

I NTERNATIONAL

S TUDY OF

A STHMA AND

A LLERGIES IN

C HILDHOOD

NEWSLETTER – MARCH 2004

Dear Colleagues

Happy New Year and greetings to you all from the ISAAC centre in Auckland New Zealand. I hope you have all had a chance to have a break and catch up with friends and family.

This is our first newsletter for 2004 so we need to begin by thanking you all, for the outstanding dedication and commitment you all gave to ISAAC last year. This is reflected in what we have achieved.

Some of these highlights are: The high participation of Phase Three A Centres - 117 Centres from 58 Countries (Centres that undertook Phase One and are now participating in Phase Three). The number of new centres Phase Three B (164 centres from 69 Countries) has been overwhelming. The World Map of most of the registered, Three A and Three B centres appears in this newsletter. Checking of data and Centre Reports is proceeding at a pace.

We ended the year 2003 on a high note with a wonderful Steering Committee Meeting, held in Kenya. A heart felt thank you, to Professor Joseph Odhiambo for hosting this meeting and for giving us all an opportunity to witness the dynamic beauty of this wonderful country. I think we all learned a lot and it has highlighted the importance of having meetings in “ISAAC centres” away from western countries so that we can develop an understanding and appreciation of the different environment, and what the region offers. It was a humbling experience.

We are preparing Worldwide Data for analysis for publication – first the time trends, then the extended World Map.

The European Respiratory Society has invited ISAAC to contribute to the Assembly Symposium on the 5th September in Glasgow at the Annual Congress as described on Page 11. I hope to meet up with some of you there.

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

Warm wishes

Innes Asher

Professor Innes Asher ONZM

On behalf of the ISAAC International Data Centre and Steering Committee

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ISAAC PROFILE



Professor Nadia Aït-Khaled

ISAAC Regional Co-ordinator for French-speaking Africa

Professor Dr.med. Nadia Aït-Khaled was born in Algeria, and is married with 2 children. She studied medicine in Algeria at the University Hospital and became a General Practitioner in 1969 working for the Tuberculosis Health centre in Algiers, Algeria. In 1971 she was appointed as a Chest Diseases Specialist, and in 1980 Professor and Chief of Chest Disease Clinic at the University Hospital Algiers. Since 1980 she has been Professor in charge of Care, Training and Research at the University, and Head of Department of Pneumology and Functional Respiratory Exploration. In 1994 and currently, Professor Aït-Khaled is the Chief of the Asthma Division and Chair of the Scientific Committee of Respiratory Diseases of the International Union Against Tuberculosis and Lung Disease (IUATLD)

Professor Aït-Khaled has been a member of several Committees: 1982 – 1990: Member of the IUATLD, Treatment Committee of IUATLD, 1990 - 1998: Member then chair of Respiratory Disease Section of IUATLD, 1995 - 1997: Member of IUATLD Executive Committee and since 1994: Chief of Asthma Division, Tuberculosis Consultant. Professor Aït-Khaled has held past-Chair and member of the “ Société Algérienne de Pneumologie” since 1971 . Past-Chair and member of “Fédération Maghrébine des Maladies Respiratoires” since 1986 and Member of “Société Pneumologie de Langue Française” since 1986. Professor Aït-Khaled has served as advisor and given intensive technical support to several African countries she has been a Technical advisor in several World Health Organization (WHO) steering committees and workshops.

Professor Aït-Khaled’s research interests include implementation of projects for lung health, integration with tuberculosis control, standardised case management both for asthma patients and for the main prevalent respiratory diseases, tobacco control and pollution in middle- or low- income countries.

With more than 400 communications, publications and reports to her name Professor Aït-Khaled still has time to be part of the ISAAC team. She began with ISAAC in 1994 and is the Regional Co-ordinator for French-speaking Africa and a member of the ISAAC Steering Committee.

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Professor Neil Pearce

ISAAC Phase One Publications Coordinator
ISAAC Executive
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1.0 Introductory Papers

- 1.1 ISAAC Phase One Manual. 2nd ed. Auckland and Münster: ISAAC Steering Committee, 1993.
- 1.2 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.
- 1.3 Asher I, Keil U, 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, Ait-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, Ait-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 Beasley R, Ellwood P, Asher I. International patterns of the prevalence of pediatric asthma the ISAAC program. *Pediatric Clinics of North America* 2003; 50(3):539-53.
- 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 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.
- 3.5 von Mutius E. Epidemiology of asthma: ISAAC--International Study of Asthma and Allergies in Childhood. *Pediatr Allergy Immunol* 1996; 7(9 Suppl): 54-6.

4.0 Ecologic Analyses

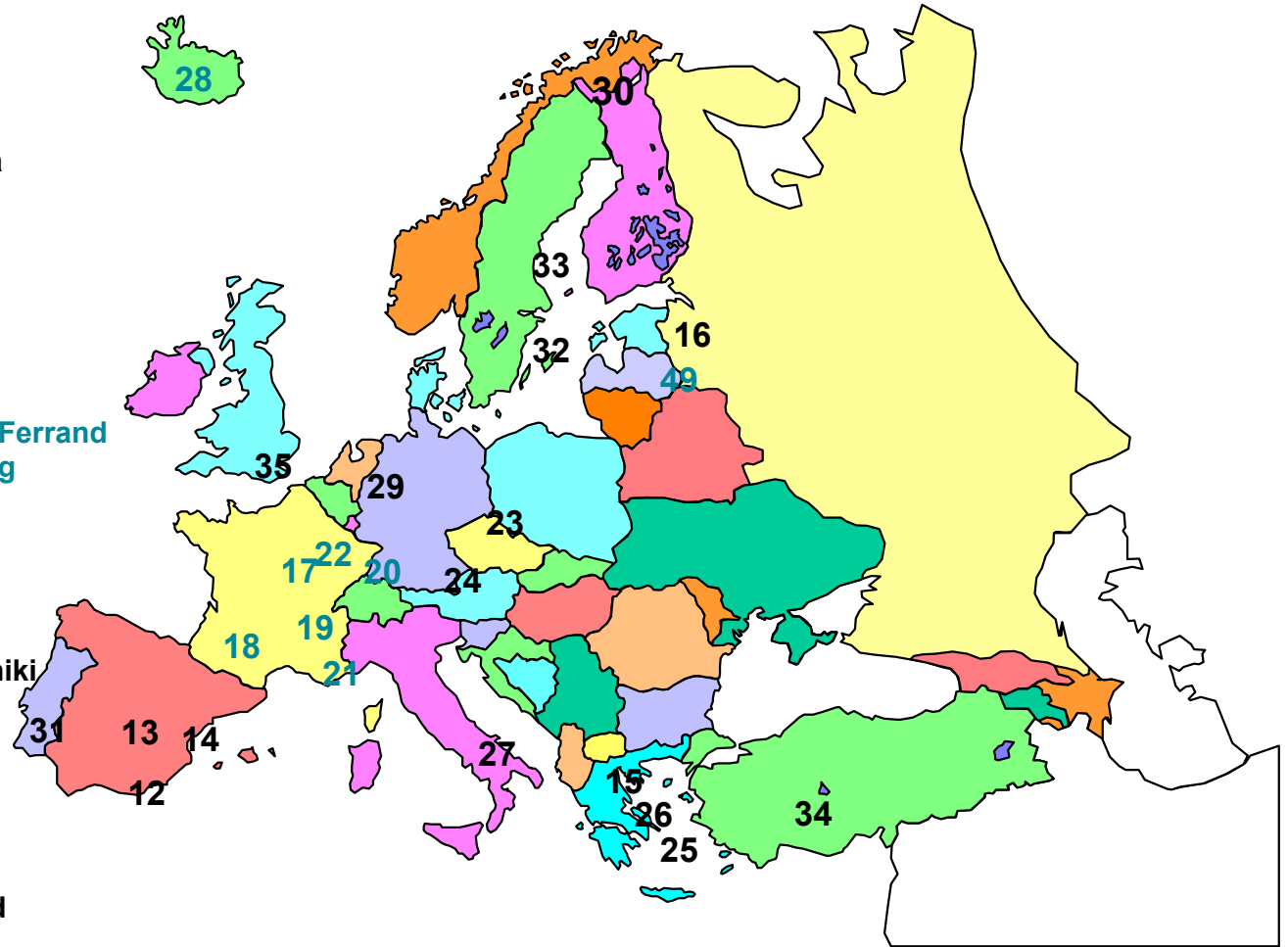
- 4.1 Anderson R, Beasley R, David Strachan, Colin Robertson C, and the ISAAC Phase I Study Group. Mortality and hospitalisation rates. In preparation.
- 4.2 Anderson HR, Poloniecki JD, Strachan DP, Beasley R, Björkstén B, Asher MI, ISAAC Phase 1 Study Group. Immunization and symptoms of atopic disease 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 Asher I, et al. Overview of findings of ISAAC Phase I ecologic analyses. In preparation.
- 4.5 Burr ML, Emberlin JC, 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). *Clin Exper Allergy*, in press. 2003; 33: 1675-80
- 4.6 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.
- 4.7 Foliaki S, Björkstén 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). *Int J Epidemiol*, in press.
- 4.8 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.
- 4.9 Shirlcliffe 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.
- 4.10 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.
- 4.11 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
- 4.12 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.
- 4.13 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. *Occup Environ Med*, in press.

Other Papers

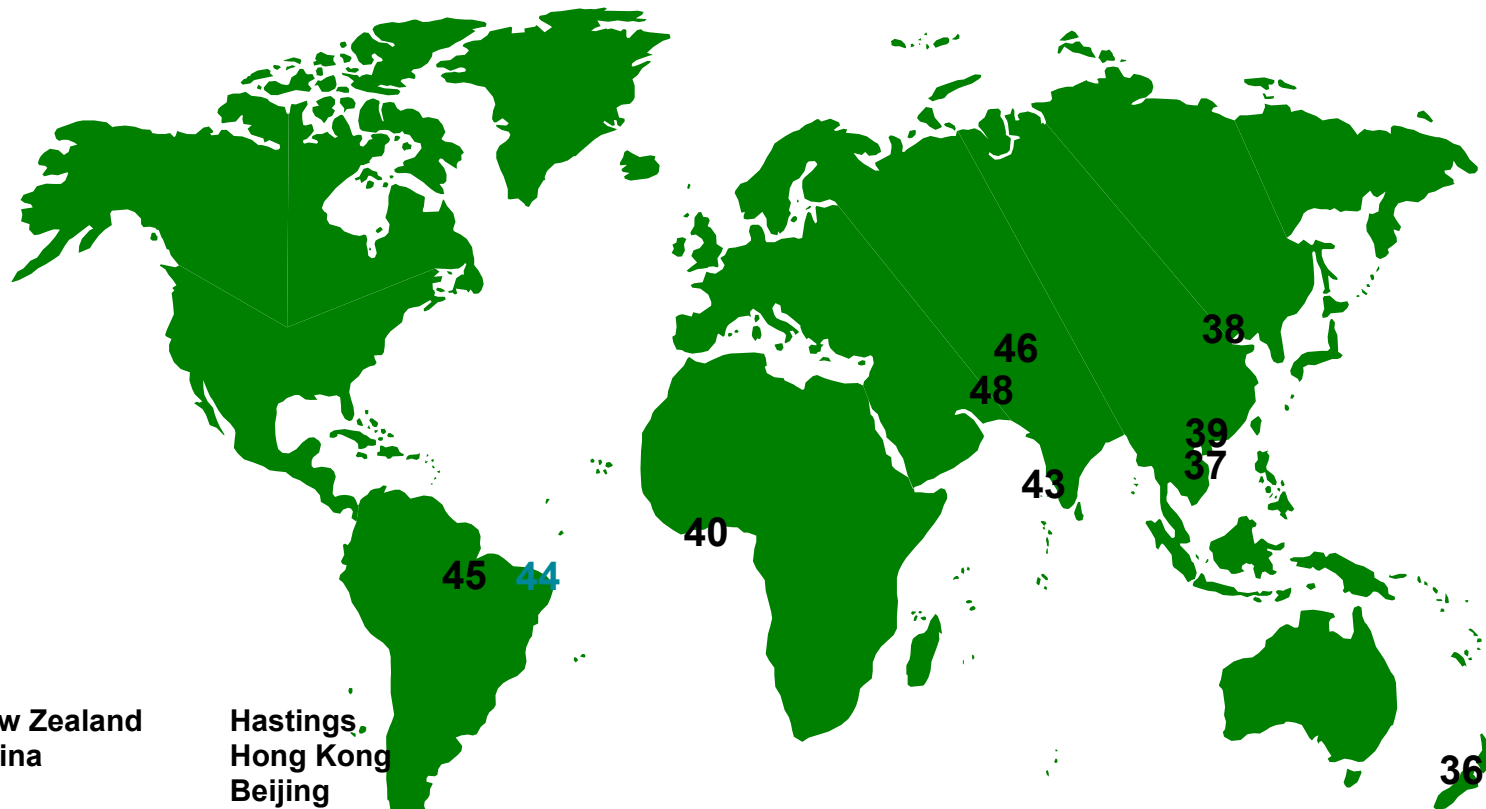
- 5.1 Anderson R, Robertson C, Montefort S. World-wide variations in asthma in children: association with severity, evidence of other atopic diagnosis and sex ratio. In preparation.
- 5.2 Crane J, Mallol J, Beasley R, Stewart A, Asher MI, on behalf of the International Study of Asthma and Allergies in Childhood (ISAAC) Phase I study group. Agreement between written and video questions for comparing asthma symptoms in ISAAC. *Eur Respir J* 2003; 21: 455-61.
- 5.3 Pearce N, Sunyer J, Cheng S, Chinn S, Björkstén 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.

ISAAC Phase 2 centres – Europe

- | | | |
|----|-------------|------------------|
| 11 | Spain | Cartagena |
| 12 | | Almería |
| 13 | | Madrid |
| 14 | | Valencia |
| 15 | Albania | Tirana |
| 16 | Estonia | Tallinn |
| 17 | France | Creteil |
| 18 | | Bordeaux |
| 19 | | Clermont-Ferrand |
| 20 | | Strasbourg |
| 21 | | Marseille |
| 22 | | Reims |
| 23 | Germany | Dresden |
| 24 | | Munich |
| 25 | Greece | Athens |
| 26 | | Thessaloniki |
| 27 | Italy | Rome |
| 28 | Iceland | Reykjavik |
| 29 | Netherlands | Utrecht |
| 30 | Norway | Tromso |
| 49 | Latvia | Riga |
| 32 | Sweden | Linköping |
| 33 | | Östersund |
| 34 | Turkey | Ankara |
| 35 | U.K. | West Sussex |

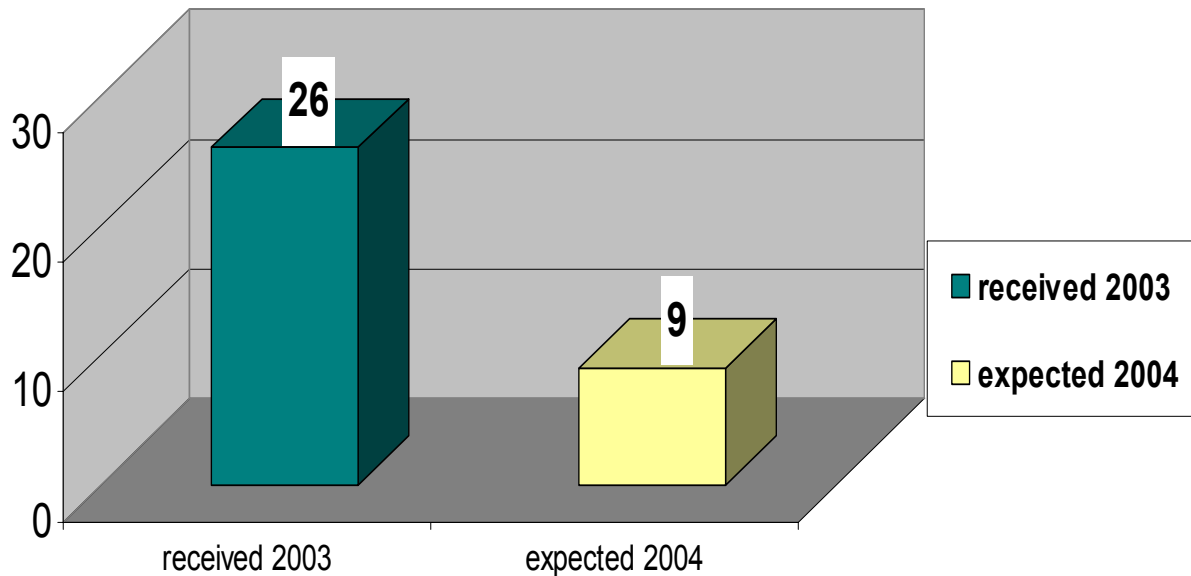


ISAAC Phase 2 centres – Worldwide



36	New Zealand	Hastings
37	China	Hong Kong
38		Beijing
39		Guangzhou
40	Ghana	Kintampo
43		Bombay (B) Private
44	Brazil	Porto Alegre
45	Ecuador	Rural Area
46	Georgia	Tbilisi
48	Palestine	Ramallah

Phase 2 - Data received from centres, November 2003



ISAAC INTERNATIONAL DATA CENTRE IIDC- Funding

The funding situation for the IIDC has improved with support funds to cover until 1st November 2004, although its long-term viability still depends on obtaining the HRC grant.

The IIDC has accepted grants from WHO, the Asthma and Respiratory Foundation of NZ and the NZ Lottery Board. Applications under review include HRCNZ, Hawke's Bay Medical Research Foundation and the University of Auckland School of Medicine Foundation.

The letter of intent sent to Gates, Grand Challenges in Global Health, has been declined.

Guinness World Record™



Professor Hywel Williams has been instrumental in helping ISAAC achieve this fantastic award.

On behalf of all of us, "Thank you".

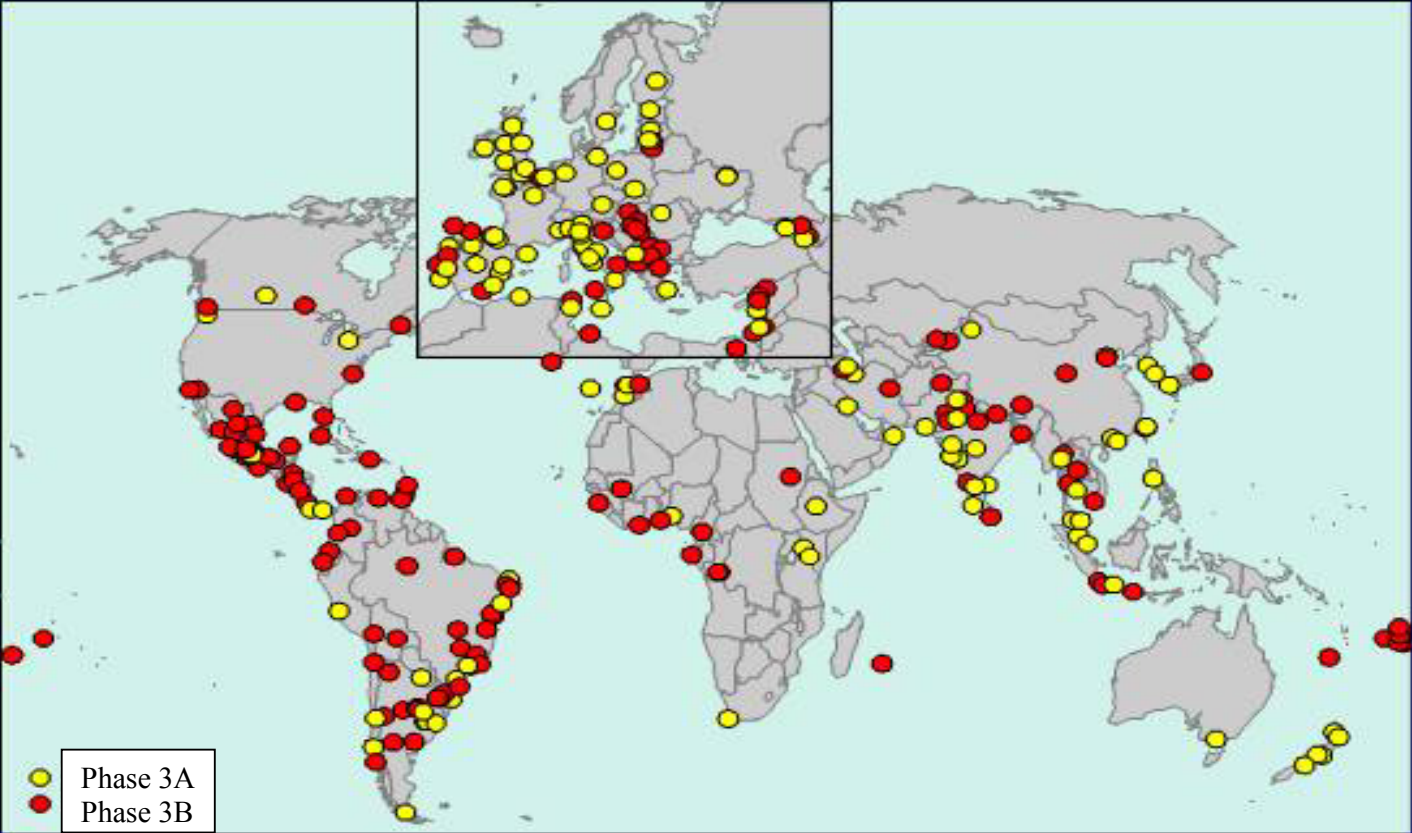
ISAAC's strength is in **working together as international collaborators**, with the single focus of understanding the trends of asthma, allergic rhinoconjunctivitis and atopic eczema in children all over the world. And with the aim reducing the personal burden of these diseases.

Thank you all for making this possible

The web site for the Guinness World Records is <http://www.guinnessworldrecords.com/>
If you want to view our record, you will need to buy the entire database to access all data from the Guinness World Records. They only show a small fraction of the 40.000 records held on the web.

Hywel has verified that our record is there by using his own passwords etc

CENTRES REGISTERED FOR ISAAC PHASE THREE



ISAAC PHASE THREE PUBLICATIONS:

The Steering Committee plan to prepare 8 publications from Phase Three Worldwide data:

- Group 1. Overview of Time Trends
- Group 2. Asthma Time Trends
- Group 3. Rhinitis Time Trends
- Group 4. Eczema Time Trends
- Group 5. Asthma Worldwide Map
- Group 6. Rhinitis Worldwide Map
- Group 7. Eczema Worldwide Map
- Group 8. Synthesis Worldwide Map

The Steering Committee has nominated a writing group for each paper on behalf of the ISAAC Phase Three study group, of which all Phase Three principal investigators are members

STANDARDISATION OF ACKNOWLEDGEMENTS AND AUTHORS

The following are the proposed Acknowledgments and appendix to each paper

ACKNOWLEDGEMENTS

We are indebted to the collaborators in the participating centres and all parents, children, teachers and other school staff who participated in the surveys. There are many field workers and funding agencies who supported data collection, and national, regional and international meetings, including the meetings of the ISAAC Steering Committee. Unfortunately these are too numerous to mention (they will be acknowledged elsewhere) but we particularly wish to thank the funders who supported the ISAAC International Data Centre including the Health Research Council of New Zealand, the Asthma and Respiratory Foundation of New Zealand, the National Child Health Research Foundation, the Hawke's Bay Medical Research Foundation, the Waikato Medical Research Foundation, Glaxo Wellcome New Zealand, and Astra New Zealand. We also wish to thank Glaxo Wellcome International Medical Affairs for funding the regional coordinating centres. The Centre for Public Health Research is supported by a Programme Grant from the Health Research Council of New Zealand.

APPENDIX

ISAAC Steering Committee: N Ait-Khaled, HR Anderson, MI Asher (Chair), R Beasley (Coordinator Phase III), B Björkstén, B, Brunekeef, W Cookson, J Crane, P Ellwood, S Foliaki, U Keil, CKW Lai, J Mallol, EA Mitchell, S Montefort, J Odhiambo, N Pearce, G Redding, CF Robertson, AW Stewart, JR Shah, D Strachan, E von Mutius, SK Weiland, HC Williams.

ISAAC International Data Centre: MI Asher (director), TO Clayton, P Ellwood, EA Mitchell, AW Stewart.

ISAAC Phase III Study Group: [to be listed]

ISAAC COLLABORATORS AT THE ERS

To all ISAAC Collaborators who are attending the ERS Symposium in Glasgow

I would like as many of us as possible to get together after the Symposium on Sunday 5th September 2004, as yet I am not sure what time this will be. It's a great opportunity to celebrate the achievements and hard work you have all put into ISAAC. Well Done. I look forward to seeing you all after the ISAAC Symposium is finished. (See Below)

Innes Asher

ASSEMBLY SYMPOSIUM - Sunday 5th September 2004 ISAAC and ECRHS - WHAT HAVE THEY TAUGHT US?

Organizer(s): Zorica Zivkovic, Belgrade, Serbia and Montenegro
Jimmy Paton, Glasgow, Scotland
Isabella Annesi-Maesano, Villejuif

Paediatrics
Epidemiology

Target audience:

Paediatricians, Paediatric Pulmonologists, Allergologists, Epidemiologists

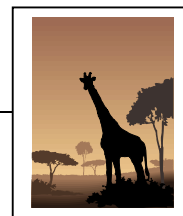
Aims :

Phases 2 and 3 of ISAAC (the International Study of Asthma and Allergies in Childhood) and from ECRHS () have provided us with important insights into asthma, allergy and COPD in children and adults.

Chairs : Dr Christopher K Lai
Professor Steven Holgate

- 1) Global variations and time trends in asthma and allergy in children.
"What has ISAAC told us?" - Professor Innes Asher
- 2) Risk factors for asthma and atopy in children.
" Which is the chicken and which the egg ?" - Professor Stephan Weiland
- 3) Global variations and time trends in asthma and allergy.
"Findings and interpretation of ECRHS." - Professor Peter Burney
- 4) Risk factors of asthma and atopy.
"The ECRHS perspective and relation to ISAAC" – Professor David Strachan
- 5) Panel discussion ("What have we learned and what information could not be obtained? Were the rationales/designs for ISAAC and ECRHS correct?")

ISAAC Steering Committee Meeting November 2003 – KENYA



Kenya had an impact on all who were able to attend the Steering Committee Meeting. This is reflected in what others told us:

The visit of the ISAAC Steering Committee to Kenya was a humbling one for me. When we drove through the poorer suburbs of Nairobi, I just wondered how on earth Joseph and his colleagues could organise and conduct a survey of 3,000 children under such circumstances. But that is exactly what Joseph succeeded in doing, as have other inspiring figures working in other developing countries such as India, China and Chile. Their selfless efforts have resulted in an incredible amount of data from people living in developing countries - data that has never before been available because of the tendency to study only "convenient" locations. Holding the meeting in Kenya just brings the reality of conducting studies in the real world to the fore. Next time I am sitting in a plush hotel in the UK, thinking of all sorts of questions and tests to add to the next ISAAC survey, I shall think of those suburbs of Nairobi and the practicalities of putting those suggestions into practice.

Coming to Kenya also reaffirmed the global spirit and inclusiveness of the ISAAC study for me. The setting in Naivasha was highly conducive to us working together as a group - all working, eating and sleeping together (well, maybe not all sleeping together). No interruptions from other meetings and demands - just 2 days of pure concentration, dedicated to working effectively as a team, steering one of the largest medical projects ever conducted by mankind.

So thank you Joseph and your team in Kenya for a wonderful and productive meeting

Hynel C. Williams

I think this last meeting was one of the best, if not the best, because of the tranquillity at Lake Naivasha and the uniqueness of the African flora and fauna and the African soil.

Ulrich Keil

1. A stronger feeling of collegiality and cooperation than previously.
2. The balance of discussion was towards more research and less management - a highlight for me.
3. Wonderful venue

Alistair Stewart

I think about these important issues

- Steering committee in the same place with no other work to attend a conference is particularly productive for exchange idea not only during the sessions but also after.
- Very good friendly time
- Symposium after the SC is very useful to increase Asthma Knowledge in the country visited

With my best regards

Nadia

from us all

Thank you Joseph and your team in Kenya



**Greeting to our team from Kyrgyzstan – Imanalieva Cholpan, Moldogazieva Aigul
Bozonbaeva Elnuza, Ganuzacova Nurgul, Nagimidinova Gulmira.**



Poem from the book entitled “Sing Song”

Author Anne Kennedy,

“And effect”

**“.....In two weeks she’s an exhausted wreck
the smiling baby gone, the former
marine biologist who studied duckweed**

**and its relationship to duck-pleasure
the astrophysicist who talked in
astronomical units (150 million odd ks,
the average distance between**

**the earth and sun) and spoke
lovingly of light-and dark. Anyway
she’s on a sickness benefit. Who was
a sociologist like the Ritchies watching**

**Peacock displays of suburban neurosis
testament of a jumping boy at
the sharp end of the twentieth century
behaviours of the soft and hard toys**

**sacred rituals of food and of drink
set out in graph from
and Auckland sieved through a Toyota waka.
Viewing it, part of it, her method**

**All changed. Her world now her skin.
The Maori-Pakeha girl the colour of
wounds. She’s torn open all over
by her own nails, lives in a frenzy**

**Of concentrated itching, infected
Like a cat after a night fighting.
She’s tired beyond endurance, sleeps
only when more exhausted than itchy.....”**

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<http://www.nzbookcouncil.org.nz/writers/kennedyanne.htm>

<http://www2.auckland.ac.nz/aup/books/kennedy-singsong.html>