

Enfant allergique, la faute à l'environnement?

Philippe Eigenmann

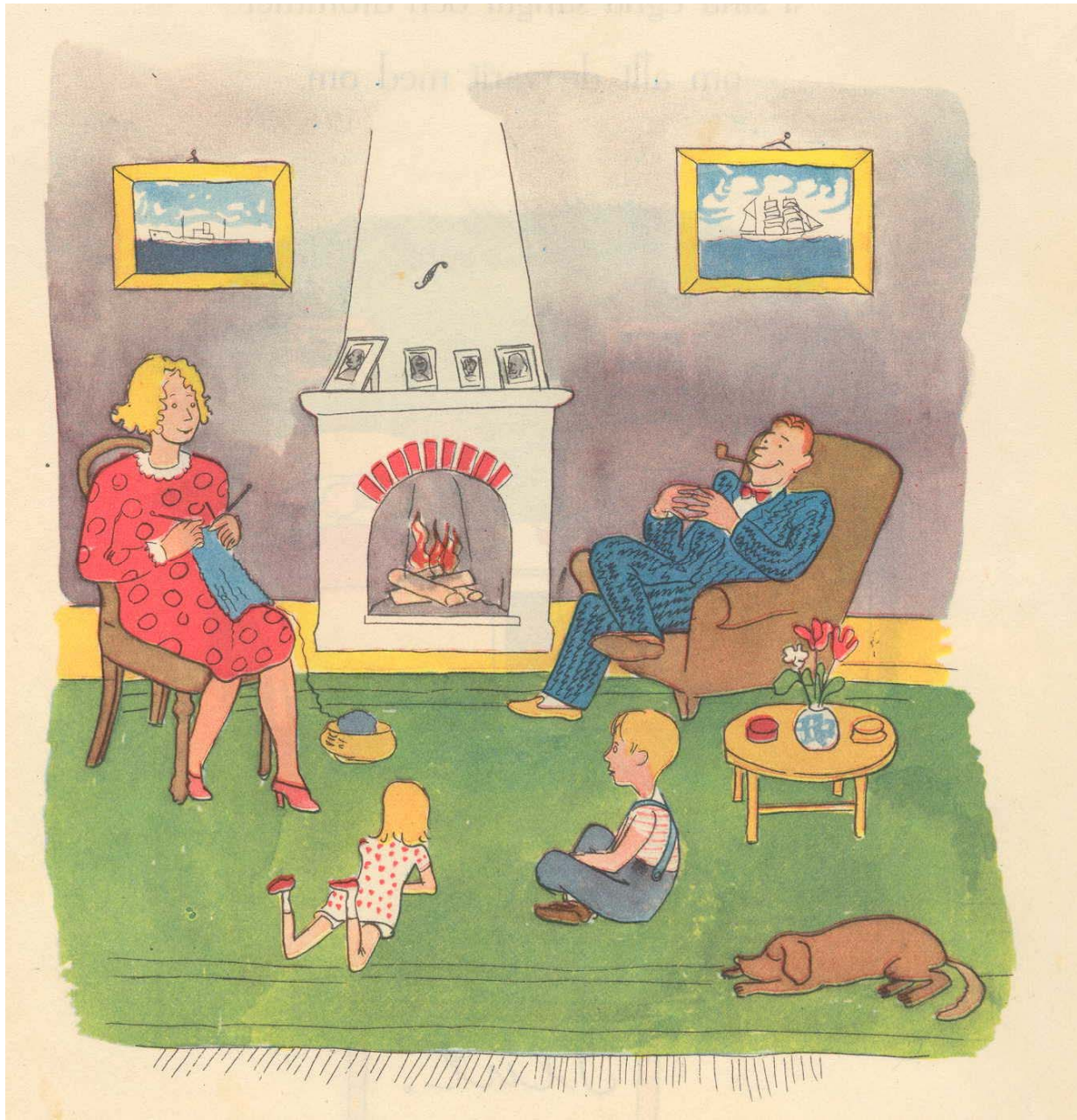
Unité d'allergologie pédiatrique



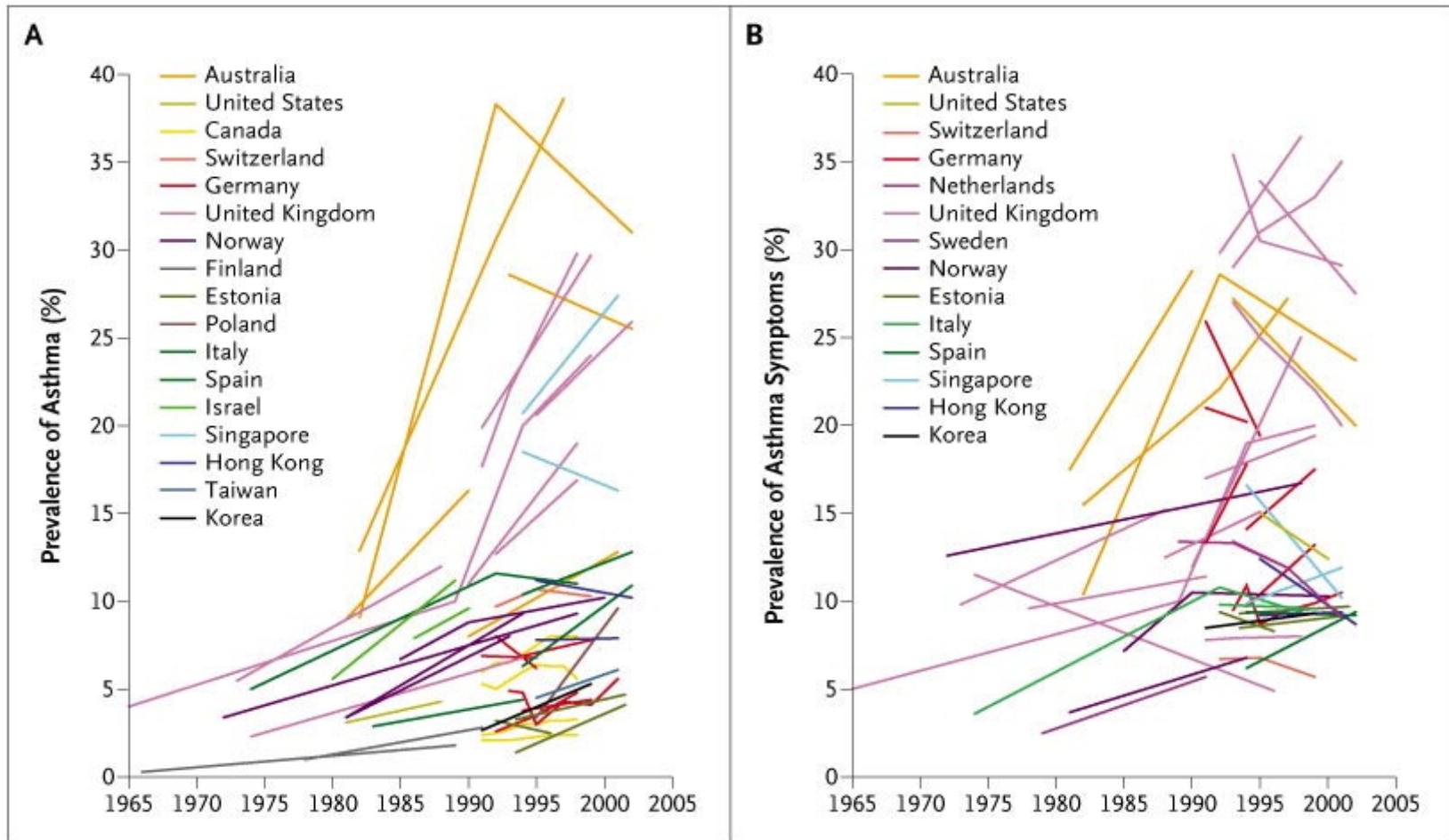
UNIVERSITÉ DE GENÈVE



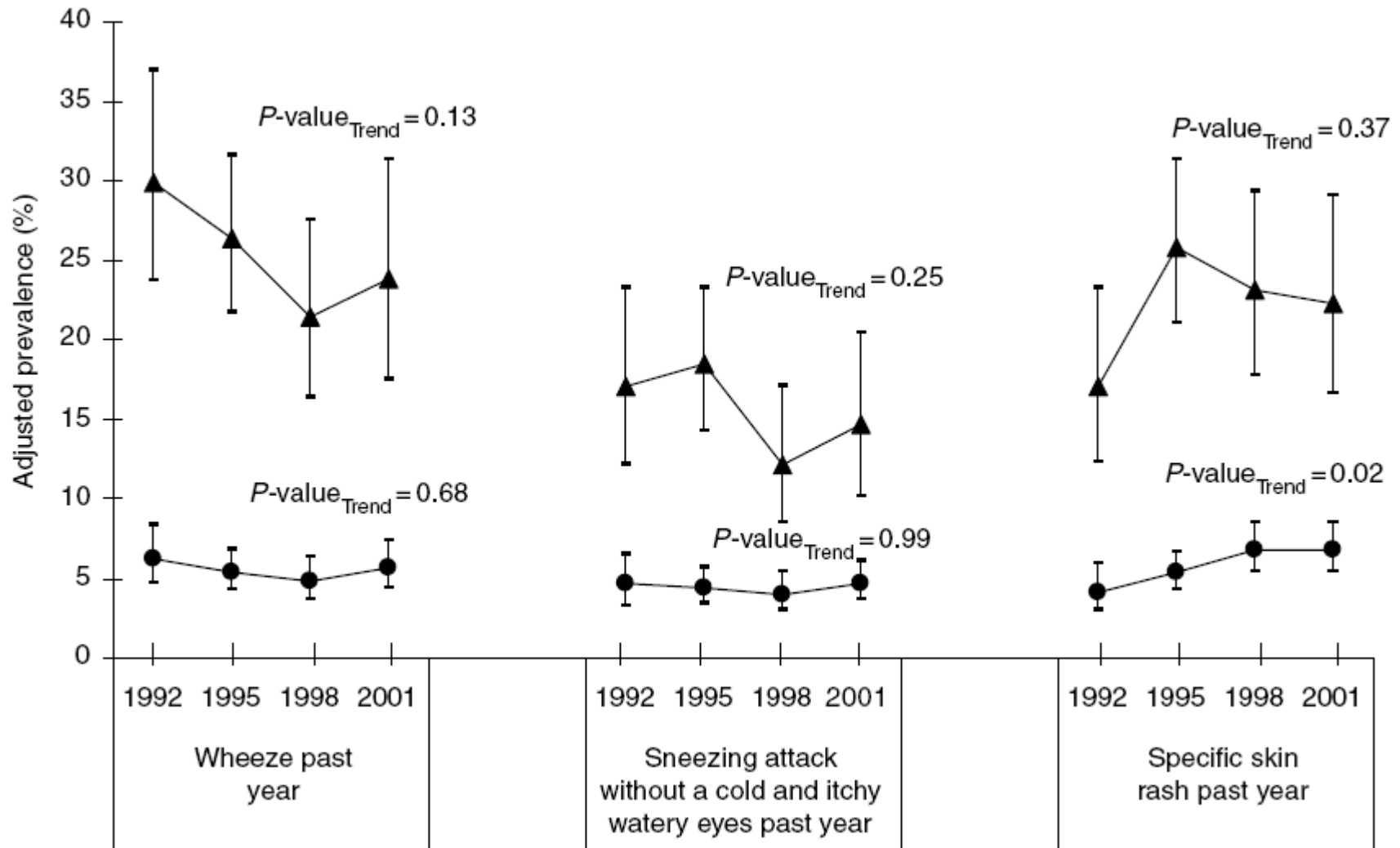
Hôpitaux
Universitaires
Genève



Changes in the Prevalence of Diagnosed Asthma and Asthma Symptoms over Time in Children and Young Adults.



Trends for allergic symptoms in 5-7 yr old in CH

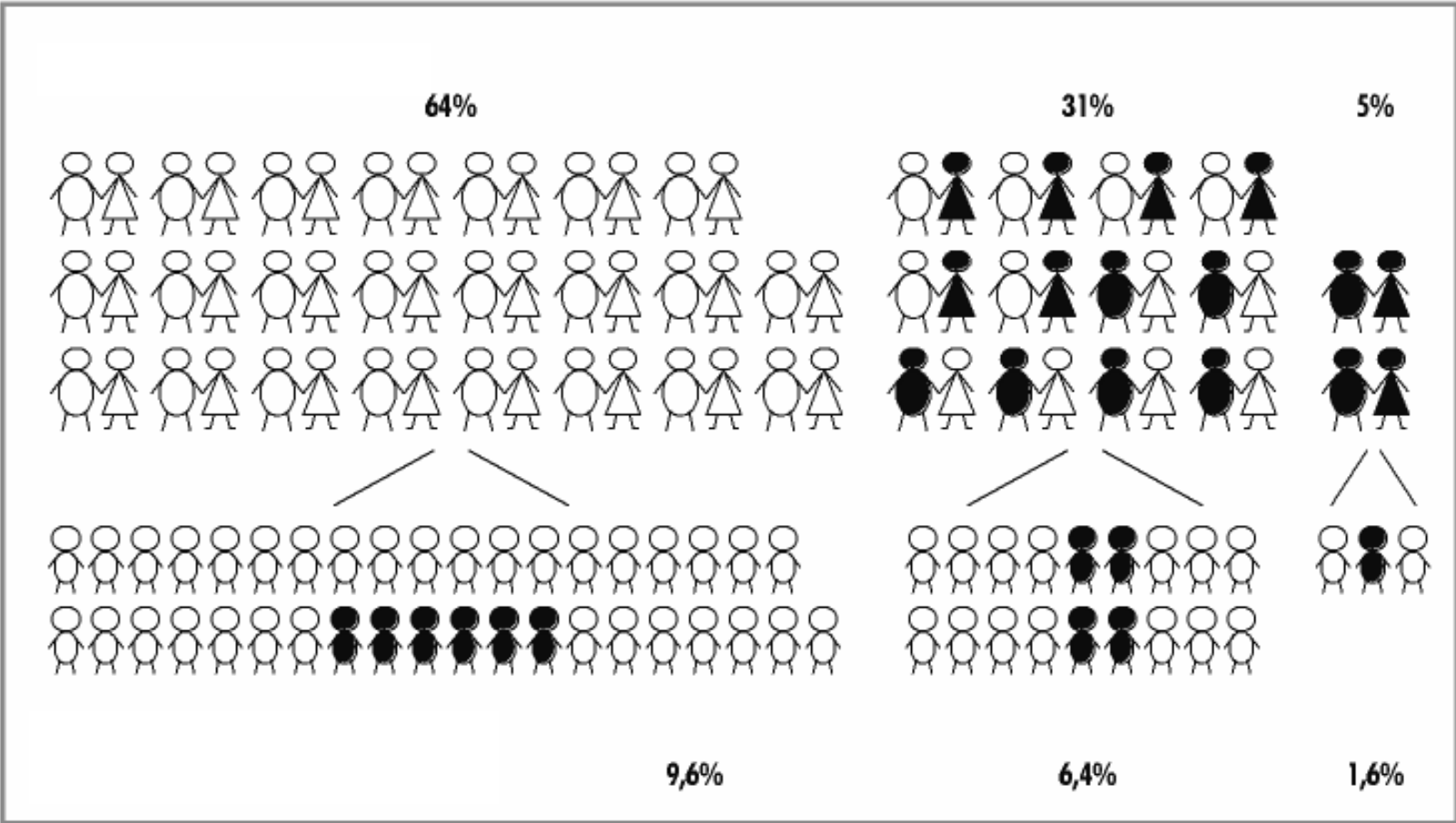


[▲] when pollution was perceived, [●] or not as a risk factor

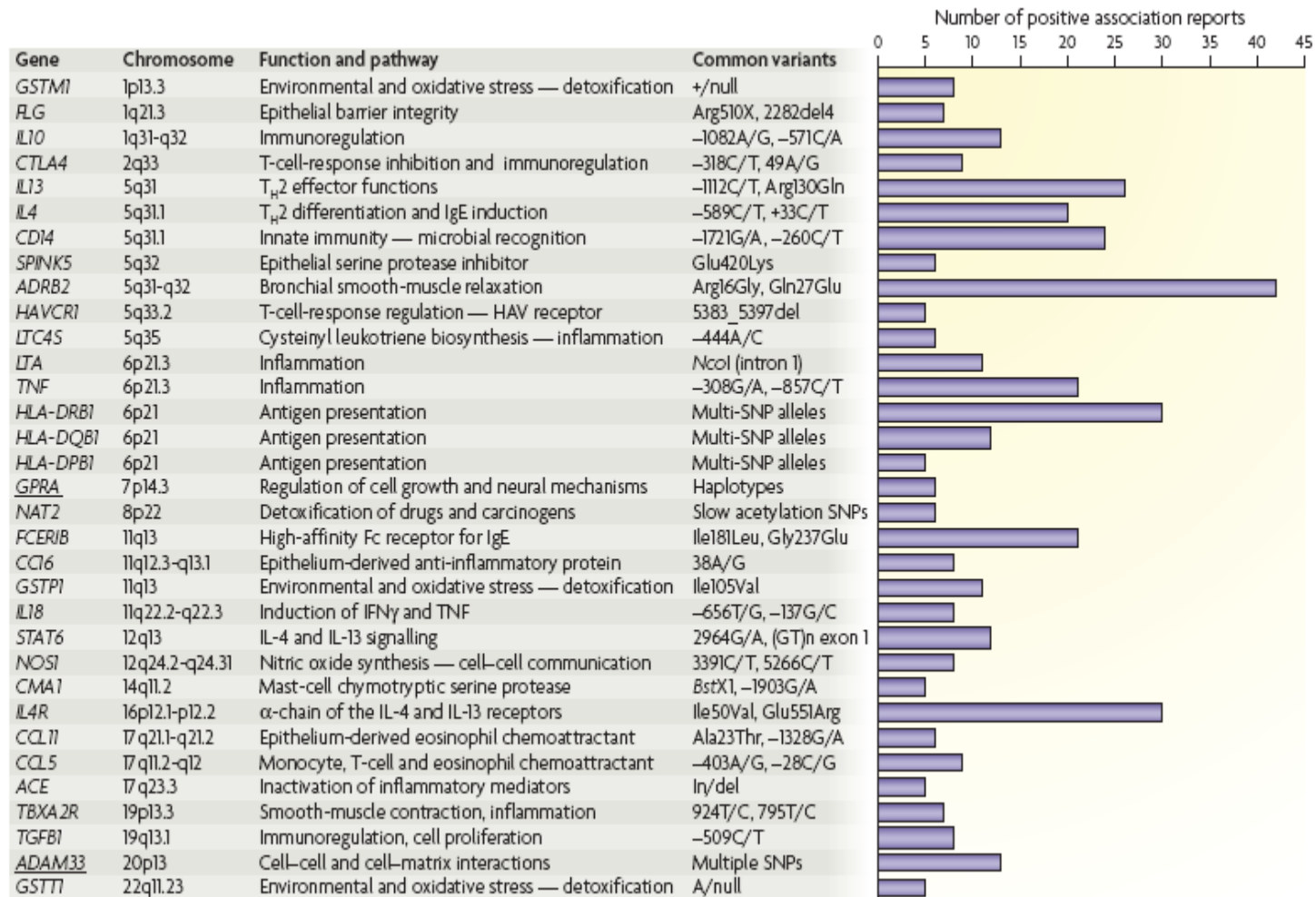
The two major factors to develop an allergic disease:

- Genetics
- The environment

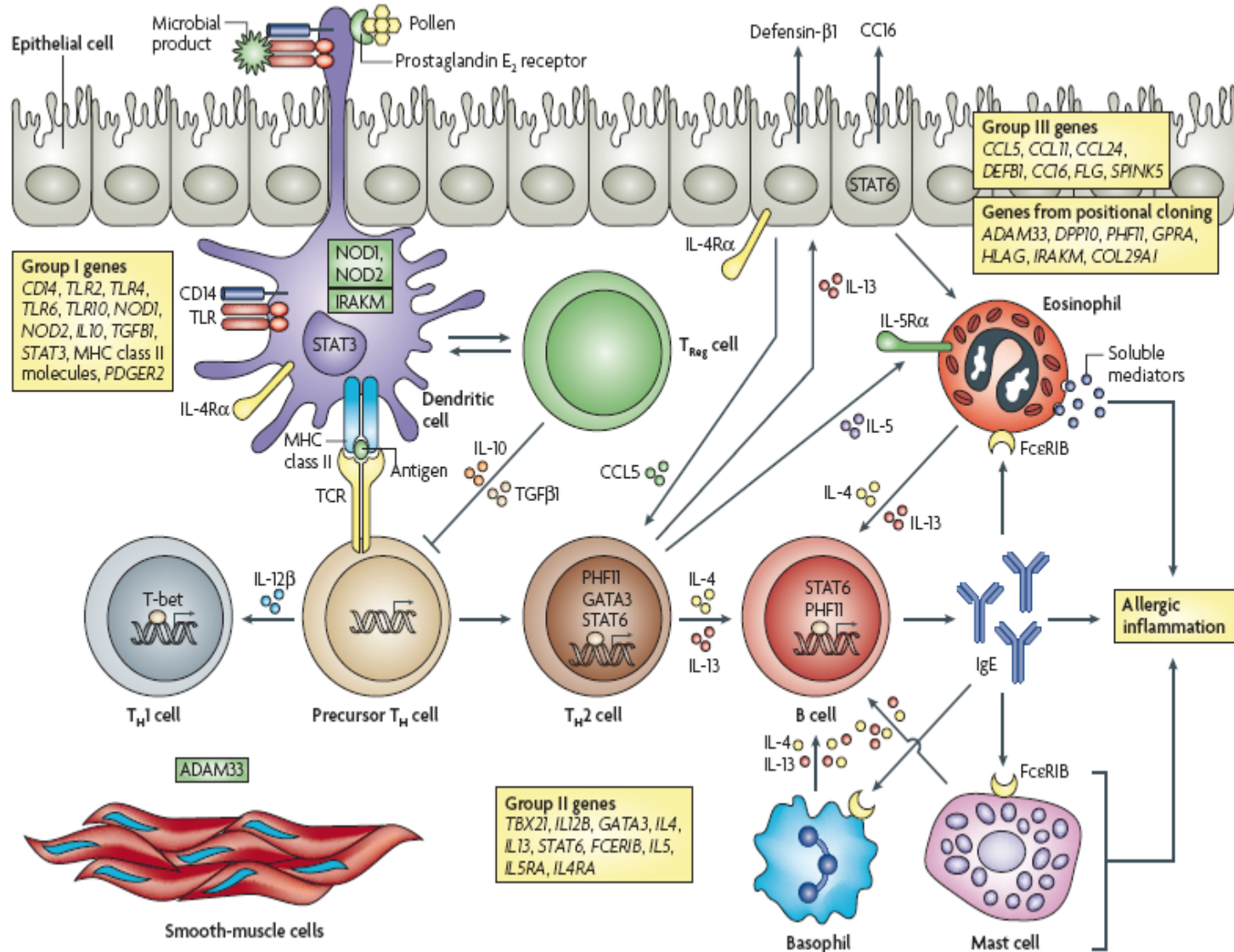
Prevalence of atopy in the first 2 years of life and cumulative prevalence in parents.



Susceptibility genes for asthma and asthma-related traits



Susceptibility genes for asthma and asthma-related traits



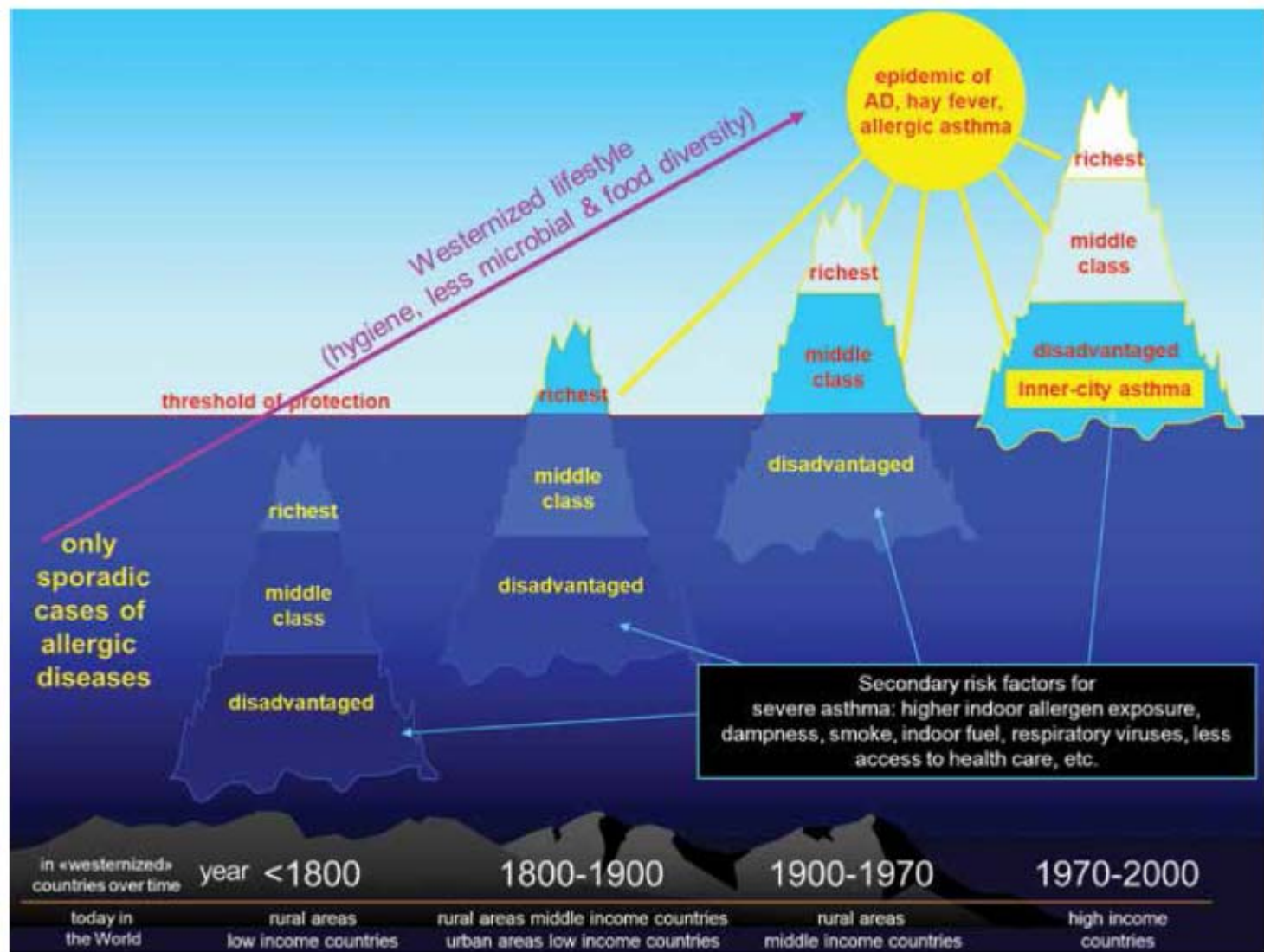


Figure 1 The spread of hay fever and allergic asthma according to socio-economic status and westernization level. (Reproduced with permission from *Annals of Allergy, Asthma & Immunology*, Vol. 89(S1). Matricardi PM, Bouygue GR, Tripodi S. *Inner-city asthma and the hygiene hypothesis*, 69-74. Copyright Elsevier 2002.)

More allergies, any definite cause?

- Our environment?
- Genetics?
- Perception?
- Erroneous preventive measures?
- A media powered marketing?
- A little of everything???

The environment

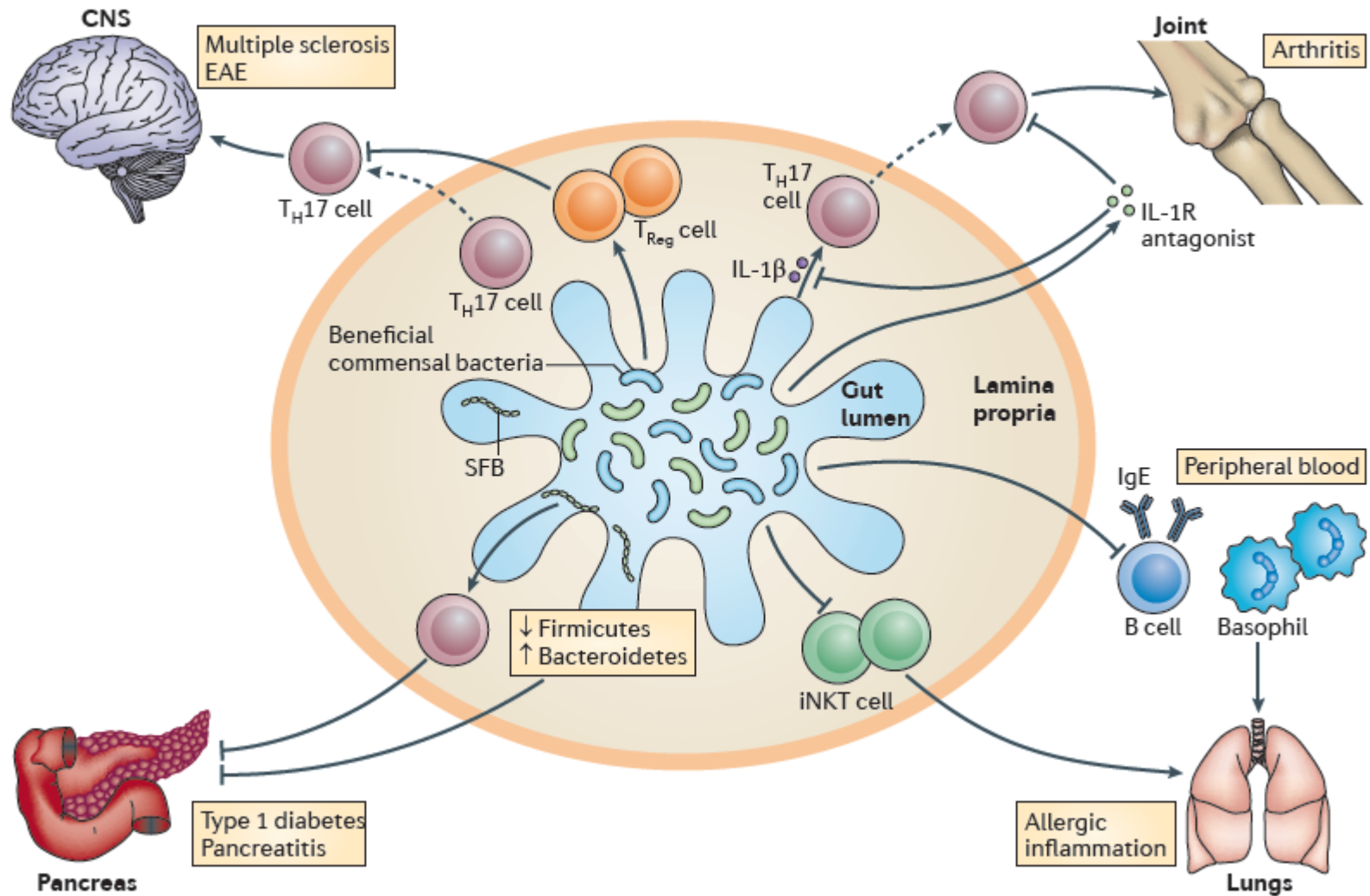


"You're allergic to the environment.
We've got to get you off the planet."

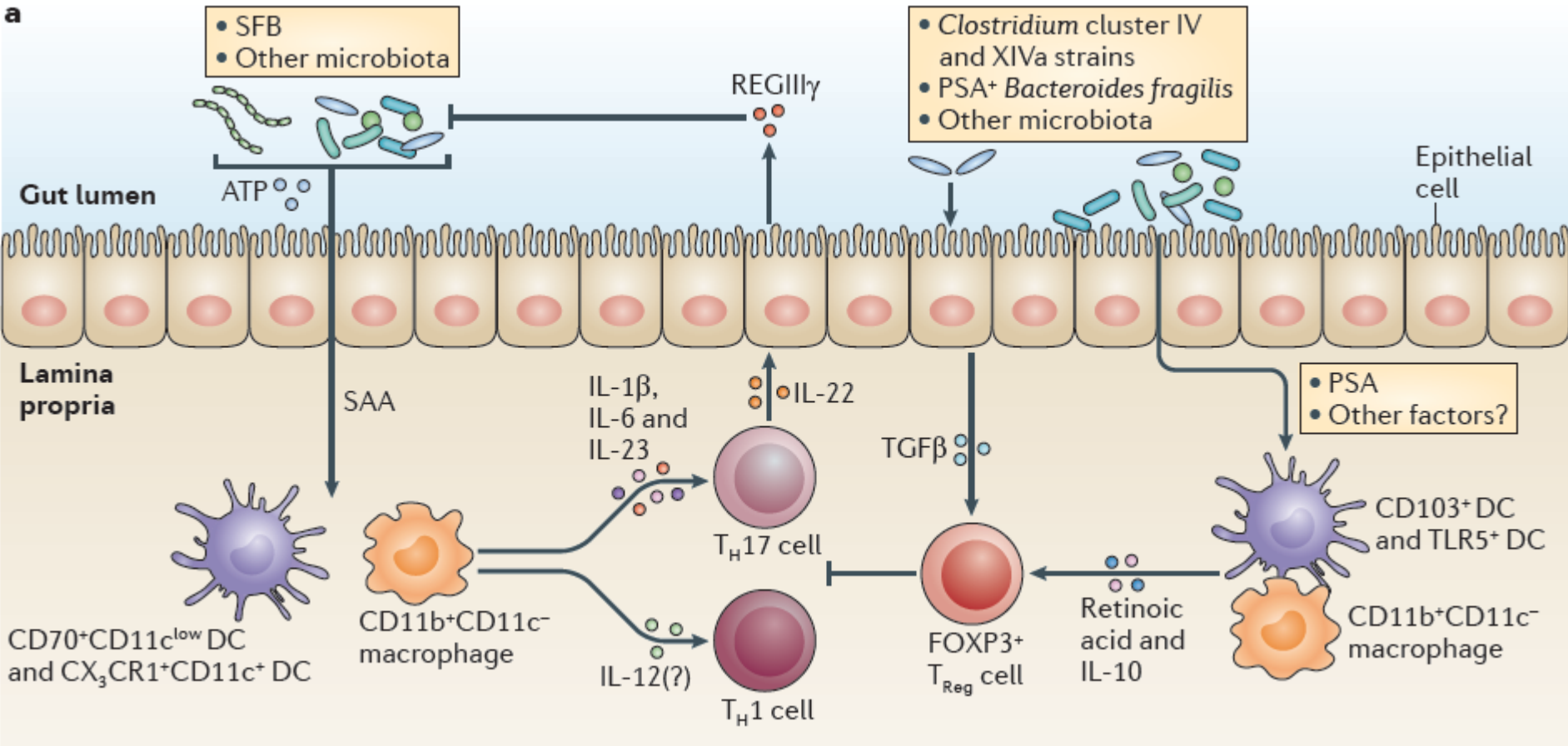


**The intestinal microbiota,
A life besides or in interaction
with the immune system?**

Influences of the microbiota on diseases



a



Modulation of allergy and the role of the microbiota

Farming and allergies

	Stables and farm milk in the 1st year of life (n=218)	Stables, but no farm milk in the 1st year of life (n=48)	Farm milk, but no stables in the 1st year of life (n=189)	Farm milk, stables, or both after the 1st year of life (n=138)	Neither stables nor farm milk exposure (n=170)
Asthma diagnosis	1% (3) 0.14 (0.04–0.48)	6% (3) 0.51 (0.14–1.86)	6% (11) 0.48 (0.21–1.1)	11% (15) 0.88 (0.42–1.86)	12% (20) Reference
At least one wheeze attack in past 12 months	3% (6) 0.17 (0.07–0.45)	6% (3) 0.43 (0.12–1.52)	6% (12) 0.43 (0.20–0.92)	9% (12) 0.60 (0.28–1.28)	15% (25) Reference
Hay fever	3% (7) 0.20 (0.08–0.50)	4% (2) 0.25 (0.05–1.13)	4% (8) 0.24 (0.10–0.56)	13% (18) 0.88 (0.44–1.74)	16% (27) Reference
Runny nose and itchy eyes in past 12 months	5% (11) 0.27 (0.13–0.57)	8% (4) 0.44 (0.14–1.37)	7% (14) 0.42 (0.21–0.86)	12% (16) 0.65 (0.33–1.30)	20% (34) Reference
Atopic sensitisation†	12% (27) 0.32 (0.17–0.62)	21% (10) 0.56 (0.25–1.27)	15% (29) 0.43 (0.24–0.77)	29% (40) 0.99 (0.58–1.69)	33% (56) Reference

*Adjusted for age, sex, study area, parental education, family history of asthma and hay fever, number of older siblings and farming status. †Any reaction to inhalent allergens (house dust and storage mites, cat dander, grass and birch pollen, cow epithelium) of ≥ 3.5 kU/L.

Table 2: Frequency and risk (adjusted* odds ratio, 95% CI) of asthma, hay fever, and atopic sensitisation in relation to exposure to stables and farm milk in the 1st year of life

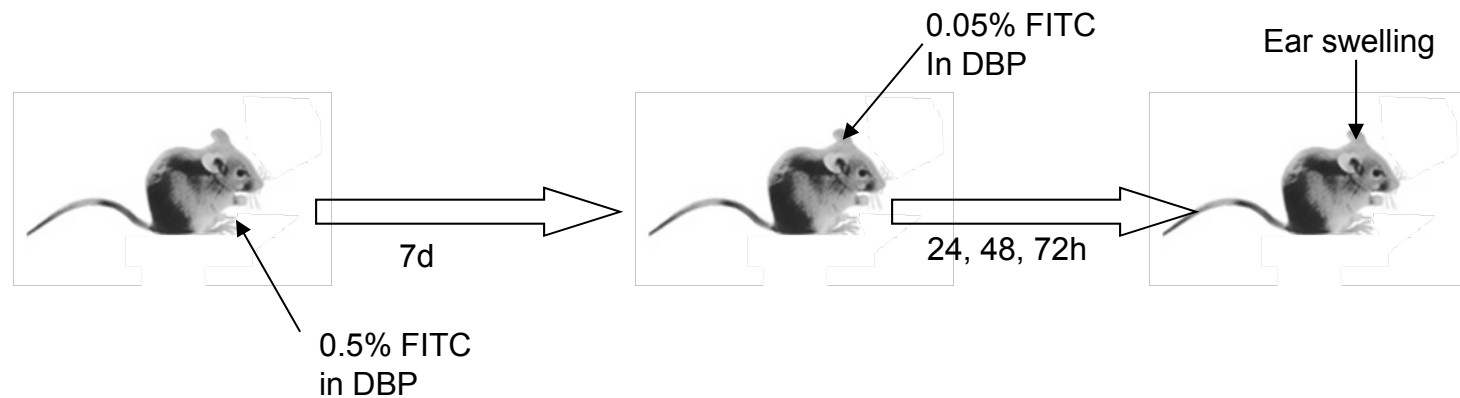
- **Best prevention, exposed to the barn dust and drinking non-pasteurized farm milk**

For allergy modulation

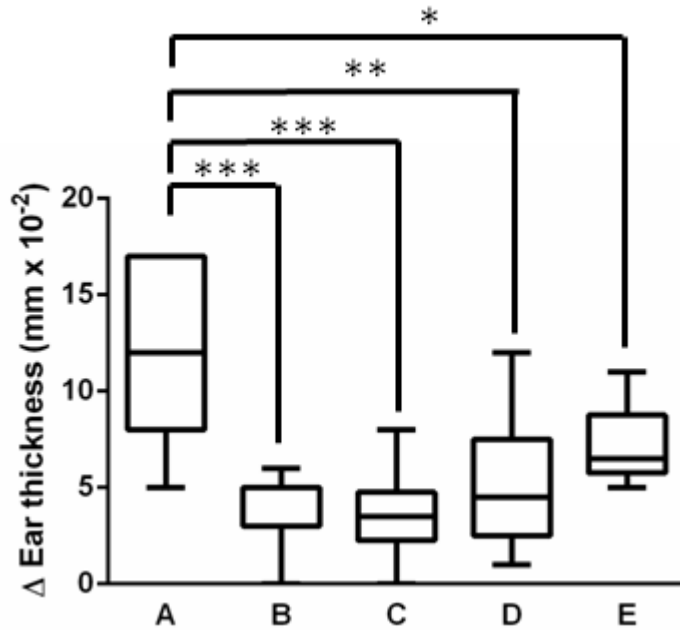
Mice in the protective « farm environment »



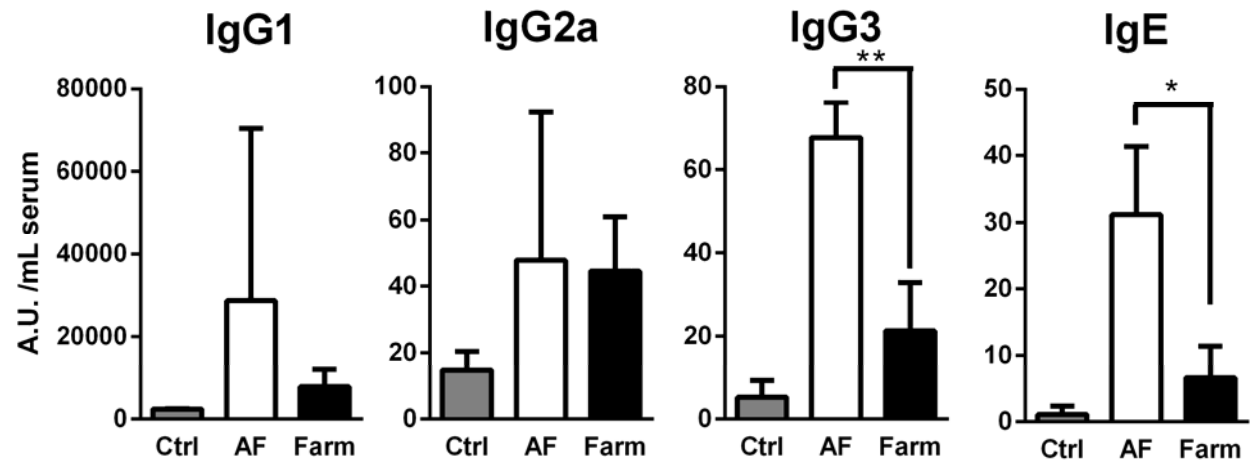
Skin Allergy Model by contact hypersensitivity (Th 2 type)

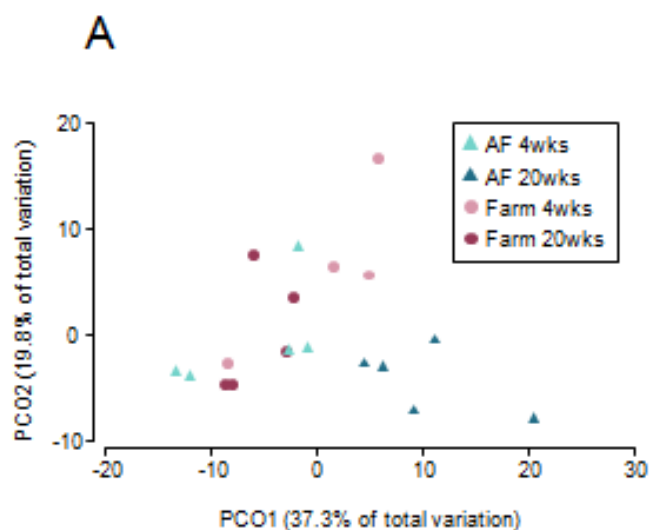


Skin allergy: contact hypersensitivity to FITC



Group	Born at	Transferred	Sensitized at
A	AF	No	8 wks of life
B	Farm	No	8 wks of life
C	AF	To Farm at 48h of life	8 wks of life
D	AF	To Farm at 4 wks of life	8 wks of life
E	AF	To Farm at 8 wks of life	12 wks of life





B

	Farm 4wks	Farm 20wks	AF 4wks
Farm 20wks	0.0575		
AF 4wks	0.067	0.0926	
AF 20wks	0.0073	0.0075	0.0076



Microbiota and allergic diseases in humans

Allergy development and the intestinal microflora during the first year of life

Bengt Björkstén, MD, PhD,^{a,b} Epp Sepp, MD, PhD,^c Kaja Julge, MD, PhD,^d
 Tiia Voor, MD,^d and Marika Mikelsaar, MD, PhD^c *Stockholm and Linköping, Sweden,
 and Tartu, Estonia* (J Allergy Clin Immunol 2001;108:516-20.)

TABLE I. Prevalence of certain species of fecal microorganisms in allergic (n = 18) and healthy (n = 26) children during the first year of life

Microorganisms	Prevalence (%)									
	1 week		1 mo		3 mo		6 mo		12 mo	
	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic
<i>S aureus</i>	62	56	65	56	50¶	50	23*¶	61*	27	39
Enterococci	96*	67*	96†	72†	96	89	96	100	96	89
Lactobacilli	8*	39*	46	56	34	56	38	39	38	44
Bifidobacteria	50†	17†	69	39	62‡	28‡	42	28	69§	22§
<i>Bacteroides</i>	46	61	62	72	65	83	81	94	96	89
Clostridia	27	50	27	28	46	28	65	50	54	67

Prevalence of microorganisms in allergic infants vs healthy infants at a given age: * $P = .02$; † $P = .03$; ‡ $P = .04$; § $P = .05$.

Prevalence of microorganisms in healthy children at different ages: | $P = .02$; ¶ $P = .05$.

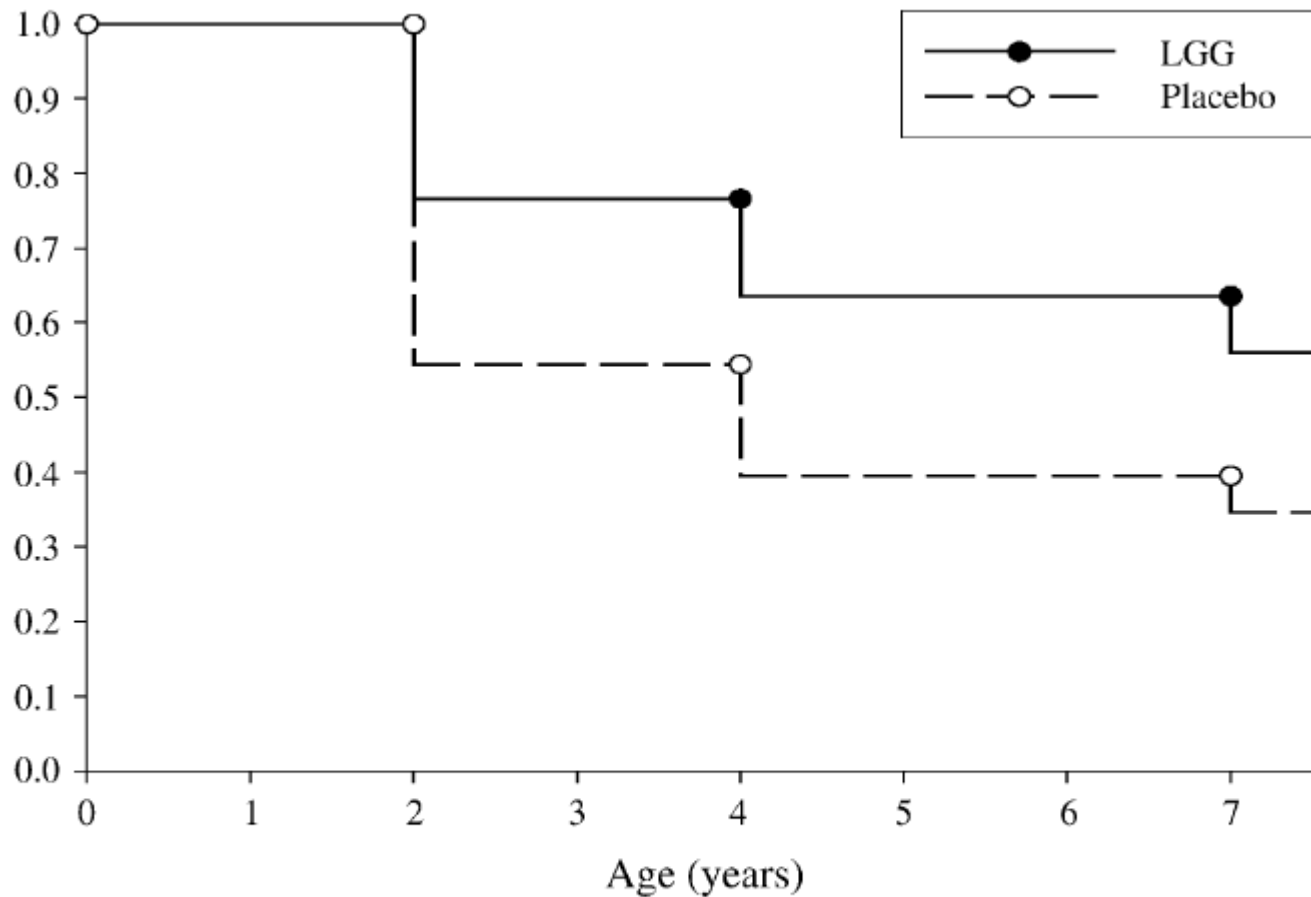
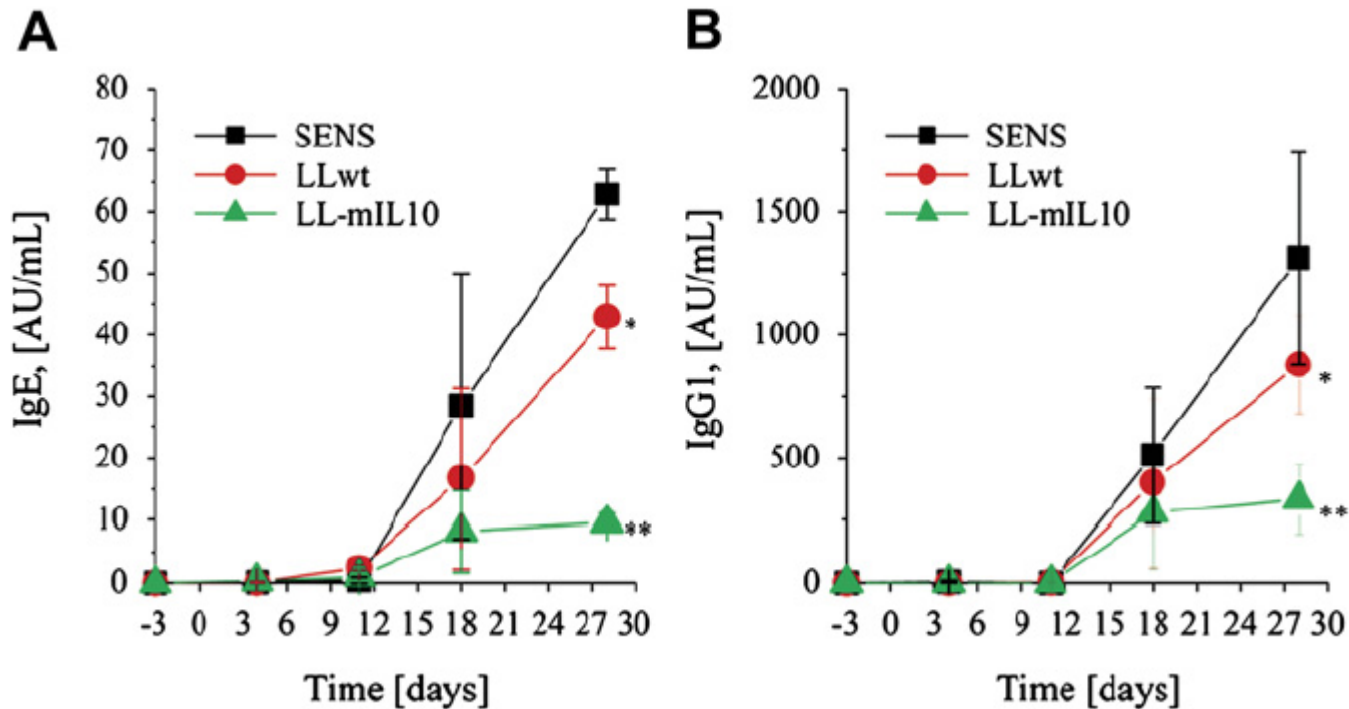


FIG 1. Kaplan-Meier curves for children without eczema at the ages of 2, 4, and 7 years in *Lactobacillus* GG (LGG; n = 64) and placebo (n = 68) groups; $P = .008$ by log-rank test.

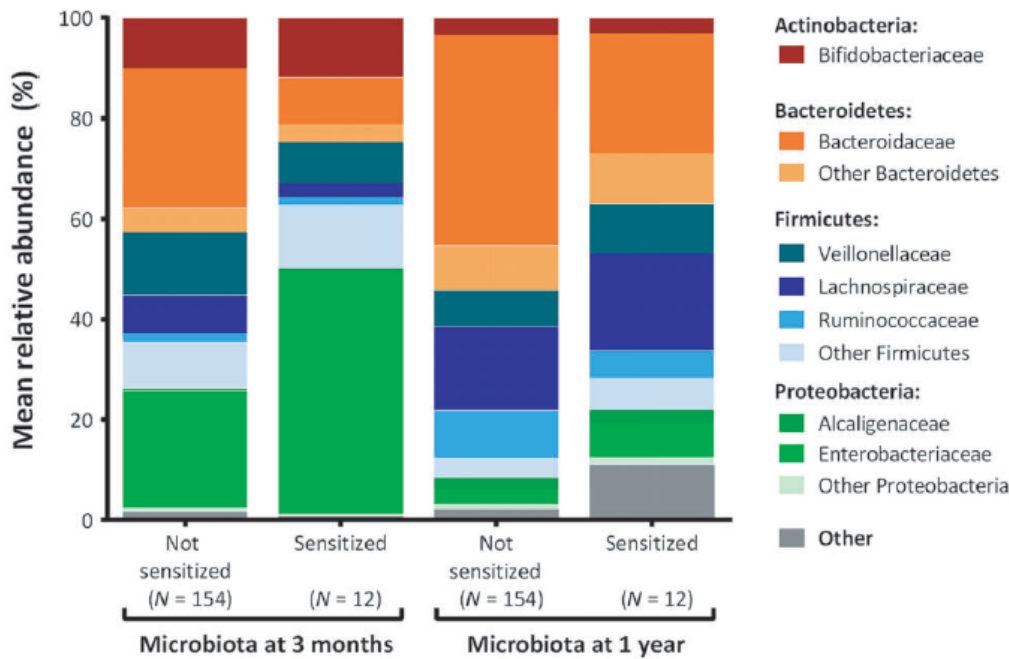
Food allergies and microbiota

Mice fed with Lactococcus Lactis transfected with a rmlL-10 gene are protected from food allergies

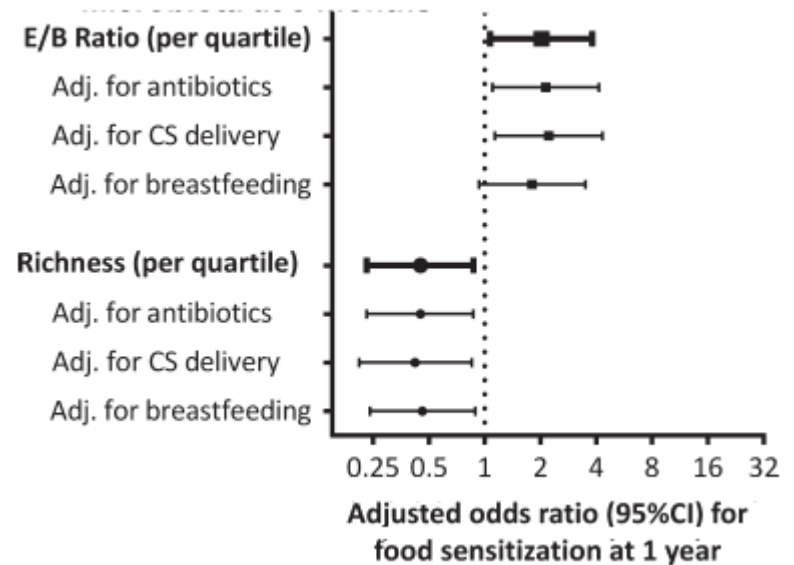


Lower richness of microbiota diversity and modified ratio of Enterobacteriaceae/Bacteroidaceae ratio in food sensitized children

(a) All infants [N = 166]



(a) Microbiota at 3 months

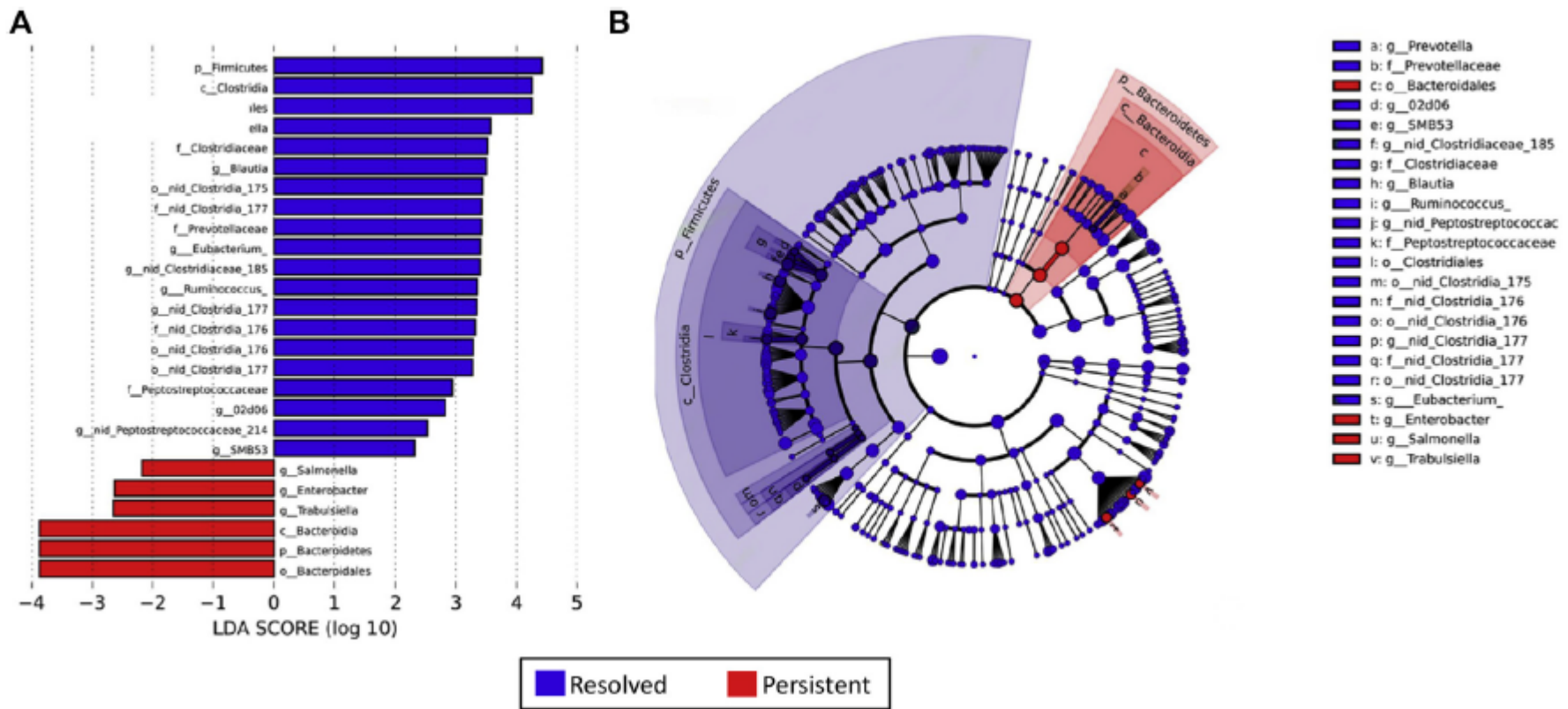


Early-life gut microbiome composition and milk allergy resolution

(J Allergy Clin Immunol 2016;138:1122-30.)



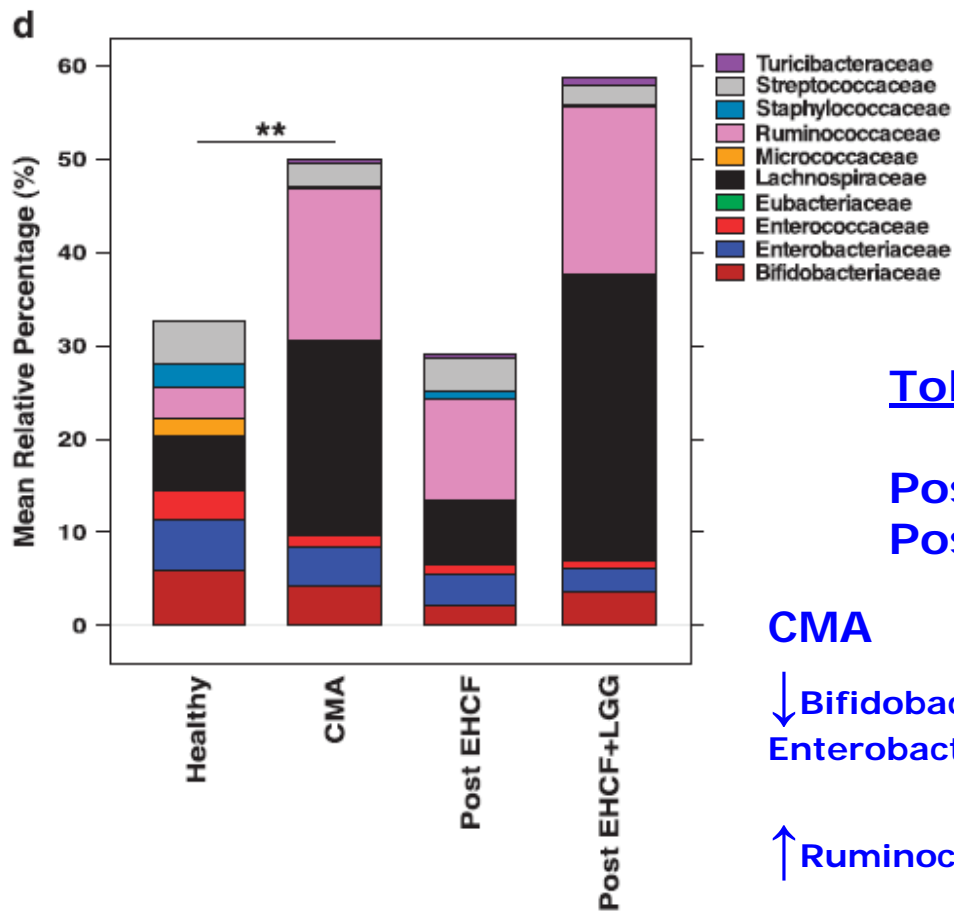
Supinda Bunyavanich, MD, MPH,^{a,b} Nan Shen, MS,^a Alexander Grishin, PhD,^b Robert Wood, MD,^c Wesley Burks, MD,^d Peter Dawson, PhD,^e Stacie M. Jones, MD,^f Donald Y. M. Leung, MD, PhD,^g Hugh Sampson, MD,^b Scott Sicherer, MD,^b and Jose C. Clemente, PhD^{a,h} *New York, NY, Baltimore and Rockville, Md, Chapel Hill, NC, Little Rock, Ark, and Denver, Colo*



Lactobacillus rhamnosus GG-supplemented formula expands butyrate-producing bacterial strains in food allergic infants

The ISME Journal (2016) 10, 742–750

Roberto Berni Canani^{1,8}, Naseer Sangwan^{2,8}, Andrew T Stefka^{3,8}, Rita Nocerino¹, Lorella Paparo¹, Rosita Aitoro¹, Antonio Calignano⁴, Aly A Khan⁵, Jack A Gilbert^{2,6,7} and Cathryn R Nagler³



Tolerance after 12 mo treatment

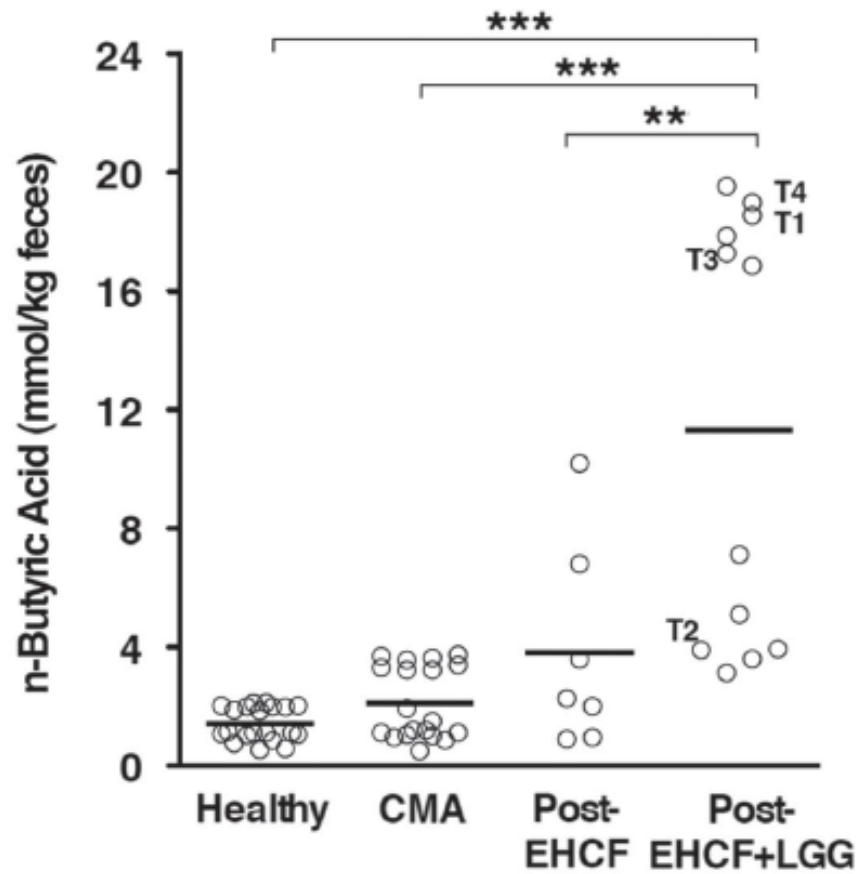
Post EHCf: 0/7

Post EHCf+LGG: 5/12

CMA

↓ Bifidobacteriaceae, Streptococcaceae,
Enterobacteriaceae and Enterococcaceae

↑ Ruminococcaceae and Lachnospiraceae



Microbiota and allergies – perspectives –

- We need a better comprehension of the role of the environment in allergy
- Can the a specific microbiome predict allergy?
- Can the microbiota be manipulated for primary / secondary prevention of allergy?

THE HUMAN MICROBIOME PROJECT SAYS THE HUMAN BODY HAS 100 TRILLION MICROSCOPIC LIFE FORMS LIVING IN IT.

Questions?

YOU CALL THIS LIVING?

*Tom McElroy 6/15/12
Microbiome*

