

BÖLÜM 1

ÜST SOLUNUM YOLU ENFEKSİYONLARI (ÜSYE) VE BAŞLICA VİRAL ETKENLER – 2025 GÜNCELLEMELİ DERLEME

Peri Sohrabı MOLLA YOUSEFI¹

GİRİŞ

Akut solunum yolu enfeksiyonları (ÜSYE/ASYE), dünya genelinde hastalık yükünün başlıca nedenleri arasındadır^{46,47}. Alt solunum yolu enfeksiyonları (LRI) tüm yaşlarda her yıl milyonlarca ölüme yol açar ve viral etkenlerin klinik önemini vurgular^{46–48}. Etiyoloji heterojendir ve yaş, mevsim, coğrafya ile bakım düzeyine göre değişir. Endemik dolaşımdaki rinovirüsler, parainfluenza virüsleri, insan koronavirüsleri (HCoV-229E, NL63, OC43, HKU1), adenovirüsler, RSV (insan ortopnömovirüsü), insan metapnömovirüsü (hMPV) ve influenza virüsleri hem üst hem alt solunum yollarını enfekte edebilir^{46–49}. Viral enfeksiyonlar, özellikle influenza sırasında, bakteriyel süperenfeksiyona yatkınlığı artırır; 1918 pandemisindeki ölümlerin çoğu ikincil bakteriyel pnömoniyle ilişkilendirilmiştir¹³.

****İnfluenza (A/B/C/D).** A ve B mevsimsel salgınlardan sorumludur; C genellikle hafif seyreder, D esasen sığırlarda görülür⁴⁹. Aşılama, yıllık antijenik değişime göre güncellenir; ****2025–2026 Kuzey Yarımküre**** aşı bileşimi WHO tarafından ****28 Şubat 2025****'te, FDA tarafından ****13 Mart 2025****'te duyurulmuştur^{2,3}. Aşılama risk gruplarında özellikle önerilir^{1,4}.

****RSV (İnsan ortopnömovirüsü).** Çocuklarda AYE'nin başlıca nedenidir; 2019 yük analizleri yüksek hastaneye yatış ve mortaliteyi göstermiştir⁸. 2023'ten itibaren koruyucu seçenekler genişledi: gebelikte tek doz ****Abrysvo**** (maternal), bebeklerde uzun etkili ****nirsevimab****; 2025 CDC kılavuzu ****≥75 yaş tüm yetişkinlerde****, ****50–74 yaşta**** ise yüksek riskte tek doz RSV aşısını önermektedir^{9–11}.

¹ Sağlık Bakanlığı, İstanbul Haseki Eğitim ve Araştırma Hastanesi- Tıbbi Mikrobiyoloji Laboratuvarı, psohrabi@yahoo.com, ORCID iD: 0000-0001-6346-1398

Tablo 4. İnfluenza antiviralleri ve profilaksi – özet

Ajan	Uygulama	Süre/Doz	Temel kullanım	Not/Kaynak
Oseltamivir	Oral	5 gün	Birincil seçenek; tüm yaşlar, gebelik, yatan/ağır olgu	Erken başlama esastır ⁵
Zanamivir	İnhalasyon	5 gün	Komplike olmayan olgular	Reaktif hava yolu hastalığında kaçınılır ⁵
Peramivir	IV	Tek doz	Hastanede alternatif/tek doz kolaylığı	Seçilmiş kullanım ⁵
Baloksavir	Oral	Tek doz	Erken dönemde etkili; PEP'te de seçenek	İlaç etkileşimi/direnç paternleri dikkate alınmalı ⁵
PEP (temas sonrası koruma)	Oseltamivir/ Zanamivir/ Baloksavir	Oselt/Zana 7 gün; Baloksavir tek doz	Çok yüksek riskli temalar ve kurum salgınları	Kurum salgınlarında daha uzun profilaksi ⁵

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