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Citation-引|文(註)

Introduction

According to traditional Chinese medicine, the pericardial meridian is associated with the pain or fullness in the chest, palpitations, depression, restlessness, manic or depressive disorders, nausea or vomiting, hiccups, gastric pain, and distension in the upper abdomen (Bai and Baron, 2001). Since the parasympathetic modulation of both heart and gut is largely mediated by the vagus nerve, and since vagal stimulation of the gut can result in increased peristalsis while the vagal stimulation of the heart can result in decreased heart rate (Guyton and Hall, 1996), it is speculated that to some extent the pericardium meridian might be associated with the autonomic nervous modulation of the subject.

Acupuncture or acupressure at the Neiguan (P6) point, the most frequently used acupoint in the pericardium meridian, has been shown to lessen nausea and vomiting (Dundee *et al.*, 1987, 1988, 1989a and b; Ho *et al.*, 1989; De Aloysio and Penacchioni, 1992; Belluomini *et al.*, 1994; Fan *et al.*, 1997; Harmon *et al.*, 2000). Because nausea and vomiting are also related to autonomic nervous activity (Morrow *et al.*, 1992; Morrow *et al.*, 1999), we speculated that the autonomic nervous activity might be changed when acupuncture at the P6 point was performed.

Heart rate variability analysis is a useful non-invasive method for the assessment of autonomic nervous modulation of heart rate. Some diseases are associated with depressed vagal modulation, and the restoration of vagal modulation is associated with the improvement

Bibliography-參考書目(文獻)

Acknowledgments

This work was supported by the project CCMP89-RD-011 of the Committee on Chinese Medicine and Pharmacy, Department of Health, and the project NSC89-2320-B-075-036 of the National Science Council, Taiwan.

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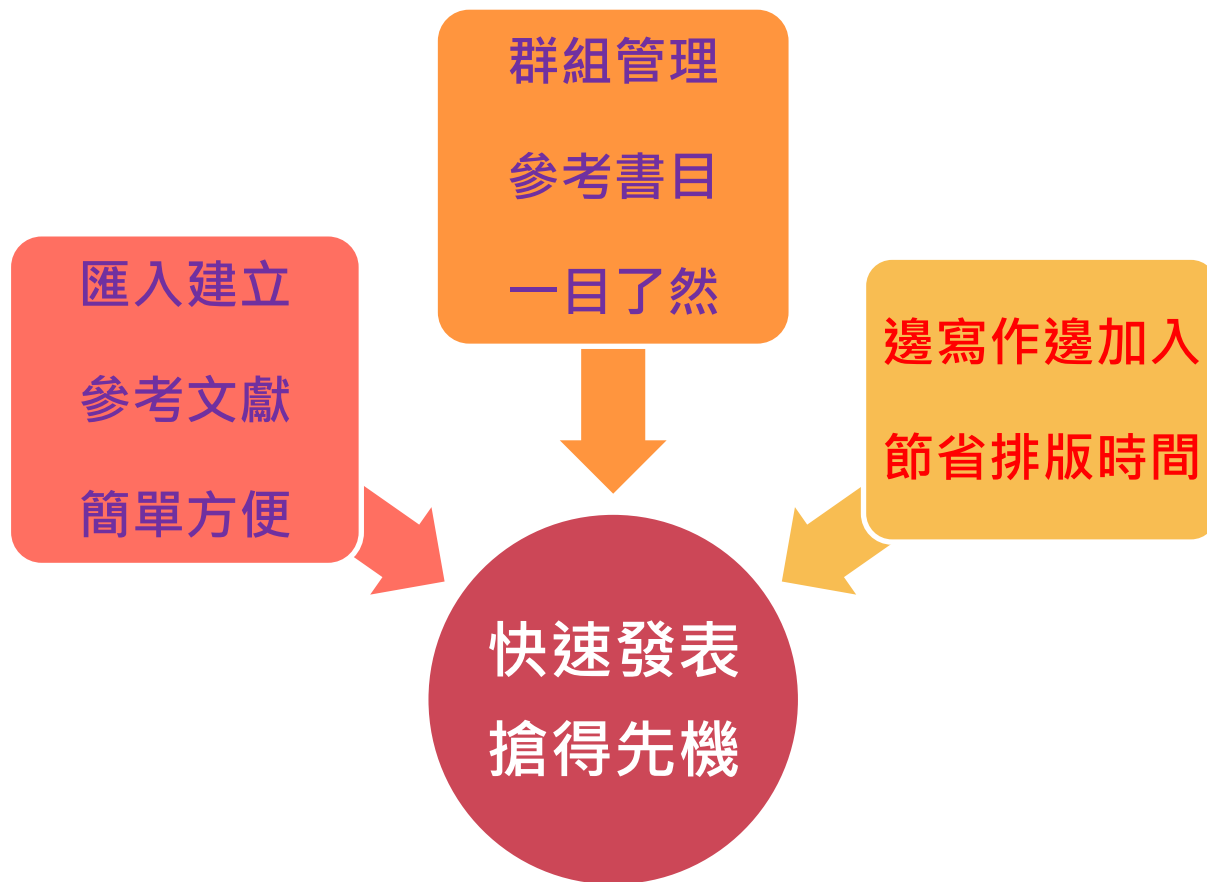
Chiu, J.-H., W.-Y. Lui, Y.-L. Chen and C.-Y. Hong. Local somatothermal stimulation inhibits the motility of sphincter of Oddi in cats, rabbits and humans through nitrenergic neural release of nitric oxide. *Life Sci.* 63: 413–428, 1998.

De Aloysio, D. and P. Penacchioni. Morning sickness control in early pregnancy by Neiguan point acupressure. *Obstet. Gynecol.* 80: 852–854, 1992.

Dundee, J.W., R.G. Ghaly, K.M. Bill, W.N. Chestnutt, K.T.J. Fitzpatrick and A.G.A. Lynas. Effect of stimulation of the P6 antiemetic point on postoperative nausea and vomiting. *Br. J. Anaesth.* 63: 612–618, 1989a.

Dundee, J.W., R.G. Ghaly, K.T.J. Fitzpatrick, W.P. Abram and G.A. Lynch. Acupuncture prophylaxis of cancer chemotherapy-induced sickness. *J. R. Soc. Med.* 82: 268–271, 1989b.

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- 匯入書目文獻
- 群組分類管理
- 寫作功能搭配
- 資料備份與分享

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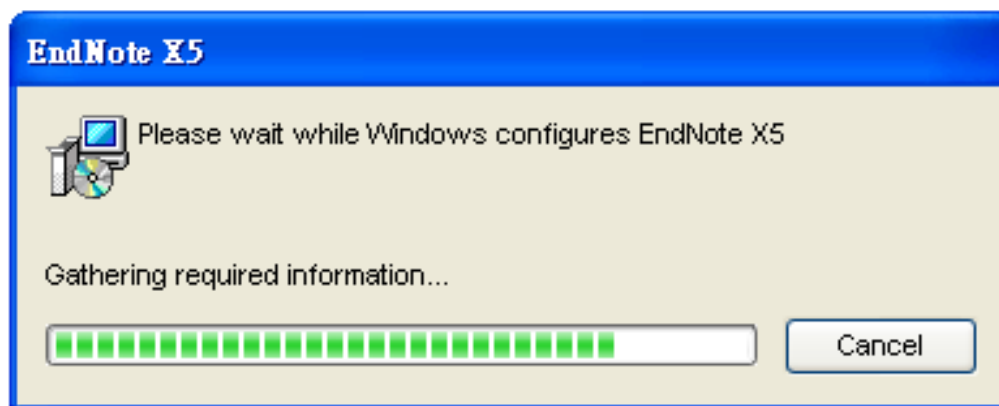
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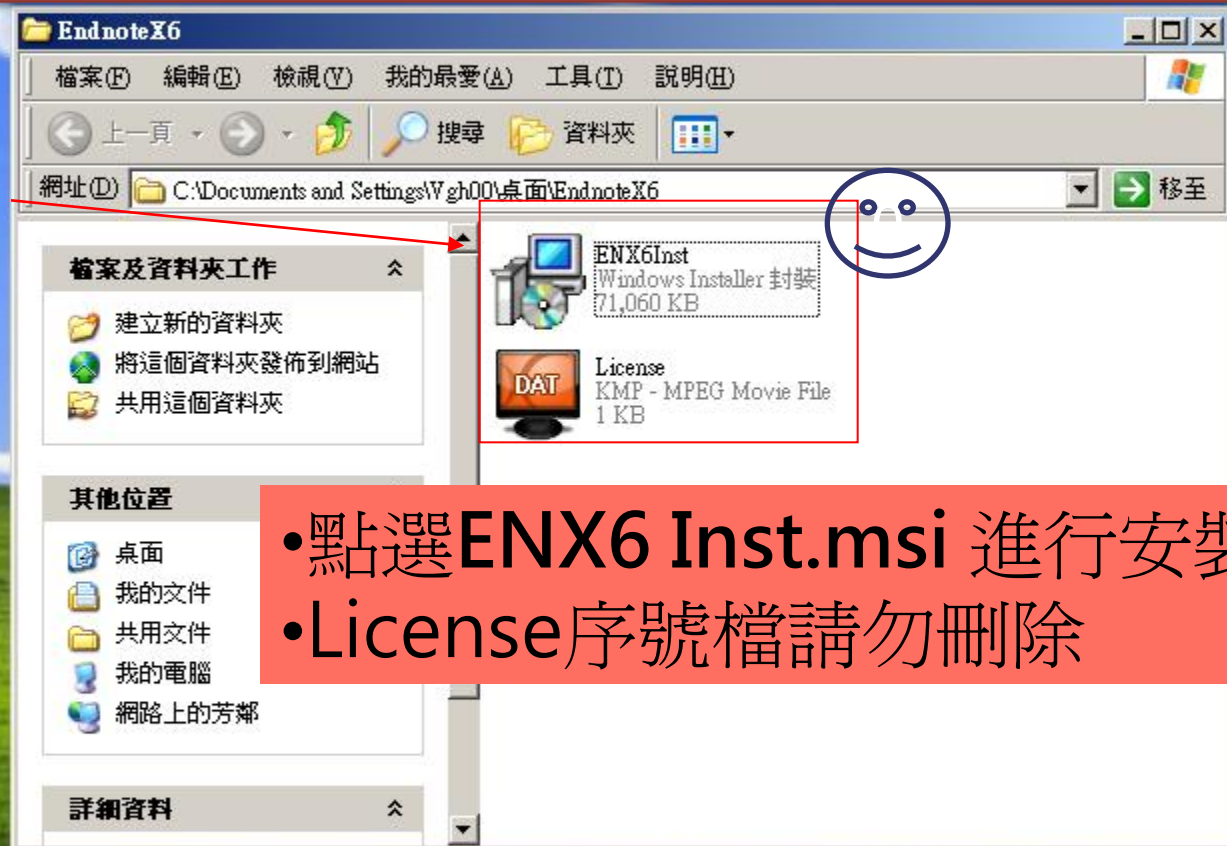


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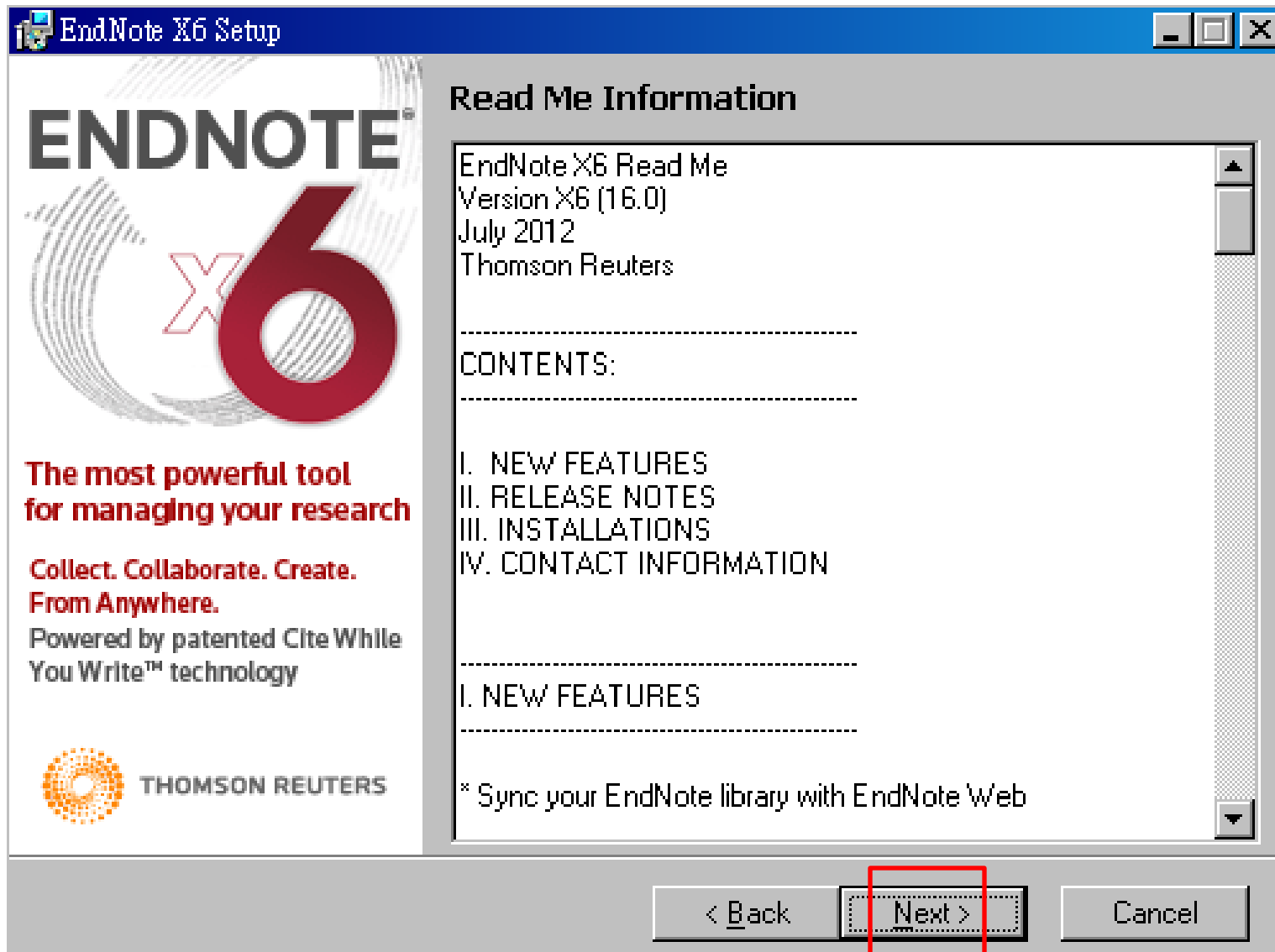
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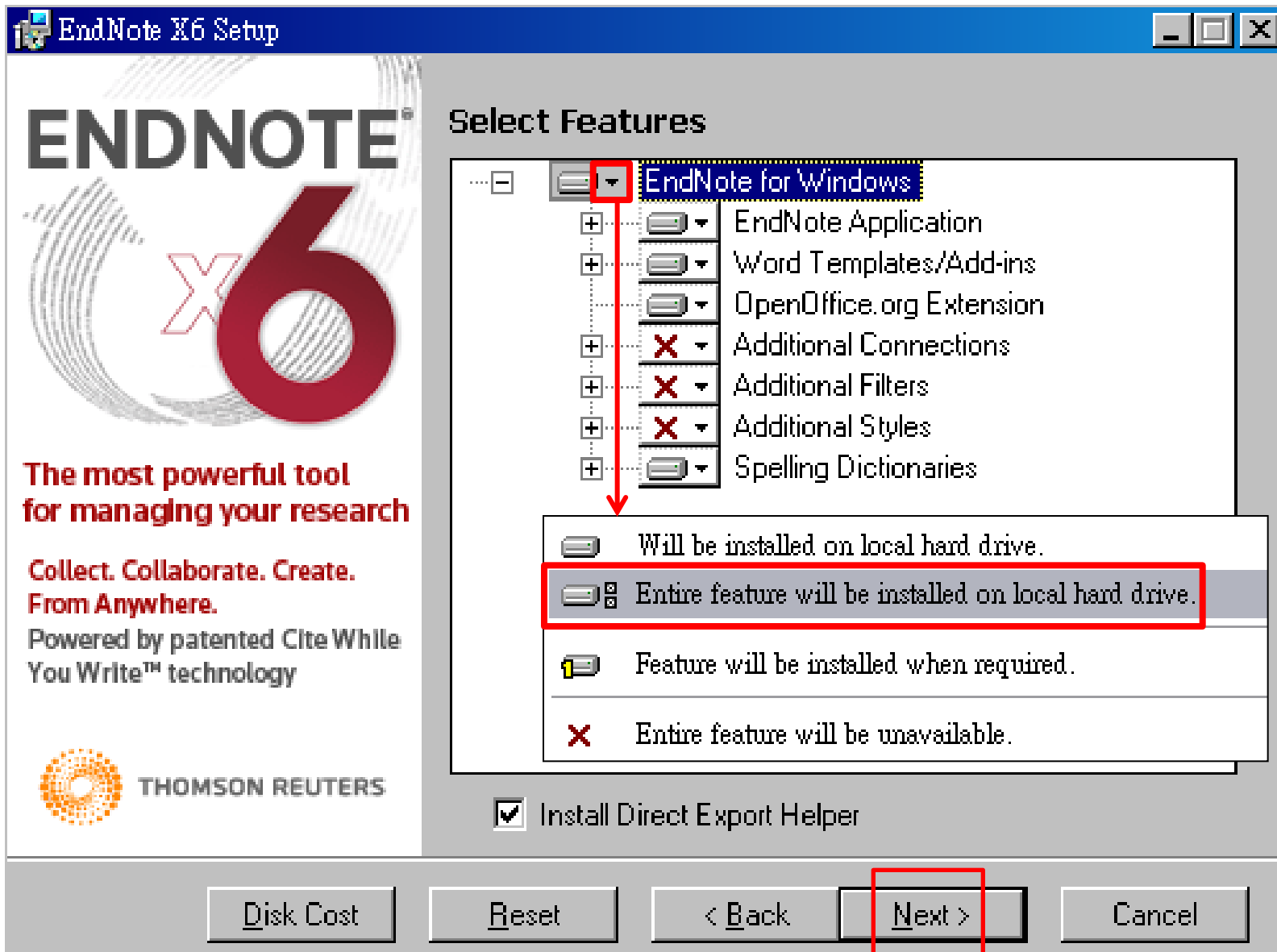
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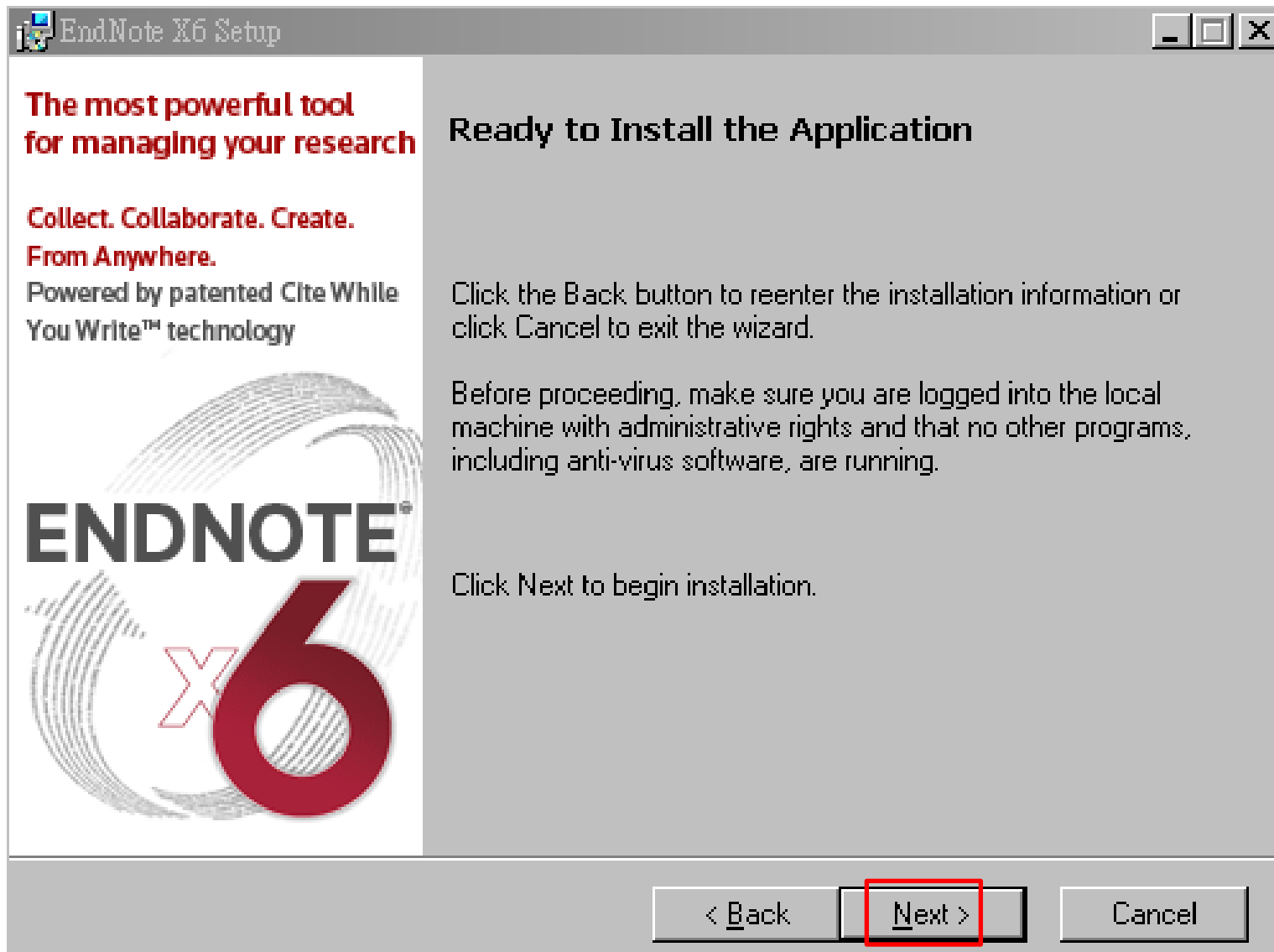
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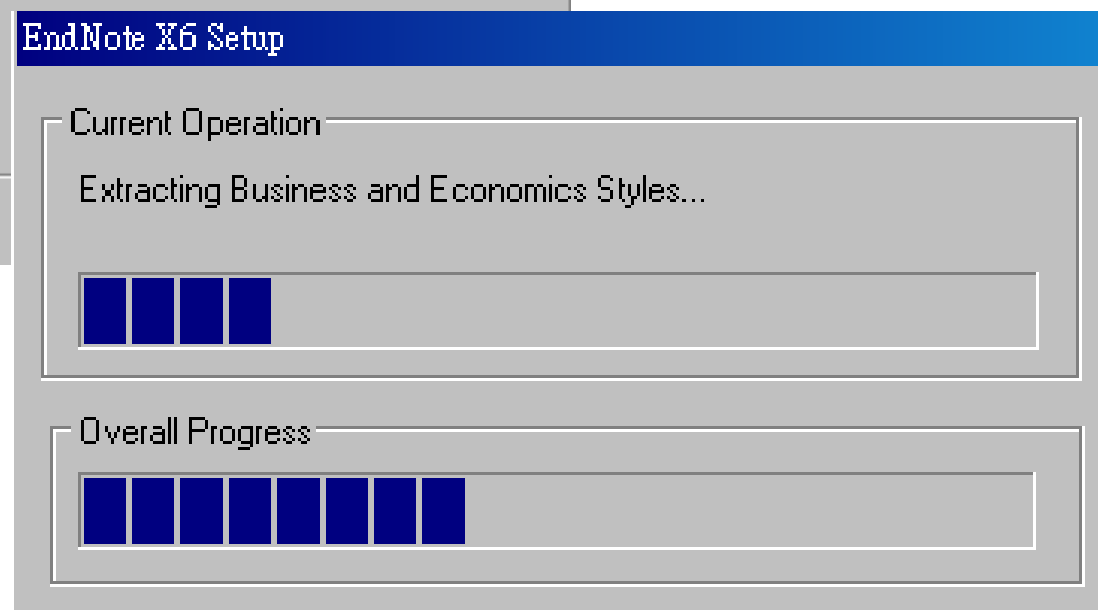
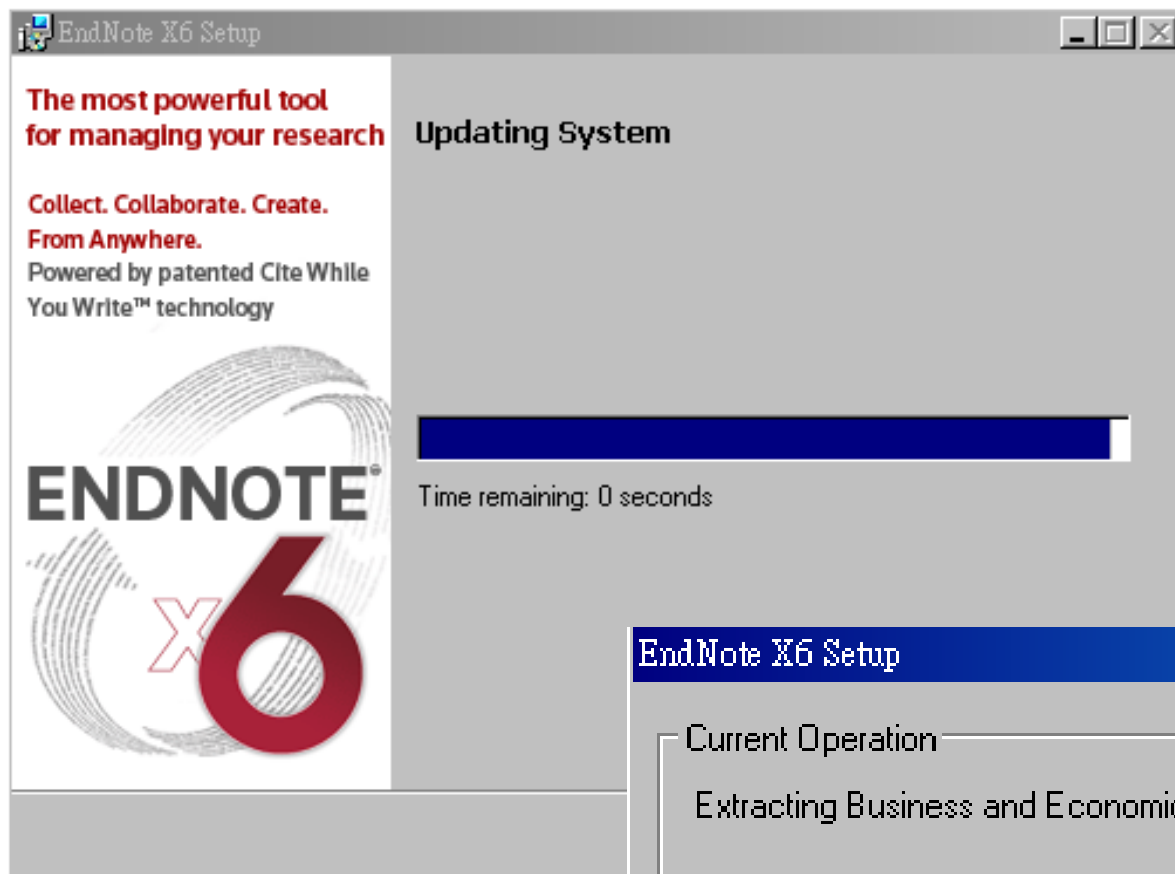
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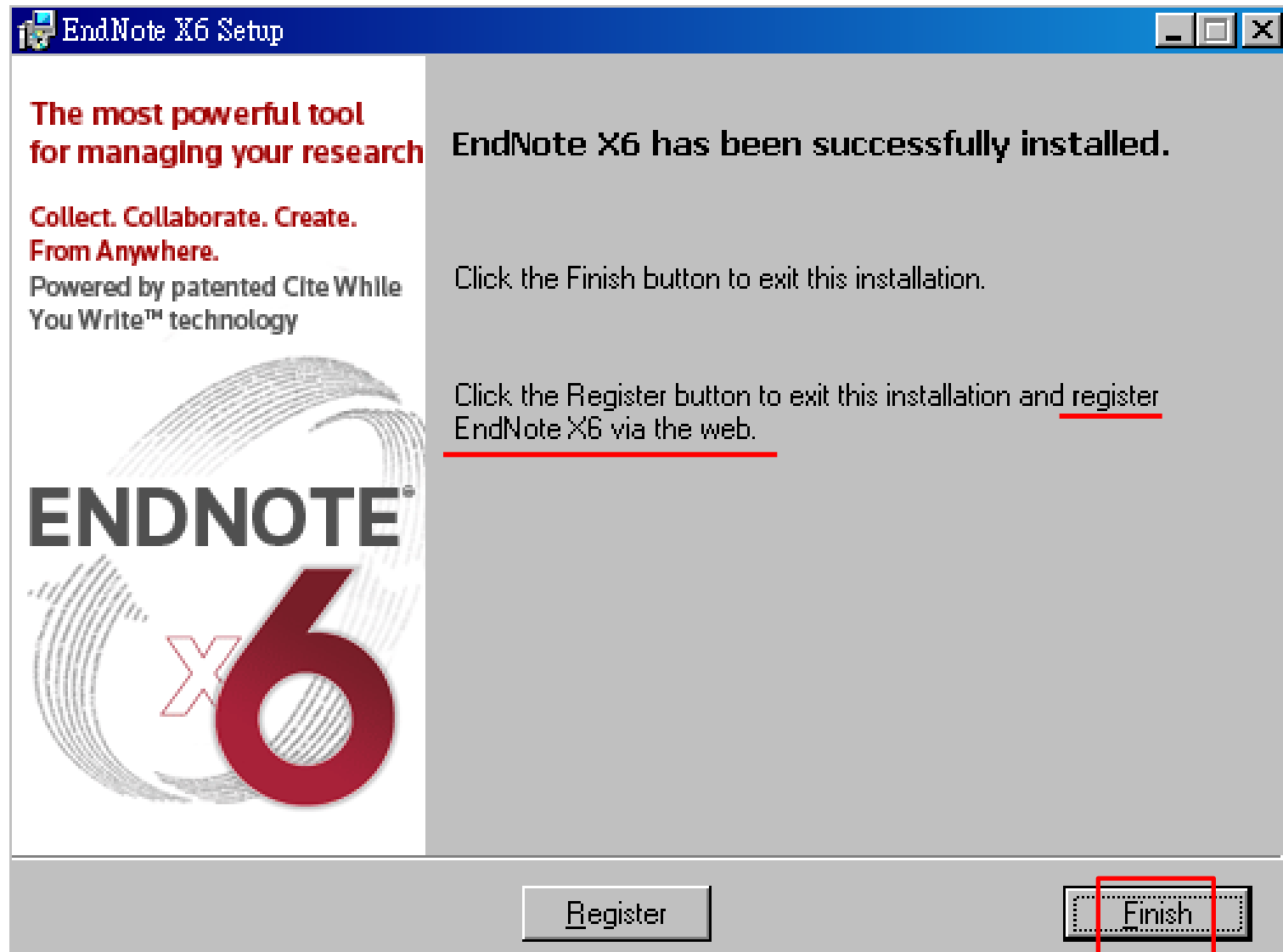
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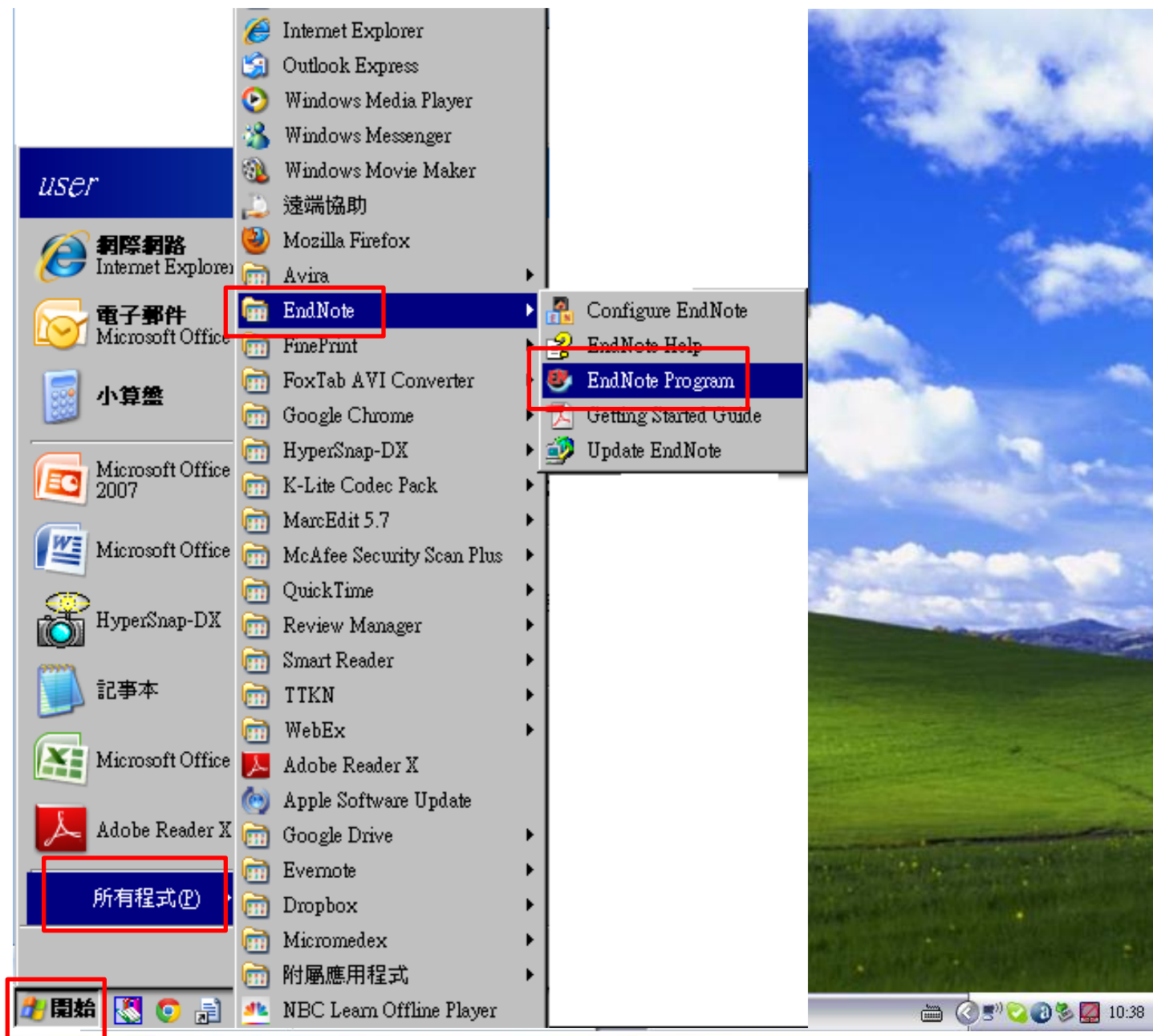
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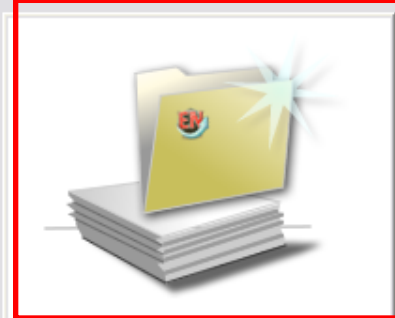
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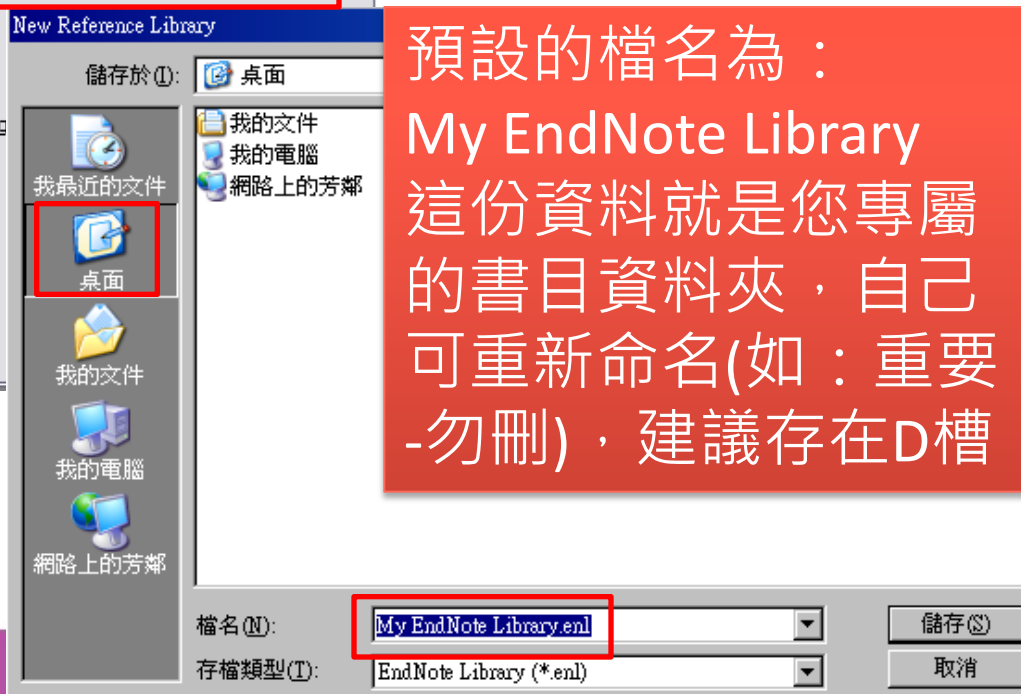
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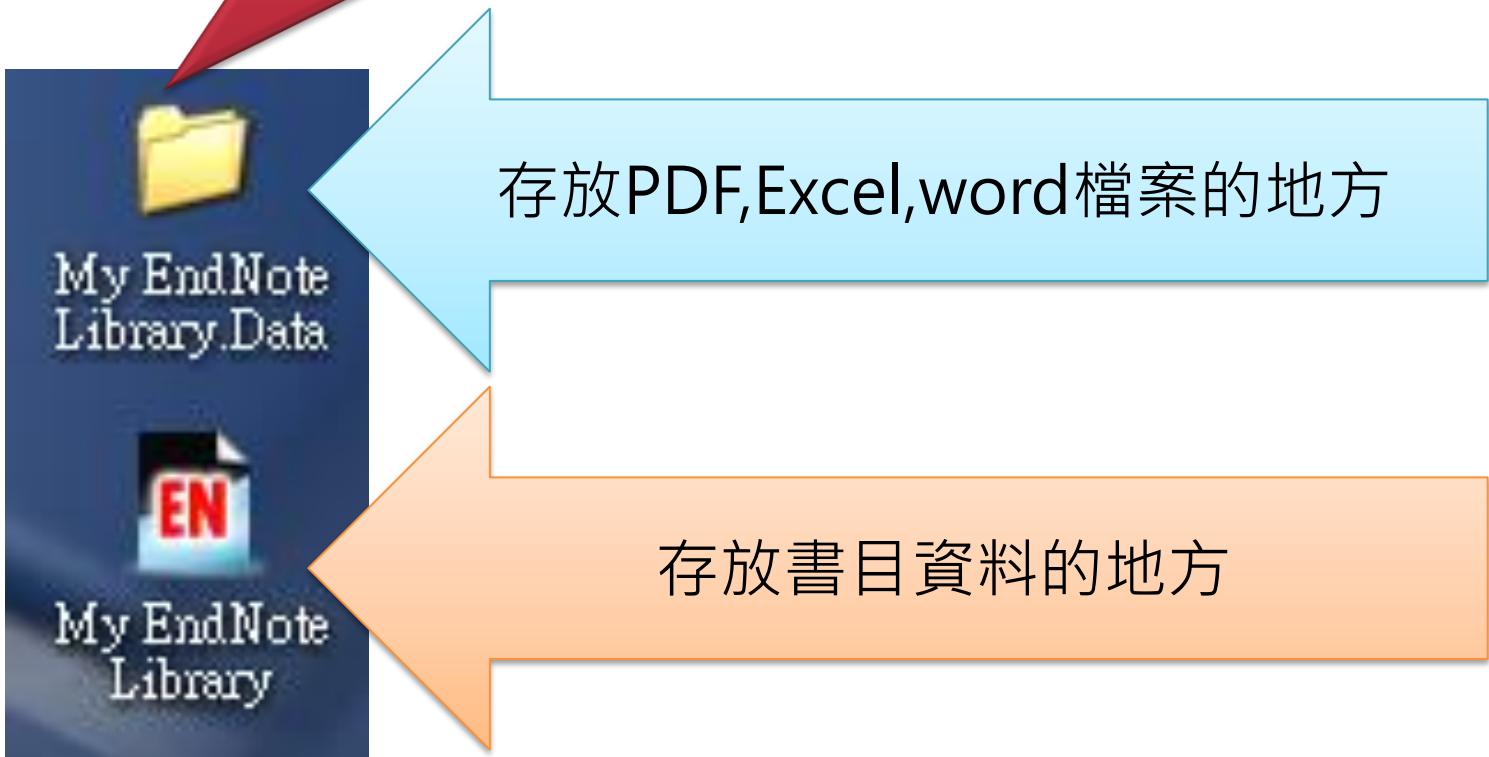
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Author	Year	Title
Dao, T. T.; Nguye...	2012	Curcuminoids from Curcuma longa and their i...
Guan, J.; Chan, ...	2012	Comparing Escherichia coli O157:H7 Phage an...
Huy, C.; Kuhn, D.;	2012	Seasonal waves of influenza and cause-specifi...

3

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Dao, T. T., Nguyen, P. H., Won, H. K., Kim, E. H., Park, J., Won, B. Y., & Oh, W. K. (2012). Curcuminoids from Curcuma longa and their inhibitory activities on influenza A neuraminidases. *Food Chemistry*, 134(1), 21-28. doi: 10.1016/j.foodchem.2012.02.015

4

Groups Panel

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5

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Author	Year	Title	Rating	Journal	Ref Type
Aljadhey, H.; Aly...	2012	The Safety of H1N1 Vaccine in Children in Saud...		Drug Saf	Journal Article
Andrisani, G.; Fr...	2012	Immune response to influenza A/H1N1 vaccin...		J Crohns Colitis	Journal Article
Boyd, C. A.; Gaz...	2012	Knowledge, Attitudes, and Behaviors of Low-I...		Matern Child H...	Journal Article
Candela, S.; Perg...	2012	An early (3-6 weeks) active surveillance stud...		Vaccine	Journal Article
Lagler, H.; Grab...	2012	Immunogenicity and Tolerability after Two Do...		PLoS One	Journal Article
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Lagler, H., Grabmeier-Pfistershammer, K., Touzeau-Romer, V., Tobudic, S., Ramharther, M., Wenisch, J., . . . Burgmann, H. (2012). Immunogenicity and Tolerability after Two Doses of Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals. *PLoS One*, 7(5), e36773. doi: 10.1371/journal.pone.0036773

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Immunogenicity and Tolerability after Two Doses of Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals

Helmo Lagler¹, Katharina Grabmeier-Pfistershammer², Veronique Touzeau-Römer³, Selma Tobudic¹, Michael Ramharther^{1,2}, Judith Wenisch¹, Guido Andrés Gaudoni¹, Monika Redlberger-Fritz⁴, Theresia Popow-Kraupp¹, Armin Rieger¹, Heinz Burgmann^{1,2}

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Abstract

Background: During the influenza pandemic of 2009/10, the whole-virion, virus-cell-derived, influenza A (H1N1) vaccine Celvapan® (Baxter) was used in Austria. Celvapan® is an adjuvant-free vaccine at that time in Europe. The objective of this observational, non-interventional, prospective study was to evaluate the immunogenicity and tolerability of two intramuscular doses of this novel vaccine in

Methods and Findings: A standard hemagglutination-inhibition (HAI) assay was used for evaluation of the immunogenicity against the pandemic H1N1 strain. In addition, H1N1-specific IgG antibodies were measured by enzyme-linked immunosorbent assay (ELISA). Tolerability of vaccination was evaluated after the second dose. A total of 79 HIV-infected adults with an indication for H1N1 vaccination were included in the study. 35 of the 79 participants had an HAI titre >1:40 and two patients showed a positive IgG-ELISA. The 31% after the first vaccination, increasing to 41% after the second; the corresponding seroprotection rates were 83% and 93%, respectively. ELISA IgG levels were positive in 25% after the first vaccination and in 37% after the second. Young age was clearly associated with higher seroconversion rates, whereas none of the seven patients >60 years of age <1:40 or seroconverted after vaccination. The vaccine was well tolerated.

Conclusion: The non-adjuvanted pandemic influenza A (H1N1) vaccine was well tolerated and induced an immune response in a sample of HIV-infected individuals.

Citation: Lagler H, Grabmeier-Pfistershammer K, Touzeau-Römer V, Tobudic S, Ramharther M, et al. (2012) Immunogenicity and Tolerability after Two Doses of Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals. *PLoS ONE* 7(5): e36773. doi:10.1371/journal.pone.0036773

Editor: John G. Evans, Saint Louis University, United States of America

Received: November 27, 2011; **Accepted:** April 5, 2012; **Published:** May 21, 2012

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Funding: The authors have no support or funding to report.

Competing Interests: The authors have declared that no competing interests exist.

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1

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Author(s): Guan J.; Chan M.; Brooks B. W.; et al.
Source: COMPOST SCIENCE & UTILIZATION Volume: 20 Issue: 1 Pages: 18-23 Published: WIN 2012
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- ☒ 2. Title: **Curcuminoids from Curcuma longa and their inhibitory activities on influenza A neuraminidases**
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Candela S, Pergolizzi S, Ragni P, Cavuto S, Nobilio L, Groth N, Magrini N; for the SaFoH1N1 working group. Vaccine. 2012 Jul 2. [Epub ahead of print]
PMID: 22766247 [PubMed - as supplied by publisher]
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2. ☒ [Effectiveness of H1N1 vaccine for the prevention of influenza in Scotland, UK: a retrospective observational cohort study](#)
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Mark M. Churchland, John P. Cunningham, Matthew T. Kaufman, Justin D. Foster, Paul Nuyujukian **+ et al.**

Embryonic stem cell potency fluctuates with endogenous retrovirus activity

Todd S. Macfarlan, Wesley D. Gifford, Shawn Driscoll, Karen Lettieri, Helen M. Rowe **+ et al.**

A rare cell subpopulation within mouse embryonic stem cell cultures is identified that exhibits properties of two-cell (2C) embryos; the interconversion of ES cells to 2C cells correlates with endogenous retroviral activity.

See also [News & Views](#) by Surani & Tischler

Biophysical mechanism of T-cell receptor triggering in a reconstituted system

John R. James & Ronald D. Vale

After introducing the T-cell receptor and other essential signalling genes, a non-immune cell is capable of displaying the early events of T-cell activation when placed in contact with antigen-presenting cells, and the initial signalling in this reconstituted system is shown to require the spatial reorganization of molecules at the cell interface.

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Embryonic stem cell potency fluctuates with endogenous retrovirus activity

Todd S. Macfarlan, Wesley D. Gifford, Shawn Driscoll, Karen Lettieri, Helen M. Rowe, Dario Bonanomi, Amy Firth, Oded Singer, Didier Trono & Samuel L. Pfaff

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Nature **487**, 57–63 (05 July 2012) | doi:10.1038/nature11244

Received 09 November 2011 | Accepted 21 May 2012 | Published online 13 June 2012

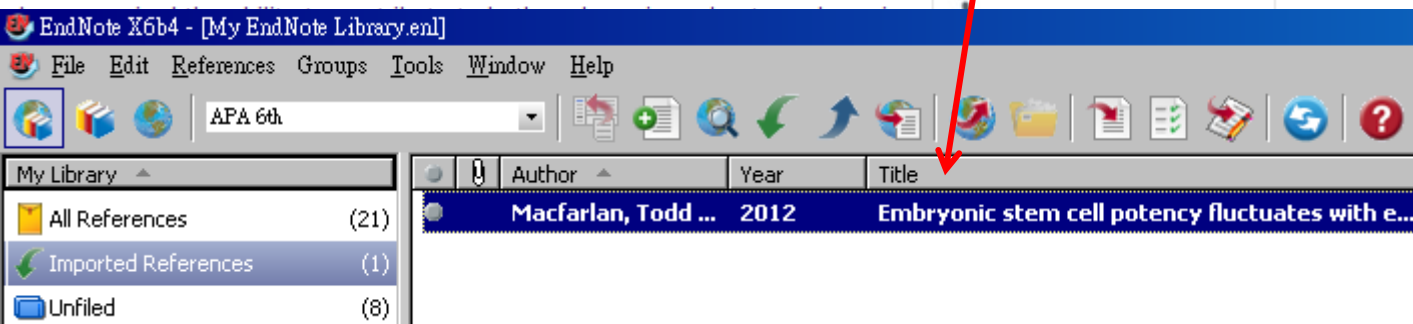
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Embryonic stem (ES) cells are derived from blastocyst-stage embryos and are thought to be functionally equivalent to the inner cell mass, which lacks the ability to produce all extraembryonic tissues. Here we identify a rare transient cell population within mouse ES and induced pluripotent stem (iPS) cell cultures that expresses high levels of transcripts found in two-cell (2C) embryos in which the blastomeres are totipotent. We genetically tagged these 2C-like ES cells and show that they lack the inner cell mass pluripotency proteins Oct4 (also known as Pou5f1), Sox2 and Nanog, and

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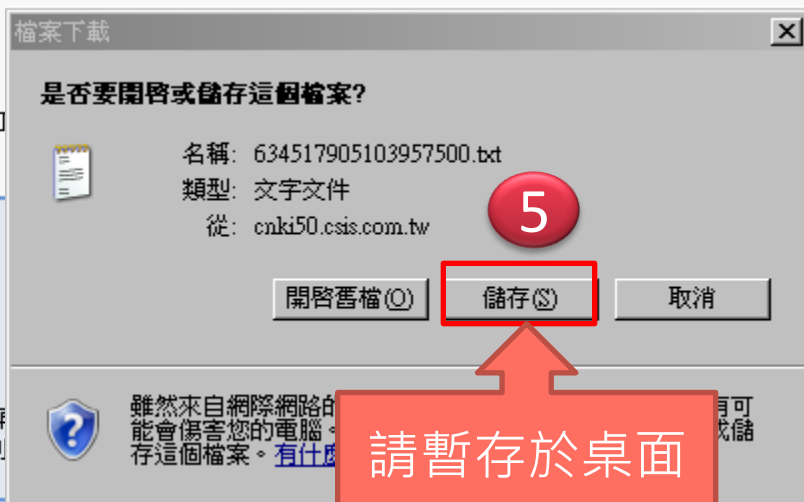
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%P 1153-1158
%K 葡萄糖氧化酶;;免疫傳感器;;瘦肉精;;β-受體興奮劑
%X 制備了葡萄糖氧化酶(GOD)-克倫特羅(Clenbuterol,CB)功能納米復合物,並採用共價鍵合和溫育組裝等方法構建了雙重信號放大的競爭型免疫傳感器.研
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合材料的形貌和復合物中GOD的活性,復合物中的GOD保持了良好的電催化性能和酶動力學響應,並且符合米氏動力學方程.最佳實驗條件下,該免疫傳感器對鹽
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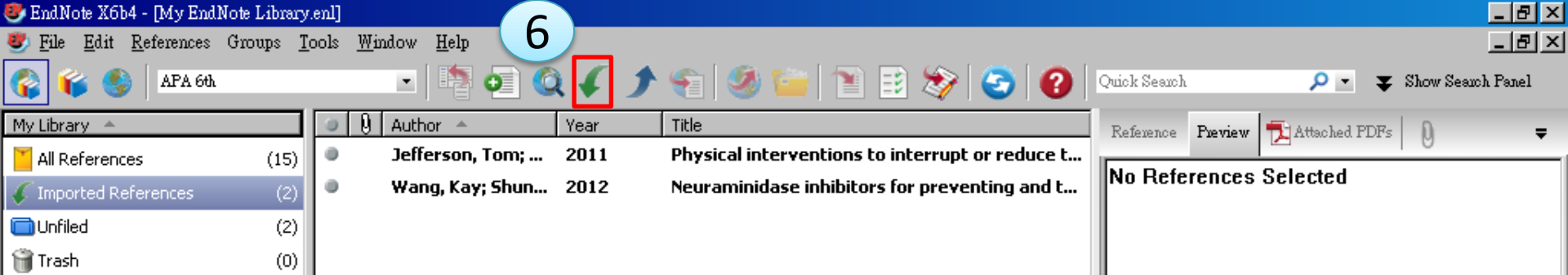
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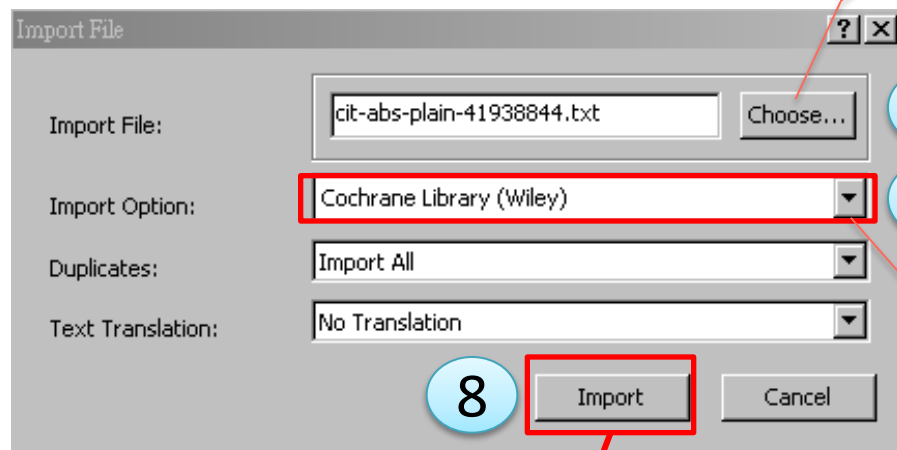
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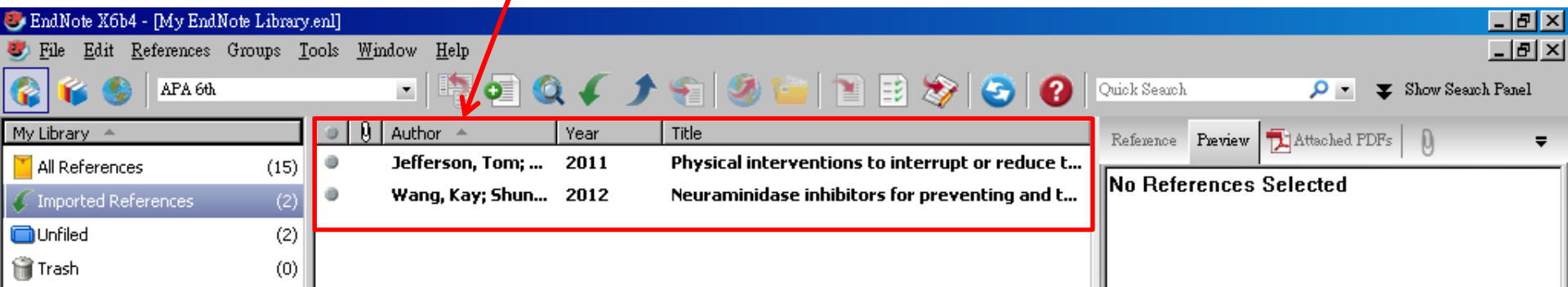
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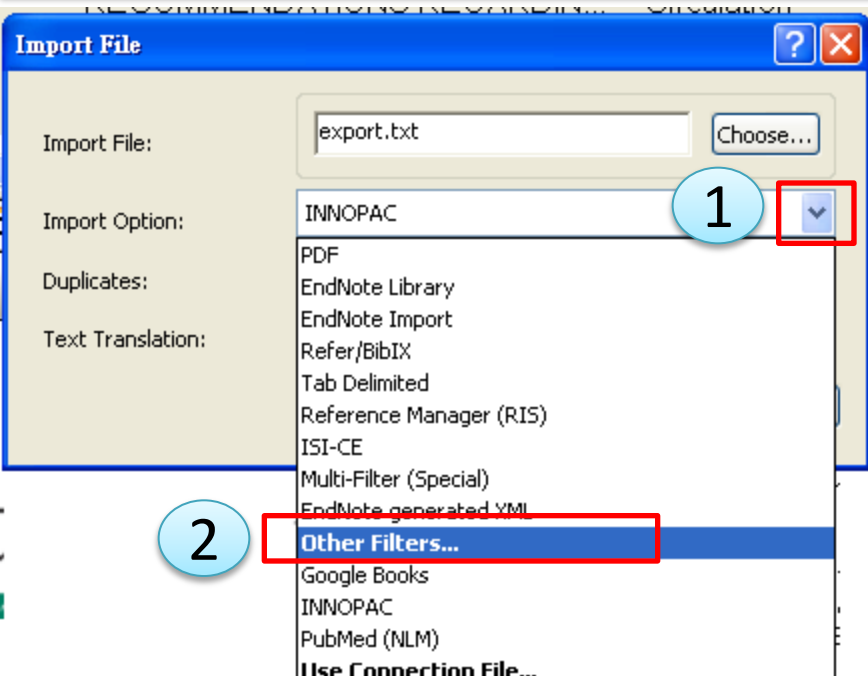
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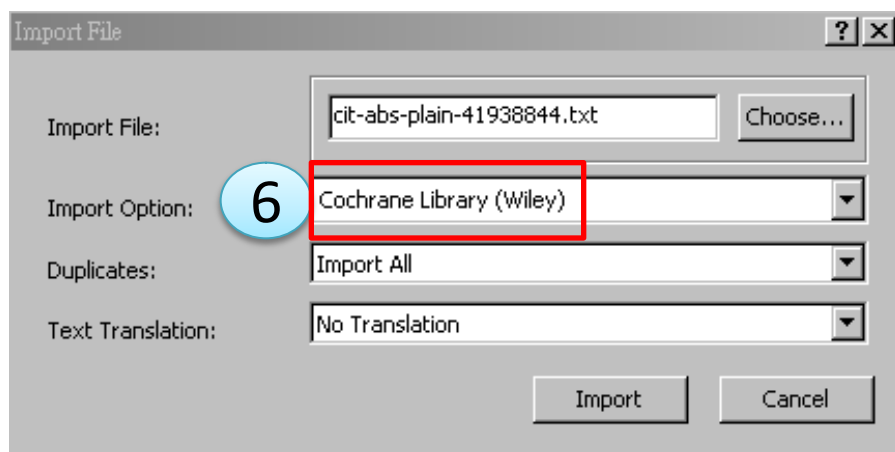
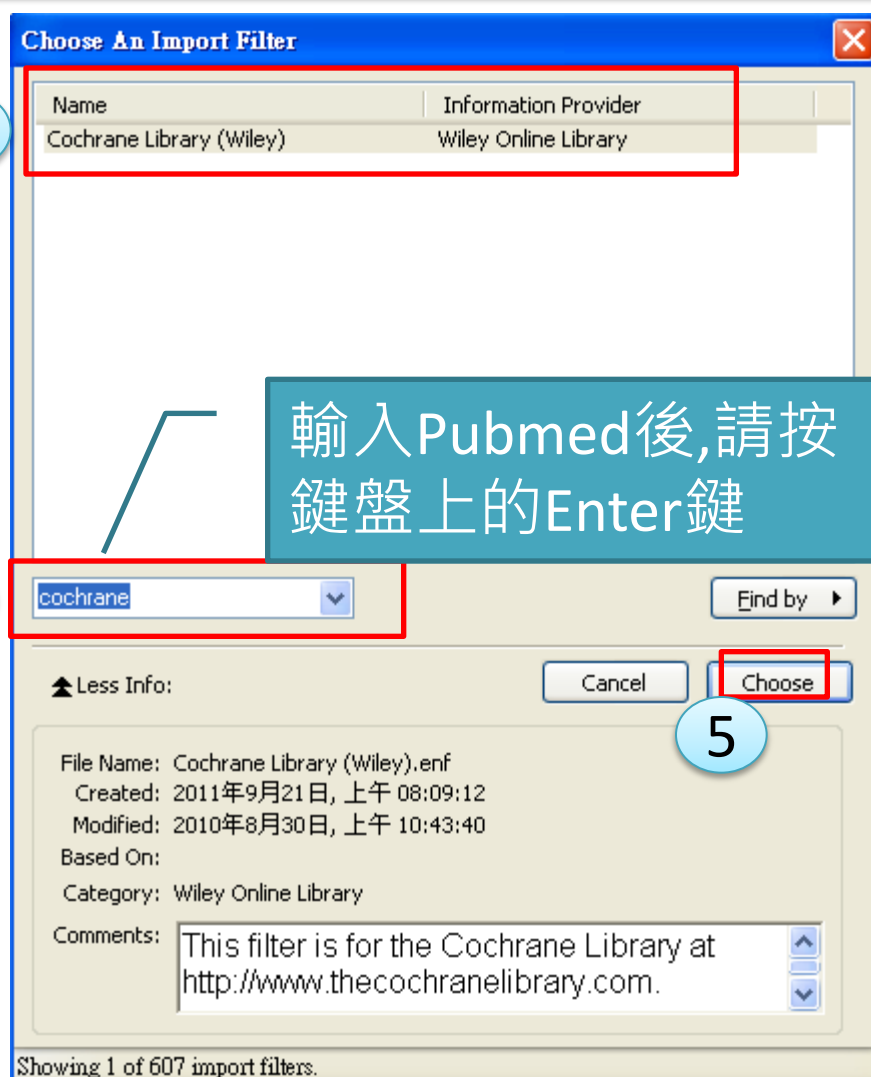
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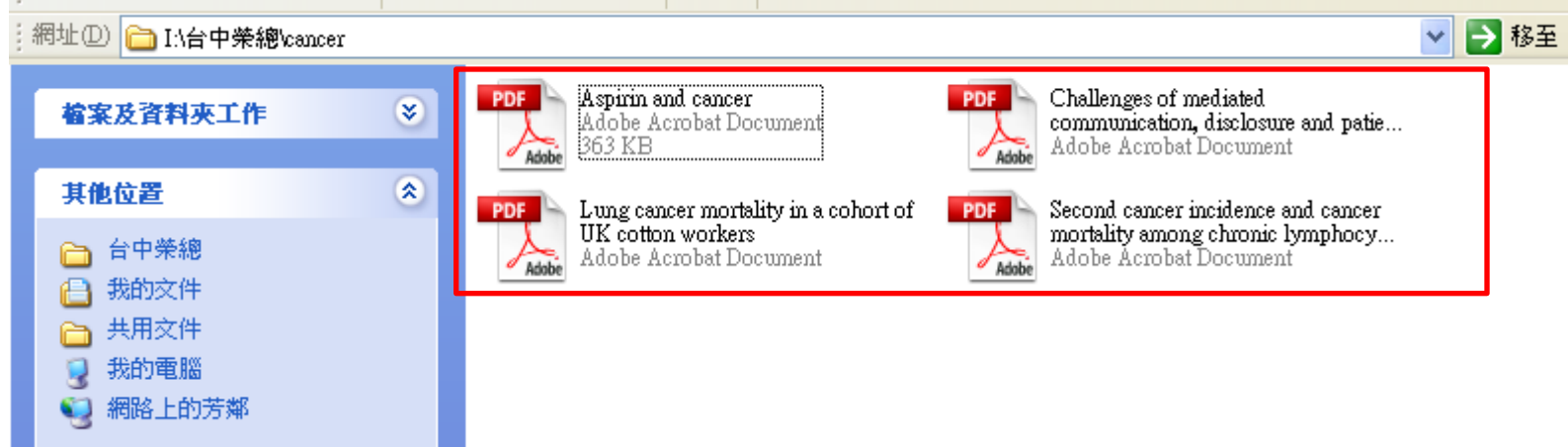
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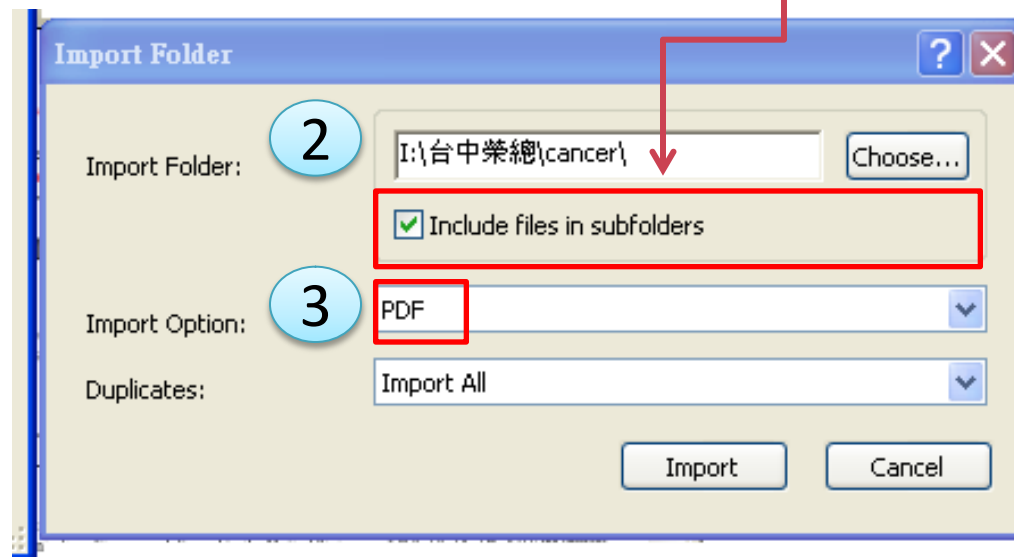
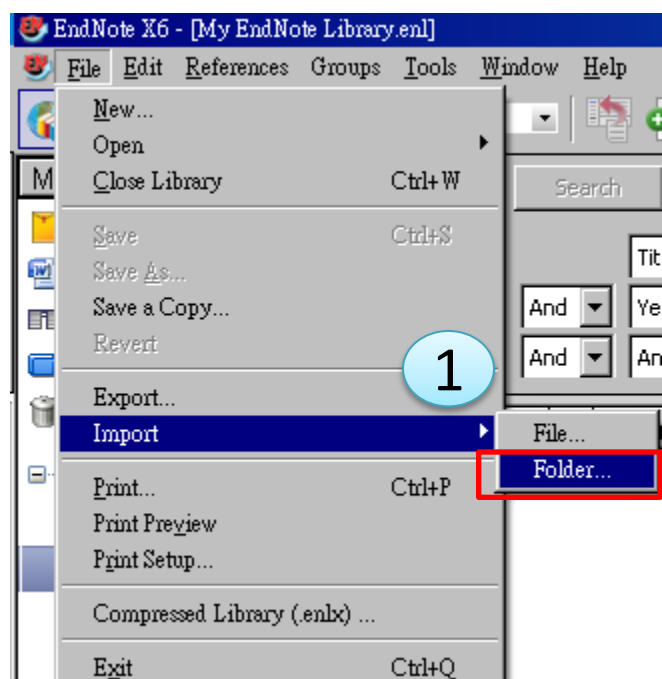
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British Journal of Cancer (2011) 105, 1076–1081

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Second cancer incidence and cancer mortality among chronic lymphocytic leukaemia patients: a population-based study

JA Royle¹, PD Baade^{2,3}, D Joske⁴, J Girschik¹ and L Fritsch^{4,5}

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BACKGROUND: Patients with chronic lymphocytic leukaemia (CLL) are known to have increased risks of second cancer. The incidence of second cancers after CLL has not been reported in detail for Australia, a country with particularly high levels of ultraviolet radiation (UVR).

METHODS: The study cohort comprised of all people diagnosed with a primary CLL between 1983 and 2005 in Australia. Standardised incidence ratios (SIRs) and standardised mortality ratios (SMRs) were calculated using Australian population rates.

RESULTS: Overall, the risk of any second incident cancer was more than double that of the general population (SIR = 2.17, 95% confidence interval (CI) = 2.07, 2.27) and remained elevated for at least 9 years after CLL. Risks were increased for many cancers, particularly melanoma (SIR = 7.74, 95% CI = 6.85, 8.72). The risk of melanoma increased at younger ages, but was constant across >9 years of follow-up. Chronic lymphocytic leukaemia patients also had an increased risk of death because of melanoma (SMR = 4.79, 95% CI = 3.83, 5.90) and non-melanoma skin cancer (NMSC; SMR = 17.0, 95% CI = 14.4, 19.8), suggesting that these skin cancers may be more aggressive in CLL patients.

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THE NEW ENGLAND JOURNAL OF MEDICINE

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The Quality of Health Care Delivered to Adults in the United States

Elizabeth A. McGlynn, Ph.D., Steven M. Asch, M.D., M.P.H., John Adams, Ph.D., Joan Keesey, B.A., Jennifer Hicks, M.P.H., Ph.D., Alison DeCristofaro, M.P.H., and Eve A. Kerr, M.D., M.P.H.

ABSTRACT

BACKGROUND

We have little systematic information about the extent to which standard processes involved in health care — a key element of quality — are delivered in the United States.

METHODS

We telephoned a random sample of adults living in 12 metropolitan areas in the United States and asked them about selected health care experiences. We also received written consent to copy their medical records for the most recent two-year period and used this information to evaluate performance on 439 indicators of quality of care for 30 acute and chronic conditions as well as preventive care. We then constructed aggregate scores.

RESULTS

Participants received 54.9 percent (95 percent confidence interval, 54.3 to 55.5) of recommended care. We found little difference among the proportion of recommended preventive care provided (54.9 percent), the proportion of recommended acute care provided (53.5 percent), and the proportion of recommended care provided for chronic conditions (56.1 percent). Among different medical functions, adherence to the process-

From RAND, Santa Monica, Calif. (E.A.M., S.M.A., J.A., J.K., J.H., A.D.); the Veterans Affairs (VA) Greater Los Angeles Health Care System, Los Angeles (S.M.A.); the Department of Medicine, University of California Los Angeles, Los Angeles (S.M.A.); the VA Center for Practice Management and Outcomes Research, VA Ann Arbor Health Care System, Ann Arbor, Mich. (E.A.K.); and the Department of Medicine, University of Michigan, Ann Arbor (E.A.K.). Address reprint requests to Dr. McGlynn at RAND, 1700 Main St., P.O. Box 2138, Santa Monica, CA 90407, or at both, mcglynn@rand.org.

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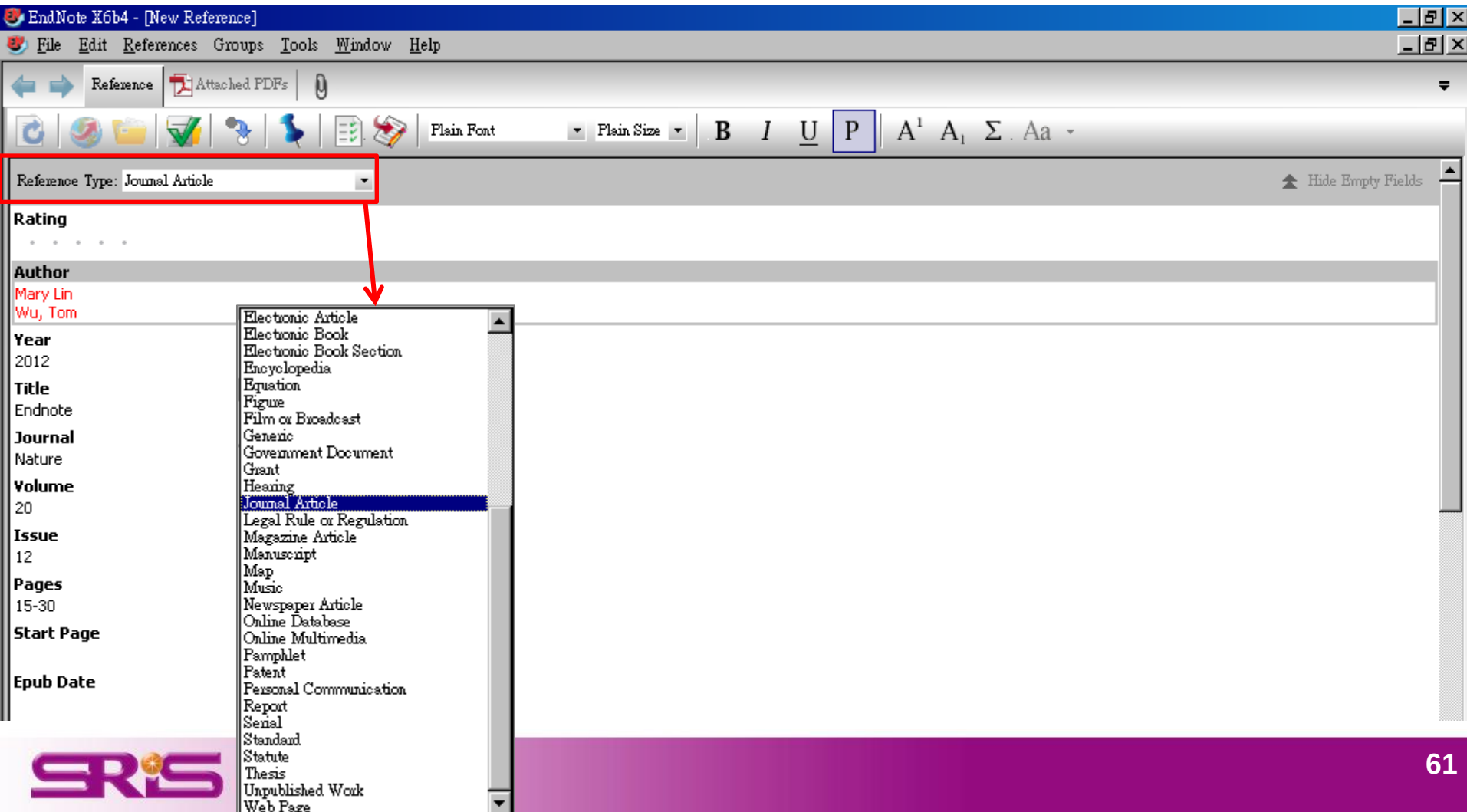
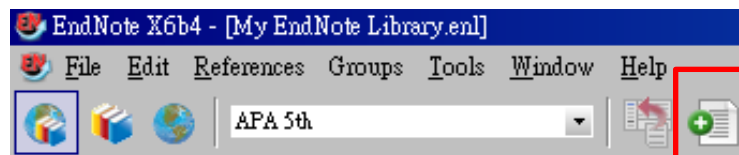
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Figure 1 Aspirin mechanisms of action and pathophysiological effects. Black block arrows indicate known mechanisms. Dotted black arrows indicate potential mechanisms that could contribute to anti-cancer effects. Cox-1/cyclooxygenase; NFkB/nuclear factor-kB.

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Abstract

Background: During the influenza pandemic of 2009, influenza A (H1N1) vaccine (Celvax®) was used as a vaccine of first choice in Europe. The objective of this study was to evaluate the immunogenicity and tolerability of two doses of an inactivated, whole-virion (H1N1) vaccine in HIV-infected individuals.

Methods and Findings: A randomized, controlled, immunogenicity and tolerability study was conducted in 10 HIV-infected individuals. The study was conducted in a tertiary care hospital in Germany. The study was conducted in a tertiary care hospital in Germany. The study was conducted in a tertiary care hospital in Germany.

Conclusion: The non-adjuvanted pandemic influenza A vaccine is safe and immunogenic in a sample of HIV-infected individuals.

Introduction

Influenza is a major cause of morbidity and mortality worldwide. The 1968 Hong Kong influenza pandemic was the last of four major influenza pandemics in the 20th century. The 1968 Hong Kong influenza pandemic was the last of four major influenza pandemics in the 20th century.

Methods

Study design: A randomized, controlled, immunogenicity and tolerability study was conducted in 10 HIV-infected individuals. The study was conducted in a tertiary care hospital in Germany. The study was conducted in a tertiary care hospital in Germany.

Participants: 10 HIV-infected individuals were recruited from a tertiary care hospital in Germany. The study was conducted in a tertiary care hospital in Germany. The study was conducted in a tertiary care hospital in Germany.

Statistical analysis

Data of all participants (intention-to-treat population) were analyzed using a per-protocol approach. The primary endpoint was the proportion of participants who had a serological response to the vaccine. The primary endpoint was the proportion of participants who had a serological response to the vaccine.

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Abstract

Background: During the influenza pandemic of 2009/10, the whole-virion, Vero-cell-derived, inactivated, pandemic influenza A (H1N1) vaccine Celvapan® (Baxter) was used in Austria. Celvapan® is adjuvant-free and was the only such vaccine at that time in Europe. The objective of this observational, non-interventional, prospective single-center study was to evaluate the immunogenicity and tolerability of two intramuscular doses of this novel vaccine in HIV-positive individuals.

Methods and Findings: A standard hemagglutination inhibition (HAI) assay was used for evaluation of the seroconversion rate and seroprotection against the pandemic H1N1 strain. In addition, H1N1-specific IgG antibodies were measured using a recently developed ELISA and compared with the HAI results. Tolerability of vaccination was evaluated up to one month after the second dose. A total of 79 HIV-infected adults with an indication for H1N1 vaccination were evaluated. At baseline, 55 of the 79 participants had an HAI titer $\geq 1:40$ and two patients showed a positive IgG ELISA. The seroconversion rate was 31% after the first vaccination, increasing to 41% after the second; the corresponding seroprotection rates were 92% and 83% respectively. ELISA IgG levels were positive in 25% after the first vaccination and in 37% after the second. Among the participants with baseline HAI titers $< 1:40$, 63% seroconverted. Young age was clearly associated with lower HAI titers at baseline and with higher seroconversion rates, whereas none of the seven patients > 60 years of age had a baseline HAI titer $< 1:40$ or seroconverted after vaccination. The vaccine was well tolerated.

Conclusion: The non-adjuvanted pandemic influenza A (H1N1) vaccine was well tolerated and induced a measurable immune response in a sample of HIV-infected individuals.

Citation: Lagler H, Grabmeier-Pfisterhammer K, Touzeau-Römer V, Tobudic S, Ramharat M, et al. (2012) Immunogenicity and Tolerability after Two Doses of Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals. PLoS ONE 7(5): e36773. doi:10.1371/journal.pone.0036773

Editor: John E. Tavis, Saint Louis University, United States of America

Received: November 27, 2011; **Accepted:** April 5, 2012; **Published:** May 21, 2012

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Funding: The authors have no support or funding to report.

Competing Interests: The authors have declared that no competing interests exist.

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Introduction

A new swine-origin, triple-reassortant influenza A (H1N1) virus that emerged in Mexico in late March 2009 began to spread rapidly through human-to-human transmission outside the usual influenza season [1–3]. On June 11th, 2009, the World Health Organization raised the influenza pandemic alert to the highest level (level 6) as human influenza A (H1N1) cases were reported worldwide in 74 countries [4]. The pandemic virus was antigenically and genetically unrelated to human seasonal influenza virus, and former seasonal influenza vaccines appeared not protective. Reports of severe respiratory failure associated with this strain, particularly in young persons, forced the rapid

Medicines Agency (EMA) licensed an inactivated whole-virion, Vero-cell-derived pandemic H1N1 influenza A/California/07/2009 vaccine without adjuvant. This vaccine was based on an earlier H5N1 mock-up vaccine [3]. In Austria, the Federal Ministry of Health selected this vaccine for use during the national pandemic vaccination campaign from November 2009 to March 2010 and therefore it was the only available pandemic vaccine in Austria during the whole of the pandemic period. At this time international guidelines from the Centers for Disease Control and Prevention recommended vaccination [5] particularly for immunocompromised individuals, since underlying medical conditions such as immunosuppression appeared to predispose for infection with H1N1 [2]. Immunosuppressed patients are at increased risk



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Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals

Heinz Lagler¹, Katharina Grabmeier-Pfisterhammer², Veronique Touzeau-Römer³, Selma Tobudic⁴, Michael Ramharat^{5,6}, Judith Muenich⁷, Gudrun Andros-Guadalupe⁸, Norbert Radlberger-Frits⁹, Theresia Poppe-Braunp¹⁰, Armin Rieger¹¹, Heinz Burgmann¹²

¹ Department of Medical Microbiology, Immunology and Tropical Medicine, Medical University of Vienna, Vienna, Austria, ² Department of Dermatology, Division of Dermatology, Allergy and Infectious Diseases, Medical University of Vienna, Vienna, Austria, ³ Department of Tropical Medicine, University of Hamburg, Hamburg, Germany, ⁴ Department of Virology, Medical University of Vienna, Vienna, Austria

Abstract

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Funding: The authors have no support or funding to report.

Competing Interests: The authors have declared that no competing interests exist.

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Introduction

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Medicines Agency (EMA) licensed an inactivated whole-virion, Vero-cell-derived pandemic H1N1 influenza A/California/07/2009 vaccine without adjuvant. This vaccine was based on an earlier H5N1 mock-up vaccine [3]. In Austria, the Federal Ministry of Health selected this vaccine for use during the national

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Immunogenicity and Tolerability after Two Doses of Non-Adjuvanted, Whole-Virion Pandemic Influenza A (H1N1) Vaccine in HIV-Infected Individuals

Heimo Lagler¹, Katharina Grabmeier-Pfistershammer², Veronique Touzeau-Römer², Selma Tobudic¹, Michael Ramharter^{1,3}, Judith Wenisch¹, Guido Andrés Gualdoni¹, Monika Redlberger-Fritz⁴, Theresia Popow-Kraupp⁴, Armin Rieger², Heinz Burgmann^{1*}

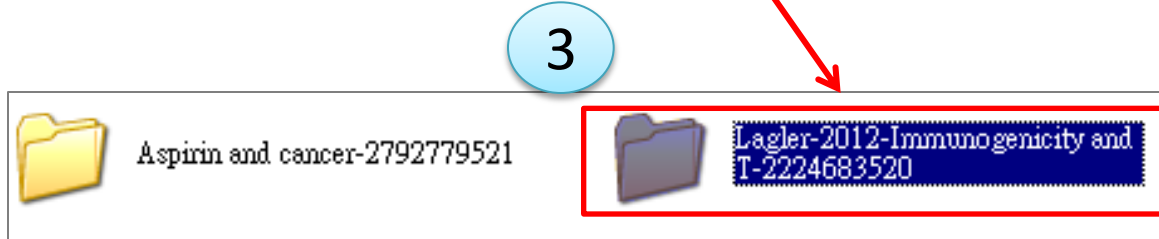
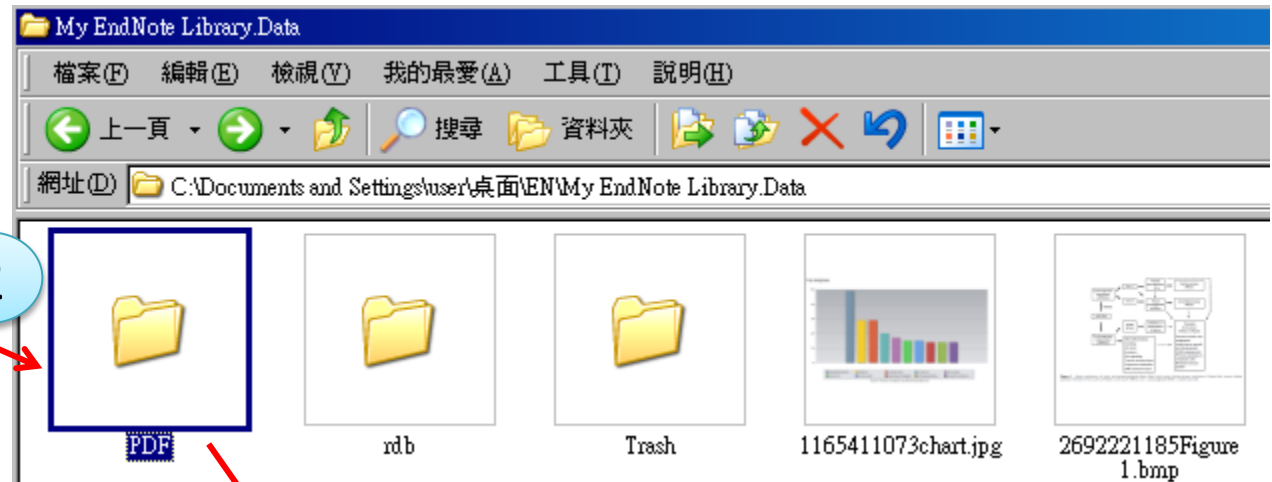
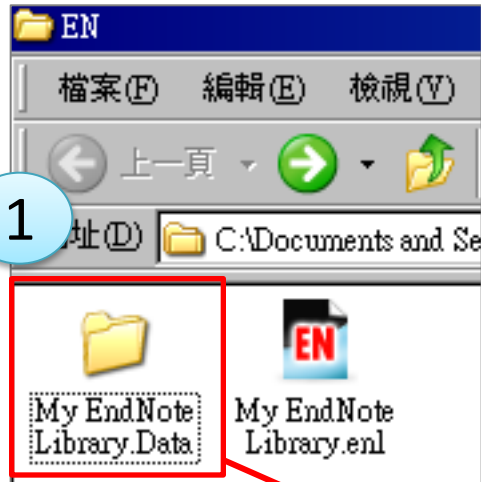
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Abstract

Background: During the influenza pandemic of 2009/10, the whole-virion, Vero-cell-derived, inactivated, pandemic influenza A (H1N1) vaccine Celvapan® (Baxter) was used in Austria. Celvapan® is adjuvant-free and was the only such vaccine at that time in Europe. The objective of this observational, non-interventional, prospective single-center study was to evaluate the immunogenicity and tolerability of two intramuscular doses of this novel vaccine in HIV-positive individuals.

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My Library

- All References (4)
- Unfiled (0)
- Trash (0)
- My Groups
 - cancer (2)
 - DNA (1)
 - long term care (2)
 - 期末報告 (4)
- Online Search
 - AgeLine (OvidSP) (0)
 - Library of Congress (0)
 - LISTA (EBSCO) (0)
 - PubMed (NLM) (0)
 - Web of Science (TS) (0)
 - more...
- Find Full Text

Reference Type: Journal Article

Rating: ★★★★★

Author: Rose, Lars

Year: 2007

Title: Surface technologies 2006—Alternative energies and policy options

Journal: Energy Policy

Volume: 35

Rose_2007_Energy-Policy.pdf

Energy Policy 35 (2007) 6106–6111

Viewpoint

Surface technologies 2006—Alternative energies and policy options

Lars Rose*

Department of Materials Engineering, University of British Columbia, Vancouver, Canada V8T 1Z4

Received 26 April 2007; accepted 11 July 2007

Available online 14 September 2007

搜尋重要文章(NEW!)

EndNote X6 - [My EndNote Library]

File Edit References Groups Tools Window Help

Quick Search Hide Search Panel

Search Options

Search Whole Library Match Case Match Words

Rating Is ★★★★★

And Year Contains

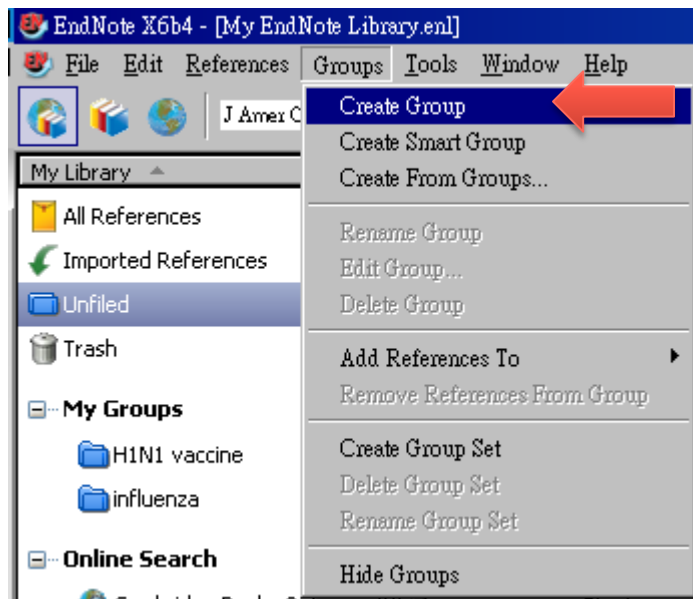
And Title Contains

	作者	年代	Title	Rating	Journal	Ref Type	URL	Last Updated
(4)	Fraga, C. M.; Cost...	2012	Fatty acids oxidation and alternative energy sources ...	★★★★★	Exp Parasitol	Journal Article	http://www.ncbi.nlm.nih.g...	2012/9/9

管理參考文獻與全文資料最有效率

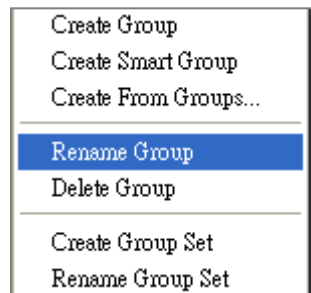
群組分類管理

新設資料夾Create Group



把10筆資料用
拖曳的方式放
進新資料夾中

想要更改檔名，在
資料夾上按右鍵→
選Rename Group



新設資料夾群組—Create Group Set

The screenshot shows the EndNote X6 interface. The 'Groups' menu is open, displaying options like 'Create Group', 'Create Smart Group', 'Create From Groups...', 'Rename Group', 'Edit Group...', 'Delete Group', 'Add References to Group', 'Remove References from Group', 'Create Group Set', 'Delete Group Set', 'Rename Group Set', and 'Hide Groups'. The 'Create Group Set' option is highlighted. In the left sidebar, under 'My Groups', the 'cancer' group is selected and highlighted with a red box. Below it, the 'Medicine' group is also highlighted with a red box. The main pane shows a list of references, including one from 2011 about Cancer in Nature.

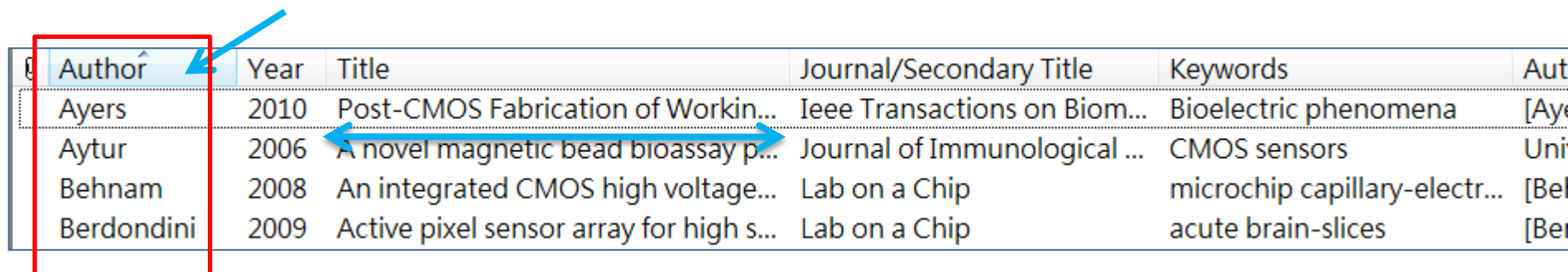
1.另外新設一個群組：
Group→Greate Group Set→設一個新的Set

3.把Cancer資料夾拖曳至Medicine

2.給新Set一個名字(例如：Medicine)

排序參考書目

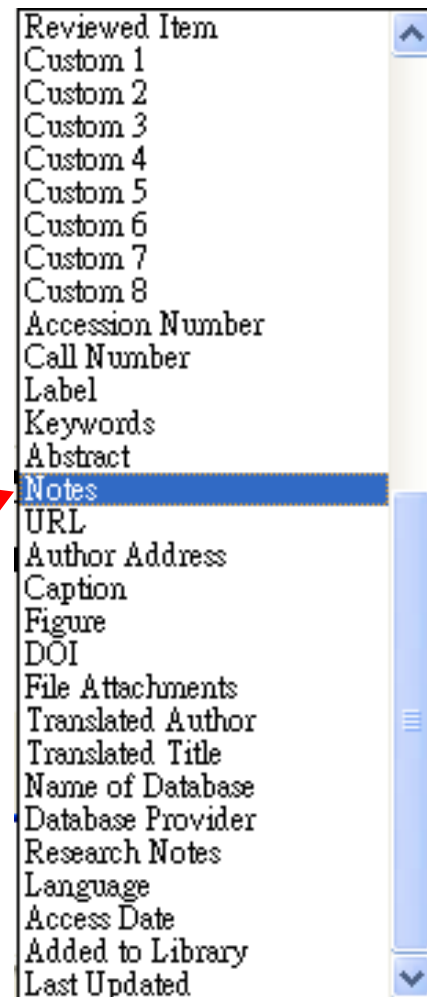
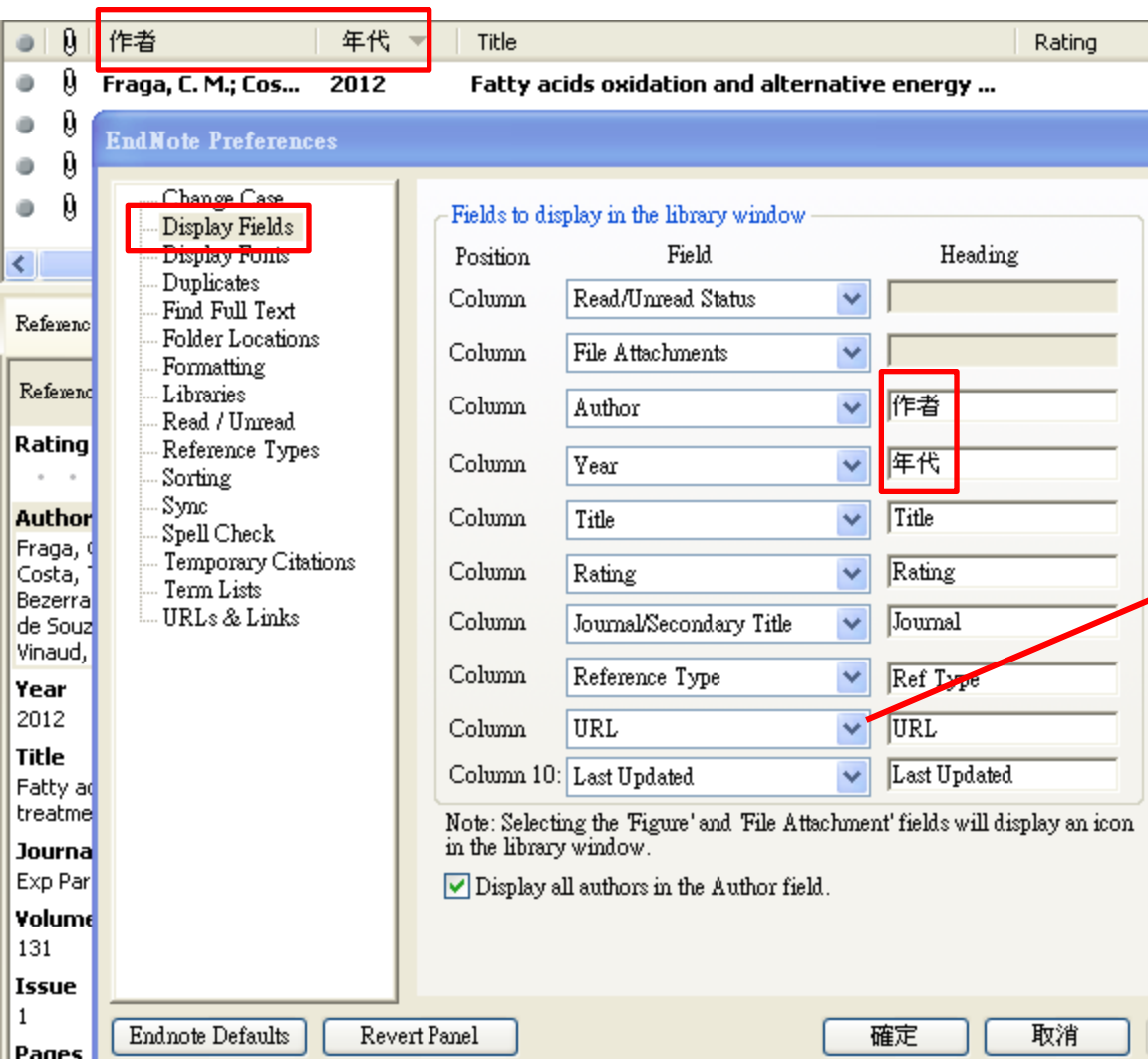
可點選任一書目欄位進行排序，也可自行調整欄寬。



Author	Year	Title	Journal/Secondary Title	Keywords	Author
Ayers	2010	Post-CMOS Fabrication of Workin...	Ieee Transactions on Biom...	Bioelectric phenomena	[Aye]
Aytur	2006	A novel magnetic bead bioassay p...	Journal of Immunological ...	CMOS sensors	Uni
Behnam	2008	An integrated CMOS high voltage...	Lab on a Chip	microchip capillary-electr...	[Beh]
Berdondini	2009	Active pixel sensor array for high s...	Lab on a Chip	acute brain-slices	[Ber]

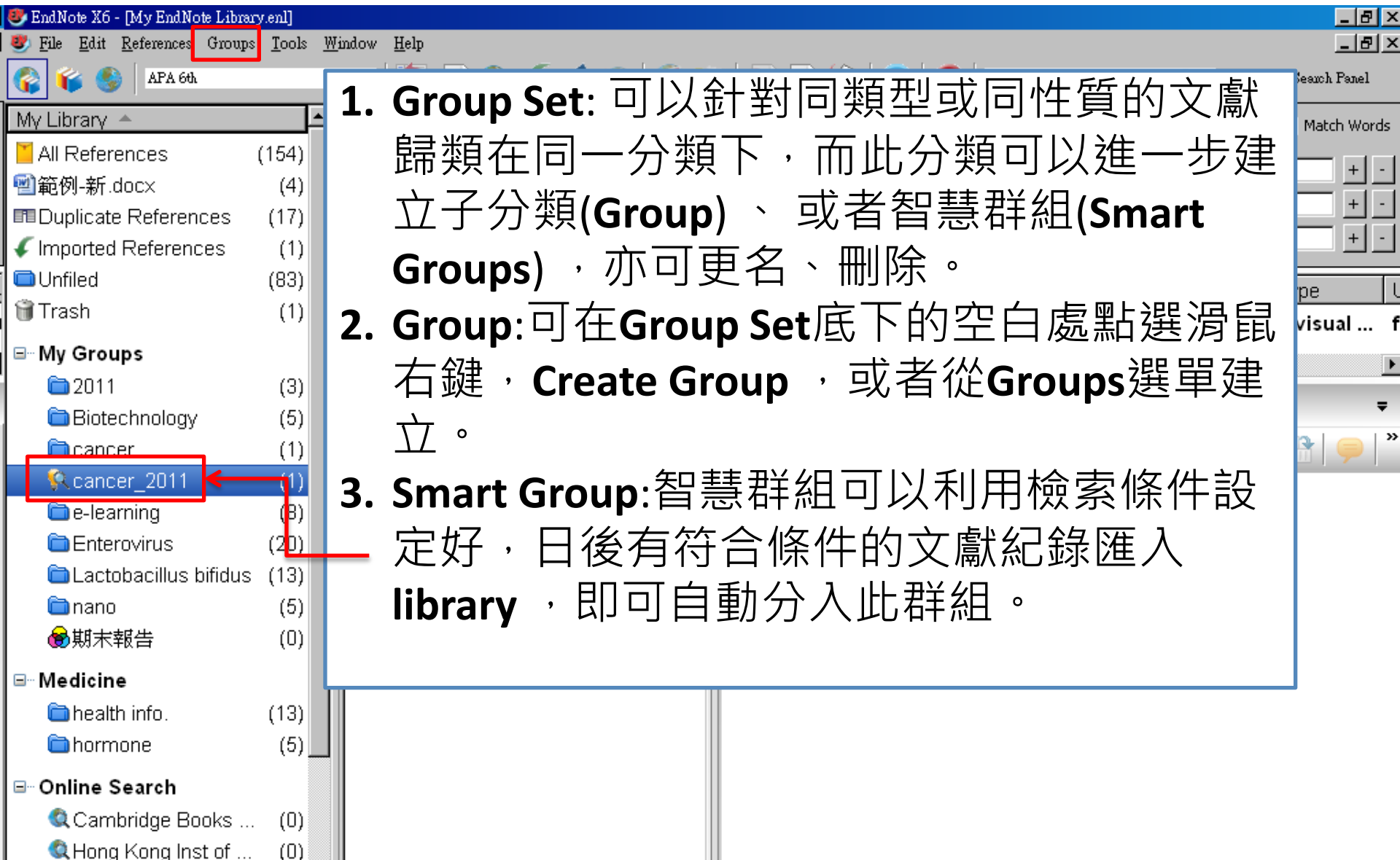
顯示欄位替換：

可從**Edit > Preference**內進入**Display Fields**去更改欲出現在Library的欄位。



分類參考書目(Smart Group)

管理組織分類蒐集得來的參考文獻，讓使用者在引用上更加方便。

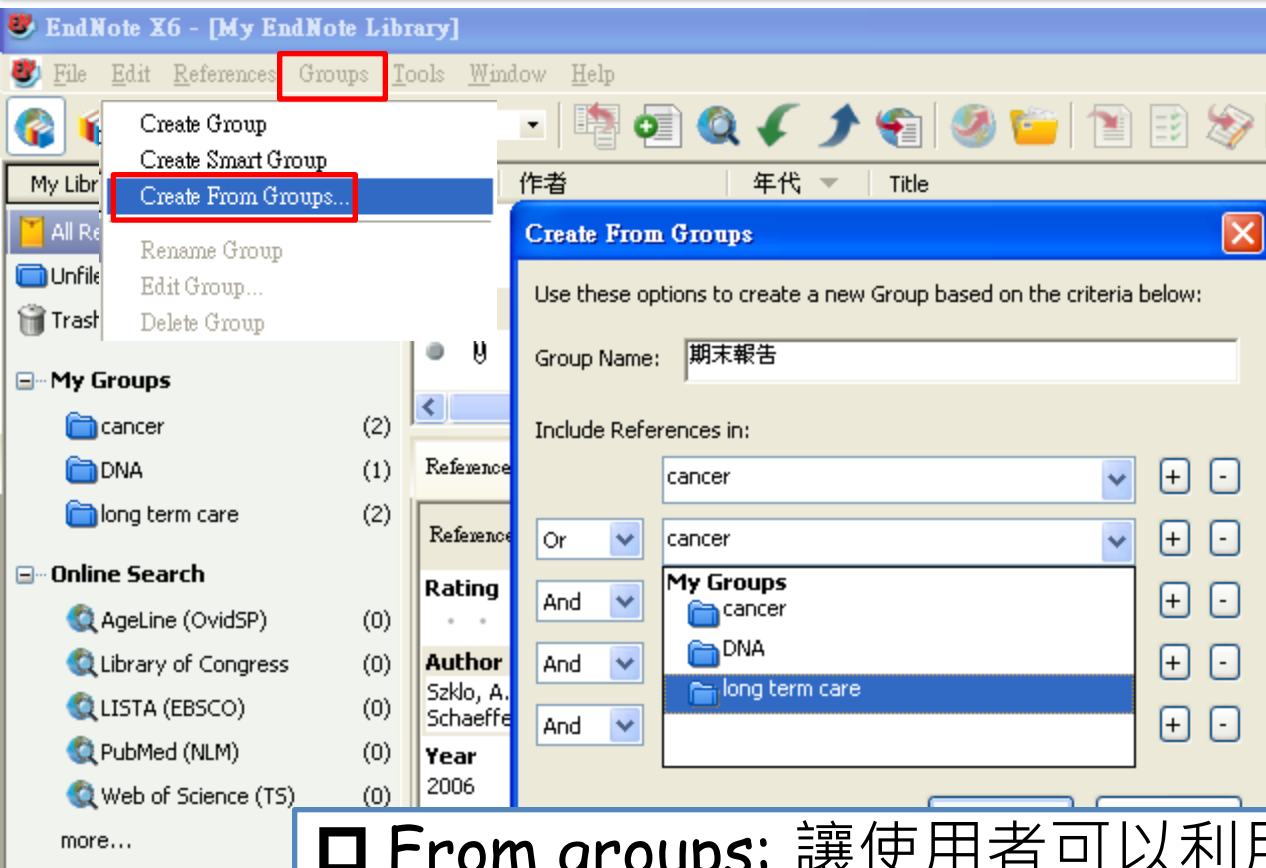


1. **Group Set:** 可以針對同類型或同性質的文獻歸類在同一分類下，而此分類可以進一步建立子分類(**Group**)、或者智慧群組(**Smart Groups**)，亦可更名、刪除。

2. **Group:** 可在**Group Set**底下的空白處點選滑鼠右鍵，**Create Group**，或者從**Groups**選單建立。

3. **Smart Group:** 智慧群組可以利用檢索條件設定好，日後有符合條件的文獻紀錄匯入**library**，即可自動分入此群組。

From group



□ **From groups:** 讓使用者可以利用布林邏輯進一步合併既有的群組

1. 從群組分類按滑鼠右鍵，選擇**Create From Groups...**
2. 再下拉式選單中選取欲邏輯搭配得群組。
3. 合併的新群組會出現在群組分類(**My Groups**)或其他**Group set**下方。

重複參考文獻管理

1. 選取好所有參考書目。
2. **Reference > Find Duplicates**，會出現兩兩比較的視窗。
3. 可從兩邊的資料來確定資料保留與否，保留某一篇，點選**Keep This Record**。
4. 都須保留可以**Skip**。

The screenshot shows the EndNote software interface. The main window displays a list of references with columns: Author, Year, Title, Journal, and Ref Type. Two duplicate records are visible:

Author	Year	Title	Journal	Ref Type
Daugman, Jo...	1986	Communication theory and intentiona...	Behavioral and Brain Sciences	Journal A
Daugman, Jo...	1986	Communication theory and intentiona...	Behavioral and Brain	Journal A

The 'Find Duplicates' dialog box is open, comparing the two records. It shows the following details for each record:

Record 1 (Left)	Record 2 (Right)
Title Communication theory and intentionality	Title Communication theory and intentionality
Journal Behavioral and Brain Sciences	Journal Behavioral and Brain
Volume 9	Volume 9
Issue 01	Issue 01
Pages 140-141	Pages [Blank]
Start Page [Blank]	Start Page [Blank]

Buttons at the top of the dialog box include 'Skip' and 'Cancel'. The status bar at the bottom shows 'Added to Library: 2011/9/22' and 'Last Updated: 2011/9/22' for the left record, and 'Added to Library: 2011/9/21' and 'Last Updated: 2011/10/13' for the right record.

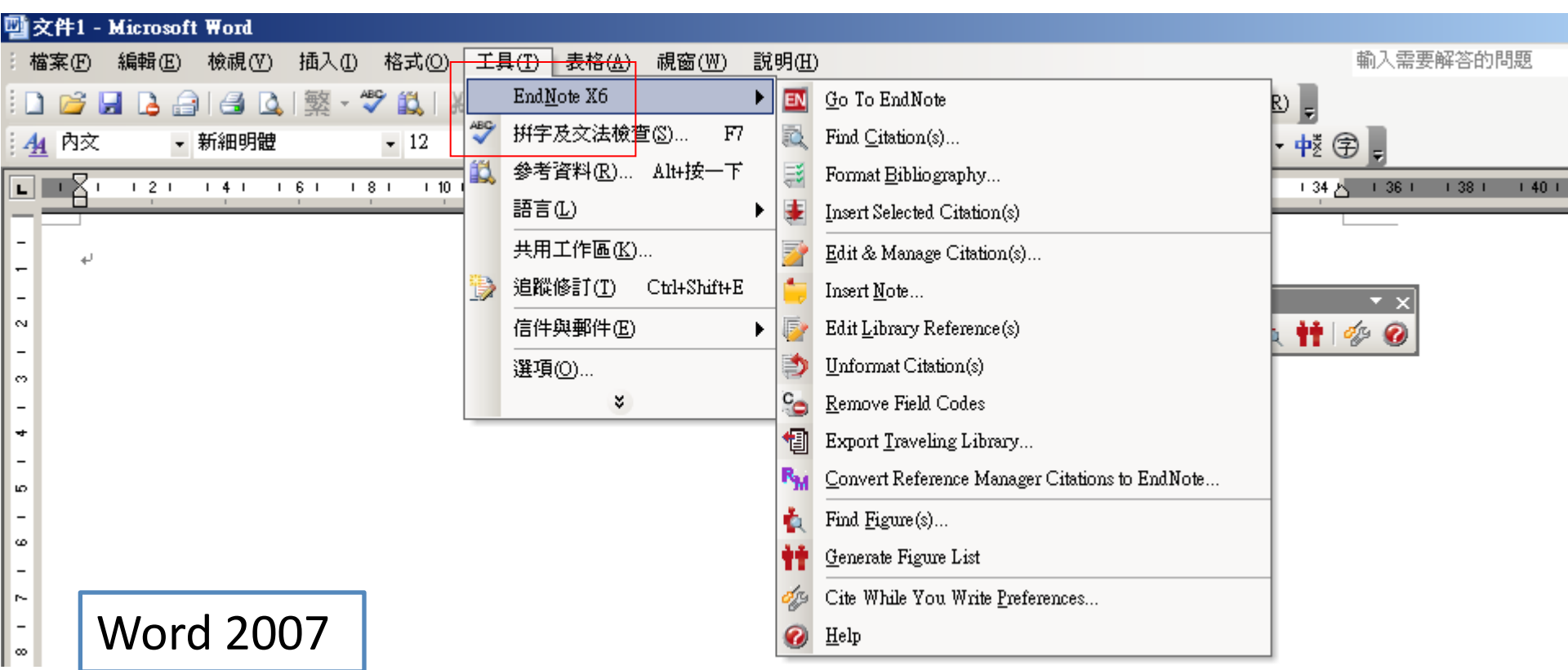
寫作編輯功能搭配， 應用EndNote參考書目於文件中

EndNote X6可以搭配**Microsoft Word 2003, 2007, 2010**.
OpenOffice Writer等文書處理軟體，進行文章撰寫與引用。

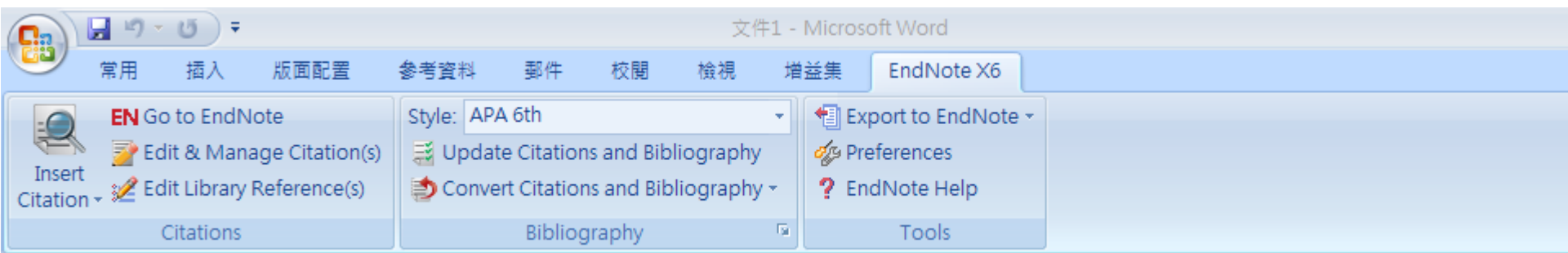
寫作編輯功能搭配，
應用EndNote參考書目於文件中
以Microsoft Word 2007為例

Cite While You Write工具在Word中顯示的位置

Word 2003



Word 2007

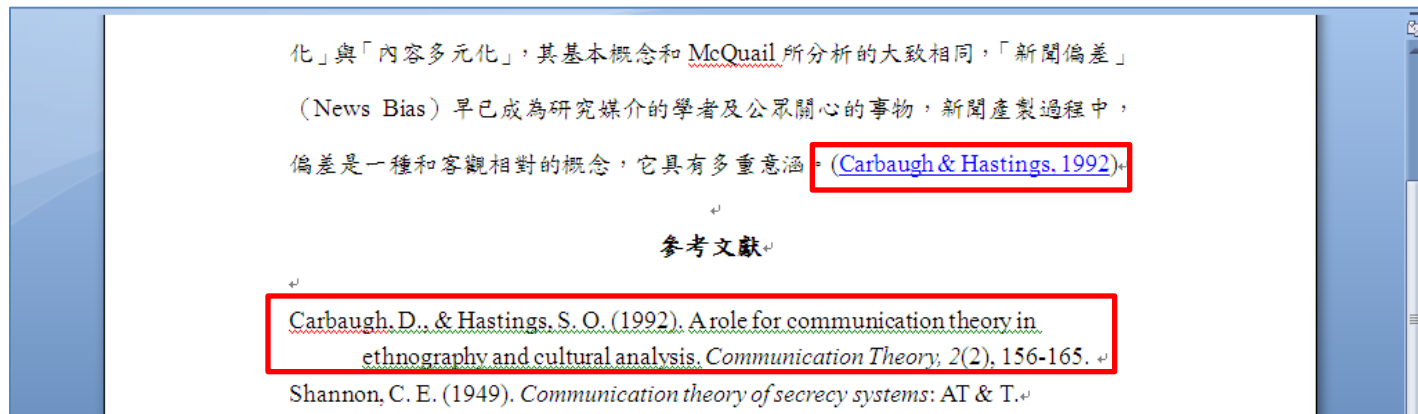
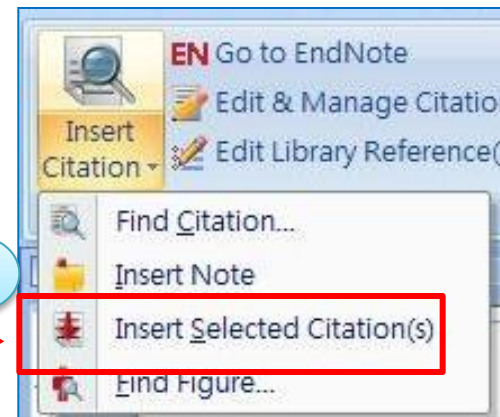


建立引用文獻 Cite While You Write

請先確認在Word中欲加入參考文獻之
游標位置

1. 點Word的EndNote X5工具標籤，可
從**Go To EndNote**的功能，回到
EndNote Library內，選取所需的參考
文獻，將其反白。

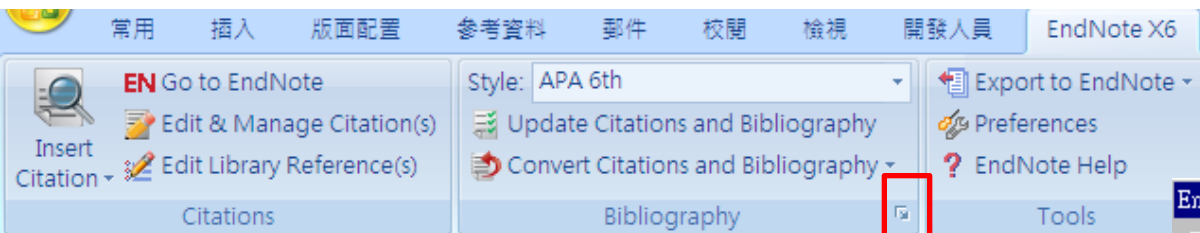
2. 點選工具列的**Insert Citation**圖示或
者回到Word內選擇**Insert Selected
Citation**。



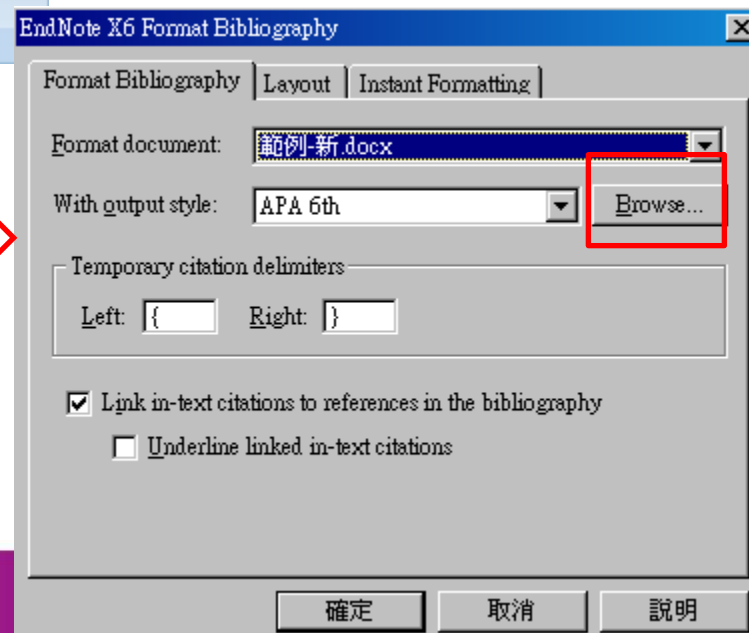
產生參考書目 Format Bibliography

在Word產生、更改參考書目清單的方式有下列幾種：

1. 點Word的EndNote X6工具標籤，可從**Style**的下拉式選單內之**Select Another Style**尋找欲使用的書目格式。



2. 亦可點擊Bibliography旁的右下符號，出現**EndNote X6 Format Bibliography**視窗後，可從**Browse**瀏覽欲使用的書目格式。



產生參考書目 Format Bibliography

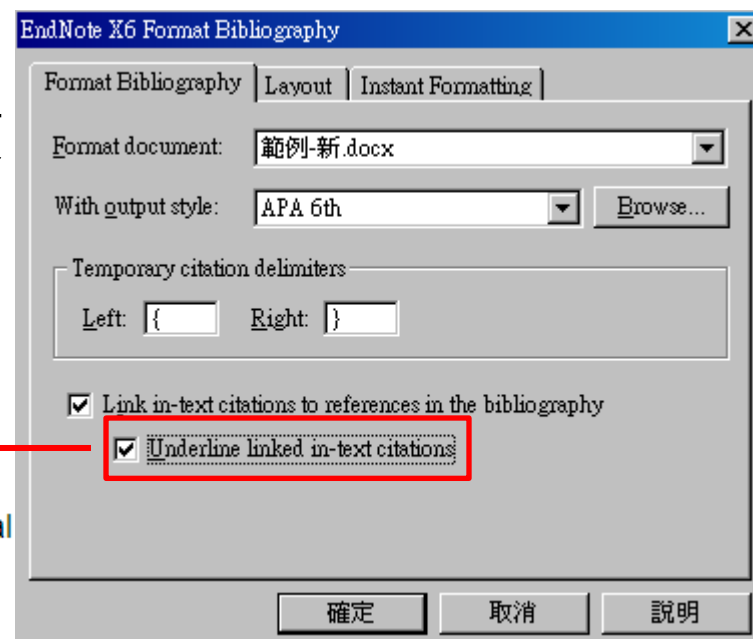
3. 若使用者將**Underline linked in-text citations**勾選起來後，編輯的文獻引文部分會出現超連結，方便使用者直接從引文指向參考文獻清單

High-proton-conductive polymer electrolyte with a nanomatrix channel was prepared by graft copolymerization of styrene onto deproteinized natural rubber followed by sulfonation with chlorosulfonic acid. (Kroger, 2011) First, natural rubber latex was purified with urea in the presence of surfactant to remove almost all proteins present in the rubber. Second, graft copolymerization of styrene onto deproteinized natural rubber was carried out with tert-butyl hydroperoxide/tetraethylenepentamine as an initiator at 30 degrees C in latex stage. (Loescher, 2011)

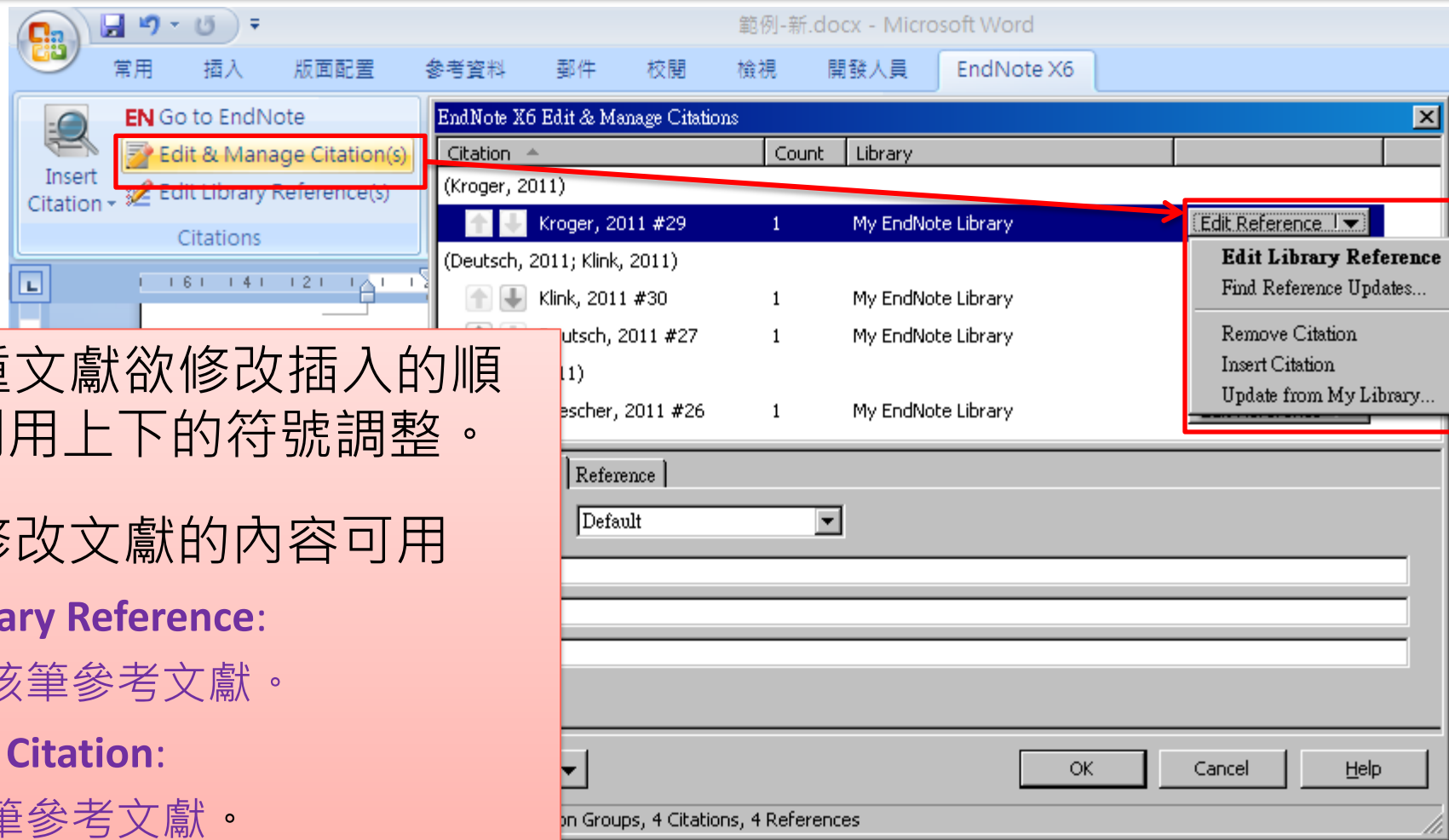
Reference

Kroger, M. (2011). Encyclopedia of biotechnology in agriculture and food. *Choice: Current Reviews for Academic Libraries*, 48(5), 865-865.

Loescher, W. (2011). Plant biotechnology for sustainable production of energy and co-products. *Choice: Current Reviews for Academic Libraries*, 48(8), 1511-1511.



編輯引用狀況 Edit & Manage Citations



1. 多重文獻欲修改插入的順序可利用上下的符號調整。

2. 欲修改文獻的內容可用

Edit Library Reference:

可編輯該筆參考文獻。

Remove Citation:

移除該筆參考文獻。

Insert Citation:

在該筆參考文獻後加入新的。

Update from My Library:

從Library更新文獻資訊。

Edit & Manage Citations 新增一種Citation格式(NEW!)

文件1 - Microsoft Word

常用 插入 版面配置 參考資料 郵件 校閱 檢視 開發人員 EndNote X6

EN Go to EndNote
Insert Citation
Edit & Manage Citation(s)
Edit Library Reference(s)
Citations

EndNote X6 Edit & Manage Citations

Citation	Count	Library	
(Machuca & Keshavjee, 2012)			
↑ ↓ Machuca, 2012 #3	1	My EndNote Library	Edit Reference ▼
(Kaplan et al., 2012)			
↑ ↓ Kaplan, 2012 #1	1	My EndNote Library	Edit Reference ▼

Edit Citation Reference

Formatting: Default

Prefix: Default

Suffix: Display as: Author (Year)
Exclude Author
Exclude Year
Exclude Author & Year
Show Only in Bibliography

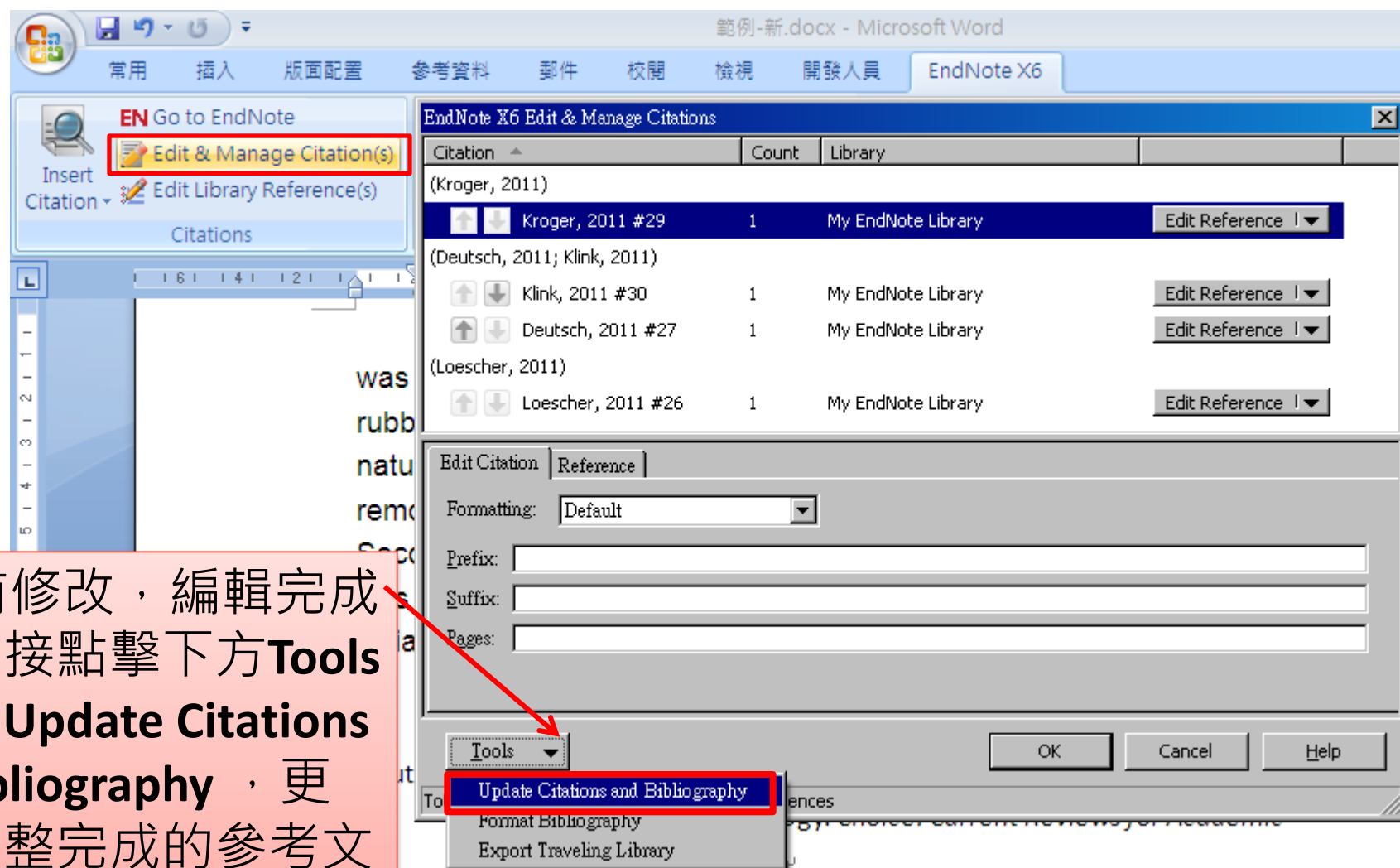
Pages: Show Only in Bibliography

Tools ▼ OK Cancel Help

Totals: 2 Citation Groups, 2 Citations, 2 References

Multi ALK be s & Ke appl appr
Kapla
Machuca, T. N., & Keshavjee, S. (2012). Transplantation for lung cancer. *Curr Opin Organ Transplant*. doi: 10.1097/MOT.0b013e328357fff6
Natl Acad Sci U S A. doi: 10.1073/pnas.1203201109

編輯引用狀況 Edit & Manage Citations



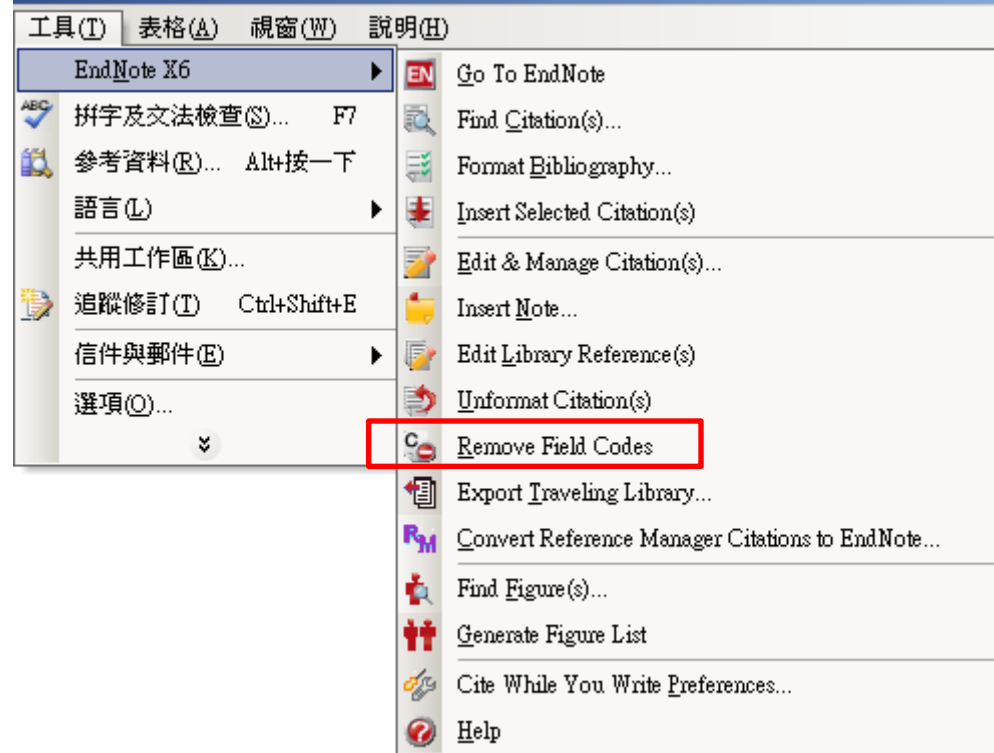
3. 如有修改，編輯完成可以直接點擊下方**Tools**的工具**Update Citations and Bibliography**，更新已調整完成的參考文獻清單內容。

4. 最後再點選**OK**即可。

移除參數

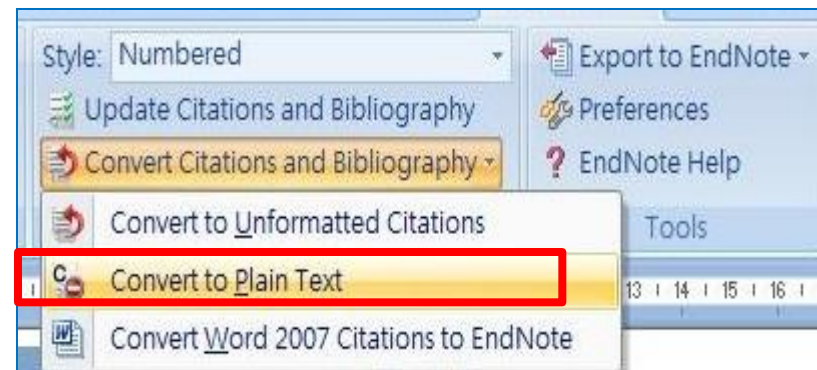
Word 2003

- Word 2003可從EndNote X6的工具列直接點選**Remove field codes**的圖示



- 若為Word 2007的話則是從Bibliography的Covert Citations and Bibliography下的**Covert to Plain Text**。

- 請另存一份移除參數的Word檔，保留有參數的檔案，以方便日後再運用。



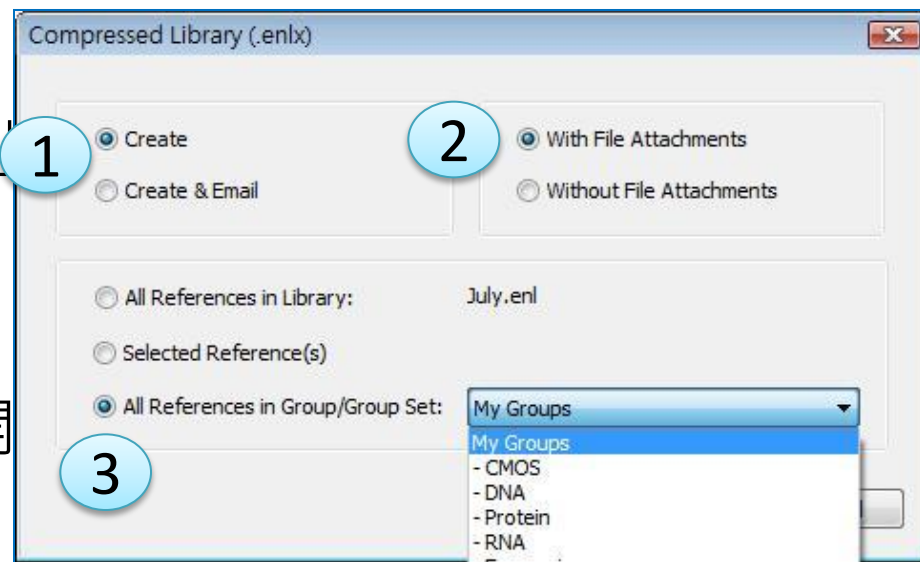
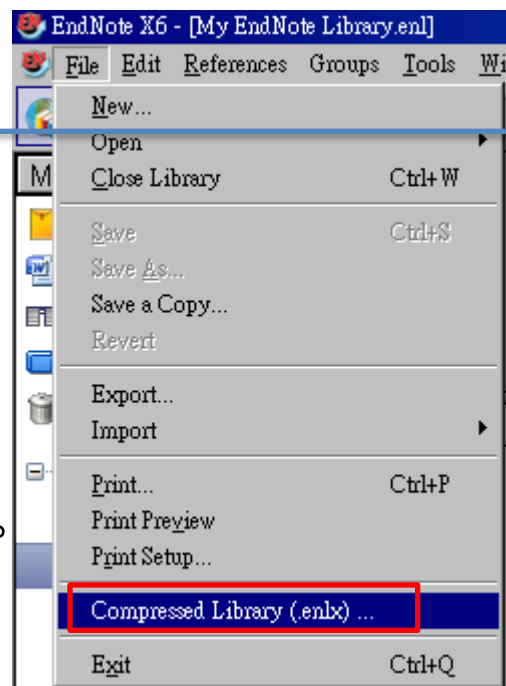
Word 2007

隨時隨地把個人小型圖書館帶著走且與易於分享

資料備份與分享

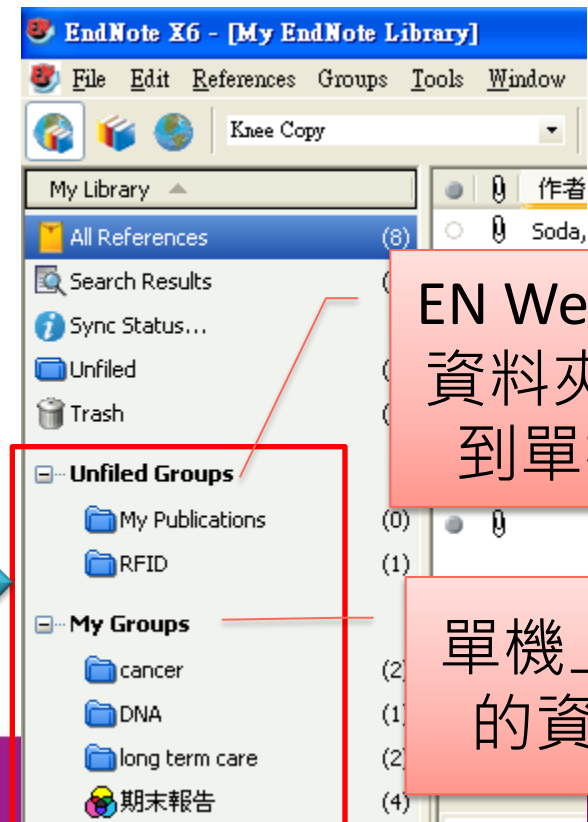
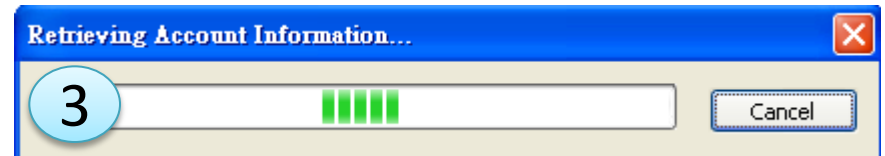
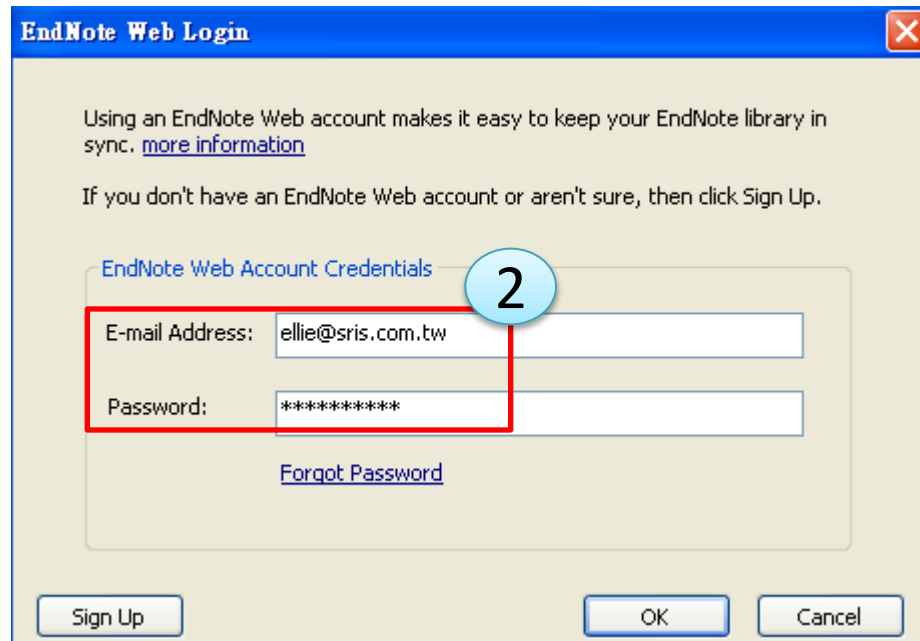
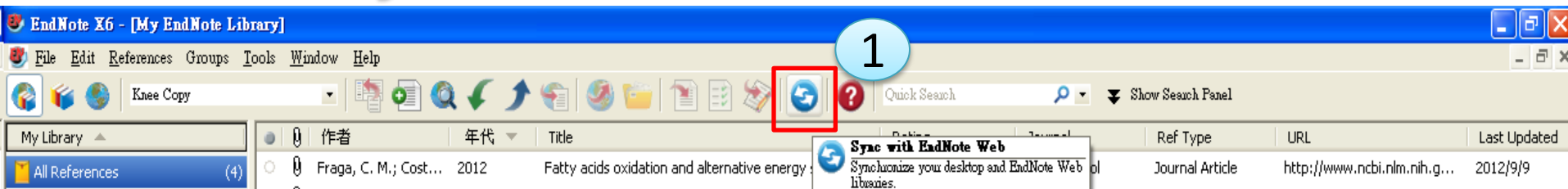
EndNote書目匯出與分享

1. 開啟EndNote Library，點選**File** > 進入**Compressed Library(.enlx)** 選項。
2. 可以依照個人需求設定*.enlx 的壓縮形式是否包含附加檔案等。
3. 選擇欲匯出之參考書目範圍。
4. 點選**Next**後，進一步選擇欲備份的路徑，最後可再該處看到*.enlx的備份檔案。
5. 欲開啟該被份檔僅需在有下面這個圖式上雙點擊，即可點開檔案。



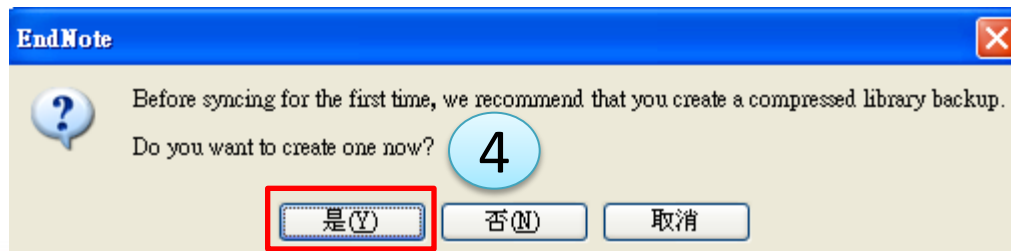
My EndNote Library
Archived EndNote Library
38 KB

Sync. 同步備份 (NEW!)



EN Web上的
資料夾備份
到單機上

單機上已設
的資料夾



Sync同步的偏好設定

The screenshot shows the EndNote application window with the 'EndNote Preferences' dialog box open. The 'Sync' option is selected in the left sidebar. The 'EndNote Web Account Credentials' section is visible, showing the 'Enable Sync' button and the account information fields. The 'Sync this EndNote Library' section shows the library path and the 'Sync Automatically' options. The 'Every 15 minutes' option is selected in the dropdown menu.

1. Click on the 'Edit' menu in the top toolbar.

2. Click on the 'Preferences...' option in the 'Edit' menu.

3. Click on the 'Sync' option in the 'EndNote Preferences' dialog box.

點選此鈕可註冊新帳號

輸入帳號密碼
讓系統保持記憶

可更改同步頻率

EndNote Preferences

Change Case
Display Fields
Display Fonts
Duplicates
Find Full Text
Folder Locations
Formatting
Libraries
Read / Unread
Reference Types
Sorting
Sync
Spell Check
Temporary Citations
Term Lists
URLs & Links

Synchronize your data with your EndNote Web account. Upgrade or create your two-year EndNote Web account and enable Sync.

Enable Sync

EndNote Web Account Credentials

E-mail Address: ellie@srts.com.tw

Password: *****

Sync this EndNote Library

C:\Documents and Settings\All Users\Documents\Sample_Library_X6.enl

Sync Automatically:

☐ When I open the library

☐ When I close the library

☒ Every 15 minutes

Every 15 minutes
Every 30 minutes
Every 60 minutes

確定 取消 套用(A)

Sync. 同步備份的注意事項

- A **two-year** subscription to EndNote Web comes with the purchase of EndNote X6. The free subscription allows you to create an EndNote Web library of up to 100,000 references and up to **5 GB** (gigabytes) of data in file attachments.
- Sync includes groups and group associations but does **not include group sets, smart groups, and groups within combination groups**. These will be added in a later release.
- Sync will put groups where a group set cannot be identified in an **Unfiled Groups** set. Drag and drop the group to the appropriate group in the desktop library.
- All file attachments that you transferred in an earlier version of EndNote are replaced with the **actual file attachments**.
- Sync works with only **one library and one EndNote Web account**.
- **You can always cancel a Sync process** that is currently in progress. However, EndNote processes all information that has gone through the Sync process up to the cancellation point.
- If you have a **ResearcherID account**, then your My Publications list and **Publication Lists 1 and 2 will be displayed in Unfiled Groups**. You can create a ResearcherID group set in the desktop library and drag and drop those groups into it.

Thank You!

碩睿資訊有限公司

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services@customer-support.com.tw

服務網址

<http://www.sris.com.tw>