with its own genetics. However, the great majority of viral infections are nonsymptomatic and wheezing may be the only symptom of respiratory viral infection. Prospective post-bronchiolitis follow-up studies with virus-specific diagnoses and virus-specific outcomes available have provided evidence that viral wheezing is also a virus-specific phenomenon, not only a host-specific phenomenon. There may be different viruses that trigger wheezing in children with exclusively viral wheezing and in children with allergic wheezing.

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From the authors:

We thank M. Korppi for his discussion of our paper [1]. We had presented data on triggers of wheezing episodes from a large childhood cohort, which suggest that the mechanisms underlying allergen- and infection-related wheeze might be independent. This supports the notion that exclusive viral wheeze and allergic wheeze are distinct phenotypes.

We agree with M. Korppi that, over and above such broad phenotypes, virus-specific effects do matter. Different viruses might have different short- or long-term effects on children prone to wheeze, and specific gene–environment interactions might play a role. It would be very welcome if ongoing and future cohort studies could monitor and distinguish distinct viral infections (including asymptomatic ones), as this would help us to learn more about the pathogenesis of asthma phenotypes. Unfortunately, such studies are costly and time consuming and will, therefore, be limited to relatively small numbers of children, ideally nested within larger cohorts.

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