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PLEASE NOTE THERE IS NO ISAAC COLLABORATORS SOCIAL EVENT AT THIS YEARS ERS MEETING IN VIENNA.

NEWSLETTER — SEPTEMBER 2003

Dear colleagues

I am pleased to announce that ISAAC has their one hundredth registered Phase Three country Addis Ababa, Ethiopia, a Phase Three centre that also completed Phase One. Also, congratulations to the centres in the Asia-Pacific ISAAC region – the IIDC has received all the data and there are only a few Centre Reports yet to come. ISAAC'S forward momentum ceases to amaze me!

To date the IIDC has received registrations for 281 centres worldwide from 104 countries (see page 4-8). Thank you to all the centres that have submitted their data to the IIDC. The IIDC team are working tirelessly and communicating with the individual centres.

Professor Joseph Odhiambo is hosting this years ISAAC Steering Committee meeting in Nairobi, Kenya from the 27-28 November 2003. Also a Postgraduate Seminar will be held on the 29 November 2003.

We are very sad to be farewelling our wonderful Administrative Assistant Nancy Williams. After 3-years part-time employment with ISAAC, Nancy is moving to full-time employment with the School of Nursing. We shall miss Nancy's expertise and cheerful presence and appreciate very much the developmental work in many aspects of ISAAC. Good luck Nancy!!! (any correspondence that would have been sent to Nancy, please send to Tania Milne (isaacadmin@auckland.ac.nz).

On the 21st and 22nd September 2003 the IIDC had trouble with incoming and out going email. If you have sent emails to us on these dates and suspect we may not have received them, would you please resend them to us.

Again I thank you all for your efforts towards the success of ISAAC.

Yours Sincerely

Innes Asher

Professor Innes Asher ONZM On behalf of the ISAAC International Data Centre and Steering Committee

ISAAC PROFILE



PROFESSOR DR MED STEPHAN WEILAND

Dr med Stephan Weiland recently moved with his wife and two children to Ulm, Germany where he has taken up the position of Professor of Epidemiology and Head of the Department of Epidemiology. Ulm, a cosy city of about 115.000 inhabitants, is located on the border of the river Danube in the South of Germany and has a modern university with a big medical faculty.

Stephan Weiland was born and had grown up in the North-West of Germany. He went to medical school in Cologne (1978-1985) and later worked there as a resident in the surgery clinics of the university hospital. During this period, while serving as emergency doctor on the helicopter, he realized that even the fastest helicopter and the best emergency and surgery team would eventually come too late, i.e. after the damage was done. Prevention, although less spectacular (but not less exciting), was the way to go!

He went for two years of training in Epidemiology to McGill University in Montreal, Canada, and returned to Germany in 1989 where he joined the department of Epidemiology at the University of Bochum, headed by Prof. Ulrich Keil. He developed an interest in environmental and occupational epidemiology and started several studies this area. Together with Prof. Ulrich Keil he was one of the initiators of ISAAC. He is currently Coordinator of ISAAC Phase Two, member of the Executive of the ISAAC Steering Committee, and Director of the ISAAC Two Data Centre in Ulm.

Stephan Weiland is a great lover of mountains and has been an active hiker, climber, and skier since childhood. Now living in the South of Germany he's much closer to the mountains and gets to go there quite frequently. On special days during the year, when the meteorologic conditions are right, he can even see them - while riding his bike to work.

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ISAAC PROFILE



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PROFESSOR DR MED ULRICH KEIL

Professor Dr. med. Ulrich Keil was born in Berlin and grew up in the small university town of Giessen near Frankfurt am Main. He studied medicine at the universities of Giessen, Kiel and Heidelberg. He graduated and obtained his Dr. med degree from Heidelberg university in 1968/69. He worked for a number of years in internal medicine at the University of Heidelberg/Mannheim and obtained an MPH degree from UCLAin 1972 and a Ph.D. in Epidemiology from the University of North Carolina at Chapel Hill in 1980.

He is married to his wife Ewa and has two grown up daughters, Pernilla and Johanna. From 1979 to 1987 he was director of the department of epidemiology of the GSF Institute of Medical Informatics and Health Services Research in Munich and laid the groundwork for the WHO MONICA project in the Augsburg region in southern Germany. He is principal investigator of this project since 1979.In 1987 he accepted the chair of epidemiology and social medicine at Ruhr University Bochum and in 1993 he moved on to Münster as chair of the institute of epidemiology and social medicine of the University of Münster.

Since 1986 Professor Keil is adjunct professor of epidemiology at the Department of Epidemiology of the School of Public Health of UNC Chapel Hill.

Professor Keil is director of the WHO Collaborating Centre for Epidemiology and Prevention of Cardiovascular and other Chronic Diseases at the University of Münster since 1994.

Professor Keil has also served as advisor to national and international scientific councils including the World Health Organization (WHO), the German Research Board, the Science Advisory Board of Germany and the BIOMED programs of the European Union.

Professor Keil's research interests include the epidemiology and prevention of cardiovascular diseases, the epidemiology of asthma and allergies in childhood and occupational epidemiology.

Professor Keil belongs to the founding fathers and mothers of the worldwide ISAAC project. His roles in ISAAC are:

ISAAC Steering Committee, Regional Co-ordinator for Western Europe, National Co-ordinator for Germany and Principal Investigator for Münster.

Outside of work Ulrich Keil enjoys long bicycle tours on the bicycle paths of the Münsterland. In recent years his performance on the tennis court has improved considerably. This is why a tennis match at any corner of the globe is always welcome. He spends his summers with his family at the Öresund in Southern Sweden.

ISAAC PHASE THREE REGIONAL COORDINATORS

ISAAC Region and Coordinator	Email Address	Facsimile Number
Africa/Anglophone Dr Joseph A. Odhiambo	jodhiambo@cdcnairobi.mimcom.net	254 2 271 3008
Africa/Francophone Prof Nadia Aït-Khaled	NaitKhaled@iuatld.org or Union@iuatld.org	33 1 4329 9087
America Latin Prof Javier Mallol	jmallol@lauca.usach.cl	56 2 331 0375
America North Interim arrangement please contact: Prof Richard Beasley	richard.beasley@mrinz.ac.nz	64-4-472 9199
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Europe/Northern & Eastern Prof Bengt Björkstén	bengt.bjorksten@cfa.ki.se or evi.werendel@imm.ki.se	46 8 315 823
India Sub-continent Dr Jayant R. Shah	plmlab@jaslokhospital.net or jaslok@vsnl.com	91 22 495 0508
Oceania Dr Sunia Foliaki	S.Foliaki@massey.ac.nz	64 4 3800 613

ISAAC PHASE THREE REGISTERED CENTRES

ISAAC Phase Three Centres who have registered as at September 2003

	Africa-Anglopho	ne - Dr Joseph A Odhiambo	
Ph	ase Three A	Phase T	hree B
Country	Centre	Country	Centre
Kenya	Eldoret		•
	Nairobi		C
Nigeria	Ibadan		
South Africa	Cape Town		
Ethiopia	Addis Ababa		•
	<u> </u>	<u>e - Professor Nadia Aït-Khaled</u>	
	ase Three A	Phase T	·
Country	Centre	Country	Centre
Algeria	West Algiers	Congo	Brazzaville
Morocco	Casablanca	Gabon	Port-Gentil
	Marrakech	Guinea	Conakry
Tunisia	Sousse	Ivory Coast	Abidjan
		Mali	Bamako
		Morocco	Benslimane
			Boulmene
		Reunion Island	Reunion Island
		Sudan	Khartoum
		Togo	Lome
		Tunisia	Grand Tunis
		Cameroon	Yaounde
		Rep Democratic of Congo	Kinshassa
Dh	<u>America-Latin</u> ase Three A	<u> - Professor Javier Mallol</u> Phase T	'hrae R
Country	Centre	Country	<u>ппее в</u> Centre
Argentina	Buenos Aires	Argentina	Bahia Blanca
Aigeillia	Cordoba	Algeriira	Neuquen
Brazil	Sao Paulo		Rosario City
Diazii	Porto Alegre		Salta
	Recife		Billinghurst
	<u>`</u>		Mendoza
	Salvador		Santa Fe
 Chile	Curitiba South Sontiago	Bolivia	<u> </u>
OTHE	South Santiago	DUIIVIA	Santa Cruz
	Valdivia Punta Arenas	Prozil	La Paz Uberlandia
Costa Rica	i	Brazil	
	Cuernavaea		Belo Horizonte
Mexico	Cuernavaca		Itajai Conto Andro
Panama	David		Santo Andre
Paraguay	Asunciòn		Natal
Peru	Lima		Brazilia-DF
Uruguay	Montevideo		Belem
			Sao Paulo West
			Passo Fundo
			Caruaru
			Maceió
			Manaus Amazonas
			Nova Igucu
			Feira de Santana Vitoria da Conquista

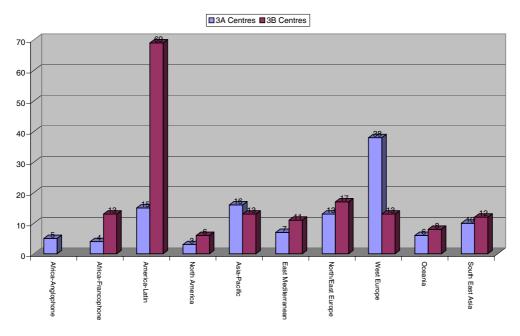
Pha	ase Three A	Phase	Three B
Country	Centre	Country	Centre
		Brazil	Aracaju
			Santa Maria
			Rio Grande do Sul
		Chile	Calama
			Chiloe
		Columbia	Cali
			Barranquilla
			Bogota
		Cuba	La Habana
		Ecuador	Guayaquil
			Quito
		El Salvador	El Salvador
		Honduras	San Pedro Sula
			Tegucigalpa
		Mexico	Puebla
			Monterrey
			Mexicali
			Mérida
			Pachua
			Ciudad Victoria
			Oaxaca
			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
			Tijuana
			Toluca
			Torreon
			Veracruz
			Irapuato
		Nicaragua	Managua
		Republica Dominicana	Santo Dominicana
		Trinidad	St Augustine
		Tobago	Tobago
		Uruguay	Paysandú
		Venezuela	Caracas
	Al	Duefeesey Dishaud Darad	
Ph	<u>North America -</u> ase Three A	Professor Richard Beasley Phase	Three B
Country	Centre	Country	Centre
nada	Hamilton	Barbados	Barbados
	Saskatoon	USA	Chapel Hill
A	Seattle		Maine
	Journa		Sarasota
			New Orleans
	:		: . 1011 O. 104110

		acific - Dr Chris Lai	
	ase Three A		e Three B
Country	Centre	Country	Centre
China	Beijing	China	Tibet
	Gungzhou		Xining
0.4.0.0	Wulumuqi		Tong Zhou
SAR China	Hong Kong	Indonesia	Jakarta
Indonesia	Bandung		Bali
Japan .	Fukuoka		Semarang
Malaysia	Kota Bharu	Taiwan	Taoyuan
	Klang Valley	Thailand	Khon Kaen
	Alor Setar		Nakorn Pathom
Philippines	Metro Manilla		Chantaburi
Singapore	Singapore	Vietnam	Ho Chi Minh
Taiwan	Taipei	Japan	Tochigi
Thailand	Bangkok	Thailand	Chiangrai
	Chiang Mai		
Korea	Seoul		
	Provincial Korea		
		nean - Dr Stephen Montefort	
	ase Three A		<u> Three B</u>
Country	Centre	Country	Centre
Iran	Tehran	Egypt	Cairo
	Rasht	Iran	Zanjan
Kuwait	Kuwait		Birjand
Malta	Malta	Jordan	Amman
Oman	Al-khod	Libya	Tripoli
Pakistan	Karachi	Pakistan	Islamabad
Lebanon	Beirut	Palestine	Ramallah
			North Gaza
		Syria	Aleppo
			Lattakia
			Tartous
		<u>e - Professor Bengt Björkstéi</u>	
	ase Three A		e Three B
Country Albania	Centre Tirana	Country Bulgaria	Centre Sofia
Estonia	Tallin	Croatia	Rijeka
LStoriia	Narva	Hungary	Svabhegy
Finland	Kuopio	Hullgary	Szeged
	Tbilisi	Kurauzatan	Bishkek
Georgia	Kutaisi	Kyrgyzstan	
 Lithuania		Lithuania	Balykchi City
i imuania	Kaunas	Lithuania	Panevezys
	Riga	Macedonia (FYROM)	Siauliai
Latvia	1/roles	: N/130000013 (FVB(11/1)	Skopje
Latvia	Krakow		
Latvia Poland	Poznan	Ukraine	Rural Kharkiv
Latvia Poland Romania	Poznan Cluj	Ukraine Serbia & Montenegro	Rural Kharkiv Belgrade
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine	Rural Kharkiv Belgrade Sombor
Latvia Poland Romania Sweden	Poznan Cluj	Ukraine Serbia & Montenegro	Rural Kharkiv Belgrade Sombor Nis
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro	Rural Kharkiv Belgrade Sombor Nis Podgorica
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro (Former Yugoslavia)	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad
Latvia Poland Romania Sweden Ukraine	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad Yerevan
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro (Former Yugoslavia)	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad
_atvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro (Former Yugoslavia)	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad Yerevan
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro (Former Yugoslavia)	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad Yerevan
Latvia Poland Romania Sweden	Poznan Cluj Linkoping	Ukraine Serbia & Montenegro (Former Yugoslavia)	Rural Kharkiv Belgrade Sombor Nis Podgorica Novi Sad Yerevan

	West Europe	- Professor Ulrich Keil	
Pha	se Three A		e Three B
Country	Centre	Country	Centre
Austria	Urfahr-Umgebung	Greece	Thessasolinki
Belgium	Antwerp	Italy	Bari
Channel Islands	Guernsey		Colleferro-Tivoli
	Jersey		Mantova
France	West Marne		Palermo
Germany	Munster	Netherlands	Netherlands
	Greifswald	Portugal	Coimbra
Greece	Athens		Evora
Isle of Man	Isle of Man		Azores
Italy	Torino	Spain	Asturias
	Milano		Almeria
	Emilia-Romagna		San Sebastian
	Firenze		La Coruna
Italy	Empoli		
italy	Siena		
	Rome		
	Ascoli Piceno		
	Cosenza		
	Trento		
Portugal	Lisboa		
roitugai	Portimao		
	Funchal		
	Porto		·····
Oi-	 		
Spain	Cartagena		
	Barcelona		
	Bilbao		
	Castellon		
	Pamploma		
	Vallodolid		
	Valencia		
	Madrid		
UK	Surrey/Sussex		
	North Thames		
	South Thames		
	Sunderland		
	Scotland		
	Wales		
Republic of Ireland	Republic of Ireland		
	Oceania	- Dr Sunia Foliaki	
Pha	se Three A	•	e 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
		Cook Island	Rarotonga
		Tokelau	Tokelau
DI		Asia - Dr Jayant Shah	a Three D
	se Three A		e Three B
Country	Centre	Country	Centre
India	Chandigarh	India	Davangere
	Chennai		Bikaner

Phase Three A		Phase Three B	
Country	Centre	Country	Centre
	Jodhpur	India	Bangalore
	Kottayam		Rasta Peth
	Mumbai (17)		Jaipur
	Mumbai (18)		Lucknow
	Mumbai (16)		Ludhiana
	New Delhi		Mumbai (29)
	Pune		Nagpur
	Borivali		Pimpri
		Bangladesh	Dhaka
		Sri Lanka	Badulla
		Nepal	Kathmandu

Phase Three Registered Centres Update as at September 2003



ABSTRACTS

Agreement between written and video questions for comparing asthma symptoms in ISAAC.

Crane J. Mallol J. Beasley R. Stewart A. Asher MI. International Study of Asthma and Allergies in Childhood Phase I study group.

European Respiratory Journal. 21(3):455-61, 2003 Mar.

Abstract

Phase One of the International Study of Asthma and Allergies in Childhood (ISAAC) has reported the prevalence of asthma, rhinitis and eczema symptoms in children. In 99 centres from 40 countries, a total of just under 317,000 13-14-yr-old children also completed a video questionnaire, showing the symptoms and signs of asthma. This first video sequence has been compared to the ISAAC written question asking about current wheezing to explore variations in agreement and the contribution of each questionnaire to wheezing prevalence between centres, by region and language groups. In general, responses to the video questionnaire gave a lower prevalence than the siritten questionnaire and responses were closely correlated. The overall proportion of agreement was high, mean 0.89. but unbalanced, with good negative agreement but poor positive agreement. Chance corrected agreement using Cohen's kappa coefficient, was generally low, with onl 20 centres with kappa >0.4. The contribution of each questionnaire to wheezing prevalence also varied between centres and suggests that written questions about wheezing are variably understood and interpreted by 13-14 yr olds. International comparisons of wheezing and its audiovisual presentation suggest that adolescents interpret a written question about wheezing differently from its audiovisual presentation and that this interpretation shows variation between centres. This relationship and the interpretation of both written and audiovisual presentation of symptoms requires further study in order to better predict asthma.

INTERNATIONAL PATTERNS OF THE PREVALENCE OF PEDIATRIC ASTHMA: THE ISAAC PROGRAM

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Pediatr Clin N Am 50 (2003) 539-553

Abstract

Asthma epidemiology is entering a phase in which there are likely to be major advances in the understanding of the causes of asthma. A key contributor to such advances will come from the standardized and systematic international comparisons of asthma prevalence, such as the ISAAC program. The findings from this study provide the basis for investigating the role of different risk factors in the development of asthma. In particular, they show striking international prevalence differences which do not appear to be explained by "established" risk factors, or by "established" theoretical paradigms for asthma. It is therefore important that new possible risk or protective factors are investigated and that new theoretical paradigms are developed.