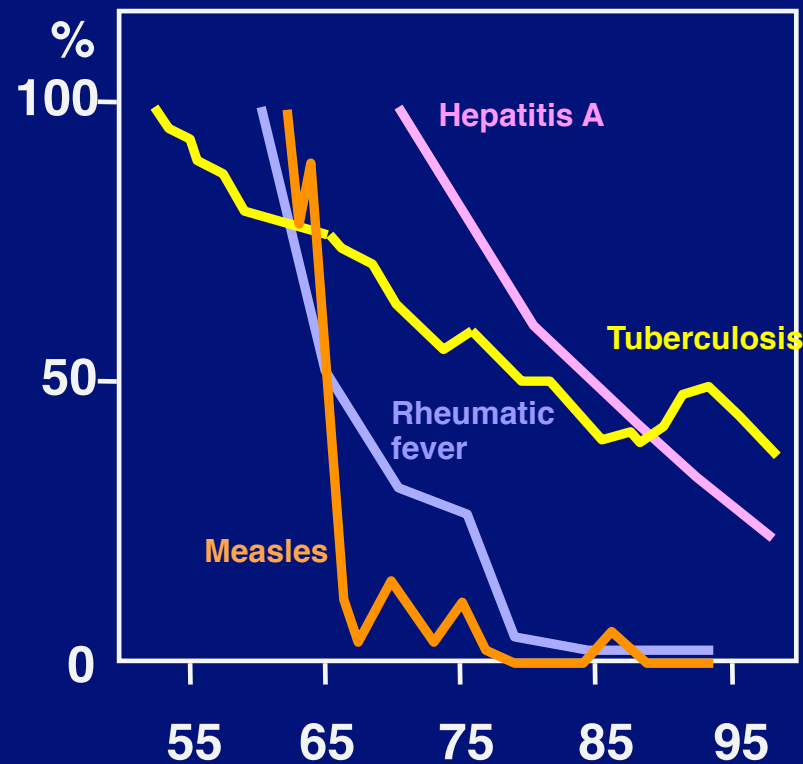
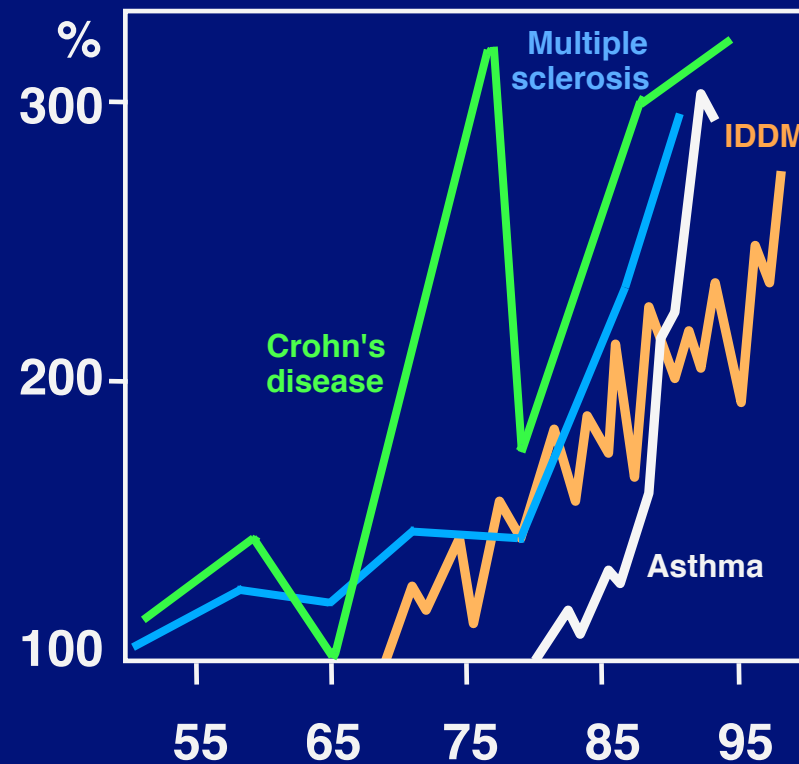




# Incidence of prototype infectious diseases and immune disorders over 4 decades



Infectious disease



Immune disorders

# Epidemiological data

# **Epidemiological approaches of the hygiene hypothesis**

---

## **1. Geographical distribution**

**Countries/ Regions/Cities**

**Migrants**

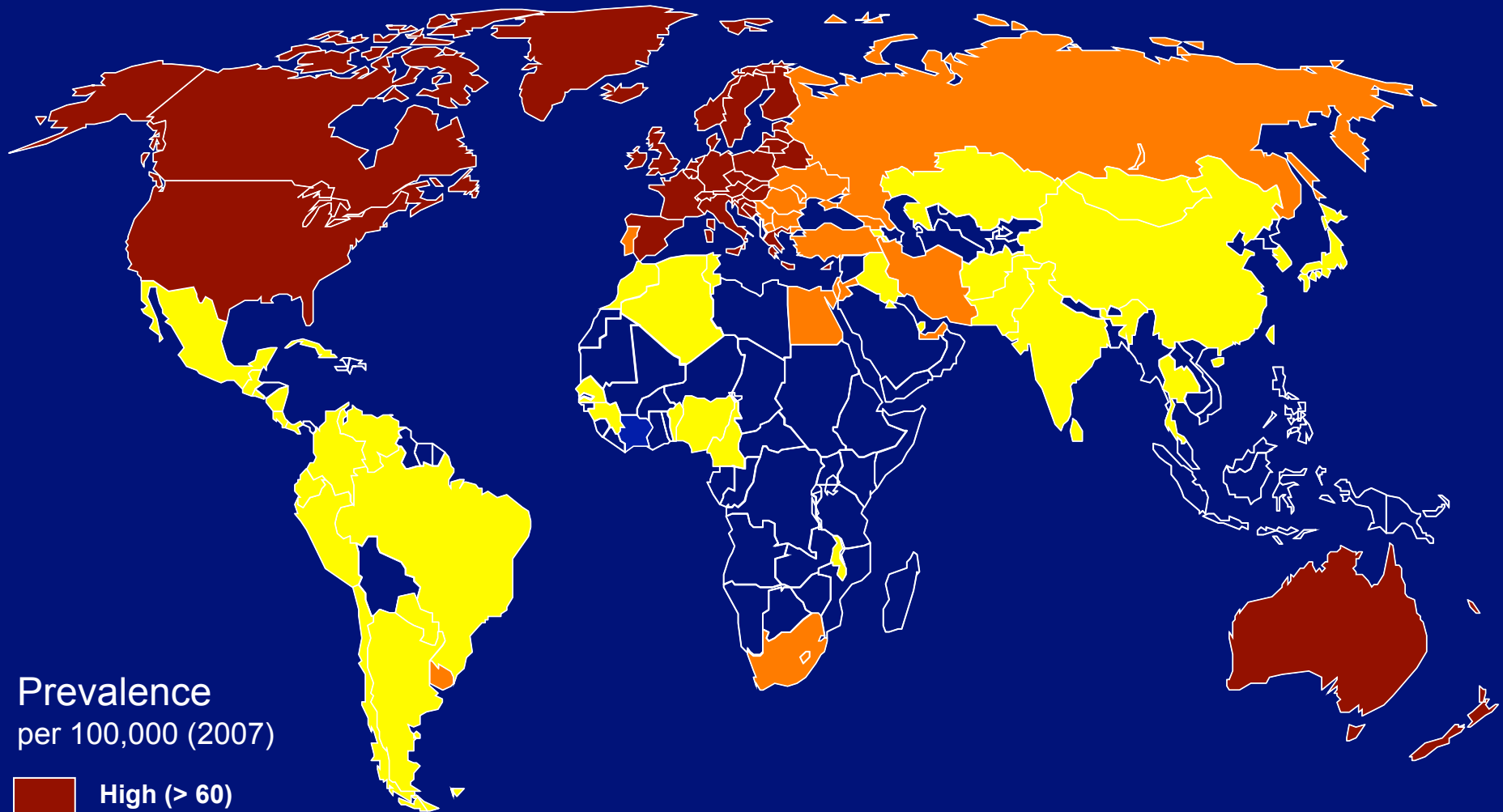
**Correlation with socioeconomical factors (notably, sanitary conditions)**

**Effect of farming and pets**

## **2. Order of birth (modalities of delivery)**

## **3. Number of infections**

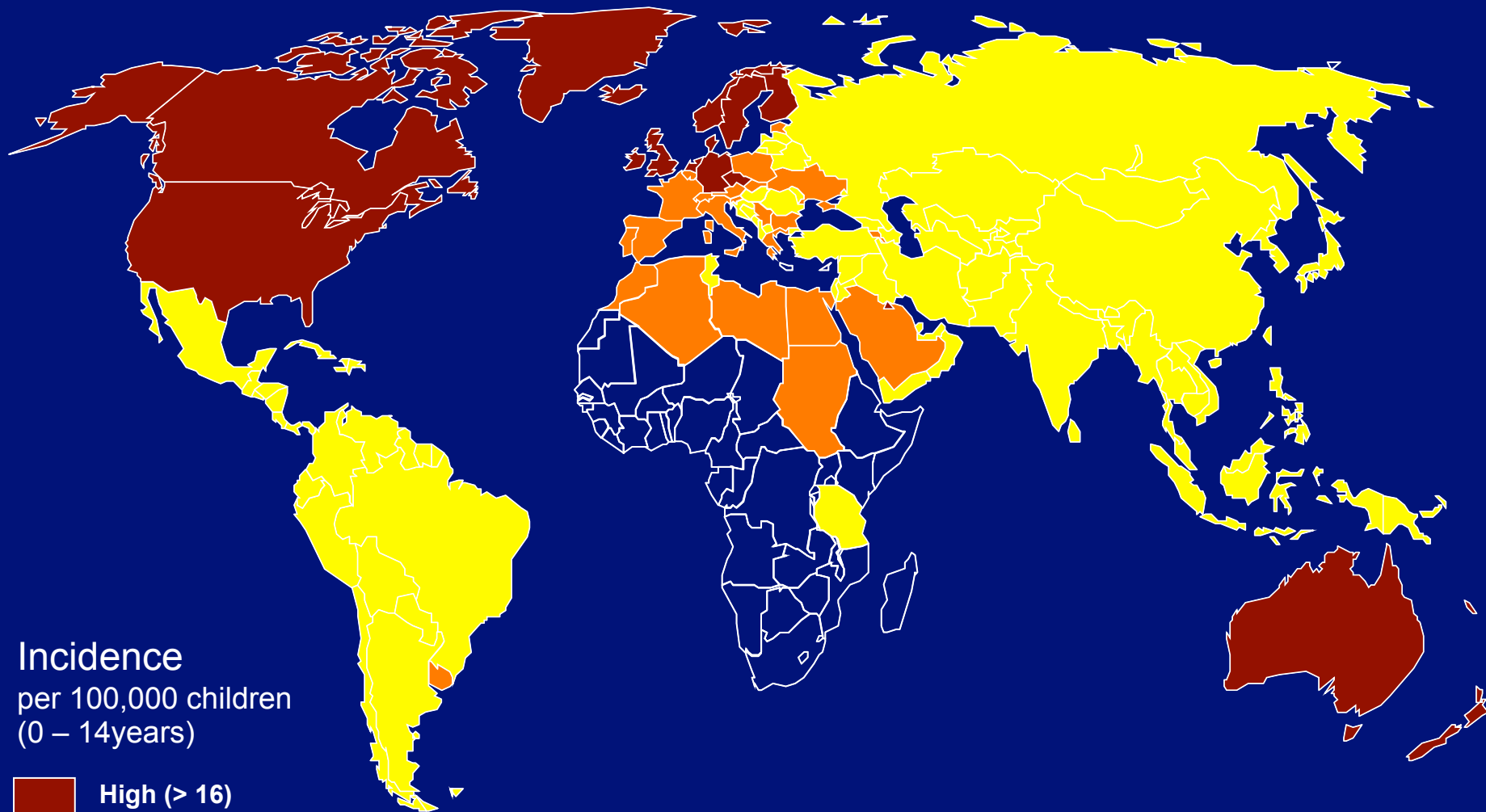
# MULTIPLE SCLEROSIS



Prevalence  
per 100,000 (2007)

- High (> 60)
- Intermediate (20 - 60)
- Low (0 - 20)
- No estimate

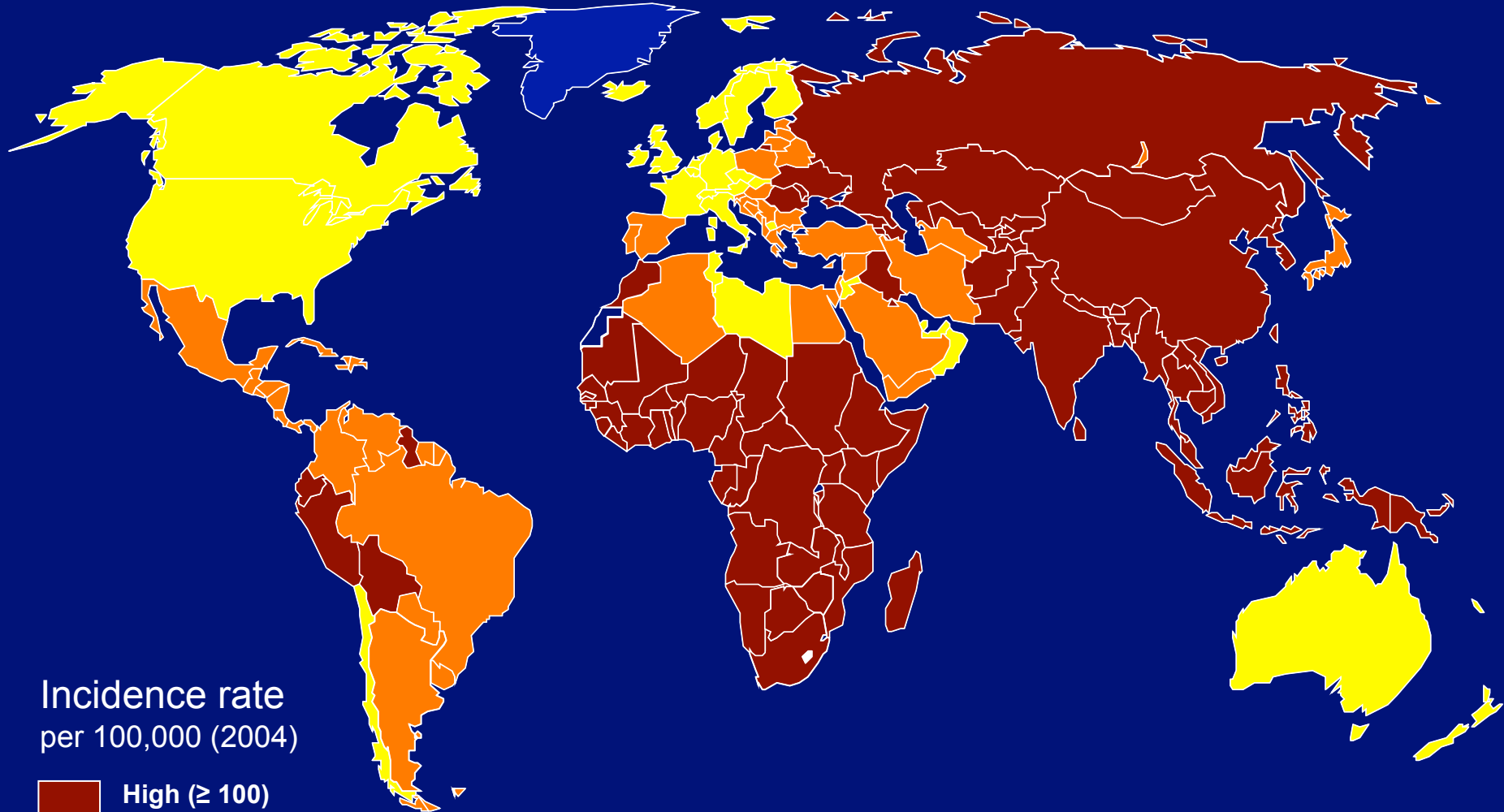
# TYPE 1 DIABETES (INCIDENCE IN CHILDREN 0 – 14 YEARS)







Incidence  
per 100,000 children  
(0 – 14 years)

- High (> 16)
- Intermediate (8 – 16)
- Low (0 – 8)
- No estimate

# TUBERCULOSIS INCIDENCE RATE

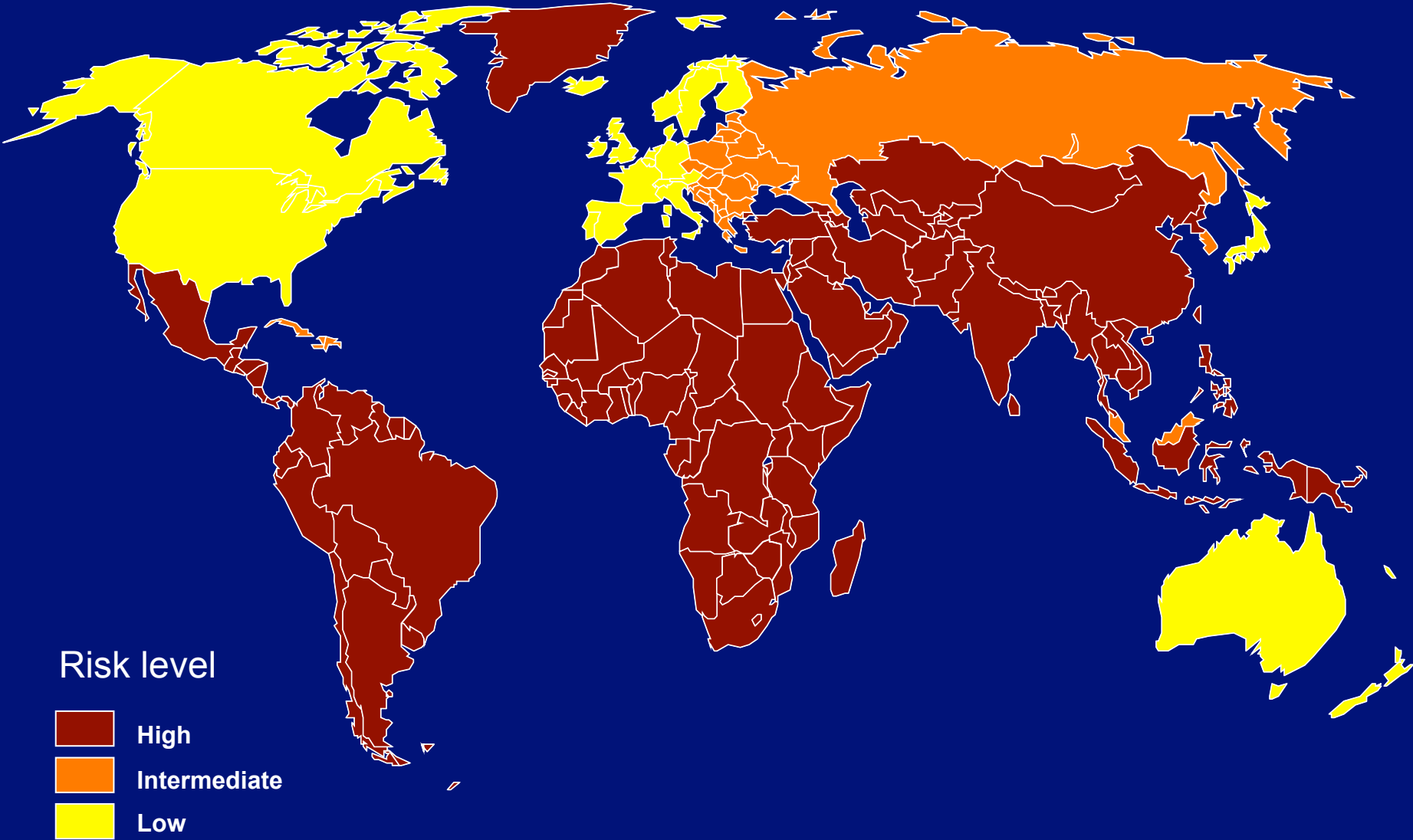


Incidence rate  
per 100,000 (2004)

-  High ( $\geq 100$ )
-  Intermediate (25 – 99)
-  Low (0 – 24)
-  No estimate

Adapted from : [wwwn.cdc.gov](http://wwwn.cdc.gov)

# HEPATITIS A VIRUS ANTIBODIES PREVALENCE



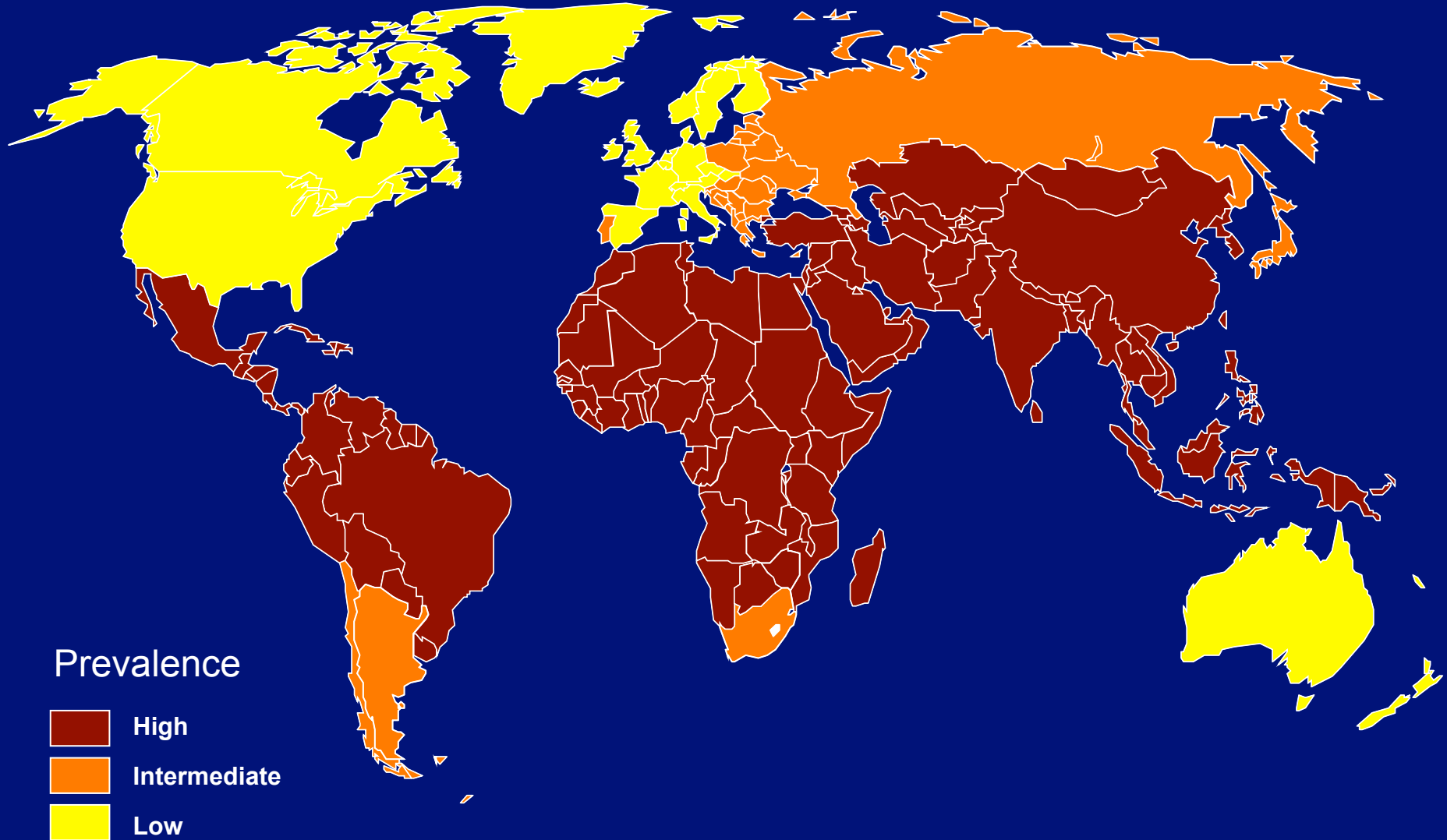
Risk level

- High
- Intermediate
- Low

Adapted from : [wwwn.cdc.gov](http://wwwn.cdc.gov)

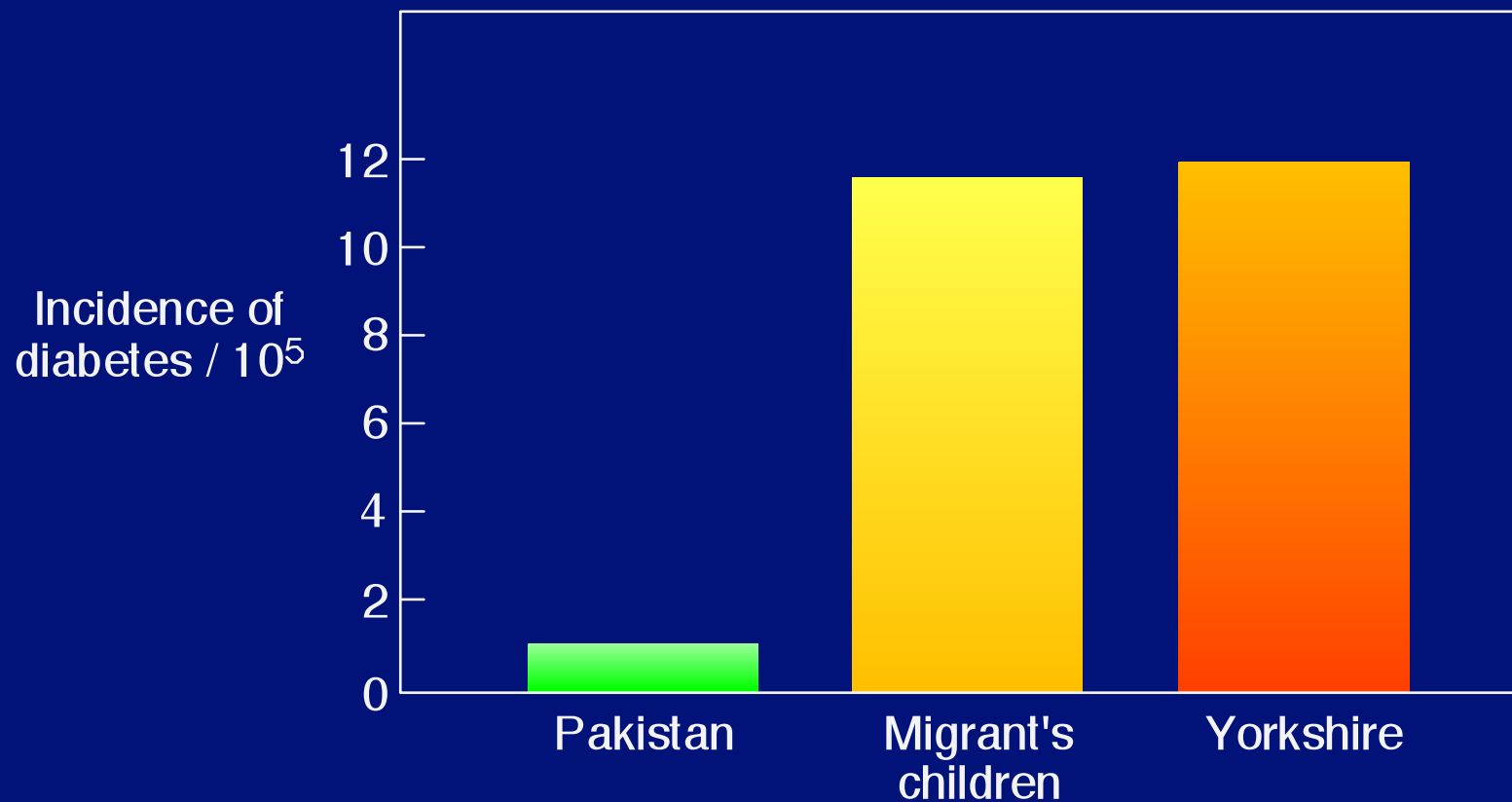


# RISK AREAS FOR CHILDHOOD DIARRRHEA



Adapted from : [wwwn.cdc.gov](http://wwwn.cdc.gov)

# IDDM incidence in children of migrants from Pakistan to Yorkshire

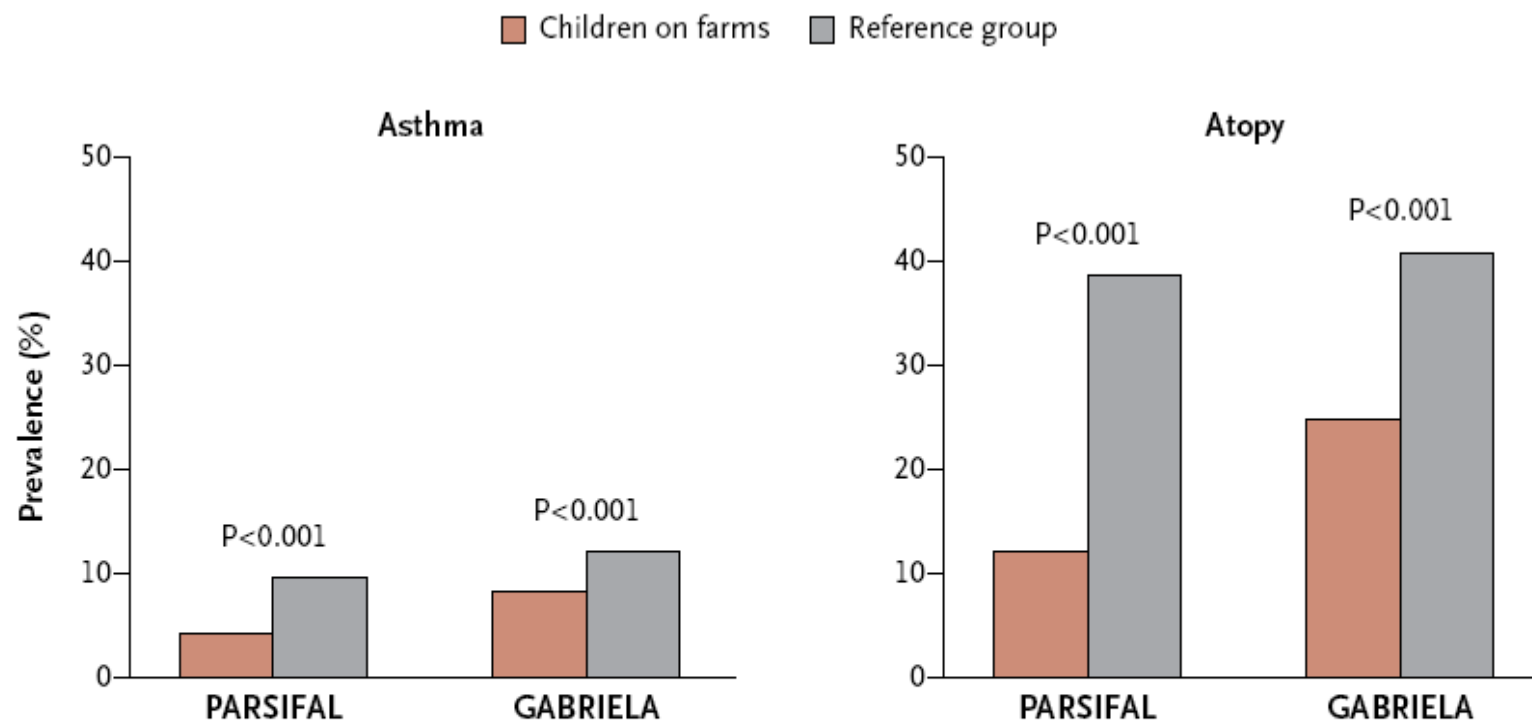


*Staines A. (1997) and Bodansky H.J. (1992)*

## PREVALENCE OF SELF-REPORTED LIFETIME ASTHMA IN YOUNG WHITE AND SOUTH ASIAN WOMEN

	N*	Unadjusted data		
		%	OR	(95 CI)
All women				
White women	4848	21.8	1	
South Asian women	1712	10.9	0.44	(0.37–0.52)
Among south Asian women				
Born in the UK or immigrated before 5 years of age	349	16.0	1	
Immigrated aged 5 years or older	477	6.5	0.36	(0.23–0.58)

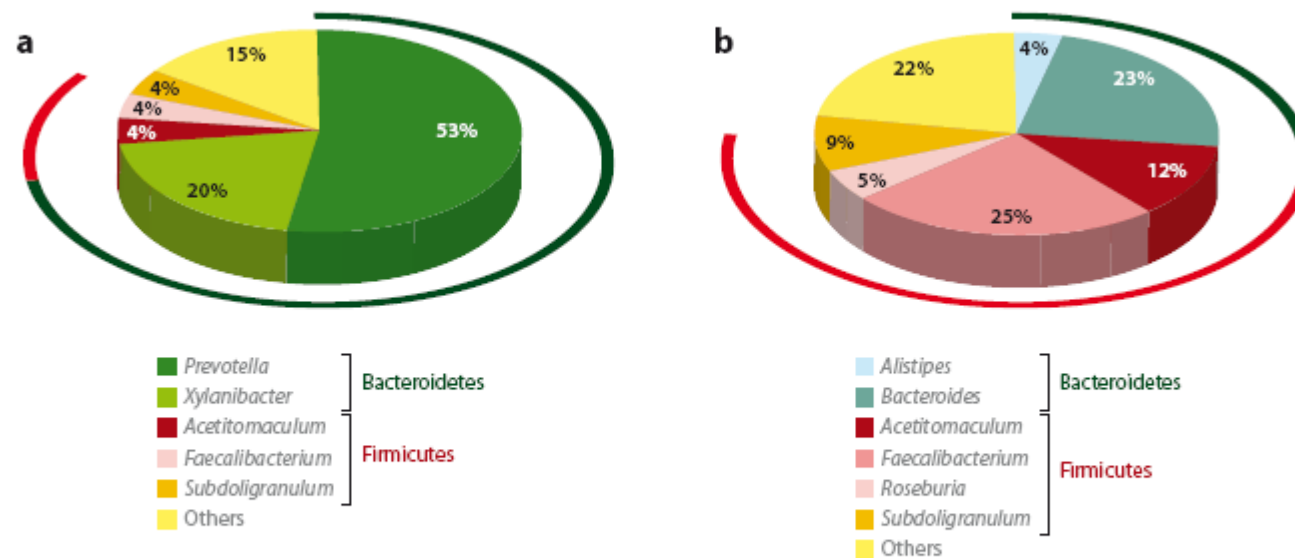
\*N, number of subjects with available data



**Figure 1. Prevalence of Asthma and Atopy among Children Living on Farms as Compared with Reference Groups.** The PARSIFAL study population included 6843 school-age children 6 to 13 years of age, and the GABRIELA study population included 9668 children between 6 and 12 years of age. Calculations of prevalence in GABRIELA were weighted on the basis of the total number of children who were eligible for inclusion in the study (34,491 children).

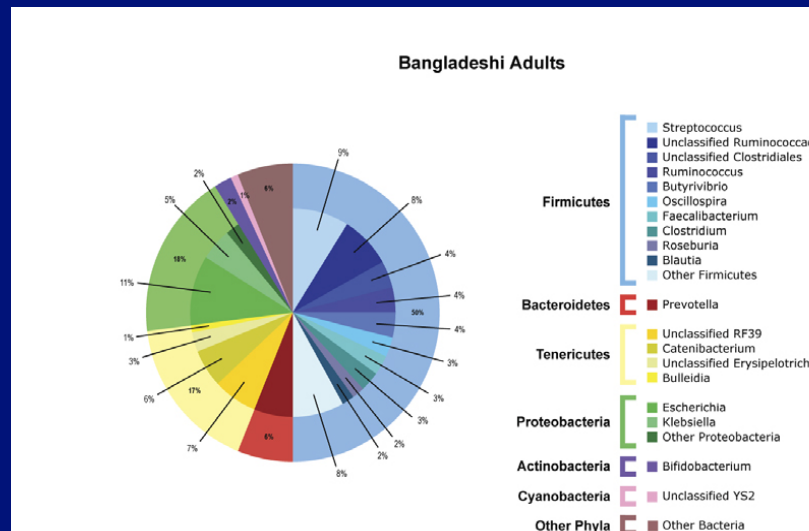
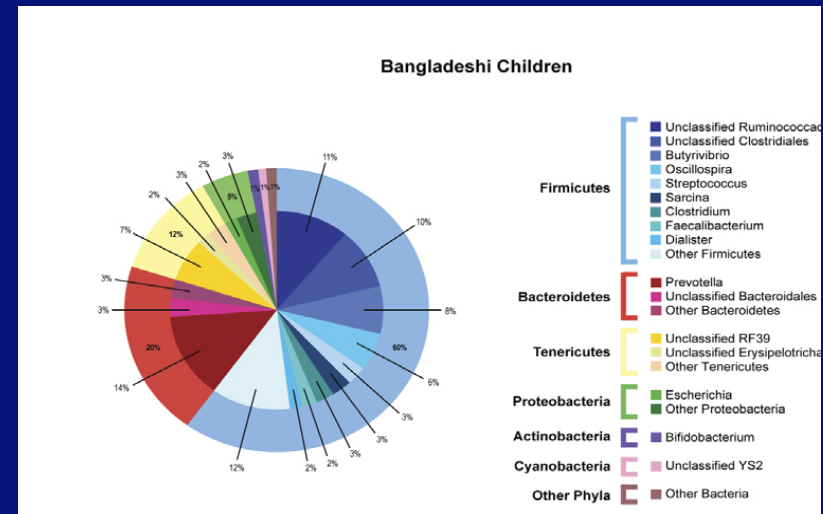
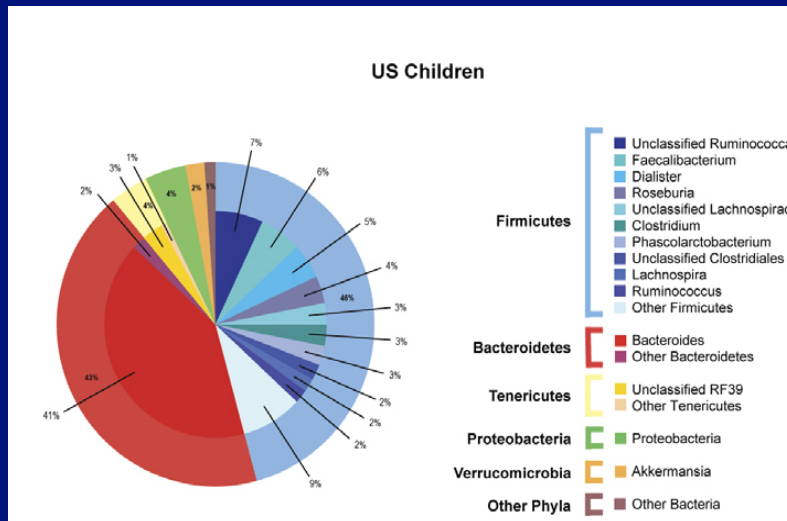
**The role of hygiene on  
establishment of the gut microbiota**

# IMPACT OF DIET IN SHAPING GUT MICROBIOTA REVEALED BY A COMPARATIVE STUDY IN CHILDREN FROM EUROPE AND RURAL AFRICA



**Figure 1**

Bacterial taxa of the intestinal microbiota differ depending on diet. Taxa identified using 16S ribosomal RNA sequencing of DNA from fecal samples of children from (a) Burkina Faso and (b) Italy. The colors indicate differential distribution of classes of bacteria, including Firmicutes (red) and Bacteroidetes (green). Figure reproduced from Reference 14.



 [comments on this story](#)

Published online 2 December 2009 | *Nature* **462**, 558 (2009) | doi:10.1038/462558a

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## Dirty pigs beat disease

**Immune system gets a boost from early exposure to bacteria.**

Natasha Gilbert

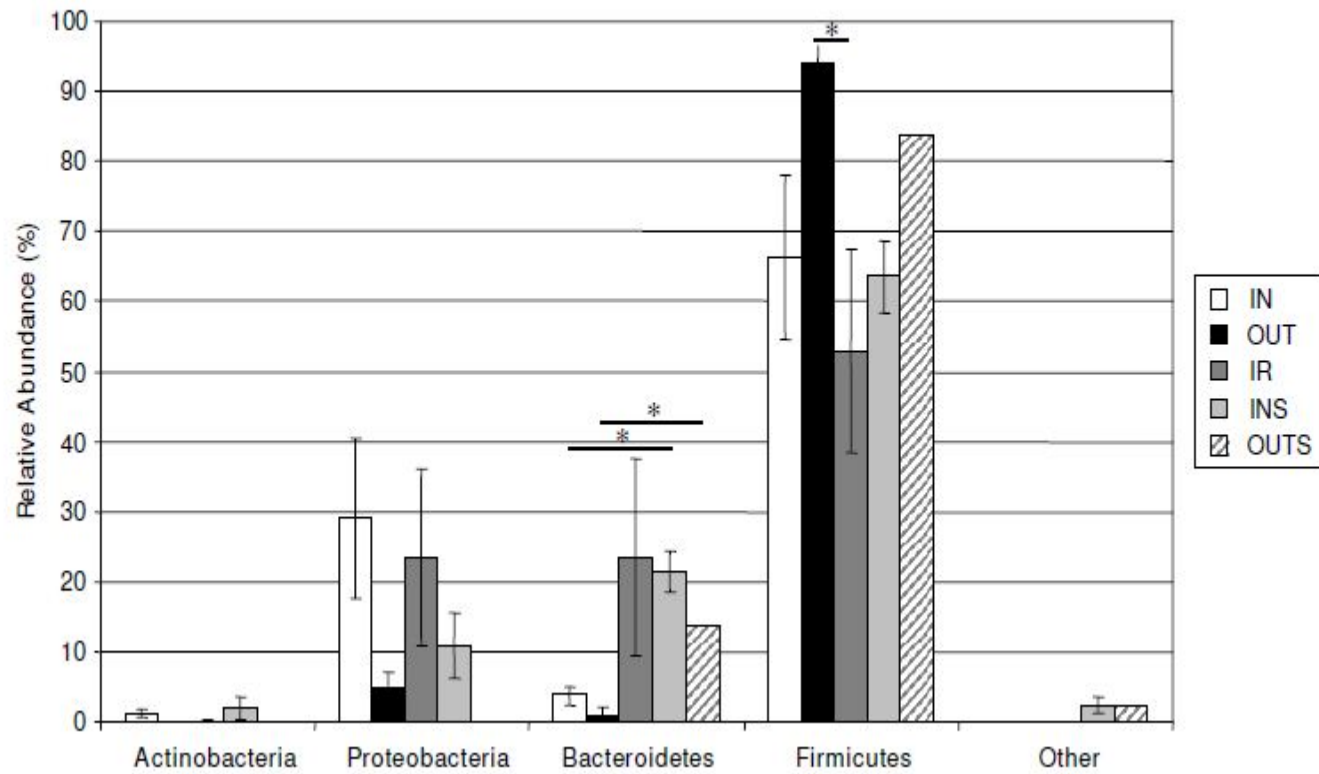
Living like a pig could be good for you, according to research showing that dirty piglets pick up 'friendly' bacteria that help them to develop robust immune systems later in life.

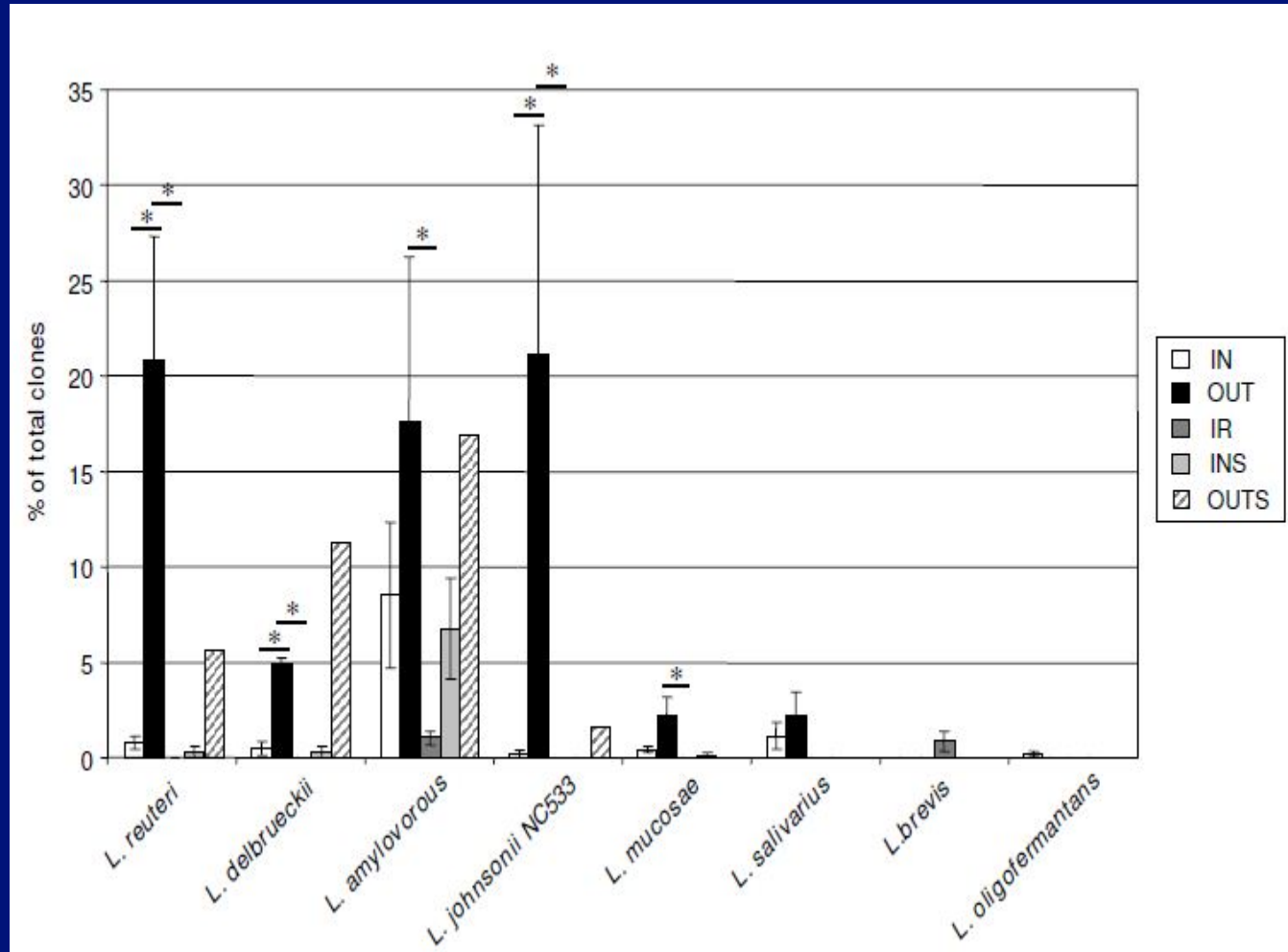
The results provide support for the hygiene hypothesis, which suggests that a lack of exposure to microbes in early life can affect development of the immune system and increase susceptibility to certain



Outdoor pigs had more 'friendly' gut bacteria than indoor pigs.







# **FACTORS AFFECTING MICROBIOTA COMPOSITION IN EARLY LIFE**

---

## **Diet**

**carbohydrate vs Fat  
calories  
breast feeding**

## **Hygiene/Sanitation**

**perinatal antibiotics  
mode of delivery**

## **Other factors**

**geography  
climate  
life style  
genetics**

# LETTER

doi:10.1038/nature12820

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## Diet rapidly and reproducibly alters the human gut microbiome

Lawrence A. David<sup>1,2†</sup>, Corinne F. Maurice<sup>1</sup>, Rachel N. Carmody<sup>1</sup>, David B. Gootenberg<sup>1</sup>, Julie E. Button<sup>1</sup>, Benjamin E. Wolfe<sup>1</sup>, Alisha V. Ling<sup>3</sup>, A. Sloan Devlin<sup>4</sup>, Yug Varma<sup>4</sup>, Michael A. Fischbach<sup>4</sup>, Sudha B. Biddinger<sup>3</sup>, Rachel J. Dutton<sup>1</sup> & Peter J. Turnbaugh<sup>1</sup>

**Nature. 2014 Jan 23;505(7484):559-63. doi: 10.1038/nature12820.  
Epub 2013 Dec 11.**

# FACTORS CONTRIBUTING TO THE APPEARANCE OF INFECTIONS

---

## Sources of pathogenic agents

- drinking water
- food (cold storage)
- climate
- housing conditions

## Anti-infectious defense

- genetic factors
- nutrition
- antibiotics
- vaccination

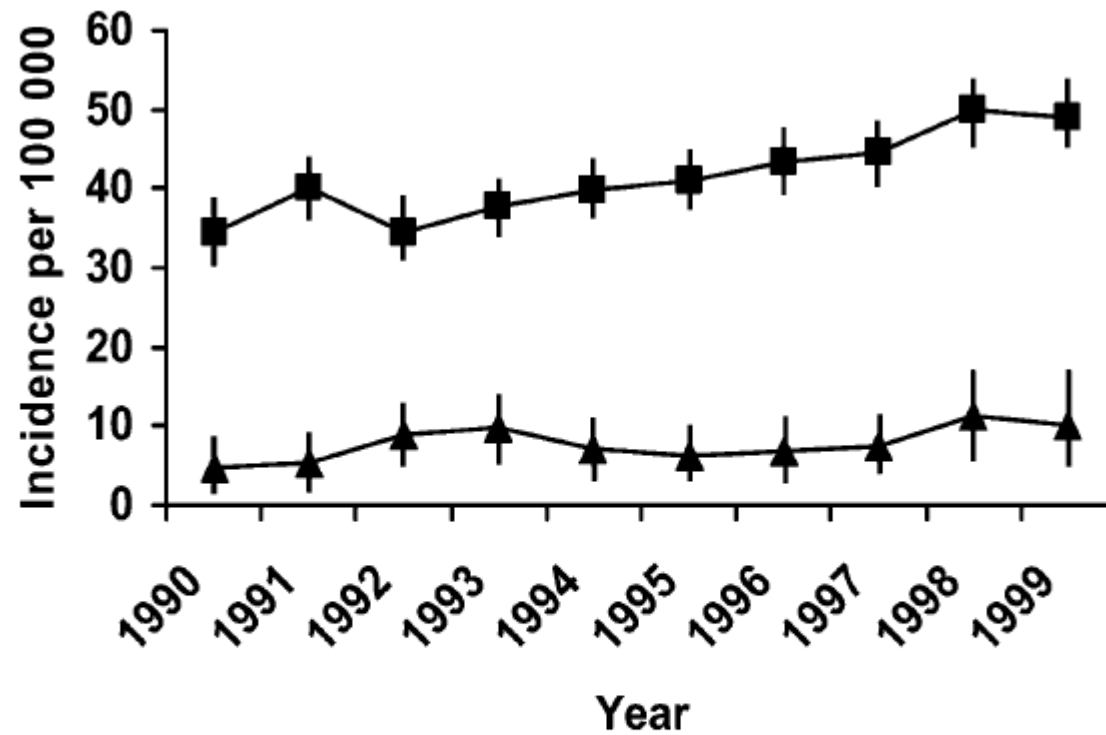


Figure 1. Age-adjusted mean annual incidence of type 1 diabetes in 0–14 year-old children in Russian Karelia and in Finland during the years 1990–99. Black triangles=Russian Karelia; black squares=Finland; vertical bars=95% confidence intervals.

# Microbial content of drinking water in Finnish and Russian Karelia – implications for atopy prevalence

Table 3. Occurrence of atopy (skin prick test positivity to one or more allergens) according to DAPI categories (total cell counts/ml) among Finnish and Russian Karelian children

	DAPI*			<i>P</i> -value
	Low	Intermediate	High	
Atopy†, <i>n</i> (%)	43 (41.1)	39 (21.8)	48 (17.1)	<0.0001

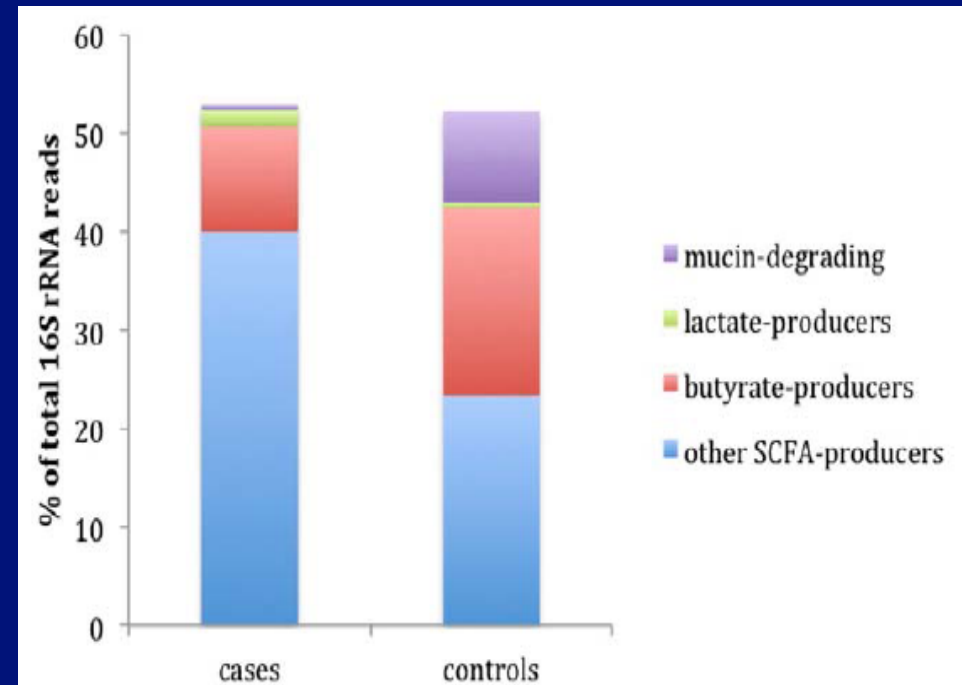
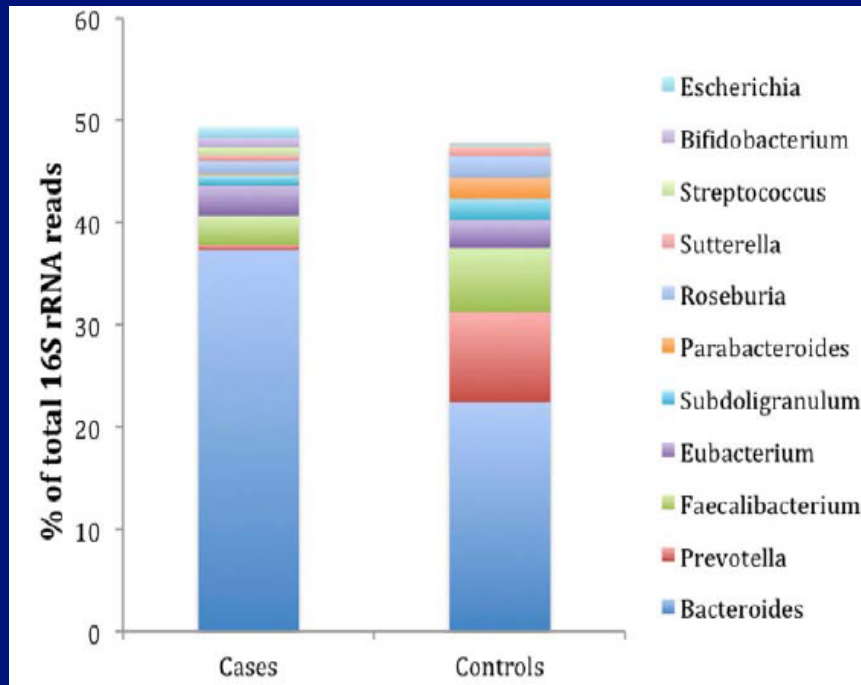
\* DAPI low, <10<sup>5</sup> cells/ml; intermediate, 10<sup>5</sup>–10<sup>6</sup> cells/ml; high; >10<sup>6</sup> cells/ml. Each child had been linked with the DAPI value of his/her school.

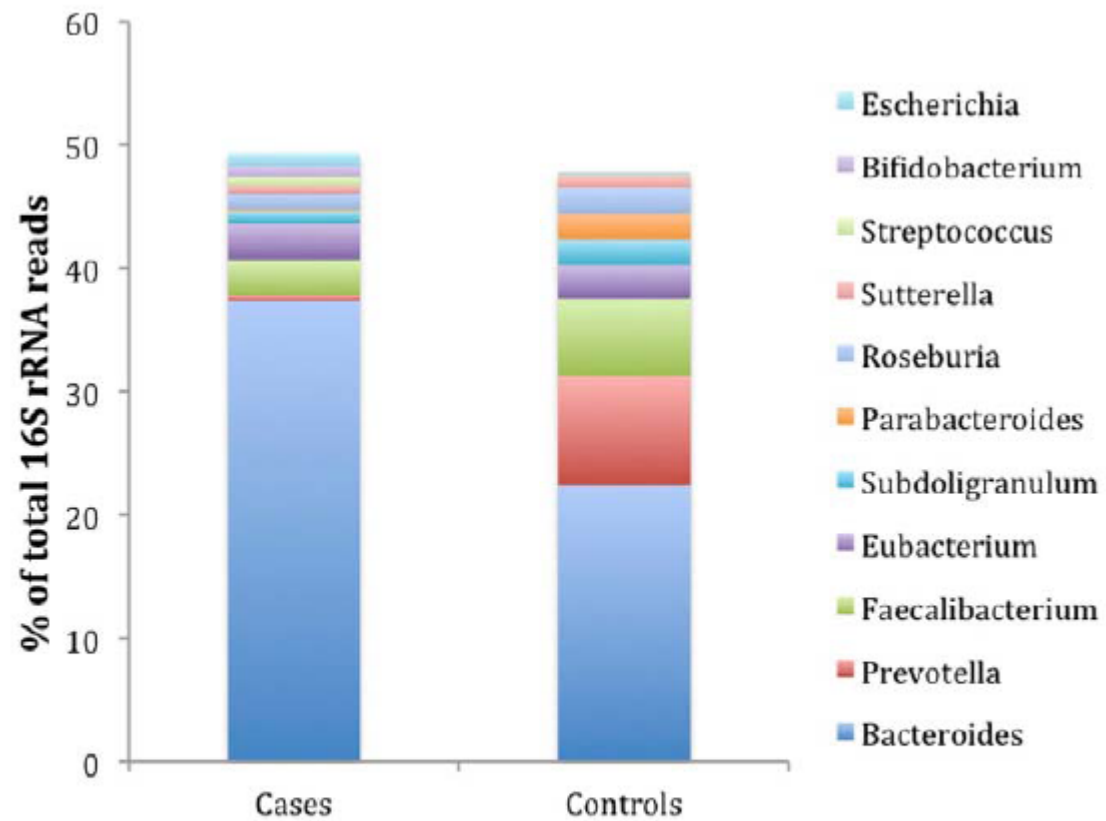
† Atopy = at least one positive skin prick test result.

**Correlation between gut  
microbiota reduced diversity and  
dysimmune diseases**



# GUT MICROBIOME METAGENOMICS ANALYSIS AND DEVELOPMENT OF AUTOIMMUNITY : THE CASE OF TYPE 1 DIABETES





**Figure 3. Mean proportion of the 11 most abundant genera that differ significantly between cases and controls ( $p$  value  $\leq 0.01$ ).**

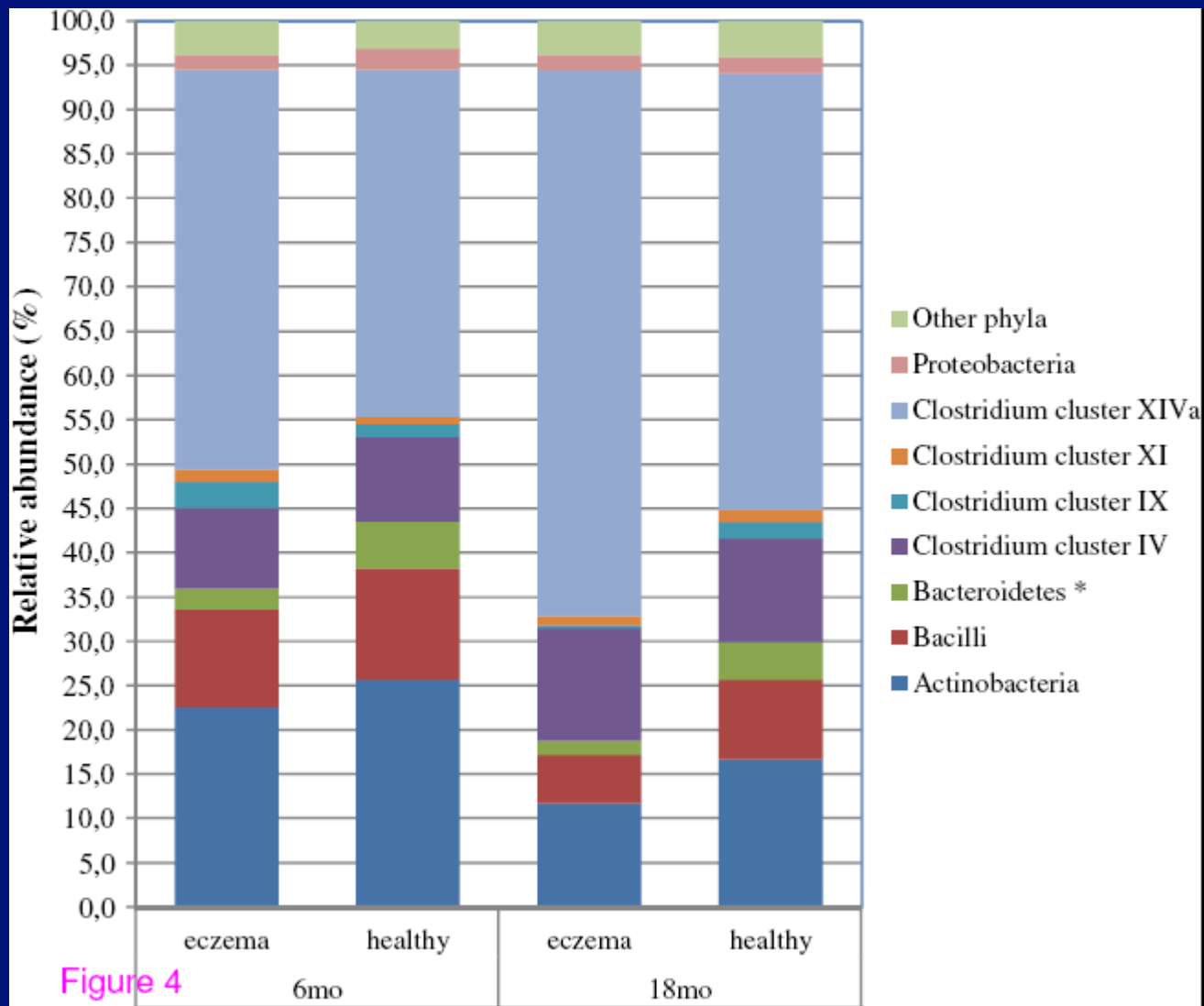
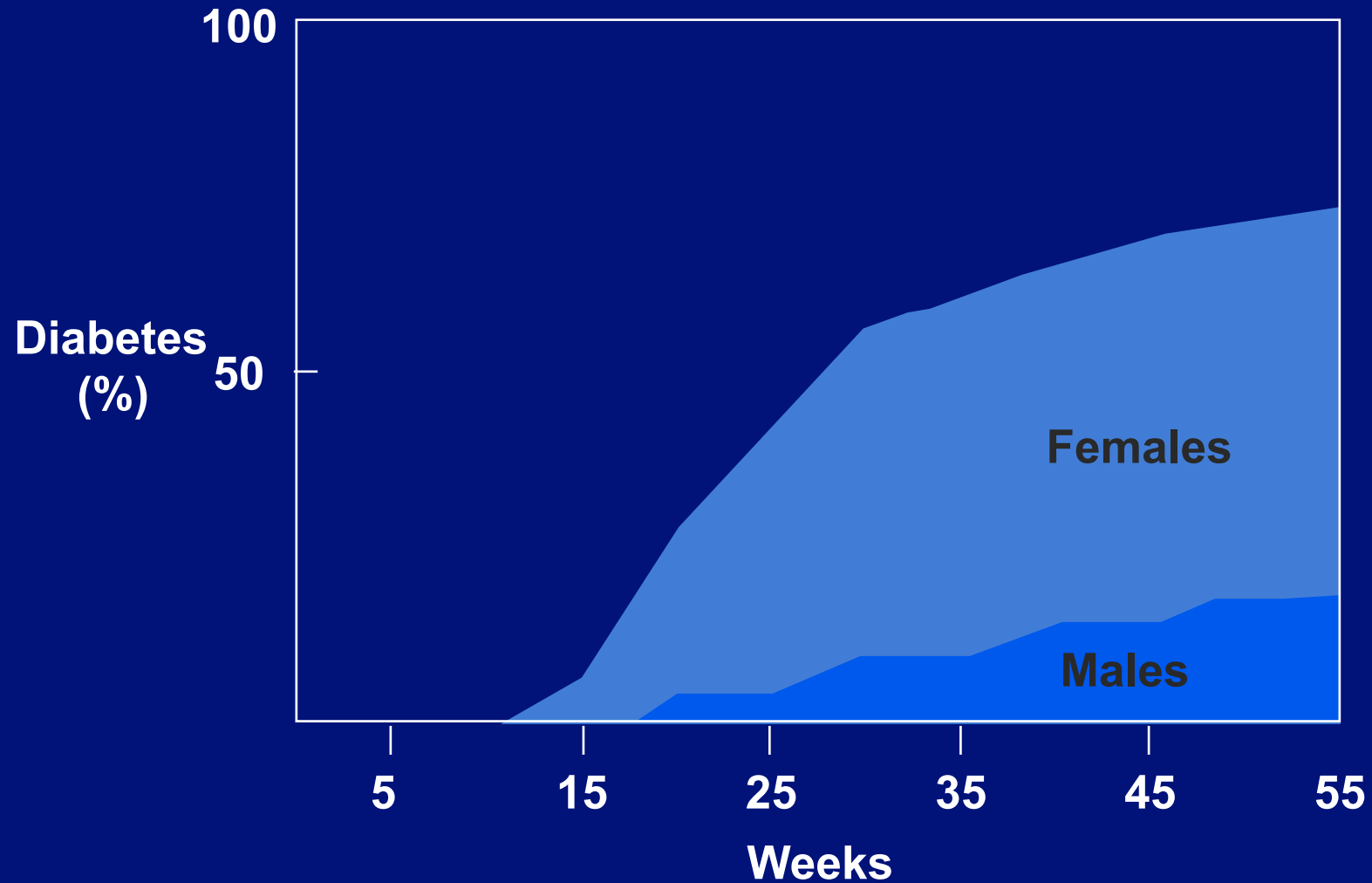


Figure 4

# Spontaneous IDDM in NOD mice

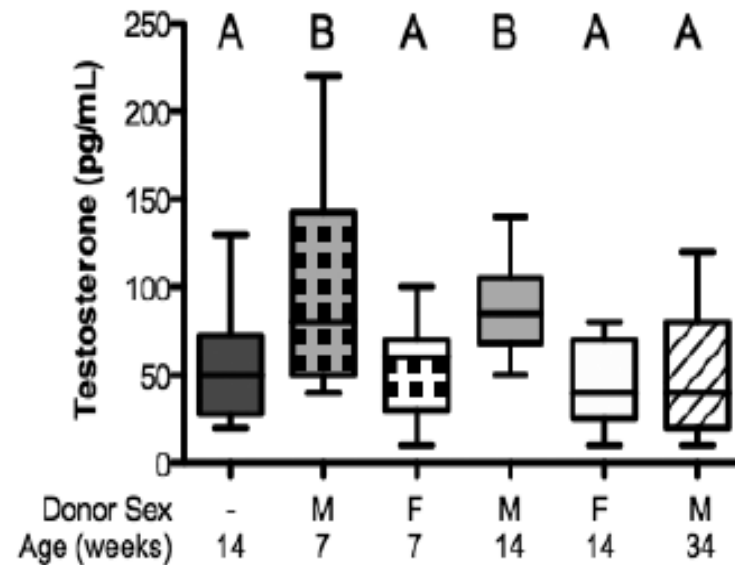
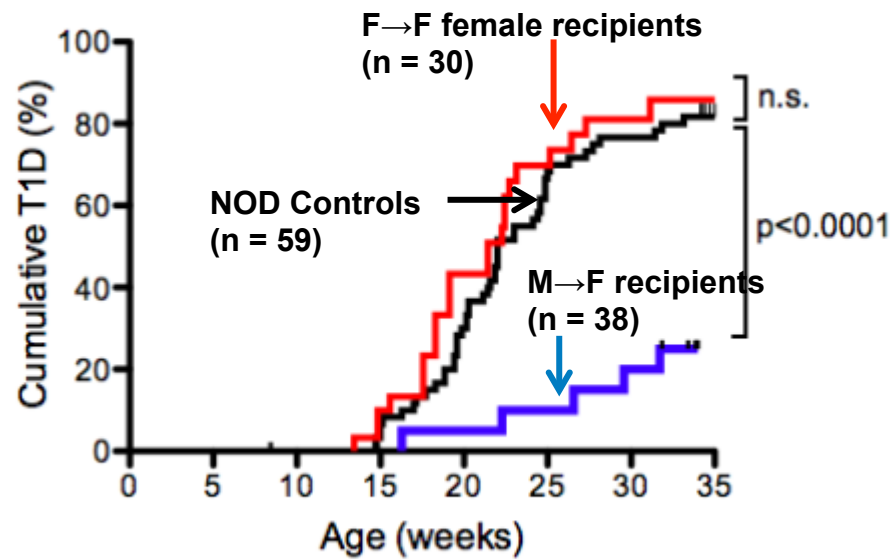


**Table 1. Gender Bias of T1D in NOD Colonies**

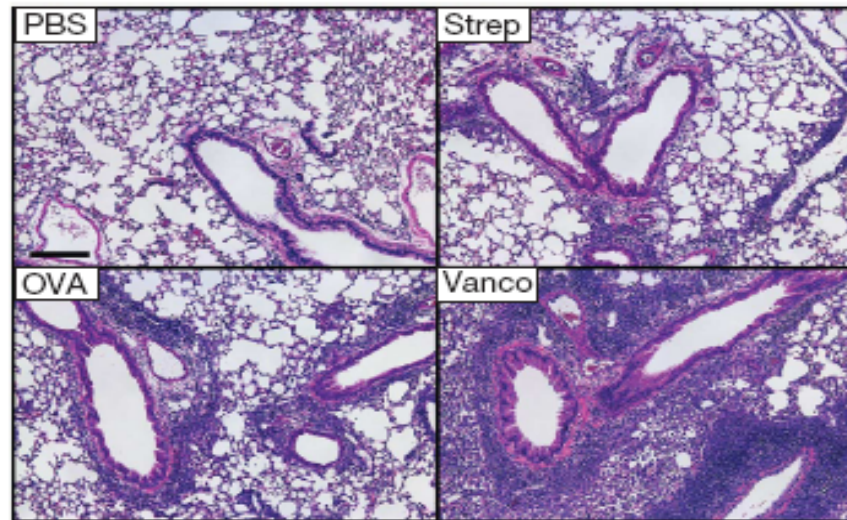
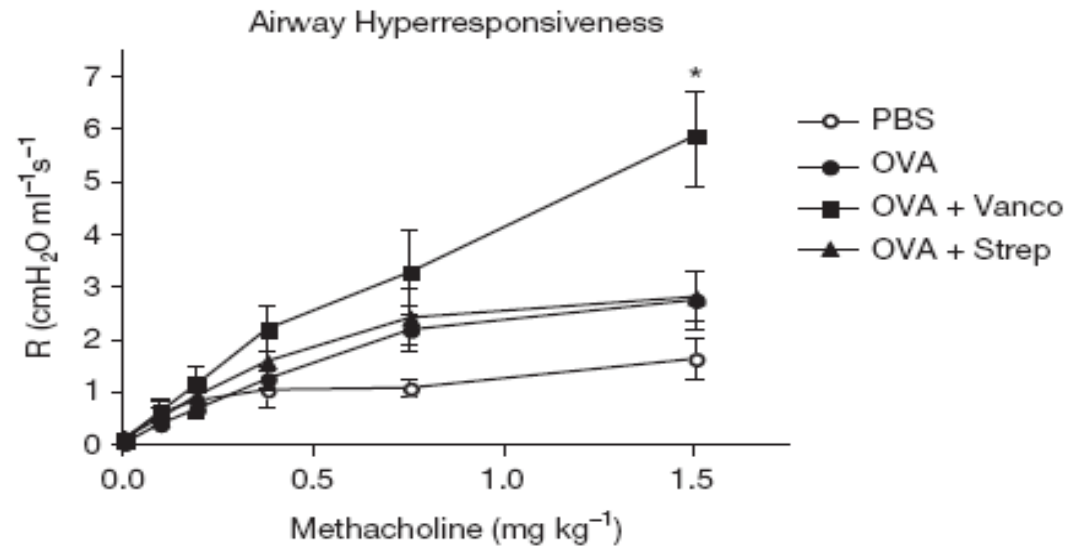
Institution	Female (F)	Male (M)	Ratio F/M
SPF Facilities			
U of Chicago	60%	25%	2.4
Yale 2008 (Wen et al., 2008)	90%	70%	1.3
Taconic 2009 <sup>a</sup>	80%	50%	1.6
Harvard 2011 (Kriegel et al., 2011)	50%–60%	10%–15%	4.4
2002 <sup>b</sup>	75%	50%	1.5
2003 <sup>b</sup>	85%	60%	1.4
2004 <sup>b</sup>	90%	45%	2.0
2005 <sup>b</sup>	80%	40%	2.0
2006 <sup>b</sup>	65%	35%	1.9
2007 <sup>b</sup>	100%	65%	1.5
2008 <sup>b</sup>	90%	85%	1.1
2009 <sup>b</sup>	90%	65%	1.4
Germ-Free Facilities			
Taconic 2008 (Wen et al., 2008)	100%	85%	1.2
U of Chicago 2012	95%	84%	1.1

Cumulative incidence of diabetes in NOD mice at 30 weeks of age.

# Gavage of female NOD pups with male NOD-derived intestinal microbiome



**Direct evidence for a role of gut  
microbiota in the control of  
dysimmune diseases**





# EFFECTS OF THE GERM FREE STATUS ON AUTOIMMUNE DISEASES

---

**Diabetes  
(NOD mice)**

Variable

**EAE**

Conventional



Transgenic TCR



**Arthritis**

CIA



KBxN



# PROBIOTICS IN GF MICE

---

**Segmented Filamentous Bacteria**

TH17 cells (IL-17)

**Clostridium**

**Bacteroides fragilis**

Treg, IL-10

**VSL#3**

No Effect

Table 2 | **Bacteria shown to be protective in inflammatory bowel disease**

Bacterial strain	Model system	Disease type or model	Mechanism of disease suppression
VSL#3*	Human and mouse	Pouchitis, ulcerative colitis and TNBS-induced colitis	Induction of IL-10- and TGF $\beta$ -expressing T cells
<i>Bifidobacteria lactis</i>	Rat	TNBS-induced colitis	Decreased levels of colonic TNF and iNOS
<i>Bifidobacteria infantis</i>	Mouse	<i>Salmonella enterica</i> -induced enteritis	Induction of T <sub>Reg</sub> cells and inhibition of NF- $\kappa$ B activation
<i>Escherichia coli</i> Nissle 1917	Human and mouse	Ulcerative colitis and DSS-induced colitis	Decreased colonic inflammation induced by TLR2 and TLR4 activation
<i>Lactobacillus rhamnosus</i> GG	Mouse and rat	TNBS-induced colitis and HLA-B27-associated colitis	Induction of T <sub>Reg</sub> cells
<i>Lactobacillus salivarius</i>	Mouse	TNBS-induced colitis	Decreased colonic inflammation
<i>Lactobacillus reuteri</i>	Mouse	IL-10-deficient mice	Upregulation of NGF and decreased levels of IL-8 and TNF in cell lines
<i>Lactobacillus plantarum</i> 299v	Mouse	IL-10-deficient mice	Decreased levels of IFN $\gamma$ and IL-12p40
<i>Lactobacillus fermentum</i>	Rat	TNBS-induced colitis	Decreased levels of colonic TNF and iNOS
<i>Lactobacillus casei</i>	Rat	TNBS-induced colitis	Decreased levels of colonic cyclooxygenase 2
<i>Bacteriodes thetaiotaomicron</i>	Rat	<i>S. enterica</i> -induced enteritis	Decreased levels of IL-8 and TNF in colorectal adenocarcinoma cell line
<i>Bacteriodes fragilis</i>	Mouse	T cell transfer and TNBS-induced colitis	Production of CD4 <sup>+</sup> T cell-derived IL-10
YO-MIX Y109 FRO 1000 <sup>†</sup>	Mouse	TNBS-induced colitis	ND
<i>Faecalibacterium prausnitzii</i>	Mouse	TNBS-induced colitis	Decreased levels of NF- $\kappa$ B, IL-8 and TNF and increased IL-10 production

# PREVENTION OF EXPERIMENTAL AUTOIMMUNE DISEASES BY PROBIOTICS

---

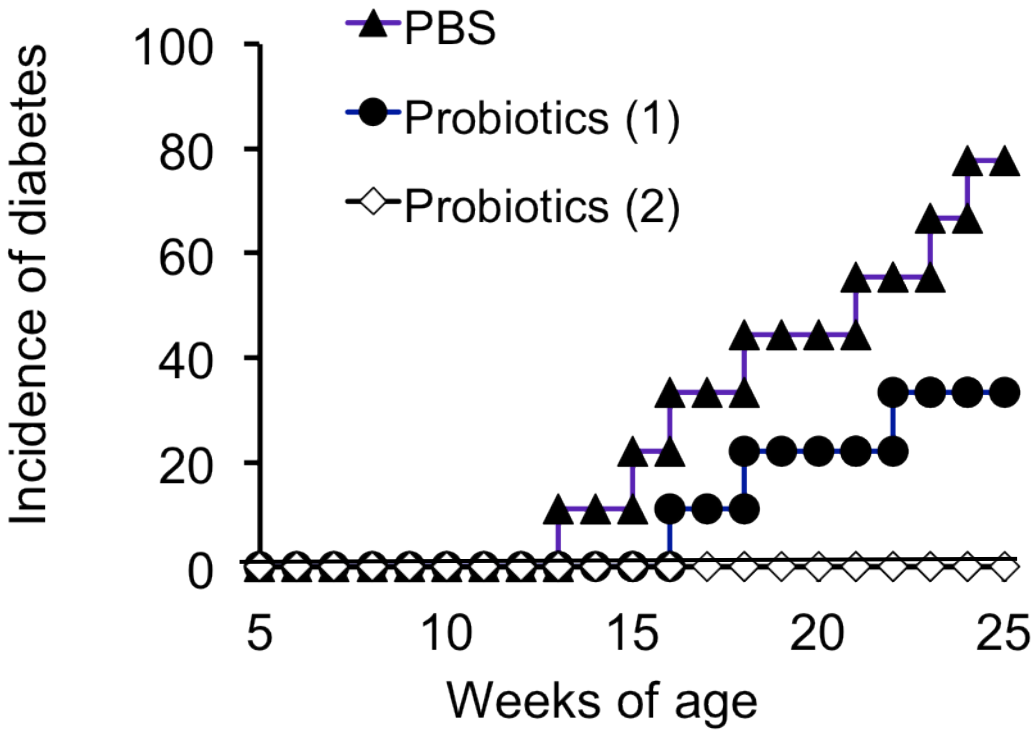
**NOD Mice**     **VSL#3**

**BB Rats**     *Lactobacillus Johnsonii*

**EAE**     *Bifidobacterium animalis*  
*Lactobacillus plantarum* + *Lactobacillus casei*

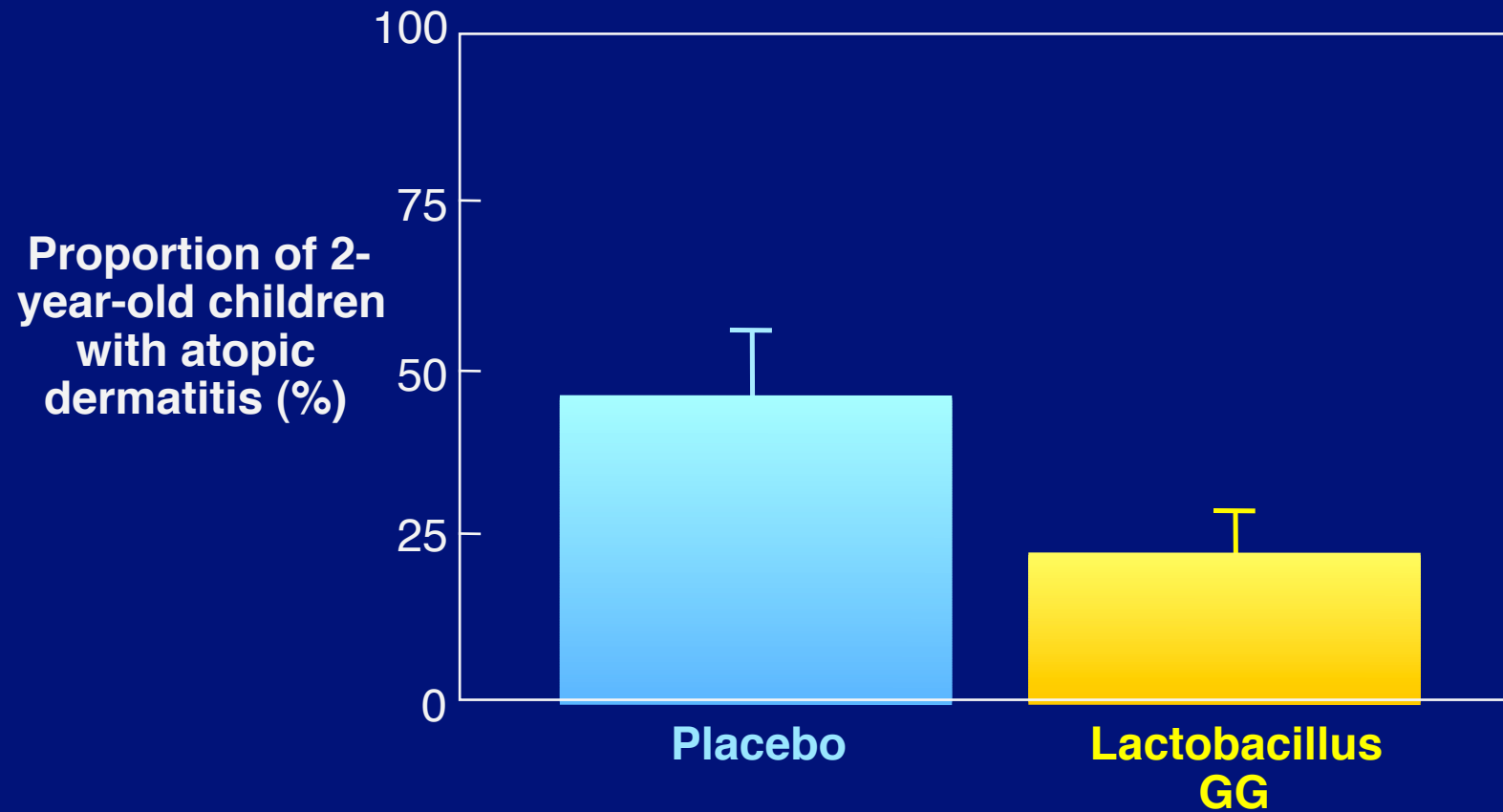
**CIA**     *Lactobacillus rhamnosus*

# PROBIOTICS PROTECT FROM AUTOIMMUNE DIABETES



Daily administration of Probiotics: (1)  $1 \cdot 10^9$  bacteria/mouse  
(2)  $5 \cdot 10^9$  bacteria/mouse

# Treatment effect of Lactobacillus GG on atopic dermatitis



*The Lancet, 2001*

REVIEW ARTICLE

---

Probiotics Supplementation During Pregnancy or Infancy  
for the Prevention of Atopic Dermatitis  
*A Meta-analysis*

*Claudio Pelucchi,<sup>a</sup> Liliane Chatenoud,<sup>a</sup> Federica Turati,<sup>a,b</sup> Carlotta Galeone,<sup>a,b</sup> Lorenzo Moja,<sup>a,c</sup>  
Jean-François Bach,<sup>d,e</sup> and Carlo La Vecchia<sup>a,b</sup>*

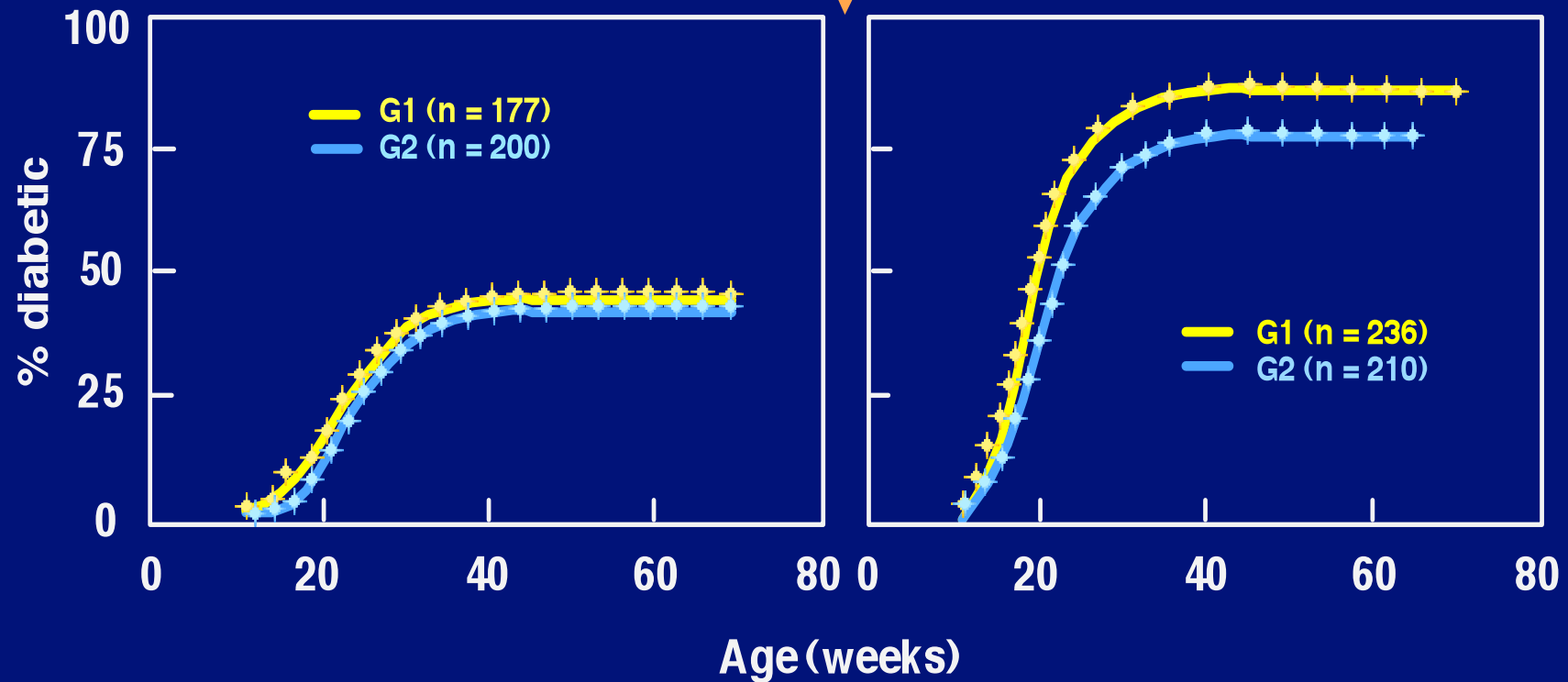
*Epidemiology* • Volume 23, Number 3, May 2012

# **The major role of pathogens**



# Effect of infections on diabetes incidence in female NOD mice

Decontamination  
(isolation)



# PREVENTION OF IDDM IN NOD MICE BY INFECTIOUS AGENTS

---

## Bacteria

streptococci

salmonella

mycobacteria (CFA, BCG, ...)

## Viruses

LCMV

MHV

LDHV

## Parasites

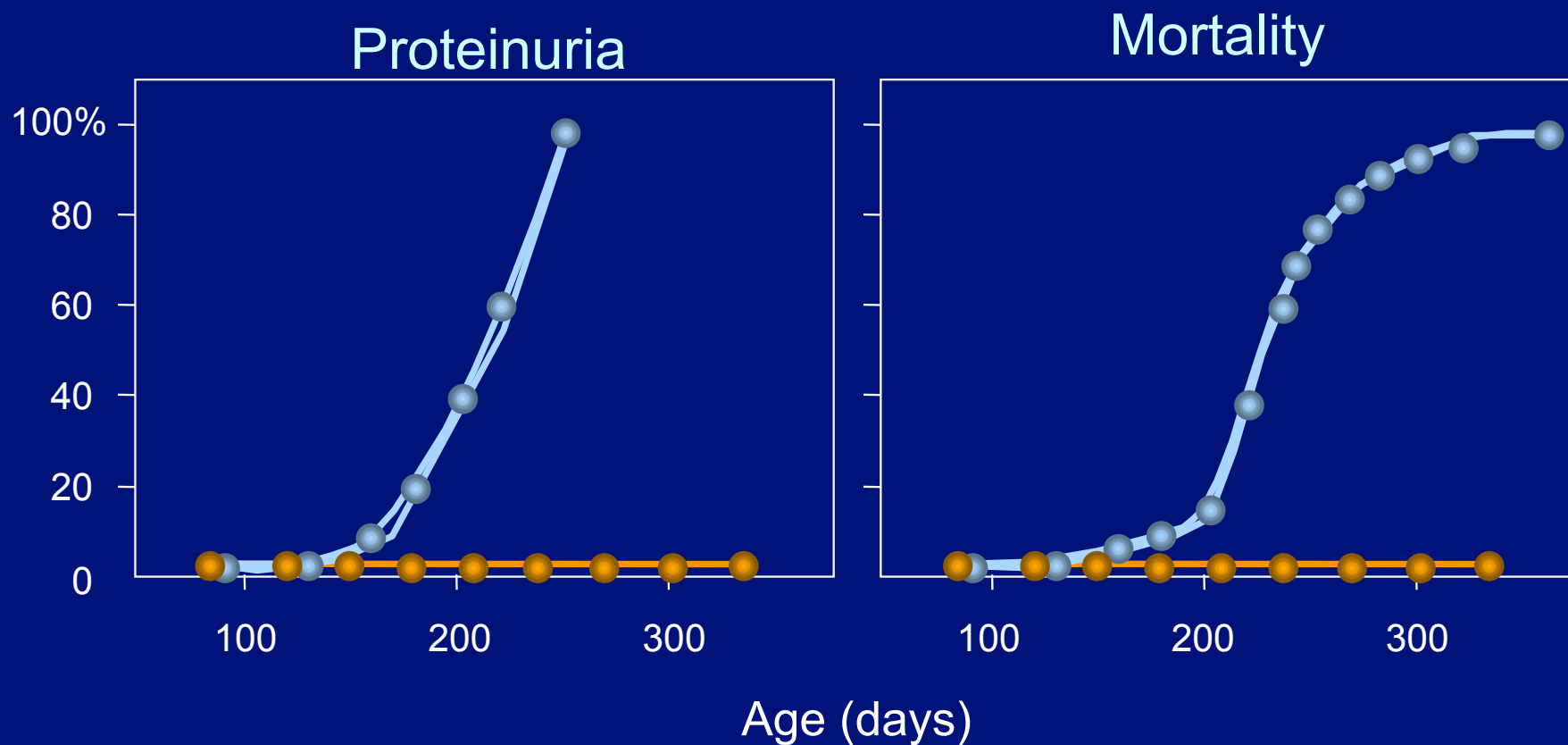
schistosoma

pimworms

# Effect of malaria in B / W mice

● Mice Infected

● Controls



*B. M. Greenwood et al, Science, 1970*

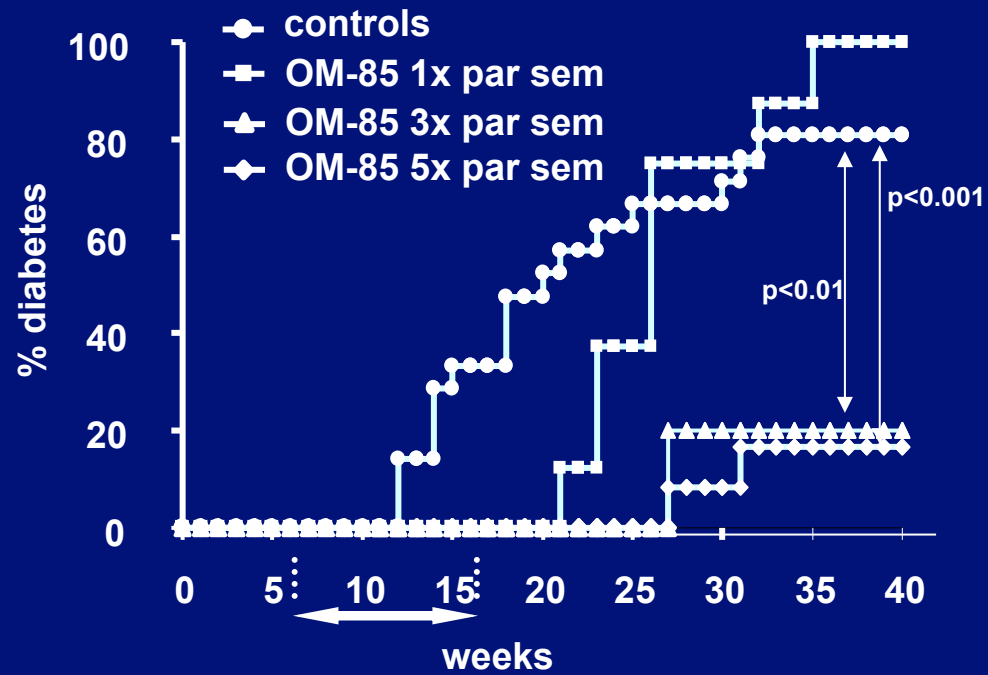
## OM-85 : A BACTERIAL EXTRACT

---

OM-85 (OM-PHARMA, Suisse) :  
plusieurs espèces bactériennes responsables d'infections  
du tractus respiratoire chez l'homme:

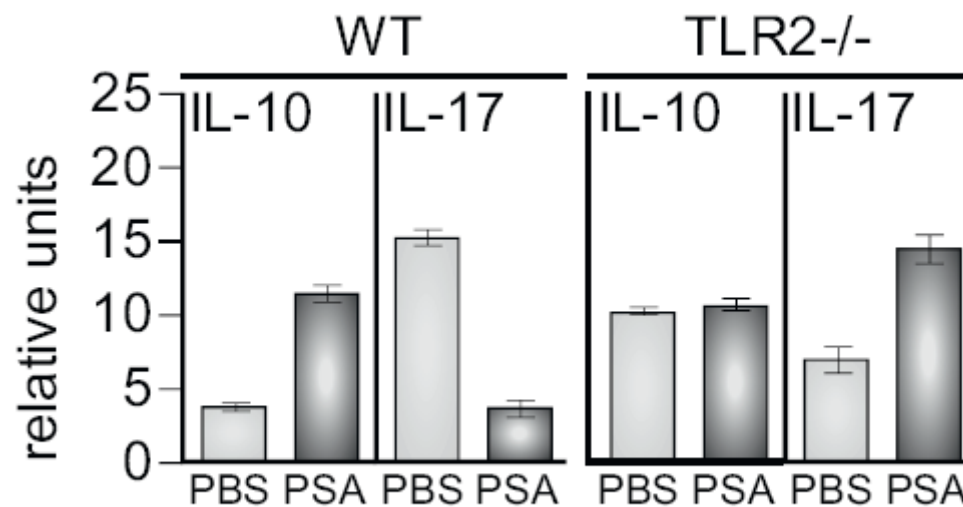
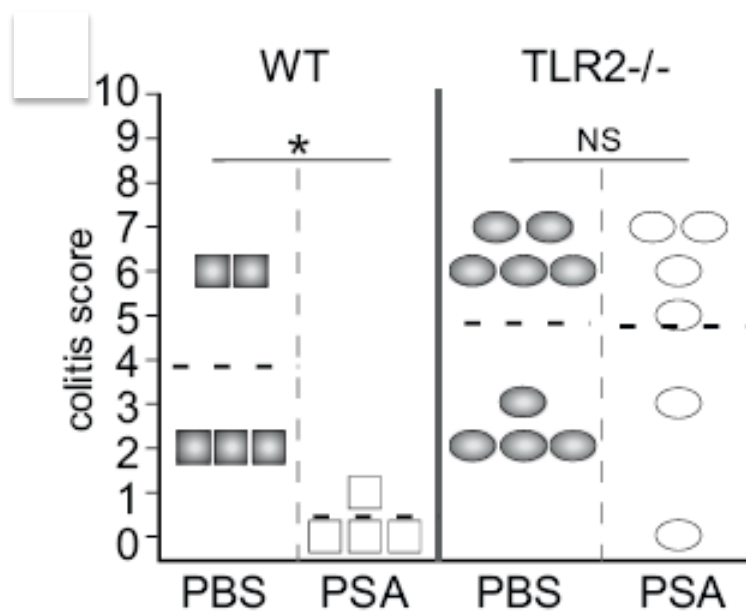
- *Haemophilus influenzae*
- *Diplococcus (Streptococcus) pneumoniae*
- *Klebsiella pneumoniae and ozaenae*
- *Staphylococcus aureus*
- *Streptococcus pyogenes and viridans*
- *Neisseria (Branhamella) catarrhalis*

# DIABETES PROTECTION BY OM-85

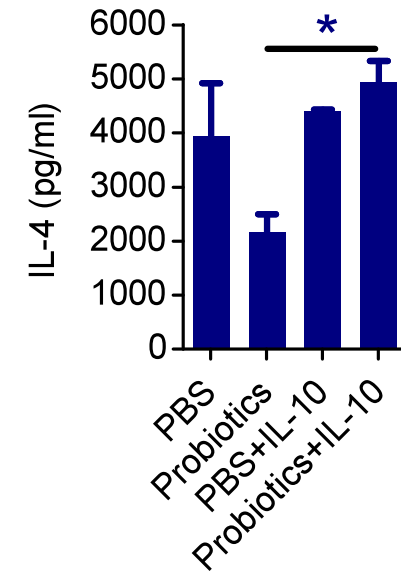
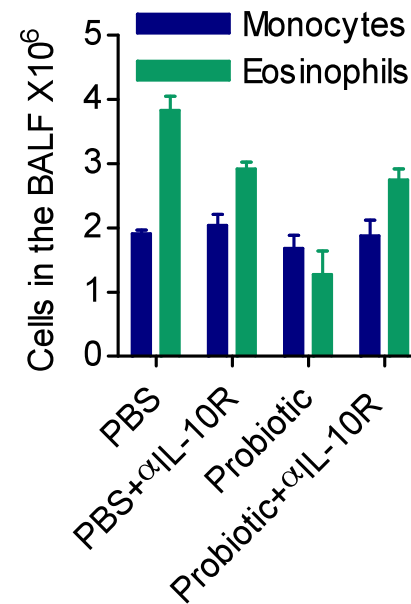
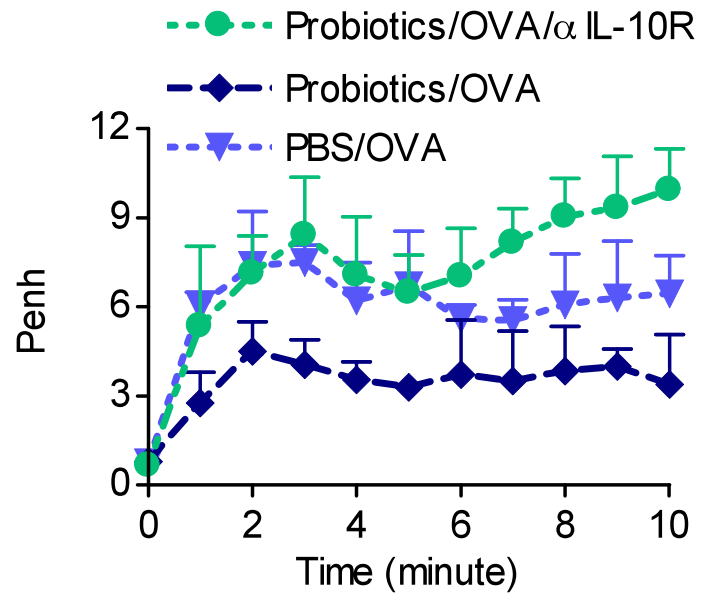


**Underlying mechanisms :  
the major role of Toll-like receptors**

# TLR2 DEPENDENCY OF THE PROTECTIVE EFFECT OF PSA ON COLITIS AND CYTOKINE PRODUCTION

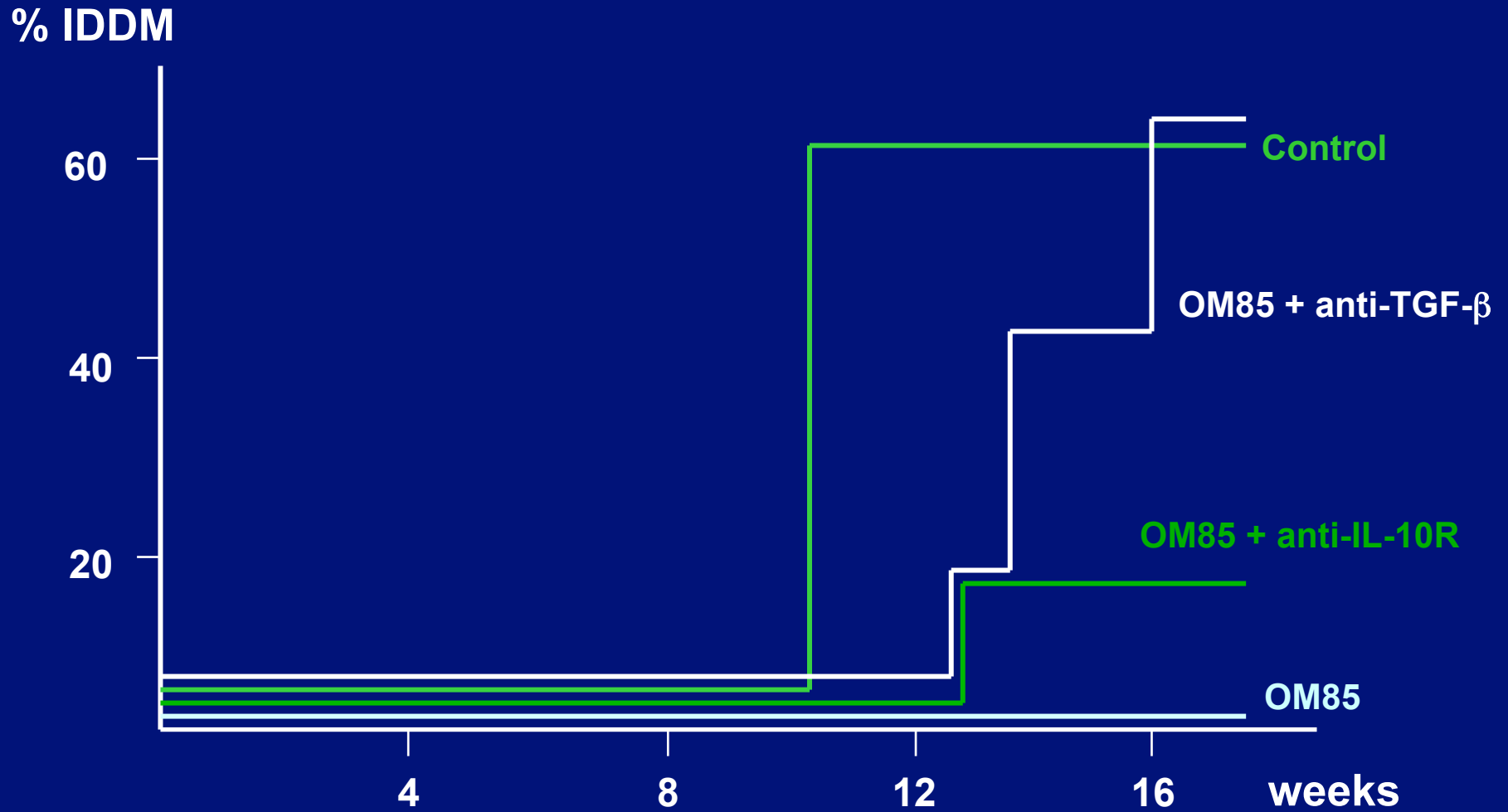


# PROBIOTICS PROTECTION FROM ALLERGIC ASTHMA IS IL-10-DEPENDENT

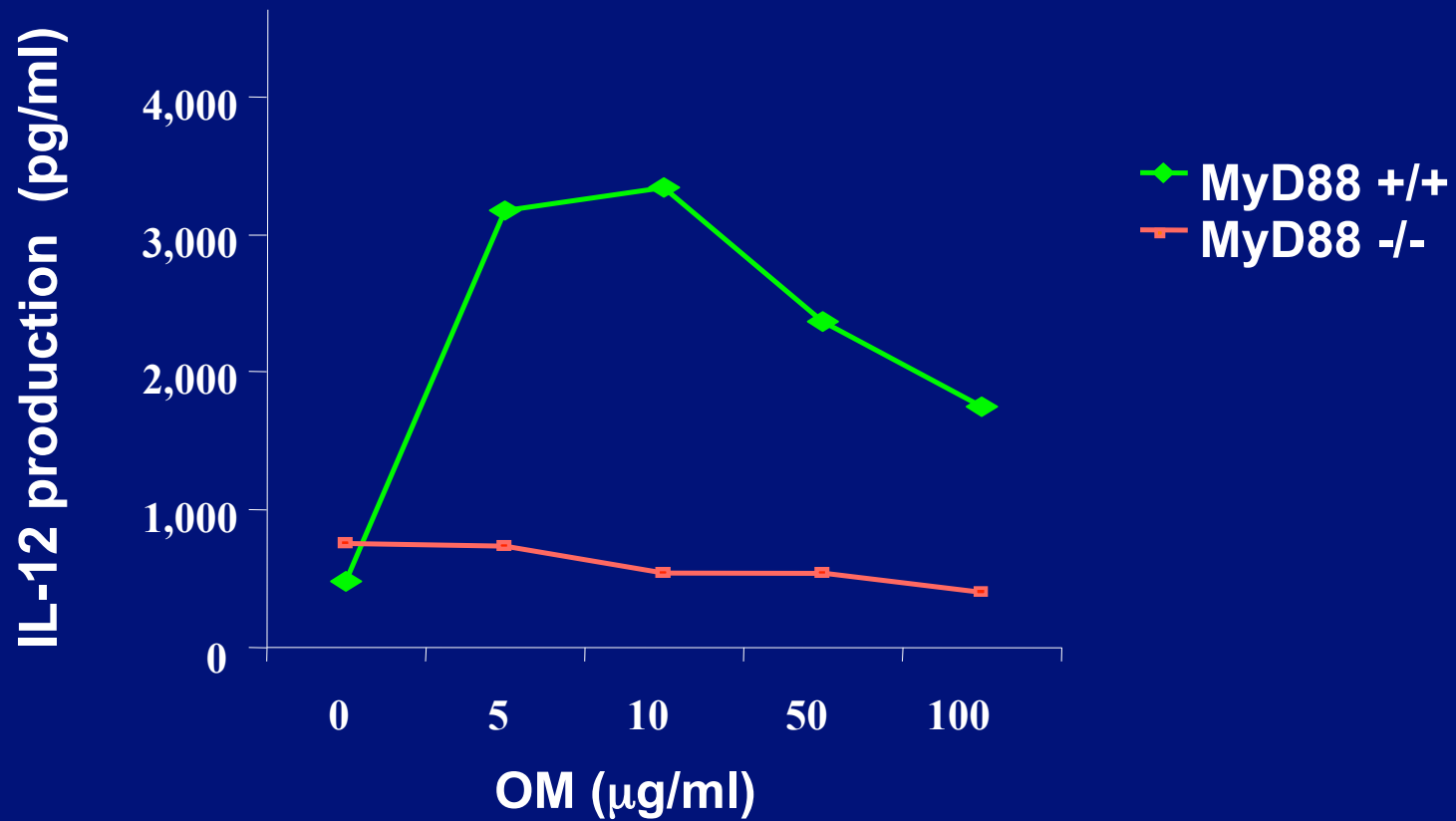




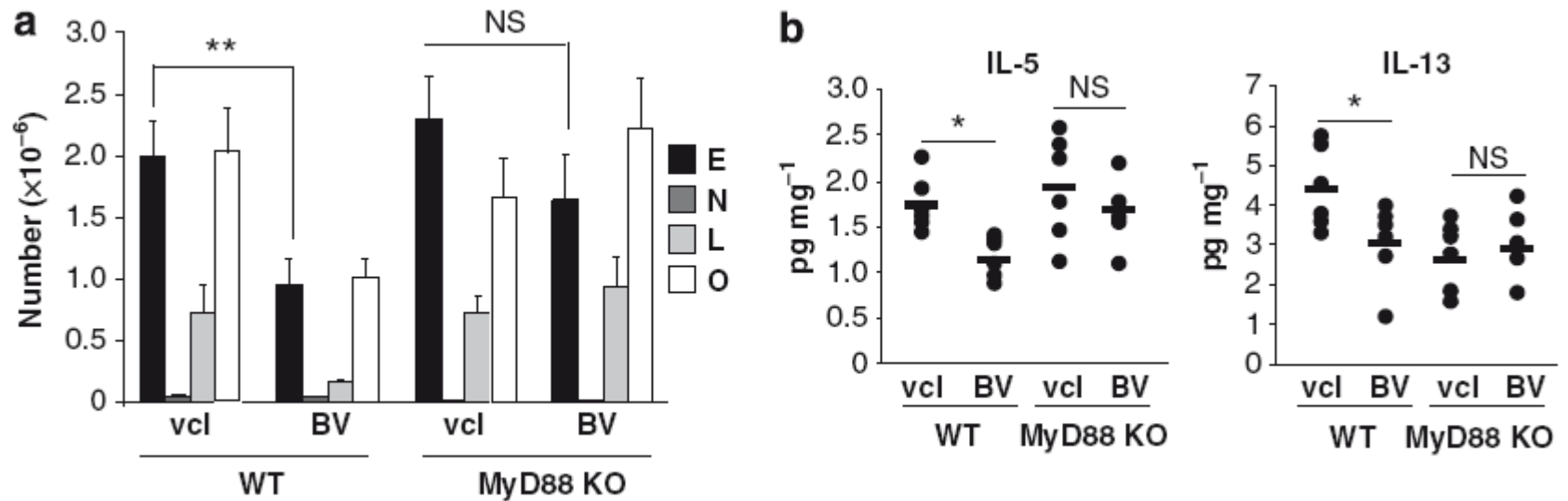
# CYTOKINE DEPENDENCY OF THE OM85-INDUCED DIABETES PROTECTION



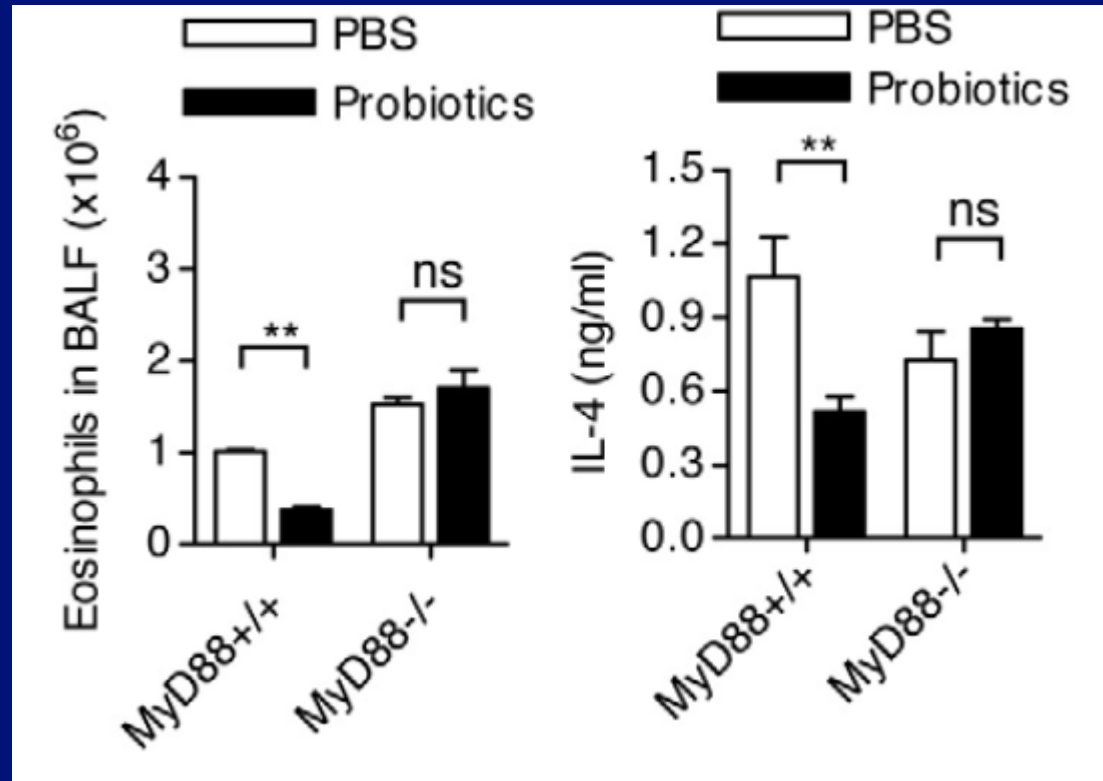
# PRODUCTION OF IL-12 BY OM-85 IS ABOLISHED IN DENDRITIC CELLS FROM MYD88-DEFICIENT MICE



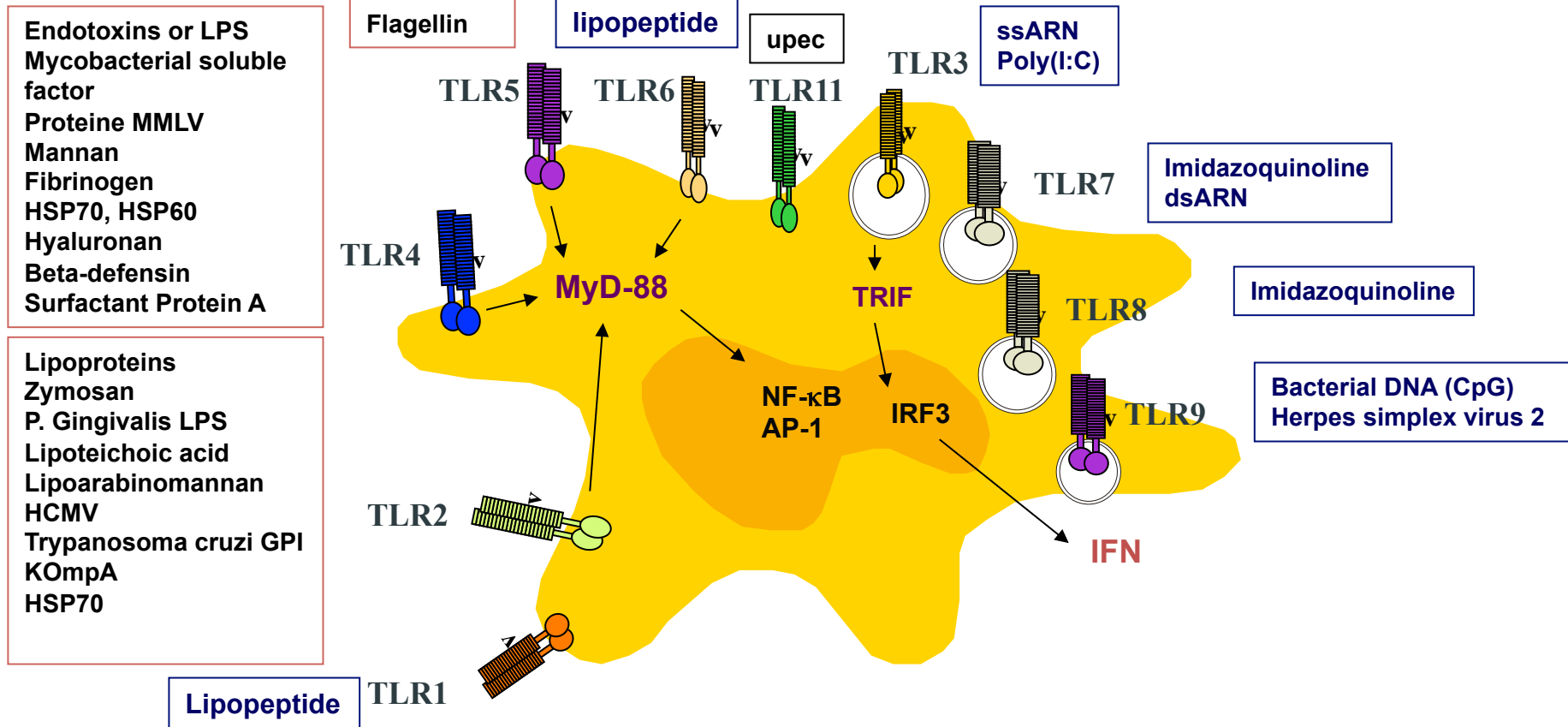
# THE PROTECTIVE EFFECT OF om-85 (BV) ON ALLERGIC ASTHMA IS TLR-DEPENDENT



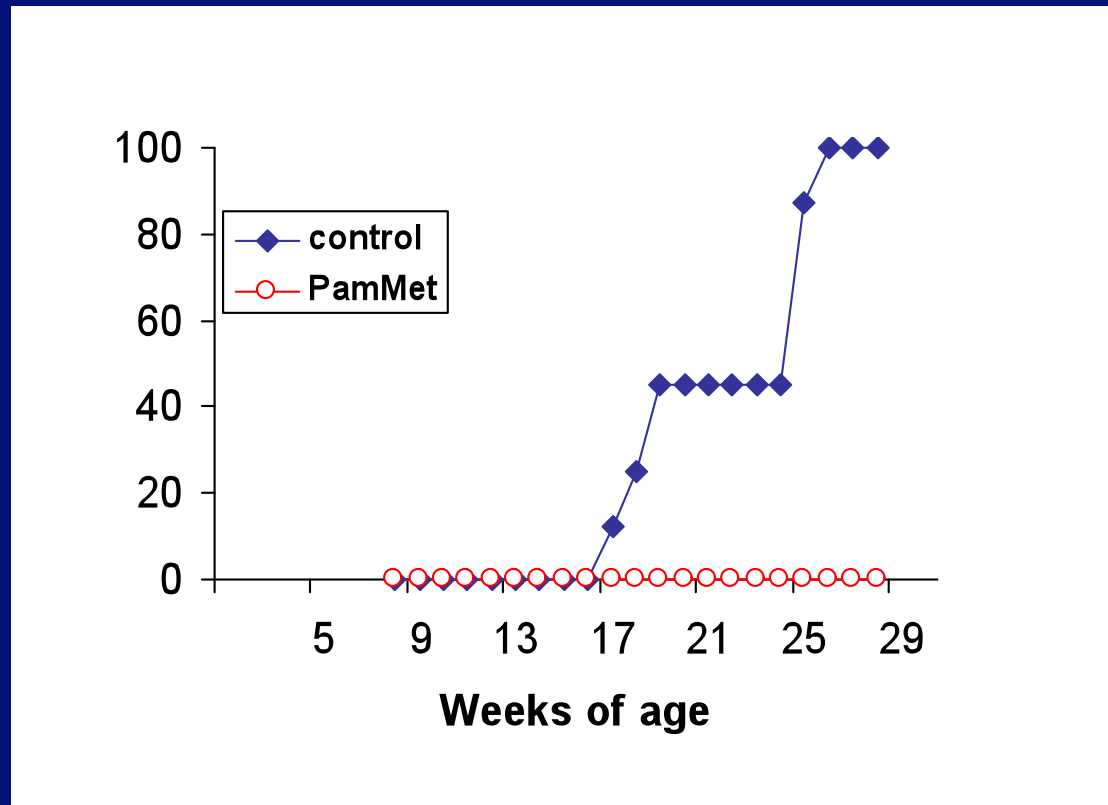
# PROBIOTICS-INDUCED PROTECTION IS MyD88-DEPENDENT



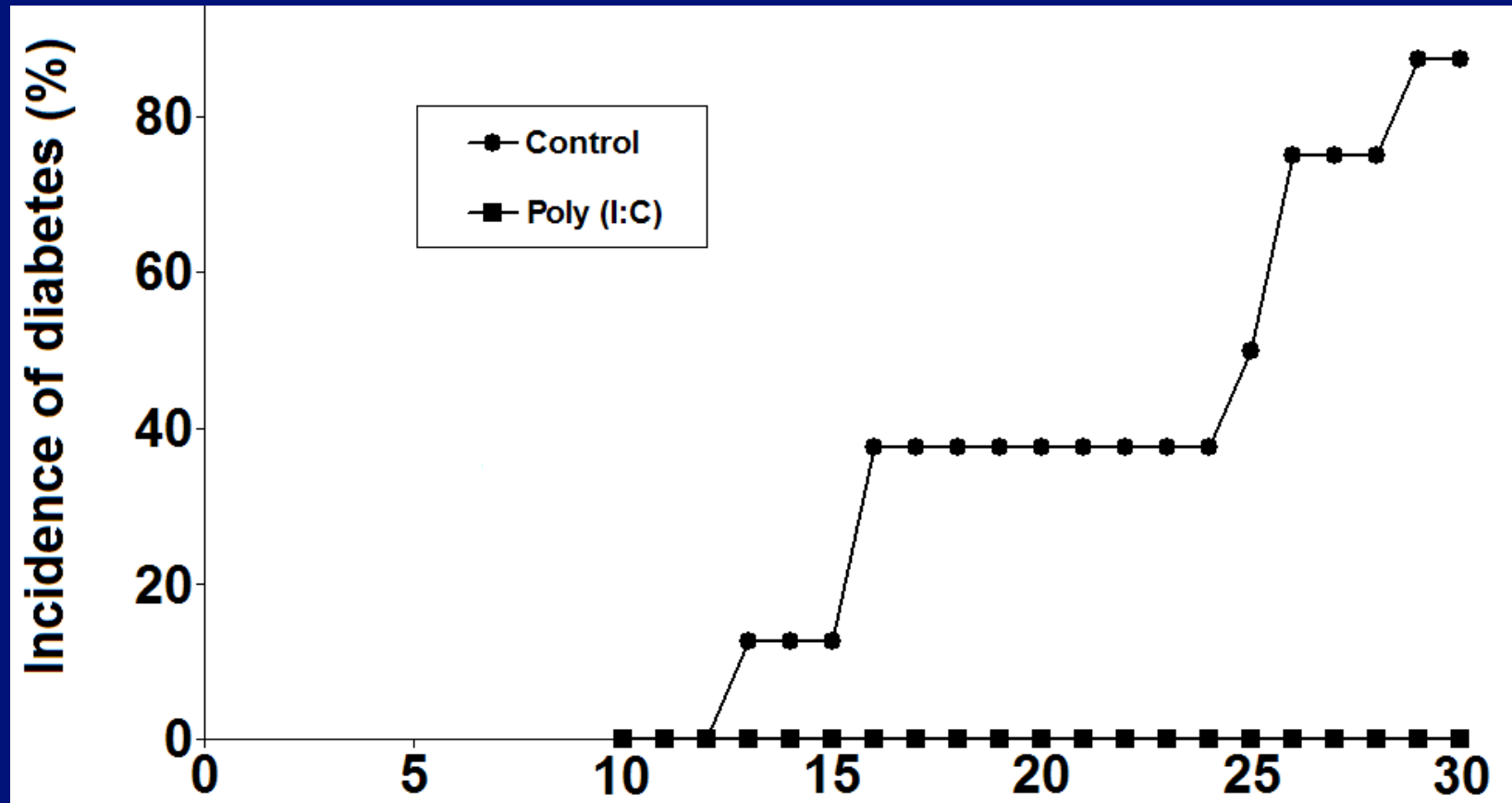
# Immune response of dendritic cell to TLR agonists



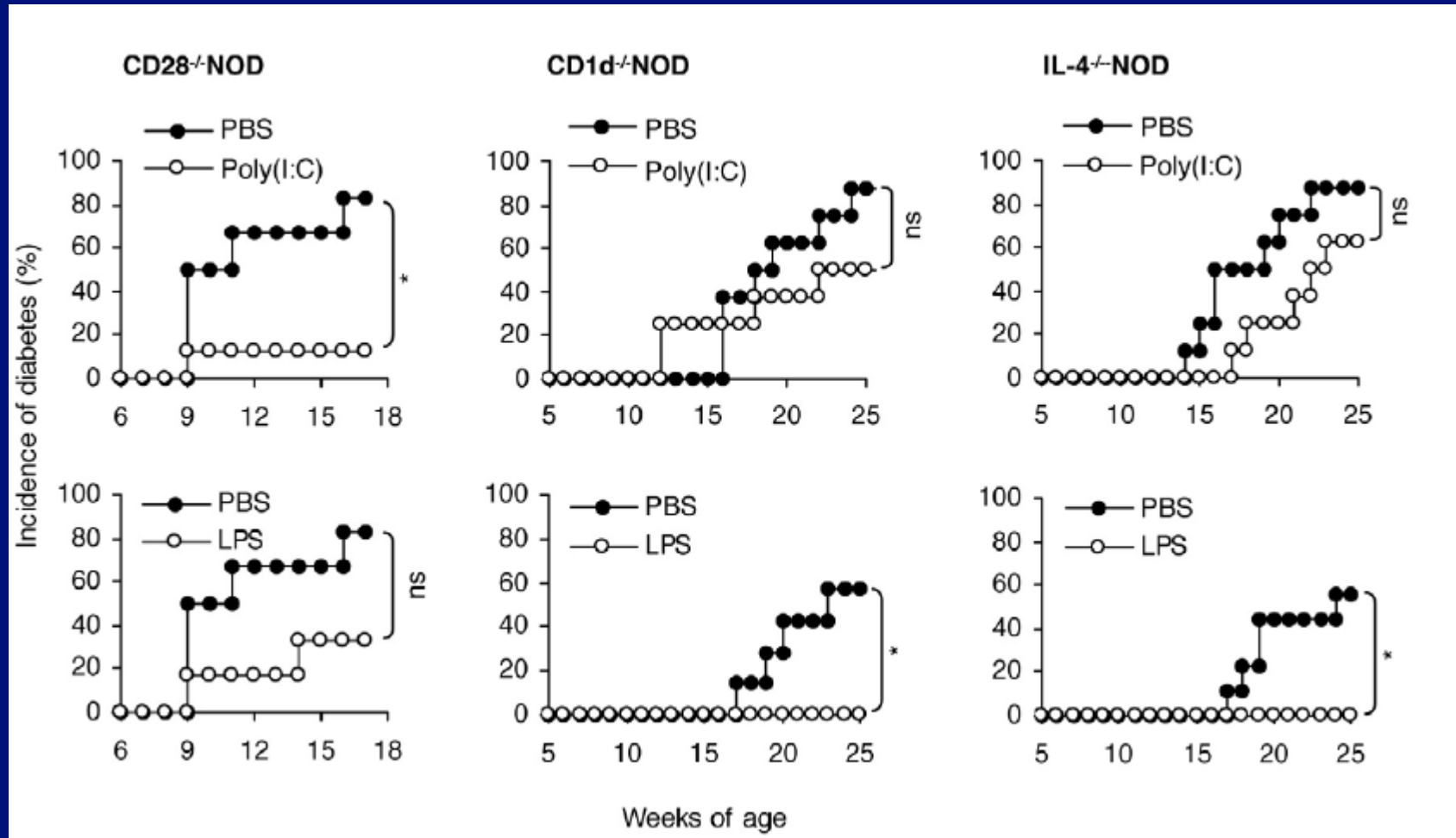
# EFFECT OF PAMMET TREATMENT ON THE INCIDENCE OF DIABETES IN FEMALE NOD MICE



# EFFECT OF POLY (I:C) TREATMENT ON THE INCIDENCE OF DIABETES IN FEMALE NOD MICE

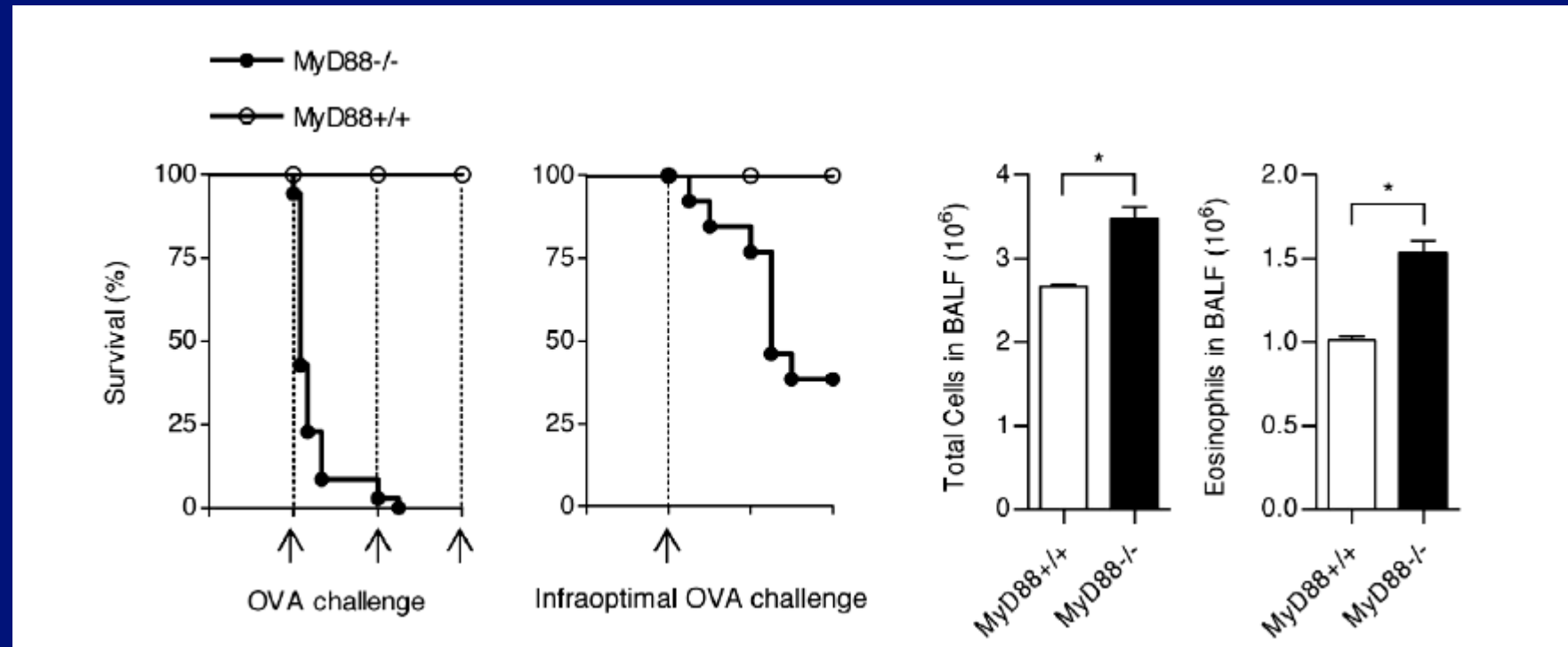


# PROTECTION BY TLR AGONISTS AND IMMUNOREGULATION





# EXACERBATION OF ALLERGIC ASTHMA IN MyD88 INVALIDATED NOD MICE



Thieblemont N et al. PLoS ONE 2010, 5(7): e11484

# Conclusions

---

- 1. High hygiene predisposes to the development of autoimmune, allergic and inflammatory bowel diseases**
- 2. The respective role of commensals and pathogens is ill-defined but most likely both of them are involved**
- 3. A common major mode of action of commensals and pathogens involves TLR stimulation**