









CORRESPONDENCE TO:

Professor Innes Asher

ISAAC International Data Centre Department of Paediatrics Faculty of Medical & Health Sciences University of Auckland Private Bag 92 019 Auckland NEW ZEALAND

 Ph:
 64 9 373 7599 ext 86451

 Fax:
 64 9 373 7602

 Email:
 mi.asher@auckland.ac.nz

 Website:
 http://isaac.auckland.ac.nz

NEWSLETTER CONTENTS:

- ♦ Editorial
- ISAAC Member Profile
- ◆ Professor Ed Mitchell
 - ♦ Mr Alistair Stewart
- ESR Copenhagen Invitation to ISAAC collaborators function
- Congratulations Erika von Mutius
- Farewell to Peter Rezhak
- Phase One Dr Pradeep Kar Orissa – India
- ♦ ISAAC in Samoa Photos from 2003
- ◆ Food for thought Poem
 - Comments from Hywel Williams
- Publication Check
 - ♦ ISAAC Phase One Publications
 - ♦ ISAAC Phase Two Publications
 - ISAAC Phase Three Publications

NEWSLETTER – JULY 2005

Dear Colleagues,

On behalf of the ISAAC Steering Committee I would like to extend my warmest greetings to you all, and welcome you to the second newsletter for 2005.

The 4 Worldwide Time Trends papers are being fine tuned and we hope to be ready for circulation to the Worldwide Principal Investigators before long.

The IIDC is not accepting any new data sets for Phase Three B from 31st July 2005. For those centres still in progress, we hope soon to complete all outstanding data and methodology checks. Philippa and Tadd would appreciate prompt attention to any correspondence from them. If you have not yet had confirmation that all checks <u>have been</u> <u>completed</u> or if you have not heard from Philippa or Tadd in relation to completing these checks for some time would you please contact them on: Philippa Ellwood: <u>p.ellwood@auckland.ac.nz</u> or: Tadd Clayton: <u>t.clayton@auckland.ac.nz</u>

This year the ERS 2005 will be in Copenhagen September 17-21st 2005. We are very pleased that Philippa Ellwood from the IIDC in Auckland will be hosting the ISAAC Collaborators Function at the ERS. Invitation and details are on pages 4 and 5. We know that this social function is one that many of you enjoy and we hope you are able to attend. If you are intending to attend this function, would you please contact Tania Milne administrator for ISAAC on isaacadmin@auckland.ac.nz as this would assist us in confirming numbers for catering purposes. Philippa is presenting a poster on ISAAC and Methodology on Tuesday 20th September and would welcome visitors to the poster.

The ISAAC Steering Committee Meeting for 2005 will be held in Hong Kong hosted by Professor Chris Lai (Regional Coordinator for Asia Pacific) and Dr Gary Wong (Principal Investigator for the ISAAC Hong Kong 13/14 year olds). We will report back to you after this meeting about further developments of ISAAC.

We hope you are all gaining a sense of excitement, as we continue to endeavour to unlock and discover some of the secrets about Asthma, Allergies and Rhinitis, and the effect this has had on our world. This has only been possible because of your dedication and hard work, and the collaboration we all share in making this happen.

We hope this finds you all well and in good heart

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

ISAAC PROFILE

Department of Paediatrics Faculty of Medical and Health Sciences University of Auckland Private Bag 92019 Auckland NEW ZEALAND Phone: +64 9 373 7599 x 86431 Fax: +64 9 373 7602 Email: e.mitchell@auckland.ac.nz



Professor Ed Mitchell ISAAC Steering Committee Member, Auckland University: Chair of Child Health Research

Auckland University paediatrician Professor Ed Mitchell, was appointed to the Chair of Child Health Research in 2001, taking over the role held for the previous 20 years by Professor Bob Elliott.

Ed is internationally recognised for his work with SIDS (Sudden Infant Death Syndrome) and has made an outstanding research contribution in this area. He directed the New Zealand Cot Death study which was a national case control study and led the National SIDS Prevention Programme. He identified the huge potential for reducing SIDS by advocating the back sleeping position. The preventative strategies resulting from this work have largely been responsible for reducing tragic cot deaths in New Zealand from around 280 deaths a year to 60 or less.

Ed chairs the Board of Trustees of the New Zealand Cot Death Association and has advised many countries on SIDS prevention. He has been invited to both the United States and Germany to assist with analysing SIDS data and provide input on prevention measures.

He is a founding member of the International Study of Asthma and Allergy in Children and is part of the International ISAAC Data Centre.

Ed has a number of other areas of expertise and leads a major case control study for Small for Gestational Age infants (Auckland Birthweight Collaborative Study). This study looking at the determinants of obesity, growth, cognitive development, behaviour, asthma and eczema.

He also leads an intervention study in children at high-risk of becoming allergic. Other areas of research focus include preterm births, Cellulitis (a common skin infection causing increasing hospitalisation in childhood), acute rheumatic fever and stillbirths.

Enough of work. He's married to Hilary, also a doctor, and they have 2 grown-up children (Colin and Nicky). Pastimes include sailing, tennis and tramping (or hiking).







ISAAC PROFILE



Division of Community Health Faculty of Medical and Health Sciences University of Auckland Private Bag 92019 Auckland NEW ZEALAND Phone: +64 9 373 7599 x 86362 Fax: +64 9 373 7593 Email: aw.stewart@auckland.ac.nz

Mr Alistair Stewart ISAAC Steering Committee Member University of Auckland Senior Research Fellow

I'm a biostatistician who has been working in New Zealand Universities since the beginning of the 1970's (when men were going to the moon and Clockwork Orange premiered). I was initially in Dunedin, then Christchurch before making the big move and shifted from the South Island to Auckland, in the North Island. I've been working for Auckland University ever since.

My major part in ISAAC is my work with the IIDC (International Data Centre) in Auckland although I am a member of the Steering Committee too. Issues relating to study design and analysis arise both from various Centres from around the world and with the work of the IIDC. An example of some work I've been doing recently is finding a suitable way to measure the amount of overlap of time of the year sampled between Phase One and Phase Three for the Centres that have collected data at both Phases.

Apart from ISAAC, the other major international project I've been involved with is MONICA, a study of cardiovascular disease that was done over a 10 year period in the 1980's and 90's in nearly forty Centres, mostly in Europe but also in a few further far away places. The rest of my work-time is spent on a wide variety of research projects, most of which emanate from the Faculty of Medical and Health Sciences in the University of Auckland. A few of the areas of research I'm involved with at the moment are: RCT in plagiocephaly, RCT in fertility, growth rates of mice, hysterectomy, cellulitis, tracheostomies in children and the follow up of new born babies – especially pre-term babies.

My life outside the paid employment environment is equally busy. I'm very much involved in orienteering (a sport that involves using a map(one shown below) and compass to find marked points in a defined area – often a forested area). I am both a competitor and an organiser but seem to spend more time organising than competing recently. Having said that, I have been lucky enough to travel to and compete in the World Masters Orienteering Championships six times over the last nine years. My club brought electronic timing to New Zealand orienteering three years ago and I am still very much involved in getting this established in the country. My wife, Joanna (a fellow biostatistician), is equally involved in the orienteering so our home life revolves round this sport. I have two sons, now aged 26 and 23, who have both represented New Zealand at the junior level of the sport. To those reading this who know nothing about the sport I suggest you see if you have an orienteering club in your area and get out and try this wonderful sport – it can be done at all levels, from the most competitive to the very leisurely.





ISAAC COLLABORATORS AT THE 15th ANNUAL CONGRESS COPENHAGEN 17TH – 21st SEPTEMBER 2005

ERS

To all ISAAC Collaborators who are attending the European Respiratory Society ERS Symposium in Copenhagen 17 – 21 September 2005 Please see next page for details of ISAAC Collaborators Function.

ERS ASSEMBLY SYMPOSIUMS -

WHICH HAVE A FOCUS ON ISAAC

If you intend to go to the ERS don't forget, that Early bird Registration closes 11 July 05

Sunday 18th September 2005

Room B6 (B-M2-to build) Session 10:45 – 12:45 Poster Discussion: Paediatric asthma monitoring Spirometry, exhaled nitric oxide and the ISAAC questionnaire – L Welsh

Monday 19th September 2005-06-09

Auditorium 11Session 08:30 – 10:30 Oral Presentation: What is new in childhood respiratory epidemiology? Assessing bronchial responsiveness to hypertonic saline using the stepwise protocol of the Phase Two of the International Study of Asthma and Allergy in Childhood (ISAAC - II) - G Büchele

Auditorium 11Session 08:45 – 10:30 Oral Presentation: What is new in childhood respiratory epidemiology? Worldwide trends in the prevalence of asthma symptoms: Phase Three of the International Study of Asthma and Allergies in Childhood (ISAAC) – C Robertson

Hall H-32 Session 12:50 – 14:40 Thematic Poster Session: Epidemiology of Asthma and Allergy Sex differences in recognition of asthma in children: ISAAC Phase Three – M.M Pizzichini

Tuesday 20th September 2005-06-09

Room B6 (B5-M2-to build) Session 10:45 – 12:45 Poster Discussion: Childhood Respiratory Epidemiology Replication of sampling for time trends analyses in an international multi centre study – ISAAC – P Ellwood



ISAAC International Study of Asthma and Allergies in Childhood

To all ISAAC Collaborators who are attending the ERS in Copenhagen:

You are warmly invited to an ISAAC social gathering following the ERS Assembly Symposium Poster Discussion on Tuesday 20th September 2005. Please see the details below.

This year Philippa Ellwood, Steering Committee Member and Research Manager for the IIDC will host the Collaborators Function in Copenhagen. We look forward to meeting as many of you who are able to attend this function.

Details are still being finalised and will to be confirmed closer to the date, by emailing a flyer to you all. For catering purposes, we would be grateful if you could contact Tania Milne if you intend to attend this Function.

Innes Asher, Chair of ISAAC

ERS

ISAAC COLLABORATORS FUNCTION

Tuesday 20th September 2005, 1700 – 1900

ISAAC COLLABORATORS RECEPTION

The Bella Vista Restaurant Centre Boulevard DK 2300 Copenhagen, Denmark

The Bella vista Restaurant is located on the first floor in the main centre hall

RSVP Tania Milne: isaacadmin@auckland.ac.nz

Congratulation's Erika





On behalf of the Executive and ISAAC Steering Committee we would like to congratulate Erika von Mutius for her promotion to Professor at the Ludwig-Maximilian University of Munich, Germany. It is wonderful that Erika's distinguished contributions to Paediatric respiratory epidemiology have been honoured in this way.

Congratulations from us all.





On another note, we would like to acknowledge Dr Peter Rezhak who was the ISAAC Phase Two Data Manager based in Ulm, Germany. Peter leaves the ISAAC team after many years and completing a PhD at the University of Ulm last December. *Congratulations Peter*

Peter will take up a research position at the Gesellschaft für Stystemforschung (gsf) in Neuherberg (near Munich) which is one of the biggest health research institutes in Germany. He will work on birth cohort studies and genetic epidemiology and is looking forward to developing further research and methodological skills.

On behalf of ISAAC we would like to thank you for managing the huge volume of Phase Two correspondence and data, and also for your hard work and important contributions to the Phase Two data analyses.

Thank you for being part of our unique and special ISAAC family.

We will look forward to catching up with you at future conferences, but from all of us we wish you the very best.

Orissa - India



Back ground

Asthma, Allergic rhinitis, Dermatitis in childhood are the common issues of concern in paediatric O.P.D.

Incidence, aetio-pathogenesis & treatments are often scientifically challenged where as, the rational practice in their management are far from real as on date.

Consensus asthma management protocols by Indian Academy of Paediatrics (IAP) are yet to be popularized in the country. Asthma management varies from place to place.

It is significantly dependant on the knowledge of the treating paediatrician, socioeconomic & geographical accessibility and health seeking behaviour of the concerned patient /caretaker.

So, the issue appeared significant, need-based &challenging.

Constraints faced

- 1. Child health status is critical in Orissa (IMR is 97 per 1000 live births as per the 2002 census report).
- 2. The existing deficit health facility is geographically & socio-economically inaccessible to the rural poor in Orissa. Prevailing poverty & illiteracy either delay or neglect the health seeking behaviour.
- 3. The above project was taken up at Purnapani in Sundergarh district & was completed at Bolani in Keonjhar district in Orissa. Both were tribal dominated rural villages where I was working in the respective mines hospital. Patient care, social living, office practices were all in a primitive way.

Experiences

Nearly a decade has been passed since I submit my final report. Personal experiences written bellow are significant to me because they are fresh in my memory till date.

- 1. Answering to each & every letter, repeated visit to the concerned schools, communication to the students, teachers, parents, data compilation, format etc. & computer typing had consumed a lot of my personal time & money. For about two and a half years I had to cancel all my personal & family commitments.
- 2. Roads & communications in these areas are so poor that one may not imagine the risk unless & until one experiences it personally. During rainy days the fair weather roads make the movement impossible & risk taking as well. Schools were poorly attended during those days. More frequent visits were made to achieve the assigned

90% target or so. There was a Muslim girl's school run in the owner/principal's personal residence complex, which was the school with lowest number of enrolments.

- 3. Chinmaya Vidyalaya of Rourkela was the excellent among the lot. The principal & other teachers, the students, parents co-operated in the study in a much organized & disciplined manner. At the end, the entire team was specially thanked on behalf of the ISAAC member group. The senior students enjoyed the video clipping on asthma & asked many questions on the issue, which were answered. A student asked & noted the full form of ISAAC in his class note- book.
- 4. There was a primary school (for 6 to 7 years age group) near Bolani mines in a remote tribal village, the name I am forgetting now. The village had a few thatched hurts, some of them were without any roof top, placed discretely (very low population density, i.e. persons/square k.m.). It was a government aided tribal school with provisions of free mid-day-meals for the enrolled students. Teachers of the school accommodate themselves in some of those local hurts & were utilising openair field for their toilet & bath irrespective of their sex. The Government constructed tin-top school building did not have even, a single window or, door. The night time sheep & cattle-shed was utilized as a class- room by the poor young children. I wish, I could have taken photographs of the dirty class- room floor full of dry cow dung & animal excreta.

The large amounts of formats were very difficult to protect from white ants in my official accommodation. Any other detail information may kindly be verified from the final report sent earlier.

Final out come

My contribution to the entire investigation may be negligible. But personally I was benefited in many ways. The whole credit for this I would like to give to the team who designed the project text. The communication methodology and language advocated were distinct and universally accepted. Comprehensive social health communications, adopted during the event were well appreciated by the students, teachers and parents. This was in addition to the determination of incidence rate of Asthma, Allergic rhinitis etc. among the target groups. Hence, these personal observations should not be considered as the facts meant to dilute the main objectives of ISAAC studies. Subsequent community health communication, events were organized with confidence and enthusiasm. Health promotional events were modified from time to time by the rich experience gathered during ISAAC phase –1 study. During the year 1999 & 2000, I was elected twice to the National Executive board (from East Zone) Indian Academy of Paediatrics (IAP). Pulse polio, Breast feeding promotion, Nutrition education, mass child health camp, health awareness building were few (worth mentioning) of such health promotional events. IAP Orissa State branch was energized by forming district branches, and encouraging and participating in various child health activities. Being the founder life member of respiratory chapter IAP and BPNI (Breast Feeding Promotion Network of India) etc. World breast feeding weeks were observed every year in various places (12 years).

I'll love to send a copy of the WBW-2004 report by post (Please send you postal address) for your kind review. The most recent event was world health day 2005, on 7th April. If possible I shall send a photograph of it along with this mail.

Thank you again for your interest, which has encouraged me.

With, warm personal regards.

Pradeep

The Principal Investigator ISAAC Phase One in a leprosy Colony at Rourkela (the project area) among the participants of World Health Day - 2005



ISAAC in Samoa

Photos were taken in 2003 when the ISAAC Study begun in Samoa



13 and 14 Year Olds



Food for thought: How can ISAAC Help? Comments from Professor Hywel Williams follow this poem?

Poem from the book entitled "Sing Song" Author Anne Kennedy

"Document"

Sometimes in the night the mother composes a letter to the homeopath in her head. She wants him to know about the nightly four hours of torment

and the itchy days. It's been eighteen months now and what's more an apricot can bring on a apricot's worth of scratching. Never did before. Tomatoes

are a fine recipe for disaster. She could go on – chocolate cake, bananas – a file of good housekeeping. But she's always too tired to write it in the morning

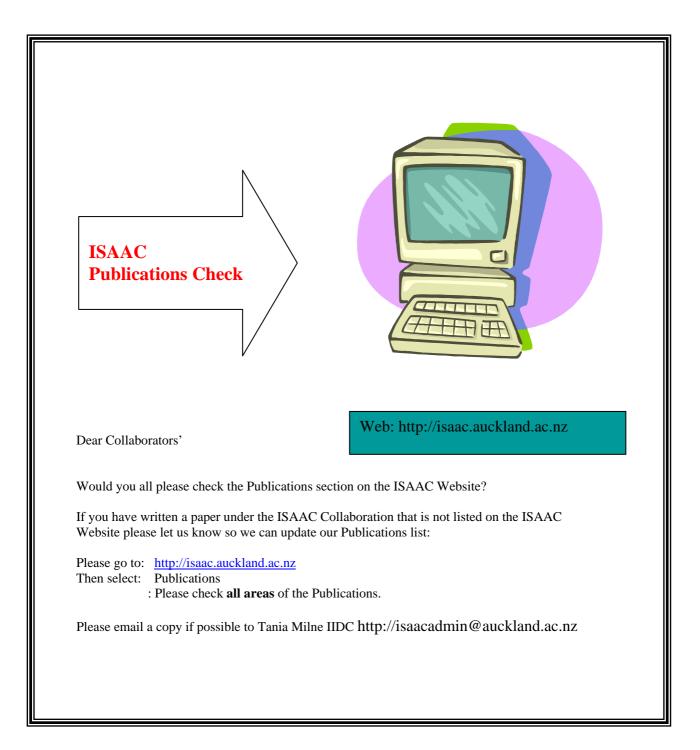
the letter, that is, and so is the baby.

Published 2003 Auckland University Press http://www.nzbookcouncil.org.nz/writers/kennedyanne.htm http://www2.auckland.ac.nz/aup/books/kennedy-singsong.html

As part of the ISAAC Family and member of the ISAAC Steering Committee we are very privileged to have one of the Worlds leading Dermatologist's Professor Hywel Williams. He is based at the Centre for Evidence Based Dermatology, Queen's Medical Centre, University Hospital. UNITED KINGDOM

Professor Williams chooses our poems for the Newsletter and occasionally shares insight into why he had made this choice.

The poem is short and simple, but I liked it because it encapsulates the vicious cycle of chronic exhaustion and grasping at futile treatments that many parents of children with severe atopic eczema experience. It's very frustrating not to know the cause of eczema and it is so easy to blame one food one day and another food another day given the complex nature of the disease flares. This often ends up in parents putting their children on complicated and sometimes restrictive diets in an attempt to do something to 'treat the underlying cause'. If only we did know more about the causes of eczema.....



Professor Neil Pearce ISAAC Phase One Publications Coordinator ISAAC Executive E-mail: n.e.pearce@massey.ac.nz

1.0 Preliminary 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, 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 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. 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 Asher I, et al. Overview of findings of ISAAC Phase I ecologic analyses. In preparation.
- 4.5 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). Clin Exper Allergy 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, 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). Int J Epidemiol 2004; 33: 558-63.
- 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 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.
- 4.10 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 2004; 61: 609-15.

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, 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.

1.0 Preliminary Papers

1.1 Weiland SK, Björkstén B, Brunekreef B, Cookson WOC, von Mutius E, Strachan DP, and the ISAAC Phase II Study Group. Phase II of the International Study of Asthma and Allergies in Childhood (ISAAC II): rationale and methods. Eur Respir J 2004; 24: 406-412.

ISAAC Phase III Publications

1.0 Preliminary Papers

1.1 Ellwood P, Asher MI, Beasley R, Clayton TO, Stewart AW and the ISAAC Steering Committee. International Study of Asthma and Allergies in Childhood (ISAAC II): Phase III rationale and methods. Int J Tuberculosis Lung Dis 2005; 9: 10-6.