be created purely by the conventional method of culture in order to optimize time to treatment. Nucleic acid Amplification Techniques (NAT), in

particular, have been set up in order to improve the sensitivity, specificity, and detection time of microorganisms that produce potential members (Prussin, et al., 2016). These tests can offer exceptional sensitivity and specificity and can be carried out utilising fully automated high-throughput systems, Point-Of-Care (POC) options, or syndromic testing methods. In addition to increasing overall value offered by testing facilities, prompt and accurate results give medical practitioners the ability to make better treatment options. The earliest commercial PCR test to detect SARS-CoV-2 (the virus that causes COVID-19) and its correlating antibody test, as well as single - molecule point-of-care multiplex assays that can distinguish common viral agents, such as influenza A, influenza B, and Only a few of the tests and technologies Roche provides to enhance the detection and management of respiratory disorders include Inluenza in a single test (Schuez-Havupalo, et al., 2017). People with respiratory infections are often treated similarly to non-travellers, despite the fact that those with chronic or severe sickness should be tested for illnesses specific to their travel destinations and possible exposure. The majority of respiratory infections are brought on by viruses, are minor, and don't need any special care or antibiotics (Sooryanarain, et al., 2015). According to current recommendations for society pneumonia, travellers who have pneumonia as demonstrated by the presence of an infiltrate on a chest radiograph can be treated with antibiotics (Spires, et al., 2017). Antiviral therapy is advised for travellers with influenza who have a severe illness or who are more likely to develop complications; it can also be taken into consideration for those who present within 48 hours of the onset of symptoms (Tamerius, et al., 2013). There are vaccines available to protect against a variety of respiratory ailments, including measles, pertussis, diphtheria, varicella, and infections with pathogens, H. pneumonia type B, and influenza.

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