



## CHIME STUDY PROGRESS: IN-PERSON VISITS

Thank you for your continued participation in the CHIME Study! Children in the study currently range in age from 1 year old to nearly 6 years old, and many of you have an in-person visit coming up! As a reminder, we ask to see you for an in-person study visit around the time your child turns 1, 2, 3, and 6 years old. Depending on where your child receives their primary care, we may be able to conduct the study visit on the same day as a scheduled clinic visit. Nevertheless, we will always do our best to schedule a study visit at a time that is convenient for you. **If you have not yet scheduled your upcoming in-person visit, please reach out to us at our toll-free number 855-91-CHIME (855-912-4463) as soon as possible.** We would rather have a late in-person visit than no visit at all!

**If your child is 3 years old or younger:** The 1-, 2-, and 3-year study visits typically take about 45 minutes. If your child stools in their diaper, we will ask you to bring a stool sample in the form of a frozen diaper collected within 24 hours of your scheduled visit. For children no longer stooling in their diaper, we will provide a stool collection kit during the visit so that you can collect a sample at home and mail it to us. We will use the stool samples to study your child's intestinal microbiome (the normal bacteria living in your child's intestines). During the visit, study staff will also administer a brief questionnaire and collect nasal and saliva swabs. Then, a clinician will perform a quick blood draw, which we will use to test for allergies and to identify the levels of compounds like Vitamin D in your child's blood.

**If your child is 4 years old or older:** Your next in-person visit will be the 6-year visit, which we expect to take about 1.5 hours. Like the 3-year visit you recently completed, the 6-year visit will also involve a stool sample, a questionnaire, nasal and saliva swabs, and a blood draw. There will also be a few additional breathing tests.

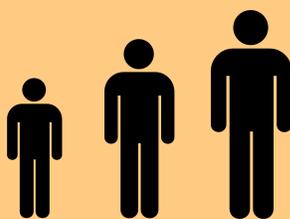
The data collected from your child during these in-person visits will help us better understand how the microbiome affects health. For example, we have learned that certain bacteria deep in the nose might increase a child's risk of developing severe bronchiolitis, a respiratory infection.<sup>†</sup> Your continued participation will allow us to conduct research that could help more children in the future!

<sup>†</sup> "Nasal Airway Microbiota Profile and Severe Bronchiolitis in Infants: A Case-Control Study," *The Pediatric Infectious Disease Journal* (Hasegawa et al., 2017).

1,546

Completed Interviews

Participant Ages



12.7 months → 69.8 months

90%

In-Person Visit  
Completion

96%

Interview  
Completion

## IN DEPTH: RESPIRATORY SYNCYTIAL VIRUS (RSV)

Now that we are moving toward cooler weather, we are also heading into RSV season. Respiratory syncytial virus (RSV) is a virus that causes cold-like symptoms. While the exact length of the RSV season varies by location, RSV infections are most prevalent from fall to the end of spring.

RSV is actually very common—so common that most children have had the virus by the time they are 2 years old. RSV usually causes mild symptoms like runny nose and cough. Sometimes, however, RSV infections cause bronchiolitis (inflammation in the lung's small airways) and require infants to be hospitalized.

Unfortunately, bronchiolitis is the most frequent cause of hospitalizations for infants in the U.S., and 30-40% of the children hospitalized with bronchiolitis eventually develop asthma. In a separate study, the WIND Study, we follow a group of children that were hospitalized for bronchiolitis as infants. Your answers will help us understand the reasons why some kids develop severe bronchiolitis and asthma and others do not. We hope to use all the information from the WIND and CHIME studies to improve respiratory health for all children.

*References: "Respiratory Syncytial Virus (RSV)—Symptoms & Causes," Mayo Clinic; "Respiratory Syncytial Virus Infection (RSV)—Trends and Surveillance," CDC; "Respiratory Viruses in Bronchiolitis and Their Link to Recurrent Wheezing and Asthma," Clinics in Laboratory Medicine (Mansbach & Camargo, 2009).*



## GET TO KNOW: DAVID ZHENG



David is a Clinical Research Coordinator at Massachusetts General Hospital (MGH) who conducts phone interviews for the CHIME Study. He has been working at MGH since graduating from Princeton University in 2015, and he is currently applying to medical school. Prior to working on the CHIME Study, he worked on the WIND Study, another one of our studies that investigates the development of asthma in children who had bronchiolitis as infants. David has enjoyed getting to know the families who participate in these studies, hearing about how the kids are doing, and seeing how they have developed over his three years working here. David finds our research important because it will allow us to learn more about the normal bacteria, or "microbiome," living in the nose, mouth, and intestines of healthy children, as well as how those bacteria relate to childhood health.

*"My favorite part of working on the CHIME Study is getting to speak with all the wonderful parents. Thank you for being easy to talk to and for motivating me to be the best future doctor that I can be."*

CONTACT US!

Do you have any questions about the CHIME Study? Did you recently move, or change your phone number or e-mail? Please let us know so we can stay in touch. Call or e-mail us anytime!

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