

Brief Report

Molecular phylogeny of modern coxsackievirus A16

**D. Perera¹, M. A. Yusof^{1,2}, Y. Podin¹, M. H. Ooi^{1,3}, N. T. T. Thao⁴, K. K. Wong⁵,
A. Zaki⁶, K. B. Chua⁷, Y. A. Malik^{5,8}, P. V. Tu⁴, N. T. K. Tien⁴, P. Puthavathana⁹,
P. C. McMinn¹⁰, and M. J. Cardoso¹**

¹ Institute of Health and Community Medicine, Universiti Malaysia Sarawak, Sarawak, Malaysia

² Institute for Medical Research, Kuala Lumpur, Malaysia

³ Sibuh Hospital, Sarawak, Malaysia

⁴ Pasteur Institute, Ho Chi Minh City, Vietnam

⁵ Faculty of Medicine, Universiti Kebangsaan Malaysia, Malaysia

⁶ Dr. Fakeeh Hospital, Jeddah, Saudi Arabia

⁷ National Public Health Laboratory, Sungai Buloh, Selangor, Malaysia

⁸ International Medical University, Kuala Lumpur, Malaysia

⁹ Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

¹⁰ Telethon Institute for Child Health Research, Perth, Western Australia

Received November 14, 2006; accepted December 21, 2006; published online February 19, 2007

© Springer-Verlag 2007

Summary

A phylogenetic analysis of VP1 and VP4 nucleotide sequences of 52 recent CVA16 strains demonstrated two distinct CVA16 genogroups, A and B, with the prototype strain being the only member of genogroup A. CVA16 G-10, the prototype strain, showed a nucleotide difference of 27.7–30.2% and 19.9–25.2% in VP1 and VP4, respectively, in relation to other CVA16 strains, which formed two separate lineages in genogroup B with nucleotide variation of less than 13.4% and less than 16.3% in VP1 and VP4, respectively. Lineage 1 strains

circulating before 2000 were later displaced by lineage 2 strains.

*

Hand, foot, and mouth disease (HFMD) is a common febrile illness of children associated with infections of species A enteroviruses from the genus *Enterovirus* within the family *Picornaviridae*. Lesions on the skin and oral mucosa typically characterize the illness, with herpangina also presented in some patients. Several enterovirus serotypes have been associated with this disease, the majority of these being members of human enterovirus A, such as coxsackieviruses (CV) A2, A4, A5, A8, A10, A16 and human enterovirus (HEV) 71 [17, 20, 15]. Of these, CVA16 and HEV71 are the major causative agents associated with HFMD, and co-circulation of both of these serotypes during outbreaks of HFMD

Author's address: Mary Jane Cardoso, Institute of Health and Community Medicine, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia. e-mail: jane.cardosa@gmail.com