



Influenza C virus in U.S. Children with Acute Respiratory Infection 2016-2019

Bethany K. Sederdahl, MPH, Geoffrey A. Weinberg, MD, Angela P. Campbell, MD, MPH, Rangaraj Selvarangan, PhD, Jennifer E. Schuster, MD, Christopher J. Harrison, MD, Brian Rha, MD, MSPH, Joana Y. Lively, MPH, Manish Patel, MD, MPH, Bo Shu, MD, Julie A. Boom, MD, Vasanthi Avadhanula, PhD, Natasha B. Halasa, MD, MPH, Laura Stewart, PhD, Peter G. Szilagyi, MD, MPH, Robert W. Hickey, MD, Marian G. Michaels, MD, MPH, and John V. Williams, MD, for the New Vaccine Surveillance Network

Total

52

8

55

Introduction

- Influenza C virus (ICV) is associated with acute respiratory infection (ARI), specifically cold-like symptoms in children <2 years of age.¹
- ICV seropositivity as high as 90% by 7–10 years of age, suggesting common infection at least once during childhood.^{2,3}
- Epidemiology and clinical characteristics of ICV are not welldescribed

Purpose:

 Determine burden and characteristics of ICV in a prospective, populationbased pediatric cohort

Year

2016-2017

2017-2018

2018-2019

Total

ICV+ cases per study site per year

Vanderbilt

12

20

33

Methods

Site

Houston

5

5

12

Rochester

8

0

5

13

- The study was conducted within the New Vaccine Surveillance Network (NVSN), a CDC-led, seven-site network that performs population-based surveillance for ARI in children <5 years
- Nasal/throat swabs collected from children with ARI or healthy controls 12/2016-10/2019
- Testing: real-time RT-PCR for ICV and other respiratory viruses
- Preliminary data extracted and demographic/clinical features of ICV+ cases analyzed
- Hemagglutinin-esterase (HE) gene was sequenced from ICV+ Pittsburgh samples

Pittsburgh

27

5

25

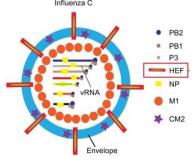
57

Results

 Among 19,321 children with ARI or healthy controls, 115/17,668 (0.7%) ARI cases and 8/1653 (0.5%) healthy controls tested positive for ICV

| | N= 115 ICV ARI Cases |
|--------------------------------|----------------------|
| Median age | 19 months |
| | (IQR 10, 46) |
| Age < 36 months | 81 (70%) |
| RACE/Ethnicity: | White 49 (42.6%) |
| | Black 39 (33.9%) |
| | Hispanic 19 (16.5%) |
| Daycare | 62 (56.5%) |
| ED only | 46 (40%) |
| Hospitalization | 69 (60%) |
| Median LOS | 2 days (IQR, 1-3) |
| • ICU CARE | 15/69 (21.7%) |
| SYMPTOMS | |
| • Fever | 78 (67.8%) |
| Cough | 109 (94.8%) |
| • Wheezing | 70 (60.8%) |

| Co-Infections (1-2) | |
|--------------------------------|------------|
| • ANY | 78 (67.8%) |
| Rhinovirus | 26 |
| • RSV | 26 |
| Adenovirus | 14 |
| • Other | ?? |
| | |



Wang M, Veit M. Hemagglutinin-esterase-fusion (HEF) protein of influenza C virus. Protein Cel 2016;7(1):28-45. doi:10.1007/s13238-015-0193-x

Results

- No significant difference in ARI symptoms ICV alone vs coinfection
- HE sequences were in the two currently circulating Kanagawa and Sao Paulo lineages

Conclusions

- ICV: uncommon cause of ED or hospitalization for ARI in young children
- ICV rare in healthy controls
- Most children infected with ICV were ≤3
 years and had co-detected pathogens.
- The prevalence varied year-to-year and between different geographic regions

References

- Matsuzaki Y, et al. Clinical features of influenza C virus infection in children. J. Infect. Dis. 2006: 193:1229–1235. doi: 10.1086/502973
- O'Callaghan R.J., Gohd R.S., Labat D.D. Human antibody to influenza C virus: Its age-related distribution and distinction from receptor analogs. Infect. Immun. 1980;30:500–505.
- Homma M., Ohyama S., Katagiri S. Age distribution of the antibody to type C influenza virus. Microbiol. Immunol. 1982;26:639–642. doi: 10.1111/mim.1982.26.7.639.