



Tipo	Periódico
Título	Viral co-detection of influenza virus and other respiratory viruses in hospitalized Brazilian patients during the first three years of the coronavirus disease (COVID)-19 pandemic: an epidemiological profile
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Programa/Curso (s)	Programa de Pós-Graduação Stricto Sensu em Ciências da Saúde
DOI	10.3389/fmicb.2024.1462802
Assunto (palavras chaves)	Adenovírus, Bocavírus, Metapneumovírus, Parainfluenza Virus, Respiratory syncytial virus, Rhinovirus
Idioma	Inglês
Fonte	Título do periódico: Frontiers in Microbiology ISSN: 1664-302X Volume/Número/Paginação/Ano: 15/-/p.1462802/2024
Data da publicação	10/2024
Formato da produção	Digital
Resumo	<p>Introduction: In Brazil, few studies were performed regarding the co-detection of respiratory viruses in hospitalized patients. In this way, the study aimed to describe the epidemiological profile of hospitalized patients due to influenza virus infection that presented co-detection with another respiratory virus. Methods: The study comprised patients infected by the influenza A or B virus with positive co-detection of another respiratory virus, such as adenovirus, bocavirus, metapneumovirus, parainfluenza virus, rhinovirus, and RSV. The markers were associated with the chance of death. The data was collected during the first three years of the COVID-19 pandemic. Results: A total of 477 patients were included, among them, the influenza A virus was detected in 400 (83.9%) cases. The co-detection occurred, respectively, for RSV, rhinovirus, adenovirus, parainfluenza virus type 1, parainfluenza virus type 3, metapneumovirus, parainfluenza virus type 2, bocavirus, and parainfluenza virus type 4. The most common clinical symptoms were cough and dyspnea. A total of 167 (35.0%) people had at least one comorbidity. A total of 33 (6.9%) patients died and the main predictors of death were bocavirus infection (OR = 14.78 [95%CI = 2.84-76.98]), metapneumovirus infection (OR = 8.50 [95%CI = 1.86-38.78]), race (other races vs. white people) (OR = 3.67 [95%CI = 1.39-9.74]), cardiopathy (OR = 3.48 [95%CI = 1.13-10.71]), and need for ICU treatment (OR = 7.64 [95%CI = 2.44-23.92]). Conclusion: Co-detection between the influenza virus and other respiratory viruses occurred, mainly with RSV, rhinovirus, and adenovirus being more common in men, white people, and in the juvenile phase. Co-detection of influenza virus with bocavirus and metapneumovirus was associated with an increased chance of death. Other factors such as race, cardiopathy, and the need for an ICU were also associated with a higher chance of death.</p>
Fomento	