

# Human Metapneumovirus in Children

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## Abstract

In hospitalised children, Human Metapneumovirus (HMPV) is a common source of lower respiratory tract infections, but the age-related incidence and effects of hMPV in unselected children in the community have not been studied. During the 2000-2001, a group of 1,338 children aged 13 years were evaluated. HMPV was found in 47 (3.5%) of the 1,338 children tested. Children under the age of two years old had the highest rate of hMPV infection (7.6%), accounting for 1.7% of all infections during the season. hMPV was responsible for 7.1% of all respiratory infections in the cohort during the epidemic's height. 61% of hMPV-infected children under the age of three developed acute otitis media. The impact of hMPV in the community is greatest in children under the age of two, according to our data.

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## Introduction

Human Metapneumovirus (HMPV) was discovered in previously virus-negative nasopharyngeal aspirates from infants with respiratory tract illnesses in 2001. Since then, hMPV has been discovered all over the world. HMPV circulates primarily throughout the winter in temperate locations. Human metapneumovirus (HMPV) was found in previously virus-negative nasopharyngeal aspirates from newborns with respiratory tract diseases in 2001. HMPV has been detected all over the world since then. In temperate climates, hMPV circulates largely throughout the winter. Although hMPV infections have been detected in people of various ages, the virus is most likely to affect youngsters.

HMPV has been linked to a significant number of hospitalizations in newborns and young children for lower respiratory tract infections. Bronchitis and pneumonia are the most common diagnoses in hospitalised children, although hMPV can also cause serious diseases that require treatment in intensive care units.

The clinical signs and symptoms of hMPV infection in hospitalised children, as well as the involvement of hMPV as a cause of hospitalisation, have been thoroughly documented. The majority of children infected with hMPV, on the other hand, are treated as outpatients. Despite the fact that hMPV has been discovered in a significant number of outpatient children. There have been no population-based studies of the incidence and clinical effects of hMPV on unselected children of various ages to our knowledge. In a large, prospective cohort study of respiratory infections in children in Finland, we investigated the incidence, clinical characteristics, and overall effect of hMPV infection.

Signs of tympanic membrane inflammation, middle ear effusion, and >1 indication of acute infection were used to diagnosis AOM (Acute Otitis Media). A radiologic confirmation of pneumonia was used to make the diagnosis. Both problems were linked to hMPV infection if they were discovered 14 days after the clinical visit that yielded the hMPV-positive sample.