Review Article

Human Helminths and Allergic Disease: The Hygiene Hypothesis and Beyond

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Abstract. There is much debate about the interaction between helminths and allergic disease. The "Hygiene Hypothesis," a very popular concept among scientists and the lay public, states that infections, especially during childhood, can protect against allergic diseases. Indeed, helminth infections are known to induce regulatory responses in the host that can help the control of inflammation (including allergic inflammation). However, these infections also induce type-2-associated immune responses including helminth-specific IgE that can cross-react against environmental allergens and mediate IgE-driven effector responses. Thus, it is the delicate balance between the parasites' anti- and pro-allergenic effects that define the helminth/allergy interface.

The immune system has evolved, in large part, through its interaction with microbes and parasites, an interaction that drives specific or specialized immune responses to deal with the widely varying groups of microorganisms. For example, parasite-derived induction of interleukin (IL)-4, IL-5, and IL-13 coordinate the prototypical responses to metazoan helminth pathogens,¹ whereas viral- and bacterial-specific induction of Type 1 and Type 2 interferons are required for control of these types of infections.¹ Interestingly, these responses (broadly inflammatory in nature) themselves, if uncontrolled, can harm the host by causing allergic diseases (Th2-associated inflammation) or autoimmune/inflammatory disorders (typically Th1- and/or Th17-associated). Typically, on the heels of such inflammation come anti-inflammatory networks that are required to prevent long-standing tissue damage.²

These regulatory (or anti-inflammatory) processes triggered during infection underlies the "Hygiene Hypothesis"³ that states that infections, especially during childhood when immune responses are being "educated" and the T- and B-cell memory pool is being created, protect against inflammation-associated disorders⁴ because they modulate or limit immune-mediated effector responses. Indeed, the presence of helminth infections has been associated (to a small degree) with modulation of the severity of inflammatory bowel disease,⁵ diabetes,⁶ and arthritis^{7–9} to cite just a few examples.

There is little consensus among the many studies that have examined the interaction between helminth infection and atopy (Table 1). This lack of consensus is most likely related to the differences in outcome measures/definitions used in the many studies that have used a variety of outcomes including: 1) the severity or frequency of asthma, rhinitis, or eczema; 2) the frequency of allergen sensitization by skin prick tests (SPTs); or 3) the levels of allergen-specific IgE (asIgE) levels in the blood. Other causes for the disparate results relate to variation among the species of infecting helminths and differences in the age of the populations being studied. To attempt to reconcile these differences, meta-analyses have been performed; these, too, have not been conclusive. For example, while Ascaris lumbricoides was found to be a risk factor for the development of asthma, hookworm infection was associated with a protective effect.⁶⁰ Infection with other parasites such as Trichuris trichiura, Enterobius vermicularis, and Strongyloides stercoralis had no effect on the outcome of asthma.⁶⁰ Conversely, the presence of A. lumbricoides was found to lower the frequency of atopy (measured by SPT) to at least one environmental allergen in most studies⁶¹ (Table 1), but not to the perennial allergens, cockroach or house dust mite (HDM).⁶¹ Hookworm infection has also been associated with protection from atopy to some allergens, but not to HDM or to cockroach extract.⁶¹ Interestingly, the majority of the published studies demonstrate that while helminth infection decreases the frequency of SPT positivity, these infections are associated with increased allergen-specific IgE (asIgE) (Figure 1).

The concept that helminth infection modulates allergic diseases emerged in the 1970s⁶²⁻⁶⁴ and has been debated ever since.40,65-70 As depicted in Table 1, it has often been observed that helminth infections commonly reduce the frequency of SPT reactivity and increase the levels of asIgE (Table 1 and Figure 1). This apparent dichotomy was felt to reflect the expansion of polyclonal IgE-secreting B cells, an expansion that would lead to high levels of IgE with multiple specificities leading to an inability to trigger a mast cell or basophil response. It was thought that allergens, in such conditions, could not physically cross-link the asIgE bound to the high-affinity Fc epsilon (FceRI) because of the multiple differing IgE antibody specificities on proximal FceRIs. Although theoretically possible, this concept has largely been discarded based on studies that suggest that the ratio of polyclonal to antigen-specific IgE needed to prevent basophil or mast cell degranulation rarely is achieved in vivo since it requires only cross-linking a few hundred FcERIs on cell membranes to trigger activation.^{71,72} More recent data allow us to propose other mechanisms at work in helminth infection that drive asIgE in helminth-infected populations (e.g., crossreactive IgE) or modulate SPT positivity (e.g., IL-10) as discussed below.

Because chronic helminth infections often induce both IgE and IgG isotypes, especially IgG4 antibodies, it has been proposed that IgG can also contribute to the modulation of type I hypersensitivity responses. IgGs are usually induced in

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			Helminth	Allergen(s)	Clinical evaluati	on	\$PT‡	
First author, year	Country	Ν	Parasites*	Assessed†	Outcome	Effect	Prevalence	asIgE§
Authors concluded that helmir	iths offer protection a	gainst allergies						
Hagel, 1993 ¹⁰	Venezuela	89	AI	Not informed	ND		\rightarrow	\rightarrow
van den Biggelaar, 2000 ¹¹	Gabon	520	Sh	HDM	ND		\rightarrow	ND
Araujo, 2000^{12}	Brazil	175	Sm	HDM, mold	QN		\rightarrow	Trend ↓
van den Biggelaar, 2001	Cabon	07.0	Sh 1	HUM Visions		Me change	→ -	Ļ
Nyan, 2001. Soriwanar 200115	Ethionia	424 604	Al HIM Al		Wheeze	No cnange	() No chonse	ND change
Huang 2002 ¹⁶	Таішоріа	3 107	FV AL	Not informed	Willeze Asthma rhinitis	→	ND Clialingo	ND
Cooper. $2003a^{17}$	Ecuador	4.433	$\frac{L}{Al}$. Tt	Various	Wheeze, rhinitis, rash	↓ No change		
Cooper, $2003b^{18}$	Ecuador	2,865	Various	Various	ND	o	→ →	
Dagoye, 2003 ¹⁹	Ethiopia	563	AI	HDM, CR	Wheeze	\rightarrow	No change	
Wahyuni, 2005^{20}	Indonesia	466	Bm	HDM	ND		Trend ↓	←
Flohr, 2006^{21}	Vietnam	1,601	Hkw, Al	HDM, CR	ND		\rightarrow	QN
Rodrigues, 2008 ²²	Brazil	1,055	AI, Tt	Various	ND		\rightarrow	
Endara, 2010^{23}	Ecuador	3,901	AI, Tt	Not informed	Eczema	\rightarrow	\rightarrow	ND
Supali, 2010^{24}	Indonesia	441	Bm	CR	QN		\rightarrow	
Rujeni, 2012 ⁻³	Zimbabwe	672	Sh	MDM	ND	Į	\rightarrow	\rightarrow
Kanobana, 2012 ²⁰	Cuba	958	Tc, Al, Hkw	Not informed	Asthma	↑ (Tc)	ŊŊ	QN
A 1 NI 201227		1 445			A -41	↓ (Hkw)	_	
Mondance 2012 ²⁸	Drozil	1,145 011	Various T _c		Astnma/wneeze	INO CHANGE	→	No cnange
Monuel 2012	Malawia	1,140	14 14	Mot informed	Dhinitis	_	→	_
Oliveira, 2014 ³⁰	Brazil	91	Sm	HDM, CR, mold	ND	→	\rightarrow	ND
- - - -	-							
Authors round mixed or no as	sociation or took no c	onclusions	Various	HDM CP	Wheere	No change	_	
Pointe, 2006^{32}	Brazil	113	AL	HDM, CN	Asthma	No change	↓ No chanøe	No change
Calvert, 2010 ³³	South Africa	3.322	AI	HDM	EIB	0 ↓		No change
Vereecken, 2012 ³⁴	Cuba	1,285	Al, Tc, Hkw	HDM, CR	Asthma	No change	\rightarrow	, →
Souza, 2014 ³⁵	Brazil	20	AI	HDM	ND		ND	No change
Alcantara-Neves, 2014^{30}	Brazil	1,271	Al, Tt, Tc	Various	ND Wheeler correction	No chose	→ -	No change
Wordemann, 2008 ³⁸	Cuba	1.320	EV, Hkw. Al	Various	wilceze, eczellia Asthma, rhinitis, AD	$\uparrow (E_V, H_{kw})$	↓ No chanøe	ND
	2000					(AI)	Annua or t	Ì
Obeng, 2014 ³⁹	Ghana	1,385	Sh, Al, Tt	Various	Asthma/wheeze	No change	$\downarrow (Sh) \\ \uparrow (Tt)$	NE
Authors concluded that helmir	ths are a risk factor f	or allergies						
Kayhan, 1978^{-6}	Turkey	100	AI I	Not informed	Asthma	← •	DN .	QN .
Joubert, 1980 - Alchichtenny 100142	South Alfica	607 201	AI Curr	Various				- +
Alsiushtawy, 1991 Ruiis 1007 ⁴³	Egypt Netherlande	1 370	Tr.	HDM, pouen HDM cat dog	Asunda A ethma	- +	UN	- +
I which 1997^{44}	Venezuela	89	Al	HDM, cai, uog	Asthma	- ←	~	- ←
Dold, 1998 ⁴⁵	Germany	$\sim 2,300$	AI	Various	Asthma, rhinitis	- ←	- ←	- ←
Palmer, 2002 ⁴⁶	China	2,164	AI	Various	Asthma	- ←		ND
Benicio, 2004^{47}	Brazil	1,132	AI, Tt	Not informed	Wheeze	←	ND	ND
Daschner, 2005^{48}_{00}	Spain	135	As	AsE	Chronic urticaria	¢	ND	Ŋ
Obihara, 2006^{-3}	South Africa	359	Al(IgE)	HDM	Asthma	← •	←;	←
Bahceciler, $200/2$	Istanbul	1,018	Ev	Various	Wheeze, rhinitis	← •	No change	ND
rereira, 2007	Brazil	1,011	Al	various	w neeze/astnma	<u> </u>	→	
								(continued)

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	Helminth	Allergen(s)	Clinical evalu	lation	SPT‡	
Ν	Parasites*	Assessed†	Outcome	Effect	Prevalence	asIgE§
470	AI	A/E, HDM	Asthma	~	\uparrow (<i>Al</i> -IgE)	ND
439	AI	HDM, CR	Asthma	- ←	, - ←	~
682	(IgE)Tt, Al	Various	Wheeze	- ←	QN	-
12,174	Tc	NE	Asthma	- ←	ND	QN
1,116	C_S	Various	Asthma, rhinitis	No change	~	~
376	AI	A/E, HDM, CR	Wheeze) ~	No change	
313	AI	HDM	Asthma	- ←) ~	
2,316	Various	Various	Wheeze		←	
· · ·	$\begin{array}{c} 470 \\ 439 \\ 682 \\ 682 \\ 632 \\ 1,116 \\ 376 \\ 313 \\ 313 \\ 2,316 \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	470AlAlE, HDMAsthma \uparrow 439AlHDM, CRAsthma \uparrow 682(IgE)Ti, AlVariousWheeze \uparrow 2,174TcNEAsthma \uparrow 2,174TcNEAsthma \uparrow 1,116CsVariousAsthma, rhinitisNo change376AlHDM, CRWheeze \uparrow 2,316VariousVariousWheeze \uparrow	

*A*IE = *Ascaris lumbricoides* extract; *As*E = *Anisakis simplex* extract; CR = cockroach; HDM = house dust mite. T = akin pict ust. asBE = aeroallergen-specific IgE; AD = allergic demartitis; EIB = exercise-induced bronchorreactivity; ND = not determined.

Clinical Outcome SPT aslgE Decreased Increased D No change 39 studies 26 studies 36 studies

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FIGURE 1. Aggregated overview of multiple studies on the helminth/allergy interface. The areas shaded black indicate increased prevalence of allergic reactivity in the presence of helminth infection, the areas shaded white indicate decreased prevalence, and those in gray indicate no change in prevalence on clinical outcome (left circle), skin prick test (SPT; middle circle), and aeroallergenspecific IgE (asIgE; right circle).

quantities 1,000- to 10,000-fold greater than those of IgE, and as such, the IgG antibodies bind antigen prior to the antigen being available to trigger an IgE-mediated effector response. This so-called "blocking phenomenon" has been explored, and two mechanisms have been identified: physical^{73,74} and inhibition of target cells by $Fc\gamma RIIb$ activation by IgG complexed to antigens.^{74–76} Although other IgG isotypes have been implicated in physical IgE blocking, IgG4 seems to play a major role.⁷⁷ It has been demonstrated that IgG can intercept allergen before it binds to IgE present on membranes of mast cells and basophils,⁷⁴ and that allergen-IgG complexes can deactivate target cell by activation of the inhibitory Fc receptor (FcyRIIb), that in turn activates phosphatases in the molecular cross-linking regions of IgE shutting down FccRI signaling.78,79

A more unifying explanation suggests that IL-10, a primarily T-cell-derived cytokine commonly induced in chronic helminth infection,⁸⁰⁻⁸² may underlie the protection from SPT positivity.^{11,83} Indeed, it is believed that the IL-10 modified Th2 response may be responsible for the parasite-antigen-specific tolerance imprinted on the host by helminth infection.^{80,84,85} Parasite-induced IL-10 or other regulatory mechanisms—that can involve cell populations such as Tregs^{81,86} and Bregs^{87–89} can increase the IgE-induced activation threshold of basophils,⁹⁰ regulate T-cell^{91,92} and B-cell activation,⁹² promote IgG class switch,93 and IgG4-producing B-cell differentiation and proliferation.⁹⁴ Moreover, IL-10 has been shown to drive down the production of IgE while at the same time induce isotype switching to IgG4.95,96

Despite the regulatory responses that helminth infections can induce in the host, these may not be sufficient to counteract the Th2-associated processes that mediate many allergic diseases. This puts into a framework the concept that a very delicate balance between pro- and anti-allergenic effector responses is required to maintain homeostasis. It is widely known that helminth parasites are associated with antigen-driven expansion of Th2 cells^{97–99} along with polyclonal T-cell activation.⁹⁷⁻⁹⁹ Interestingly, allergen extracts and helminths excretory/secretory products often share similar properties that can lead to Type 2-associated responses. For example, both are rich in proteases¹⁰⁰ that can promote Th2 differentiation through protease-activated receptor 2¹⁰¹⁻¹⁰³ directly on T cells¹⁰² or indirectly by inducing IL-33 or thymic stromal lymphopoietin production by tissue cells^{104,105} or IL-13 production by macrophages.¹⁰⁶ In addition, both allergens and helminths are known to increase numbers and activity of type

2 innate lymphoid cells^{107–110} that license dendritic cells to promote Th2 priming in lymph nodes.¹¹¹

Along with this strong, specific, and polyclonal Th2 activation induced by helminth infection, these infections also induce both polyclonal- and antigen-specific IgE production.¹¹² Whether a result of this Th2-associated response or of some other type of response (e.g., Treg, IL-10, transforming growth factor- β), it has been observed that helminth infection causes decreases in IgG responses to parenterallyadministered vaccines¹¹³ and increases in IgE responses to bystander antigens.^{114–117} This IgE bystander effect has been suggested to be one of the reasons that helminth parasites can promote allergic reactivity through mechanisms that include: B-cell IgE polyclonal activation; IgE potentiation in which infection creates an environment that will favor IgE production to other nonparasite antigens; and IgE cross-reactivity among parasite antigens and environmental allergens.

There has been increased interest in IgE cross-reactivity involving helminth parasites and allergens as well.^{116–128} We have demonstrated that helminth infection can be associated with increased IgE responses to many different allergens, especially those structurally related to parasite antigens.¹¹⁶ Individuals infected with filarial parasites were shown to have higher levels of IgE against HDM and cockroach extracts (that have several major allergens with homologues in filarial parasites) but not against timothy grass extract, an allergen extract with just a few minor allergen homologues in helminths.¹¹⁶

In more detailed studies, cross-reactivity among allergens and parasite molecules has been well described for tropomvosin,^{120,122,129} considered a pan-allergen.¹³⁰ Tropomyosins are highly conserved across many species and cross-reactivity is not surprising from the structural point-of-view. This allergen has dominated discussions about helminth-allergen cross-reactivity, and many reviews have already discussed its implications in detail.^{131,132} However, studies on allergen and parasite protein sequences have found that huge numbers of allergens have both linear¹³³ and conformational¹³⁴ epitopes with significant similarity to homologous helminth proteins. The structural basis for this "allergenicity" has been inferred from bioinformatic analyses, in which it has been shown that the level of identity conservation between allergens and parasite proteins were negatively correlated with IgE prevalence to that allergen.¹³³ Furthermore, most of the major allergens with homologues in helminth parasites show medium to low levels of conservation with helminth proteins (amino acid identities ranging from 20% to 40%), 1^{33} levels of identity deemed unlikely to be subject of antibody crossreactivity. Nevertheless, evidences of cross-reactivity among less-conserved pairs of antigens have been demonstrated recently,^{116,117,120,123,133} suggesting that this may be a broader phenomenon than previously appreciated. It was noticed that extracts of the cockroach Blatella germanica (Bla g) can inhibit the binding of IgE to several Anisakis simplex allergens.¹¹⁸ Similarly, IgE binding to several Ascaris allergens can also be inhibited by Dermatophagoides pteronyssinus (Der p) or Blomia tropicalis (Blo t) extracts, including glutathione-S-transferase (GST).¹²⁰

GSTs are major allergens of HDM,¹¹⁹ cockroach,¹³⁵ mold,^{136,137} and parasites.^{138,139} Among the 13 classes of canonical GSTs, there are many that show very little amino acid conservation.¹⁴⁰ Even with the small degree of sequence conservation, crossreactivity among parasite and allergenic GST has been demonstrated formally.¹²³ There was found to be a significant positive correlation of antiallergenic (Bla g 5, Der p 8, and Blo t 8) and antiparasite (*Ascaris* and filarial) GST-specific IgE levels in humans.^{123,138} In addition, experimental models have corroborated these findings. For example, *Heligmosomoides polygyrus* infection induced IgE anti-cockroach GST,¹²³ and immunization studies with *Ascaris* antigens induced IgE and Th2 cells against HDM extract.¹¹⁷ Despite helminth protein and allergen cross-reactions leading to cross-sensitization in humans are possible,^{58,141–144} formal proof has not, to date, been demonstrated, especially for poorly conserved allergenhelminth proteins pairs.

Thus, the interface between helminth infection and allergic disorders reflects the delicate balance between the regulatory responses and the pro-allergenic effects of the parasites. Despite the relatively consistent finding that the presence of an active helminth infection results in lower prevalence of SPT to common environmental allergens, the fact that these same helminth infections markedly increase levels of antigen-specific IgE suggest that the complex interplay among this antigen- and allergen-specific IgE, the high affinity Fc ϵ RI on effector cells, the regulatory and effector cytokines, and the cells at barrier sites must be studied in concert to truly understand this very complex interaction.

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