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activities for prevention, healthcare and nutritional support of children.

Considering that the Jornal de Pediatria is a periodical of great importance, not just for keeping pediatricians informed, but for all professionals involved in children's healthcare, we are grateful for the contribution made by the readers named above and also for the opportunity given us by this esteemed journal to widen discussion of our work.

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Rhinovirus and bronchiolitis

Dear Editor:

It was with great satisfaction that I read "Rhinovirus and acute bronchiolitis in young infants" by Pitrez et al.[1] The article deals with a relevant subject, emphasizing the need for more and better investigation of childhood viral respiratory diseases, given the discovery of new viruses and the possibly increased importance of others, as the article states. These etiologic investigations have an increased degree of importance because respiratory infections are the most common cause of hospitalization during the first year of life.[2] Furthermore, there are also reports of new viruses, like the metapneumovirus, being related with bronchiolitis.[3]

I would like to make some observations about the results reported: the first is related to the fact that they did not find any cases of the parainfluenza virus in their sample. Data from the Santa Casa de São Paulo and the Faculdade de Medicina de Jundiaí demonstrate that 30% of samples collected from 400 children in 2005 were positive for respiratory viruses. Respiratory syncytial virus (RSV) was the first, and the type 3 parainfluenza virus the second most frequent etiologic agent of viral respiratory infection. Similar findings were reported by data from an investigation at the acute respiratory infection surveillance program run by the São Paulo Health Department.[4,5]

Another important observation is on the occurrence of RV as etiologic agent of bronchiolitis. We can observe in Table 2 of the article that RSV was identified in 33 of the 35 samples and RV in six. Just two cases, therefore, did not present RSV. The article does not make clear which viruses were isolated in the two cases where RSV was absent.

In their discussion, the authors observed that there was not sufficient evidence from their results to be able to state that RV was an etiologic agent of bronchiolitis, which is a correct statement, since RV always, or almost always, appeared together with RSV. It is not clear whether or not RV was an aggravating factor or if it affected prognosis.

In my opinion, RV was just an accidental finding. The opinion of the study authors on this subject is of importance to the direction of future research into respiratory viruses in our country.

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