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Low co-infection rate in children with community-acquired pneumonia in Spain.

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On behalf of PCAPE Study Group

1. AIMS

To describe the etiology of CAP in hospitalized children, with a focus on the incidence of co-infections.

2. METHODS

A cohort of hospitalized children with CAP was analyzed. Children were prospectively recruited in 2 hospitals in Madrid, Spain, from April 2012, to March 201.

An extensive microbiological work-up was performed, including: blood cultures, PCR for *S. pneumoniae* in blood, *S. pneumoniae* antigen in urine, serial serology for *M. pneumoniae*, *C. pneumoniae* and *L. pneumophila,* and PCR for 16 viruses, *M. pneumoniae* and *C. pneumoniae* in nasopharyngeal aspirate (NPA), culture and *S. pneumoniae* antigen in pleural fluid.

AdV, RhV, BocaV, EnteroV and CoV were not considered etiological agents, since they are as frequent in asymptomatic children as in CAP.

3. RESULTS

Figure 1. Flowchart of the study.

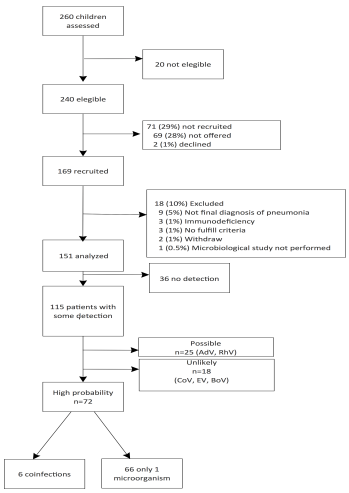


Figure 2. Radiological pattern of infections

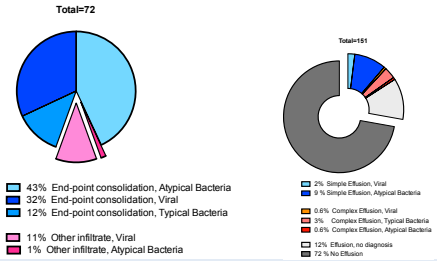


Figure 3. Frequency of microorganisms detected, alone or in combination.
A total of 75 (50%) patients had 1 microorganism detected.
A total of 47 (31%) patients had co-detection of >1 microorganism.

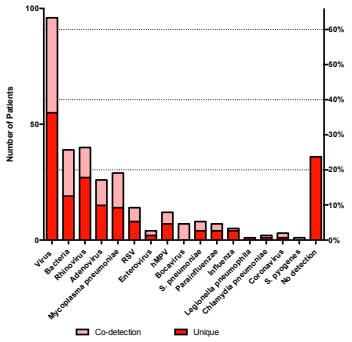


Figure 4. Frequency of high probable etiological agents of pneumonia
Patients with high probable etiology identified: 72/151 (47%)
Mono-infections: 66 (91%) patients.
Co-infections: 6 (8%) patients.

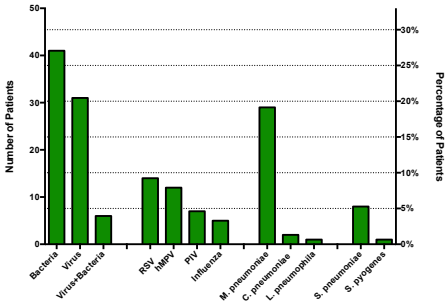
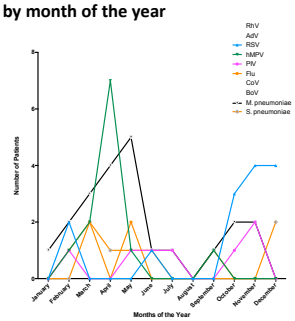
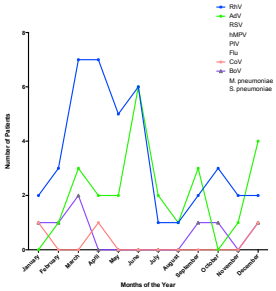


Figure 4. Frequency of agents (causal and detected) by month of the year





CONCLUSION

Currently, *M. pneumoniae* and viruses are the major etiological agents of CAP in children.

The co-infection rate and the co-detection rate were not as high as reported elsewhere.