



99th Dahlem conference on infection, inflammation and chronic inflammatory disorders: immune therapies of type 1 diabetes: new opportunities based on the hygiene hypothesis.

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Keywords: Adolescent
Animals
Autoantigens - immunology
Bacteria - immunology
Canada - epidemiology
Child
Diabetes Mellitus, Type 1 - immunology - therapy
Europe - epidemiology
Humans
Hygiene
Hypersensitivity - immunology
Immunosuppression - methods
Immunotherapy - methods
Infection - immunology - microbiology
Mice
Pancreatitis - immunology - microbiology
Toll-Like Receptors - agonists
Young Adult

Abstract: Insulin-dependent (type 1) diabetes is a prototypic organ-specific autoimmune disease resulting from the selective destruction of insulin-secreting beta cells within pancreatic islets of Langerhans by an immune-mediated inflammation involving autoreactive CD4(+) and CD8(+) T lymphocytes which infiltrate pancreatic islets. Current treatment is substitutive, i.e. chronic use of exogenous insulin which, in spite of significant advances, is still associated with major constraints (multiple daily injections, risks of hypoglycaemia) and lack of effectiveness over the long term in preventing severe degenerative complications. Finding a cure for autoimmune diabetes by establishing effective immune-based therapies is a real medical health challenge, as the disease incidence increases steadily in industrialized countries. As the disease affects mainly children and young adults, any candidate immune therapy must therefore be safe and avoid a sustained depression of immune responses with the attendant problems of recurrent infection and drug toxicity. Thus, inducing or restoring immune tolerance to target autoantigens, controlling the pathogenic response while preserving the host reactivity to exogenous/unrelated antigens, appears to be the ideal approach. Our objective is to review the major progress accomplished over the last 20 years towards that aim. In addition, we would like to present another interesting possibility to access new preventive strategies based on the 'hygiene hypothesis', which proposes a causal link between the increasing incidence of autoimmune diseases, including diabetes, and the decrease of the infectious burden. The underlying rationale is to identify microbial-derived compounds mediating the protective activity of infections which could be developed therapeutically.

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Cites: Lancet. 2009 Jun 13;373(9680):2027-3319481249
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PubMed ID: 20415859 [View in PubMed](#) 

Absence of indigenous specific West Nile virus antibodies in Tyrolean blood donors.

<https://arctichealth.org/en/permalink/ahliterature134646>

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Publication Type: Article

Keywords: Adult
Antibodies, Viral - blood
Blood Donors
Child, Preschool
Encephalitis Viruses, Tick-Borne - immunology
Enzyme-Linked Immunosorbent Assay
Europe
False Positive Reactions
Female
Humans
Italy
Male
Middle Aged
Neutralization Tests
West Nile Fever - diagnosis - epidemiology - virology
West Nile virus - immunology

Abstract: In the last several years, West Nile virus (WNV) was proven to be present especially in the neighboring countries of Austria, such as Italy, Hungary, and the Czech Republic, as well as in eastern parts of Austria, where it was detected in migratory and domestic birds. In summer 2010, infections with WNV were reported from Romania and northern Greece with about 150 diseased and increasingly fatal cases. We tested the sera of 1,607 blood donors from North Tyrol (Austria) and South Tyrol (Italy) for antibodies against WNV by using IgG enzyme-linked immunosorbent assay (ELISA). Initial results of the ELISA tests showed seroprevalence rates of 46.2% in North Tyrol and 0.5% in South Tyrol, which turned out to be false-positive cross-reactions with antibodies against tick-borne encephalitis virus (TBEV) by adjacent neutralization assays. These results indicate that seropositivity against WNV requires confirmation by neutralization assays, as cross-reactivity with TBEV is frequent and because, currently, WNV is not endemic in the study area.

PubMed ID: 21556676 [View in PubMed](#) 

Abstracts. Seventh annual meeting. The European Society for Paediatric Haematology and Immunology. Oslo, Norway, June 11-13, 1979.

<https://arctichealth.org/en/permalink/ahliterature41315>

Source: *Pediatr Res.* 1979 Aug;13(8):948-57

Date: Aug-1979

Language: English

Publication Type: Conference/Meeting Material

Keywords: Allergy and immunology

Child

Child, Preschool

Congresses

Europe

Hematologic Diseases

Hematology

Humans

Immune System Diseases

Immunity

Infant

Infant, Newborn

Pediatrics

Societies, Medical

PubMed ID: 39284 [View in PubMed](#) 

The aetiology of nasopharyngeal carcinoma.

<https://arctichealth.org/en/permalink/ahliterature3952>

Author: A L McDermott
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Source: Clin Otolaryngol Allied Sci. 2001 Apr;26(2):82-92


Date: Apr-2001

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Africa - epidemiology
Aged
Aged, 80 and over
Asia - epidemiology
Carcinoma - classification - epidemiology - etiology
Child
Child, Preschool
Europe - epidemiology
Female
Humans
Incidence
Male
Middle Aged
Nasopharyngeal Neoplasms - epidemiology - ethnology - etiology
Retrospective Studies
Risk factors
Socioeconomic Factors

Abstract: Nasopharyngeal carcinoma is a disease with a remarkable racial and geographical distribution. In most parts of the world it is a rare condition and in only a handful of places does this low risk profile alter. These include the Southern Chinese, Eskimos and other Arctic natives, inhabitants of South-East Asia and also the populations of North Africa and Kuwait.

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Age at onset of multiple sclerosis may be influenced by place of residence during childhood rather than ancestry.

<https://arctichealth.org/en/permalink/ahliterature170585>

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Source: Neuroepidemiology. 2006;26(3):162-7

Date: 2006

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Age of Onset
Aged
Asia - ethnology
Caribbean Region - ethnology
Child
Child, Preschool
Cohort Studies
Emigration and Immigration
Europe - ethnology
Humans
Middle Aged
Multiple Sclerosis - epidemiology
Ontario - epidemiology
Residence Characteristics
Risk factors

Abstract: Multiple sclerosis (MS) most commonly affects individuals of Northern European descent who live in countries at high latitude. The relative contributions of ancestry, country of birth and residence as determinants of MS risk have been studied in adult MS, but have not been explored in the pediatric MS population. In this study, we compare the demographics of pediatric- and adult-onset MS patients cared for in Toronto, Ontario, Canada, a multicultural region. The country of birth, residence during childhood, and ancestry were compared for 44 children and 573 adults. Our results demonstrate that although both the pediatric and adult cohorts were essentially born and raised in the same region of Ontario, Canada, children with MS were more likely to report Caribbean, Asian or Middle Eastern ancestry, and were less likely to have European heritage compared with individuals with adult-onset MS. The difference in ancestry between the pediatric and adult MS cohorts can be explained by two hypotheses: (1) individuals raised in a region of high MS prevalence, but whose ancestors originate from regions in which MS is rare, have an earlier age of MS onset, and (2) the place of residence during childhood, irrespective of ancestry, determines lifetime MS risk -- a fact that will be reflected in a change in the demographics of the adult MS cohort in our region as Canadian-raised children of recent immigrants reach the typical age of adult-onset MS.

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genders and time periods.

<https://arctichealth.org/en/permalink/ahliterature153684>

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Source: Eur J Cancer. 2009 Mar;45(4):642-7

Date: Mar-2009

Language: English

Publication Type: Article

Keywords: Adult

Age Distribution
Aged
Aged, 80 and over
Child
Child, Preschool
Epidemiologic Methods
Europe - epidemiology
Female
Finland - epidemiology
Humans
Infant
Infant, Newborn
Male
Middle Aged
Neoplasms - mortality
Prognosis
Sex Distribution
United States - epidemiology
Young Adult

Abstract: A recent method of age-standardisation of relative survival ratios for cancer patients does not require calculation of age-specific relative survival ratios, as ratios of age-specific proportions between the standard population and study group at the beginning of the follow-up are used to substitute the original individual observations. This method, however, leads to direct age-standardisation with weights that are different for each patient group if the general population mortality patterns for the groups are different. This is the case in international comparisons, and in comparisons between genders and time periods. The magnitude of the bias caused by the differences in general population mortality is investigated for comparisons involving European countries and the USA. Patients in each country are assumed to have exactly the same age-specific relative survival ratios as those diagnosed in Finland in 1985-2004. An application of a properly functioning age-standardisation method should then give exactly equal age-standardised relative survival ratios for each country. However, the recent method shows substantial differences between countries, with highest relative survival for populations, where the general population mortality in the oldest ages is the highest. This source of error can thus be a serious limitation for the use of the method, and other methods that are available should then be employed.

PubMed ID: 19081246 [View in PubMed](#) 

AIDS--dramatic surge in ex-Soviet Union, no respite worldwide, new data show.

<https://arctichealth.org/en/permalink/ahliterature195656>

Author: R. Dobson

Source: Bull World Health Organ. 2001;79(1):78


Date: 2001

Language: English

Publication Type: Article


Keywords: Acquired Immunodeficiency Syndrome - epidemiology - mortality
Adolescent
Adult
Child
Child, Preschool
Europe, Eastern - epidemiology
Female
Humans
Infant
Infant, Newborn
Russia - epidemiology

Notes: Comment In: Bull World Health Organ. 2001;79(3):26911285679

PubMed ID: 11217673 [View in PubMed](#) 


[AIDS: one pandemic or many epidemics?].

<https://arcticealth.org/en/permalink/ahliterature210393>

Author: M. Schenk
Source: Dtsch Med Wochenschr. 1996 Dec 6;121(49):A7-8
Date: Dec-6-1996
Language: German
Publication Type: Article
Keywords: Acquired Immunodeficiency Syndrome - epidemiology
Adult
Canada - epidemiology
Child
Europe - epidemiology
Female
Germany - epidemiology
Homosexuality
Humans
Incidence
Male
Sexuality
United States - epidemiology
PubMed ID: 8998918 [View in PubMed](#) 

[Air bags--do they help?].

<https://arcticealth.org/en/permalink/ahliterature212660>

Author: K. Solheim
Source: Tidsskr Nor Laegeforen. 1996 Feb 10;116(4):471
Date: Feb-10-1996
Language: Norwegian
Publication Type: Article
Keywords: Accidents, Traffic - prevention & control - statistics & numerical data
Air Bags
Canada - epidemiology
Europe - epidemiology
Humans
United States - epidemiology
PubMed ID: 8644045 [View in PubMed](#) 

Alcohol advertising bans and alcohol abuse: an international perspective.

<https://arctichealth.org/en/permalink/ahliterature226519>

Author: H. Saffer
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Source: J Health Econ. 1991 May;10(1):65-79
Date: May-1991
Language: English
Publication Type: Article
Keywords:

Accidents, Traffic - statistics & numerical data
Advertising as Topic - legislation & jurisprudence
Alcohol Drinking - legislation & jurisprudence
Alcoholic Beverages - utilization
Canada - epidemiology
Cross-Sectional Studies
Europe - epidemiology
Health Behavior
Humans
Liver Cirrhosis - mortality
Models, Statistical
Public Policy
United States - epidemiology
World Health

Abstract: This paper examines the effect of banning broadcast advertising of alcoholic beverages. The data used in this study are a pooled time series from 17 countries for the period 1970 to 1983. The empirical results show that countries with bans on spirits advertising have about 16% lower alcohol consumption than countries with no bans and that countries with bans on beer and wine advertising have about 11% lower alcohol consumption than countries with bans only on spirits advertising.

Notes: Comment In: J Health Econ. 1993 Jul;12(2):213-2810127781

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