

# Risk Factors for Recurrent Early Wheezing in Childhood: Viral Infections

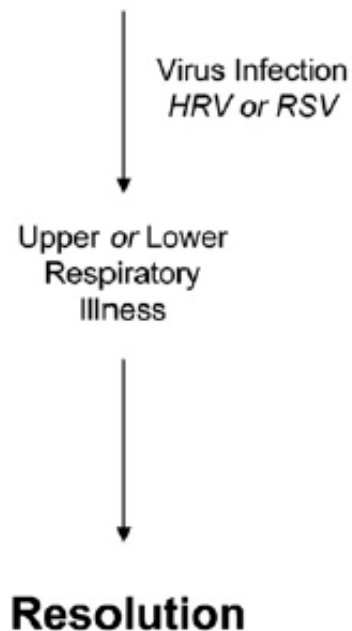
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University of Wisconsin

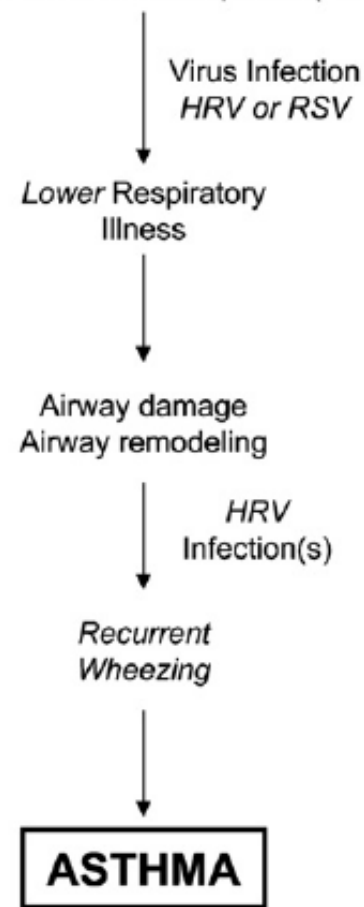
Madison, WI

## “Healthy” Infant or Young Child



## “Predisposed” Infant or Young Child

- Underlying allergic inflammation
- Impaired epithelial barrier
- Impaired anti-viral response (interferons)



# Viral Infections and Asthma

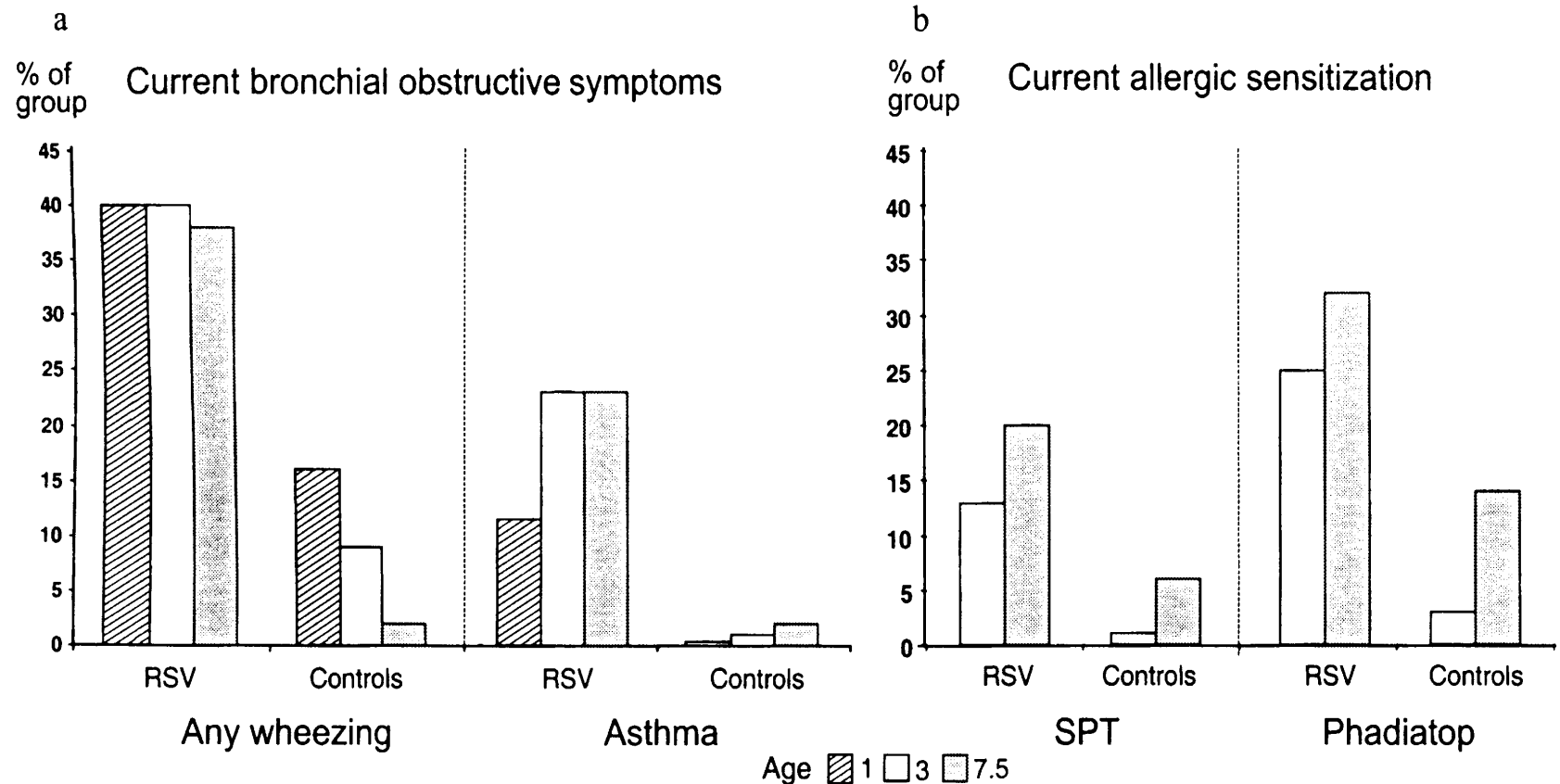
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20% of all children have at least 1 episode of LRI associated with wheezing in the first year of life, and 70% of these are associated with viral infections

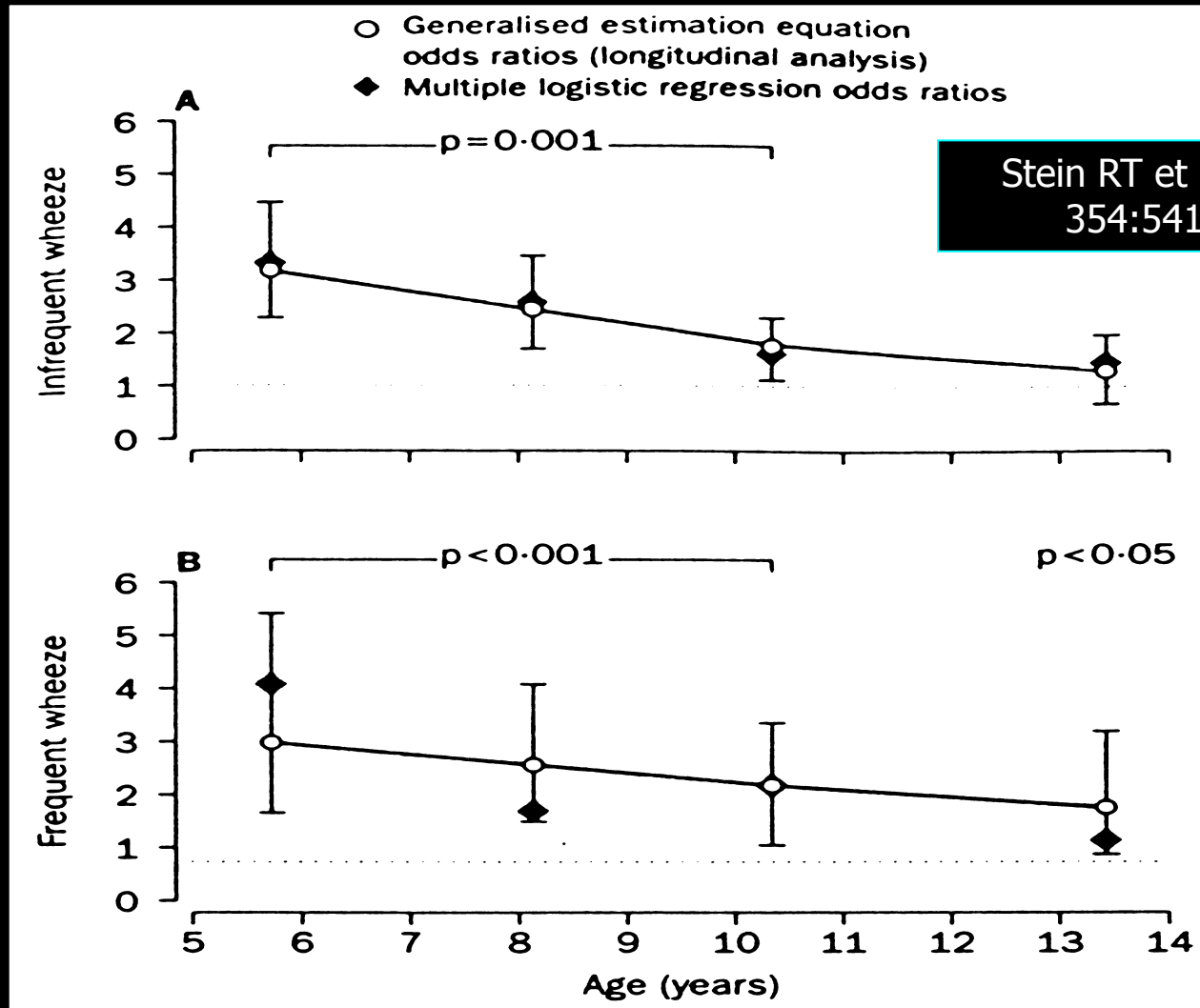
Wright, A.L. et al. Am.J.Epidemiol. 129:1232, 1996.

***RSV***

# Respiratory Syncytial Virus Bronchiolitis in Infancy Is an Important Risk Factor for Asthma and Allergy at Age 7



# RSV Infections and Recurrent Wheezing



Stein RT et al. Lancet  
354:541, 1999

***Viral Pathogens***

***other than***

***RSV***

# Prevalence of Common Common Respiratory Viral Infections

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## Common colds

1. Rhinoviruses
2. Coronaviruses (winter)
3. Parainfluenza viruses
4. Enteroviruses (summer)
5. Influenza A, B, C (winter)
6. RSV (winter)
7. Metapneumoviruses (winter)
8. Bocavirus (winter?)

## Wheezing Infants

1. RSV (winter)
2. Rhinoviruses
3. MPV (winter)
4. Coronaviruses
5. Parainfluenza viruses
6. Influenza viruses
7. Adenoviruses
8. Bocavirus (winter?)



***Rhinovirus***

# Viruses other than RSV: *Rhinovirus*

- RV infections leading to hospitalization during infancy were an early predictor of the subsequent development of asthma.

Kotaneimi-Syrjanen A. et al. JACI 111:66, 2003

- Significant association between wheezing outpatient RV (and RSV) illnesses in infancy and persistent wheezing at 5 years of age
  - These findings were restricted to those children with early allergic sensitization ( $\leq 2$  yrs of age)
  - Multivariate analyses using other risk factors eliminated association with asthma

Kusel MM et al. JACI 119:1105, 2007



**C O A S T**

**C h i l d h o o d**

**O r i g i n s o f**

**A S T h m a**

# COAST

## Childhood Origins of ASThma

*A prospective study in a high risk cohort designed to evaluate the interactions among age, patterns of immune dysfunction, and virus infections with respect to the subsequent development of asthma and allergic diseases*

PI: Rob Lemanske, MD

Co-Is: Jim Gern, MD

Carole Ober, PhD

Ron Gangnon, PhD

Wai-Ming Lee, PhD

Kathy Roberg, RN, MS

Funded by the NHLBI

# Research Design and Methods

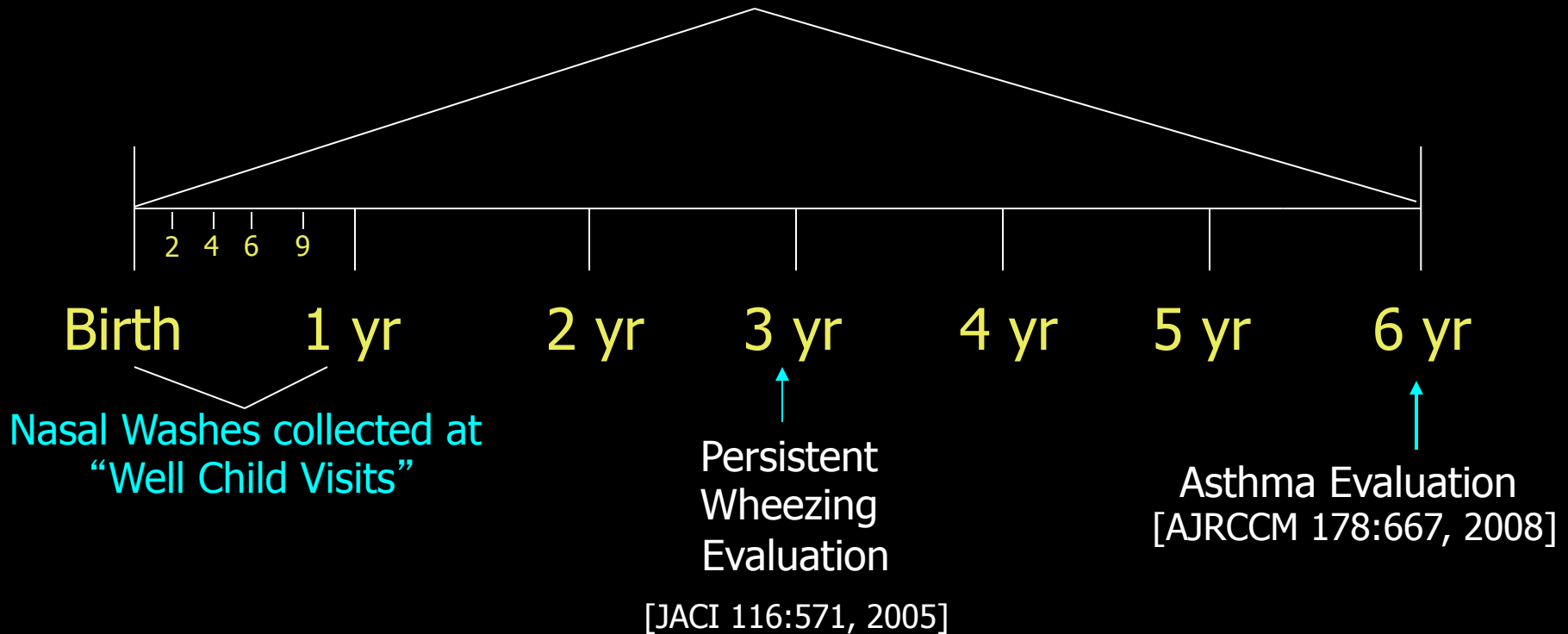


- Target enrollment: 300 families
- At least one parent with allergies or asthma
- Prospective (developmental) evaluation of
  - Immune system
    - Child (annually from birth) and parent
    - Cytokine response profiles; antigen-specific IgE
  - Respiratory infections (nasal aspirates)
  - Wheezing phenotypes (questionnaires)
  - Airway physiological evaluation (ages 4-7 yrs)
    - Impulse oscillometry, spirometry, eNO, meth. challenge
  - Environmental evaluation (diet, allergens, pets)
  - Genotype evaluation
- Minimum 12-14 year follow-up

# COAST Evaluations



Nasal lavage specimens collected  
at symptomatic illnesses



Timing, severity & etiology of respiratory illnesses determined throughout childhood



# Risk Factors for Third Year Wheezing

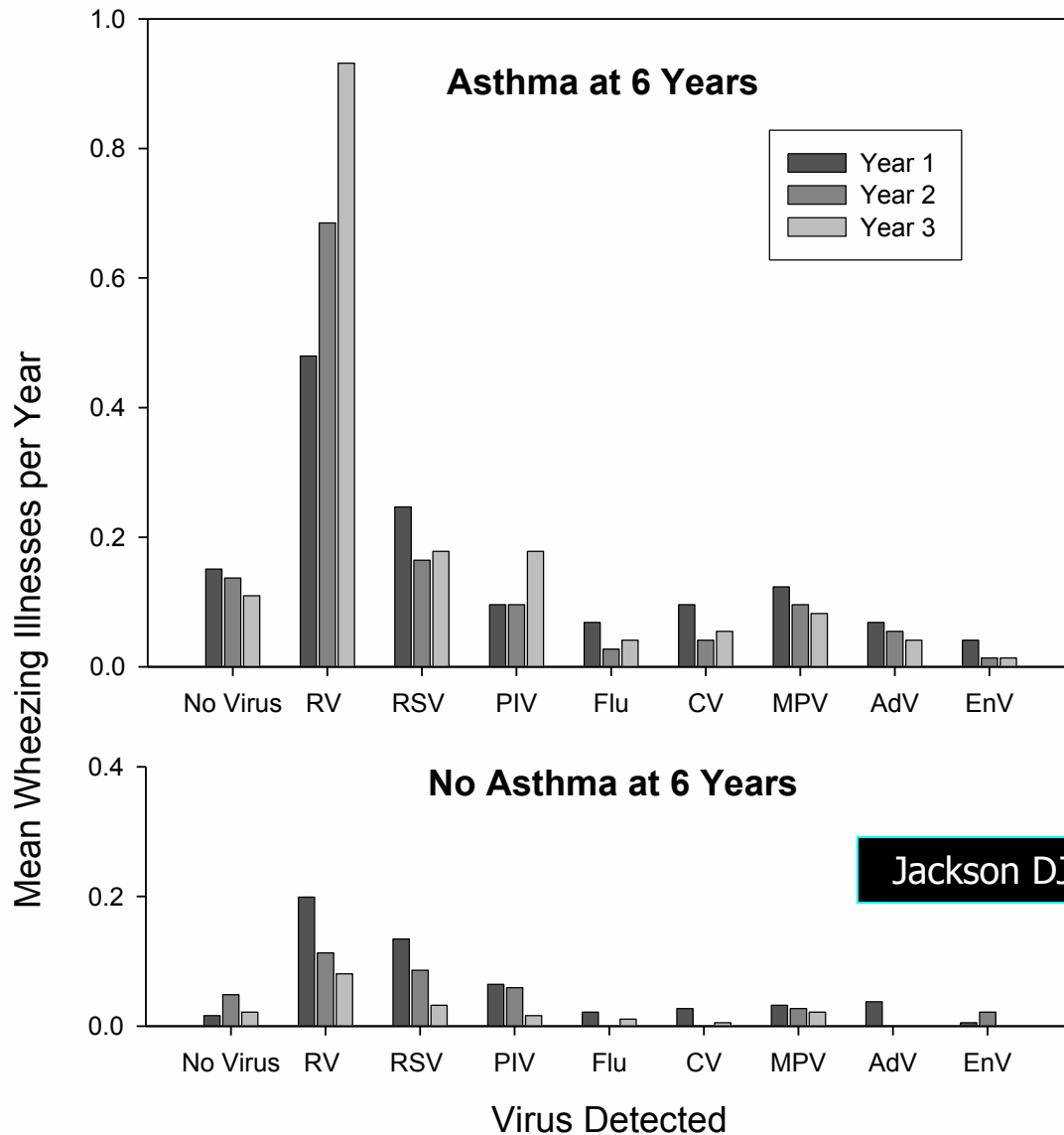
- Passive smoke exposure (OR=2.1)
- Older siblings (OR=2.5)
- Allergic sensitization to food protein at age 1 year (OR=2.0)
- Any moderate to severe respiratory illness without wheezing during infancy (OR=3.6)
- At least one wheezing illness during infancy with:
  - RSV (OR=3.0)
  - Non RV/RSV pathogens (OR=3.9) during infancy
  - Rhinovirus (RV, OR=10)
- *When viral etiology was considered, first-year wheezing illnesses caused by RV infection were the strongest predictor of subsequent third year wheezing (OR = 6.6;  $p < 0.0001$ ).*

**What viral infections  
in early life are  
associated with the  
development of  
asthma at age 6  
years?**

# Etiology of Wheezing Illnesses in Early Childhood



COAST  
Childhood  
Origins of  
ASThma



RV Rhinovirus  
RSV Respiratory syncytial virus  
PIV Parainfluenza  
Flu Influenza  
CV Coronavirus  
MPV Metapneumovirus  
AdV Adenovirus  
EnV Enterovirus

Jackson DJ et al. AJRCCM, 178:667, 2008



**Did RV or RSV  
wheezing illnesses  
during years 1-3  
impact the risk of  
asthma at age 6?**

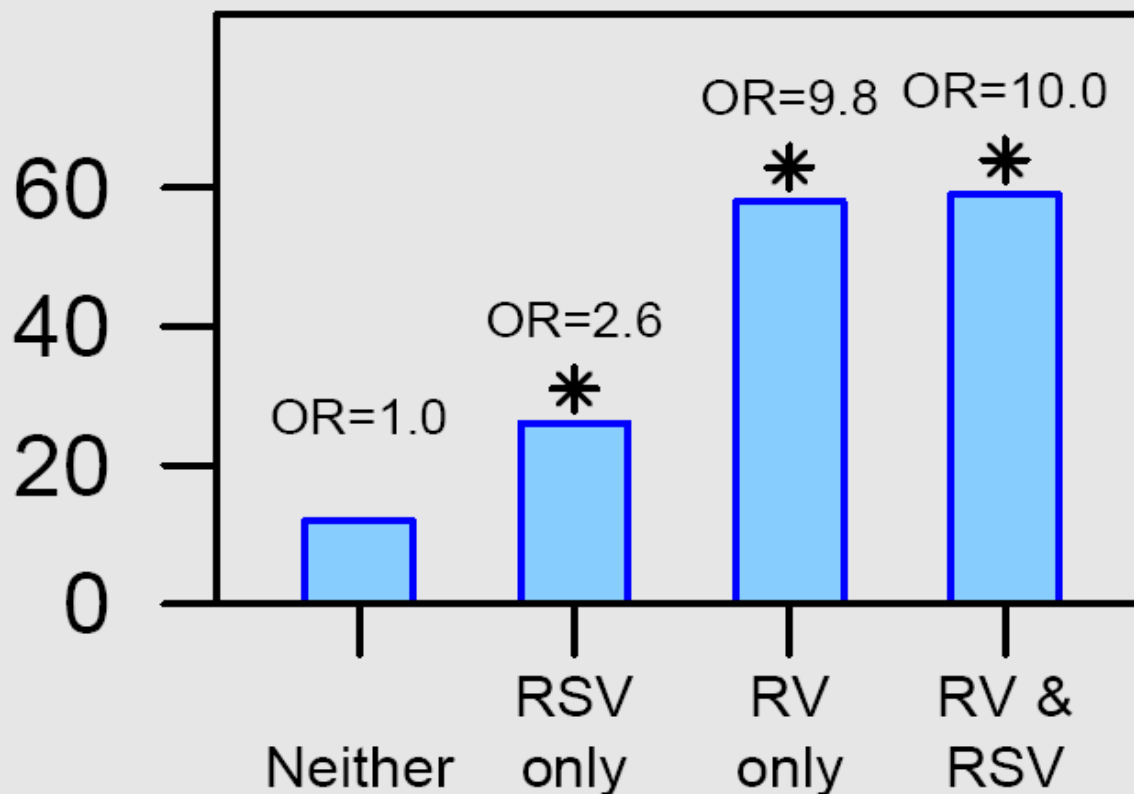
# RV Wheezing vs. RSV Wheezing in First 3 Years and Asthma at Age 6 Years



COAST  
Childhood  
Origins of  
ASThma

Asthma at 6 Years (%)

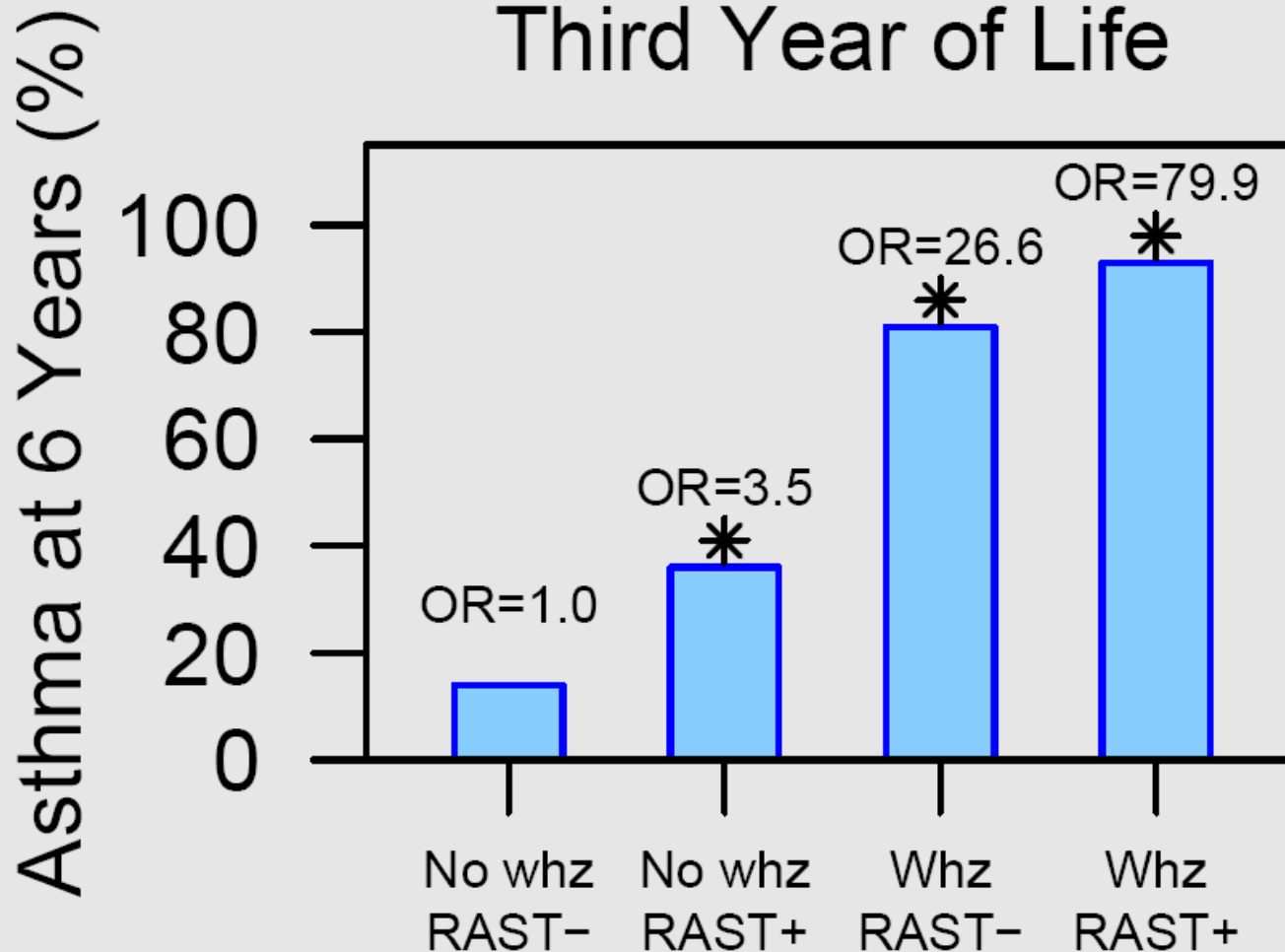
First 3 Years of Life



# RV Wheezing & Allergic Sensitization in Year 3 and Asthma at Age 6 Years



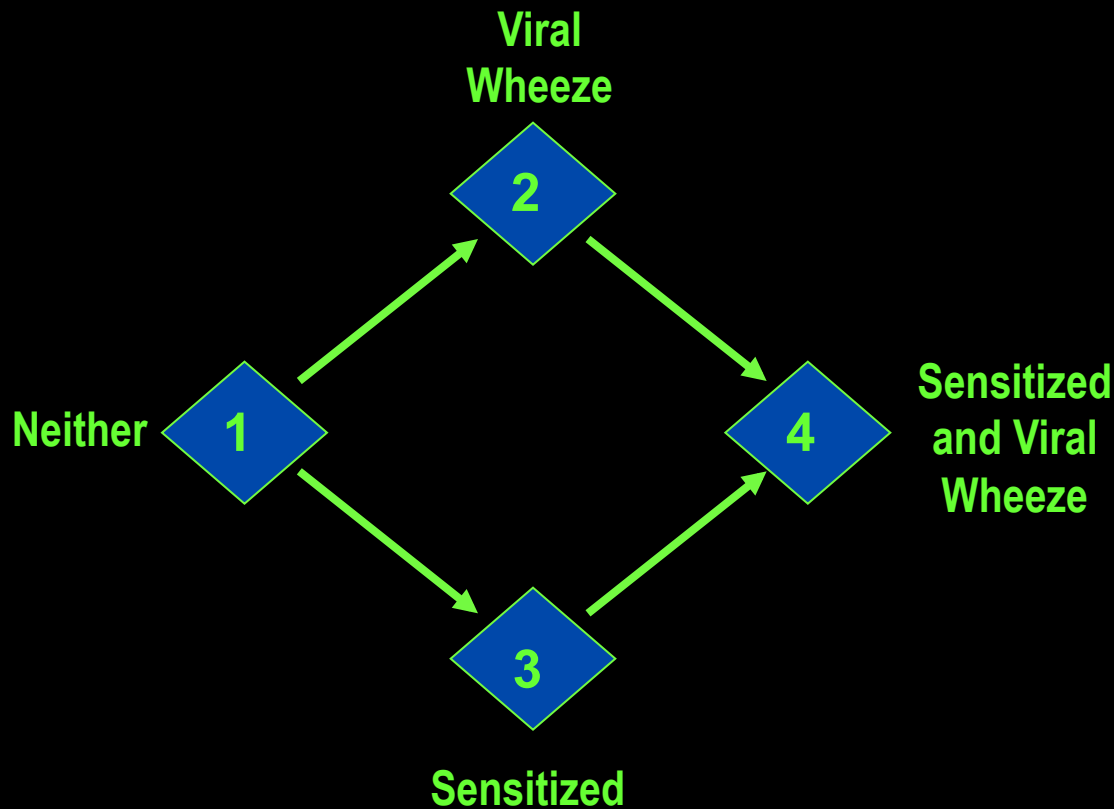
COAST  
Childhood  
Origins of  
ASThma



**Which comes  
first?**

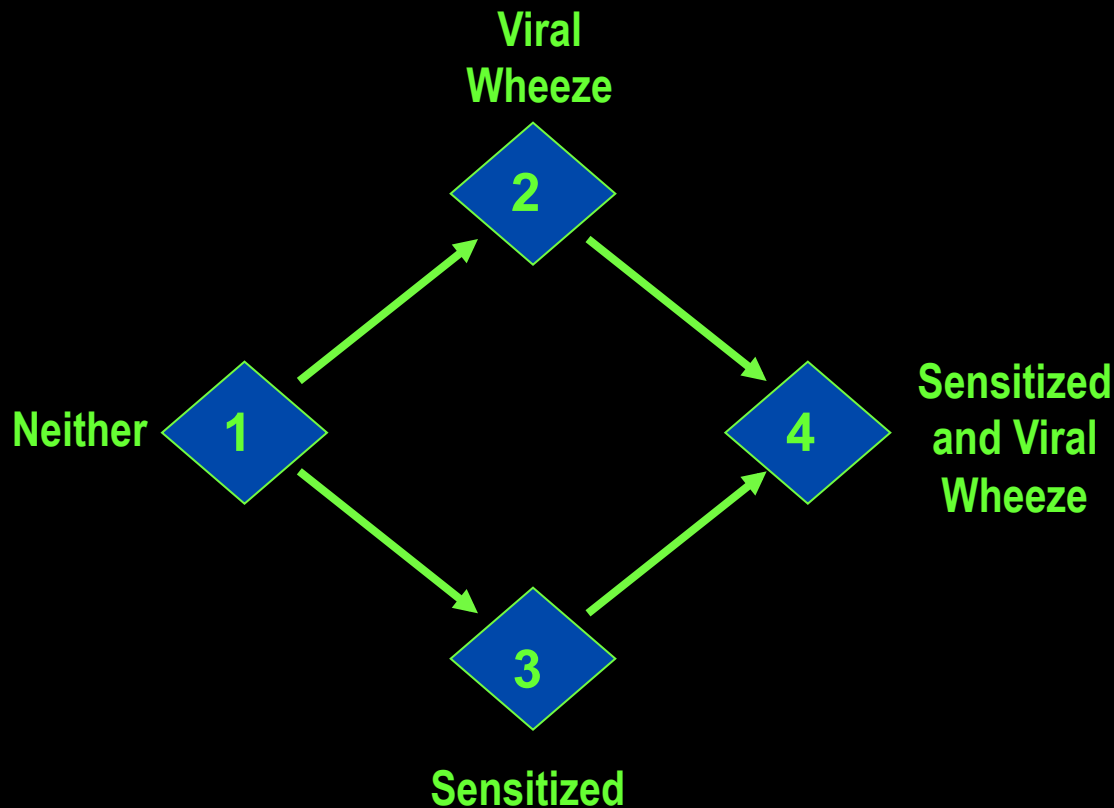
**Allergic  
sensitization or  
wheezing  
illnesses?**

# Does sensitization lead to viral wheezing, or does viral wheezing lead to sensitization?



- COAST cohort
- Ages 0 – 6 yrs
- Does sensitization lead to viral wheezing, or does viral wheezing lead to sensitization?
- Analysis of transitions between 4 states.

# Does sensitization lead to viral wheezing, or does viral wheezing lead to sensitization?



If viral wheeze causes sensitization:

$$2 \rightarrow 4 > 1 \rightarrow 3$$

If sensitization causes viral wheeze:

$$3 \rightarrow 4 > 1 \rightarrow 2$$

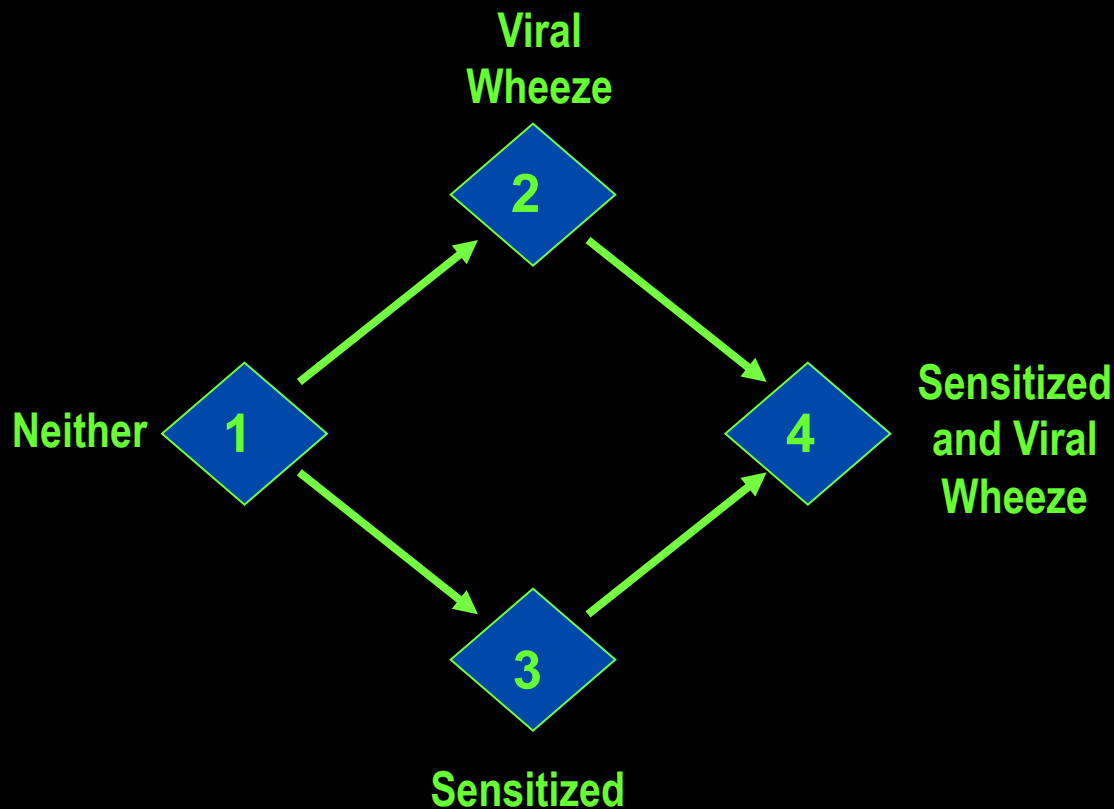
No causality:

$$2 \rightarrow 4 = 1 \rightarrow 3$$

$$3 \rightarrow 4 = 1 \rightarrow 2$$

# Sensitization Leads to Viral Wheeze

(the reverse does not appear to be true)

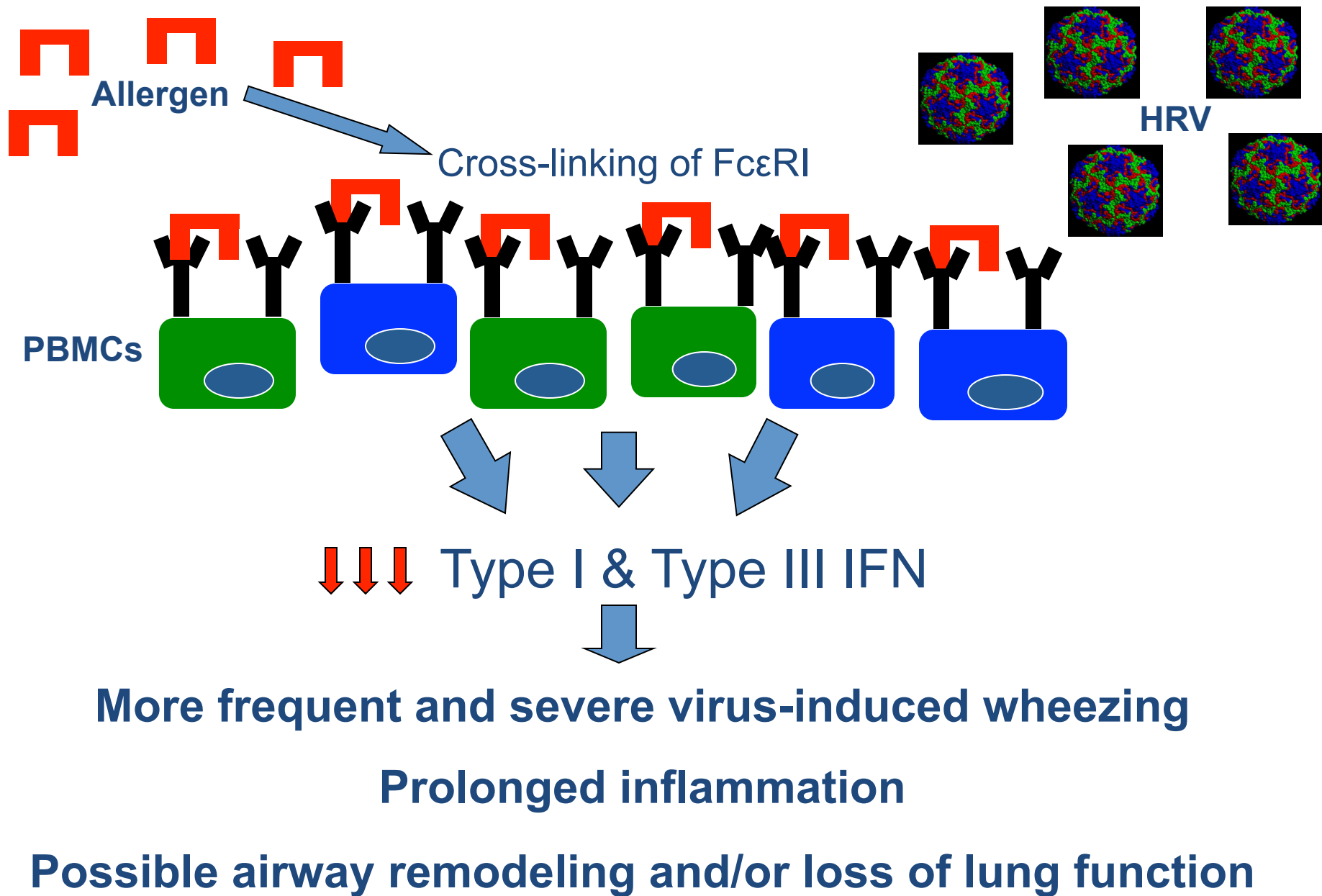


Virus	Ratio	
	$\frac{3 \rightarrow 4}{1 \rightarrow 2}$	$\frac{2 \rightarrow 4}{1 \rightarrow 3}$
Any	1.9* (1.2, 3.1)	0.75 (0.49, 1.1)
HRV	2.4* (1.4, 4.3)	0.69 (0.41, 1.2)
RSV	1.6 (0.9, 2.9)	0.8 (0.52, 1.3)

**How does allergic sensitization alter the host response to viral respiratory infections?**

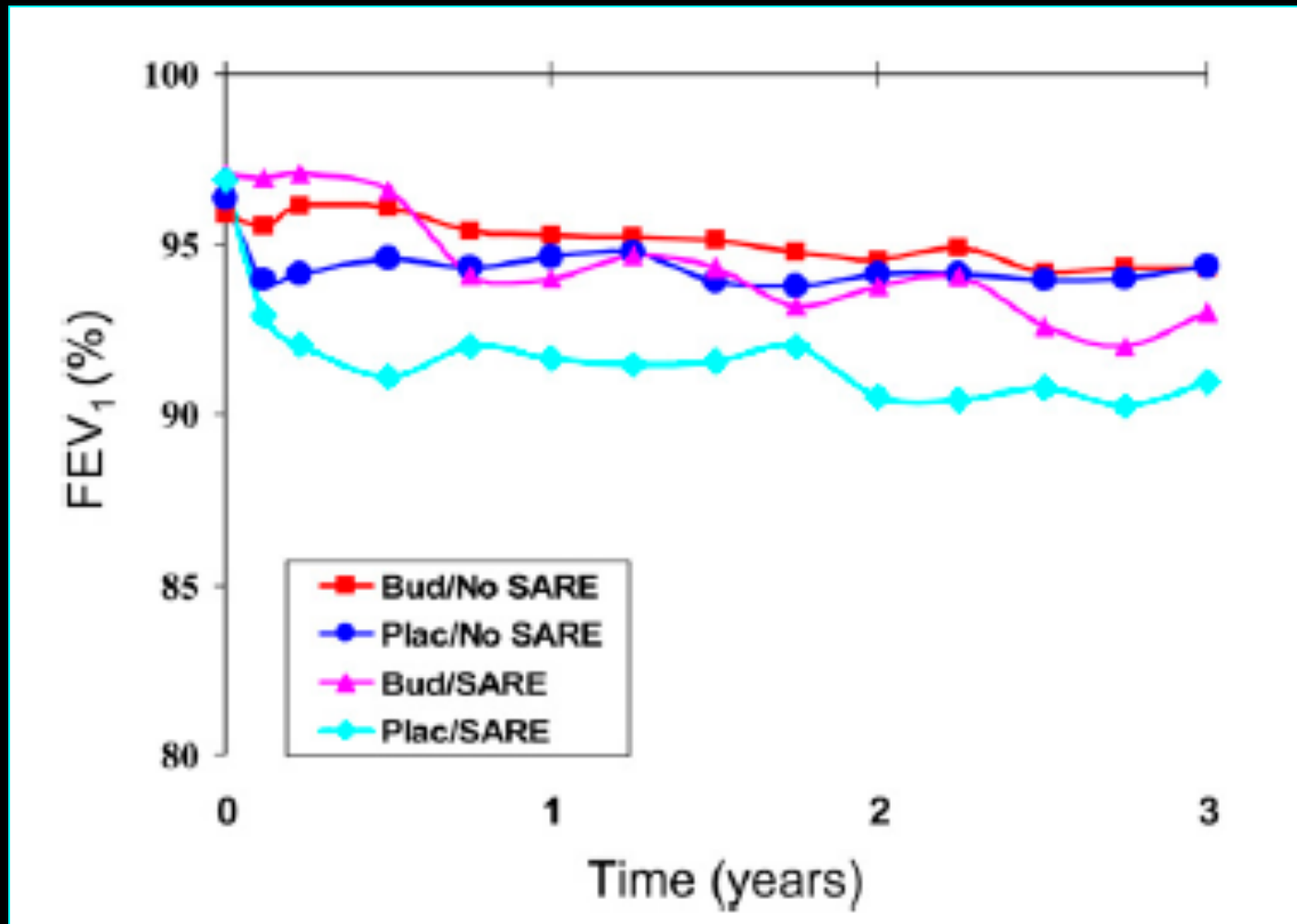


# Hypothesis: Allergy Inhibits Innate Immune Responses

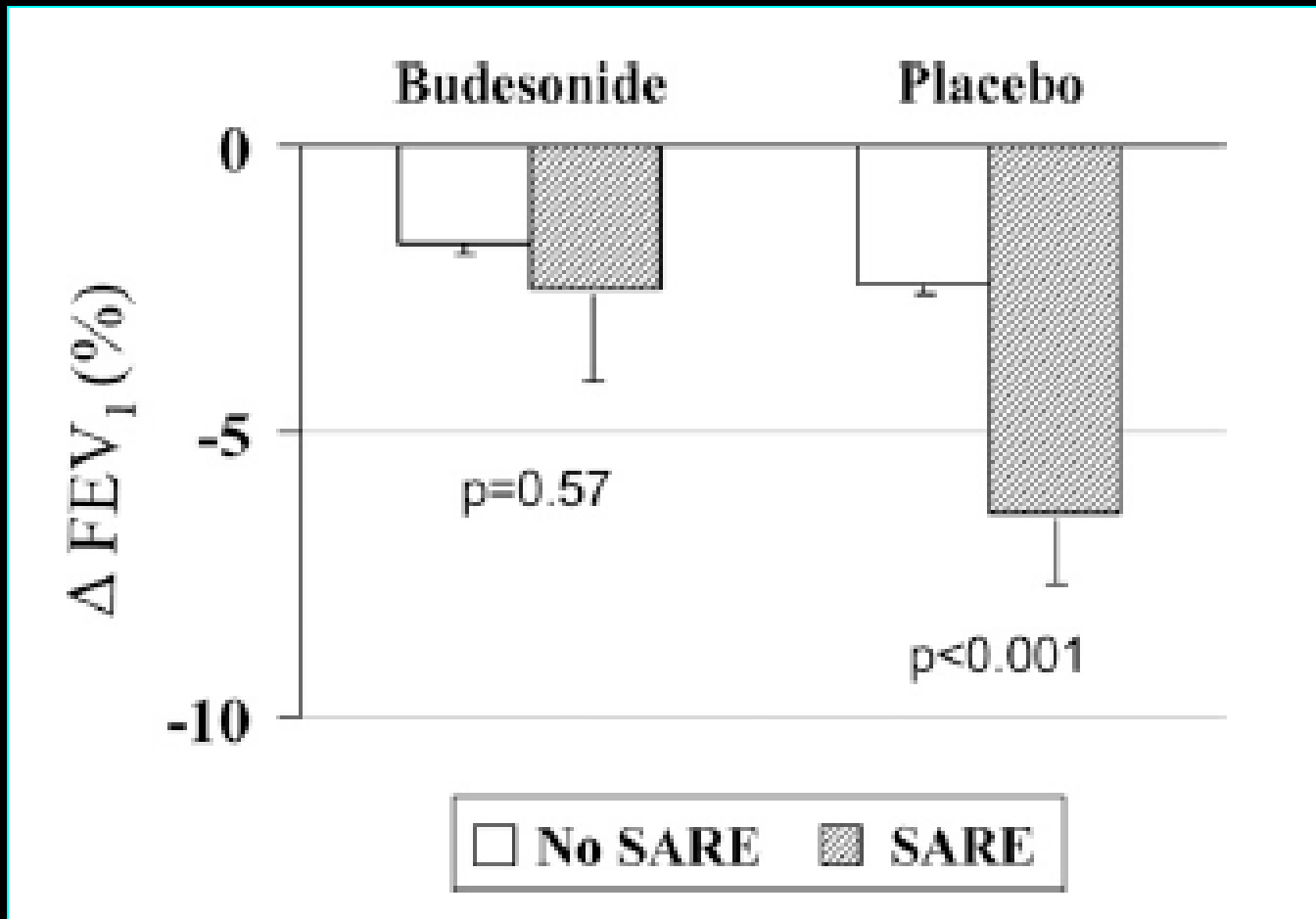


**Do wheezing RV  
infections in  
early life  
influence  
subsequent lung  
function?**

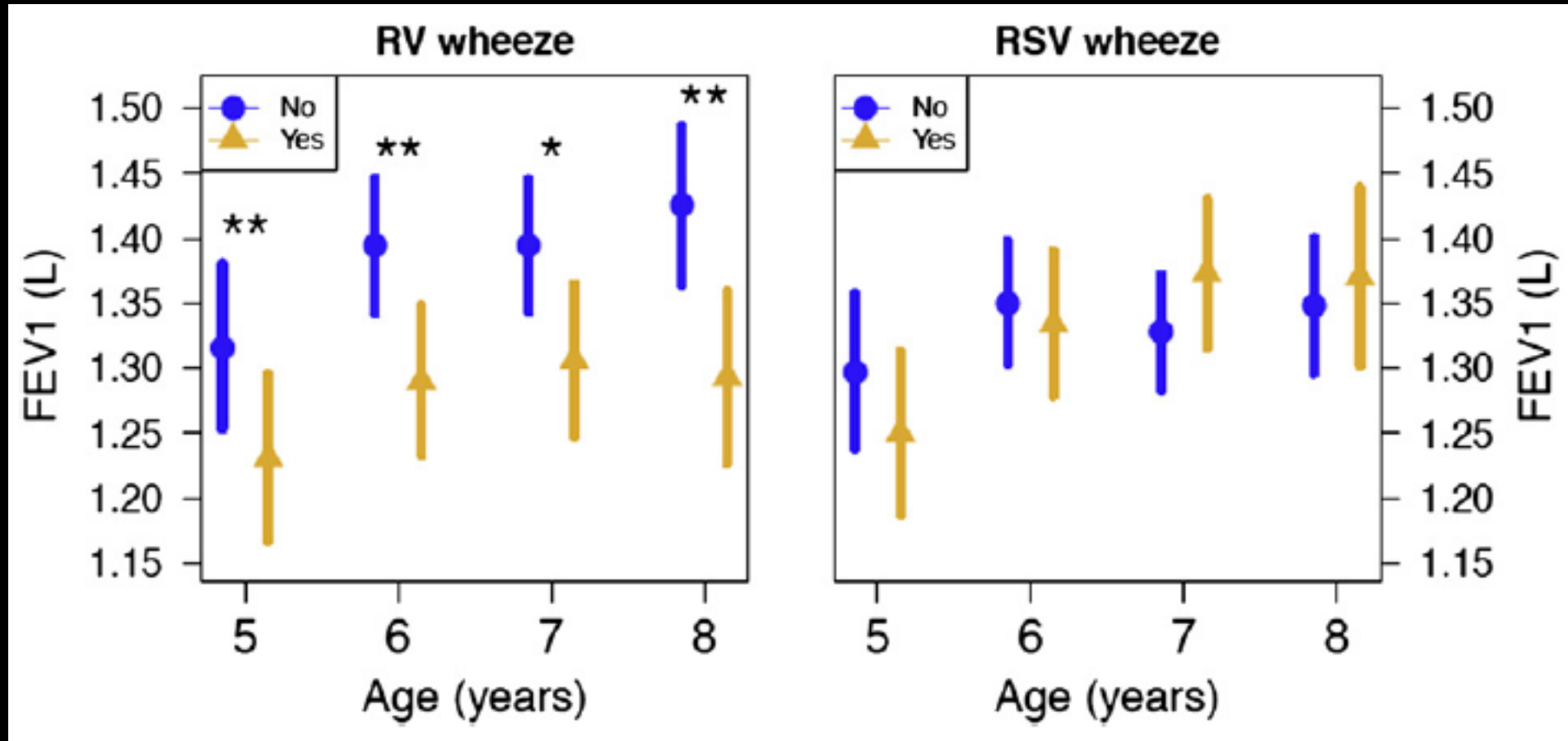
# Effect of Treatment on SARE-related Changes in Post-bronchodilator FEV<sub>1</sub>



# Mean 3 Year Change in Post-bronchodilator FEV<sub>1</sub>

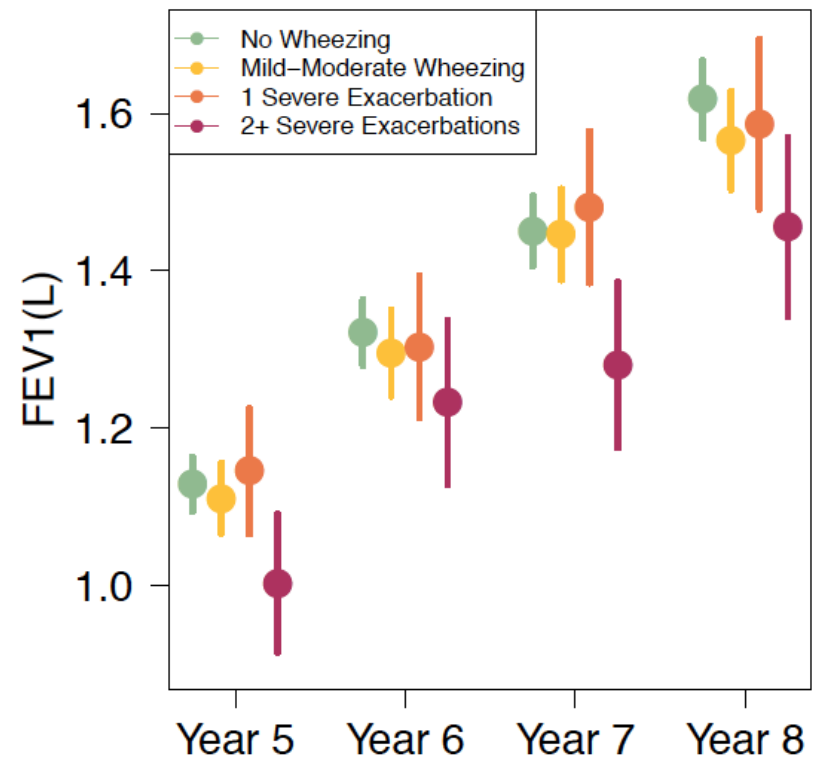
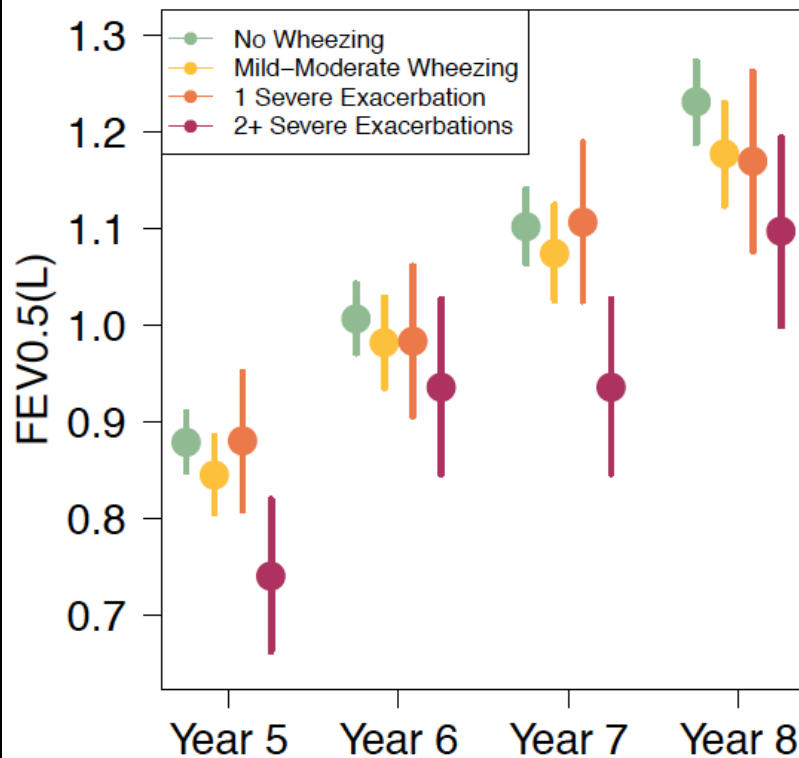


# Influence of Viral Etiology for Wheezing on Lung Function



# Effects of Asthma Exacerbation Severity on Lung Function

Pre-bronchodilator Spirometry



**Mechanisms**

**Do wheezing RV  
infections in  
early life *cause*  
asthma?**



# Host Factors

↓ antiviral responses

↓ lung function

Genetic polymorphisms



*Asthma*



*Abnormal  
Host*



# Mechanisms

- Airway epithelial cells<sup>1</sup>
  - Normal: apoptosis
  - Asthma: viral replication
- Immune dysregulation<sup>1-4</sup>
  - Altered innate immune responses
    - Type 1-3 interferons ( $\alpha$ ,  $\beta$ ,  $\gamma$ ,  $\lambda$ )
  - Fc  $\epsilon$  R1 numbers and bridging on antigen-presenting cells<sup>4</sup>
- Genetic polymorphisms<sup>5</sup>
  - CD14\_159 and Toll 3 receptors

1. Contoli M et al. Nat Med 12:1023, 2006

2. Wark PA et al. J Exp Med 201:937, 2005

3. Copenhaver CC et al. AJRCCM 170:175, 2004

4. Gill M et al. JI 184:5999, 2010

5. Hewson CA et al. J Virol 79:12273, 2005

6. Martin AC et al. AJRCCM 173:617, 2006



Normal  
Host



Pathologic  
Virus



**Asthma**

# ***Virus Factors***

Lung/Airway damage

Virulent strains?

# Virus Factors: Rhinovirus

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- Rhinoviruses are the most prevalent human pathogen
- May produce a range of respiratory tract illnesses
- Seasonal: early fall and late spring in temperate climates
- Until recently, 101 strains identified and categorized genetically into 2 groups: A and B
- Recently, a new Group C has been identified
- Virulence patterns currently under investigation



# HRV-C and Asthma Exacerbations

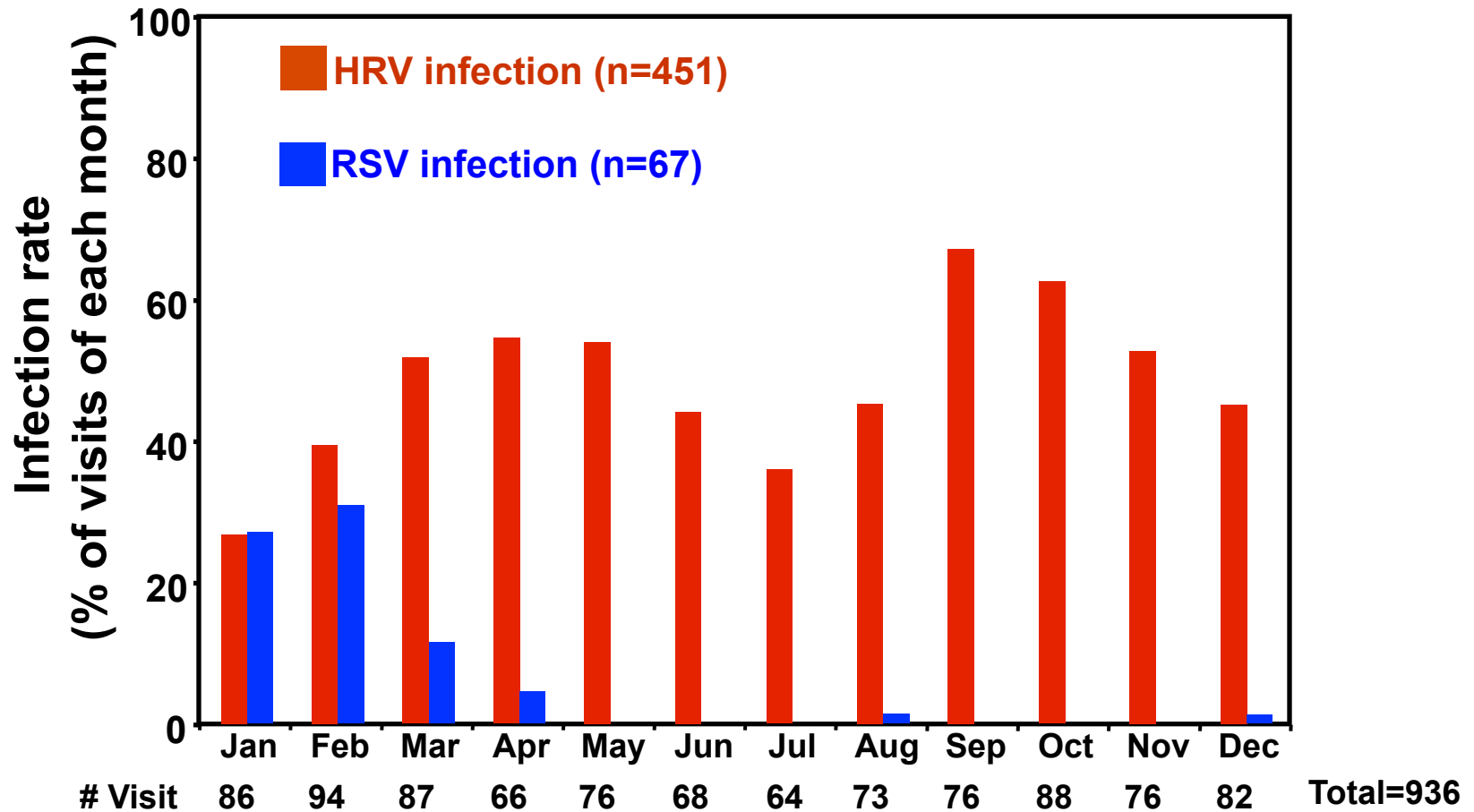
- Prospective population-based surveillance<sup>1</sup>
  - Nashville TN and Rochester NY
  - 1052 children age <5 yrs hospitalized with ARI or fever
  - HRV-C vs. HRV-A:
    - ↑ discharge diagnosis of asthma (55% vs 36%,  $P = .022$ )
- ED Asthma Study (2-16 y/o)<sup>2</sup>
  - Perth, Australia
  - HRV C detected in 59% of children:
    - ↑ severity in HRV C vs. A or B

1 Miller EK et al. JACI 2009

2 Bizzintino J et al. ERJ 2011

**HRV infections  
and illnesses  
in COAST  
during infancy**

# HRV infection of infant occurs year-round.





# **HRV Strain Virulence**

**Genetic Factor**

Atopy  
(Immune Dysregulation)  
(Innate immunity)  
(Interferons)

**Environmental Factors**

Viral LRIs  
(RV and RSV)

**Developmental Component**

**PERSISTENT WHEEZING**

**ASTHMA**

# COAST Personnel



COAST  
Childhood  
Origins of  
ASThma

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