



Waipapa
Taumata Rau
**University
of Auckland**

Ready for research?

FOUR stories from undergraduate interns



22nd July 2026



Associate Professor Gergely Toldi

Why Internships?

Clinician researchers are the future
leaders of health research



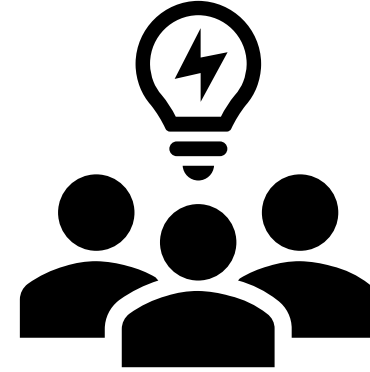
BUT

- 1 Long clinical training
- 2 Time constraint to get good research training
- 3 Not qualified for a PhD programme
- 4 Hard to find a way in to get started



For more information, please visit:
www.liggins.auckland.ac.nz/internship
www.liggins.auckland.ac.nz/honours

What is the idea?



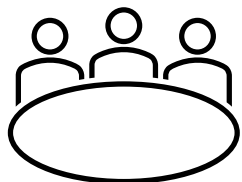
- Research exposure early on in medical training
- Experience of a wide variety of research to get a feel of what is available
- Qualify for more formal research training (PhD) in the future



Get future research leaders hooked on research!

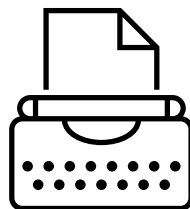
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How do I apply?



INTERVIEW

Short-listed applicants will be interviewed (17 August)



APPLICATION

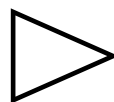
29 July 2026

- CV
- Details of previous academic record before medical school if relevant.
- A brief (<500 words) expression of interest.



Email to **Anna Cable-Meunier**:
anna.cable@auckland.ac.nz

START



Selected Liggins Clinical Interns start during the mid-semester break of semester two.



What are the Research Topics in 2026?



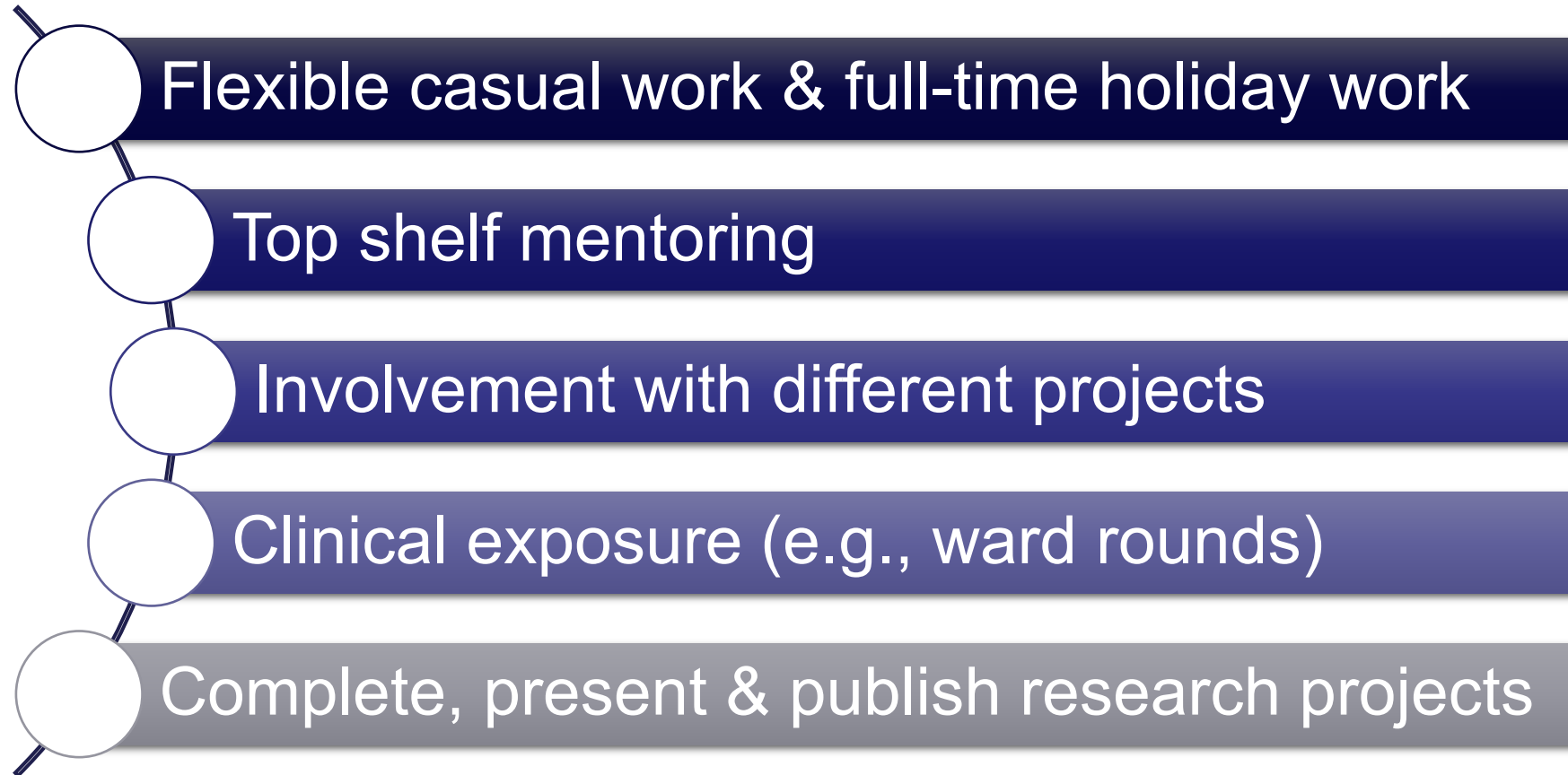
Improving the care of babies at risk of hypoglycaemia

Why do babies born moderate-late preterm have adverse outcomes?

Assessment of revised standard parenteral nutrition solutions for preterm infants in neonatal intensive care

Research implementation in the Carosika Collaborative to improve equity in preterm birth in Aotearoa

How do they work?



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Waipapa
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**University
of Auckland**

Liggins Clinical Research Internship Programme

➤ July 26

➤ Emily Broomfield



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**University
of Auckland**

Who Am I?

- Previous Study
- Why I applied for this Internship



»»» July 26

»»» Emily Broomfield



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My Supervisor



Dr Barbara Cormack

A specialist neonatal dietitian who is the Clinical Lead for the team of paediatric dietitians at Starship Child Health, Auckland City Hospital.

Dr Cormack was appointed Senior Research Fellow at the Liggins Institute in 2020.

»»» July 26

»»» Emily Broomfield



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My Supervisor



Anja Bronnert

Anja was completing her PhD under the supervision of Barbara when I joined the team.

As my day-to-day supervisor, she provided guidance, mentorship, and support throughout my internship.

Since submitting her PhD, Anja has progressed into a research position.

»»» July 26

»»» Emily Broomfield

The Projects I have worked on:

1. Secondary Analysis

2. Systematic Review

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PreMIS: Preterm Maternal Intake of Supplements

Maternal antenatal supplement use in a New Zealand preterm birth cohort and associations with sociodemographic characteristics: Secondary analysis of the AVlatioN and MoPED cohorts



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- To determine antenatal supplement use for folic acid, iodine and multivitamins among women in New Zealand who had a preterm birth, and to determine how supplement use is associated with maternal sociodemographic factors, including maternal age, deprivation index and ethnicity. To better understand which women may be at greater risk of inadequate supplement use, enabling more targeted support and healthcare recommendations.



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Maternal antenatal supplement use in a New Zealand preterm birth cohort and associations with sociodemographic characteristics: Secondary analysis of the AVlation and MoPED cohorts

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Analysing Vitamin status and early Intravenous Nutrition in the NICU (AVlation)

Moderate-to-late Preterm Babies Early Brain Development (MoPED)



What has this project involved?



What has this project involved?

- Cleaning, organising, and validating large datasets.



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- Gaining experience in collaborative clinical research.


```

eth_data_long <- Jan_23_MaternalChar %>%
  pivot_longer(
    cols = c(B_Q10_Iodine, B_Q10_FolicAcid, `Any multivit`),
    names_to = "supplement",
    values_to = "value"
  ) %>%
  filter(!is.na(B_Q3_Eth_mo), !is.na(value)) %>%
  mutate(
    value = tolower(trimws(as.character(value))),
    value = ifelse(value == "both", "yes", value),
    value = factor(value, levels = c("no", "yes")),
    B_Q3_Eth_mo = factor(B_Q3_Eth_mo)
  )

chi_results <- eth_data_long %>%
  group_by(supplement) %>%
  summarise(
    test = list(chisq.test(table(B_Q3_Eth_mo, value))),
    p_value = test[[1]]$p.value,
    statistic = test[[1]]$statistic,
    df = test[[1]]$parameter,
    .groups = "drop"
  )

chi_results

eth_data_long %>%
  group_by(supplement) %>%
  summarise(
    min_expected = min(chisq.test(table(B_Q3_Eth_mo, value))$expected)
  )

fisher_results <- eth_data_long %>%
  group_by(supplement) %>%
  summarise(
    p_value = fisher.test(table(B_Q3_Eth_mo, value))$p.value,
    .groups = "drop"
  )

```

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A systematic review and appraisal of national and international guidelines for recommended nutritional supplementation in pregnancy



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To examine if differences in guidelines reflect differences in underlying evidence quality and or guideline development method.



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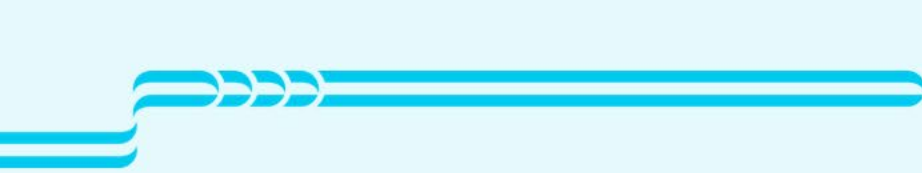
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- Collaborating with researchers, clinicians, librarians, and other experts throughout the project.
- Leading the preparation of a manuscript for publication



The Benefits of this Internship !!

- 
- Learn invaluable research skills that can open the door to future research opportunities.

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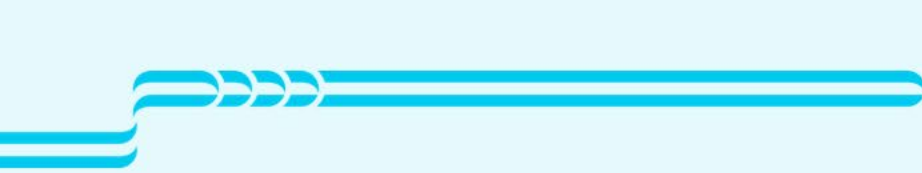
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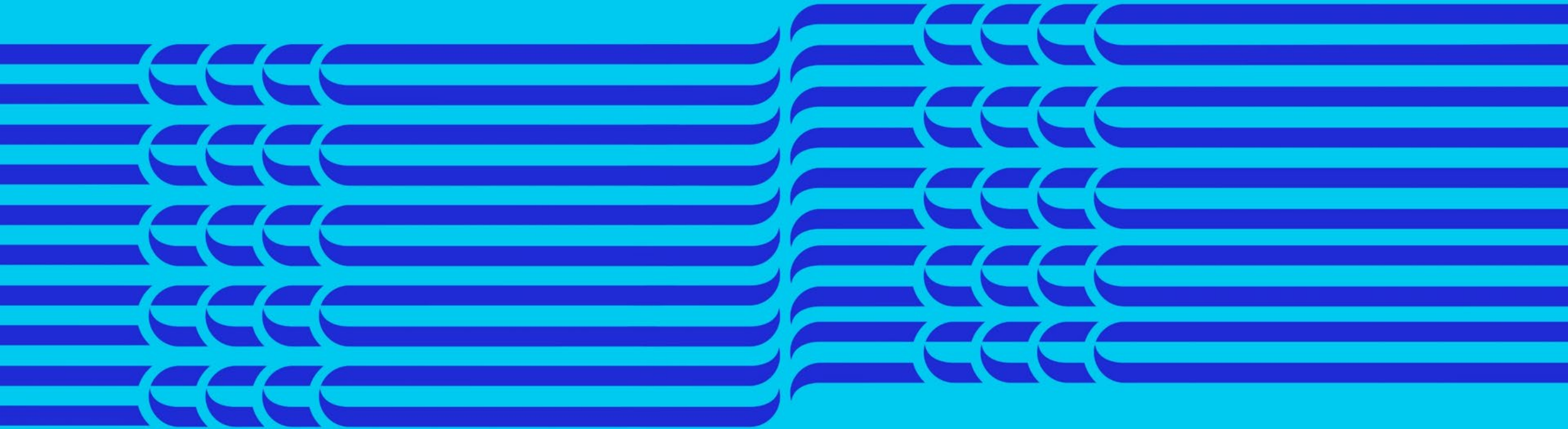
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- Develop confidence in data analysis, scientific writing, presenting, and working within a research team.
- The opportunity to publish a research paper.

Thank you for Listening
Good luck with your Application !!





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The Liggins Internship

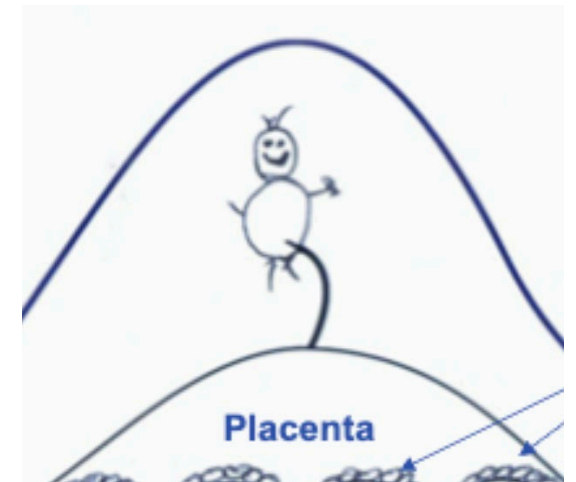
Incredible opportunities, the best people and world-class research

»»» July 22

»»» Danielle Mayer

Who am I?

- Bachelor of Science majoring in Physiology (2022-2024)
- **My interest in research:** Undergraduate papers and a capstone project on preterm brain injury
- No previous research experience
- Research area: **Prevention and care in preterm birth**



Preterm birth at a glance



Preterm birth: <37 weeks gestation



In 2023, 7.9% of births were preterm (~4476 babies)



75% of perinatal mortality, >50% long term morbidity



No global change in preterm birth rates over the past decade

My Research:

Implementing Taonga Tuku Iho, the national best practice guide for preterm birth, at Te Toka Tumai Auckland

- Taonga Tuku Iho was developed by the Carosika Collaborative
- It is a set of national recommendations and good practice points for preterm birth care
- Quality Improvement (QI) project



Supervised by:
Dr Lisa Dawes



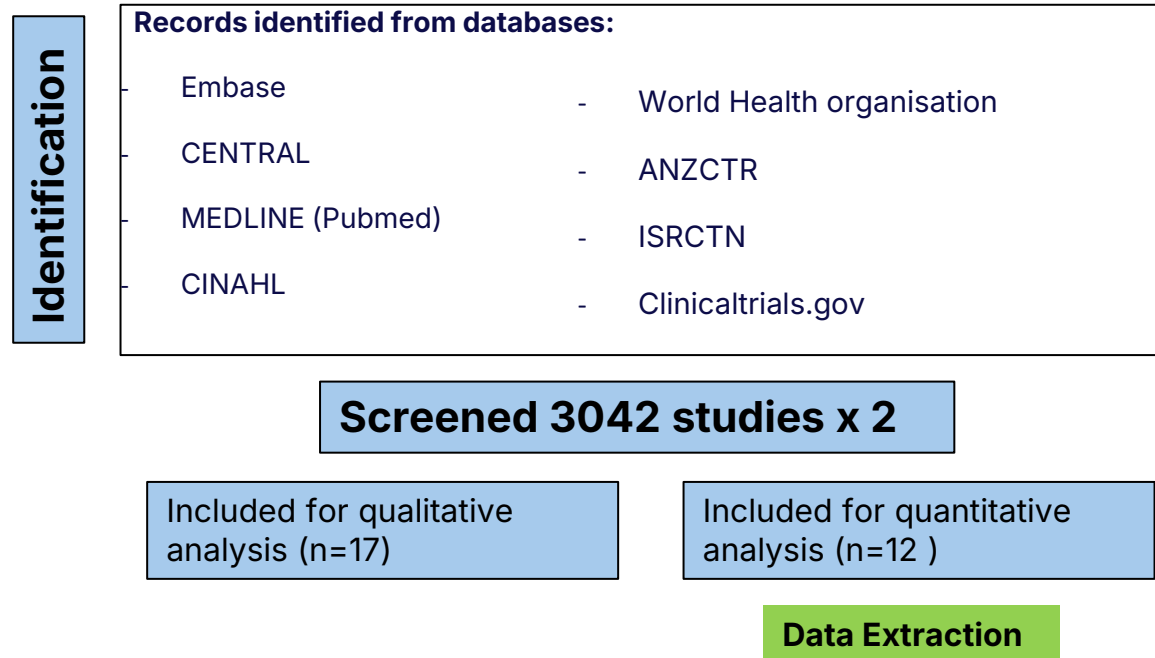
What is a Quality Improvement Implementation study?

- Exactly what it sounds like
- Improving the delivery of healthcare services and processes
- Bridging the gap between scientific research and clinical practice

My Project: Quality improvement study aiming to improve the implementation of preterm birth guidelines at Te Toka Tumai

- Meetings with a select team of clinicians
- Use the EPIQ quality improvement question framework
- Design an intervention to improve the translation of the Taonga Tuku Iho guidelines into everyday practice

Systematic Review: Short and long-term maternal and child outcomes following diagnosis of gestational diabetes mellitus using higher or lower glycaemic criteria



Supervised by Dr
Qiliang Liu

Study Assessments:

- ROB1 (Risk of Bias) considerations and INSPECT-SR Trustworthiness Scale (For all randomised controlled trials)
- Newcastle-Ottawa Scale considerations (for cohort studies)
- GRADE assessments (evaluate certainty of evidence)

Clinical Experiences

- Neonatal ward rounds/shadow in NICU
- High risk obstetric clinic
- Grand Rounds
- LifePaTH meetings
- Seminars/Lectures
- MRI Developmental assessments
- Donated blood to research
- Molecular genetic analysis labs
- Further opportunities in endocrinology clinics, paediatric intensive care shadowing, etc.





Thanks!



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Ready for Research?

Why you should apply for the Clinical Research
Internship

»» July 22

»» Jake Fuyala

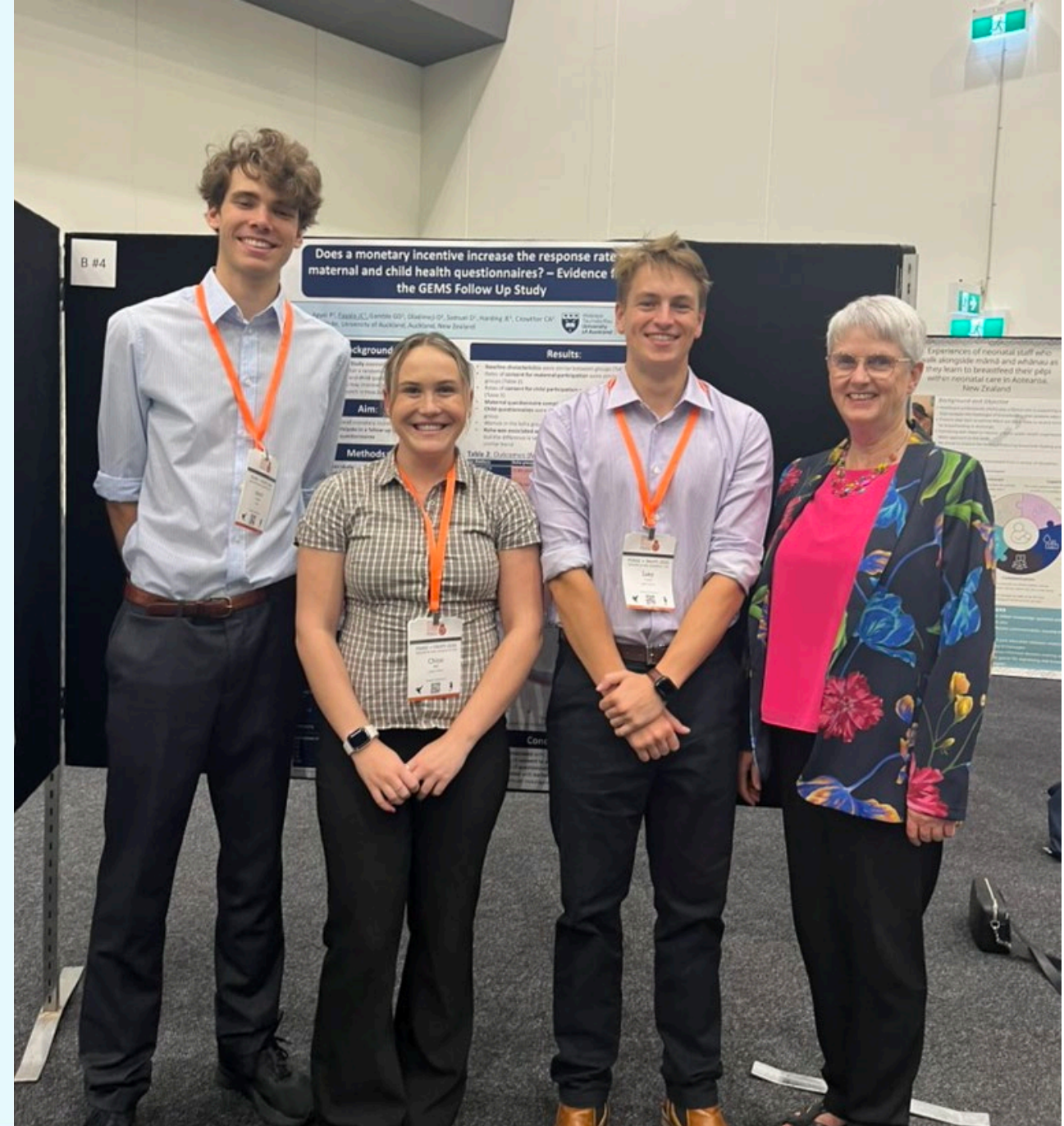
About Me

- Westlake Boys High School
- First year Health Science in 2024
- Medicine in 2025
- **No research experience**
- **Clueless** about specialty training



My Supervisor

- **Distinguished Professor Dame Jane Harding**
 - Experienced neonatologist
 - Professor of neonatology



My Project:

Does a monetary incentive increase the response rate to maternal and child health questionnaires? – Evidence from the GEMS Follow Up Study

Does a monetary incentive increase the response rate to maternal and child health questionnaires? – Evidence from the GEMS Follow Up Study

Ohene-Agyei P¹, Fuyalo JS¹, Gamble GD¹, Oladimeji O¹, Samuel D¹, Harding JE¹, Crowther CA¹
¹Liggins Institute, University of Auckland, Auckland, New Zealand



Background:

- The GEMS Follow-Up Study assessed maternal and child outcomes 4.5 years after a randomised trial (GEMS Trial)
- Involved maternal and child questionnaire
- Monetary incentives may improve recruitment to new trials yet there is a lack of research in New Zealand

Aim:

- To determine if a small monetary incentive (koha) increases
- Consent to participate in a follow-up study
- Completion of questionnaires

Methods:

- Before and after study
- Before (pre-koha) participants recruited with no incentive
- After (koha) participants were offered a NZ\$25 electronic supermarket voucher to be sent at completion of questionnaire
- Groups compared using chi square, T-test and survival analysis

Figure 1. Recruitment to GEMS Follow-Up:

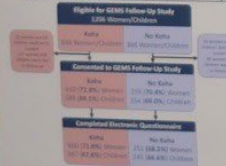


Table 1. Baseline characteristics

Characteristic	Koha group (n=300)	No Koha group (n=300)	p-value
Age (years)	32.7 (5.8)	32.3 (5.4)	0.703
Parity			
0	140 (46.7%)	124 (41.3%)	
1	110 (36.7%)	107 (35.7%)	
2	40 (13.3%)	40 (13.3%)	
3	10 (3.3%)	10 (3.3%)	
4	10 (3.3%)	10 (3.3%)	
5	10 (3.3%)	10 (3.3%)	
6	10 (3.3%)	10 (3.3%)	
7	10 (3.3%)	10 (3.3%)	
8	10 (3.3%)	10 (3.3%)	
9	10 (3.3%)	10 (3.3%)	
10	10 (3.3%)	10 (3.3%)	
11	10 (3.3%)	10 (3.3%)	
12	10 (3.3%)	10 (3.3%)	
13	10 (3.3%)	10 (3.3%)	
14	10 (3.3%)	10 (3.3%)	
15	10 (3.3%)	10 (3.3%)	
16	10 (3.3%)	10 (3.3%)	
17	10 (3.3%)	10 (3.3%)	
18	10 (3.3%)	10 (3.3%)	
19	10 (3.3%)	10 (3.3%)	
20	10 (3.3%)	10 (3.3%)	
21	10 (3.3%)	10 (3.3%)	
22	10 (3.3%)	10 (3.3%)	
23	10 (3.3%)	10 (3.3%)	
24	10 (3.3%)	10 (3.3%)	
25	10 (3.3%)	10 (3.3%)	
26	10 (3.3%)	10 (3.3%)	
27	10 (3.3%)	10 (3.3%)	
28	10 (3.3%)	10 (3.3%)	
29	10 (3.3%)	10 (3.3%)	
30	10 (3.3%)	10 (3.3%)	
31	10 (3.3%)	10 (3.3%)	
32	10 (3.3%)	10 (3.3%)	
33	10 (3.3%)	10 (3.3%)	
34	10 (3.3%)	10 (3.3%)	
35	10 (3.3%)	10 (3.3%)	
36	10 (3.3%)	10 (3.3%)	
37	10 (3.3%)	10 (3.3%)	
38	10 (3.3%)	10 (3.3%)	
39	10 (3.3%)	10 (3.3%)	
40	10 (3.3%)	10 (3.3%)	
41	10 (3.3%)	10 (3.3%)	
42	10 (3.3%)	10 (3.3%)	
43	10 (3.3%)	10 (3.3%)	
44	10 (3.3%)	10 (3.3%)	
45	10 (3.3%)	10 (3.3%)	
46	10 (3.3%)	10 (3.3%)	
47	10 (3.3%)	10 (3.3%)	
48	10 (3.3%)	10 (3.3%)	
49	10 (3.3%)	10 (3.3%)	
50	10 (3.3%)	10 (3.3%)	
51	10 (3.3%)	10 (3.3%)	
52	10 (3.3%)	10 (3.3%)	
53	10 (3.3%)	10 (3.3%)	
54	10 (3.3%)	10 (3.3%)	
55	10 (3.3%)	10 (3.3%)	
56	10 (3.3%)	10 (3.3%)	
57	10 (3.3%)	10 (3.3%)	
58	10 (3.3%)	10 (3.3%)	
59	10 (3.3%)	10 (3.3%)	
60	10 (3.3%)	10 (3.3%)	
61	10 (3.3%)	10 (3.3%)	
62	10 (3.3%)	10 (3.3%)	
63	10 (3.3%)	10 (3.3%)	
64	10 (3.3%)	10 (3.3%)	
65	10 (3.3%)	10 (3.3%)	
66	10 (3.3%)	10 (3.3%)	
67	10 (3.3%)	10 (3.3%)	
68	10 (3.3%)	10 (3.3%)	
69	10 (3.3%)	10 (3.3%)	
70	10 (3.3%)	10 (3.3%)	
71	10 (3.3%)	10 (3.3%)	
72	10 (3.3%)	10 (3.3%)	
73	10 (3.3%)	10 (3.3%)	
74	10 (3.3%)	10 (3.3%)	
75	10 (3.3%)	10 (3.3%)	
76	10 (3.3%)	10 (3.3%)	
77	10 (3.3%)	10 (3.3%)	
78	10 (3.3%)	10 (3.3%)	
79	10 (3.3%)	10 (3.3%)	
80	10 (3.3%)	10 (3.3%)	
81	10 (3.3%)	10 (3.3%)	
82	10 (3.3%)	10 (3.3%)	
83	10 (3.3%)	10 (3.3%)	
84	10 (3.3%)	10 (3.3%)	
85	10 (3.3%)	10 (3.3%)	
86	10 (3.3%)	10 (3.3%)	
87	10 (3.3%)	10 (3.3%)	
88	10 (3.3%)	10 (3.3%)	
89	10 (3.3%)	10 (3.3%)	
90	10 (3.3%)	10 (3.3%)	
91	10 (3.3%)	10 (3.3%)	
92	10 (3.3%)	10 (3.3%)	
93	10 (3.3%)	10 (3.3%)	
94	10 (3.3%)	10 (3.3%)	
95	10 (3.3%)	10 (3.3%)	
96	10 (3.3%)	10 (3.3%)	
97	10 (3.3%)	10 (3.3%)	
98	10 (3.3%)	10 (3.3%)	
99	10 (3.3%)	10 (3.3%)	
100	10 (3.3%)	10 (3.3%)	

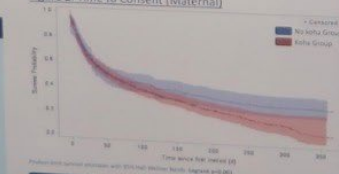
Results:

- Baseline characteristics were similar between groups (Table 1)
- Rates of consent for maternal participation were similar between groups (Table 2)
- Rates of consent for child participation were similar between groups (Table 3)
- Maternal questionnaire completion was similar between groups
- Child questionnaires were more likely to be fully completed in the koha group
- Woman in the koha group required fewer contacts with the study team
- Koha was associated with slightly earlier time to consent for mothers, but the difference is late-emerging (Figure 2). Child consent followed a similar trend

Table 2. Outcomes (Maternal and Child)

	Koha group (n=300)	No Koha group (n=300)	p-value
Consented to participate	75.0% (225/300)	70.0% (210/300)	0.300
Completed any questionnaire	52.0% (156/300)	48.0% (144/300)	0.234
Completed full questionnaire	50.0% (150/300)	50.0% (150/300)	0.204
Completed maternal questionnaire	50.0% (150/300)	47.0% (141/300)	
Completed within 250 days	46.0% (138/300)	43.0% (129/300)	0.014
Number of contacts	4.0 (3.0-5.0)	7.0 (3.0-11.0)	0.229
Time to consent (days)	20 (10-210)	30 (10-480)	<0.001 (log-rank test)
For Children			
Consented to participate	80.0% (240/300)	80.0% (240/300)	0.795
Completed any questionnaire	57.0% (171/300)	46.0% (138/300)	0.713
Completed full questionnaire	50.0% (150/300)	44.0% (132/300)	0.039
Completed maternal questionnaire	46.0% (138/300)	22.0% (66/300)	
Completed within 250 days	50.0% (150/300)	58.0% (174/300)	0.014
Number of contacts	0.0 (0.0-0.0)	7.0 (3.0-11.0)	0.229
Time to consent (days)	0 (0-0)	17 (10-420)	0.003 (log-rank test)

Figure 2. Time to Consent (Maternal)



Conclusion:

- A koha was not associated with:
- Increased rates of consent to participate in a follow-up study
- Increased rates of questionnaire completion
- But was associated with earlier times to consent
- Future research should investigate effects of a larger monetary incentive

What is the GEMS Study?

- RCT completed in 2019
- 4061 participants
- Investigated different diagnostic thresholds for diagnosing GDM
- 4.5-year **Follow Up Study** completed in 2023
 - o Investigated long term impacts on maternal & child health



How do you Increase Response to Follow Up?

- We conducted a before and after study
- Tested if \$25 supermarket voucher increased consent rates and questionnaire completion
- **Before:**
 - o No incentive
- **After:**
 - o Koha (\$25 voucher)

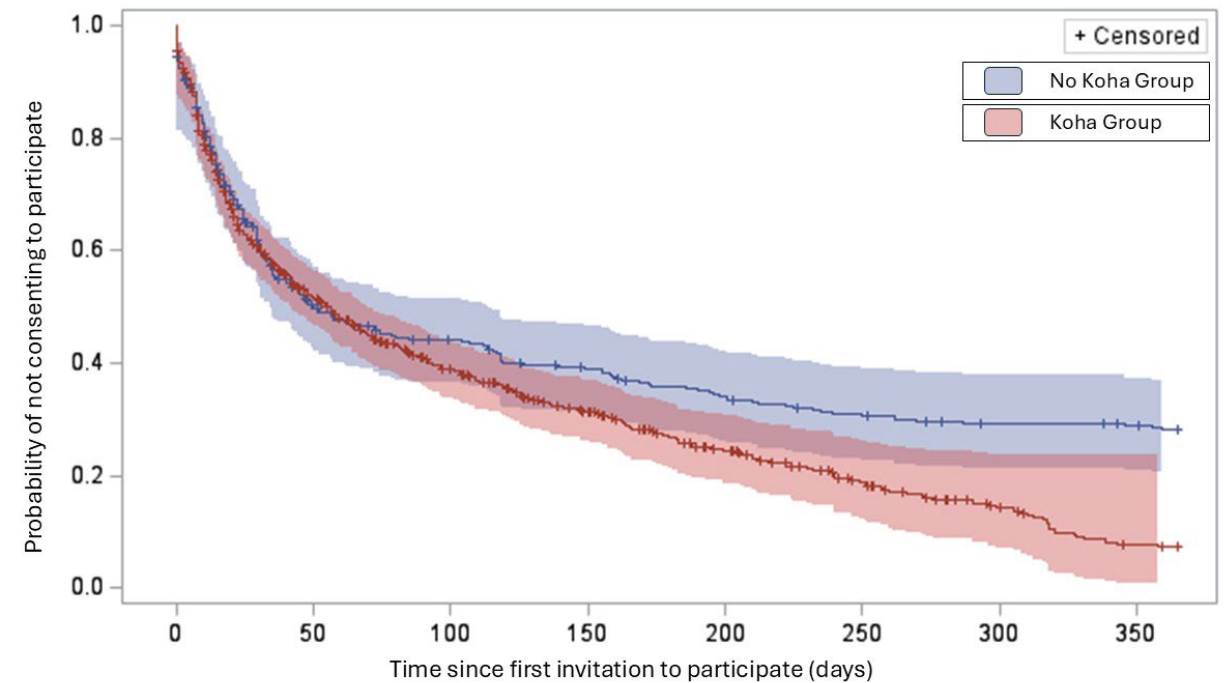


What did we Find?

Table 2: Outcomes for Koha and No Koha groups

	Koha N=838	No Koha N=368	Risk Difference (95% CI)	p- value
Mother consented to participate %, (n/N)	72.8 (610/838)	70.4 (259/368)	2.4 (-3.1, 8.0)	0.390
Consented to participate for child %, (n/N)	69.1 (579/838)	69.0 (254/368)	0.1 (-5.6, 5.8)	0.980

Figure 1: Survival curve of **time to maternal consent** to participate in Koha and No Koha groups censored at one year



Skills & Experiences

- Data analysis

- After all the data was in, I learnt to code in SPSS and SAS to interpret the results
 - Became really good at emailing people for help

SAS® Studio

GLMSELECT1.sas PSMATCH8.sas TTEST06.sas

CODE LOG OUTPUT DATA

```
99 proc psmatch data=drugs region=cs;
100   class Drug Gender;
101   psmodel Drug(Treated='Drug_X')= Gender Age BMI;
102   match method=optimal(k=1) exact=Gender distance=lps caliper=0.25;
103   output out(obs=match)=Outgs lps=_Lps matchid=_MatchID;
104 run;
```

C:\Gordon\Code_Examples\PSMATCH8.sas UTF-8

RESULTS

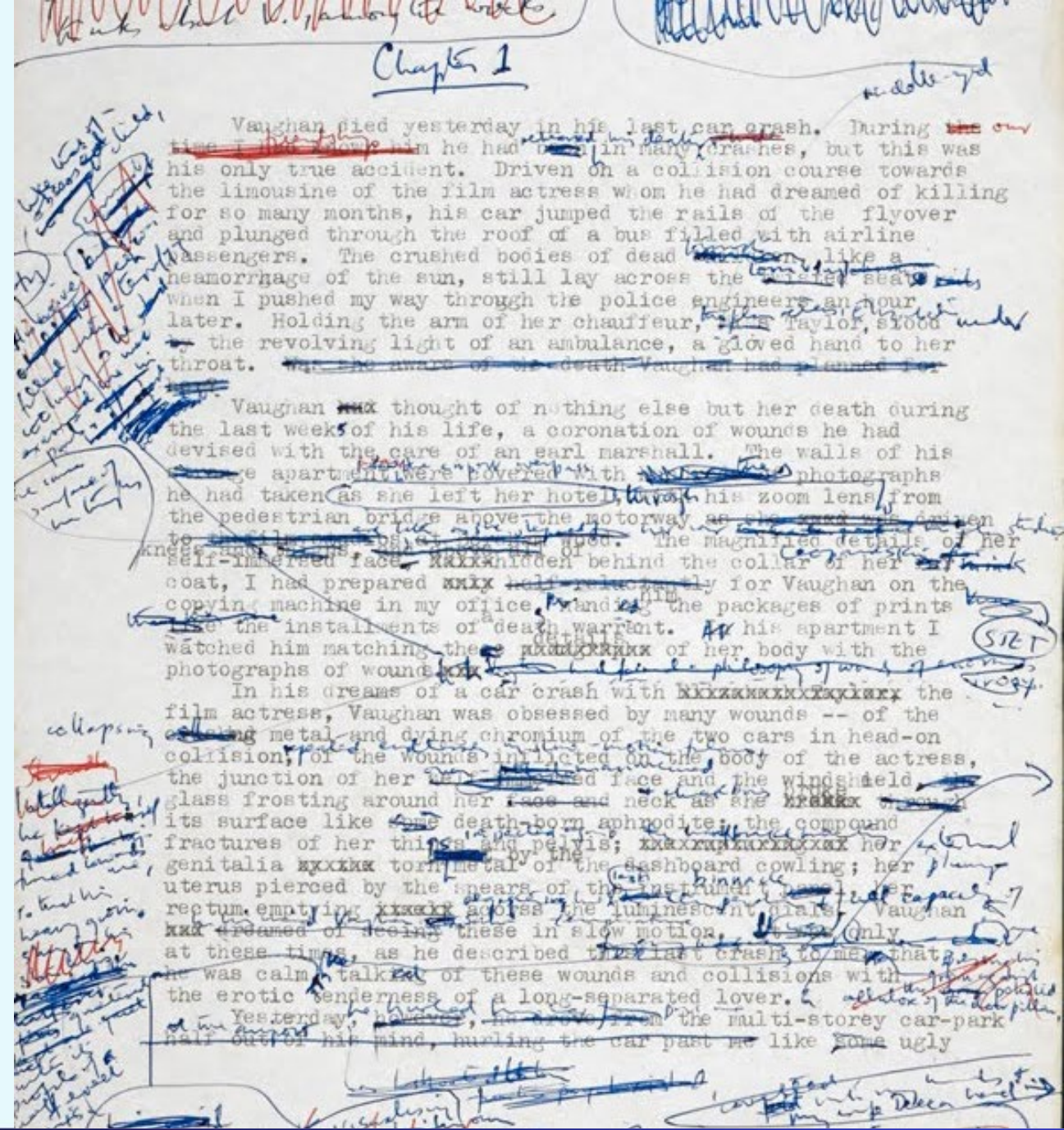
Table of Contents

Observations	Treated (Drug = Drug_X)					Control (Drug = Drug_A)					Treated - Control
	N	Mean	Standard Deviation	Minimum	Maximum	N	Mean	Standard Deviation	Minimum	Maximum	Mean Difference
All	113	0.3108	0.1325	0.0602	0.6411	373	0.2088	0.1320	0.0202	0.6868	0.1020
Region	113	0.3108	0.1325	0.0602	0.6411	351	0.2176	0.1267	0.0510	0.6824	0.0932
Matched	113	0.3108	0.1325	0.0602	0.6411	113	0.3062	0.1310	0.0619	0.6824	0.0026

Distance Metric	Logit of Propensity Score
Method	Optimal Fixed Ratio Matching
Control/Treated Ratio	1
Caliper (Logit PS)	0.191862
Matched Sets	113
Matched Obs (Treated)	113
Matched Obs (Control)	113
Total Absolute Difference	2.941869

Skills & Experiences

- Data analysis
 - o After all the data was in, I learnt to code in SPSS and SAS to interpret the results
- Drafting & Editing the manuscript
 - o Learning how to write academically
(lots of help from my supervisor)



Skills & Experiences



- **Data analysis**
 - After all the data was in, I learnt to code in SPSS and SAS to interpret the results
- **Drafting & Editing the manuscript**
 - Learning how to write academically (lots of help from my supervisor)
- **Submitting to a Journal**
 - Journal of Paediatrics and Child Health

VOLUME 61 NUMBER 6 JUNE 2025

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Journal of Paediatrics and Child Health

Preparing an Abstract

- A concise, self-contained summary of a research paper
- Elevator pitch
- Normally consists of
 - Background
 - Methodology
 - Results
 - Conclusions
- Submitted my **abstract for conference** shortly after Year 2 finished



Research Dissemination

- Perinatal Society of Australia and New Zealand (PSANZ) Conference
 - Perth, WA
- National Women's Annual Clinical Report (ACR) Day
 - Auckland Hospital
- HealtheX 2026
 - Grafton Campus



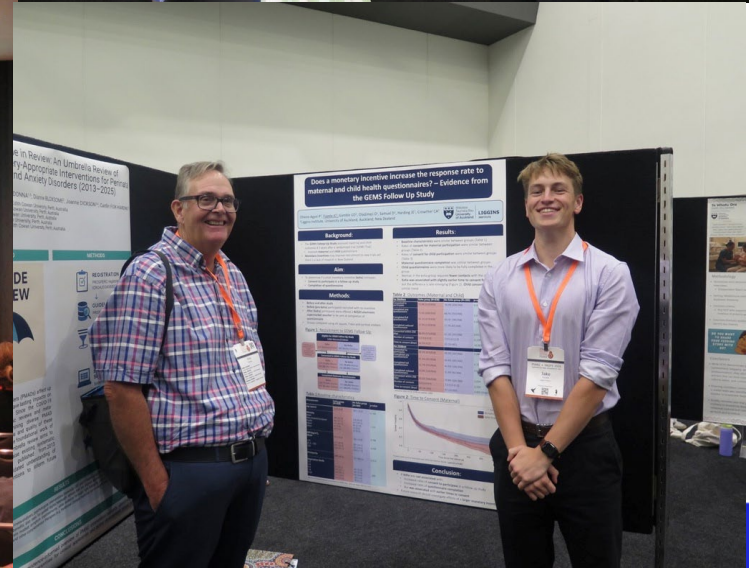
PSANZ - 2026

- Perth, Western Australia
- March 2026
- 3 days of congress
- 3 Breakfast sessions
- 2 days of pre-congress meetings
- Fun social events!





PSANZ - 2026





Why Should You Apply?

(Extremely) Flexible Hours

- 2-year internship
- You still get a break over summer
- Hours are based on availability
- Some work can be done remotely
- **Not in the way of your study**



Why Should You Apply?

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Early Clinical Exposure

- Weekly grand rounds
- NICU visits
- Follow-up assessments
- MRI assessments
- Shadowing in high-risk obstetrics clinics



Why Should You Apply?

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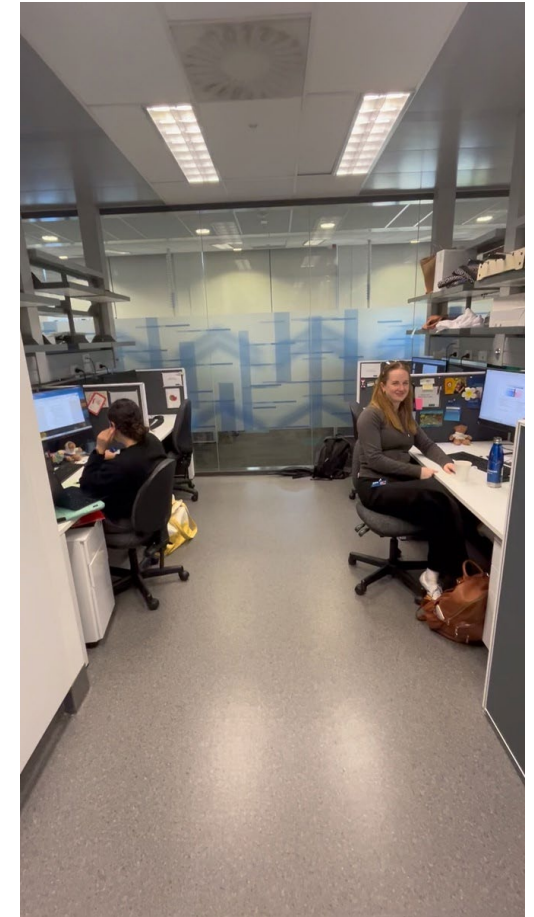
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Office Space on Campus

- Desk upstairs in Liggins office
- Meeting rooms
- Good place to study
- Unlimited coffee
- Access to staff services



Why Should You Apply?

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Genuinely One-of-a-Kind Opportunity

- To be a part of meaningful clinical research
- Learn more about research for clinicians
- Work alongside incredible people



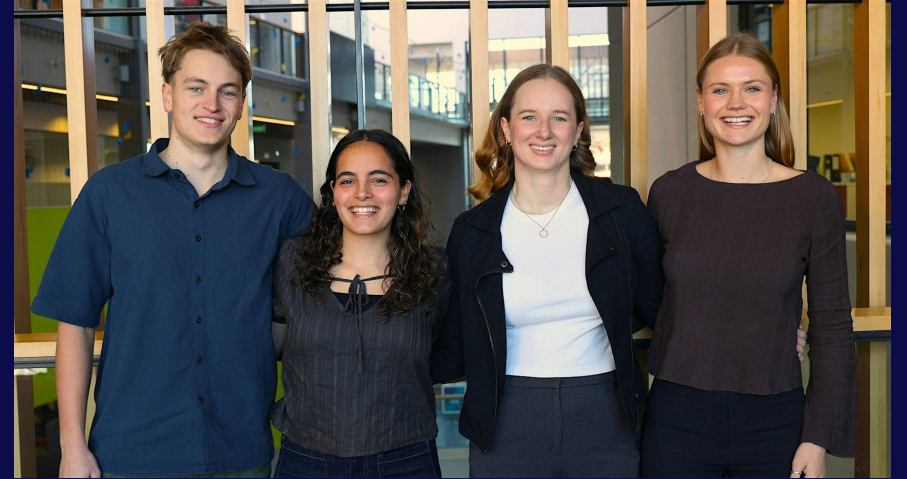
Waipapa
Taumata Rau
**University
of Auckland**

Good Luck!

Make the most of this opportunity
and give it a go!



Waipapa
Taumata Rau
**University
of Auckland**



My Liggins Clinical Internship Experience

»»» July 22

»»» Shana Singh-Anderson



My Projects

Trained Immunity Induced by Vaccines: A Shifting Paradigm for Infant and Adult Immunity

Anakinra Pilot 2 – A Phase II Study to Optimise Dose and Route of Administration of Anakinra in Preterm Infants

Immunomodulatory Effects of Lactoferrin Proteins from Different Species on Human Cord Blood

What is trained immunity?

- Innate immune cells can develop a form of "memory" which changes how they respond to later infections
- Vaccines influence both innate **and** adaptive immunity
 - e.g. BCG vaccine → shows reduced mortality to unrelated infectious diseases (other than tuberculosis)

My Role

- Conducted a narrative literature review
- Synthesised laboratory evidence in a clinical context
 - vaccine-specific modulation of the innate immune system
 - modifying factors that influence these responses
 - implications for vaccine deployment and design

Component of TRIM						
Type	Vaccine	Cytokines	Immune Cell Population	Epigenetic Signatures	Metabolic Reprogramming	References
Live-attenuated vaccines (LAV)	Bacillus Calmette-Guérin (BCG)	↑ TRIM cytokines; reverses NLV-induced immune tolerance	Mixed evidence: increased and no changes found	Increase in signatures associated with pro-inflammatory genes (H3K4me3, H3K27ac)	↑ glycolysis	[11,12,20,25,27,28,31,33,34,35,36,37,38,40]
	Measles Vaccine (MV)	↑ TRIM cytokines (sex-dependent)	No significant changes found			[23]
	Measles, Mumps, Rubella (MMR)	↑ TRIM cytokines in Vβ2 + γδ T cells	No significant changes found		↑ mitochondrial reliance and protein synthesis with ↓ glycolytic capacity in Vβ2 + γδ T cells	[19]
	Vaccinia	↑ TRIM cytokines		No direct evidence	No direct evidence	[26,51,52,55,56,57]
	Modified Vaccinia Ankara (MVA)	↓ TRIM cytokines		Suggested histone methyltransferase action		[26]
Non-live vaccines (NLV)	Diphtheria, Tetanus, Pertussis (DTP)	Mixed evidence; no response or ↓ TRIM cytokines with different stimulants				[23]
	Tetanus, diphtheria, acellular pertussis-inactivated Poliovirus (Tdap-IPV)	↓ TRIM cytokines	No significant changes found			[20]
	Influenza (inactivated)	Mixed evidence: context-dependent pro- and anti-inflammatory cytokine responses to different stimulants	No significant changes found	↓ histone acetylation marks (H2BK5ac, H3K9ac, H3K27ac, and H4K5ac)		[62,63,64,65]
	Typhoid Vi Polysaccharide Vaccine (TFV)	↓ TRIM cytokines				[28]
Next-generation non-live vaccines	ChAdOx1 nCoV-19	↑ TRIM cytokines	↑ monocytes in peripheral blood, ↑ CD14+CD16+ monocytes, ↑ surface markers HLA-DR, CD40, and CD80		Markers and gene expression indicating ↑ glycolytic capacity and ↓ oxidative phosphorylation within monocytes	[24]
	BNT162b2 (COV-19)	Mixed evidence: increased, decreased, and no changes found	↑ overall monocytes, proportions of CD14+, CD14+CD16+; but functional TRIM response not consistently observed	Transient TRIM-like changes, potential H3K27ac detection		[21,22,68,69,70]



Anakinra Pilot 2 (AP2)

Background Information:

- Anakinra is an IL-1 receptor antagonist, commonly used to treat rheumatoid arthritis
- Link between IL-1 and bronchopulmonary dysplasia (BPD), BPD-pulmonary hypertension, and preterm brain and gut injury

Study Information:

- Collaboration with Monash University
- Randomised Phase II dose and RoA optimisation trial
- Primary Objectives
 - Establish safety, feasibility and pharmacokinetics of dosing and RoA comparison
 - Optimise exposure target for premature neonates to suppress inflammation

What's happening in the lab?

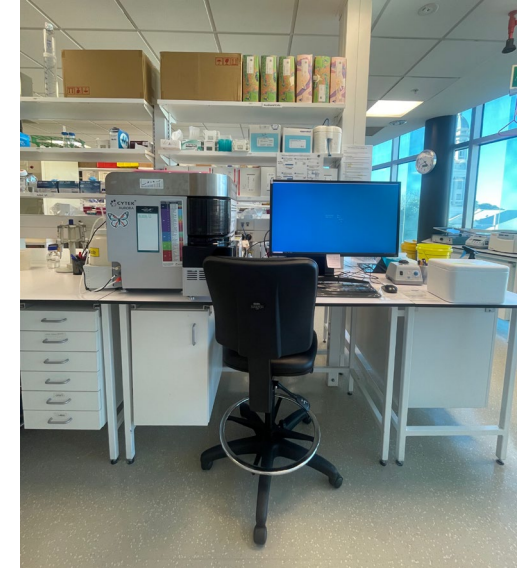
Stimulation



Staining



Flow cytometry

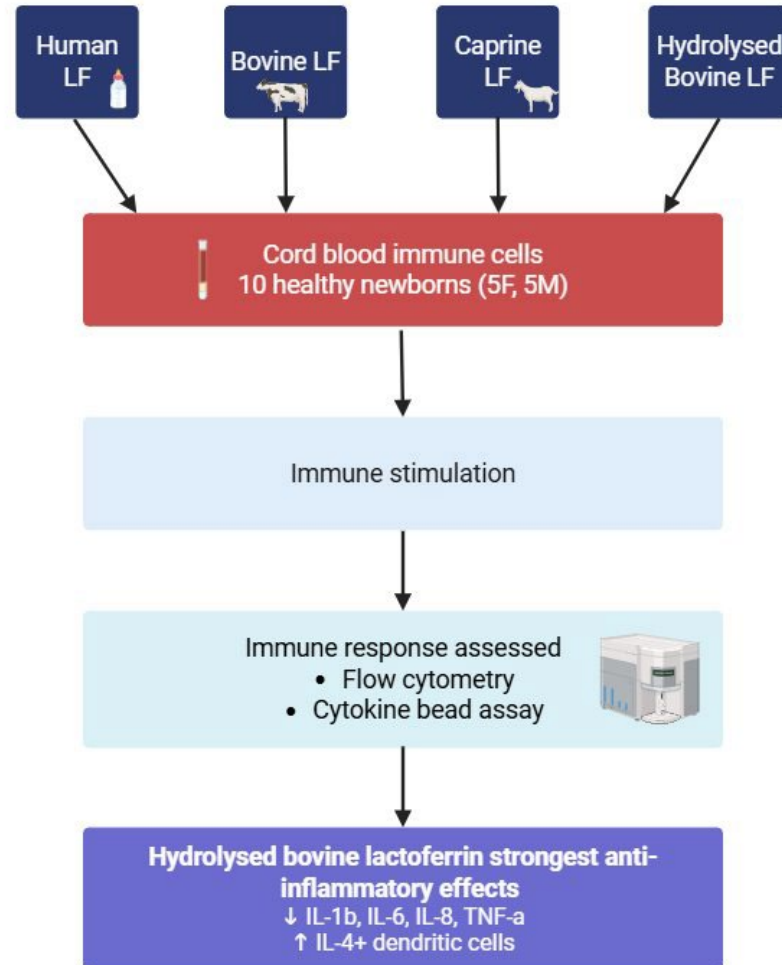


Hui Hui Phua



Sagar Nagrekar

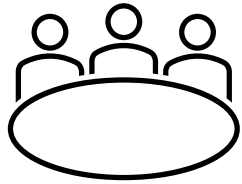
Immunomodulatory Effects of Lactoferrin (LF)



- Collaborative research culture
- Weekly lab meetings & journal club
- Māori Advisory Group member
- Seeing research become clinical practice
- Supportive environment for growth

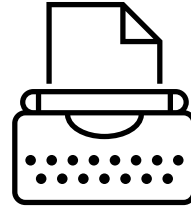


How do I apply?



INTERVIEW

Short-listed applicants will be interviewed (17 August)



APPLICATION

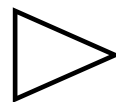
29 July 2026

- CV
- Details of previous academic record before medical school if relevant.
- A brief (<500 words) expression of interest.



Email to **Anna Cable-Meunier**:
anna.cable@auckland.ac.nz

START



Selected Liggins Clinical Interns start during the mid-semester break of semester two.