Competing interests: None.

Prevalence and diagnosis of chronic obstructive pulmonary disease (COPD) stratified by age and smoking status using the Global Initiative for Chronic Obstructive Lung Disease (GOLD) method. CS, current smokers; ES, ex-smokers; NS, never smokers.

10.5% (to 11.9%) and under-diagnosis (78.8%; 95% CI 76.1% to 81.5%) are very modestly reduced compared with GOLD standard figures for prevalence (13.3%; 95% CI 12.6% to 14.0%) and under-diagnosis (81.2%; 95% CI 78.9% to 83.6%). Equally, smoking prevalence figures are somewhat higher among LLN-defined cases of COPD (39.5%; 95% CI 36.3% to 42.7%) than among GOLD-defined cases (34.9%; 95% CI 32.1% to 37.8%). However, irrespective of the criterion used, under-diagnosis of COPD remains a major problem, particularly among smokers (figs 1 and 2).

Is childhood immunisation associated with atopic disease from age 7 to 32 years?

We read with interest the study by Nakajima et al which concluded that, in Tasmanian children, there are small age-dependent associations between childhood immunisation and asthma, eczema and food allergy, but that these effects should not deter parents from immunising their children. However, it could be that the small (but significant) effects that were found are due to residual confounding since the authors made no adjustment for socioeconomic status, a factor found to be associated with allergy.

On the other hand, the effects may have been underestimated since the authors included diseases preventable by childhood vaccinations (diphtheria, pertussis, measles, mumps and rubella) in the model, but these (what they call) "confounders" are in fact intermediate variables which possibly “take away” the association between vaccinations and allergy.

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Reducing door-to-antibiotic time in community acquired pneumonia

Andrew Hardy, Paul Whittaker, Andrew Bastauros, Neil Srinivasan and Mark Elliott

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