was similar to that observed in studies that were not limited to specimens that had already tested negative for other microorganisms and in which a wide number of agents were investigated (4). Adenoviruses have been associated with infection of the colon and the gut and are a cause of severe gastroenteritis in nonindustrialized countries. In this study, coinfection of adenovirus and HBoV was detected in 1 respiratory specimen but these viruses together were not detected in any fecal sample.

HBoV and parvovirus B19 are the only 2 species of the *Parvoviridae* family that have been associated with disease in humans. To date, HBoV has only been detected in samples from the respiratory tract and has been associated with both upper and lower respiratory tract disease in infants and young children. The results of our study show that HBoV is also present in the gastrointestinal tract in children with gastroenteritis with or without symptoms of respiratory infection. The fecal excretion adds new concern about the transmission of HBoV.

To our knowledge, this report is the first to document HBoV in human feces. The high frequency of HBoV detection in the feces of children with gastroenteritis and the absence of any other intestinal pathogen suggest that this new virus species is an enteric, as well as a respiratory, pathogen. Further investigations to confirm this preliminary hypothesis and gain greater knowledge of the association between HBoV and enteric disease are required.

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Bocavirus [bō-kə-vī-rəs]

Genus in the family *Parvoviridae*. Previously identified members of this genus are pathogens of bovines and canines. A parvovirus of human origin was recently discovered and called human **bo**cavirus because it is closely related to bovine parvovirus and **ca**nine minute virus. Human bocavirus is associated with respiratory tract infections, particularly in infants and young children.

Sources: Allander T, Tammi MT, Eriksson M, Bjerkner A, Tivelung-Lindell A, Andersson B. Cloning of a human parvovirus by molecular screening of respiratory tract samples. Proc Natl Acad Sci U S A. 2005;102:12891-6. This work was partly financed by the "Convenio Diputación Gipúzkoa-Hospital Donostia" and by a grant from the Spanish Ministerio de Sanidad y Consumo CIBER CB06/06.

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References

- Allander T, Tammi MT, Eriksson M, Bjerkner A, Tiveljung-Lindell A, Andersson B. Cloning of a human parvovirus by molecular screening of respiratory tract samples. Proc Natl Acad Sci U S A. 2005;102:12891–6. Erratum Proc Natl Acad Sci U S A. 2005; 102:15712.
- Ma X, Endo R, Ishiguro N, Ebihara T, Ishiko H, Ariga T, et al. Detection of human bocavirus in Japanese children with lower respiratory tract infections. J Clin Microbiol. 2006;44:1132–4.
- Arnold JC, Singh KK, Spector SA, Sawyer MH. Human bocavirus: prevalence and clinical spectrum at a children's hospital. Clin Infect Dis. 2006;43:283–8.
- Arden KE, McErlean P, Nissen MD, Sloots TP, Mackay IM. Frequent detection of human rhinoviruses, paramyxoviruses, coronaviruses, and bocavirus during acute respiratory tract infections. J Med Virol. 2006;78:1232–40.
- Smuts H, Hardie D. Human bocavirus in hospitalized children, South Africa. Emerg Infect Dis. 2006;12:1457–8.
- Durham PJ, Lax A, Johnson RH. Pathological and virological studies of experimental parvoviral enteritis in calves. Res Vet Sci. 1985;38:209–19.
- Bastien N, Brandt K, Dust K, Ward D, Li Y. Human bocavirus infection, Canada. Emerg Infect Dis. 2006;12:848–50.

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Instructions for Infectious Disease Authors

Dispatches

Articles should be no more than 1,200 words and need not be divided into sections. If subheadings are used, they should be general, e.g., "The Study" and "Conclusions." Provide a brief abstract (50 words); references (not to exceed 15); figures or illustrations (not to exceed 2); tables (not to exceed 2); and a brief biographical sketch of first author—both authors if only 2. Dispatches are updates on infectious disease trends and research. The articles include descriptions of new methods for detecting, characterizing, or subtyping new or reemerging pathogens. Developments in antimicrobial drugs, vaccines, or infectious disease prevention or elimination programs are appropriate. Case reports are also welcome.