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doi:10.1111/j.1365-2036.2011.04868.x

Exposure to hookworms in patients with Crohn's disease: authors' reply

Shale and Travis have raised several important points.¹ Immune responses to hookworm are influenced by a number of factors, the most important of which is continuing presence of the worms. Active hookworm infection is characterised by a mixed Th1/Th2 response with production of both Th1 (IFN- γ , IL-12) and Th2 (IL-4, IL-5) cytokines.² When infection is eradicated by chemotherapy, the same individuals exhibit a significant increase in Th1 (IFN- γ) response to hookworm antigens.² In our study, only two Crohn's disease patients and five controls had hookworm detected on serial stool examination.³ Annual mass administration of albendazole to eradicate lymphatic filariasis in endemic areas could have contributed to the control of hookworm. Therefore, we believe that the demonstration of IFN- γ responses to hookworm antigens is entirely consistent with previous exposure to hookworms.

We had *a priori* excluded patients with disease duration longer than 2 years, as well as patients currently receiving steroid treatment; none of our patients ever received infliximab. The IFN- γ response to phytohaemagglutinin was preserved in Crohn's disease patients, making it unlikely that there was a nonspecific suppression of cellular immune response in these patients. A link between BCG vaccination status and helminth infection is not noted in all populations/communities.⁴ We did not record vaccination status of participants in this study. The BCG vaccination coverage exceeds 80% of the population in India,⁵ and in (unpublished) observations, we have noted BCG scars in equal numbers of healthy controls (66%) and Crohn's disease patients (69%).

Parasite antigens are notoriously cross-reactive across species; nevertheless in our area, hookworm was the most prevalent helminth infection (62%) followed by *Hymenolepis nana* (26%).⁶

Host genes, yet to be identified, play a variable role in predisposition to hookworm infection and burden.^{7, 8} It would be interesting to investigate whether these genes are in linkage with genes conferring susceptibility to Crohn's disease.

ACKNOWLEDGEMENT

Declaration of personal and funding interests: None.

REFERENCES

1. Shale M, Travis SPL. Exposure to hookworms in patients with Crohn's disease. *Aliment Pharmacol Ther* 2011; **34**: 1248–9.
2. Quinnell RJ, Bethony J, Pritchard DI. The immunoepidemiology of human hookworm infection. *Parasite Immunol* 2004; **26**: 443–54.
3. Kabeerdoss J, Pugazhendhi S, Subramanian V, Binder HJ, Ramakrishna BS. Exposure to hookworms in patients with Crohn's disease: a case-control study. *Aliment Pharmacol Ther* 2011; **34**: 923–30.
4. Randall AE, Perez MA, Floyd S, *et al.* Patterns of helminth infection and relationship to BCG vaccination in Karonga District, northern Malawi. *Trans R Soc Trop Med Hyg* 2002; **96**: 29–33.
5. International Institute for Population Sciences. National Family Health Survey, India. Available at: <http://nfhsindia.org/factsheet.shtml>. Accessed September 3, 2011.
6. Kang G, Mathew MS, Rajan DP, *et al.* Prevalence of intestinal parasites in rural southern Indians. *Trop Med Int Health* 1998; **3**: 70–5.
7. Quinnell RJ, Pullan RL, Breitling LP, *et al.* Genetic and household determinants of predisposition to human hookworm infection in a Brazilian community. *J Infect Dis* 2010; **202**: 954–61.
8. Pullan RL, Kabatereine NB, Quinnell RJ, Brooker S. Spatial and genetic epidemiology of hookworm in a rural community in Uganda. *PLoS Negl Trop Dis* 2010; **4**: e713.