

Efficacy and safety of a probiotic supplement containing *L. plantarum* and *P. acidilactici* strains in young children with common respiratory viral infections

Submission date 04/10/2023	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 05/10/2023	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 06/01/2026	Condition category Respiratory	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Uncomplicated upper respiratory infections are common in children and typically caused by viruses. Previous studies have shown intake of some probiotics can reduce the duration of such respiratory infections in children, when taken in a preventive manner. The aim of this study is to determine if a particular probiotic formula can reduce the duration of symptoms when taken after the onset of such respiratory infections in children.

Who can participate?

Infants and children, 6 months to 5 years old, with an upper respiratory infection with fever and throat pain (pharyngitis), whose symptoms are of likely viral origin, as per doctor's judgment.

What does the study involve?

Eligible children are randomly allocated to receive either the specific probiotic formula (containing strains *L. plantarum* KABP033, KABP023 and KABP022 and *P. acidilactici* KABP021) in capsules, or identically-looking placebo capsules, twice daily. Study subjects can also receive standard of care treatment, at study investigators discretion, consisting of ibuprofen (an approved anti-inflammatory drug) and/or cetirizine (an approved anti-histaminic drug).

Parents or caregivers are taught to rate their children's pain using a visual scale (the FLACC scale). Parents or caregivers are instructed to fill a daily diary with the observed FLACC score, as well as the highest body temperature, presence of runny nose (rhinorrhea), nasal congestion, cough, use of ibuprofen and use of cetirizine.

What are the possible benefits and risks of participating?

The probiotic strains used in this study were previously found to be safe, as well as effective at shortening the duration of fever and respiratory symptoms in a clinical trial in 300 Covid19 patients. Therefore, children who participate in this study could have the duration of the symptoms of their upper respiratory infection shortened. And if an adverse health event

occured related to the participation in the study, the participants can reach the investigators anytime (24h availability by phone every day), and costs would be covered by an insurance already contracted by the study funder.

Where is the study run from?
Medica Sur Hospital, in Mexico City. (Mexico)

When is the study starting and how long is it expected to run for?
May 2023 to September 2024

Who is funding the study?
AB-BIOTICS SA (part of KANEKA Corporation) (Spain)

Who is the main contact?
Dr Diana Maria Andrade Platas, dianamandrade@yahoo.com

Contact information

Type(s)
Principal investigator

Contact name
Dr Diana M. Andrade Platas

Contact details
Hospital Medica Sur, Tower-II
Puente de Piedra No. 150 Colonia Toriello Guerra, Tlalpan
Mexico City
Mexico
14050
+52 55 3520 9755
dianamandrade@yahoo.com

Type(s)
Public

Contact name
Dr Jordi Espadaler-Mazo

Contact details
AB-BIOTICS SA (KANEKA Corp.)
ESADE Creapolis, Av. Torre Blanca 57
Sant Cugat del Valles
Spain
08172
+34 902 90 38 44
espadaler@ab-biotics.com

Type(s)
Scientific

Contact name

Dr Jordi Espadaler-Mazo

ORCID ID

<https://orcid.org/0000-0002-0128-8363>

Contact details

AB-BIOTICS SA (KANEKA Corp.)
ESADE Creapolis, Av. Torre Blanca 57
Sant Cugat del Valles
Spain
08172
+34 902 90 38 44
espadaler@ab-biotics.com

Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

RESPIKIDS-II

Study information

Scientific Title

Efficacy and safety of *L. plantarum* KABP033, KABP023 and KABP022 and *P. acidilactici* KABP021 in upper respiratory tract infections of viral origin in children aged 6 months to 5 years

Study objectives

The combination of probiotic strains *L. plantarum* KABP033, KABP023 and KABP022 and *P. acidilactici* KABP021, when taken twice daily, would reduce the duration of symptoms of upper respiratory tract infections of viral origin, compared to placebo.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 22/09/2023, Committee for Ethics and Research in Studies in Humans (Comité de Ética e Investigación para Estudios en Humanos (CEIEH)), Medica Sur Hospital (Puente de Piedra No. 150 Colonia Toriello Guerra, Tlalpan, Mexico City, 14050, Mexico; +52 55 5424 7200; comiteinvestigacion@medicasur.org.mx), ref: CB148-CEI153

Study design

Randomized double-blind placebo-controlled parallel-group study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Upper respiratory tract infections with pharyngitis, of likely viral origin, in children 6 months to 5 years old

Interventions

Using a centralised computer-based randomisation list, patients are randomised 1:1 to receive either probiotic capsules or identical-looking placebo capsules, to be taken orally twice daily for 15 days (days 1 to 15 of the study). Randomisation list will be prepared by personnel not directly participating in the study and kept in a sealed enveloppe until study completion.

Probiotic capsules contain *Lactobacillus plantarum* strains KABP033, KABP023 and KABP022 and *Pediococcus acidilactici* strain KABP021, totaling 2 billion CFUs (colony-forming units) in a dextrin carrier. Placebo capsules contain dextrin carrier only. All capsules are made of hydroxymethyl-propyl-cellulose (HPMC) and are delivered in anonymous blisters, inside of anonymous boxes (30 capsules per box).

Study subjects can also receive pediatric standard of care treatment, at study investigators discretion, consisting of ibuprofen suspension as anti-inflammatory drug (10mg per Kg of body weight per day) and/or cetirizine suspension as anti-histaminic drug (0.25mg per Kg of body weight per day). Finally, should study subjects develop infectious symptoms of likely bacterial origin after the study initiation, study investigators can prescribe antibiotic rescue medication at standard pediatric doses, consisting of amoxicillin clavulanate suspension (at 45mg per Kg of body weight per day), or clarythromycin suspension (at 7.5 mg per Kg of body weight per day) if there is a history of allergy to penicillins.

Intervention Type

Supplement

Primary outcome(s)

Numer of days with fever (body temperature $>37.5^{\circ}\text{C}$), as measured with a thermometer, and number of days with pain score >3 , as measured with the FLACC score ("Face, Legs, Activity, Cry and Consolability"; Merkel et al. Pediatric Nursing 1997, 23:293-297), both recorded daily by parents in a diary from day 1 to 15 of intervention.

Key secondary outcome(s)

1. Area under the curve (AUC) of the FLACC score ("Face, Legs, Activity, Cry and Consolability"; Merkel et al. Pediatric Nursing 1997, 23:293-297), as recorded daily by parents in a diary from day 1 to 15 of intervention.
2. Area under the curve (AUC) of body temperature (in Celsius degrees), as recorded daily by parents in a diary from day 1 to 15 of intervention.
3. Etiological agent (using multiplex PCR for 16 respiratory viruses), as determined on nasopharyngeal swabs taken on day 0.
4. Metabolome analysis (polar and semi-polar metabolites, as analysed by HPLC-MS) of salivary samples taken on days 1 and 15.
5. Concentration of immunoglobulin A (IgA), TNF-alpha and interleukins 1b, 4, 6, 10, 17 and 18 in salivary samples taken on days 1 and 15.

6. Number of days with cough, as recorded daily by parents in a diary from day 1 to 15 of intervention.
7. Number of days with nasal congestion, as recorded daily by parents in a diary from day 1 to 15 of intervention.
8. Number of days with rhinorrhea, as recorded daily by parents in a diary from day 1 to 15 of intervention.
9. Number of days of intake of NSAIDs (ibuprofen), as recorded daily by parents in a diary from day 1 to 15 of intervention.
10. Number of days of intake of antihistaminics (cetirizine), as recorded daily by parents in a diary from day 1 to 15 of intervention.
11. Number of days of intake of antibiotics rescue medication, as recorded daily by parents in a diary from day 1 to 15 of intervention.
12. Number of medical or emergency visits, as recorded daily by parents in a diary from day 1 to 15 of intervention.
13. Number of medical or emergency visits after day 15, as recorded during face-to-face visits on days 30 and 60.
14. Number of different symptoms (of FLACC>3, fever >37.5°C, presence of cough, rhinorrhea and nasal congestion), as recorded daily by parents in a diary from day 1 to 15 of intervention.
15. Number of different symptoms (of FLACC>3, fever >37.5°C, presence of cough, rhinorrhea and nasal congestion), as recorded during face-to-face visits on days 30 and 60.

Completion date

20/09/2024

Eligibility

Key inclusion criteria

1. Infants and children, 6 months to 5 years old, with upper respiratory infection of likely viral origin (based on investigator's judgment of symptoms) with pharyngitis.
2. Having a FLACC score ("Face, Legs, Activity, Cry and Consolability"; Merkel et al. Pediatric Nursing 1997, 23:293-297) > 3 and body temperature >37.5°C.
3. Symptoms started within 48h of entry visit.
4. Written informed consent provided by parents or caregivers.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Lower age limit

6 months

Upper age limit

5 years

Sex

All

Total final enrolment

75

Key exclusion criteria

1. Tonsillitis, cervical lymphadenitis, otitis media or scarlatiniform rash (symptoms suggestive of bacterial infection).
2. Preterm infants or those having been born weighting <2500gr.
3. Failure to thrive
4. Use of antibiotics, antivirals or probiotics for more than 48h within 2 weeks of study entry.
5. Breastfed children whose mothers have taken antibiotics, antivirals or probiotics for more than 48h within 2 weeks of study entry.
6. History of two or more invasive infections (meningitis, osteomielitis, sepsis).
7. History of recurrent, severe respiratory infections within 12 months of study entry
8. Chronic diarrhea or gastroesophageal reflux disease (GERD).
9. Congenital heart, respiratory or digestive disease.
10. Primary or secondary immunodeficiency.
11. Asthma.
12. Any other condition that, according to the judgment of the principal investigator, warrants exclusion from the study

Date of first enrolment

14/10/2023

Date of final enrolment

15/12/2023

Locations

Countries of recruitment

Mexico

Study participating centre

Medica Sur Hospital

Puente de Piedra No. 150 Colonia Toriello Guerra, Tlalpan

Mexico City

Mexico

14050

Sponsor information

Organisation

AB-BIOTICS SA (KANEKA Corp.)

Funder(s)

Funder type

Industry

Funder Name

AB-BIOTICS SA (KANEKA Corp.)

Results and Publications

Individual participant data (IPD) sharing plan

After publication, individual anonymised participant data generated during and/or analysed during the current study will be available upon request from: Jordi Espadaler-Mazo, PhD. (espadaler@ab-biotics.com)

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		26/11/2025	06/01/2026	Yes	No