

Table 2.1. Case-control studies of Epstein-Barr virus infection markers and Burkitt lymphoma (BL)*

Reference, study location and period	Characteristics of cases	Characteristics of controls	Detection method	Exposure categories	No. of exposed cases	Relative risk (95% CI)	Adjusted potential confounders
Carpenter <i>et al.</i> (2008) Uganda 2005–2006	325 HIV-negative, histologically confirmed cases of BL (≤ 15 years)	579 HIV-negative children (≤ 15 years) treated for nonmalignant surgical conditions (n=447) or cancers other than lymphoma & leukaemia (n=132)	Anti-EBV VCA IgG by optical density readings (173 cases and 102 controls only)	VCA IgG titer Low Medium High p-trend	33 85 55	1.0 (ref) 3.6 (2.3–5.6) 4.5 (2.3–8.7) <0.0001	Age, sex, district, household income, tribe
Mutalima <i>et al.</i> (2008) Malawi 1994–1999	148 cases (≤ 15 years) of BL (109 histologically confirmed)	104 children (≤ 15 years) admitted with nonmalignant conditions or cancers other than haematological malignancies and Kaposi sarcoma (73 histologically confirmed)	Anti-EBV VCA IgG by indirect IFA (138 cases and 95 controls only)	VCA IgG titer Low Medium High p-trend	12 39 77	1.0 (ref) 4.1 (1.6–10.1) 14.8 (5.8–38.5) <0.001	Age, sex, residence

VCA, viral capsid antigen; IgG, immunoglobulin G; IgA, immunoglobulin A; ref, reference category; IFA, immunofluorescence

* These studies demonstrated that EBV and malaria may act synergistically in the development of childhood BL.