European Respiratory Society Annual Congress 2012

Abstract Number: 2822

Publication Number: P2950

Abstract Group: 7.4. Paediatric Respiratory Infection and Immunology

Keyword 1: Viruses **Keyword 2:** Wheezing **Keyword 3:** Children

Title: Evidence of increased pathogenicity of HRVC compared with HRVA and B: Comparisons between children with an acute lower respiratory illness and controls

Dr. Desmond 3931 Cox descox@hotmail.com MD ^{1,2}, Ms. Siew-Kim 3932 Khoo siewkim@ichr.uwa.edu.au ^{2,3}, Dr. Giovanni 3933 Ferrari giovanni.ferrari@nadnet.ch MD ², Dr. Guicheng 3935 Zhang gzhang@meddent.uwa.edu.au MD ², Dr. Wai-Ming 3941 Lee wlee5hkg@gmail.com ⁴, Dr. Gary 3939 Geelhoed Gary.Geelhoed@health.wa.gov.au MD ², Prof. Jack 3936 Goldblatt Jack.Goldblatt@health.wa.gov.au MD ², Prof. James 3940 Gern Gern@medicine.wisc.edu MD ⁴, Dr. Joelene 3934 Bizzintino joeleneb@ichr.uwa.edu.au ^{2,3}, Dr. Ingrid 3938 Laing ingrid@ichr.uwa.edu.au ^{2,3} and Prof. Peter 3937 Le Souef plesouef@meddent.uwa.edu.au MD ^{1,2}. ¹ Respiratory Medicine, Princess Margaret Hospital, Perth, WA, Australia, 6008 ; ² School of Paediatrics and Child Health, University of Western Australia, Perth, WA, Australia, 6008 ; ³ Telethon Institute for Child Health Research, Centre for Child Health Research, University of Western Australia, Perth, WA, Australia, 6008 and ⁴ Department of Paediatrics, University of Wisconsin, Madison, WI, United States .

Body: Introduction: Recent studies suggest that human rhinovirus group C (HRVC) is more pathogenic in young children than HRVA and B. However, the relative frequency of isolation of these HRV groups between children presenting to an emergency department (ED) with an acute lower respiratory illness (ALRI) and healthy community controls has not been determined. Aim: To compare isolation rates for HRVA, B and C between children with an ALRI presenting to ED and health community controls. Methods: Children aged 0-5 years presenting with an ALRI to the ED of a tertiary paediatric hospital along with healthy children from a local childcare centre were prospectively recruited. A nasal sample was collected at recruitment from which RNA was extracted and reverse transcribed. From cDNA, a 2-step PCR of the HRV 5' NCR was used for HRV detection and molecular typing. Results: There were no differences in isolation rates for HRVA between ALRI cases and controls. Isolation rates for HRVB were low and slightly higher in controls than cases. For HRVC, not only were isolation rates higher than for HRVA or B, but rates were substantially higher for cases versus controls (48.5 vs 8.7%, p<0.001).

Table 1: Cases versus controls

	cases	controls	p-value
n	167	69	
HRVA (%)	33 (19.8)	12 (17.9)	0.14

HRVB (%)	3 (1.8)	5 (7.2)	0.049
HRVC (%)	81 (48.5)	6 (8.7)	<0.001

Conclusions: HRVC is the most common HRV group causing ALRI in this group of young children, but is relatively uncommon in healthy children. In contrast, HRVA and B were not more common in children with ALRI than controls. These data provide support for HRVC being more pathogenic than HRVA and B.