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 [Thorax](#)

 [Volume 52](#)

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Does influenza immunisation cause exacerbations of chronic airflow obstruction or asthma?

[Watson JM](#), [Cordier JF](#), [Nicholson KG](#)

Thorax 1997 Feb **52:2** 190-4

MeSH

[Adult](#) ; [Aged](#) ; [Asthma](#) ; [Child](#) ; [Clinical Trials](#) ; [Human](#) ; [Influenza](#) ; [Influenza Vaccine](#) ; [Lung Diseases, Obstructive](#) ; [Middle Age](#) ; [Vaccination](#) ;

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PHLS Communicable Disease Surveillance Centre, London, UK.

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 [Int Arch Allergy Immunol](#)

 [Volume 111](#)

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Specific IgE and IgG4 immune responses to tetanus and diphtheria toxoid in atopic and nonatopic children during the first two years of life.

[Dannemann A](#), [van Ree R](#), [Kulig M](#), [Bergmann RL](#), [Bauer P](#), [Forster J](#), [Guggenmoos-Holzmann I](#), [Aalberse RC](#), [Wahn U](#)

Int Arch Allergy Immunol 1996 Nov **111:3** 262-7

Abstract

BACKGROUND: In order to investigate, whether atopic and nonatopic children show differences in their specific IgE and IgG4 immune responses to tetanus (T) and diphtheria (D) antigens, we studied 538 children who had been followed from birth on and from whom records had been kept of all immunizations. **METHODS:** The prevalence of eczema and asthma was registered at regular intervals and the cumulative incidence of symptoms was determined at 24 months of age. Total serum IgE and specific IgE to a panel of nine allergens as well as T- and D-specific IgE and IgG4 were determined from the 24-months blood samples. **RESULTS:** Our results show that both atopic and nonatopic children are capable of mounting high levels of toxoid-specific IgE antibody responses. Children with cord blood IgE > 0.9 kU/1, serum IgE 10-100 kU/1 and > 100 kU/1 and at least one sensitization to an allergen at 24 months of age have significantly higher IgE responses to T and D (p < 0.001). In

contrast, specific IgG4 antibody concentrations to T and D were not significantly different in children with elevated total IgE levels at 24 months. No differences in subgroups of children with or without early symptoms of atopy were observed. CONCLUSIONS: Our data indicate that IgE responses to toxoids such as T and D are not limited to infants with clinical manifestations of atopy in the first 2 years of life but are related to immunological parameters of atopy.

MeSH

[Asthma](#) ; [Cohort Studies](#) ; [Diphtheria](#) ; [Diphtheria Toxoid](#) ; [Eczema](#) ; [Female](#) ; [Human](#) ; [Hypersensitivity, Immediate](#) ; [IgE](#) ; [IgG](#) ; [Immunization](#) ; [Infant](#) ; [Male](#) ; [Prospective Studies](#) ; [Support, Non-U.S. Gov't](#) ; [Tetanus](#) ; [Tetanus Toxoid](#) ; [Vaccination](#) ;

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University Children's Hospital, Virchow-Clinic Berlin, Germany.



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[Rev Alerg Mex](#)

[Volume 42](#)
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[Will prevention be better than cure for allergies and asthma in the 1st 20 years of the next century? (editorial)]

[Mohapata SS](#)

Rev Alerg Mex 1995 Mar-Apr 42:2 18-9

MeSH

[Adult](#) ; [Air Pollution](#) ; [Asthma](#) ; [Forecasting](#) ; [Human](#) ; [Hypersensitivity](#) ; [Vaccination](#) ;

Author Address

Department of Immunology, University of Manitoba, Winnipeg, Canada.

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[JAMA](#)

[Volume 272](#)
[Issue 8](#)

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Pertussis vaccination and asthma: is there a link? [letter; comment]

[Odent MR](#), [Culpin EE](#), [Kimmel T](#)

JAMA 1994 Aug 24-31 272:8 592-3

MeSH

[Adolescence](#) ; [Asthma](#) ; [Child](#) ; [Human](#) ; [Pertussis Vaccine](#) ; [Vaccines, Inactivated](#) ;



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[JAMA](#)

[Volume 275](#)

[Issue 10](#)

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Lack of association between pertussis vaccination and symptoms of asthma and allergy [letter]

[Nilsson L](#), [Kjellman NI](#), [Storsaeter J](#), [Gustafsson L](#), [Olin P](#)

JAMA 1996 Mar 13 **275**:10 760

MeSH

[Asthma](#) ; [Child, Preschool](#) ; [Diphtheria-Tetanus-Pertussis Vaccine](#) ; [Human](#) ; [Hypersensitivity](#) ; [Infant](#) ; [Pertussis Vaccine](#) ; [Randomized Controlled Trials](#) ;



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 [Lijec Vjesn](#)

 [Volume 112](#)

[Issue 7-8](#)

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[Review of the present status of prevention, prophylaxis and therapy of pertussis and parapertussis]

[Bace A](#), [Duancic V](#)

Lijec Vjesn 1990 Jul-Aug **112**:7-8 262-8

Abstract

Whooping cough is endemic throughout the world. It becomes epidemic every 4-5 years (Yugoslavia 3-4 yrs). In Europe its incidence ranges from 0.4 (Hungary) to even 59/100.000 inhabitants (Rumania; Yugoslavia 28), with a general lethality of 0.1% (infants: 1%; 75% children who die are younger than one yr). Only 5-10% cases are supposed to be registered. A low socioeconomic status is more and more emphasized as the principal risk factor. Its transmission rate is high (home contacts: 80-100%); infectivity lasts five weeks, disease from the beginning of incubation to the sanation lasts 50-60 days. Female children are more frequently affected. The term "Pertussis syndrome" is more and more used because a similar disease can be caused by various agents (B. pertussis; B. parapertussis: 5%-20%-30% cases; B. bronchiseptica rarely; adenoviruses, RS virus, parainfluenza virus, influenza A and B virus, HSV, CMV, EBV, entero-, adeno-, corona-, rota-viruses; chlamydiae and mycoplasmae). Prior to introducing vaccination, 95% of population have had a typical or atypical form of pertussis. Its differential diagnosis includes pneumonias of various etiology, bronchitis, bronchiolitis during an acute respiratory infection, bronchial asthma, cystic fibrosis, tuberculosis and lymphadenopathy. Morbidity in USA was reduced by vaccination from 157 to 0,5-1,5/100,000 inhabitants; in SR Croatia it was six times reduced in period 1959-1970. According to the official sources 81% of children in Croatia and Yugoslavia get primovaccinated; the 80% level is generally accepted as a rational goal. Immunization schedules differ from country to country. Local and general reactions after combined vaccines are mostly caused by pertussis component.(ABSTRACT TRUNCATED AT 250 WORDS)

MeSH

[English Abstract](#) ; [Human](#) ; [Syndrome](#) ; [Whooping Cough](#) ; [Yugoslavia](#) ;



VIEWING OPTIONS: [\[MEDLINE\]](#) [\[full MEDLINE\]](#) [\[related records\]](#)

[Vaccination of children with allergic diseases in foci of diphtheria

infection]

[Kostinov MP](#), [Balabolkin II](#), [Pereverzeva NV](#), [Bogatyreva EIa](#), [Gervazieva VB](#)

Pediatrics 19916 24-8

Abstract

As many as 11 children suffering from allergic diseases were vaccinated in 2 foci of diphtheritic infection. At the moment of immunization 3 children manifested a subacute course of atopic dermatitis, 4 children with bronchial asthma were vaccinated during a short-term disease remission (from 10 days to 2 months). Provided the children received combined therapy and were seen by the allergologist, the postvaccinal period ran its course without any side reactions. The children demonstrated high enough titers of antidiphtheritic and antitetanic antibodies, with IgE concentrations ranging within age norms. The authors suggest approximate schemes for medicamentous preparation of allergic children to be immunized whatever the course of the underlying disease.

MeSH

[Adolescence](#) ; [Case Report](#) ; [Child](#) ; [Diphtheria](#) ; [Diphtheria-Tetanus-Pertussis Vaccine](#) ; [English Abstract](#) ; [Human](#) ; [Hypersensitivity](#) ; [Vaccination](#) ;



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[J R Coll Gen Pract](#)

[Volume 36](#)

[Issue 293](#)

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Asthma and whooping cough [letter]

[Williams WO](#)

J R Coll Gen Pract 1986 Dec 36:293 574

MeSH

[Asthma](#) ; [Human](#) ; [Pertussis Vaccine](#) ; [Vaccination](#) ; [Whooping Cough](#) ;



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[Br Med J \(Clin Res Ed\)](#)

[Volume 294](#)

[Issue 6581](#)

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Subunit influenza vaccination in adults with asthma: effect on clinical state, airway reactivity, and antibody response.

[Albazzaz MK](#), [Harvey JE](#), [Grilli EA](#), [Caul EO](#), [Roome AP](#)

Br Med J (Clin Res Ed) 1987 May 9 294:6581 1196-7

MeSH

[Adult](#) ; [Antibody Formation](#) ; [Asthma](#) ; [Female](#) ; [Human](#) ; [Influenza](#) ; [Influenza Vaccine](#) ; [Lung](#) ; [Male](#) ; [Middle Age](#) ; [Peak Expiratory Flow Rate](#) ; [Respiratory System](#) ; [Support, Non-U.S. Gov't](#) ;

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[Characteristics of the clinical course of the post-vaccination period and the development of anti-measles immunity in children with allergic diseases]

Kostinov MP, Balabolkin II, Igna'teva GV, Sadykova DK

Pediatrics 1989 33-8

Abstract

During vaccination of children suffering from allergic diseases with live measles vaccine, some characteristics of the clinical course of the postvaccinal period and specific immunity formation were defined. It has been shown that an individual approach to the immunization of the given children's group is very advantageous, since such a policy favours the lowering of the incidence of odd postvaccinal reactions and allergic complications as well as the output of measles antibodies.

MeSH

[Asthma](#) ; [Child](#) ; [Child, Preschool](#) ; [Dermatitis, Atopic](#) ; [English Abstract](#) ; [Hay Fever](#) ; [Human](#) ; [Immunization Schedule](#) ; [Infant](#) ; [Measles](#) ; [Measles Vaccine](#) ;



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 [Fortschr Med](#)

 [Volume 99](#)

[Issue 34](#)

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[Problems of influenza vaccination]

Sabin AB

Fortschr Med 1981 Sep 10 **99:34** 1327-31

Abstract

The presented data about bed-disabling influenza, influenza virus, frequency, mortality rate and the effect of the influenza-vaccines in vaccinated persons show that a systematic vaccination cannot be justified. It is not likely that a live-virus influenza-vaccine would be more effective in the control of influenza than the inactivated virus-vaccines.

MeSH

[Asthma](#) ; [Bed Rest](#) ; [Cardiovascular Diseases](#) ; [Developing Countries](#) ; [Disease Outbreaks](#) ; [English Abstract](#) ; [Human](#) ; [Influenza](#) ; [Influenza A Virus, Human](#) ; [Influenza Vaccine](#) ; [Pneumonia](#) ; [Respiratory Tract Infections](#) ; [Retrospective Studies](#) ; [United States](#) ;



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 [Volume 134](#)

[Issue 7](#)

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[Etiology and precipitating factors of necrotizing angitis with respiratory manifestations. 5 case reports]

Guillevin L, Guittard T, Boura R, Bletry O, Hugues JN, Valeyre D, Sicard D

Abstract

Five cases of periarteritis nodosa or Churg and Strauss angeitis are reported. They all had one feature in common, their onset after desensitvity procedures, an injection of gammaglobulin or vaccination. These factors were found either at the onset or before a relapse of the disease. None of the patients had HBS antigen, which supports the hypothesis of a multiple antigenic etiology of periarteritis nodosa, some of which may cause respiratory symptoms, especially asthmatic attacks. The authors emphasise the importance of prohibiting desensitvity procedures and vaccinations in patients with severe asthma.

MeSH

[Adult](#) ; [Asthma](#) ; [Case Report](#) ; [Dyspnea](#) ; [English Abstract](#) ; [Female](#) ; [Human](#) ; [Male](#) ; [Middle Age](#) ; [Polyarteritis Nodosa](#) ;



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 [Allergy](#)

 [Volume 35](#)

[Issue 4](#)

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Effect of Bordetella pertussis vaccination in mice and the isolated tracheal response to isoprenaline.

[Bartell TE](#), [Busse WW](#)

Allergy 1980 Jun 35:4 291-6

Abstract

The administration of Bordetella pertussis vaccine to mice has been associated with the development of an impaired beta-adrenoceptor responsiveness and in many respects has resembled human asthma. Trachea (n = 12) were isolated from Swiss-Webster mice 5 days following the intraperitoneal administration of 2 x 10(9) B. pertussis organisms. The tracheal smooth muscle response to carbachol was measured and compared with that found in trachea from unvaccinated mice (n = 15). The contractile response was similar in both groups. The tracheal smooth muscle relaxant effects of isoproterenol were measured in these two groups. The EC50 value for isoprenaline (6.5 x 10(-7) M) in trachea from B. pertussis treated mice was significantly (P < 0.05) greater than that noted in the control animals (2.3 x 10(-7) M). These studies demonstrated that in tracheal smooth muscle isolated from B. pertussis vaccinated mice, the relaxant effects of isoprenaline are impaired.

MeSH

[Animal](#) ; [Asthma](#) ; [Bordetella pertussis](#) ; [Carbachol](#) ; [Histamine](#) ; [Injections, Intraperitoneal](#) ; [Isoproterenol](#) ; [Mice](#) ; [Muscle Contraction](#) ; [Muscle Relaxation](#) ; [Muscle, Smooth](#) ; [Pertussis Vaccine](#) ; [Receptors, Adrenergic](#) ; [Receptors, Adrenergic, beta](#) ; [Support, Non-U.S. Gov't](#) ; [Support, U.S. Gov't, P.H.S.](#) ; [Trachea](#) ;



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 [Union Med Can](#)

 [Volume 105](#)

[Issue 5](#)

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[Bacterial vaccines in childhood asthma: from folklore to reality]

Gout JP, Rivard G

Union Med Can 1976 May **105:5** 771-6

MeSH

[Asthma](#) ; [Bacterial Vaccines](#) ; [Child](#) ; [English Abstract](#) ; [Evaluation Studies](#) ; [Folklore](#) ; [Human](#) ; [Medicine, Traditional](#) ; [Respiratory Tract Infections](#) ; [Vaccination](#) ;



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[Maroc Med](#)

[Volume 49](#)

[Issue 523](#)

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[Vaccination of asthmatic persons]

[Therond C](#)

Maroc Med 1969 Apr **49:523** 226-30

MeSH

[Asthma](#) ; [Child](#) ; [Child, Preschool](#) ; [Human](#) ; [Methods](#) ; [Skin Diseases](#) ; [Vaccination](#) ;

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[Vopr Okhr Materin Det](#)

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[Development of bronchial asthma attacks in children under the effect of prophylactic immunization]

[Bakanov MI](#)

Vopr Okhr Materin Det 1968 Apr **13:4** 78-9

MeSH

[Anaphylaxis](#) ; [Asthma](#) ; [Child](#) ; [Female](#) ; [Human](#) ; [Male](#) ; [Tetanus Toxoid](#) ; [Vaccination](#) ;



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[Pol Tyg Lek](#)

[Volume 23](#)

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[Remarks on the problem of oral desensitization of allergic bronchial asthma in the light of our studies]

[Chachaj W, Falowska W, Suchnicka R, Siennicki W](#)

Pol Tyg Lek 1968 Mar 11 **23:11** 389-91

MeSH

[Adolescence](#) ; [Adult](#) ; [Aged](#) ; [Asthma](#) ; [Desensitization, Immunologic](#) ; [Dust](#) ; [Hay Fever](#) ; [Human](#) ; [Middle Age](#) ; [Vaccination](#) ; [Vaccines](#) ;



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[JAMA](#)

[Volume 194](#)

[Issue 12](#)

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Reaction at old vaccination site.

[Diamond MT](#), [Joffe B](#)

JAMA 1965 Dec 20 **194:12** 1325-6

MeSH

[Adult](#) ; [Asthma](#) ; [Case Report](#) ; [Female](#) ; [Hay Fever](#) ; [Human](#) ; [Hypersensitivity, Delayed](#) ; [Insect Bites and Stings](#) ; [Middle Age](#) ; [Smallpox Vaccine](#) ; [Vaccination](#) ;



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[Srp Arh Celok Lek](#)

[Volume 93](#)

[Issue 10](#)

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[Anti-smallpox vaccination in children with allergic disposition]

[Pavicevic R](#), [Lazarevic B](#)

Srp Arh Celok Lek 1965 Oct **93:10** 943-9

MeSH

[Asthma](#) ; [Case Report](#) ; [Child, Preschool](#) ; [Eczema](#) ; [Human](#) ; [Hypersensitivity, Delayed](#) ; [Infant](#) ; [Male](#) ; [Smallpox Vaccine](#) ; [Urticaria](#) ; [Vaccination](#) ;

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[Rev Laryngol Otol Rhinol \(Bord\)](#)

[Volume 91](#)

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[Nasopharyngeal specimens in nasal and bronchitic asthma: bacteria responsible, autovaccination]

[Rivasseau J](#), [Rivasseau A](#)

Rev Laryngol Otol Rhinol (Bord) 1970 Jul-Aug **91:7** 511-4

MeSH

[Asthma](#) ; [Desensitization, Immunologic](#) ; [English Abstract](#) ; [Human](#) ; [Methods](#) ; [Pneumococcal Infections](#) ; [Staphylococcal Infections](#) ; [Staphylococcus](#) ; [Streptococcus pneumoniae](#) ; [Vaccination](#) ; [Vaccines](#) ;

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 [Acta Med Scand Suppl](#)

 [Volume 464](#)

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Smallpox outbreak and vaccination problems in Stockholm, Sweden 1963. The assessment, and the vaccination, of patients with cutaneous disorders.

[Eriksson G](#), [Forsbeck M](#)

Acta Med Scand Suppl 1966 **464**: 147-57

MeSH

[Acne Vulgaris](#) ; [Adolescence](#) ; [Adult](#) ; [Aged](#) ; [Asthma](#) ; [Child](#) ; [Child, Preschool](#) ; [Dermatitis, Atopic](#) ; [Eczema](#) ; [Human](#) ; [Ichthyosis](#) ; [Infant](#) ; [Infant, Newborn](#) ; [Middle Age](#) ; [Psoriasis](#) ; [Skin Diseases](#) ; [Smallpox Vaccine](#) ; [Urticaria](#) ;

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 [Med J Aust](#)

 [Volume 2](#)

[Issue 5](#)

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Letter: Vaccination of patients on steroid therapy.

[Joseph MR](#)

Med J Aust 1974 Aug 3 **2:5** 181

MeSH

[Asthma](#) ; [Australia](#) ; [Drug Interactions](#) ; [Human](#) ; [Legislation, Drug](#) ; [Smallpox](#) ; [Smallpox Vaccine](#) ; [Steroids](#) ; [Vaccination](#) ;

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 [Wien Klin Wochenschr](#)

 [Volume 84](#)

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[Vaccination against influenza in allergic patients]

[Balluch H](#)

Wien Klin Wochenschr 1972 Aug 4 **84:31** 500-2

MeSH

[Asthma](#) ; [Comparative Study](#) ; [Dermatitis, Atopic](#) ; [Drug Tolerance](#) ; [English Abstract](#) ; [Human](#) ; [Influenza](#) ; [Influenza Vaccine](#) ; [Referral and Consultation](#) ; [Respiratory Hypersensitivity](#) ;

Vaccination ;



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[Proc Natl Acad Sci U S A](#)

[Volume 95](#)

[Issue 5](#)

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Prevention of Th2-mediated murine allergic airways disease by soluble antigen administration in the neonate.

[Hogan SP](#), [Foster PS](#), [Charlton B](#), [Slattery RM](#)

Proc Natl Acad Sci U S A 1998 Mar 3 **95**:5 2441-5

Abstract

It has been demonstrated recently that neonatal antigen administration in the mouse can lead to priming for Th2-mediated immune responses. This observation has important implications for the development of vaccination strategies in humans, particularly for individuals who may be predisposed to atopy or asthma. In this paper it is shown that although i.p. administration of antigen (100 microg) in adjuvant to the neonate does indeed prime for Th2-mediated disease in mice [allergic airways disease (AAD)], when the same relatively low dose of antigen is given in soluble form no priming occurs. Further, administration of a larger dose of soluble antigen (1 mg) actually prevents the ability to prime for a Th2 response subsequently and so prevents the induction of AAD. Protection from disease was associated with evidence of functional inactivation of both Th1 and Th2 ovalbumin-specific T cells. In contrast, administration of a very low dose of antigen (10 microg) primed for a Th2 response in a similar fashion to antigen in adjuvant. We suggest that the adjuvant lowers the "effective" dose of antigen administered in the neonate and thereby primes for Th2-type immune responses. These findings demonstrate that neonatal antigen administration can inhibit Th2-mediated diseases, such as AAD, but the dose of antigen may be critical to avoid predisposition to disease.

MeSH

[Animal](#) ; [Animals, Newborn](#) ; [Antibody Formation](#) ; [Antigens](#) ; [Bronchial Hyperreactivity](#) ; [Cells, Cultured](#) ; [IgG](#) ; [Injections, Intraperitoneal](#) ; [Interferon Type II](#) ; [Interleukin-4](#) ; [Interleukin-5](#) ; [Lung](#) ; [Mice](#) ; [Mice, Inbred BALB C](#) ; [Ovalbumin](#) ; [Respiratory Hypersensitivity](#) ; [Th2 Cells](#) ;

Author Address

Division of Biochemistry and Molecular Biology, John Curtin School of Medical Research, Australian National University, Canberra, ACT 0200, Australia.



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[Pediatr Infect Dis J](#)

[Volume 16](#)

[Issue 12](#)

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Lack of effectiveness of a letter reminder for annual influenza immunization of asthmatic children [letter]

[Walter E](#), [Sung J](#), [Kahn Meine E](#), [Drucker RP](#), [Clements DA](#)

Pediatr Infect Dis J 1997 Dec **16**:12 1187-8

MeSH

[Asthma](#) ; [Child](#) ; [Child, Preschool](#) ; [Human](#) ; [Infant](#) ; [Influenza Vaccine](#) ; [Vaccination](#) ;



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[Allergy](#)

[Volume 52](#)

[Issue 7](#)

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Bronchial hyperresponsiveness, epithelial damage, and airway eosinophilia after single and repeated allergen exposure in a rat model of anhydride-induced asthma.

[Cui ZH](#), [Sjöstrand M](#), [Pullerits T](#), [Andius P](#), [Skoogh BE](#), [Lötvall J](#)

Allergy 1997 Jul 52:7 739-46

Abstract

Bronchial hyperresponsiveness (BHR) and damage of the epithelium, as well as eosinophilia in the airway wall, induced by trimellitic anhydride (TMA) in sensitized brown Norway rats were studied. Rats were challenged once or seven times with aerosol of TMA conjugated to rat serum albumin (TMA-RSA) 3 weeks after intradermal TMA sensitization. Airway responsiveness (-log PC300 of acetylcholine i.v.) was measured 24 h after allergen challenge. Epithelial lesion and eosinophil infiltration in the airway walls were quantified under light microscopy, and TMA-specific IgE and IgG in serum were evaluated with ELISA. High levels of TMA-specific IgE and IgG were found in all rats in the sensitized groups compared to nonsensitized groups ($P < 0.001$). Repeated allergen challenges of 0.03% TMA-RSA for 7 consecutive days enhanced the level of TMA-specific IgG, compared to single challenge ($P < 0.05$). Single allergen challenge of 0.3% TMA-RSA had a nonsignificant tendency to produce BHR in sensitized rats compared to nonsensitized rats ($P = 0.06$). However, repeated allergen challenges (0.003% and 0.03% TMA-RSA for 7 consecutive days) produced significant BHR in sensitized rats ($P < 0.05$). Furthermore, repeated low-dose (0.003%) TMA-RSA challenge produced more BHR than a 10 times higher single dose (0.03%) ($P < 0.05$). Slight damage of the airway epithelium was seen in sensitized and repeat-challenged groups. However, bronchial eosinophilia was found in the sensitized and single-challenged groups, but not in nonsensitized nonchallenged, and sensitized repeat-challenged groups ($P < 0.005$). We conclude that the brown Norway rat can be sensitized with TMA, and that repeated low-dose allergen challenges produce slight epithelial damage and BHR which is independent of ongoing eosinophilia in the airway wall.

MeSH

[Animal](#) ; [Bronchi](#) ; [Bronchial Hyperreactivity](#) ; [Bronchial Provocation Tests](#) ; [Eosinophilia](#) ; [Epithelium](#) ; [Human](#) ; [IgE](#) ; [IgG](#) ; [Male](#) ; [Phthalic Anhydrides](#) ; [Rats](#) ; [Rats, Inbred BN](#) ; [Respiratory Hypersensitivity](#) ; [Support, Non-U.S. Gov't](#) ; [Vaccination](#) ;

Author Address

Department of Clinical Pharmacology, Göteborg University, Sweden.



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[Science](#)

[Volume 276](#)

[Issue 5309](#)

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Atopic disease and immunologic response [letter]

[Shearer GM](#), [Chougnnet C](#), [Shearer MS](#)

Science 1997 Apr 4 **276:5309** 17-8; discussion 18-9

MeSH

[Animal](#) ; [Antigen-Presenting Cells](#) ; [Asthma](#) ; [BCG Vaccine](#) ; [Child](#) ; [Human](#) ;
[Hypersensitivity, Immediate](#) ; [Infant](#) ; [Infant, Newborn](#) ; [Mice](#) ; [Th1 Cells](#) ; [Th2 Cells](#) ;
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