

INTERNATIONAL STUDY OF ASTHMA AND ALLERGIES IN CHILDHOOD

Newsletter - June 1994

C/- Dr Innes Asher, ISAAC Auckland, Department of Paediatrics, School of Medicine, University of Auckland, Private Bag 92091, Auckland, New Zealand

The Newsletter

Thank you for your positive responses to the March newsletter.

Please let me know if you do NOT want to receive the ISAAC Newsletter.

If you have any items for inclusion in the next newsletter, please let me have these by

• *Innes Asher*
Auckland

Excerpt II from "Organisation of ISAAC Study"

National Coordinators

The national coordinators are generally responsible for a single country. However, in some instances they may be responsible for several small neighbouring countries, particularly if these only have one participating centre and/or if no suitable national coordinators are available.

Responsibilities:

- recruit and register participating centres
- organise translation and production of the Phase I manual & questionnaires
- organise a national meeting of participating centres to coordinate implementation of Phase Ictd/

Did you know that...

ISAAC is not a unique acronym. Professor Eugene Weinberg from the Department of Paediatrics and Child Health, University of Cape Town, South Africa, has discovered that there is another group known as "ISAAC: Integrated System Architecture for Advanced Primary Care", coordinated by Dr Rosangela Frassine in France.

Who receives this newsletter...

Representatives of all collaborating centres, all national and regional coordinators and steering committee members as well as others who have supported ISAAC or expressed a keen interest in ISAAC. At our last tally the newsletter was sent to people in the following places:

WESTERN PACIFIC (20)

Australia	Adelaide, Camperdown, Coorparoo, Liverpool, Parkville, Perth, Sydney, Woodville South, Woolangata
New Zealand	Auckland, Christchurch, Hastings, Nelson, Wellington, Whakatane
Asia-Pacific	China (Beijing, Canton) Hong Kong, Korea (Seoul), Taiwan (Taipei), Tonga (Nuku'alofa)

EUROPE (42)

Austria	Graz, Wien
Czechoslovakia	Praba
Denmark	Århus, Copenhagen
Finland	Helsinki
France	Paris, Pessac, Marseille, Montpellier, Villiejuif
Germany	Berlin, Hamburg, München, Münster
Georgia	Tbilisi
Ireland	Galway
Italy	Rome, Verona
Netherlands	Groningen, Rotterdam, Waddinxveen
Norway	Oslo
Poland	Kraków
Russia	Moscow
Spain	Barcelona, Bilbao, Cartagena, Castellón, Huelva, Pomplona, Valladolid
Sweden	Linköping, Uppsala
Switzerland	Geneva, St Gallen
United Kingdom	Cardiff, Glasgow, London, Manchester, Nottingham, Southampton

AMERICA (16)

Argentina	Buenos Aires
Brazil	Porto Alegre, Sao Paulo
Canada	Hamilton, Montreal, Saskatoon, Toronto
Chile	Santiago
United States	Atlanta, Baltimore, Gainesville, New York, (North Carolina), San Francisco, Seattle, Tucson,
Uruguay	Montevideo

AFRICA (10)

Algeria	Cheruga, Les Hammamet, Saïd Touati
Ethiopia	Addis Abbaba

Kenya	Eldoret, Nairobi
Nigeria	Ilorin, Ibadan
South Africa	Cape Town, Johannesburg
EASTERN MEDITERRANEAN (11)	
Cyprus	Nicosia
Greece	Athens
Iran	Tehran
Kuwait	Safat
Lebanon	(USA)
Morocco	Rabat
Saudi Arabia	Khamis Mushayt, Riyadh
United Arab Emirates	Al-Ain
Yugoslavia	Belgrade
Malta	
SOUTH EAST ASIA (11)	
India	Bombay, New Delhi, Neyveli
Indonesia	Jakarta
Malaysia	Kelantan, Kuala Lumpur, Petaling Jaya
Philippines	Manila
Singapore	
Sri Lanka	Nugegoda
Thailand	Bangkok

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National Coordinator Responsibilities (continued from previous page)

- liaise with participating centres and provide assistance when required, including "cleaning of data"
- liaise with the regional coordinators
- forward the national data sets to the regional coordinators
- organise a further national meeting of participating centres to discuss the results of Phase I.

PARTICIPATING CENTRES

We are currently reviewing our data on the status of participants in Phase One. Please complete and return the attached slip noting also any changes and adding any details not recorded.

News from Centres

Australia

ISAAC Phase One data is now in from Adelaide, Sydney and Melbourne, with data entry complete. The Perth group are starting soon.

- *Colin Robertson*
National Coordinator

Germany

The Münster study will start in August, with plans to start studies in Munich, Dresden and Leipzig in August 1995.

- *Ulrich Keil*
National Coordinator

New Zealand

The data checking of Phase One has taken a lot of time but is virtually completed. Results out soon! A priority is to examine the effect of season on responses to all Phase One questions. We have the opportunity here to examine both age groups and between centre comparisons.

- *Innes Asher*
National Coordinator

Singapore

The Phase One survey will be completed by the end of May 1994.

- *Dr Lee Bee Wah*
National University Hospital

Western Pacific Region

We have 13 confirmed centres in the region, comprising 5 in China, 2 in Japan and one each in Singapore, Taiwan, Korea, Malaysia, the Philippines and Hong Kong. A meeting for all National Coordinators was held in Hong Kong on June 7th. Data collection is underway in Singapore and Hong Kong. In Hong Kong the Chinese translation of the questionnaire and international video have been administered to almost half our 13-14 year olds.

- *Dr Chris Lai*
Regional Coordinator

PHASE ONE DATA ENTRY

A brief explanation of the procedure for entering Phase One data follows and might be of use to some collaborating centres.

The stages of Phase One ISAAC include:

- (1) Field work
- (2) Data entry
- (3) Data checking
- (4) Formatting the data (for transfer)
- (5) Transmission of data to the IIDC.

The Coding and Data Transfer Manual has been written and distributed for Formatting the Data (4) and Transmitting the Data to the International ISAAC Data Centre (5).

A Data Entry guide (2) is being drafted in Auckland to be approved by the Data Coordination Subcommittee. Once approved it will be available for distribution. Those who enter the raw data might find this useful. Some centres may prefer to pay a professional data entry service. This could be the most efficient and cost effective method. Double entry is strongly recommended whichever way the data is entered.

Centres can enter and store the data in the most convenient way to them, an advantage being that extra information can be included which may be useful later. For example, we added a code to indicate which school term the survey was collected in, a code to indicate whether the child/parent completed the questionnaire on the 1st, 2nd, or 3rd visit, and a code for ethnic origin, as that is one of our interests.

We hope that the guide will clarify the position between Data entry (2) and Data formatting (4). Some centres might find it useful to use the ISAAC variable names and codes when entering data but this is entirely optional. Standardisation is only required when the data is sent to the IIDC.

For those centres where there is no data entry expertise, a program is being developed to enable full screen data input of the questions in the ISAAC manual. The program uses EpiInfo and will be available for distribution from the IIDC in July.

- *Tadd Clayton*
Data Manager
AUCKLAND
- *Alistair Stewart*
Biostatistician

Please return this slip to:

Chris Thomas
ISAAC Auckland
Department of Paediatrics
University of Auckland
Private Bag 92019
Auckland
NEW ZEALAND

Centre Name:

Principal Investigators:

Please circle the most appropriate response to the following:

1. What is your position in your centre, and/or within ISAAC?

SC	Steering Committee	Coll	Scientist working with PI
RC	Regional Co-ordinator	Res Ass	Research Assistant
NC	National Co-ordinator	Stats	Statistician
PI	Primary Investigator for an ISAAC centre	Data M	Data Manager
		Ph 2	Phase Two module leader

2. Which geographical region does your centre belong to?

Western Pacific	Europe
America	Africa
South East Asia	Eastern Mediterranean

3. Has your centre obtained funding for Phase One? Yes / No

4. Have you a definite start date? Yes / No

5. Have you a projected completion date for Phase One? Yes / No

6. What age-groups will your study cover?

6-7 year olds 13-14 year olds

7. Have you involvement in either, or both, of the following organisations?

EPAS European Paediatric Asthma Study

IUATLD International Union Against Tuberculosis