

Scientific Report
2008/2009

**BERNHARD NOCHT INSTITUTE
FOR TROPICAL MEDICINE**

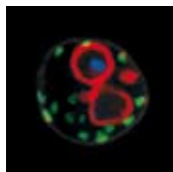


BERNHARD NOCHT INSTITUTE
FOR TROPICAL MEDICINE

An Institute of the



Leibniz
Association



Cover picture:
Two malaria parasites inside a red cell: Parasites (red with blue nuclei) install new structures (green) in the host cell. (Image: Tobias Spielmann)

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Preface



After more than a hundred years as a department of the Hamburg government, the institute was released into independence on January 1st, 2008 - the beginning of the reporting period. Since then it is a Foundation Under Public Law. Of course, it remains a member of the Leibniz Association, which unites research institutions of supraregional importance, and its funding continues to rely on a joint financing scheme of the Federal and State Governments. Important to note that the great strength of the institute to combine under one umbrella research, training and health care now is sustainably secured by the phrasing that "The mission of the Foundation is to perform research, teaching, continuing training and education as well as consultation and health care in the fields of infection and tropical medicine." Including infection medicine in general allows to address newly emerging infections as often requested by the public in cases – like SARS or swine flu – not being tropical diseases in the narrower sense. As expected the transition from a government department to a foundation was not at all noticed by most colleagues. A notable change occurred at the directors' floor only, instead of one Director there is now a Board holding weekly meetings, realizing after two years that all decisions had

been taken unanimously. One year later supervision in the Hamburg administration was moved from the Ministry of Social and Family Affairs, Health and Consumer Protection (BSG) to the Ministry of Science and Research (BWF), a just as soft transition. State Secretary Bernd Reinert of BWF took over the chair of the Board of Trustees from State Secretary Dietrich Wersich of BSG, who would not have continued anyway because he meanwhile had become the Senator. For the first time, two external experts joined the Board of Trustees. The vote was for Helmuth Weisser, owner of the largest SME of the country – as he once called himself -, and Jörn Aldag, chairman of Hamburg's most prominent biotech company Evotec. Also new were two representatives of the institute. The staff elected the scientist Prof. Iris Bruchhaus, doing an important service to the institute by serving as ombudsman, and chairman of works council Dirk Plähn. Major parts of the administration and, in particular, of the Technical Department of the institute have been kept busy with the extension building. The capstone was laid in summer 2009, and inauguration was celebrated including speeches of the Federal Minister of Health and Hamburg's First Mayor. Followed by laborious and time-consum-

ing customisings of electronic and mechanical control systems. Highest safety standards are taking their toll.

The directors drafted a development plan 2011/2012 for the institute. "Translation" is the word of the year. Reference to practical application is to be strengthened. More epidemiology to ensure that experimental research keeps track with changes of diseases, pathogens and environments, and more intervention studies to enable a rapid transfer of laboratory findings into health care. The additional emphasis must, however, not go at the expense of laboratory research because cellular and molecular biology form the basis for the international reputation of the institute and, according to the directors, hardly reach the "critical mass" required for sustainable excellence in science.

In order to acquire additional funding for "translational" research the institute was keen to foster collaborations with Hamburg University. Initially, the epidemiologists in 2008 participated in grant applications of the Asia-Africa Institutes in a national call on regional studies, i.e. studies on the peculiarities of certain regions of the world. Even greater engagement was dedicated to the Hamburg Excellence Initiative. Together

with members of the Natural Sciences a proposal was drafted on medicinal drug development, and in addition, joint projects were designed with colleagues from the Humanities – addressing cultural, social and legal aspects of infectious diseases of global relevance and their control in the endemic areas. Unfortunately the initiatives were mostly unsuccessful. The major reason was the lack of joint preliminary work. It won't be easy to establish this kind of co-operations without financial incentives.

Above all in 2008/2009 was the review of the institute by the Leibniz Association, which assesses every seven years whether or not an institute deserves the joint funding by the Federal and State budgets. The report, which had to be prepared for the reviewers, filled a large Leitz folder. The paper work by itself forces to look into every corner of the institute and to reconsider each detail of its organization. This alone justifies the exercise, many say. In November 2009 then the site visit of the reviewers. The spirit felt positive, and half a year later it was announced officially that the feeling was right.

The directors are indebted to all staff members for their extraordinary identification with the institute, which showed so nicely during the reviewers'

site visit. Particular credit goes to our colleagues who engage themselves in the many bodies of the institute's self-administration, just to mention the works council and the numerous committees. We are grateful to all our supporters in the Hamburg State administration and the Federal Ministry of Health, most of all Senator Dietrich Wersich and subsequently State Secretary Bernd Reinert, Chairmen of the Board of Trustees, who always served the institute with great prudence and sense of responsibility. Special thanks go to the members of the Scientific Advisory Board, in particular the chairperson Prof. Silvia Bulfone-Paus, who spent their valuable time to familiarize with our scientific challenges and to help us with expert advice.

Last but not least we are most grateful to all members of the "Friends of the Tropical Institute" association for their continuous support.

Rolf Horstmann

Board of Directors, Board of Trustees, Scientific Advisory Board

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Research

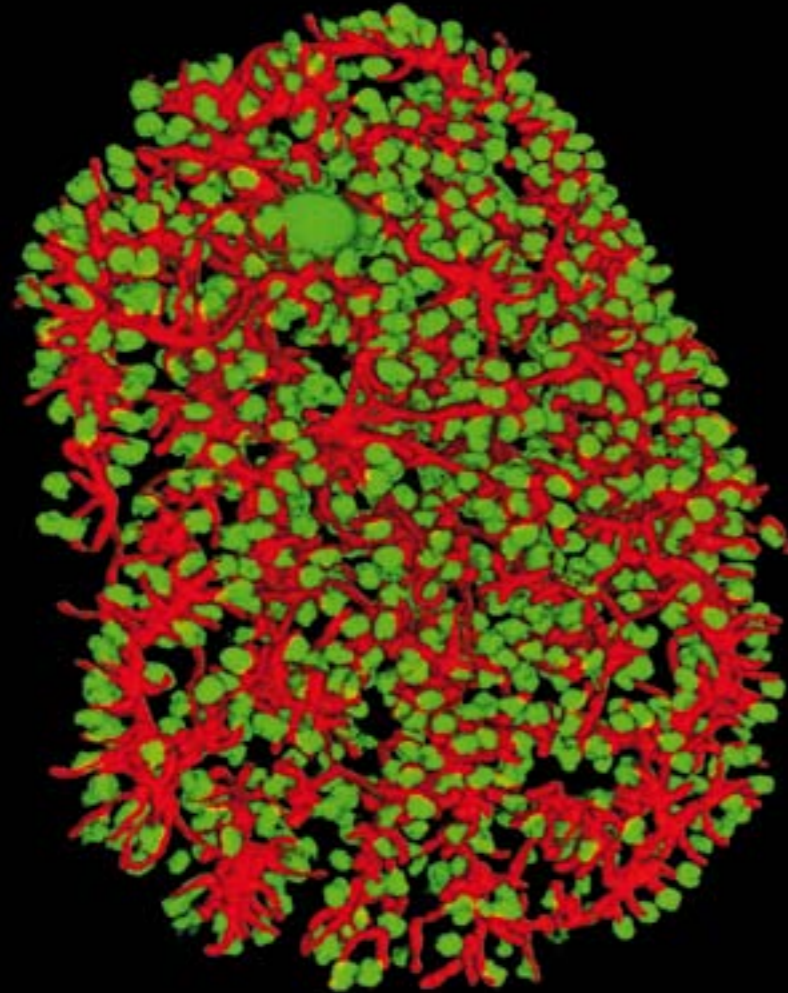


MALARIA

An estimated 500 million humans suffer from malaria each year, one million die from it, most of them African infants. Since decades there is an ongoing race between the development of new drugs and drug resistance by the parasites. A vaccine is needed to control the disease effectively because health care is insufficient in most malaria areas and many victims do not get to the doctor in due time. Recently it was found that a new vaccine reduces the number of malaria episodes of babies by half. The degree of protection surprised experts and cannot be explained immunologically. Therefore it is unknown how to further increase the efficiency.

Well organized avalanche

HOW MALARIA PARASITES MULTIPLY INTENSELY IN A FEW DAYS

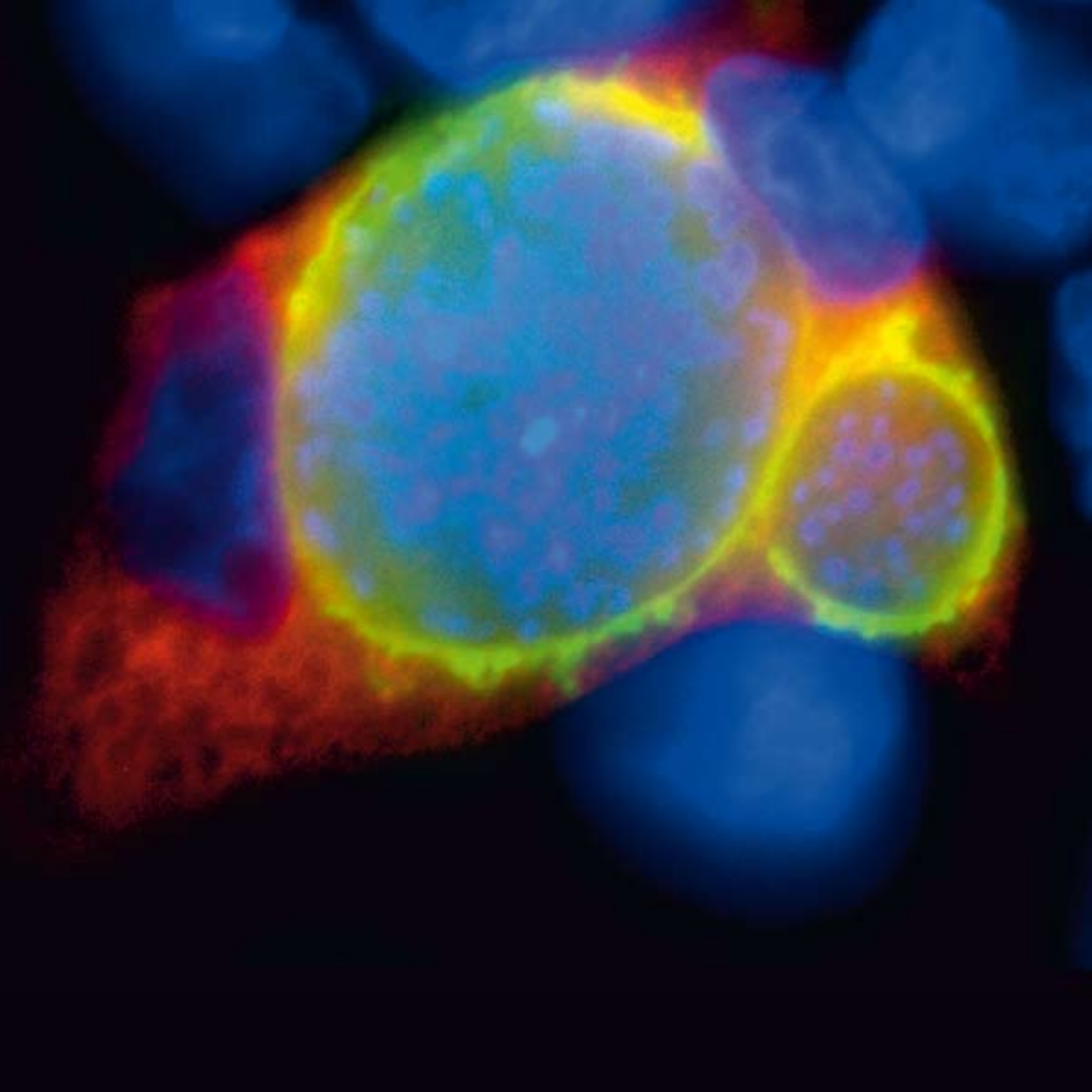


After a bite of an infected *Anopheles* mosquito, malaria parasites enter the blood vessels of our skin and rush to the liver. They infect liver cells and multiply inside into tens of thousands of daughter parasites. This happens in an obviously fine tuned and synchronized process: First the cellular organs (organelles) of the parasites sprout, the nuclei reduplicate many fold and finally the daughter parasites surround themselves with an own cell membrane.

Stanway R. et al., Nat Protoc 2009, 4:1433-9

Rebecca Stanway, Nancy Müller, Ulrike Froehlke,
Anne MacDonald and Volker Heussler (Malaria I)

Figure: Development of nuclei (green) and mitochondria (red) from a single malaria parasite during intense multiplication inside a liver cell.



Foil suicide, plunder and dismantle

MALARIA PARASITES INHIBIT SUICIDE OF OUR LIVER CELLS

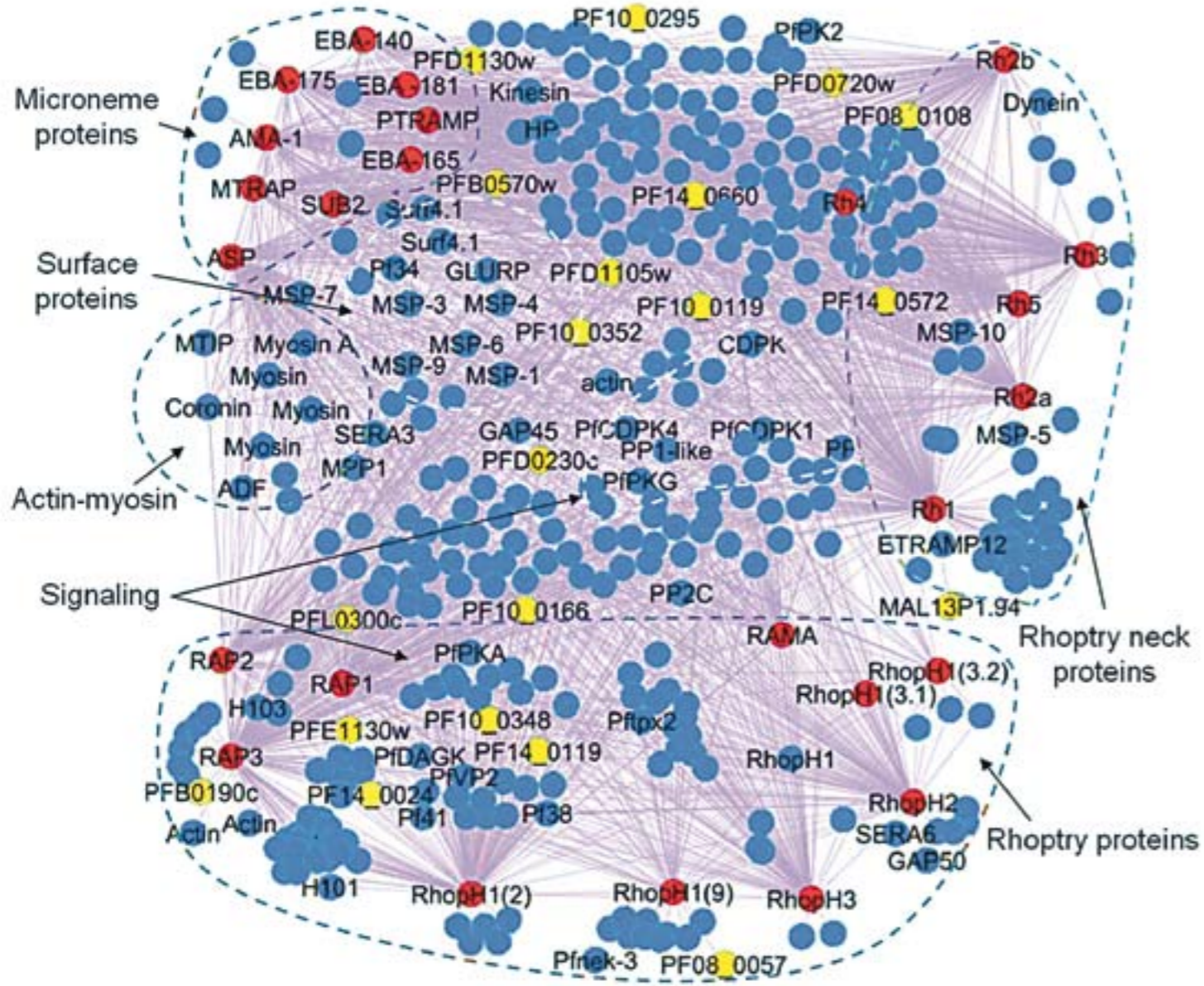
To protect us from pathogens which try to take possession of our cells, our cells have developed the ability to commit suicide. Accordingly, a massive multiplication of malaria parasites would be expected to cause the suicide of the infected liver cell. To prevent this, parasites flood the cell with a protein that inhibits certain enzymes, including those crucially involved in the regulation of the cell's suicide. After the daughter parasites have multiplied massively, they dissolve the cell membrane of the mother parasite and move freely inside the liver cell before they cause the liver cell to release parts of the cell body (merosomes) to be carried away with the blood. Only in the streaming blood the daughter parasites are being released to then infect red blood cells.

Rennenberg A. et al., PLoS Pathogens 2010, 6(3): e1000825

Rebecca Stanway, Christina Deschermeier, Kathleen Rankin, Annika Rennenberg, Andreas Nagel, Susanne Helm, Stefanie Gräwe, Christine Lehmann, Ulrike Froehlke, Anne MacDonald, Silke Retzlaff, Nancy Müller, Gerina Vollmers and Volker Heussler (Malaria I)

Figure: Parasite (green) releases inhibitor (red) into the liver cell; nuclei of liver cells and parasites are stained in blue.

PREDICTION OF THE FUNCTIONS OF UNKNOWN MALARIA PROTEINS



After multiplying inside liver cells malaria parasites infect red blood cells, and the symptoms of malaria set in. The parasite releases hundreds of proteins into the red blood cell and restructures the cell vigorously – an enormous effort of cellular biology. An estimated half of the proteins involved in invasion and restructuring are presently unknown. We have lined up with colleagues in Singapore to combine informatics, genetics and cell biology approaches to predict the functions of these unknown proteins. Our data have been displayed on a website which is frequently visited so that we believe our predictions have an impact on malaria research worldwide.

Hu G. et al., Nat Biotechnol. 2010, 28(1):91-8. Epub 2009 Dec 27

Ana Cabrera, Maya Kono, Silvia Haase, Klemens Engelberg, Tobias Spielmann and Tim Gilberger (Malaria II)

Figure: Description of functional protein networks: The interplay of 418 proteins of malaria parasites forms the initial step of an unfriendly occupation of our red blood cells. Yellow dots mark proteins newly characterized in the present study (Hu, Cabrera et al., 2009).

Transport artists

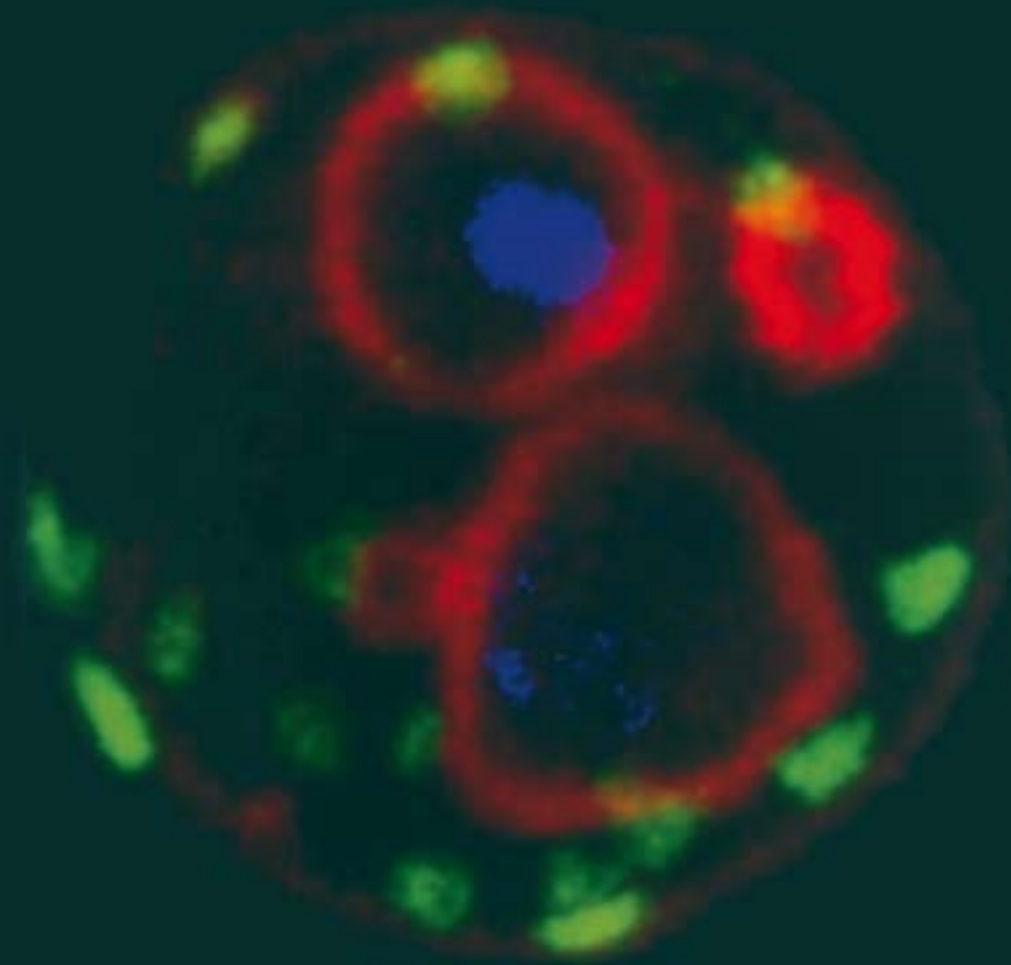
BUILDING INFRASTRUCTURE

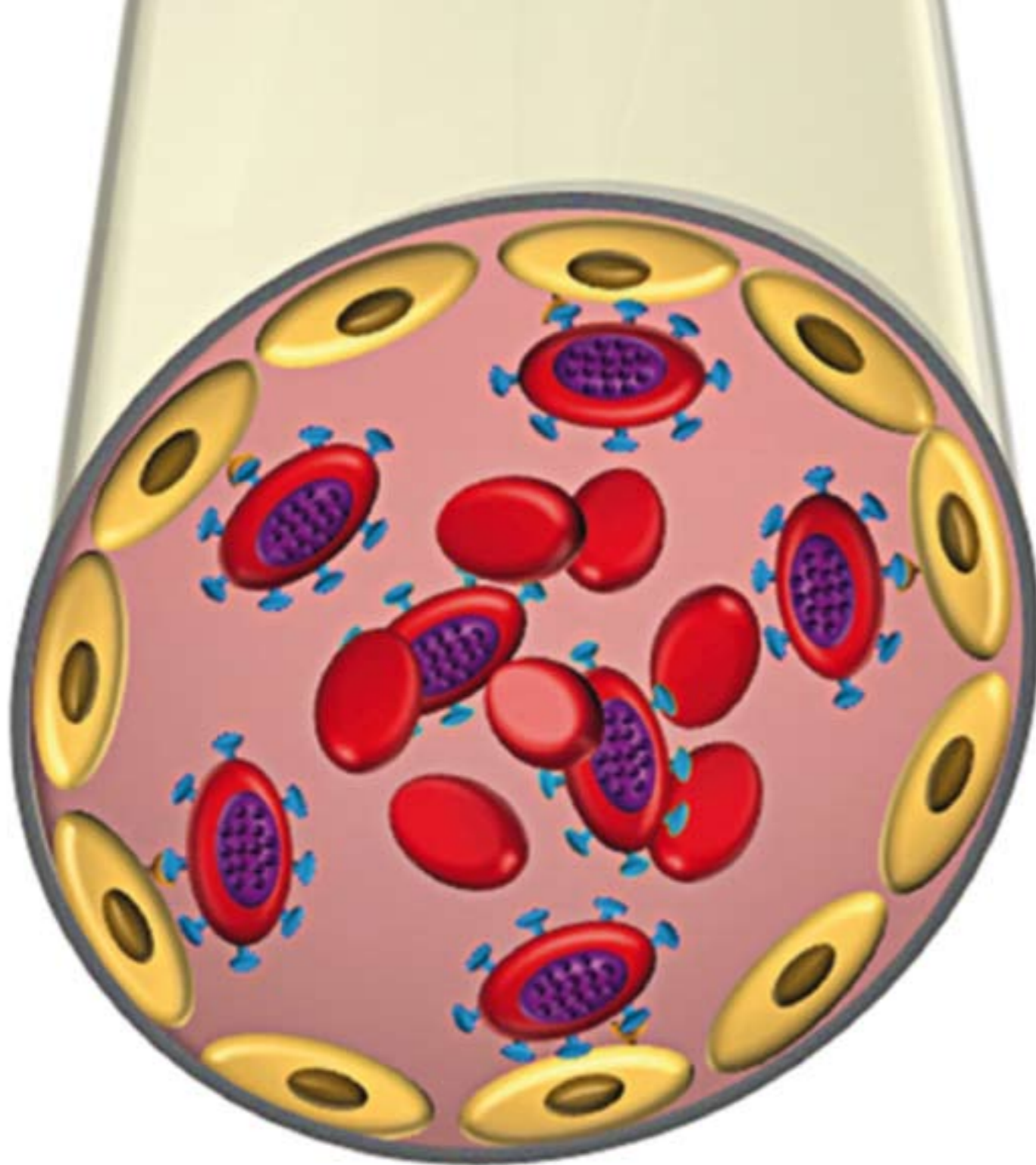
Following invasion, malaria parasites introduce into red blood cells new structures and manage to transport proteins – trespassing three membranes – onto the surface of the red blood cells. We have collected a number of data on how the parasites make sure that their proteins reach the right compartment inside and at the surface of host cells.

Haase S. et al., Mol Microbiol 2009, 71:1003-17

Silvia Haase, Susann Herrmann, Christof Grüning, Arlett Heiber, Christine Langer, Moritz Treeck, Ana Cabrera, Caroline Bruns, Nicole Struck, Maya Kono, Klemens Engelberg, Ulrike Ruch and Tim-Wolf Gilberger, Tobias Spielmann (Malaria II)

Figure: Two malaria parasites inside a red cell: Parasites (red with blue nuclei) install new structures (green) in the host cell.





Cadenced

WITH EACH MULTIPLICATION STEP MALARIA PARASITES EXCHANGE SURFACE PROTEINS

Malaria parasites transport their own proteins onto the surface of infected red blood cells to make the cells stick to the walls of small blood vessels. This process is considered crucial for the development of cerebral malaria, the most dangerous form of the disease. The attachment to vessel walls results in microvascular disturbances in the brain and other organs causing organ failure. To escape the human antibodies that they elicit the parasites exchange their proteins on the red blood cells time and time again.

We have examined parasites freshly isolated from malaria patients and found that – unlike previously reported from studies on long-term cultured parasites – each generation of parasites replaces these surface proteins and nearly all individual parasites of one generation produce the same protein. Presently we try to understand the replacement mechanism and to learn about the

structure of these proteins to provide a basis for the development of a vaccine against life-threatening malaria complications.

Bachmann A. et al., PLoS One 2009, 4:7459

Iris Bruchhaus, Anna Bachmann, Sabine Predehl and Egbert Tannich (Molecular Parasitology)

Figure: Red blood cells infected with malaria parasites carry new surface proteins and bind to cells of the vessel wall.

Too much of a good thing?

BLOCKING OF IMMUNE CELLS PREVENTS FATAL MALARIA IN MICE

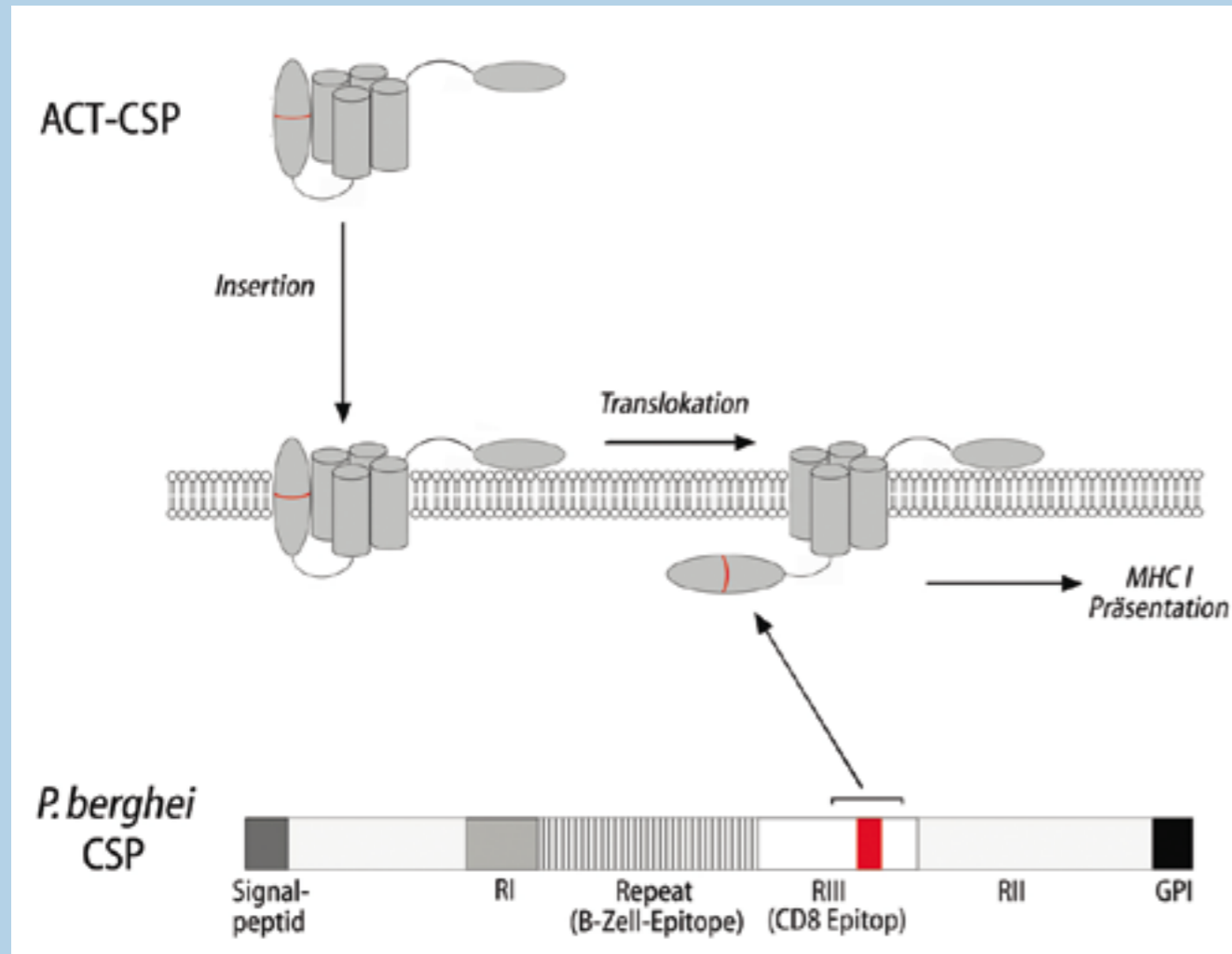
Immune cells can defeat pathogens but the inflammation this may cause can be harmful. This apparently holds true for malaria, at least for mouse malaria, which serves as a model for the life-threatening form of human malaria. T lymphocytes are immune cells that become specifically trained to fight against a given pathogen. We have shown that malaria-infected mice show substantially less inflammation of the brain and the liver if T lymphocytes are blocked. It remains to be shown whether similar damage may be caused by these cells in human malaria.

Steeg C. et al., Immunol. 2009, 183:7014-22

Christiane Steeg, Guido Adler, Iris Gaworski, Bernhard Fleischer and Thomas Jacobs (Immunology)

Figure: Brain of a mouse with cerebral malaria: Section of a small blood vessel containing numerous inflammatory cells.

MOLECULAR NEEDLES FROM SALMONELLA AND WHOOPING COUGH BACTERIA



Certain T lymphocytes recognize from the outside whether other cells are infected in the inside, and are able to kill such cells. This also affects liver cells infected by malaria parasites. The T lymphocytes must, however, learn this kind of killing for each type of pathogen specifically, which each time takes one to two weeks. Vaccinations are meant to provide this form of training beforehand.

CSP is a protein which is released by malaria parasites in infected liver cells and which as the RTS'S vaccine has reached a protection rate of 50% in African children. In the mouse malaria model, we have tried to further improve the vaccine by channeling CSP inside the cells. We have applied two methods: For the first vaccination we have genetically introduced CSP into harmless bacteria which are able to inject CSP through a tiny channel into the mouse cells. For the second vaccination we used the poison of whooping cough bacteria to

inject CSP into the cells: The toxic part of the poison had genetically been replaced by CSP, the other part of the poison as usual opened like a jackknife and instead of the toxin shifted CSP through the cell membrane. The twofold introduction of CSP into mouse cells in our experiments has increased the protection rate of CSP to 100%.

Tartz S. et al., *Vaccine* 2008, 26: 5935-43

Susanne Tartz, Bernhard Fleischer and Thomas Jacobs (Immunology)

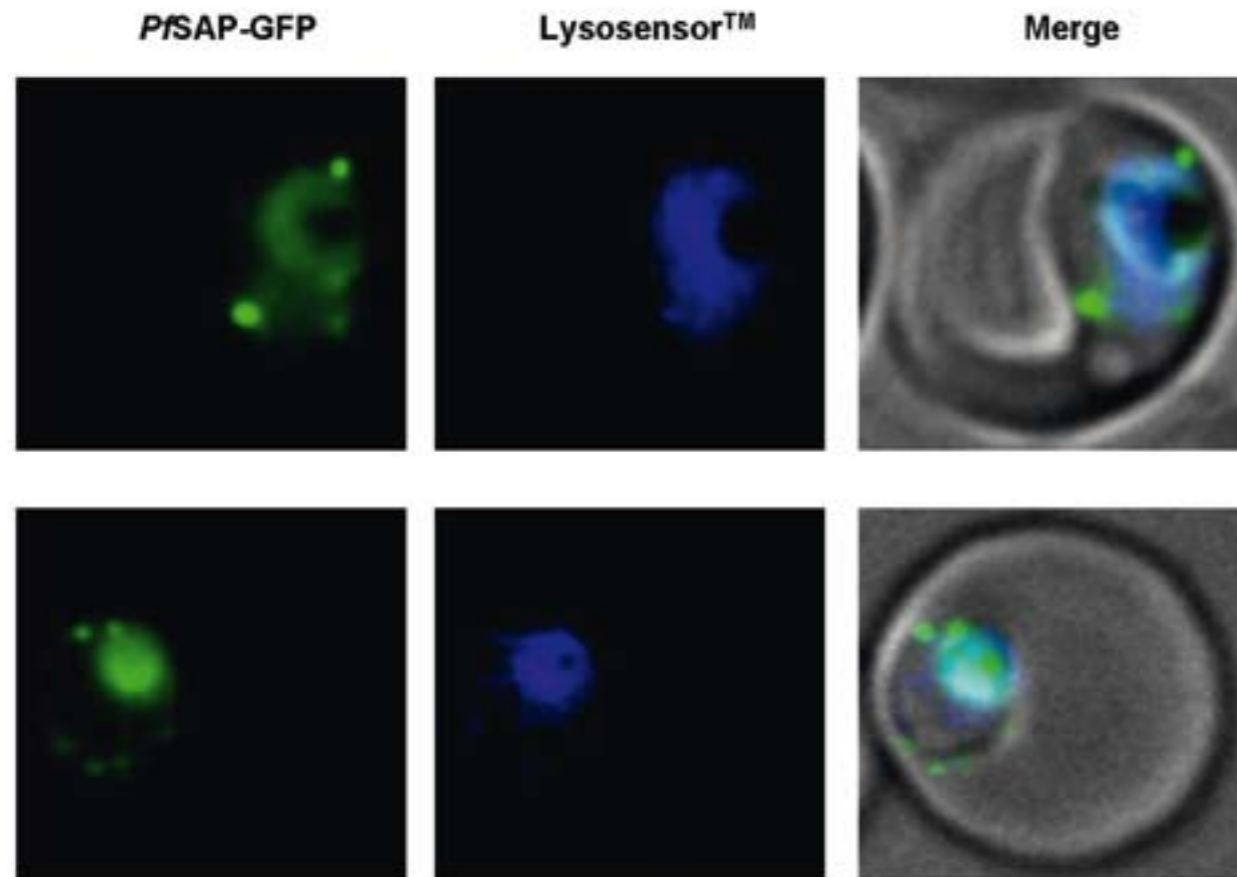
Figure: A fragment of CSP protein of the malaria parasite *Plasmodium berghei* is injected into mouse cells by an ACT-CSP vaccine construct.

What do they have that we don't?

RATIONAL DRUG DESIGN

Malaria parasites - but also bacteria - have metabolic pathways that are absent in humans or different from those in humans. These are attractive drug targets because chemical compounds that block them would not affect our metabolism. We focus on the biosynthesis of polyamines and on pathogen-specific enzymes synthesizing vitamins B6 and B1 as well as on a secreted phosphatase that is used by the parasite to acquire nutrients from the host cell. Key enzymes of vitamin synthesis in plasmodia and staphylococci are evaluated for rational drug development by cell biological studies as well as by crystal structure analyses (in collaboration with EMBL and UniHH) for their potential as new strategies to combat the pathogens. Furthermore, by applying a high-throughput drug screen (in collaboration with the European ScreeningPort) we identified compounds inhibiting the respective enzymes as well as the pathogen's

growth. Such lead compounds will be further improved in structure and activity to develop a new drug.



Müller I.B. et al., *PLoS ONE* 2009, 4:e4406

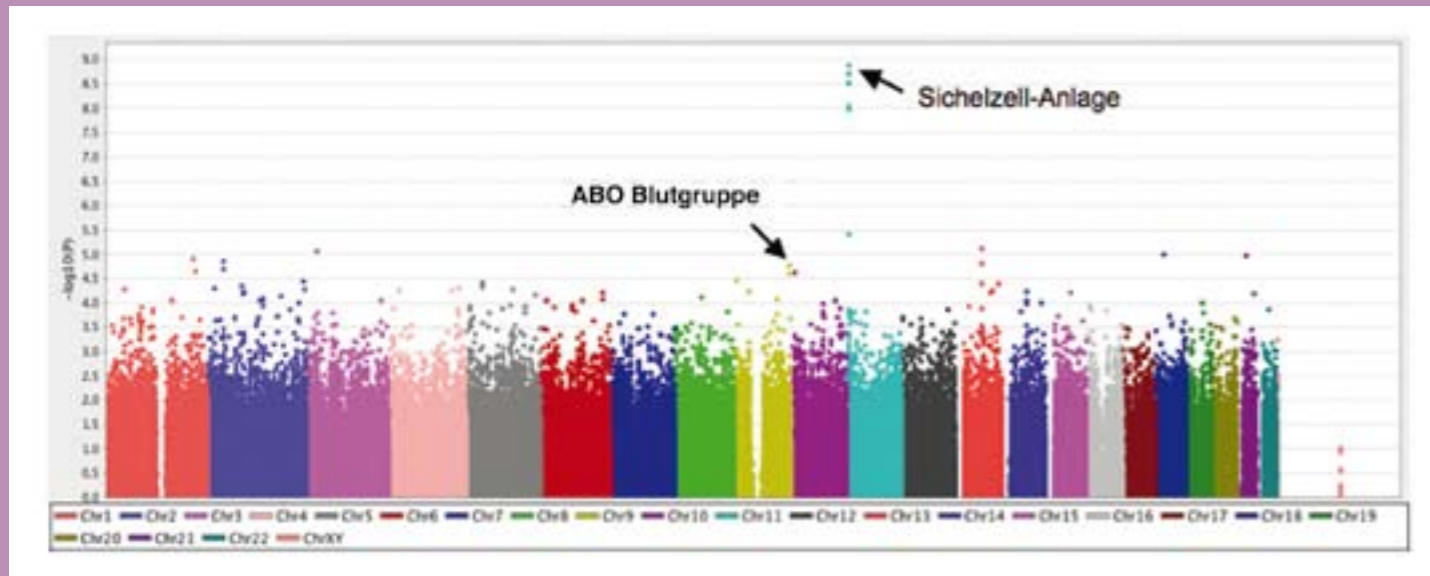
Carsten Wrenger, Ingrid B. Müller, Julia Knöckel, Bärbel Bergmann and Rolf D. Walter (Biochemical Parasitology)

Figure: Intracellular transport of a phosphatase (GFP) via the cell surface into the food vacuole (Lysosensor™) of the parasite, images superimposed (Merge). (Image: Ingrid B. Müller)



Numerous mutations in our genomes make us differ from each other not only the way we look but also the way our body functions. Such genetic differences can be used to find out which functions of our body can contribute to resistance to an infectious disease. For example, if a mutation is clearly found more frequently among healthy persons than among patients with a certain disease, one can conclude that this or a nearby mutation protects against the disease under study and that the gene to which it belongs has a function in protecting against the disease. Meanwhile it is known that the courses of infections are particularly prone to influences by host genetics albeit by many mutations with weak effects each. Therefore, these mutations can only be found by studying large groups of patients and controls, but independent of the weakness of their effects they can hint at entirely new ways of treatment and prevention.

GENETIC EPIDEMIOLOGY

THE SEARCH FOR NATURAL PROTECTION AGAINST MALARIA

Genome-wide scans for mutations and genes which influence susceptibility and resistance to diseases are laborious. But they allow a systematic analysis that is not based on the present state of scientific knowledge and therefore is independent of incidental historical developments in science. In an international consortium we have performed such a study including thousands of children with life-threatening malaria and healthy counterparts. Besides confirming the unique protective effect of the sickle-cell trait – see page 37 – and an influence of blood group O we found an additional gene and a chromosomal region for gene regulation with as yet unknown functions in malaria protection. As in other genome-wide searches it has become apparent that many undetected mutations must exist which substantially contribute to the manifestation of disease, further extensions of the study groups and refinements of genetic markers are needed to once get the

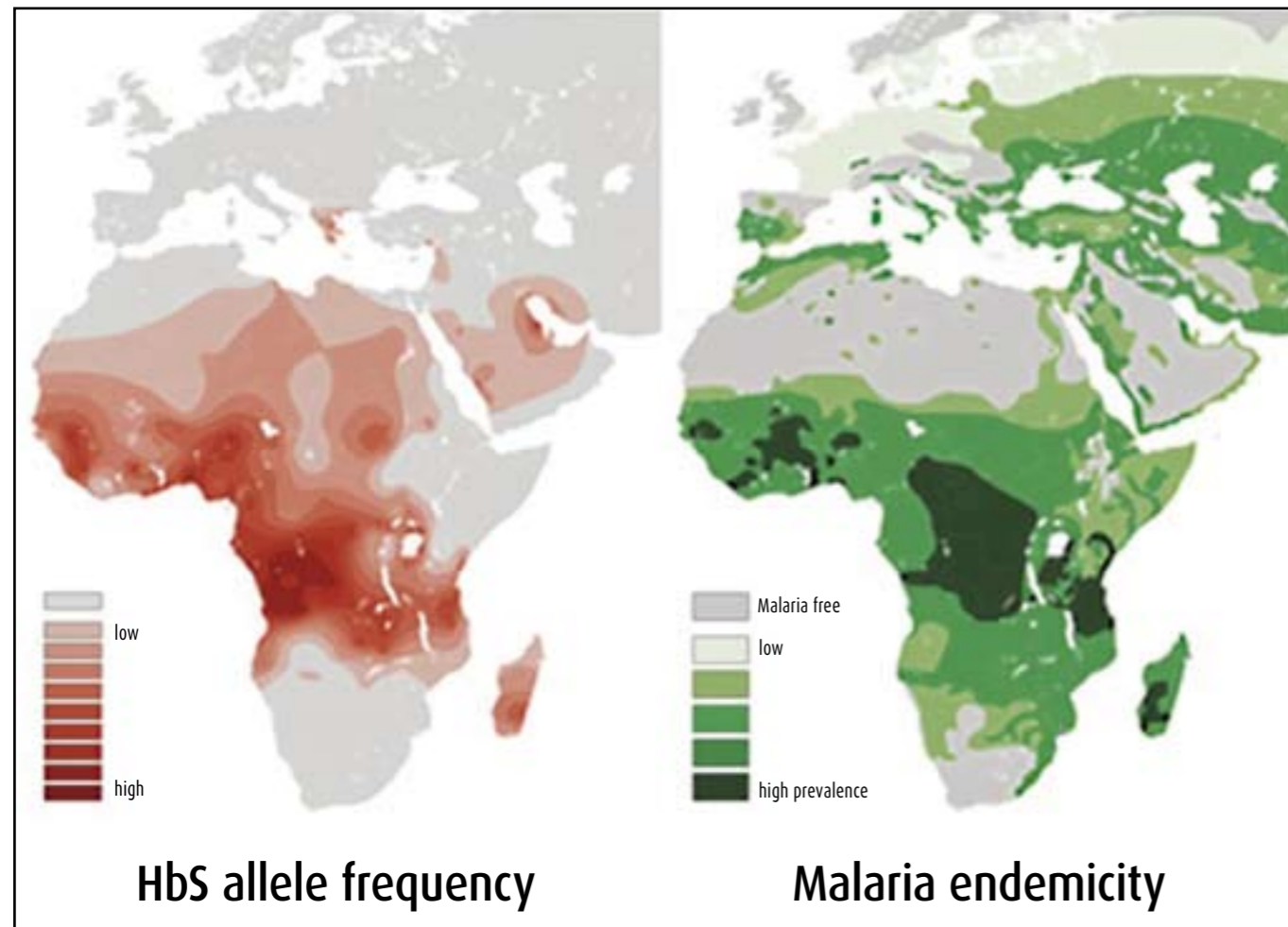
full picture of human genetic influences on the course of malaria.

Timmann C. et al., Genomic Epidemiology of Malaria 2010, Wellcome Trust Genome Campus, Hinxton, UK

Christian Timmann, Michael Brendel, Jennifer Evans, Jürgen May, Thorsten Thye, Wibke Loag, Ulrike Herzog and Rolf Horstmann (Molecular Medicine and Infection Epidemiology)

Figure: Genome-wide search for mutations that protect against severe malaria. The graph shows the location of nearly one million mutations in the human genome ordered chromosome by chromosome and for each of them the statistical significance of the difference between children with severe malaria and healthy ones. Confirmed signals indicating the mutations of the sickle-cell trait and the ABO blood groups are marked (Timmann C. *et al.*).

THE SICKLE-CELL TRAIT PROMOTES CHILD GROWTH IN MALARIA ENDEMIC AREAS



natureCommunications|1:104|DOI:10.1038|incomms|www.nature.com/naturecommunications

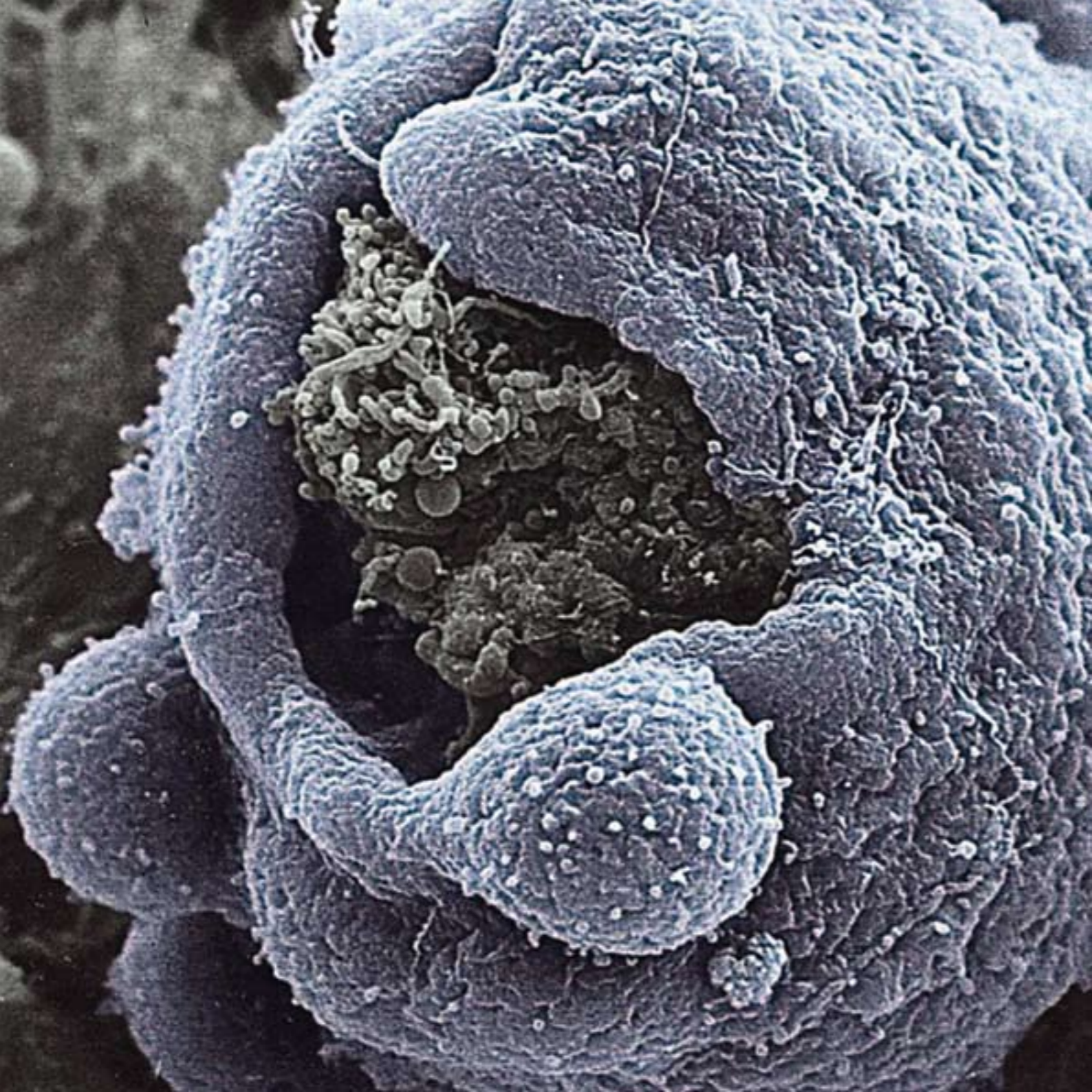
Sickle cell anaemia and the sickle cell trait are the paradigm of what is called "balanced evolution": While heterozygote carriers of the HbS variant of the beta-hemoglobin gene (sickle-cell trait, HbAS) are protected against severe malaria, individuals homozygous for HbS (sickle-cell anaemia, HbSS) have an increased childhood mortality. In a population, the disadvantage of the HbSS homozygotes is "balanced" by malaria protection of the HbAS heterozygotes.

The protective effect of HbAS against severe malaria is well known. By conducting a cohort study in a malaria-endemic area we found that children with HbAS were significantly protected not only against malaria but also against stunting. This observation closes an important gap in the reasoning of the "balanced evolution" theory.

Kreuels B. et al., Blood 2010, 22:4551-8

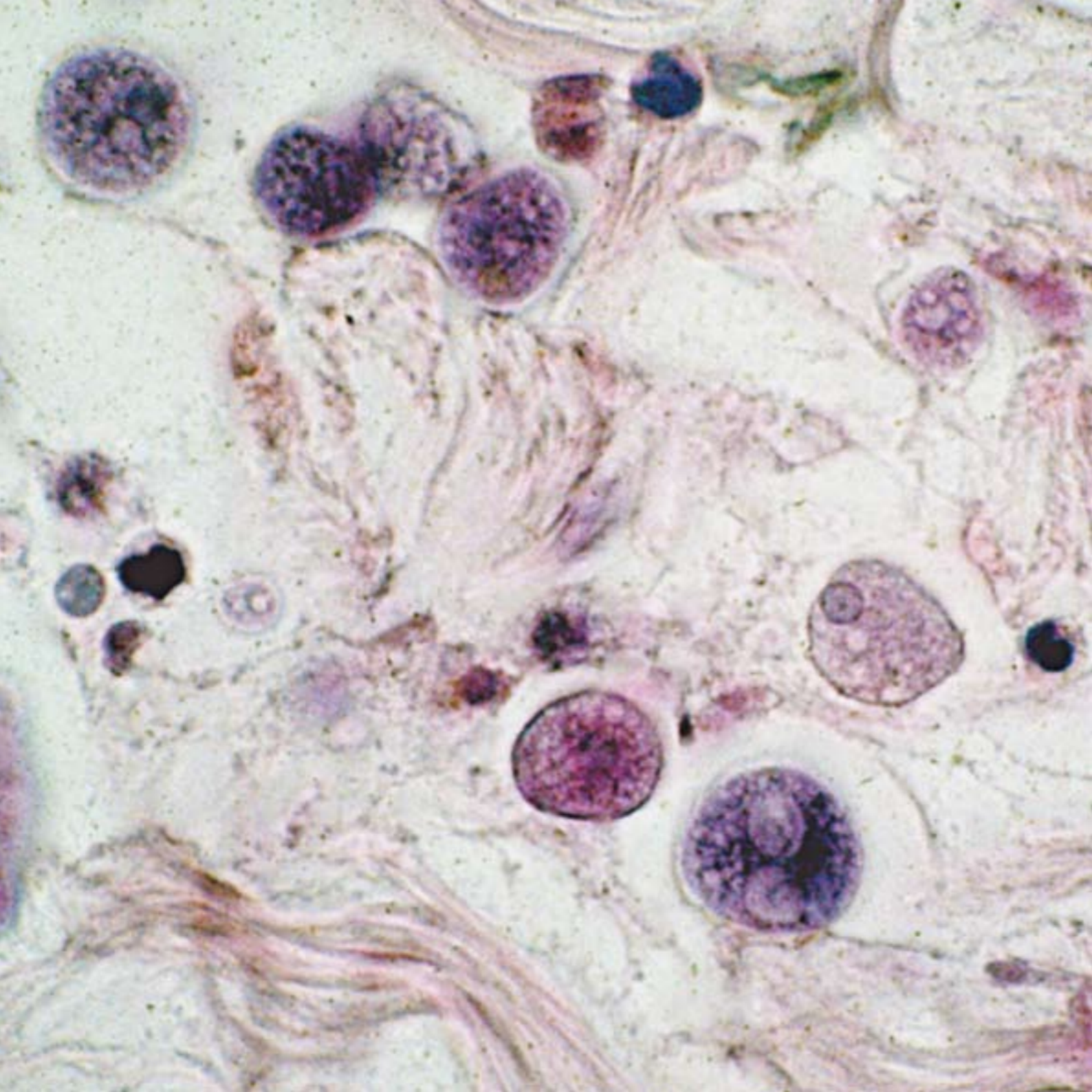
Samuel Adjei (Ghana)*, Benno Kreuels, Christina Kreuzberg*, Iris Langefeld*, Robin Kobbe*, Wibke Loag and Jürgen May (Infection Epidemiology, *staff member before 2008)

Figure: The distribution of sickle cell disease (left) and malaria (right) is similar because carriers of the sickle-cell trait have a better chance to survive malaria.



AMOEBIASIS

Amoebae (*Entamoeba histolytica*) are single-cell parasites which are endemic in most tropical and subtropical countries and which, after being ingested with contaminated food or water, dwell in the human colon. Interestingly, the vast majority of infected persons do not fall sick, only a small proportion of less than 10% do so, they develop bloody diarrhea (colitis) or large abscesses, mostly in the liver.



Spot them by the sugars

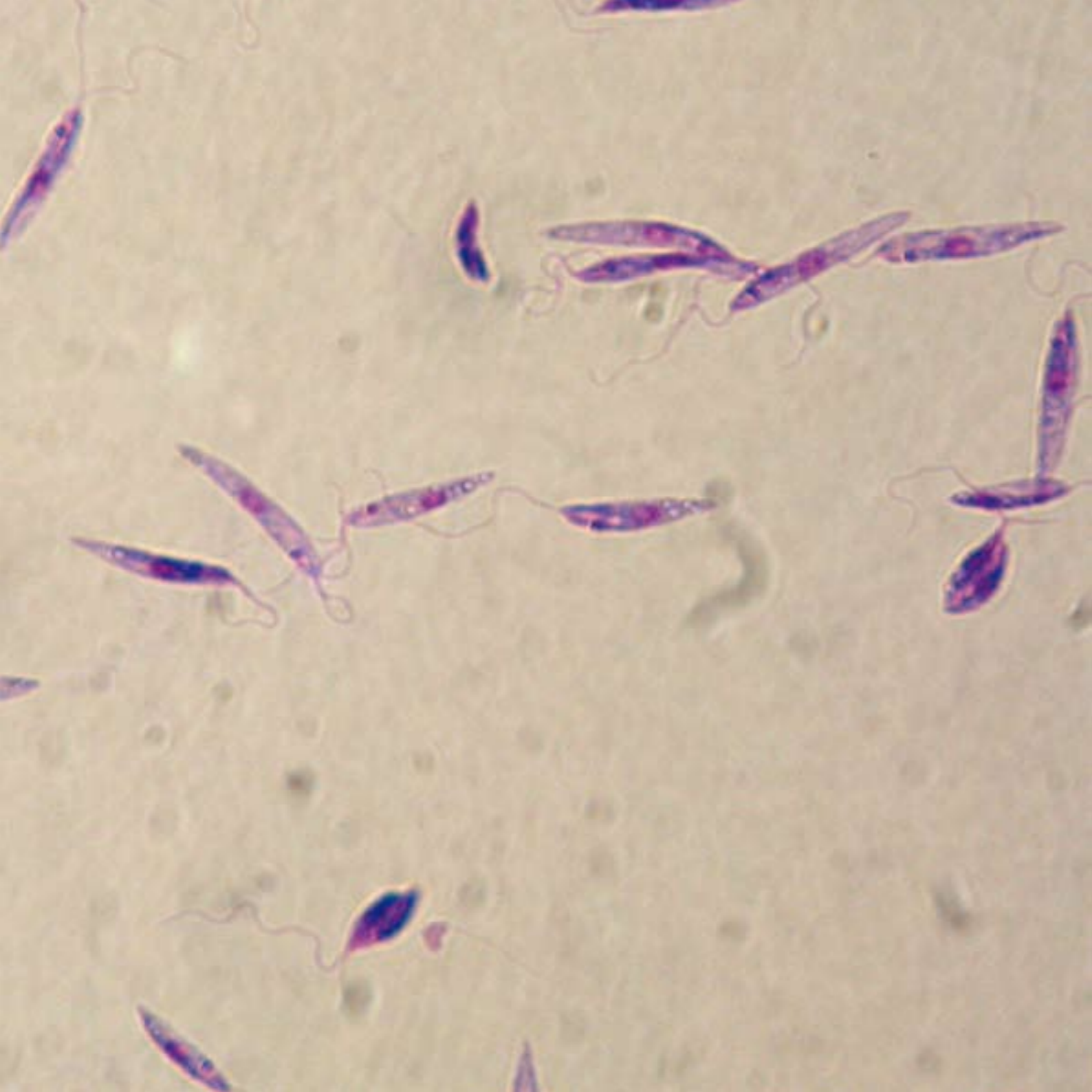
HOW AMOEBAE ARE RECOGNIZED AND KILLED BY IMMUNE CELLS

Studying mice we have found that amoebae, after leaving the intestinal tract and invading the tissue, may be recognized and killed by immune cells. Certain sugar structures (lipophosphoglycans) present on the amoeba surface are recognized by certain immune cells (NKT cells), which then stimulate other cells (macrophages) to kill the amoebae. Now we are trying to find out why this does not work in all humans infected with amoebae.

Lotter H. et al., PLoS Pathog 2009, 5:e1000434

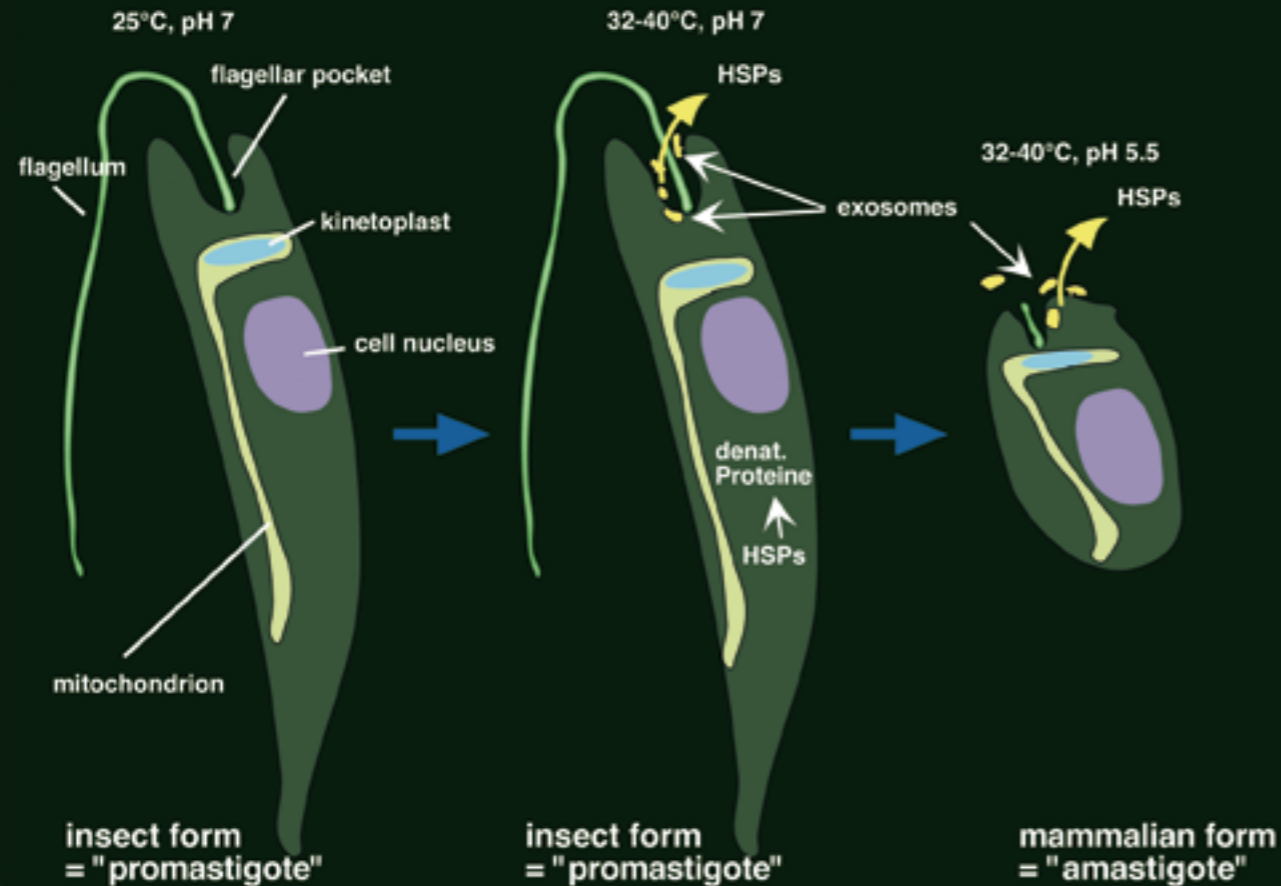
Hannelore Lotter, Nestor Gonzalez-Roldan, Claudia Marggraff and Egbert Tannich (Molecular Parasitology), Thomas Jacobs (Immunology), Otto Holst (Research Center Borstel)

Figure: Amoebae (purple) in human intestinal tissue (Image: Paul Racz).



LEISHMANIASES

Leishmania parasites are found in almost all tropical and subtropical regions of the world, and even in the Mediterranean. Humans are infected by the bite of sandflies. While most leishmaniae cause disfiguring boils at the site of entry in the skin, others migrate to the liver and spleen and cause life-threatening generalised infections. Treatment relies on chemotherapy and is hindered by growing drug resistance and severe side effects. There is no safe vaccine.



Heat Shock

TEMPERATURE SIGNAL FOR CHANGE

During the transmission from sandflies to humans, leishmania parasites change their form and their metabolism to adapt to their new host. This impressive change is largely triggered by the different temperatures encountered in sandflies and humans and is mediated by so-called heat shock proteins. In the mammalian hosts, leishmaniae dwell inside immune cells. Recently, it was discovered that they release into the host cells small parts of their cell bodies, so-called exosomes, filled with parasite proteins. This process, too, requires several heat shock proteins. While the exact function of the exosomes and their payload is not yet understood, they influence the host's immune response for the parasite's benefit. We have simplified the method to genetically engineer leishmaniae, and we are in the process of using this technique to unravel the function of heat shock proteins in the processes described above.

Silverman J. M. et al., J. Immunol. 2010, 185(g): 5011-5022

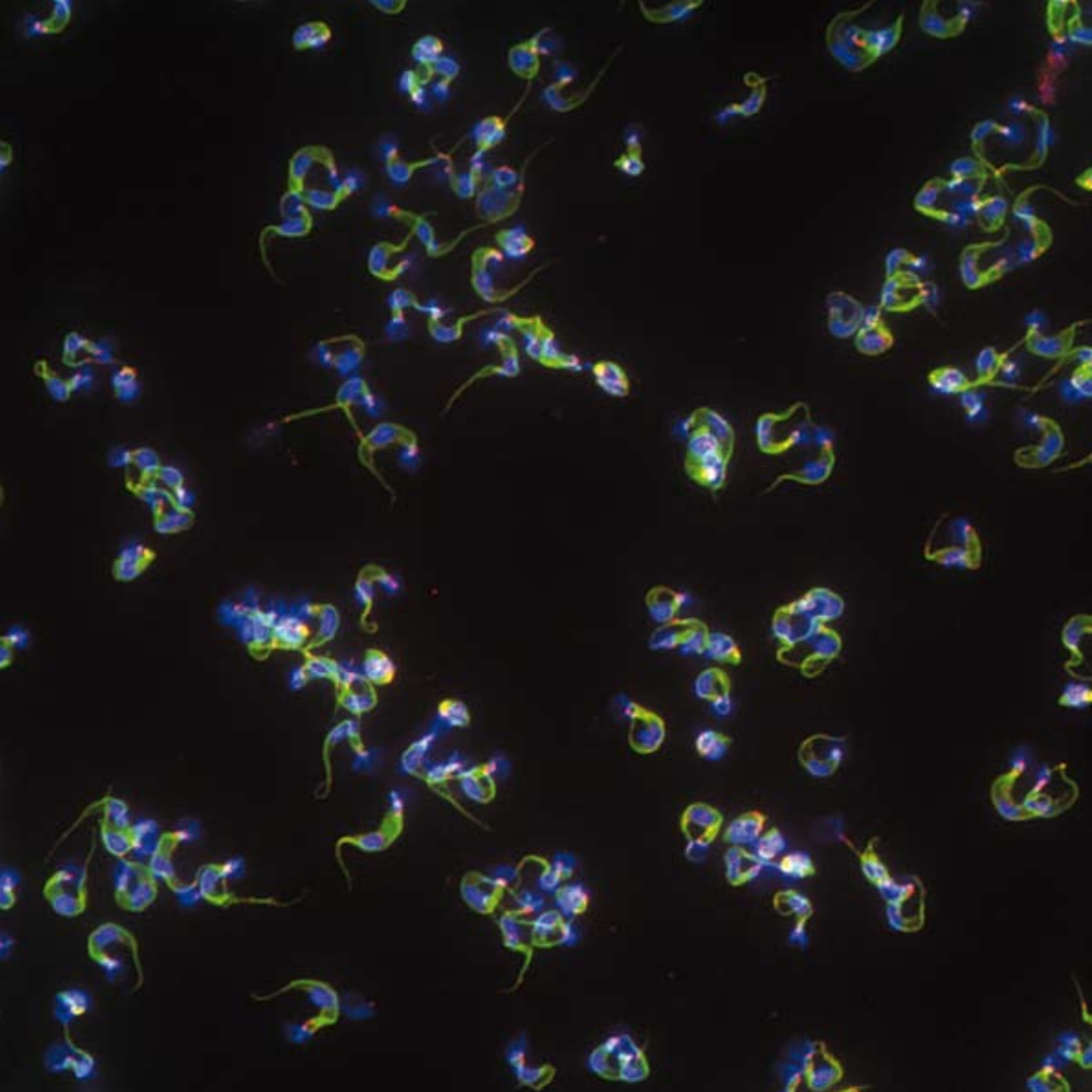
Gabi Ommen, Mareike Chrobak, Martina Wiesgigl, and Joachim Clos, (Leishmaniasis), Neil Reiner, Judith Maxwell Silverman (University of Vancouver)

Figure: A schematic model of Leishmania parasite stage conversion: Elevated temperature causes – through exosome-based export and binding to damaged proteins – a shortage of critical heat shock proteins (HSPs) and thus triggers the change towards the mammalian form.



CHAGAS DISEASE

Chagas-disease is exclusively found in Latin America. Characteristic symptoms are severe widenings of the heart, the oesophagus or the colon, which develop over several decades. The causative agent *Trypanosoma cruzi* is classically transmitted by blood sucking bugs and nowadays increasingly by blood transfusions. Drug treatment is unreliable and has severe side effects, and a vaccine is not available.



More than just camouflage

INHIBITION OF THE IMMUNE RESPONSE BY STOLEN SURFACE MOLECULES

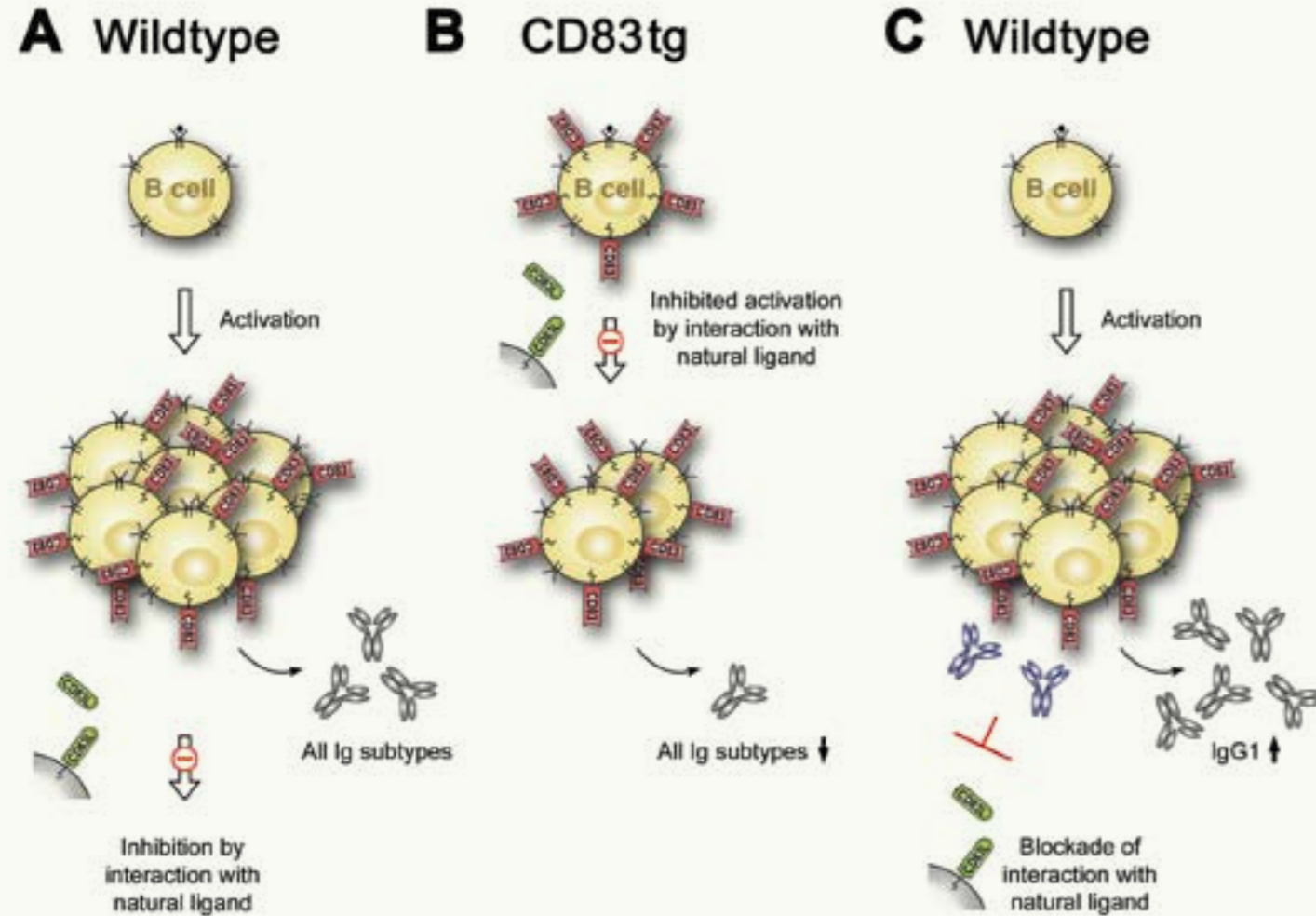
All pathogens one way or the other manage to escape the host's immune defence. *Trypanosoma cruzi* cleaves certain carbohydrates (sialic acid) from human cells and transfers them onto their own surface, presumably to appear like human cells. This does not only impair the generation of antibodies. We found that the stolen sialic acid coat also binds to regulatory molecules (SIGLECS) on the surface of immune cells thereby preventing the release of Interleukin 12 – a soluble compound which plays a crucial role in the activation of immune responses.

Erdmann H. et al., Cell Microbiol 2009, 11:1600-11

Hanna Erdmann, Christiane Steeg, Bernhard
Fleischer and Thomas Jacobs (Immunology)

Figure: Trypanosoma cruzi is able to infect almost any human cells and manages to remain undetected by the immune system for decades.

CONTROL OF ANTIBODY PRODUCTION

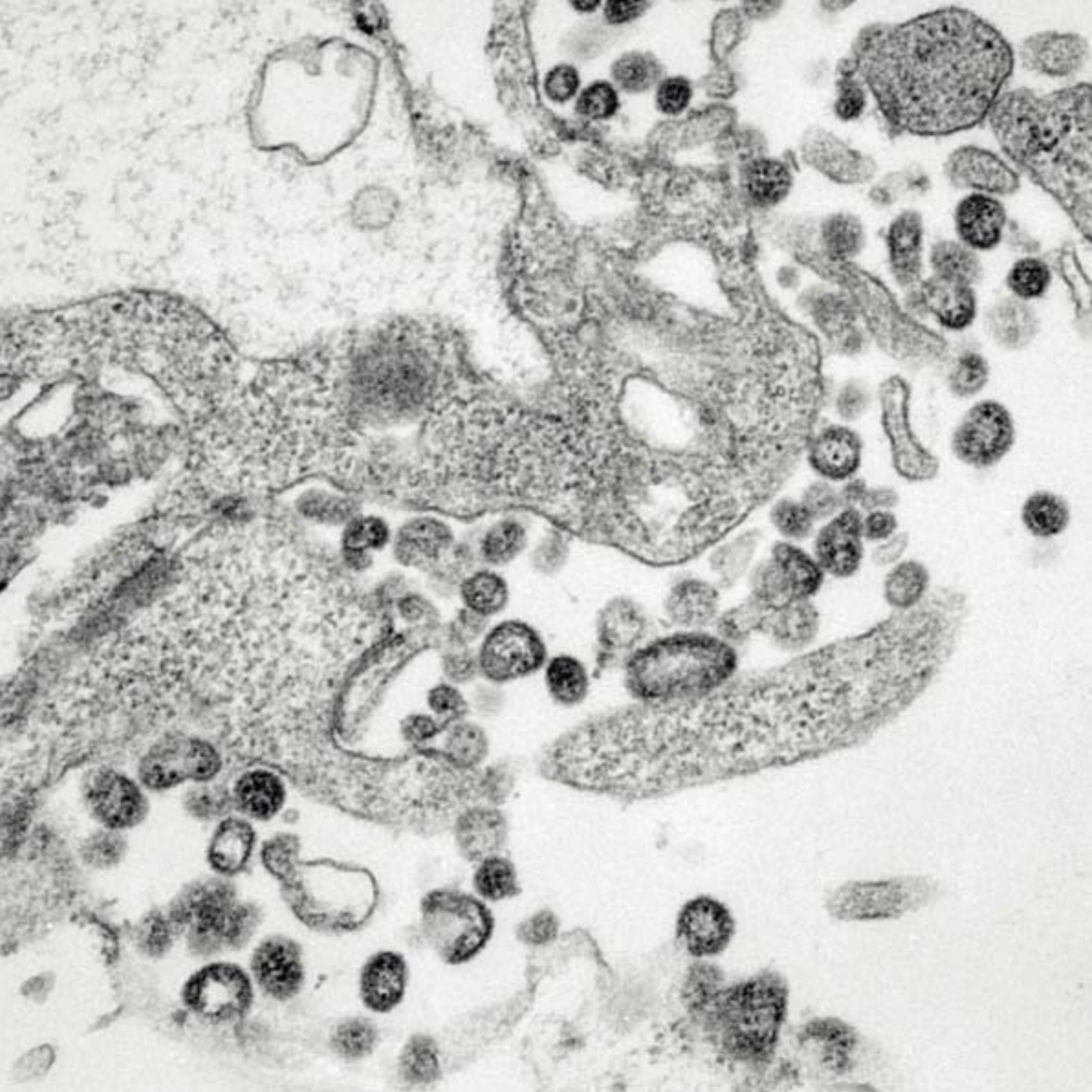


CD83 is a transmembrane glycoprotein that is expressed on the surface of many cells of the immune system upon activation. Investigating the function of this molecule we found that CD83 regulates antibody production by B lymphocytes and inhibits the over-activation of these cells. Mice that are genetically engineered to over-express CD83 produce drastically reduced amounts of antibodies of all subtypes while blockade of CD83 on B lymphocytes results in an enhanced production of antibodies. By manipulating the function of CD83 the effect of vaccines could be enhanced.

Kretschmer B. et al., J Immunol 2009, 182:2827-34

Birte Kretschmer, Katja Luethje, Svenja Ehrlich, Ulricke Richardt, Jessica Rauch, Anneli Sagar, Bernhard Fleischer, Minka Breloer, Anke Osterloh (Immunology)

Figure: In comparison to normal mice (A), animals made to express an excess of CD83 (CD83tg) produce strongly reduced amounts of antibodies (immunoglobulins, Ig) (B). Conversely, a blockade of CD83 results in an increased release of antibodies of the IgG1 subtype (C).



LASSA FEVER

Due to their high pathogenic potential, Lassa, Ebola, Marburg, and Crimean-Congo haemorrhagic fever viruses must be propagated and investigated in laboratories of the highest biosafety level. Lassa virus is endemic in West Africa while Ebola and Marburg virus cause local outbreaks in Central and East Africa. The natural host of Lassa virus are small rodents, which transmit the virus to humans via contaminated food. Antiviral treatment with the drug ribavirin is effective only at the early stage of infection. A vaccine is not available.

MAP OF A MAJOR LASSA PROTEIN

Like all viruses, Lassa virus reproduces inside a host cell and exploits the cellular machinery for protein synthesis. The largest protein of Lassa virus — the L protein — plays a central role in virus reproduction. At one end of this protein, we have discovered a region that is involved in the generation of virus messenger RNA and thereby the production of virus proteins. In the middle part of L protein, we identified the region mediating replication of the virus genome. Both regions represent potential targets for the development of new antiviral drugs.

Lelke M. et al., J Virol. 2010, 84:1934-44

Michaela Lelke, Linda Brunotte and Stephan Günther
(Virology)

Figure: Distribution of the fist (left in red) and middle (right in green) part of the Lassa L protein inside an infected cell.

Dangerous presentation

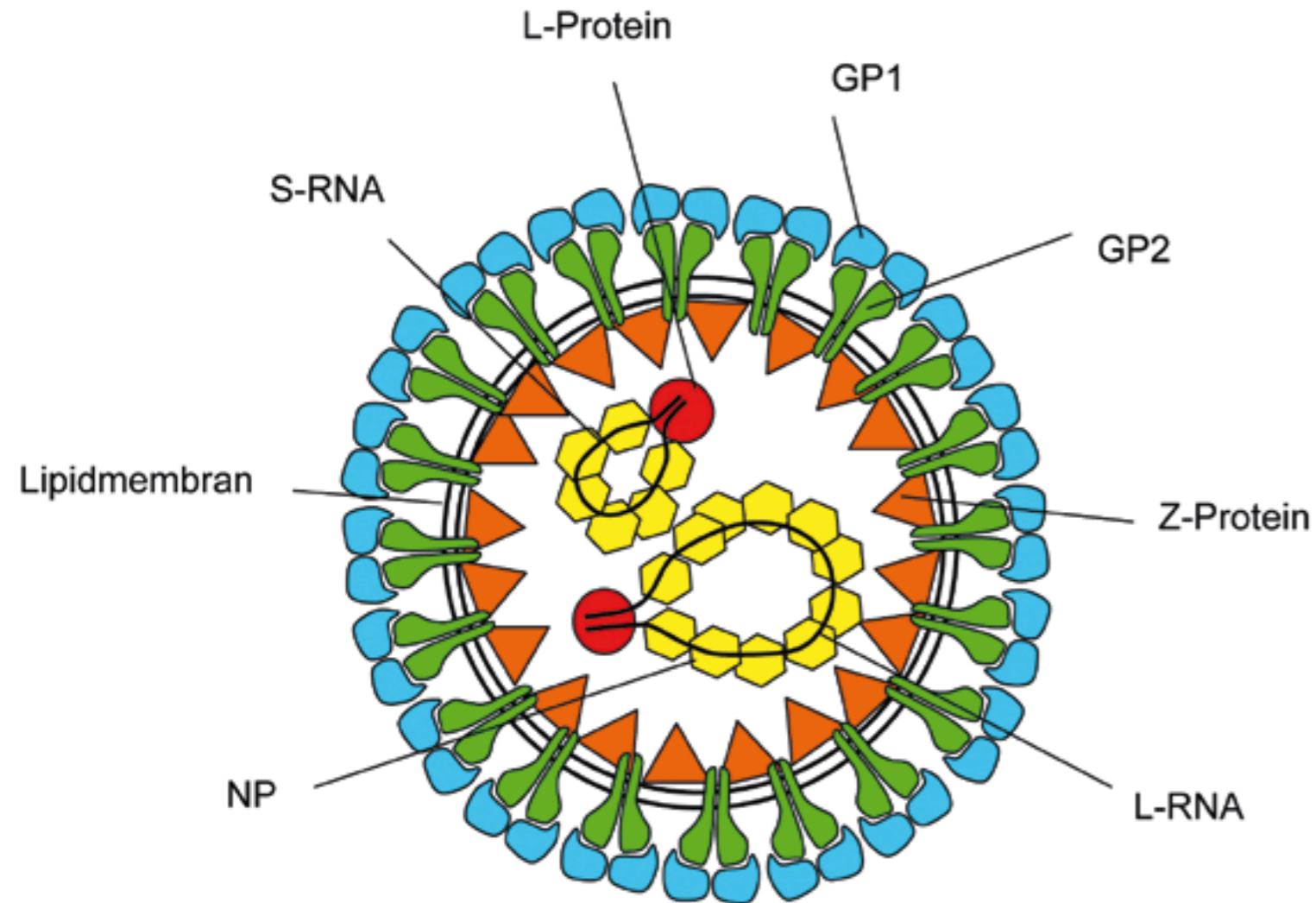
A HUMAN PROTEIN MAKES LASSA VIRUS PATHOGENIC FOR MICE

In recent years, we learned that immune cells may play a dual role. On the one hand, they may prevent and clear infections, on the other hand, the inflammatory response they generate may cause serious illness. An impressive example is Lassa fever where the response of the human body to the virus is thought to be mainly responsible for illness and death. Normal mice are not susceptible to Lassa virus infection. However, if mice contain a certain protein of human immune cells which presents fragments of pathogens to other immune cells, so-called T lymphocytes, they also succumb to Lassa virus infection. We conclude that T lymphocytes play a dual role in Lassa fever: they are early mediators of disease; while at a later stage they help to clear the virus.

Flatz L. et al., PLoS Pathog 2010, 6:e1000836

Toni Rieger and Stephan Günther (Virology), Lukas Flatz and Daniel Pinschewer (Zurich, Switzerland)

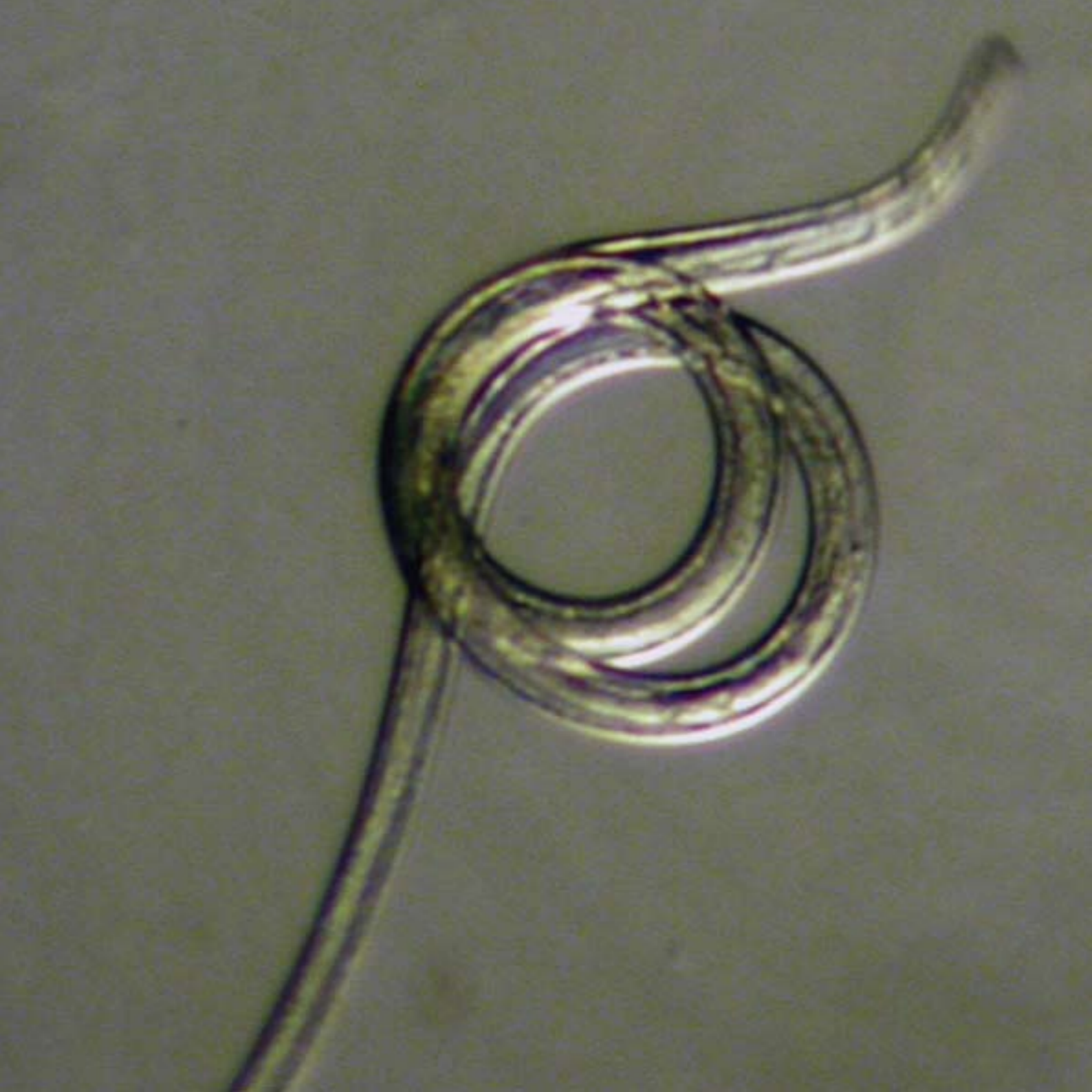
Figure: Lassa virus particle as it is formed in the blood of a patients.





WORM INFECTIONS

Two sides of a coin: approximately two thirds of the world's population are infected with worms. That these worms continuously modulate our immune system may be both beneficial and harmful.



The down side

WORMS INTERFERE WITH VACCINATIONS

Worm infections in general are known to dampen immune responses, which may prevent successful vaccinations. We model this situation in mice by showing that concurrent infection with a roundworm (*Litomosoides sigmodontis*) suppresses antibody responses. Interestingly, the roundworm does not suppress the antibody producing immune cells (B lymphocytes) directly but rather interferes with the function of helper immune cells (T lymphocytes). These cells are needed to help B lymphocytes to mount a potent antibody response. Roundworm infection induces properties in these helper cells that are usually present in anti-inflammatory immune cells and silence our immune responses. First results showed that concurrent worm infection indeed suppressed the efficacy of an experimental malaria vaccine in mice.

Wiebke Hartmann, Julia Kolbaum and Minka Breloer (Helminth Immunology)

Figure: Litomosoides sigmodontis fourth stage larvae, which dwells in the thoracic cavity of infected mice (Image: Marie-Luise Eschbach).



About the silencer

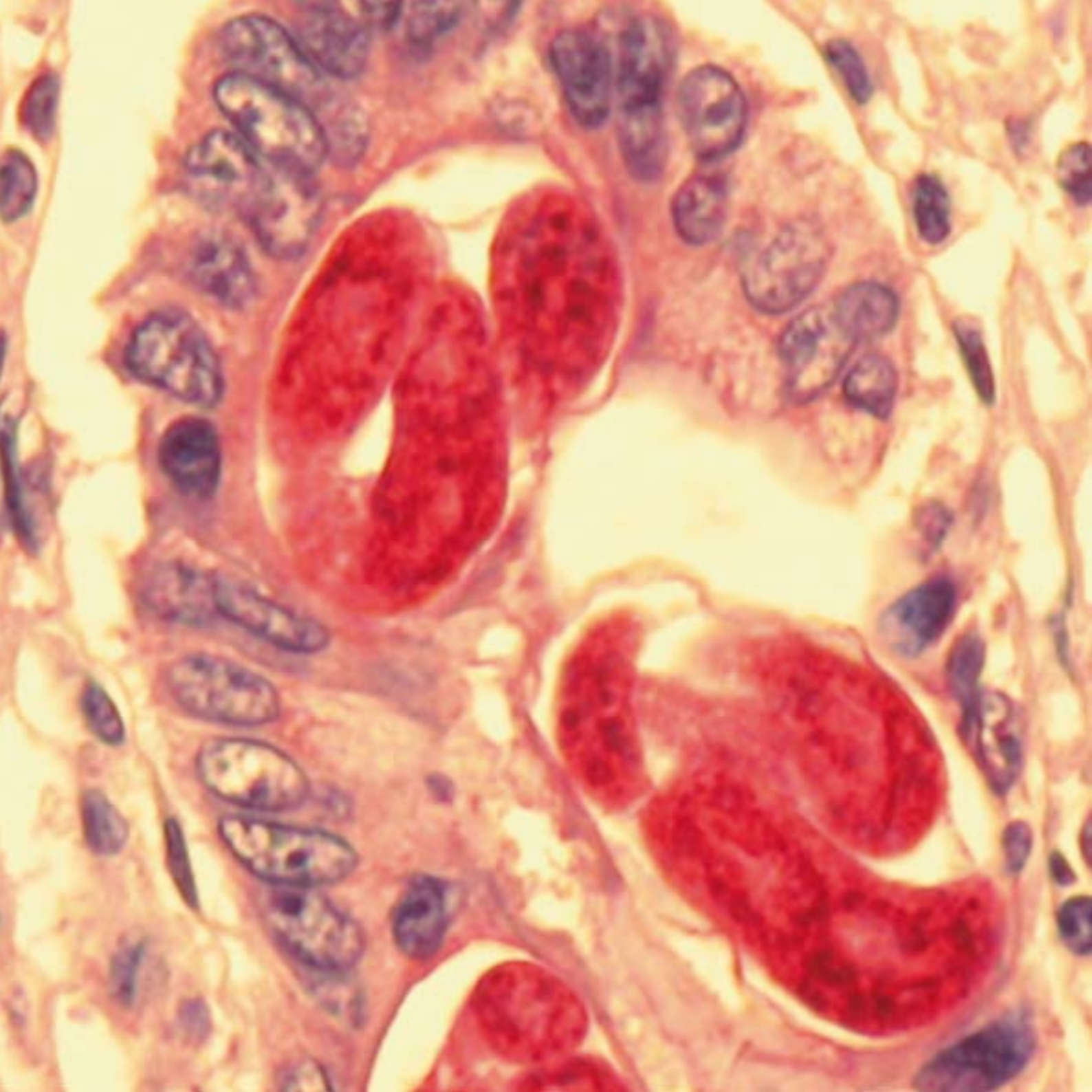
CLEARING STRONGYLOIDES RATTI

We use the murine model of a *Strongyloides ratti* infection as an example for a successful immune response against worms, as mice terminate this infection spontaneously and remain protected against subsequent infections. We found that this protective immune response was enhanced if we neutralized anti-inflammatory immune cells (regulatory T-lymphocytes) or proteins on the surface of these cells (CTLA-4) that usually silence immune responses. The worm burden was drastically reduced and mice were better protected against a second infection upon elimination of these silencing cells and proteins.

Eschbach M. et al., Parasite Immunol 2010, 32:1-14

Ulrike Klemm, Birte Blankenhaus, Julia Kolbaum, Marie-Luise Eschbach and Minka Breloer (Helminth-Immunology)

Figure: Strongyloides ratti infective larva, which infects its host by penetrating the intact skin (Image: Melanie Pidavent).



The good side

PROTECTION FROM LIFESTYLE DISEASES

By dampening the host immune response worms can also be of great value. Crohn's Disease and colitis ulcerosa are inflammatory bowel diseases (IBD) which show a dramatic increase in prevalence in industrialized countries. Artificial infections with intestinal worms are already in use for IBD treatment despite the fact that the basis of the therapeutic efficacy is still unknown. Using an infection model of *Strongyloides ratti* in rats, we identified 78 proteins released from *S. ratti* females, which normally are embedded in the mucosa of the small intestine. These proteins are now under investigation to pinpoint those responsible for the therapeutic down-regulation of the host's immune response.

Tazir Y. et al., *Mol Biochem Parasitol* 2009,
168:149-57

Frank Geisinger, Silke van Hoorn, Abdul Hassan Mohammed, Louise Reher, Inga Toborg, Djafsia Boursou and Klaus Erttmann, Norbert Brattig (Helminthology)

Figure: Strongyloides – embedded in the intestinal mucosa – stained in red using an antibody to a worm protein.



TUBERCULOSIS

Tuberculosis (Tb) continues to spread worldwide, mostly because of the HIV pandemic as persons at later stages of HIV infections become particularly prone to Tb. An increasing threat is posed by Tb bacteria which are resistant to virtually all available drugs ("XDR resistant"). The Tb vaccine BCG does not provide reliable protection.

All genes screened

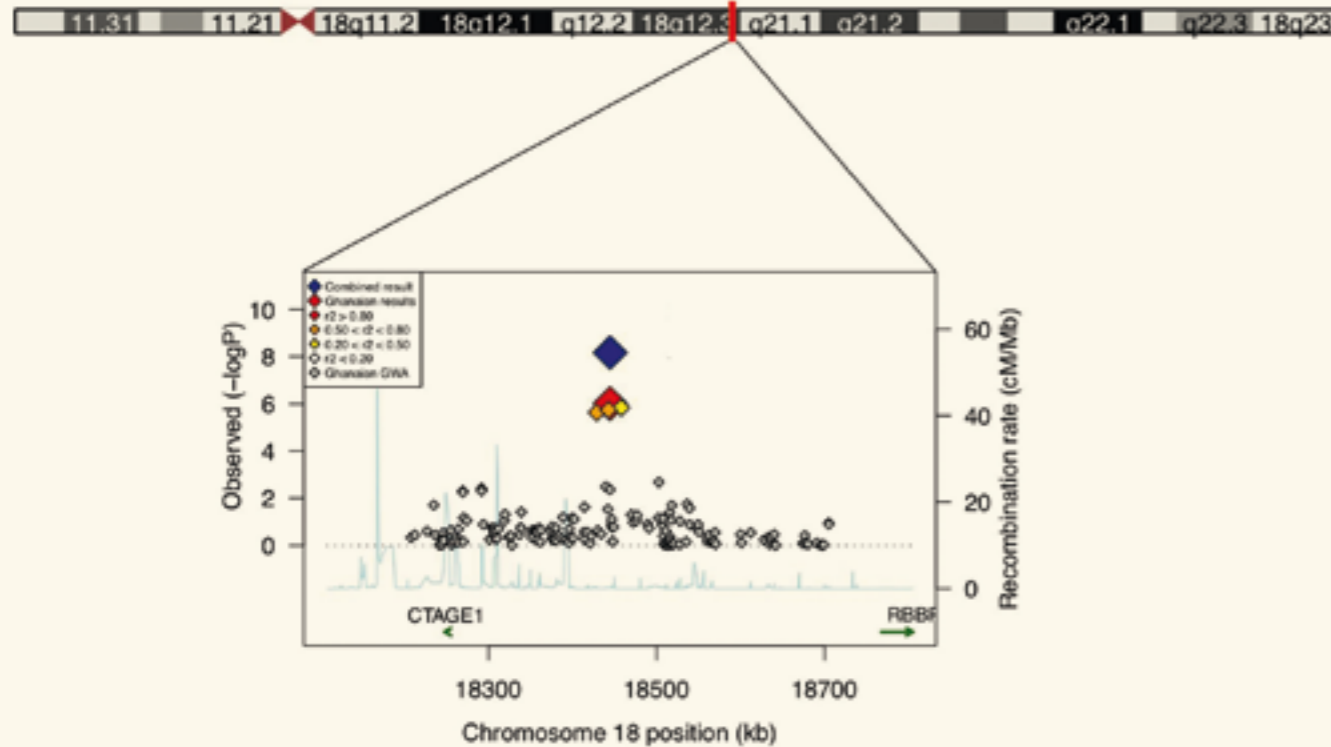
THE SEARCH FOR NATURAL PROTECTION AGAINST TUBERCULOSIS

Similar to malaria – see page 35 – we have in tuberculosis screened entire human genomes for systematic differences between affected and unaffected persons by determining nearly 1 million mutations in each genome. Only a joint analysis with colleagues from Oxford University studying a total of 4,000 patients and controls yielded a hit: Mutations in a region of chromosome 18 which contains no gene assigned so far, showed a statistically robust difference. The challenge is now to find out what mutation exactly is responsible and what the functional effects are.

Thye, T. et al., Nat Genet 2010, 42:739-41

Thorsten Thye, Gerd Ruge, Jürgen Sievertsen, Christian G. Meyer and Rolf Horstmann (Molecular Medicine), Andreas Ziegler (University of Lübeck), Fredrik Vannberg, Adrian V. Hill (Oxford University), African TB Genetics Consortium, Wellcome Trust Case Control Consortium

Figure: Schematic drawing of chromosome 18 (top) and the region where mutations were found associated with tuberculosis. Shown are the positions of the mutations analysed in the region and for each of them the statistical significance of the difference between patients with tuberculosis and control persons. Mutations which are significantly associated are colour-coded (Graph: Thorsten Thye).





HIV / AIDS

HIV causes one of the globally most relevant infectious diseases, in particular in developing countries. Worldwide more than 33 million people are infected. They become highly susceptible to other infections, which commonly take a severe and often fatal course.



GC

Tracking a vaccine

HIV VACCINATION BY THE INTESTINAL ROUTE

Our histological and molecular studies have shown that HIV infections very early on cause a gross destruction of the immune system of the intestinal tract. In approximately 70% of infected persons the damage cannot be cured by effective antiretroviral treatment. This is a focus of our research in humans.

Studying SIV-infections in monkeys as a model for human HIV, we have applied vaccine candidates through the intact intestinal mucosa and followed their way to the regional lymph nodes. We found that they are successfully transported into the germinal centers of the intestinal immune system – an important observation regarding vaccination strategies. Application of vaccines by the mucosa abrogates the risk of contaminations by injection needles, which is of great importance in resource-poor settings.

Falkensammer B. et al., Retrovirology 2009, 6:60 doi:10.1186/1742-4690-6-60

Jill Knips, Christine Stempel and Klara Tenner-Racz, Paul Racz (Pathology)

Figure: Vaccine candidate against monkey AIDS (labelled green) after oral application reaches the germinal centre (GC) of a lymphatic organ, where important immune mechanisms are set into motion.



NEGLECTED DISEASES

When the Bill and Melinda Gates-Foundation and other international funding agencies end of the 1990s started to focus their programmes on the "big 3" most important global infections AIDS, tuberculosis and malaria, "Médecins sans frontières" coined the term "Neglected Diseases". The World Health Organisation took over the term and in 2002 listed 14 diseases as being "neglected": Buruli ulcer, Chagas disease, Cholera, Dengue, dracunculiasis (guinea-worm disease), endemic treponematoses, soil-transmitted helminths, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, sleeping sickness, and trachoma. It was not acknowledged that certain poverty-related diseases might exist but not be realized because they could have escaped detection so far and which, therefore, may be considered particularly "neglected".

Painting: St. Martin, Konrad Witz, Successors, around 1450

'Kunstmuseum Basel'



Most neglected

SEARCHING FOR PATHOGENS IN AFRICA

We and others have shown that many African children who present with febrile illness may die because they are misdiagnosed as malaria and treated against malaria although they have a bacterial infection instead and need antibiotics.

A state-of-the-art microbiological facility including a biosafety level 3 laboratory has been established at Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR) in Ghana in order to subject all children who report in a rural hospital with febrile illness to a vigorous diagnostic procedure comprising all bacteria, viruses and parasites we are able to detect. Clinical syndromes, possible sources of infection, pathogen drug resistance, and options for prevention are being investigated with an initial focus on typhoid fever and other salmonella infections.

Marks F. et al., Emerg Infect Dis 2010, 16:1796-7

Denise Dekker*, Julius Fobil, Caroline Krefis, Wibke Loag, Nimarko Sarpong*, Norbert Schwarz and Jürgen May (Infection Epidemiology, *stationed in Ghana)

Figure: Interviews of villagers on infection risks in the Ashanti Region, Ghana.



KUMASI CENTRE FOR COLLABORATIVE RESEARCH IN TROPICAL MEDICINE (KCCR)

RESEARCH IN THE ENDEMIC AREA



The Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR) is a joint venture of the Institute with the Ghanaian Ministry of Health and Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana. It was founded in 1998 and serves as a platform for research projects jointly conducted by Ghanaian and international scientists. Approximately half of the projects have involved members of the Hamburg institute. Since 2003, KCCR is equipped with state-of-the-art laboratories and offices located on KNUST campus, which were established with funds of the public BNI stakeholders, the Volkswagen Foundation and the Association of Friends of BNI. Recently, the microbiological facilities were upgraded including a BSL-3 laboratory. KNUST officially appointed KCCR as the research centre of its College of Health Sciences in 2006.

The close scientific cooperation with Ghanaian partners provides great opportunities for capacity building. In addition to 40 staff members, a further 70 employees are assigned to the various research projects. KCCR promotes young scientists through

long-term projects offering Master and PhD positions, which receive additional promotion through laboratory training, workshops and seminars.

Ongoing projects address Lymphatic Filariasis, Onchocerciasis, Malaria, Buruli Ulcer, salmonellosis, the search for underestimated childhood infections and the investigations of bats as reservoirs for emerging human infections. Under the umbrella of KCCR, the Gates Foundation established a vaccine study centre participating in testing the first promising malaria vaccine in a programme led by members of the KNUST School of Medical Sciences. In 2006, KCCR was appointed reference centre for Buruli Ulcer for Northern Ghana by WHO.

Further cooperative projects have been conduct-

ed by Institute members with partner institutions in Nigeria, Madagascar, Togo, Benin, DR Congo and Vietnam.



COURSES

“At a glance”

- Daily lectures from 9 am to 4 pm
- More than 300 lessons
- Approximately 40 hours of practical exercises
- German reference library for literature on tropical medicine
- Certified by the German Federal Board of Physicians to be part of the official training programme for physicians to specialize in tropical medicine; certified by the American Society of Tropical Medicine and Hygiene
- Credit points awarded by the Hamburg Board of Physicians; 416 credit points in 2009



Historical photo: Lecture hall

Diploma Course on

TROPICAL MEDICINE

The objective of the Diploma Course on Tropical Medicine is to prepare physicians for professional missions in tropical and subtropical countries and to enable them to preventively care for visitors of warm climates and to diagnose and to treat tropical diseases.

The central topics of the Diploma Course are human diseases characteristic for warm climates. Teaching focuses on the pathogenesis, diagnosis, clinical presentation, treatment, epidemiology and prophylaxis of parasitological, bacterial, viral and non-communicable tropical diseases. At the same time, the biology, epidemiology, as well as measures to control infectious agents, vectors and reservoirs are addressed. Further topics include the characteristics of the various clinical disciplines in tropical environments, problems of health care in poor countries and structures and performance of developmental cooperation and disaster missions.

The curriculum is divided into twelve sections of one week each. Differential diagnosis is the major guideline for the curriculum. Taxonomy is an additional criterion in order to facilitate systematic learning. Entomology is considered in its relation to the etiology and transmission of disease and therefore follows clinical classifications. Malaria, tuberculosis and HIV/AIDS, because of their outstanding relevance, are regarded separate topics.



Diploma Course on Tropical Medicine 2009:
The courses take place annually and extend over three months from April to June. In 2008, 42 physicians and biologists participated and 39 received the diploma. In 2009, 35 out of 40 participants succeeded.

- Week 1:** ■ **Introductions and essentials:**
incl. immunology, haematology, tutorials
- Week 2:** ■ **Systemic infections 1:**
Malaria incl. entomology, laboratory methods, tutorials, principles in epidemiology
- Week 3:** ■ **Systemic infections 2:**
Viral and bacterial infections incl. entomology, laboratory methods, tutorials
- Week 4:** ■ **Systemic infections 3:**
Protozoal infections and systemic mycoses
- Week 5:** ■ **Intestinal diseases by protozoa, bacteria and viruses**
incl. laboratory methods, tutorials
- Week 6:** ■ **Helminth infections**
laboratory methods, tutorials
- Week 7:** ■ **Skin and venereal diseases, mycobacteriology, ophthalmology**
- Week 8:** ■ **HIV infection/AIDS, tuberculosis**
- Week 9:** ■ **Specific problems in certain disciplines**
incl. paediatrics, neurology, surgery, gynaecology, psychiatry, malnutrition, environmental medicine, haematology and malignancies in the tropics, poisonous animals
- Week 10:** ■ **Public Health, planning, financing**
and implementation of health projects, essential drugs, international co-operation
- Week 11:** ■ **Epidemiology and disease control**
travel medicine, mother-child-care, reproductive health, vaccination programmes, disaster management, hospital hygiene
- Week 12:** ■ **Differential diagnosis, repetitions**
- Week 13:** ■ **Repetitions, final examination (practical and theoretical)**

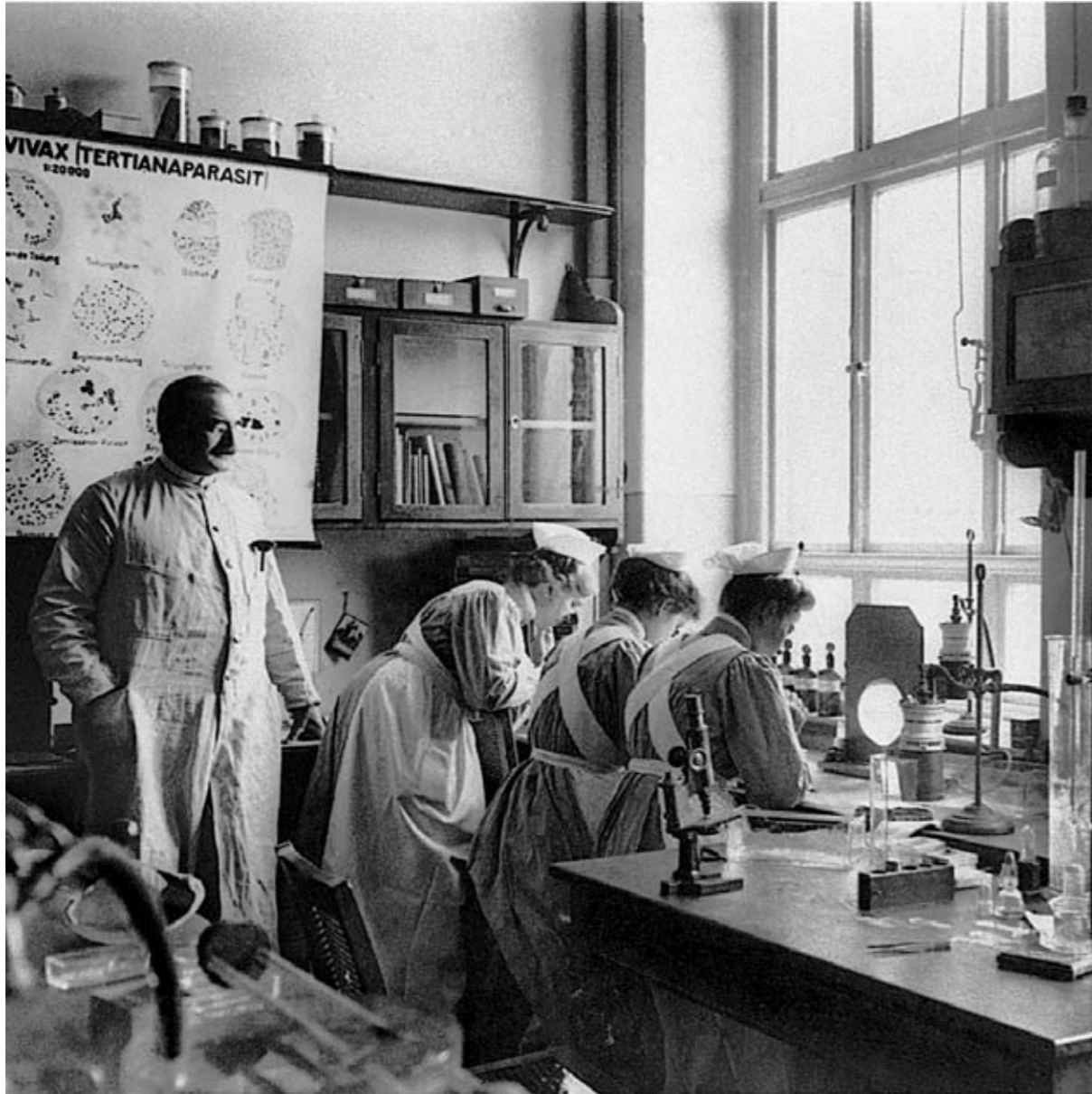
Institute Lecturers / External Lecturers

LECTURERS OF THE DIPLOMA COURSE ON TROPICAL MEDICINE

INSTITUTE FACULTY PD Dr. Norbert Brattig; Prof. Dr. Iris Bruchhaus; Prof. Dr. Gerd D. Burchard; Dr. Jakob Cramer; Dr. Stephan Ehrhardt; Prof. Dr. Bernhard Fleischer; Prof. Dr. Rolf Garms; Prof. Dr. Stephan Günther; PD Dr. Volker Heussler; Prof. Dr. Rolf Horstmann; Dr. Ute Lippert; Dr. Jens Matten; Prof. Dr. Jürgen May; Prof. Dr. Christian G. Meyer; Dr. Sven Poppert; Prof. Dr. Paul Racz; PD Dr. Jonas Schmidt-Chanasit; Prof. Dr. Herbert Schmitz; Prof. Dr. Justus Schottelius; Dr. Michael Schreiber; Prof. Dr. Egbert Tannich; Dr. Klara Tenner-Racz; Dr. Christian Timmann

GUEST FACULTY Dr. Matthias Brockstedt Zentraleinrichtung für Datenverarbeitung, Freie Universität Berlin; Dr. Christoph Dehnert Medizinische Klinik und Poliklinik, Universität Heidelberg; Prof. Dr. Christian Drosten Institut für Virologie, Universitätsklinikum Bonn; Dr. Alois Dörlemann Health-Focus GmbH, Potsdam; Dr. Karl-Peter Faesecke Hyperbaric Training Center, Hamburg; Dr. Thomas Fenner Fenner Laboratorium, Hamburg; Dr. Marcellus Fischer Bundeswehrkrankenhaus Hamburg; Prof. Dr. Hartmut Graßl Max-Planck-Institut für Meteorologie, Hamburg; Dr. Frank Haamann Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege, Hamburg; Dr. Gertrud Helling-Giese Ärztlicher Dienst des Deutschen Entwicklungsdienstes (DED) Bonn; Prof. Dr. Achim Hörauf Institut für Medizinische Mikrobiologie und Parasitologie, Universitätsklinikum Bonn; Prof. Dr. Klaus Hoffmann Zentrum für Psychiatrie, Landeskrankenhaus, Reicheau; Prof. Dr. Volker Klauß Augenklinik der Universität München; Prof. Dr. Michael Krawinkel Institut für Ernährungswissenschaft, Gießen; PD Dr. Andreas Krüger Bundeswehrkrankenhaus Hamburg; PD Dr. Christoph Lange Forschungszentrum Borstel; Prof. Dr. Michael Leichsenring Kinderklinik des Universitätsklinikums Ulm;

Dr. Ute Lippert G&S Gesundheit und Sicherheit für Betriebe GmbH, Hamburg; Prof. Dr. Thomas Löscher Ludwig-Maximilians-Universität, München; Prof. Dr. Ansgar Lohse Universitätsklinikum Hamburg-Eppendorf, Hamburg; Prof. Dr. Michael Leichsenring Universitäts-Kinderklinik Ulm; Prof. Dr. Dieter Mebs Institut für Rechtsmedizin, Frankfurt; Dr. Andreas Meyer Arzt für Allgemeinmedizin, Tropenmedizin, Hamburg; Silvia Miksch Missionsärztliches Institut, Würzburg; Dr. Henning Mothes Klinik für Allgemein-, Viszeral- und Gefäßchirurgie, Klinikum der Universität Jena; Dr. Rico Müller Zentralinstitut der Bundeswehr Kiel, Berlin; Dr. Klemens Ochel Missionsärztliches Institut, Würzburg; Prof. Dr. Utz Reichard Institut für Medizinische Mikrobiologie, Universitätsklinik Göttingen; Dr. Mathias Rotenhan Bremen; Dr. Sabine Rüscher-Gerdes Forschungszentrum Borstel; Prof. Genevieve Scarisbrick Oberzell; Dr. Johannes Schäfer Tropenklinik, Paul-Lechler-Krankenhaus, Tübingen; Salvatore Schmidt Bundeswehrkrankenhaus Berlin; Dr. Stefan Schmiedel Universitätsklinikum Hamburg-Eppendorf; Prof. Dr. Erich Schmutzhard Universitätsklinik für Neurologie, Innsbruck; Prof. Dr. Walter Sigge Universitätsklinikum Schleswig-Holstein, Campus Lübeck; Prof. Dr. August Stich Missionsärztliche Klinik, Würzburg; Dr. Tankred Stöbe Ärzte ohne Grenzen, Berlin; Lars Timm Regio Klinikum Elmshorn; Cord Versmold Glandorf; PD Dr. Jan van Lunzen Universitätsklinikum Hamburg-Eppendorf; Dr. med. Klaus J. Volkmer Centrum für Reisemedizin, Düsseldorf; Dr. Matthias von Müllmann Medizinischer Dienst der Lufthansa AG, Frankfurt; Prof. Dr. Sawko Wassilew Klinik für Dermatologie, Krefeld; Dr. Dominic Wichmann Universitätsklinikum Hamburg-Eppendorf; Dr. Enno Winkler Auswärtiges Amt/Gesundheitsdienst, Berlin



Medicine in the Tropics

COURSE FOR MEDICAL SUPPORT STAFF

The course provides basic knowledge and skills in tropical medicine and explicitly addresses the topics of Public Health and health care management. The courses of the years 2008 and 2009 were both held in February.

TARGET GROUPS:

Medical staff (nurses, technical assistants, midwives, health economists) preparing for professional assignments in warm-climate countries; in addition medical staff wanting to acquire or deepen tropical medicine skills.



Kursus für medizinisches Fachpersonal 2009

Contents

- Tropical infectious diseases: malaria, leprosy, tuberculosis, schistosomiasis and other helminth diseases, viral infections
- Insects as vectors
- malnutrition
- basic epidemiology
- General aspects: obstetrics, family planning, paediatrics venereal diseases, dermatology, HIV/AIDS, travel medicine etc.
- Physical examination of patients, laboratory techniques microscopy
- Socio-cultural comparison of health systems
- Intercultural competence
- Hygiene, drinking water
- Nursing practice in the tropics
- NGOs
- Information systems, literature and internet search
- teamwork

Facts and Figures

STAFF

216 including 95 scientists (2009)

FUNDING

	2008	2009
	Mio. EUR	Mio. EUR
Public core funding	10,3	10,8
Public funding of investments	1,2	1,3
Third-party funding and other income	4,4	3,2

Third-party funding has been received from the following organizations:

Alexander von Humboldt Foundation; Arthur und Aenne Feindt Foundation; Australian Education; Boehringer Ingelheim Fonds; Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK); Bundesministerium für Bildung und Forschung (BMBF); Bundesministerium für Gesundheit (BMG); Bundesministerium für Verteidigung (BMVg); Centrum für Internationale Migration und Entwicklung (CIM); Chica und Heinz Schaller Foundations; Deutsche Forschungsgemeinschaft (DFG); Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ); Deutsche Krebshilfe e.V.; Deutsche Lepra und Tuberkulose Hilfe (DAHW); German Academic Exchange Service (DAAD); Dr . Mildred Scheel Foundation for Cancer Research; European Commission; Evangelisches Studienwerk e. V. Vilgigst; Institut Virion/Serion GmbH, Würzburg; Freie und Hansestadt Hamburg (Europäischer Fonds für Regionale Entwicklung); GeoSentinel; Gesellschaft zur Förderung der Qualitätssicherung in medizinischen Laboratorien e.V.; Health Focus GmbH; Instand e.V.; Internationale Behörde für Wirtschaft und Arbeit; John Wiley & Sons, Inc (Blackwell Publishing Ltd); Jung-Stiftung für Wissenschaft und Forschung; National Institutes of Health (NIH), USA; Nationales Genomforschungsnetz; Senior Expert Service; Provecs Medival GmbH; Robert Koch-Institut; Stiftung der Deutschen Wirtschaft für internationale Zusammenarbeit GmbH; Stiftung für medizinische Grundlagenforschung; Studienstiftung des Deutschen Volkes (German National Academic Foundation); TECHLAB*, Inc.; The International Vaccine Institute; UBS Optimus Foundation; Vereinigung der Freunde des Tropeninstituts Hamburg e. V.; Volkswagen Stiftung; Wettbewerblches Verfahren der Leibniz-Gemeinschaft (Pakt für Forschung und Innovation)

Performance Indicator	2008	2009
Publications	115	116
in peer-reviewed journals	99	98
<i>average impact factor</i>	4,02	4,05
in others	16	18
Qualifications	29	26
Diploma / Master's thesis	11	14
Dissertations	16	12
Habilitations	2	0
Teaching, education and training		
University (SWS*)	133	119
Education and training events (days)	101	74
Technology transfer (running)		
Patents and licenses	12	14
Laboratory diagnostics		
Number of cases	21.302	20.279
Number of tests	82.473	75.733
Library		
Inventory	45.414	45.786
Journals	169	174
Inter-library loan	3.902	3.721
KCCR**		
Total projects	18	15
non-BNI projects	11	13

*Lessons per semester week , **Kumasi Centre for Collaborative Research in Tropical Medicine

Staff

BERNHARD NOCHT INSTITUTE FOR TROPICAL MEDICINE



Scientific Sections			Support		
Parasitology	Medical Microbiology	Tropical Medicine	Business Management	Internal and External Services	Elected Staff Representatives
Speaker: Prof. Dr. E. Tannich	Speaker: Prof. Dr. B. Fleischer	Speaker: Prof. Dr. R. Horstmann	U. Gawenda	Board of Directors	
Molecular Parasitology Prof. Dr. E. Tannich	Immunology Prof. Dr. B. Fleischer	Molecular Medicine Prof. Dr. R. Horstmann	Administration G. Schlütemann	Assistant to the Board Dr. K. Barth	Works Council I. Gaworski
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	* Animal Facilities Dr. T. Schüler	* Training and Education Prof. Dr. C. G. Meyer		Occupational Safety D. Plähn	

* Service Departments

2009

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(* = end of employment during the reporting period)

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Prof. Dr. Rolf Garms (Medical Entomology)

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Anna Bachmann; Laura Biller (DFG); Babette Drescher; Nestor Gonzalez-Roldan (National Polytechnic Institute, Mexico)*; Ghassan Handal (KAAD); Martin Helmkampf (DFG)*; Dennis Marien (Werner-Otto-Stift.); Jenny Matthiesen (DFG); Maximilian Nesnidal (DFG); Karin Agnes Uliczka*; Sabine Predehl

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Ina Hennings; Claudia Marggraff; Susann Ofori; Heidrun von Thien

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Jasmine Hubrich*; Ruth Suchowersky; Katrin Unger*; Lea Kaminski*; Julia Abe*

Visiting Scientists

Dr. Melanie Flore Gondam, University of Yaounde, Kamerun (International Foundation for Science (IFS), Stockholm, Schweden); Nestor Gonzalez-Roldan (National Polytechnic Institute, Mexico), National Polytechnic Institute, Mexico; Ghassan Handal (KAAD), University of Bethlehem, Plästina; Dr. Karin Hjort (EU), Institute for Cell and Molecular Biosciences, Newcastle upon Tyne, England*; Miroslava Sedinova, Karls-University Prag, Tschechien

Research Group Biochemical Parasitology

Wissenschaftliche Mitarbeiter/innen Scientific Staff

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Doctoral, Graduate, Master and Bachelor Students

Julia Knöckel (DAAD)

Technical Staff

Bärbel Bergmann

Visiting Scientists

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Research Group Leishmaniasis

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Manfred Krömer, Laborant*; Dorothea Zander

Visiting Scientists

Wei-Lok Yau, Institute Pasteur, Frankreich

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Silke Retzlaff; Ulrike Fröhlke; Anne MacDonald; Jenny Schröder-Schwarz

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Dr. Olatunji Kolawole, University Ilorin, Nigeria; Adrienne Lysandra, University of Tennessee, Knoxville

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Scientific Staff

Dr. Tim Gilberger (DFG); Dr. Tobias Spielmann; Dr. S. Struck (DFG)

Doctoral, Graduate, Master and Bachelor Students

Caroline Bruns; Ana Cabrera (VdF); Klemens Engelberg; Christof Grüring; Silvia Haase*; Arlett Heiber (DFG); Susann Herrmann; Maya Kono; Ulrike Ruch (DFG); Anja Thiesen; Moritz Treeck*; Sonja Zacherl*

Technical Staff

Marzena Domagalski

Visiting Scientists

Prof. Suman Dhar, Visiting Scientists (Humboldt)*; Dr. Faustin Kamena, ETH, Zurich; Dr. Kazuhide Yahata, Nagasaki University, Japan; Dr. Kerstin Leykauf, Burnett Institute, Australien; R. Ranjan, National Institute Immunology, New Delhi, India

■ Electron Microscopy

Technical Staff

Christel Schmetz

■ Department of Immunology

Scientific Staff

Prof. Dr. Bernhard Fleischer; PD Dr. Thomas Jacobs; Dr. Marc Jacobsen; Dr. Birte Kretschmer (EU); Dr. Katja Lüthje (EU); Dr. Anke Osterloh (Mildred-Scheel-Stiftung für Krebsforschung); Dr. Susanne Tartz (DFG)

Doctoral, Graduate, Master and Bachelor Students

Guido Adler (DFG); Katharina Becker (EU); Nancy Brewig (Provecs); Dr. Hanna Erdmann; Rosario Espinoza (DFG); Kerrin Heesch (VdF)*; Anja Heins (VdF); Benjamin Faist (EU); Marthe Janssen (LCI); Angeles Jurado; Katja Kleinstaub; Kathrin Kuhlmann*; Melanie Uhde; Anneli Sagar*; Stefanie Schulz (DFG); Melanie Piédavent*

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Marlies Badusche; Iris Gaworski (DFG); Svenja Kühl (DFG); Claudia Sander-Jülch; Ulricke Richardt; Christiane Steeg; Jessica Rauch (EU)

Student trainees

Nadine Dörling; Timo Kessler; Mara Ruff*; Antonia Schulz*

Visiting Scientists

Dr. Carmen Noelker, Hospital Pitié-Salpêtrière, Institut National de la Santé et de la Recherche Médicale (INSERM), Paris, Frankreich

■ Department Virology

Scientific Staff

Prof. Dr. Stephan Günther; Dr. Beate Kümmerer*; Dr. Michael Schreiber; Dr. Jonas Schmidt-Chansit; Prof. Dr. emer. Herbert Schmitz; Dr. Petra Emmerich; Dr. Martin Gabriel; Dr. Meike Haß; Dr. Diana Ludolfs; Michael Reinholz

Doctoral, Graduate, Master and Bachelor Students

Linda Brunotte; Patrick Heinemann; Nadja Höfs*; Romy Kerber; Katja Kleinstaub*; Michaela Lelke (VdF); Toni Rieger; Stephan Ölschläger (EU); Britta Oschmann*; Melanie van Yperen*

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Visiting Scientists

MSc Donatus Adomeh, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria; Jacqueline Ehimuan, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria; Deborah Ehichioya, Dept. Medical Microbiology, University of Lagos, Nigeria; Dr. med. Rico Müller, Bw Berlin; Steven Sijmons, University Antwerpen, Belgien

■ Research Group Helminth-Immunology

Wissenschaftliche Mitarbeiter/innen

Dr. Minka Breloer; Dr. Ulrike Klemm

Scientific Staff

Dr. Minka Breloer; Dr. Ulrike Klemm

Doctoral, Graduate, Master and Bachelor Students

Birte Blankenhaus; Wiebke Hartmann; Julia Kolbaum (Kroch-Stiftung); Manchang Tanyi Kingsley (DFG)

Technical Staff

Marie-Luise Eschbach

Student trainees

Janine Ehser

Visiting Scientists

Dr. Nadia Ben Nouir, University Monastir, Tunesien

■ Department of Helminthology

Scientific Staff

Prof. Dr. Bernhard Fleischer (komm.); PD Dr. Klaus Erttmann; Dr. Simone Kortzen

Associated Scientific Staff

Prof. Dr. Dr. Dietrich W. Büttner; Prof. Dr. Rolf Garms
Doctoral, Graduate, Master and Bachelor Students
Vera Steisslinger (VdF)*; Yasmina Tazir (VdF)*

Technical Staff

Silke van Hoorn*

■ Central Diagnostics Unit and National Reference Centre for the Diagnostics of Tropical Pathogens

Serology, Bacteriology and Parasitology

Scientific Staff:

Prof. Dr. Bernhard Fleischer; Dr. Guido Hegasy; Dr. Christian Keller

Technical Staff:

Insa Bonow; Fatma Firat; Ute Mehlhoop; Gerda Nippold; Sabine Köhler; Monika Picker; Anja Schörle; Alexandra Veit

Virology

Scientific Staff:

Prof. Dr. Stephan Günther, PD Dr. Dr. Jonas Schmidt-Chansit, Dr. Petra Emmerich, Dr. Martin Gabriel

Technical Staff:

Marzena Domagalski, Monika Picker, Insa Bonow, Corinna Thome-Bolduan, Deborah Maus

■ Clinical Laboratory

Scientific Staff

Prof. Dr. Egbert Tannich

Technical Staff

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Dennis Gutmann; Trang Mac; Matthias Schneider; Elena Terhalle; Daria Dekassian; Jan Kiepe; Bernd Altmann; Katharina Hoch; Patrick Crilly

■ Department of Molecular Medicine

Scientific Staff

Prof. Dr. Rolf Horstmann; Dr. Michael Brendel*; Dr. Claudia Esser; Dr. Christopher Intemann (BMBF); Dr. Daniela Kuhn (BMBF)*; Dr. Thomas Kruppa*; Prof. Dr. Christian Meyer; Dr. Thorsten Thye (BMBF); Dr. Christian Timmann

Doctoral, Graduate, Master and Bachelor Students

Jasmine Anantapongse*; Florian Herb*; Ulrike Herzog; Hanna Matthews; Kathrin Schuldt (BMBF)*

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Student trainees

Janine Ehser

Visiting Scientists

Dr Kerrin Small, Wellcome Trust Centre for Human Genetics, University of Oxford, England; Dr YY Teo, Wellcome Trust Centre for Human Genetics, University of Oxford, England; Frederik Vannberg, The Jenner Institute, University of Oxford, England

Associated Groups:

■ Laboratory Brattig

Scientific Staff

PD Dr. Norbert W. Brattig*

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Veronika Bonk*; Anna-Elisabeth Franz*; Katharina Kowalsky (DAAD); Hassan Mohammed (Egypt State Stipend); Hanns Soblik (VdF, Böhringer Fonds)*; Vera Steissliger (VdF); Elke Steinkamp; Yasmina Tazir (VdF)

Technical Staff

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Student trainees

Henriette Lüdike*; Fabian Imse*; Lisa Mattheiesen*; Bianca Fundrich*

Visiting Scientists

S. MacNulty, Washington University School of Medicine, St. Louis, USA; Dr. M. Romano, University Mexico; Dr. Elizabeth Sentongo (DAAD), Makerere University Kampala, Uganda; Prof. Dr. Hanno Steen, Harvard University, Boston, USA

■ Research Group Infectious Disease Epidemiology

Scientific Staff

Prof. Dr. Jürgen May; Dr. Solomon Amemasor, teilw. KCCR; Dr. Nimako Sarpong, KCCR; Dr. Norbert Georg Schwarz

Doctoral, Graduate, Master and Bachelor Students

Ayimbire Abenoosum* (KCCR); Kathrin Bäther*; Denise Dekker, KCCR; Maria Calixto Fernandez*; Julius Fobil; Benedikt Hogan (teilw. KCCR)*; Phillip Klein (teilw. KCCR)*; Anna Caroline Krefis; Benno Kreuels; Kerstin Müller*; Maja Verena Nielsen (DAAD)*; Christoph Vinnemeier*; Julia Vohwinkel

Technical Staff

Wibke Busch

Student trainees

Janine Ehser

Visiting Scientists

Julius Fobil, GetFUND, Ghana School of Public Health, University of Ghana, Accra, Ghana

■ Research Group Clinical Research

Scientific Staff

Prof. Dr. Gerd-Dieter Burchard; Dr. Stephan Ehrhardt; Dr. Torsten Feldt

■ Department Pathology and Körber Laboratory for AIDS Research

Scientific Staff

Prof. Dr. Paul Racz (EU); Dr. Klara Tenner-Racz (EU); Dr. Wilhelm Bünger*; Felicitas van Vloten (EU)
Doctoral, Graduate, Master and Bachelor Students
Eva Kahn*; Jill Knips*, Christine Stempell (Bartels)

Technical Staff

Ingeborg Albrecht; Petra Eggert; Gudrun Großschupff (EU); Anke Kuhfuss; Petra Meyer (EU)*; Birgit Raschdorff

Visiting Scientists

Prof. A. Cassone., Department of Infectious, Parasitic and Immuno-mediated Diseases, Istituto Superiore di Sanità. Italy; Teresa Evering, MD, Aaron Diamond AIDS Research Center, The Rockefeller Institute USA; Prof. Dr. Ralf Ignatius, Charité; Berlin; Prof. Dr. Martin Markowitz, Aaron Diamond AIDS Research Center, The Rockefeller Institute USA; Prof. Dr. Anna Nilsson, Karolinska Institute, Stockholm; Prof. Dr. Hans-Jürgen Stellbrink, ICH, Hamburg; Prof. Dr. Mika Popovic, Institute of Human Virology, USA

■ Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR), Ghana

Scientific Staff

Prof. Ohene Adjei; Dr. Frank Hüniger

Technical Support

Samuel Acquah; Michael Appiah-Danquah; Renate Asare; Nana Yaa Awua-Boateng; Michael Frimpong; Lincoln Gankpala; Henry Hanson; Richard Larbi; Yusif Mubarik; Bernard Nkrumah

PhD Students

Augustina Annan; Augustina Annan; Yeboah Marfo Debreyei

B) SUPPORT STAFF

(* = end of employment during the reporting period)

■ Administration

Udo Gawenda, Business Manager; Gerd Schlütemann, Chief Administrator

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Heinrich Peters M.A., Head; Renate Adler; Ulrich Kretschmer; Birgit Maack; Carsten Schaible

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Martina-Christine Koschwitz; Irene Michael

■ Photography

Klaus Jürries

■ Occupational Safety

Dirk Plähn Coordinator; Reinhard Perlick

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Maren Lintzel

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Daniela Schlage, Board of Directors, Tropical Medicine **Section**
Ursula Schultze*, Tropical Medicine Section, Courses
Petra Stanislawsky, Courses
Elke Werner, Section Parasitology, German Society for Tropical Medicine and International Health
Elke Wrage, Medical Microbiology Section; Assistance, „Association of the Friends of the Institute for Tropical Medicine Hamburg e.V.“

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** until May 2009

C) KCCR STAFF, GHANA

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Thomas van Kampen, Business Manager; Henrietta Addai; Gifty Adu-Okae; Jeffrey Agyeman; Francis Dorman; Sebastian Kankam; Stephen A. Kwarteng; G. A. Mensah-Agboh; Frank Prempeh;

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Appendix

Klonierung der Gene zur Herstellung eines reversen Genetik-Systems. Fachbereich Biologie, Technische Universität Kaiserslautern.

Hälters L-S (2009). Funktionelle Komplementation zur Identifizierung von Virulenzfaktoren in Leishmania brasiliensis. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Immig, K (2008). Charakterisierung eines monoklonalen Antikörpers, der gegen die Plasmodium berghei Cysteinprotease PbSERA1 gerichtet ist (Vincke und Lips, 1948). Fachbereich Biologie, Universität Rostock.

Janßen M (2009). Untersuchungen zur Funktion von CD160, einem inhibitorischen Rezeptor auf T-Zellen. Studiengang Biochemie/ Molekularbiologie. Universität Hamburg.

Kleinstauber, K (2008). Eukaryotische Expression der Lassa-Virus Proteine NP und L. Studiengang Biochemie/Molekularbiologie, Universität Hamburg.

König A (2009). Suche nach Marker-Genen für die Antimon-Resistenz in Leishmania donovani. Biowissenschaften. Universität Rostock.

Kreuzberg C (2009). Risikofaktoren für eine Epstein-Barr-Virus-Infektion bei ghanaischen Kindern. Fachbereich Medizin. Johannes Gutenberg-Universität Mainz.

Langbehn A (2009). Expression von MAPK1-GFP-Fusionsproteinen in Plasmodium berghei (Vincke und Lips, 1948). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Lehmann, C (2008). Interaktion eines Cysteinproteasen-Inhibitors von Plasmodium berghei mit Wirtszellproteasen während der Hepatozyteninfektion. Fachbereich Biologie, Universität Würzburg.

Marien, D (2008). Expression der Peptidasen und weiterer putativer Pathogenitätsfaktoren von Entamoeba histolytica (Schaudinn, 1903) während der Leberabszessbildung. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Matthiesen J (2009). Charakterisierung putativer EhAIG-Proteine und Aufbau eines Protein-Markierungssystems bei Entamoeba histolytica (Schaudinn, 1903). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Nagel, A (2008). Charakterisierung der HSL-V- und HSL-U-Genprodukte in Leishmania donovani. Studiengang Biochemie/Molekularbiologie, Universität Hamburg.

Oschmann, B (2008). Expression und Aufreinigung von Domänen des L-Proteins des Lassa-Virus. Biochemie, Universität Lübeck.

Piédevent, M (2008). Untersuchung der immunmodulatorischen Funktion des 60 kDa Hitzeshockproteins von Strongyloides ratti (srHsp60). Studiengang Biochemie/Molekularbiologie, Universität Hamburg.

Simons S (2009). Analysis of protein-protein interaction in Lassa virus, Mopeia virus and lymphocytic choriomeningitis virus by co-immunoprecipitation. Erasmus-Austauschprogramm. Universität Antwerpen.

Stahl K (2009). Charakterisierung der E1-Untereinheiten des Pyruvat-Dehydrogenase- und alpha-Ketoglutarat-Dehydrogenase-Komplexes von Plasmodium falciparum. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Trübe I. (2009). Funktionelle und genetische Analyse von Antimon(III)-Resistenzmarkergenen. Biowissenschaften. Universität Rostock.

Uliczka KA (2009). Dynamik der Genexpression varianter Oberflächenantigene verschiedener Plasmodium falciparum-Isolate (Welch, 1897) während des erythrozytären Zyklus. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Zacherl, S (2008). Charakterisierung der cytoplasmatischen Domäne des Vakzinkandidaten AMA-1 im humanpathogenen Erreger Plasmodium falciparum. Applied Science. Universität Mannheim.

Dissertationen

Bickert, T (2008). Die Bedeutung des Zelladhäsionsmoleküls CEACAM1 bei der Lymphgefäßneubildung im experimentellen Modell der kutanen Leishmaniose. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie Universität Hamburg.

Biller I (2009). Identifizierung der Pathogenitätsfaktoren von Entamoeba histolytica (Schaudinn, 1903) mittels vergleichender Transkriptom-Analysen, Proteom-Analysen und Phänotypisierung. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Erdmann, H (2008). Untersuchungen zur Funktion von Siglec-E (sialic acid-binding Ig-like lectin-E) im Verlauf der Trypanosoma cruzi (Chagas,

1909)-Infektion in der Maus (Mus musculus, Linnaeus, 1758). Fakultät für Mathematik, Informatik und Naturwissenschaften. Department Biologie, Universität Hamburg.

Gonzalez-Roldan, N (2008). Structural analyses of the lipopeptide-phosphoglycan (LPPG) of Entamoeba histolytica and its role in the activation of immune responses: recognition by Toll-like receptors and antigenic presentation by CD1d. National School of Biological Sciences, National Polytechnic Institute, Mexico.

Haase, S (2008). Invasion und Modifikation von Erythrozyten durch den Malariaparasiten Plasmodium falciparum (Welch, 1897). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Hartmann, W (2008). Einfluss von Granzym A und B auf die Immunabwehr gegen die Filarie Litomosoides sigmodontis (Chandler, 1931) (Mus musculus; Linnaeus, 1758). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department für Biologie, Universität Hamburg.

Helmkampf M (2009). Molecular phylogenetic analyses of Bryozoa, Brachipoda, and Phoronida. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Herb, F (2008). Genetische Assoziationen von ALOX5-Varianten bei Patienten mit Tuberkulose und Kontrollen in Ghana und funktionelle Bedeutung der strukturellen Veränderung der 5-Lipoxygenase. Pharmazie, Universität Hamburg.

Hermann S (2009). Charakterisierung des anterograden Proteintransportes im Malariaregger Plasmodium falciparum (Welch, 1897). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Horstmann, S (2008). Identifikation des Leberphasen-spezifisch exprimierten Proteins PbLSA4 von Plasmodium berghei (Vincke & Lips, 1948) und Charakterisierung des pbs44-Promotorbereichs. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Knöckel J (2009). Die Vitamin B6-Biosynthese von Plasmodium falciparum. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Kretschmer B (2009). Einfluss von CD83 auf die Funktion muriner B-Lymphozyten (Mus musculus; Linnaeus, 1758). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Kreuels B (2009). Räumliche Variation der Inzidenz von Plasmodium falciparum Malaria und ihr Einfluss auf die Wirksamkeit einer intermittierenden präventiven Behandlung bei Kleinkindern aus einem Gebiet hoher Endemizität. Medizinische Fakultät, Universität Göttingen.

Kühl, R (2008). Isolation und Charakterisierung einer minimalen funktionellen Domäne mit ATP-bindenden Eigenschaften der NTPase/Helikase des Hepatitis C. Fakultät für Medizin, UKE, Universität Hamburg.

Luna, L K d S (2008). Human respiratory and enteric viruses: methods for diagnostic and discovery. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Merz S (2009). Abhängigkeit der Milzgröße von Plasmodien-Parasämie, Sichelzellanämie, HbC-Hämoglobinopathie und glucose-6-Phosphat-Dehydrogenase-Mangel in einem hyperendemischen Malariagebiet Ghanas. Medizin. Universität Magdeburg.

Mönkemeyer, F (2008). Entwicklung und Evaluation eines neuen Testverfahrens zur PCR-gestützten Diagnostik deletionaler α+- Thalassämien. Fakultät für Medizin, Universität Hamburg.

Moosmeier I (2009). Bestimmung der Multiklonalität der asymptomatischen Plasmodium falciparum-Infektion im holoendemischen Süden Nigerias anhand der Merozoitenoberflächenantigene msp1 und msp2. Charité - Universitätsmedizin Berlin. Humboldt-Universität zu Berlin.

Rennenberg A (2009). Charakterisierung eines Cysteinproteaseinhibitors von Plasmodium berghei (Vincke und Lips, 1948). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Schmidt-Christensen, A (2008). Charakterisierung der putativen SERA-Cysteinproteasen-Familie während der Leberphase von Plasmodium berghei (Vincke und Lips, 1948). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Schuldt, K (2008). Humane Endothelrezeptoren für den Malaria-Parasiten Plasmodium falciparum (Laveran, 1880). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Soblik H (2009). Proteomic analysis of parasitic versus free-living generations of Strongyloides ratti. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Chemie. Universität Hamburg.

Sturm, A (2008). Parasit-Wirtszell-Interaktionen während der Malaria-Leberphase. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Tazir, Y (2009). Strongyloides ratti: Identification and characterization of heat shock protein 10 and heat shock protein 60. Aufbaustudiengang Molekularbiologie, Universität Hamburg.

Tillack, M (2008). Identifizierung, Genexpressionsanalyse und funktionelle Charakterisierung von Peptidasen von Entamoeba histolytica (Schaudinn, 1903). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Treack M (2009). Transport und Funktion adhäsiiver Proteine des Malariaregers Plasmodium falciparum (Welch, 1897). Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie. Universität Hamburg.

Tsianakas, A (2008). Expression von CD152 (CTLA-4) auf T-Lymphozyten im Melanom und im Blut nach Hyperthermie. Fakultät für Medizin, UKE, Universität Hamburg.

Yperen, M v (2008). Untersuchung von Hypochlorit-modifizierten Proteinen und deren Rolle bei der Inhibition von HIV. Fakultät für Mathematik, Informatik und Naturwissenschaften, Department Biologie, Universität Hamburg.

Habilitations

Graefe, S (2008). Immunologische und immunogenetische Aspekte zu Suszeptibilität und Resistenz bei der experimentellen Chagas-Erkrankung. Fakultät für Medizin. Universität Hamburg.

Jacobs, T (2008). Untersuchungen zur Regulation und Funktion von T-Zellen bei der Malaria. Fakultät für Medizin. Universität Hamburg.

LECTURES AND SEMINARS OF THE BNI AT THE UNIVERSITY OF HAMBURG

	winter	summer
Faculty of Medicine		
Elective course: Tropical and travel medicine; 12 weeks* <i>Egbert Tännich, Gerd Burchard</i>	X	X
Introduction into tropical medicine / Basic knowledge on tropical medicine; seminar, 1 hour <i>Rolf Horstmann, Christian Timmann, Jürgen May</i>	X	X
Epidemiology and control of tropical diseases; 2 hours <i>Jürgen May, Norbert Schwarz, Christian Meyer, Christian Timmann, Rolf Horstmann</i>	X	X
Introduction into molecular parasitology; 2 hours <i>Egbert Tännich and co-workers</i>	X	X
Biology and diagnostics of human parasites; 2 hours <i>Egbert Tännich and co-workers</i>	X	
Current results of basic research in parasitology; seminar; 2 hours <i>Egbert Tännich and co-workers</i>	X	X
Current problems in virology; seminar, 1 hour <i>Stephan Günther and co-workers</i>	X	X
Current problems in immunology; seminar, 1 hour <i>Bernhard Fleischer and co-workers</i>	X	X
Introduction into immunology for medical students; lecture, 1 hour <i>Bernhard Fleischer, Friedrich Haag, Thorsten Krieger, Friedrich Nolte / Marc Jacobsen, Sebastian Graefe</i>	X	X
Immunological literature; seminar, 1 hour <i>Bernhard Fleischer, Friedrich Haag, Thorsten Krieger, Friedrich Nolte</i>	X	X
Practical course in immunology; 14 days <i>Thomas Jacobs, Minka Breloer, Bernhard Fleischer, Friedrich Nolte, Friedrich Haag</i>	X	X
Mechanism of signal transduction and regulation of gene expression in eukaryotes; seminar <i>Volker Heussler</i>	X	X
Immunological aspects of host-pathogen interactions in infectious diseases; 2 hours <i>Paul Racz, Klara Tenner-Racz</i>	X	X
Cross-disciplinary subject immunology / infectious diseases; 2 hours <i>Bernhard Fleischer and co-workers</i>	X	X

Faculty of Biology	winter	summer
Molecular parasitology; lecture, 2 hours <i>Iris Bruchhaus, Volker Heussler, Tim-Wolf Gilberger, Hannelore Lotter</i>		X
Molecular parasitology; practical course 6 hours <i>Iris Bruchhaus, Volker Heussler, Tim-Wolf Gilberger, Hannelore Lotter</i>		X
Molecular biology and protein chemistry of the human malaria parasite <i>Plasmodium falciparum</i> ; practical course., 6 hours <i>Carsten Wrenger, Ingrid B. Müller, Rolf D. Walter</i>		X
Vitamin B6 biosynthesis in <i>Plasmodium falciparum</i> : Molecular biological analysis of the enzyme complexes; practical course, 6 hours <i>Carsten Wrenger, Ingrid B. Müller, Rolf D. Walter</i>	X	
Virological course for biochemists; practical course, 2 weeks <i>Stephan Günther and co-workers</i>	X	
Tropical viruses: clinic, diagnostics, pathogenesis and molecular biology; lecture, 2 hours <i>Stephan Günther and co-workers</i>	X	
Cellular and molecular immunology; lecture, 2 hours <i>Bernhard Fleischer and co-workers</i>		X
Current problems in immunology; seminar, 1 hour <i>Bernhard Fleischer and co-workers</i>		X
Immunological literature seminar; 1 hour <i>Bernhard Fleischer and co-workers</i>		X

Faculty of Chemistry	winter	summer
Five-day training for virus biochemists <i>Stephan Günther and co-workers</i>		X
Tropical viruses: clinic, diagnostics, pathogenesis and molecular biology; lecture, 2 hours <i>Stephan Günther and co-workers</i>		X
Biochemical analysis; lecture, 2 hours <i>Joachim Clos and other professors of biochemistry</i>		X

* Elective course Tropical and Travel

Medicine for medical students at the University of Hamburg

Tutors

Prof. Dr. Gerd-Dieter Burchard

(*clinical tropical medicine*)

Prof. Dr. Egbert Tannich

(*theoretical tropical medicine*)

Elective Course Tropical and Travel Medicine

This course provides students who show a special interest in tropical and travel medicine the opportunity to focus their course work. Therefore, this option has been offered for several years in cooperation with the University Medical Center for a maximum of six selected medical students. The subject of tropical and travel medicine is particularly suited for an interdisciplinary lesson because:

– it is not related to one organ; tropical diseases generally affect many organ systems,

– tropical medicine is a typical cross-disciplinary subject, which includes not only internal medicine training but also theoretical, diagnostic, surgical and microbiological aspects.

– it addresses not only aspects of curative medicine but also of public health.

The course runs over 12 weeks and takes place twice a year starting in October and January. Registration on the website of the medical faculty:

www.uke.uni-hamburg.de/studierende.

SEMINARS

Prof. Dr. Thomas Pomorski

Institut für Biologie/Biophysik, Humboldt-Universität, Berlin
"Lipid transport and drug resistance in Leishmania" (14.01.2008)

Dr. Sergey Nejentsev, MD, PhD

Cambridge Institute of Medical Research, University of Cambridge
"Genetics of type 1 diabetes" (15.01.2008)

Dr. Norbert Schwarz

Institut de Veille Sanitaire, Paris
"Placental malaria is associated with a higher malaria risk in the first 30 months of life" (18.01.2008)

Dr. Sven Mostböck

Universität Regensburg, Dep. of Immunology
"Costimulation leads to reduced memory CD8 T cell functionality" (12.02.2008)

Dr. Marek Cyrklaff

Max-Planck-Institut für Biochemie, Martinsried
"Cryo-electron tomography of whole cell: the pathogens in 3D" (19.02.2008)

Dr. Michael Walther

MRC Laboratories, Atlantic Boulevard, Fajara, The Gambia
"What causes Severe Malaria? – on the potential role of T-regulatory cells and parasite invasion phenotypes" (25.02.2008)

Dr. Friedrich Frischknecht

Universität Heidelberg, Abt. Parasitologie
"Imaging movement of malaria parasites" (03.03.2008)

Dr. Harald Ittrich

Molecular Imaging Center (MIC) & Diagnostikzentrum Universitätsklinikum Hamburg-Eppendorf
„Möglichkeiten der nichtinvasiven Kleintierbildgebung mittels MRT" (08.04.2008)

Prof. John Hyde

University of Manchester, UK
"Folate biosynthesis in malaria-parasites – rewriting the textbooks" (15.04.2008)

Prof. Peter Preiser

Nanyang Technological University, Singapore
"New insights into red blood cell invasion by malaria merozoites" (17.04.2008)

Major Jonathan Opai-Tetteh

Z.Zt. Führungsakademie der Bundeswehr, Hamburg
„Ghana: Geschichte, kultureller und sozioökonomischer Hintergrund sowie deutsch-ghanaische Beziehungen" (08.05.2008)

Prof. Adrian V.S. Hill

The Jenner Institute, Oxford, UK
"Tropical infectious diseases: some genes and some vaccines" (26.05.2008)

Dr. Cordula Stover

University of Leicester
Dep. of Infection, Immunity and Inflammation
"Properdin: New discovery on role of vital protein that fights meningitis" (27.05.2008)

Dr. Kerrin Small

Wellcome Trust Centre for Human Genetics, University of Oxford, UK
"Genome-wide association study of severe malaria" (29.05.2008)

Prof. Osamu Kaneko

Institute of Tropical Medicine, Nagasaki University, JAPAN
"The hidden weapons of the malaria parasite: Rhoptries and their protein complexes" (09.06.2008)

Prof. Brendan Crabb

Burnet Institute, Melbourne
"Early events mediating invasion into erythrocytes by the malaria parasite" (17.06.2008)

PD Dr. Susanne Hartmann

Humboldt Universität Berlin, Molecular Parasitology
"Immunomodulation by parasitic nematodes: novel strategies to interfere with allergic inflammation" (24.06.2008)

PD Dr. Ralf Ignatius

Charité Berlin
"Exploiting dendritic cell biology to define new adjuvants for the development of HIV-vaccines" (01.07.2008)

Dr. Nicole Fischer

Institut für Med. Mikrobiologie, Virologie und Hygiene, UKE
"Virus Detection and Discovery using DNA Microarrays" (07.07.2008)

Prof. Dr. Gisa Tiegs

Institut für Experimentelle Immunologie und Hepatologie, UKE
"Immune-mediated liver injury: Pathophysiology and Tolerance Induction" (08.07.2008)

Prof. John D. Fraser

School of Medical Sciences, Maurice Wilkins Centre for Molecular Biodiscovery, University of Auckland
"Understanding staphylococcal virulence" (10.07.2008)

Dr. Fabian Leendertz

Robert Koch-Institut
„Erreger, die aus dem Urwald kommen" (22.07.2008)

Dr. John Bosco Rwakimari

Uganda National Malaria Control Programme, Ministry of Health
"DDT use to fight malaria and its effects on agriculture" (30.09.2008)

Joanne Heng

University of Melbourne
"Investigations into hexosamine-dependent virulence factors in Leishmania" (02.10.2008)

Prof. Dr. Christian Maercker

University of Applied Sciences Mannheim
"Monitoring of cell adhesion by electric cell-substrate impedance sensing (ECIS)" (15.10.2008)

Prof. Dr. Tim Sparwasser

TwincoreMHH/HZI
"Novel approaches for vaccine design: Bypassing Treg activity enhances T cell-mediated immunity" (28.10.2008)

Dr. Kathleen E. Rankin

Dept. of Physiology and Biophysics, University of Washington, Seattle, USA
"Microtubule stability and the cell cortex: The role of MCAK in microtubule-cortex interactions" (20.11.2008)

Dr. Samuel Blay Nguah

Komfo Anokye Teaching Hospital, Dept. of Child Health, Kumasi, Ghana
"Acid-base status and serum electrolytes in children with severe malaria at KATH" (04.12.2008)

Gerald Spaeth

Department of Parasitology, Pasteur Institute, Paris
"From Sensing to Virulence: Deconstructing Leishmania signalling during the infectious cycle using phosphor-proteomic approaches" (09.12.2008)

Dr. Marcel Deponte

Ludwig-Maximilian-Universität, München
"New lessons on glutathione-dependent catalysis and evolution of the mitochondrial protein transport machinery" (13.01.2009)

Prof. Dr. Henning Ulrich

University of Sao Paulo
"Invasion ligands and inhibitors for the study of the mechanism of cell infection by *Trypanosoma cruzi*" (03.03.2009)

Dr. Clarissa Da Costa

Institute for Medical Microbiology, Immunology and Hygiene, Technical University of Munich
"Linking innate and adaptive immune responses during schistosomiasis: Treg, TLR2 and the role of commensal bacteria" (10.03.2009)

Dr. Sven B. Gould

University of Melbourne, School of Botany, Australia
"Learning from one another: The cytoskeleton of Alveolates" (28.04.2009)

Dr. Monica Hagedorn

Dép. de Biochimie, Faculté des Sciences, Université de Genève, Suisse
"Dictyostelium, a new model to study mycobacteria virulence and host defense mechanisms" (08.05.2009)

Prof. Vivek Malhotra

Center for Genomic Regulation " Barcelona
"Pathways of conventional and unconventional protein secretion" (12.05.2009)

Dr. Adam Grundhoff

Heinrich-Pette-Institut, Hamburg
"Virus-encoded microRNAs" (02.06.2009)

Prof. Dr. Klaus Lingelbach

Philipps-Universität, FB Biologie, Marburg
"Protein trafficking in *Plasmodium falciparum*-infected red blood cells and downstream effects" (09.06.2009)

Dr. Steffen Borrmann

Heidelberg University School of Medicine, Institute of Hygiene Kenya Medical Research Programme/Wellcome Trust, Kilifi, Kenya
"Evolution of drug-resistant *Plasmodium falciparum* in Kilifi, Kenya" (23.06.2009)

Michael Reese, Ph.D.

Stanford University, USA
"Virulence without catalysis: Probing the role of Toxoplasma secreted pseudokinases in pathogenesis" (24.06.2009)

Prof. D. Soldati-Favre

University of Geneva, Switzerland
"The glido some: an engine powering motility and host cell invasion by the Apicomplexa" (30.06.2009)

Prof. Francesco Ria

Institute of General Pathology, Catholic University, Rome, Italy
"How host and pathogen determine the outcome of immune responses at the individual T cell level." (07.07.2009)

Dr. Andreas Hutloff

Robert-Koch-Institut und Deutsches Rheuma-Forschungszentrum, Berlin
"The Role of ICOS in T/B-Cell-Cooperation in vivo" (31.08.2009)

Prof. Brian K. Coombes

McMaster University, Canada
"Regulatory evolution in an intracellular bacteria and its implications for pathoadaptation" (07.09.2009)

Prof. Antonio Cassone, MD

Research Director and Chief, Dep. of Infectious, Parasitic and Immuno-mediated Diseases,



04.02. – 15.02.08 "Medicine in the Tropics"



01.04. – 27.06.08 Diploma course "Tropical Medicine"



24.04.08 Girls' Day



Prof. S. Dhar



Dr. K. Rankin



22.05.08 Annual sports festival "BNI open"



06.10.08 Symposium organized by the Armed Forces

CHRONICLE

01.01.08

The Institute becomes a Foundation under Public Law and thereby is granted greater autonomy and freedom to operate. The supervisory function of the Board of Trustees and in-depth examinations of the annual budget allocations safeguard a continuing careful and close guidance by the public stakeholders.

04.02.08 – 15.02.08

Training of 22 medical support staff in the course "Medicine in the Tropics".

01.04.08 – 27.06.08

Diploma course "Tropical Medicine"- designed for physicians but including a number of veterinarians, pharmacists and natural scientists – hosts 42 students.

24.04.08

Girls' Day: Guided by scientific staff godmothers and godfathers, about 50 school children of Hamburg gain some insight into the work of the Institute. Virologist Petra Emmerich gives a seminar on dangerous viruses.

08.05.08

The Board of Directors welcomes Ms Maria Becker, the administrator in the Federal Ministry of Health responsible for the Institute.

22.05.08

The annual sports festival "BNI open" brings together 50 institute members, 23 students of the Diploma Course and 7 members of the Department of Tropical Medicine of the Federal Armed Forces – the favorite is beach volleyball with a tournament of 9 teams cheered by 43 fans.

28.05.08

Humboldt Fellow Prof. Suman Dhar from New Delhi spends a three-month's sabbatical in the Institute, studying in Tim Gilberger's group the cell biology of malaria parasites.

11.07.08

Participating in a consortial grant application to the National Genome Research Network NGFNplus "Systematic Genomics of Chronic Inflammatory Barrier Diseases – A Network on Environmental Disorders" (coordinator S. Schreiber, Kiel), Christian Meyer and Rolf Horstmann are awarded 450,000 € from the Federal Ministry of Education and Research (BMBF) for genetic studies on tuberculosis.

06.10.08

A symposium organized by the Armed Forces for active and former general physicians, admiral doctors, pharmacists and general stage manager of veterinary medicine takes place in the Institute.

07.11.08

Visit of a delegation from Shanghai, China, led by Vice Mayor and scientist Shen Xiaoming.

21.11.08

Meeting of the Institute's Board of Trustees.

08.12.08 – 12.12.08

Together with scientists of the Robert Koch Institute, Jonas Schmidt-Chanasit represents Germany at an international workshop on viral haemorrhagic fevers in Winnipeg, Canada. The challenge is to reliably diagnose viruses of the Biosafety Levels 3 and 4 categories. It was reported that the German delegation performed best.

12/2008

For a "European Virus Archive" Stephan Günther raises 670,000 € from the European Commission.

28.01.09

Ernst Rietschel, president of the Leibniz Association, visits the Institute.

02.02.09 – 20.02.09

The course "Medicine in the Tropics" for medical support staff is extended to three weeks", 20 students are recorded.

01.04.09 – 26.06.09

The Diploma Course "Tropical Medicine" hosts 40 participants.

22.04.09

Prof. Bernard Lafont, Inspector General of the Medical Services of the French Army, visits the institute, accompanied by his German colleague, Lieutenant General, Medical Corps, Dr. Kurt-Bernhard Nakath.

23.04.09

"Girls' Day" and "For Boys": Boys for the first time are invited to the institute, 53 girls and boys attend. Molecular parasitologist Iris Bruchhaus gives a seminar on parasites.

01.05.09

Dr. Kathleen Rankin from the USA joins Volker Heussler's group with a Humboldt fellowship studying host cell factors in the development of malaria parasites in the liver.

09.05.09 – 13.05.09

Rolf Horstmann is part of a delegation of the Leibniz Association travelling to Taiwan.

14.05.09

"BNI open" 2009. A total of 90 athletes from the Institute, the Bundeswehr Department for Tropical Medicine and the Diploma Course take part in the Institute's sports festival. New attendance record of 51 fans.

07.11.08 Visit from Shanghai



21.11.08 Meeting of the Board of Trustees



28.01.09 Prof. Rietschel visits the Institute



02.02. bis 20.02.09 "Medicine in the Tropics"



01.04. bis 26.06.09 Diploma Course "Tropical Medicine"



22.04.09 French and German Army Chief Physicians





09.05. bis 13.05.09 Leibniz-Delegation travels to Taiwan



14.05.09 "BNI open" 2009



06/09 – 12/09 Public lecture series of "Year of Science"



09.07.09 Capstone laid



13.07.09 Inauguration with Federal Minister of Health Ursula Schmidt and Hamburg's First Mayor Ole von Beust



■ 02.06.09

Dr. Stephan Ehrhardt will conduct the first multicenter controlled clinical trial organized by a member of the Institute. He is granted funding of over 1,100,000 € by BMBF to study the effectiveness of the commonly used yeast preparation Perenterol® - "Probiotic *Saccharomyces boulardii* for the prevention and treatment of antibiotic-associated diarrhoea - a randomised, double blind, placebo controlled trial". It is the largest clinical study funded by the BMBF thus far.

■ 06/09 – 12/09

In the "Year of Science" 2009 the Institute contributes a public lecture series to the "Research Expedition Germany".

■ 03.07.09

50 members of the German Journalists' Association and the association "Free and Young Journalists" visit the Institute.

■ 09.07.09

Capstone laid in the extension building.

■ 13.07.09

Inauguration of the extension building celebrated by the Federal Minister of Health Ulla Schmidt, Hamburg's First Mayor Ole von Beust and many other honourable guests.

■ 14.09.09

Kick-off event of the "Leibniz week of biodiversity" in the Institute - one of the most important contributions to the "Year of Science".

■ 25.09.09

Members of the deputation of the Hamburg Ministry of Health and the Hamburg Ministry of Science and Research visit the Institute.

■ 01.10.09

Humboldt Fellow Dr. Nadia Ben Nour from Monastir, Tunisia, starts a research project in the Immunology Department. Her focus is the heat shock protein HSP60 of the nematode *Strongyloides ratti* and its influence on the host's immune system.

■ 09.10.09

Visit of a group "Hospital Management Asia" of the InWent agency for international capacity building and development.

■ 07.11.09

"3rd Science Night of Knowledge" in Hamburg: More than 2,000 visitors are offered a varied programme by 90 helpers and speakers of the Institute.

■ 10.11.09

Evaluation by the Leibniz Association, 19 reviewers pay a two days' site visit to the Institute.

■ 17.11.09

Jointly with colleagues of the European ScreeningPort, Carsten Wrenger receives a grant of 400,000 € from the Hamburg Ministry of Science and Research for "Drug development for the prevention and treatment of malaria".

■ 27.11.09

At the annual meeting of the Leibniz Association Angelika Sturm receives the Leibniz Newcomer Award endowed with 3,000 € in the category of natural and technical sciences. In her doctoral thesis she describes a previously unknown developmental stage of malaria parasites.

■ 04.12.09 – 05.12.09

The 7th Malaria Meeting of the Paul Ehrlich Society and the German Society for Tropical Medicine and International Health is held in the historic lecture hall of the Institute. Jürgen May organizes the scientific programme on malaria, malaria parasites and their vector mosquitoes.

■ 25.12.09

As part of a collaborative research initiative "Inflammation of the Liver: Infection, Immune Regulation, and Consequences" (SFB 841, coordinator A. Lohse, UKE) three projects with a total funding of 1,100,160 € are granted to Volker Heussler, Thomas Jacobs and Egbert Tannich.

■ 18. 12.09

Dr. Birte Kretschmer is awarded the "Heinrich Pette Doctoral Thesis Prize for Neurology and Immunology 2009". In her award-winning doctoral thesis, she showed the influence the CD83 protein on the activity and in particular the influence on the production of antibodies by B lymphocytes.

Dr. N. Ben Nour



09.10.09 Visit from Asia



07.11.09 3rd Science Night of Knowledge



PD Dr. S. Erhardt



10.11.09 Evaluation by the Leibniz Association



Awards for Dr. A. Sturm and Dr. B. Kretschmer



Imprint

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