Stellingen behorend bij proefschrift

1. Siblings, day care attendance and previous pneumococcal carriage in early childhood are independent risk factors for pneumococcal carriage. (Dit proefschrift)

2. At 1.5 months of age the prevalence as well as the vaccine-type versus non-vaccine-type distribution of pneumococcal carriage mirrors that of the adults. (Dit proefschrift)

3. Environmental PM$_{10}$-concentration is associated with an increased risk for pneumococcal carriage in early childhood. (Dit proefschrift)

4. Carriage of pneumococci is negatively associated with carriage of *Staphylococcus aureus*, and positively associated with carriage of *Haemophilus influenzae* in infancy. (Dit proefschrift)

5. Carriage of *Streptococcus pneumoniae*, *Haemophilus influenzae* or *Moraxella catarrhalis* in the first year of life is not associated with otitis media in the second year of life. (Dit proefschrift)

6. The intellectual approach taken to study microbes is most effective when an anthropocentric (“We good; they evil.”) view is rejected in favour of an ecological view. (J. Lederberg, Sciences 2000 14;288(5464):287-93)

7. A pinch of salt, a handful of sugar and some clean water is all that is needed to save up to two million children who die each year from diarrhea. (WHO, March 2009)

8. Children are our best investment, since investing in health in general, and in children’s health in particular, has shown large economic benefits, and is essential for socioeconomic development. (J. Stoltenberg, Lancet 2006 23;368(9541):1042-4)

9. Despite the benefits of goal-directed therapy in peri-operative care of high risk surgical patients, it remains a challenge to implement this management due to difficulties in identifying these patients, scepticism of professionals and lack of critical care resources. (N. Lees, Critical Care 2009;13(5):231)


11. Education is the most powerful weapon which you can use to change the world. (Nelson Mandela)