ISAAC

INTERNATIONAL

STUDY OF

ASTHMA AND

ALLERGIES IN

CHILDHOOD

NEWSLETTER – NOVEMBER 2002

Dear colleagues

Since the July 2002 issue of the ISAAC Newsletter there have been many exciting happenings.

The ISAAC International Data Centre (IIDC) has been on the move. 10 years ago the IIDC started operating in a small room with a view of a brick wall. Last year the IIDC moved up the corridor to a slightly bigger internal room with no view. In October this year the IIDC moved across the road to a more spacious office with a view, as part of the relocation of my Department. This is good for ISAAC, as the IIDC team are happier which makes for an even better atmosphere for the team of people working for the common good of ISAAC. (Please note that all our contact numbers and email addresses remain the same).

ISAAC Phase Three is keeping us very busy. We have registrations from 102 centres in 50 countries that took part in ISAAC Phase One (Phase 3A centres) and another 137 new centres in 60 countries (Phase 3B centres) a total of 239 centres from 95 countries have registered with the IIDC – see pages 7-11 for summary.

We are flat out and enjoying the wonderful momentum you have generated. We hope you understand that we will be taking a holiday after Christmas, and will let you know the details.

At the Stockholm Steering Committee meeting we had detailed reports from all the ISAAC Regional Coordinators, and a careful discussion about the deadline. Thank you for those of you who have let us know how you are getting on. We have come up with recommendations that will not delay publications of worldwide Phase Three data, but will enable participating centres whose field work has been delayed for unavoidable reasons.

Thus:

1. Delays in submitting data to IIDC beyond 30 November 2002 need approval of your Regional Coordinator.
2. In certain areas there are some definite delays, which your regional coordinator can advise you about.
   - Latin America, Professor Javier Mallol
   - Oceania, Dr Sunia Foliaki
   - North America, Professor Richard Beasley (31st July for this country only).

ISAAC Phase Two has involved 35 centres from 21 countries. A very successful Phase Two collaborators meeting was held in Ulm in October 2002 – see page 5. Professor Stephan Weiland's Phase Two Data Centre is also very busy working at full steam, but heartened by the wonderful collaboration. In anticipation of the data analyses, which will emerge from Phases Two and Three, the Steering Committee has clarified the publication policy later in this newsletter.

Welcome Philippa! Philippa Ellwood has worked for ISAAC for 11 years, initially coordinating Phase One fieldwork in New Zealand. Since then, as you know, she has played an essential role in the International Coordination of Phases One and Three, and has worked tirelessly to ensure excellent communication and standards. The Steering Committee have invited Philippa to become a member of the ISAAC Steering Committee in recognition of her wealth of contributions.

I wish you and your families peace and goodwill – two gifts highly valued in ISAAC.

Yours sincerely

Innes Asher

On behalf of the ISAAC International Data Centre and Steering Committee

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NEWSLETTER CONTENTS

ISAAC PROFILE

ISAAC profile: Dr. Chris Lai
DM, FRCP, FCCP, FAAAAI, FHKCP, FHKAM (Medicine)
Adjunct Professor, Department of Medicine & Therapeutics, The Chinese University of Hong Kong

Chris was born and bred in Hong Kong. He is an adult Respiratory Physician who became disillusioned by academic medicine 4 ½ years ago and left the university for private practice since. He thoroughly enjoys his current status that gives him the freedom to practise clinical medicine in a proper way without the hassle of university politics and bureaucracy. He still maintains an honorary appointment with the Chinese University of Hong Kong as an Adjunct Professor in the Department of Medicine and Therapeutics where he continues to teach undergraduates Clinical Respiratory Medicine and supervise young doctors in their research. He is also the honorary consultant in Respiratory Medicine for several private hospitals in Hong Kong.

Chris went to St. Joseph's College, one of the oldest Catholic schools in Hong Kong, before he entered medical school of the University of Hong Kong in 1973, then the only medical school in the territory. He participated in a lot of sports & social activities during his student days so much so that he seldom had the time or energy for lectures. Fortunately he still managed to qualify in 1978 with the degree of MBBS. Following his internship, he worked as a public health officer for a year before starting his training in Internal Medicine at Princess Margaret Hospital. In the early '80s, trainees in Hong Kong still had to go to the United Kingdom to take the MRCP examination and Chris went to Scotland in 1983 for this purpose. However, as Maggie Thatcher couldn't persuade the paramount leader of China, Mr. Teng Siu Ping, to extend the lease of Hong Kong to Britain beyond 1997, Chris, like many of the Hong Kong citizens then, decided to stay in Aberdeen where he spent 3 happy years with 2 wonderfully friendly Respiratory Consultants – James Friend and Joe Legge – and the hostile Scottish weather. He then went down to Southampton to do a MD with the best boss of his life, Stephen Holgate. Following 3 years of regularly challenging the human airways with nasty substances, Chris finally secured enough victims for his thesis on the role of "15-(s)-hydroxyeicosatetraenoic acid and platelet activating factor in the pathogenesis of bronchial asthma" and a British citizenship. He then returned to Hong Kong in 1989 to take up the academic appointment at the Prince of Wales Hospital – the teaching hospital of The Chinese University of Hong Kong - where he worked for the next 8 ½ years before leaving for private practice in March 1998.

Chris is a Past President of the Hong Kong Thoracic Society and a Past Vice-President of the Hong Kong Lung Foundation. Currently he is the Vice-President of the Hong Kong Institute of Allergy and the Chairmen of the Research and Rehabilitation subcommittees of the Hong Kong Pneumoconiosis Compensation Fund Board. He is an active member of a number of international thoracic, allergy & medical societies, including the ATS, ERS, BTS, AAAAI, BSACI, ACCP, Royal Colleges of Physicians of London, Edinburgh and Glasgow. He is a council member of the Asia Pacific Society of Respirology, the national delegate of Hong Kong at the European Respiratory Society and the chairman of the steering committee of the AIRIAP (Asthma Insights & Reality in Asia Pacific) study. He is in the editorial boards of *Respirology* & *Clinical Pulmonology*, and in the International Advisory Board of *Thorax*.

His roles in ISAAC are:

- Steering Committee Member
- Regional Coordinator for Asia Pacific
- National Coordinator
- Co-investigator

Outside of work, Chris enjoys sports activities, both as a participant and an armchair spectator. As a sign of his advancing age, he now mainly plays tennis (doubles rather than singles) and golf. He has a 20-year old son studying Medicine and a 17-year old daughter doing A-levels. He would have loved to spend more time with them but they are both studying in England. This gives him more time to devote to his favourite hobby – asthma research!

Dr Christopher Lai,
Email: keilai@netvigator.com

ISAAC PHASE ONE PUBLICATIONS

There are only a few papers to be published from Phase One (we are concerned with global ISAAC papers, not papers that may be written and published regionally or locally), and we now wish to "finish" the Phase One publications as we move into analysing and publishing Phase Three

The following Phase One publications have been published, are in press, or are in preparation:

1.0 Preliminary Papers

1.1 Pearce NE, Weiland S, Keil U, Langridge P, Anderson HR, Strachan D, Bauman A, Young L, Gluyas P, Ruffin D, Crane J, Beasley R. Self-reported prevalence of asthma symptoms in children in Australia, England, Germany and New Zealand: an international comparison using the ISAAC written and video questionnaires. Eur Resp J 1993; 6: 1455-61.

1.2 Keil U, Asher I, Anderson HR, Beasley R, Crane J, Martinez F, Mitchell EA, Pearce N, Sibbald B, Stewart AW, Strachan D, Weiland SK, Williams HC. International study of asthma and allergies in childhood (ISAAC): rationale and methods. Eur Resp J 1995; 8: 483-91.

2.0 Main Findings

2.1 Strachan D, Sibbald B, Weiland S, Aït-Khaled N, Anabwani G, Anderson HR, Asher MI, Beasley R, Björkstén B, Burr M, Clayton T, Crane J, Ellwood P, Keil U, Lai C, Mallol J, Martinez F, Mitchell E, Montefort S, Pearce N, Robertson C, Shah J, Stewart A, Von Mutius E, Williams H. Worldwide variations in prevalence of symptoms of allergic rhinoconjunctivitis in children: The International Study of Asthma and Allergies in Childhood (ISAAC). Paediatric Allergy Immunology 1997; 8: 161-76.

2.2 ISAAC Steering Committee (Writing Committee: Beasley R, Keil U, Von Mutius E, Pearce N). Worldwide variation in prevalence of symptoms of asthma, allergic rhinoconjunctivitis and atopic eczema: ISAAC. Lancet 1998; 351: 1225-32.

2.3 Williams H, Robertson C, Stewart A, Aït-Khaled N, Anabwani G, Anderson HR, Asher MI, Beasley R, Björkstén B, Burr M, Clayton T, Crane J, Ellwood P, Keil U, Lai C, Mallol J, Martinez F, Mitchell E, Montefort S, Pearce N, Shah J, Sibbald B, Strachan D, von Mutius E, Weiland S. Worldwide variations in the prevalence of symptoms of atopic eczema in the international study of asthma and allergies in childhood. J Allergy Clin Immunol 1999; 103: 125-38.

2.4 ISAAC Steering Committee (Writing Committee: Asher MI, Anderson HR, Stewart AW, Crane J). Worldwide variations in the prevalence of asthma symptoms: International Study of Asthma and Allergies in Childhood (ISAAC). Eur Respir J 1998; 12: 315-35.

3.0 Other Overview Papers

3.1 Asher MI, Weiland SK, on behalf of the ISAAC Steering Committee. The International Study of Asthma and Allergies in Childhood. Clin Exper Allergy 1998; 28 (suppl 5): 52-66.

3.2 Mallol J, Asher MI, Williams H, Clayton T, Beasley R. ISAAC Findings in children aged 14 years:an overview. Allergy Clin Immunol Int 1999; 11: 176-82.

3.3 Lai C, Pearce N. The contribution of ISAAC to the understanding of asthma. Leukotriene Res & Clin Rev 2001; 2: 1-4.

3.4 von Mutius E. Epidemiology of asthma: ISAAC--International Study of Asthma and Allergies in Childhood. Pediatr Allergy Immunol 1996; 7(9 Suppl): 54-6.

3.5 von Mutius E, Pearce N, Beasley R, Cheng S, von Ehrenstein O, Björkstén B, Weiland S, on behalf of the ISAAC Steering Committee. International patterns of tuberculosis and the prevalence of symptoms of asthma, rhinitis and eczema. Thorax 2000; 55(6): 449-453

ISAAC PHASE ONE PUBLICATIONS

4.0 Ecologic Analyses

4.1 Anderson R, Beasley R, David Strachan, Colin Robertson C, and the ISAAC Phase I Study Group. Mortality and hospitalisation rates. In preparation.

4.2 Anderson HR. Poloniecki JD. Strachan DP. Beasley R. Bjorksten B. Asher MI. ISAAC Phase 1 Study Group. Immunization and symptoms of atopic disease in children: results from the International Study of Asthma and Allergies in Childhood. Am J Publ Health 2001; 91: 1126-9.

4.3 Anderson HR and the ISAAC Phase I Study Group. Air pollution and asthma prevalence. In preparation.

4.4 Burr ML, EmberlinJC, Treu R, Cheng S, Pearce N, and the ISAAC Phase I Study Group. Pollen counts in relation to the prevalence of rhinitis and asthma in the International Study of Asthma and Allergies in Childhood (ISAAC). Submitted for publication.

4.5 Ellwood P, Asher MI, Björkstén B, Burr M, Pearce N, Robertson CF and the ISAAC Phase One Study Group. Diet and asthma, allergic rhinoconjunctivitis and atopic eczema symptom prevalence: an ecological analysis of the International Study of Asthma and Allergies in Childhood (ISAAC) data. Eur Respir J 2001; 17: 436-43.

4.6 Foliaki S, Bjorkstën B, Kildegaard-Nielsen S, von Mutius E, Cheng S, Pearce N. Antibiotic sales and the prevalence of symptoms of asthma, rhinitis and eczema in 13-14 year old children: The International Study of Asthma and Allergies in Childhood (ISAAC). In preparation.

4.7 Mitchell EA, Stewart AW, on behalf of the ISAAC Phase One Study Group. The ecological relationship of tobacco smoking to the prevalence of symptoms of asthma and other atopic diseases in children: The International Study of Asthma and Allergies in Childhood (ISAAC). Eur J Epidemiol 2002; 17: 667-73.

4.8 Shirtcliffe P, Weatherall M, Beasley R, on behalf of the ISAAC Phase I Study Group. An inverse correlation between estimated tuberculosis notification rates and asthma symptoms. Respirology 2002; 7: 153-5.

4.9 Stewart AW, Mitchell EA, Pearce N, Strachan DP, Weiland SK, on behalf of the ISAAC Steering Committee. The relationship of per capita gross national product to the prevalence of symptoms of asthma and other atopic diseases in children (ISAAC). Int J Epidemiol 2001; 30: 173-9.

4.10 Weiland SK, von Mutius E, Hüsing A, Asher MI on behalf of the ISAAC Steering Committee. Intake of trans fatty acids and prevalence of childhood asthma and allergies in Europe. Lancet 1999; 353: 2040-41.

4.11 Weiland S, Hüsing A, Strachan DP, Pearce N, on behalf of the ISAAC Study Group and ISAAC Europe. Climate and the prevalence of symptoms of asthma, allergic rhinoconjunctivitis and atopic eczema in children. Submitted for publication.

Other Papers:

5.1 Anderson R, Robertson C, Montefort S. World-wide variations in asthma in children: association with severity, evidence of other atopic diagnosis and sex ration. In preparation.

5.2 Crane J, Beasley R, and Mallol J, on behalf of the ISAAC STUDY GROUP. Agreement between written and video questions for comparing asthma symptoms in ISAAC (the International Study of Asthma and Allergies in Childhood). Submitted for publication.

5.3 Pearce N, Sunyer J, Cheng S, Chinn S, Bjorksten B, Burr M, Keil U, Anderson HR, Burney P, on behalf of the ISAAC Steering Committee and the European Community Respiratory Health Survey. Comparison on asthma prevalence in the ISAAC and the ECRHS. Eur Resp J 2000; 16: 420-6.

5.4 Stewart AW, Mitchell EA. Month of birth and childhood atopic diseases: the International Study of Asthma and Allergies in Childhood (ISAAC). In preparation.

Professor Neil Pearce
ISAAC Phase One Publications Coordinator
ISAAC Executive
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ISAAC PHASE TWO

MEETING IN ULM

A meeting of the ISAAC Phase Two study group took place on the 26th and the 27th of September in Ulm, where the ISAAC Phase Two Coordination and Data Centre (I2-CDC) is located. Representatives from 17 countries and all members of the ISAAC Phase Two Steering Group were able to participate; only 3 centres from Europe had to send apologies, which corresponds to two countries that were not represented.

Despite the, even for Germany, extremely harsh weather conditions the meeting had a warm and pleasant atmosphere. The ISAAC Phase Two Coordination and Data Centre (I2-CDC) in Ulm started with an overview of the current state of data collection. Data had been received in a first version from 22 study centres. This corresponds to 11 out of 15 centres participating in the EU-funded part of ISAAC Phase Two. The data from 8 centres (6 countries) had already been accepted for integration into the final data set.

Most of the morning sessions were dedicated to presentations from the different centres on their study with a focus on methodological issues of fieldwork. In the afternoon the group from Oxford reported about their progress concerning DNA-extractions, preparation and analysis. Problems with limited amounts of DNA can now be overcome by amplification of the whole genome via modern techniques (PEP) and using methods of analysis that need only very little DNA. It was agreed that all findings would remain in the public domain.

The last topics discussed on the first day were the common data sets and corresponding data analyses, as well as questions of authorship. Data cleaning in Ulm will produce a certified data set, which then will be available for analyses. Researchers from all participating ISAAC Phase Two study centres were invited to participate actively in the analysis and publication of findings. They were also invited to come to Ulm to participate actively in the data analyses. For quality purposes all analyses shall be performed in a well-documented, reproducible procedure.

To avoid conflicts of interests coordination of planned publications will be essential. The ISAAC Phase Two committee that consists of Bengt Björksten, Bert Brunekreef, Bill Cookson, Francesco Forastiere, David Strachan, Erika von Mutius and Stephan Weiland will do this. Expression of interest for specific research topics should be addressed to Stephan Weiland. The preparation of first publications is expected to start in the early summer of 2003.

The first session on the next morning treated methodological issues. The development of more complex analysis techniques and the building of a "tool box" at the data centre in Ulm have been suggested. Especially analyses taking into account the stratified sub-samples shall be developed. The following session was concerned with the present status and methodological aspects of IgE and dust collection and analyses. Finally, future activities were briefly discussed. As a first step, methodological papers on ISAAC Phase II issues, e.g. analyses of bronchial challenge data, will be prepared. The next ISAAC Phase Two meeting was planned to take place in the end of 2003 or beginning of 2004. After the meeting was adjourned a guided tour through the city of Ulm, which was dry just in time, and an evening meal in a traditional German brewery concluded an interesting and very constructive meeting.

The following scientists participated: Dr. Triine Annus (Estland), Prof. Bengt Björkstén (Sweden), Dr. Gabriele Bolte (Germany), Dr. Lennart Bråback (Sweden), Prof. Bert Brunekreef (Netherlands), Gisela Büchele (Germany), Jill Cantelmo (UK), Prof. William Cookson (UK), Dr. Phillip Cooper (Ecuador), Prof. Julian Crane (New Zealand), Prof. Luis Garcia Marcos (Spain), Dr. Maia Gotua (Georgia), Dr. Rajiv S. Mathur (India), Dr. Miriam Moffatt (UK), PD Dr. Erika von Mutius (Germany), Dr. Wenche Nystad (Norway), Dr. Riccardo Pistelli (Italy), Prof. Alfred Priftanji (Albania), Dr. Kostas Priftis (Greece), Peter Rzehak (Germany), Sandra Sammarro (Italy), Prof. Yildiz Saraclar (Turkey), Dieneke Schram (Netherlamds), Nuha Shareef (Palestine), Prof. Renato Stein (Brazil), Prof. David Strachan (UK), Prof. Stephan Weiland (Germany), Dr. Gudrun Weinmayr (Germany), Dr. Gary Wong (China)

Submitted by: Dr. ès Sci. Gudrun Weinmayr
ISAAC Phase Two Collaborator
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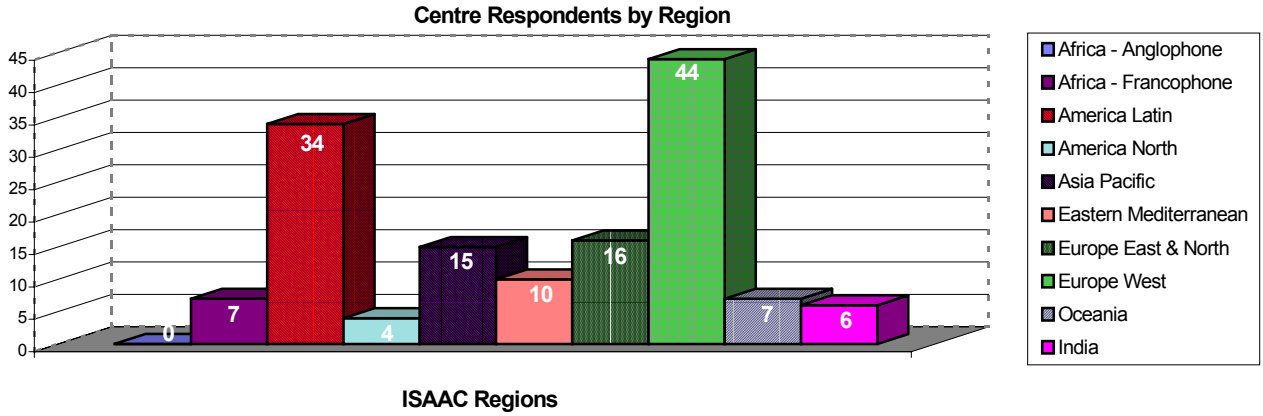
ISAAC PHASE THREE

Over the last two months the ISAAC International Data Centre (IIDC) has been canvassing ISAAC collaborators for an update on each centre's status regarding data collection and submission of data. The graph below depicts centres that have responded. We have been very pleased to hear from 143 centres.

We would like centres that have not responded to contact our IIDC Senior Administrative Assistant Nancy N Williams (email n.williams@auckland.ac.nz or facsimile 64 09 3737602).



This table shows the progress of ISAAC International Data Centre. On a slow day, data sets and centre reports are being received twice daily. But like the calm before the storm the IIDC are preparing for a much greater influx of data from around the world.

IIDC Data Progress Summary Report

	Data at IIDC	Data check completed	Centre Report Completed	Data Accepted
Phase 3A	36	8	6	5
Phase 3B	39	21	19	18
Total	**75**	**29**	**25**	**23**

Dear ISAAC Phase Three Collaborators,

Thank you to all of you that have sent Phase Three Centre Reports and Data to the IIDC. Tadd and I are processing these as fast as we can. If you have already sent a Centre Report to me and have not yet had a reply from me, please do not worry. Due to circumstances beyond my control (conferences, moving department and sick leave) I am behind in processing the Centre Reports. I expect to catch up with all my work in the next few weeks.

Thank you also, to those collaborators who have replied to our request for an update on when you will be finished your study and able to send the data and Centre Report to the IIDC.

And finally – Thank you all for your efforts to clarify any questions that I have that are related to the Centre Report. I appreciate your patience!

Best wishes from a busy ISAAC Phase Three Data Centre.

Kind regards Philippa Ellwood (p.ellwood@auckland.ac.nz)

ISAAC Phase Three Centres who have registered

Africa-Anglophone - Dr Joseph A Odhiambo

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Kenya	Eldoret		
Nigeria	Ibadan		
South Africa	Cape Town		

Africa-Francophone - Professor Nadia Aït-Khaled

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Morocco	Casablanca	Algeria	West Algiers
	Marrakech	Congo	Brazzaville
		Gabon	Port-Gentil
		Guinea	Conakry
		Ivory Coast	Abidjan
		Mali	Bamako
		Morocco	Benslimane
			Boulmene
		Reunion Island	Reunion Island
		Sudan	Khartoum
		Togo	Lome
		Tunisia	Sousse
			Grand Tunis

America-Latin - Professor Javier Mallol

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Argentina	Buenos Aires	Argentina	Cordoba
	Rosario		Bahia Blanca
Brazil	Sao Paulo		Neuquen
	Porto Alegre		Salta
	Recife		Billinghurst
	Salvador		Mendoza
	Curitiba		Santa Fe
Chile	South Santiago	Bolivia	Santa Cruz
	Valdivia		La Paz
	Punta Arenas	Brazil	Uberlandia
Costa Rica	Costa Rica		Belo Horizonte
Mexico	Cuernavaca		Santo Andre
Panama	David		Natal
Paraguay	Asunciòn		Rio de Janeiro

America-Latin - Professor Javier Mallol

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Peru	Lima	Brazil	Brazilia-DF
Uruguay	Montevideo		Belem
			Sao Paulo West
			Passo Fundo
			Caruaru
			Maceió
			Manaus Amazonas
			Feira de Santana
			Vitoria da Conquista
		Columbia	Cali
			Barranquilla
		Cuba	Cuba

ISAAC Phase Three Centres who have registered

America-Latin - Professor Javier Mallol

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
		Ecuador	Quito
		El Salvador	El Salvador
		Honduras	San Pedro Sula
			Tegucigalpa
			Puebla
			Monterrey
			Mexicali
			Mérida
			Pachua
			Ciudad Victoria
			Oaxaca
		Mexico	Villahermosa
			Culiacan
			Cuidad de Mexico (1)
			Cuidad de Mexico (2)
			Cuidad de Mexico (3)
			Ciudad de Mexico (4)
			Ciudad de Mexico (5)
			Guadalajara (1)
			Guadalajara (2)
			Chihuahua
			Durango
			Morelia
			Tepic
			Toluca
			Torreon
			Veracruz
			Irapuato
		Nicaragua	Managua
		Republica Dominicana	Santo Dominicana
		Trinidad	Trinidad
		Tobago	Tobago
		Uruguay	Paysandú
		Venezuela	Caracas

North America - Professor Gregory Redding

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Canada	Hamilton	Barbados	Barbados
		USA	Chapel Hill
			Maine
			Sarasota

Asia-Pacific - Dr Chris Lai

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
China	Beijing	China	Tibet
	Gungzhou		Xining
	Wulumuqi		Tong Zhou
SAR China	Hong Kong	Indonesia	Jakarta
Indonesia	Bandung		Bali
Japan	Fukuoka		Semarang
	Kota Bharu	Taiwan	Taoyuan
Philippines	Metro Manilla	Thailand	Khon Kaen
Singapore	Singapore	Vietnam	Ho Chi Minh
Taiwan	Taipei		
Thailand	Bangkok		
	Chiang Mai		

ISAAC Phase Three Centres who have registered

East Mediterranean - Dr Stephen Montefort

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Iran	Tehran	Egypt	Cairo
	Rasht	Iran	Zanjan
Kuwait	Kuwait		Birjand
Malta	Malta	Jordan	Irbid
Oman	Al-khod	Libya	Tripoli
Pakistan	Karachi	Pakistan	Islamabad
		Palestine	Ramallah
			North Gaza
		Syria	Aleppo
			Lattakia
			Tartous

North/East Europe - Professor Bengt Björkstén

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Albania	Tirana	Bulgaria	Sofia
Estonia	Tallin		Rijeka
	Narva	Kyrgyzstan	Bishkek
Finland	Kuopio	Lithuania	Kaunas
Georgia	Tbilisi	Macedonia (FYROM)	Skopje
	Kutaisi	Ukraine	Kharkov
Latvia	Riga		Rural Kharkov
Poland	Krakow	Yugoslavia	Belgrade
	Poznan		Sombor
Romania	Cluj		Nis
Sweden	Linkoping		Podgorica
			Novi Sad
		Armenia	Yerevan
			Marzer

West Europe - Professor Ulrich Keil

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Austria	Urfahr-Umgebung	Greece	Thessasolinki
Belgium	Antwerp	Italy	Bari
France	West Marne		Colleferro-Tivoli
Germany	Munster		Mantova
Greece	Athens		Palermo
Italy	Torino	Portugal	Coimbra
	Milano		Evora
	Emilia-Romagna		Azores
	Firenze	Spain	Asturias
	Empoli		
	Siena		
	Rome		
	Ascoli Piceno		
	Cosenza		
	Trento		
Portugal	Lisboa		
	Portimao		
	Funchal		
	Porto		
Spain	Cartagena		
	Barcelona		
	Bilbao		
	Castellon		
	Pamploma		
	Vallodolid		
	Valencia		
	Madrid		

ISAAC Phase Three Centres who have registered

West Europe - Professor Ulrich Keil

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
UK	Surrey/Sussex		
	Nth&Sth Thames		
	Sunderland		
	Scotland		
	Wales		
Republic of Ireland	Republic of Ireland		
Channel Islands	Guernsey		
	Jersey		
	Isle of Man		

Oceania - Dr Sunia Foliaki

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
Australia	Melbourne	Niue Island	Niue Island
New Zealand	Auckland	Fiji	Suva
	Wellington	Nouvelle Caledonie	Nouvelle Caledonie
	Christchurch	Polynesie Francaise	Polynesie Francaise
	Nelson	Samoa	Apia
	Bay of Plenty	Tonga	Nuku'alofa

South East Asia - Dr Jayant Shah

Phase Three A		Phase Three B	
Country	**Centre**	**Country**	**Centre**
India	Neyveli		
	Chennai	India	Davangere
	Kottayam		Bikaner
	New Delhi		Bangalore
	Chandigarh		Rasta Peth
	Akola		Jaipur
	Pune		Lucknow
	Mumbai (17)		Haryana
	Mumbai (18)		Ludhiana
			Mumbai (29)
		Bangladesh	Dhaka
		Sri Lanka	Badulla

ABSTRACTS

Validation of the Chinese translated version of ISAAC core questions for atopic eczema

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Background: The International Study of Asthma and Allergies in Childhood (ISAAC) was designed to allow international comparison of epidemiological data on atopic conditions in childhood. In so doing, further aetiological information would be obtained that in turn would provide a framework for future studies. The global ISAAC results on the prevalence of atopic dermatitis indicated a 60-fold variation recorded in different countries. Such a degree of difference may be partially due to the translated questionnaires that were not validated in all of the involved countries.

Objective: To validate the Chinese version of the ISAAC core questions for atopic eczema.

Methods One thousand nine hundred and twenty children aged between 3 and 5 were randomly recruited from 13 kindergartens in Hong Kong. Using a dermatologist's clinical examination as the gold standard, we validated the Chinese version of the ISAAC core questions for atopic eczema. The Youden's Indexes obtained in our study were compared with those obtained in the United Kingdom's validation study.

Results The Youden's Indexes obtained in our study were significantly lower than those from the United Kingdom. The low scores were likely to be due to a reduction in the sensitivity of the Chinese questionnaire, which ranged from 23.5% to 70.6%.

Conclusion Our findings indicate that the translated questionnaire is less effective than the English version in assessing the prevalence of atopic eczema. The indication of a low prevalence of atopic eczema among the Chinese population reported in previous studies was at least partially due to problems with the translated questionnaire

Validation of the Written Questionnaire (Eczema Component) and Prevalence of Atopic Eczema among Brazilian Children

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Summary. Although Hanifin and Rajka's criteria have been used for the diagnosis of atopic eczema (AE), there is no instrument destined for epidemiological studies on AE that actually uses them. Written questionnaires (WQ) have generally been used, but when translated into another language they must be validated. The International Study of Asthma and Allergies in Childhood (ISAAC) WQ was previously validated in a comprehensive study, but its validation in Brazil had not been done. Our objective was to validate the eczema component of the self-applicable ISAAC's WQ following its translation into Portuguese.'Me group of 10 pediatricians and 10 pediatiic allergologists graded the questions from 0 to 2 and established the maximum score for each question. The WQ was answered by parents or guardians of children with atopic dermatitis (AE), aged 6-7 years (n = 23) and of non-AE control children of the same age (n = 46) as well as by AE (n = 24) and non-AE (n = 48) adolescents, aged 13-14 years. In order to evaluate the reproducibility of the ISAAC WQ, half of these individuals answered the same questionnaire after 2 to 4 weeks. The maximum possible global scores were 13 for the children aged 6-7 years and 1 1 for the adolescents, and the cutoff level for both groups was 3. In both age periods the WQ was reproducible (Kappa and McNemar tests) in a significant way (6-7 years, Kw = 0.79; 13-14 years, Kw = 0.73). The prevalence of AE, using the validated WQ, was then studied. The WQ was applied to the parents of 3005 children aged 6-7 years and to 3008 children aged 13-14 years. Response rates were 72% and 94% for the 6-7-year-old children and the 13-14-year-old children, respectively. There was a slight predominance of male children in the studied population. In the group of the 6-7-year-old children, the cumulative prevalence of AE was 13.2% for boys and for girls; in the group of the 13-14-year-old children, it was 12.5% and 15.4%, respectively. AE severity was similar for both age groups. Using the criteria of global cutoff score, in the group of the 6-7-year-old children, the prevalence of AE was 12.6% for boys and 13.8 for girls; in the group of the 13-14-year-old children, it was 11.7% and 12.4%, respectively. There were no significant differences between them. In conclusion, the AE component of the ISAAC WQ proved to be reproducible, adequate, and able to discriminate between AE and control children. A significant concordance was observed between the criteria utilized in this study (ISAAC x global cutoff score).

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