



START CENTER
STRATEGIC ANALYSIS,
RESEARCH & TRAINING CENTER

GUT HEALTH DIGEST

UNIVERSITY OF WASHINGTON STRATEGIC ANALYSIS, RESEARCH & TRAINING (START) CENTER
REPORT TO THE BILL & MELINDA GATES FOUNDATION

MAY 29, 2017

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DETAILS OF ARTICLES

1. [Age and Sex Normalization of Intestinal Permeability Measures for the Improved Assessment of Enteropathy in Infancy and Early Childhood: Results from the MAL-ED Study.](#)

Kosek MN, Lee GO, Guerrant RL, Haque R, Kang G, Ahmed T, Bessong P, Ali A, Mduma E, Yori PP, Faubion WA, Lima AAM, Olortegui MP, Mason C, Babji S, Singh R, Qureshi S, Kosek PS, Samie A, Pascal J, Shrestha S, McCormick BJJ, Seidman JC, Lang DR, Zaidi A, Caulfield LE, Gottlieb M; MAL-ED Network.

J Pediatr Gastroenterol Nutr. 2017 May 3. [Epub ahead of print]

ABSTRACT

OBJECTIVES: To describe changes in intestinal permeability in early childhood in diverse epidemiologic settings.

METHODS: In a birth cohort study the lactulose:mannitol (LM) test was administered to 1,980 children at four time points in the first 24 months of life in eight countries. Data from the Brazil site with an incidence of diarrhea similar to that seen in the U.S. and no growth faltering was used as an internal study reference to derive age- and sex-specific Z-scores for mannitol and lactulose recoveries and the lactulose mannitol ratio.

RESULTS: 6,602 tests demonstrated mannitol recovery, lactulose recovery, and the L:M ratio were associated with country, sex, and age. There was heterogeneity in the recovery of both probes between sites with mean mannitol recovery ranging for 1.34%-to 5.88%, lactulose recovery of 0.19%-0.58%, and L:M ratios 0.10-0.17 in boys of 3 months of age across different sites. We observed strong sex-specific differences in both mannitol and lactulose recovery, with boys having higher recovery of both probes. Alterations in intestinal barrier function increased in most sites from 3-9 months of age and plateaued or diminished from 9-15 months of age.

CONCLUSIONS: Alterations in recovery of the probes differ markedly in different epidemiologic contexts in children living in the developing world. The rate of change in the L:M-Z ratio was most rapid and consistently disparate from the reference standard in the period between 6 and 9 months of age suggesting that this is a critical period of physiologic impact of enteropathy in these populations.

WEB: <http://insights.ovid.com/crossref?an=00005176-900000000-97169>

IMPACT FACTOR: 1.48

CITED HALF-LIFE: 7.00

UW EDITORIAL COMMENT: The MAL-ED consortium takes advantage of its detailed sample collection and diverse trial settings to provide a robust comparison of intestinal permeability measurements from different geographical and epidemiologic settings. While samples were processed in different laboratories, the authors made an effort to standardize findings across platforms with values measured in a reference laboratory. The variation observed in mannitol permeability measurements, even after adjustment for age, suggest that the risk of malabsorption is heterogenous in different populations with high risk and high prevalence of environmental enteropathy. The authors also note a wide range of permeability measures depending on the probe of interest and thus recommend that L:M studies describe the recovery rate of each probe separately, as well as the L:M ratio.

2. [Infant Nutritional Status and Markers of Environmental Enteric Dysfunction are Associated with Midchildhood Anthropometry and Blood Pressure in Tanzania.](#)

Locks LM, Mwiru RS, Mtisi E, Manji KP, McDonald CM, Liu E, Kupka R, Kisenge R, Aboud S, Gosselin K, Gillman M, Gewirtz AT, Fawzi WW, Duggan CP.



ABSTRACT

OBJECTIVE: To assess whether growth and biomarkers of environmental enteric dysfunction in infancy are related to health outcomes in midchildhood in Tanzania.

STUDY DESIGN: Children who participated in 2 randomized trials of micronutrient supplements in infancy were followed up in midchildhood (4.6-9.8 years of age). Anthropometry was measured at age 6 and 52 weeks in both trials, and blood samples were available from children at 6 weeks and 6 months from 1 trial. Linear regression was used for height-for-age z-score, body mass index-for-age z-score, and weight for age z-score, and blood pressure analyses; log-binomial models were used to estimate risk of overweight, obesity, and stunting in midchildhood.

RESULTS: One hundred thirteen children were followed-up. Length-for-age z-score at 6 weeks and delta length-for-age z-score from 6 to 52 weeks were associated independently and positively with height-for-age z-score and inversely associated with stunting in midchildhood. Delta weight-for-length and weight-for-age z-score were also positively associated with midchildhood height-for-age z-score. The 6-week and delta weight-for-length z-scores were associated independently and positively with midchildhood body mass index-for-age z-score and overweight, as was the 6-week and delta weight-for-age z-score. Delta length-for-age z-score was also associated with an increased risk of overweight in midchildhood. Body mass index-for-age z-score in midchildhood was associated positively with systolic blood pressure. Serum anti-flagellin IgA concentration at 6 weeks was also associated with increased blood pressure in midchildhood.

CONCLUSIONS: Anthropometry at 6 weeks and growth in infancy independently predict size in midchildhood, while anti-flagellin IgA, a biomarker of environmental enteric dysfunction, in early infancy is associated with increased blood pressure in midchildhood. Interventions in early life should focus on optimizing linear growth while minimizing excess weight gain and environmental enteric dysfunction.

WEB: [10.1016/j.jpeds.2017.04.005](https://doi.org/10.1016/j.jpeds.2017.04.005)

IMPACT FACTOR: 5.20

CITED HALF-LIFE: 8.6

UW EDITORIAL COMMENT: This study has several limitations, which the authors acknowledge. Significantly, the participants in this study were recruited from two previous randomized control trials and fit criteria related to ease of contact. Despite their careful selection of eligible participants, the authors were only able to recruit less than a third of those they attempted to contact. Additionally, the authors only have biomarkers of EED at 6 weeks and 6 months of age, which misses a critical growth periods in which EED has a potential impact on child growth and development.

3. [Biomarkers to Stratify Risk Groups among Children with Malnutrition in Resource-Limited Settings and to Monitor Response to Intervention](#)

McGrath C.J.; Arndt M.B.; Walson J.L.

Horm Res Paediatr. 2017 May 9. [Epub ahead of print]

ABSTRACT

Despite global efforts to reduce childhood undernutrition, current interventions have had little impact on stunting and wasting, and the mechanisms underlying growth faltering are poorly understood. There is a clear need to distinguish populations of children most likely to benefit from any given intervention and to develop tools to monitor response to therapy prior to the development of morbid sequelae. In resource-limited settings, environmental enteric dysfunction (EED) is common among children,



contributing to malnutrition and increasing childhood morbidity and mortality risk. In addition to EED, early alterations in the gut microbiota can adversely affect growth through nutrient malabsorption, altered metabolism, gut inflammation, and dysregulation of the growth hormone axis. We examined the evidence linking EED and the gut microbiome to growth faltering and explored novel biomarkers to identify subgroups of children at risk of malnutrition due to underlying pathology. These and other biomarkers could be used to identify specific groups of children at risk of malnutrition and monitor response to targeted interventions.

WEB: [10.1159/000471875](https://doi.org/10.1159/000471875)

IMPACT FACTOR: 1.66

CITED HALF-LIFE: 3.8

UW EDITORIAL COMMENT: Figure 1 compares biomarkers used to identify and screen for EED, microbial dysfunction, systematic inflammation, and growth hormone resistance. This article provides a succinct overview of relevant EED, inflammatory, and metabolic biomarkers that may, in combination, be useful to predict children at highest risk of stunting.

4. [Chronic consequences on human health induced by microbial pathogens: Growth faltering among children in developing countries.](#)

Nataro, J.P. and Guerrant, R.L.

Vaccine. 2017 May 23. pii: S0264-410X(17)30659-X. [Epub ahead of print]

ABSTRACT

Enteric infections continue to cause approximately 500,000 childhood deaths annually worldwide. In addition to the burden of diarrhea, there is emerging evidence that exposure to enteric pathogens may induce physiologic abnormalities that lead to linear growth faltering. This enteric disease, known as environmental enteric dysfunction (EED) remains cryptic with regard to its causes and features. In this workshop, experts in the field addressed the contribution of enteric pathogens to growth faltering in the absence of clinical diarrhea. Also addressed were the role of the intestinal microbiota in normal childhood growth among children in developing countries. The impact of pathogen exposure could represent direct epithelial injury or could be mediated by perturbations in the normal microbiota or combinations of both.

WEB: [10.1016/j.vaccine.2017.05.035](https://doi.org/10.1016/j.vaccine.2017.05.035)

IMPACT FACTOR: 3.41

CITED HALF-LIFE: 5.9

UW EDITORIAL COMMENT: The authors suggest that a major limitation in assessing the potential value of an enteric disease vaccine is the underestimation of the burden of enteric disease as only deaths from diarrhea. Instead of this narrow definition, the effects of diarrhea may be accounted for by dissecting the disorder into three separate effects: growth decrements, cognitive impairment, and metabolic derangement. The authors also describe biomarkers and animal models used in the study of EED, and the role of the human gut microbiota in child health and growth.

5. [The effects of micronutrient deficiencies on bacterial species from the human gut microbiota.](#)

Hibberd, M.C., Wu, M., Rodionov, D.A, Li, X., Cheng, J., Griffin, N.W., Barrett, M.J., Giannone, R.J., Hettich, R.L., Osterman, A.L., Gordon, J. I.



ABSTRACT

Vitamin and mineral (micronutrient) deficiencies afflict 2 billion people. Although the impact of these imbalances on host biology has been studied extensively, much less is known about their effects on the gut microbiota of developing or adult humans. Therefore, we established a community of cultured, sequenced human gut–derived bacterial species in gnotobiotic mice and fed the animals a defined micronutrient-sufficient diet, followed by a derivative diet devoid of vitamin A, folate, iron, or zinc, followed by return to the sufficient diet. Acute vitamin A deficiency had the largest effect on bacterial community structure and metatranscriptome, with *Bacteroides vulgatus*, a prominent responder, increasing its abundance in the absence of vitamin A. Applying retinol selection to a library of 30,300 *B. vulgatus* transposon mutants revealed that disruption of *acrR* abrogated retinol sensitivity. Genetic complementation studies, microbial RNA sequencing, and transcription factor–binding assays disclosed that AcrR is a repressor of an adjacent AcrAB-TolC efflux system. Retinol efflux measurements in wild-type and *acrR*-mutant strains plus treatment with a pharmacologic inhibitor of the efflux system revealed that AcrAB-TolC is a determinant of retinol and bile acid sensitivity in *B. vulgatus*. Acute vitamin A deficiency was associated with altered bile acid metabolism in vivo, raising the possibility that retinol, bile acid metabolites, and AcrAB-TolC interact to influence the fitness of *B. vulgatus* and perhaps other microbiota members. This type of preclinical model can help to develop mechanistic insights about the effects of, and more effective treatment strategies for micronutrient deficiencies.

WEB: [10.1126/scitranslmed.aal4069](https://doi.org/10.1126/scitranslmed.aal4069)

IMPACT FACTOR: 16.26

CITED HALF-LIFE: 3.2

UW EDITORIAL COMMENT: Acute nutrient deficiency was modeled using mouse fed a micronutrient insufficient diet for a 21-day period in between two 14-day periods with a micronutrient sufficient diet. Figure 1C presents changes in the percent relative abundance of bacterial species in each of five micronutrient deficient diets conditions. The control group (micronutrient sufficient) also experienced relatively large changes in relative abundance between sampling periods, despite no change in diet, which suggests that variation in relative abundance of *B. dorei* may be unrelated to nutrient deficiencies. *B. vulgatus* had smaller differences in abundance, but the overall scale of changes in relative abundance suggests that relative abundance should be interpreted cautiously as an effect of micronutrient deficiency. Furthermore, there is no evidence that *B. vulgatus* is associated with host growth so the association of its abundance with vitamin A deficiency has no conclusive interpretation.

6. [Chemical and pathogen-induced inflammation disrupt the murine intestinal microbiome.](#)
Borton MA, Sabag-Daigle A, Wu J, Solden LM, O'Banion BS, Daly RA, Wolfe RA, Gonzalez JF, Wysocki VH, Ahmer BMM, Wrighton KC.
Microbiome. 2017 April 27; 5(1):47.

ABSTRACT

Background: Salmonella is one of the most significant food-borne pathogens to affect humans and agriculture. While it is well documented that Salmonella infection triggers host inflammation, the impacts on the gut environment are largely unknown. A CBA/J mouse model was used to evaluate intestinal responses to Salmonella-induced inflammation. In parallel, we evaluated chemically induced inflammation by dextran sodium sulfate (DSS) and a non-inflammation control. We profiled gut microbial diversity by sequencing 16S ribosomal ribonucleic acid (rRNA) genes from fecal and cecal



samples. These data were correlated to the inflammation marker lipocalin-2 and short-chain fatty acid concentrations.

RESULTS: We demonstrated that inflammation, chemically or biologically induced, restructures the chemical and microbial environment of the gut over a 16-day period. We observed that the ten mice within the Salmonella treatment group had a variable Salmonella relative abundance, with three high responding mice dominated by >46% Salmonella at later time points and the remaining seven mice denoted as low responders. These low- and high-responding Salmonella groups, along with the chemical DSS treatment, established an inflammation gradient with chemical and low levels of Salmonella having at least 3 log-fold lower lipocalin-2 concentration than the high-responding Salmonella mice. Total short-chain fatty acid and individual butyrate concentrations each negatively correlated with inflammation levels. Microbial communities were also structured along this inflammation gradient. Low levels of inflammation, regardless of chemical or biological induction, enriched for Akkermansia spp. in the Verrucomicrobiaceae and members of the Bacteroidetes family S24-7. Relative to the control or low inflammation groups, high levels of Salmonella drastically decreased the overall microbial diversity, specifically driven by the reduction of Alistipes and Lachnospiraceae in the Bacteroidetes and Firmicutes phyla, respectively. Conversely, members of the Enterobacteriaceae and Lactobacillus were positively correlated to high levels of Salmonella-induced inflammation.

CONCLUSIONS: Our results show that enteropathogenic infection and intestinal inflammation are interrelated factors modulating gut homeostasis. These findings may prove informative with regard to prophylactic or therapeutic strategies to prevent disruption of microbial communities, or promote their restoration.

WEB: [10.1186/s40168-017-0264-8](https://doi.org/10.1186/s40168-017-0264-8)

IMPACT FACTOR: 9.00

CITED HALF-LIFE: 2.0

UW EDITORIAL COMMENT: These authors found that *Salmonella* colonization was highly variable among infected mice. With only a sample size of ten infected mice, however, their interpretation is limited in its generalizability. Mice were classified into “high” (n=3) and “low” responders (n=7) and the authors suggest that other studies may have found similar variability but that it is usually obscured in the literature because other authors report an average relative abundance.

7. [Gut microbiota interactions with the immunomodulatory role of vitamin D in normal individuals](#)
Renata V. Lutholda, Gabriel R. Fernandesb, Ana Carolina Franco-de-Moraesc, Luciana G.D. Folchettia, Sandra Roberta G. Ferreirac.
Metabolism. 2017 Apr;69:76-86. doi: 10.1016/j.metabol.2017.01.007. Epub 2017 Jan 13.

ABSTRACT

Due to immunomodulatory properties, vitamin D status has been implicated in several diseases beyond the skeletal disorders. There is evidence that its deficiency deteriorates the gut barrier favoring translocation of endotoxins into the circulation and systemic inflammation. Few studies investigated whether the relationship between vitamin D status and metabolic disorders would be mediated by the gut microbiota composition.

OBJECTIVE: We examined the association between vitamin D intake and circulating levels of 25(OH)D with gut microbiota composition, inflammatory markers and biochemical profile in healthy individuals.

METHODS: In this cross-sectional analysis, 150 young healthy adults were stratified into tertiles of intake and concentrations of vitamin D and their clinical and inflammatory profiles were compared. The DESeq2 was used for comparisons of microbiota composition and the log₂ fold changes (log₂FC)



represented the comparison against the reference level. The association between 25(OH)D and fecal microbiota (16S rRNA sequencing, V4 region) was tested by multiple linear regression.

RESULTS: Vitamin D intake was associated with its concentration ($r=0.220$, $p=0.008$). There were no significant differences in clinical and inflammatory variables across tertiles of intake. However, lipopolysaccharides increased with the reduction of 25(OH)D (p -trend <0.05). *Prevotella* was more abundant (\log_2FC 1.67, $p<0.01$), while *Haemophilus* and *Veillonella* were less abundant (\log_2FC -2.92 and -1.46, $p<0.01$, respectively) in the subset with the highest vitamin D intake (reference) than that observed in the other subset (first plus second tertiles). PCR ($r=-0.170$, $p=0.039$), E-selectin ($r=-0.220$, $p=0.007$) and abundances of *Coprococcus* ($r=-0.215$, $p=0.008$) and *Bifidobacterium* ($r=-0.269$, $p=0.001$) were inversely correlated with 25(OH)D. After adjusting for age, sex, season and BMI, 25(OH)D maintained inversely associated with *Coprococcus* ($\beta=-9.414$, $p=0.045$) and *Bifidobacterium* ($\beta=-1.881$, $p=0.051$), but significance disappeared following the addition of inflammatory markers in the regression models.

CONCLUSION: The role of vitamin D in the maintenance of immune homeostasis seems to occur in part by interacting with the gut microbiota. The attenuation of association of bacterial genera by inflammatory markers suggests that inflammation participate in part in the relationship between the gut microbiota and vitamin D concentration. Studies with appropriate design are necessary to address hypothesis raised in the current study.

WEB: [10.1016/j.metabol.2017.01.007](https://doi.org/10.1016/j.metabol.2017.01.007)

IMPACT FACTOR: 4.38

CITED HALF-LIFE: 9.3

UW EDITORIAL COMMENT: Participants were recruited from nutrition college programs and were overwhelmingly young healthy adult females with a low intake of vitamin D. There was limited variability in their dietary habits, which may have depressed the sensitivity of this study to detect associations. Furthermore, as a cross-sectional study, correlations among vitamin D, species abundance, and inflammation markers should be interpreted cautiously. The abundance of *Akkermansia* was correlated with 25(OH)D (a vitamin D marker), though this was not statistically significant.

8. [The association of serum choline with linear growth failure in young children from rural Malawi.](#)
Semba RD, Zhang P, Gonzalez-Freire M, Moaddel R, Trehan I, Maleta KM, Ordiz MI, Ferrucci L, Manary MJ.
Am J Clin Nutr. 2016 Jul;104(1):191-7. Epub 2016 Jun 8.

ABSTRACT

BACKGROUND: Choline is an essential nutrient for cell structure, cell signaling, neurotransmission, lipid transport, and bone formation. Choline can be irreversibly converted to betaine, a major source of methyl groups. Trimethylene N-oxide (TMAO), a proatherogenic molecule, is produced from the metabolism of dietary choline by the gut microbiome. The relation between serum choline and its closely related metabolites with linear growth in children is unknown.

OBJECTIVE: The aim was to characterize the relation between serum choline and its closely related metabolites, betaine and TMAO, with linear growth and stunting in young children.

DESIGN: We measured serum choline, betaine, and TMAO concentrations by using liquid chromatography isotopic dilution tandem mass spectrometry in a cross-sectional study in 325 Malawian children, aged 12-59 mo, of whom 62% were stunted.

RESULTS: Median (25th, 75th percentile) serum choline, betaine, and TMAO concentrations were 6.4 (4.8, 8.3), 12.4 (9.1, 16.3), and 1.2 (0.7, 1.8) $\mu\text{mol/L}$, respectively. Spearman correlation coefficients of



age with serum choline, betaine, and TMAO were -0.57 ($P < 0.0001$), -0.26 ($P < 0.0001$), and -0.10 ($P = 0.07$), respectively. Correlation coefficients of height-for-age z score with serum choline, betaine-to-choline ratio, and TMAO-to-choline ratio were 0.31 ($P < 0.0001$), -0.24 ($P < 0.0001$), and -0.29 ($P < 0.0001$), respectively. Serum choline concentrations were strongly and significantly associated with stunting. Children with and without stunting had median (25th, 75th percentile) serum choline concentrations of 5.6 (4.4, 7.4) and 7.3 (5.9, 9.1) $\mu\text{mol/L}$ ($P < 0.0001$).

CONCLUSIONS: Linear growth failure in young children is associated with low serum choline and elevated betaine-to-choline and TMAO-to-choline ratios. Further work is needed to understand whether low dietary choline intake explains low circulating choline among stunted children living in low-income countries and whether increasing choline intake may correct choline deficiency and improve growth and development.

WEB: [10.3945/ajcn.115.129684](https://doi.org/10.3945/ajcn.115.129684)

IMPACT FACTOR: 6.70

CITED HALF-LIFE: >10.0

UW EDITORIAL COMMENT: There is no established definition of choline deficiency on the basis of serum choline concentrations and it is not well understood how underlying factors of individuals, especially genetics, might affect dietary requirements for choline. Furthermore, as a cross-sectional study, causality cannot be inferred and the positive association observed may be due to underlying nutritional differences between choline-rich and choline-poor foods.

9. [Starved Guts: Morphologic and Functional Intestinal Changes in Malnutrition](#)

Attia S, Feenstra M, Swain N, Cuesta M, Bandsma R.

J Pediatr Gastroenterol Nutr. 2017 May 9. [Epub ahead of print].

ABSTRACT

Malnutrition contributes significantly to death and illness worldwide and especially to the deaths of children less than five years of age. The relation between intestinal changes in malnutrition and morbidity and mortality has not been well characterized; however, recent research indicates that the functional and morphologic changes of the intestine secondary to malnutrition itself contribute significantly to these negative clinical outcomes and may be potent targets of intervention. The aim of this review was to summarize current knowledge of experimental and clinically observed changes in the intestine from malnutrition pre-clinical models and human studies. Limited clinical studies have shown villous blunting, intestinal inflammation and changes in the intestinal microbiome of malnourished children. In addition to these findings, experimental data using various animal models of malnutrition have found evidence of increased intestinal permeability, upregulated intestinal inflammation, and loss of goblet cells. More mechanistic studies are urgently needed to improve our understanding of malnutrition-related intestinal dysfunction and to identify potential novel targets for intervention.

WEB: [10.1097/MPG.0000000000001629](https://doi.org/10.1097/MPG.0000000000001629)

IMPACT FACTOR: 1.48

CITED HALF-LIFE: 7.00

UW EDITORIAL COMMENT: The authors note that there are morphological similarities between EED and malnutrition-related enteropathy. In addition, the two conditions generally share overlapping geographies, which can make distinguishing between them nearly impossible in many settings. The primary characteristics of malnutrition enteropathy also overlap with those associated with EED,



including lower diversity in the intestinal microbiome and impairment of intestinal epithelial barrier function and the mucin layer.

10. [Transient activation of mucosal effector immune responses by resident intestinal bacteria in normal hosts is regulated by interleukin-10 signaling.](#)

Wu C, Sartor RB, Huang K, Tonkonogy SL.

Immunology. 2016 Jul;148(3):304-14.

ABSTRACT

Interleukin-10 (IL-10) is a key regulator of mucosal homeostasis. In the current study we investigated the early events after monoassociating germ-free (GF) wild-type (WT) mice with an *Escherichia coli* strain that we isolated previously from the caecal contents of a normal mouse housed under specific pathogen-free conditions. Our results show that interferon- γ (IFN- γ) secreted by mesenteric lymph node (MLN) cells from both IL-10 deficient mice and WT mice, stimulated *ex vivo* with *E. coli* lysate, was dramatically higher at day 4 after monoassociation compared with IFN- γ secreted by cells from GF mice without *E. coli* colonization. Production of IFN- γ rapidly and progressively declined after colonization of WT but not IL-10-deficient mice. The *E. coli* lysate-stimulated WT MLN cells also produced IL-10 that peaked at day 4 and subsequently declined, but not as precipitously as IFN- γ . WT cells that express CD4, CD8 and NKp46 produced IFN- γ ; WT CD4-positive cells and B cells produced IL-10. Recombinant IL-10 added to *E. coli*-stimulated MLN cell cultures inhibited IFN- γ secretion in a dose-dependent fashion. MLN cells from WT mice treated *in vivo* with neutralizing anti-IL-10 receptor antibody produced more IFN- γ compared with MLN cells from isotype control antibody-treated mice. These findings show that a resident *E. coli* that induces chronic colitis in monoassociated IL-10-deficient mice rapidly but transiently activates the effector immune system in normal hosts, in parallel with induction of protective IL-10 produced by B cells and CD4(+) cells that subsequently suppresses this response to mediate mucosal homeostasis.

WEB: 10.1111/imm.12612

IMPACT FACTOR: 4.078

CITED HALF-LIFE: n/a

UW EDITORIAL COMMENT: Figure 6 neatly presents an exponential decay relationship between increased concentrations of recombinant IL-10 and the declining production of IFN- γ by mesenteric lymph nodes cells *in vitro*. This work confirms and builds heavily directly upon previous findings by El Aidy and colleagues:

- [El Aidy et al. Temporal and spatial interplay of microbiota and intestinal mucosa drive establishment of immune homeostasis in conventionalized mice. *Mucosal Immunol*. 2012; 5:567-79.](#)

[El Aidy et al. Transient inflammatory-like state and microbial dysbiosis are pivotal in establishment of mucosal homeostasis during colonization of germ-free mice. *Benef Microbes*. 2014; 5:67-77.](#)

ADDITIONAL ARTICLES OF INTEREST (MAY PUBLICATIONS)

[Microbe Profile: *Akkermansia muciniphila*: a conserved intestinal symbiont that acts as the gatekeeper of our mucosa](#)

[Zinc Transporter SLC39A7/ZIP7 Promotes Intestinal Epithelial Self-Renewal by Resolving ER Stress.](#)

ARTICLE ARCHIVE (JAN 2016-APRIL 2017)



EED Biology & Review Articles

[Association between Enteropathogens and Malnutrition in Children Aged 6-23 mo in Bangladesh: a Case-Control Study.](#)

[Causal Pathways from Enteropathogens to Environmental Enteropathy: Findings from the MAL-ED Birth Cohort Study.](#)

[Biomarkers of Environmental Enteric Dysfunction: The good, the bad and the ugly.](#)

[Application of penalized linear regression methods to the selection of environmental enteropathy biomarkers.](#)

[Environmental enteropathy is associated with cardiometabolic risk factors in Peruvian children.](#)

[Biomarkers of Environmental Enteric Dysfunction Among Children in Rural Bangladesh.](#)

[Environmental Enteric Dysfunction is Associated with Carnitine Deficiency and Altered Fatty Acid Oxidation.](#)

[Determinant Variables, Enteric Pathogen Burden, Gut Function, and Immune-Related Inflammatory Biomarkers Associated with Childhood Malnutrition: A Prospective Case-Control Study in Northeastern Brazil.](#)

[The Association Between Fecal Biomarkers of Environmental Enteropathy and Rotavirus Vaccine Response in Nicaraguan Infants.](#)

[Systemic inflammation, growth factors, and linear growth in the setting of infection and malnutrition](#)

[Environmental Enteric Dysfunction and the Fecal Microbiota in Malawian Children](#)

[Environmental Enteric Dysfunction and Growth Failure/Stunting in Global Child Health](#)

[Biomarkers of Environmental Enteropathy, Inflammation, Stunting, and Impaired Growth in Children in Northeast Brazil.](#)

[Environmental enteropathy.](#)

[Environmental Enteropathy: Elusive but Significant Subclinical Abnormalities in Developing Countries.](#)

[Endomicroscopic and Transcriptomic Analysis of Impaired Barrier Function and Malabsorption in Environmental](#)

[Environmental Enteric Dysfunction in Children.](#)

[Environmental Enteric Dysfunction Includes a Broad Spectrum of Inflammatory Responses and Epithelial Repair Processes.](#)



[The Impact of Environmental Enteropathy and Systemic Inflammation on Infant Growth Failure](#)

[Small Intestine Bacterial Overgrowth and Environmental Enteropathy in Bangladeshi Children.](#)

[Decoding Hidden Messages: Can Fecal Host Transcriptomics Open Pathways to Understanding Environmental Enteropathy?](#)

[Plasma Tryptophan and the Kynurenine–Tryptophan Ratio are Associated with the Acquisition of Statural Growth Deficits and Oral Vaccine Underperformance in Populations with Environmental Enteropathy](#)

[Malnutrition Is Associated with Protection from Rotavirus Diarrhea: Evidence from a Longitudinal Birth Cohort Study in Bangladesh](#)

Nutrition/metabolism

[Which dietary components modulate longitudinal growth?](#)

[Influence of diet on the gut microbiome and implications for human health.](#)

[Nopal feeding reduces adiposity, intestinal inflammation and shifts the cecal microbiota and metabolism in high-fat fed rats](#)

[Western diets, gut dysbiosis, and metabolic diseases: Are they linked?](#)

[Nutrition, infection and stunting: the roles of deficiencies of individual nutrients and foods, and of inflammation, as determinants of reduced linear growth of children](#)

[Microbiome, Growth Retardation, and Metabolism: Are they related?](#)

[Linking Dietary Patterns with Gut Microbial Composition and Function.](#)

[Impacts of resistant starch and wheat bran consumption on enteric inflammation in relation to colonic bacterial community structures and short-chain fatty acid concentrations in mice.](#)

[Diet-Microbiota Interactions Mediate Global Epigenetic Programming in Multiple Host Tissues](#)

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