

**Worldwide trends in the prevalence of asthma symptoms: Phase
Three of the International Study of Asthma and Allergies in
Childhood (ISAAC)**

Neil Pearce^{1,2}, Nadia Ait-Khaled³, Richard Beasley⁴, Javier Mallol⁵, Ulrich Keil⁶, Ed Mitchell⁷, Colin Robertson⁸ and the ISAAC Phase Three Study Group

- 1 Centre for Public Health Research, Massey University Wellington Campus, Private Box 756, Wellington, New Zealand
- 2 Department of Biomedical Sciences and Human Oncology, University of Turin, Italy
- 3 IUATLD, 68 Bd Saint Michel, Paris 75006, France
- 4 Medical Research Institute of New Zealand, PO Box 10055, Wellington, New Zealand
- 5 Department of Pediatric and Respiratory Medicine, University of Santiago de Chile (USACH), Santiago, Chile
- 6 Institut für Epidemiologie und Sozialmedizin, Universität Münster, Domagkstraße 3, D-48129 Münster, Germany
- 7 Department of Paediatrics, Faculty of Medicine and Health Sciences, The University of Auckland, Private Bag 92019, Auckland, New Zealand
- 8 Department of Respiratory Medicine, Royal Children's Hospital, Flemington Rd, Parkville, Victoria 3052, Australia

Corresponding author:

Professor Neil Pearce
Director
Centre for Public Health Research
Massey University Wellington Campus
Private Box 756
Wellington, New Zealand
Phone: 64-4-380-0606
Fax: 64-4-380-0600
E-mail: n.e.pearce@massey.ac.nz

Running head: ISAAC worldwide trends in asthma symptoms

Key words: Asthma; allergies; childhood; ISAAC; prevalence; video; wheezing; world; trends

"The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd and its Licensees to permit this article (if accepted) to be published in Thorax editions and any other BMJ PGL products to exploit all subsidiary rights, as set out in our licence (<http://thorax.bmjournals.com/ifora/licence.pdf>)"

August 2006 (revised January 2007)

ABSTRACT

Background: Phase One of the International Study of Asthma and Allergies in Childhood (ISAAC) was designed to allow worldwide asthma symptom prevalence comparisons. In Phase Three we have repeated the Phase One survey in order to assess changes over time.

Methods: The Phase One survey was repeated after an interval of 5-10 years in 106 centres in 56 countries in the 13-14 year age-group (n=304,679), and in 66 centres in 37 countries in the 6-7 year age group (n=193,404).

Results: The average symptom prevalence of current wheeze (in the last 12 months) measured with the written questionnaire changed slightly from 13.2% to 13.7% in the 13-14 year age group (an average increase of 0.06% per year) and from 11.0% to 11.6% in the 6-7 year age group (an average increase of 0.13% per year). There was also little change in the average symptom prevalence of severe asthma, or the symptom prevalence measured with the asthma video questionnaire. However, the time trends in asthma symptom prevalence showed different regional patterns. In Western Europe, current wheeze decreased by -0.07% per year in 13-14 year olds, but increased by 0.20% per year in 6-7 year olds. The corresponding findings for the other regions were: Oceania (-0.39% per year in 13-14 year olds, and -0.21% per year in 6-7 year olds); Latin America (+0.32%, and +0.07% respectively); Northern and Eastern Europe (+0.26%, +0.05%), Africa (+0.16%, +0.10%); North America (+0.12%, +0.32%); Eastern Mediterranean (-0.10%, +0.79%); Asia-Pacific (+0.07%; -0.06%); and the Indian subcontinent (+0.02%, +0.06%). There was a particularly marked reduction in current asthma symptom prevalence in English language countries (-0.51%, -0.09%). Similar patterns were observed for severe asthma (four or more attacks in the previous 12 months). However, the percentage of children reported to have had asthma at some time in their lives increased from 11.2% to 13.8% in the 13-14 year age group (+0.28% per year) and from 9.3% to 10.8% in the 6-7 year age group (+0.18% per year).

Discussion: These findings indicate that international differences in asthma symptom prevalence have reduced, particularly in 13-14 year olds, with decreases in prevalence in English speaking countries and Western Europe and increases in prevalence in regions where prevalence was previously low. Although there was little change in the overall prevalence of current wheeze, the percentage of children reported to have had asthma increased significantly, possibly reflecting greater awareness of this condition and/or changes in diagnostic practice. The asthma symptom prevalence increases in Africa, Latin America and parts of Asia indicate that the global burden of asthma is continuing to rise, but the global prevalence differences are lessening.

INTRODUCTION

The International Study of Asthma and Allergies in Childhood (ISAAC) was founded to maximise the value of epidemiological research into asthma, allergic rhinoconjunctivitis and eczema through facilitating international collaboration¹⁻⁴. Although epidemiological research has the potential to add to our understanding of these conditions, previous studies have lacked standardization in case-definition and methodology, thus limiting the value of spatial and temporal comparisons of the prevalence of these disorders. The ISAAC programme was designed to allow comparisons of the prevalence of these disorders between populations in different countries, and their trends over time^{1,2} since these may be particularly informative in suggesting hypotheses about the causes of the observed patterns, and hence about the causes of asthma, rhinitis and eczema.

In Phase One, children in the 13-14 year old age-group were studied in 155 centres in 56 countries (n=463,801), and children in the 6-7 year old age-group were studied in 91 centres in 38 countries (n=257,800)⁵⁻⁸. Up to 20-fold variations in the prevalence of “current wheeze” (in the last 12 months) were observed between centres worldwide (range 1.8% to 36.7%), with a 7-fold variation observed between the 10th and 90th percentiles (4.4%, 30.9%). The highest 12-month period prevalences were from centres in the United Kingdom, Australia, New Zealand, and the Republic of Ireland, followed by some centres from North, Central and South America; the lowest prevalences were from centres in Eastern Europe, Albania, Greece, China, Taiwan, Uzbekistan, India, Indonesia and Ethiopia. Phase Two involved more intensive investigation of possible aetiological factors in 9-11 year old children in 30 centres in 22 countries⁹.

Phase Three has involved repeating the Phase One survey after 5-10 years to: (i) examine time trends in the prevalence of asthma, allergic rhinoconjunctivitis and eczema in centres and countries which participated in Phase One; (ii) describe the prevalence and severity of asthma, allergic rhinoconjunctivitis and eczema in centres and countries which are of interest but did not participate in Phase One; and (iii) examine hypotheses at an individual level which have been suggested by the findings of Phase One, subsequent ecological analyses and recent advances in knowledge. An overview of the findings for time trends for symptoms of all three conditions in those centres that participated in both Phase One and Phase Three (i.e. objective i above) has been presented in a previous publication¹⁰. That publication only included the findings for “current wheeze”, whereas the current paper uses each of the seven ISAAC questions to describe the detailed findings for time trends in the prevalence of asthma symptoms.

METHODS

We conducted Phase Three following as precisely as possible the Phase One methodology (2,3). Phase Three included two groups of centres: (i) Group A are the centres that previously completed Phase One according to the ISAAC Phase One protocol, including centres for which the Phase One data was submitted too late for inclusion in the first worldwide publications, but was of the required standard; (ii) Group B are the centres from around the world that did not participate in Phase One but participated in Phase Three as new centres. The analysis of time trends presented here is

necessarily confined to the Group A centres, and we will therefore focus on them in describing the methods.

Group A centres were required to conduct Phase Three in the same way as Phase One following, as precisely as possible, the details of the centre methodology documented in the Phase One Centre Report. Each Principal Investigator was sent a final copy of the Phase One Centre Report from the ISAAC International Data Centre (IIDC). They were then required to use the same sampling frame (the exact same set of schools were not aimed for, but some schools were reselected by the random sampling process), age-groups, sample size, method of choosing the children, the same symptom questionnaires (plus an environmental module), the same translations (if applicable), and the same time of year for data collection. Thus, as in Phase One, the written questionnaire and video questionnaires were self-completed in the 13-14 year age-group, whereas the written questionnaire was completed by a parent for children in the 6-7 year age-group.

The Steering Committee required documentation of the procedures for the study from each centre as a prerequisite for inclusion in publications of ISAAC world wide results. Centres completed a Registration Document before starting the study and followed the published ISAAC Phase Three Manual and ISAAC Coding and Data Transfer Manual. The Phase Three data and Centre Report submitted to the ISAAC International Data Centre (IIDC) were checked for coding errors, omissions and inconsistencies and these were corrected with the assistance of the collaborator.

As in Phase One, the 6-7 year and 13-14 year age groups were analysed separately. Symptom prevalences in each centre were calculated by dividing the number of positive responses to each question by the number of completed questionnaires for the written and video questionnaires separately. Thus apparent inconsistencies between responses to the stem and branch questions were accepted and not recoded. For each centre, the annual change in symptom prevalence was calculated by taking the difference between the Phase One and Phase Three prevalences and dividing by the number of years between the two surveys.

The findings for the question on “current wheeze” have previously been published¹⁰, but are also included in the current paper – together with the findings for the other asthma symptom questions – in order that the findings and patterns for current wheeze, severe asthma symptoms, and diagnosed asthma, can be compared and contrasted.

The data are presented in tabular form with the Phase Three prevalence and the annual change in prevalence for each question. For the regional and global summaries, the data for each centre was weighted by the inverse of the variance of the change. The regional analyses were based on the standard ISAAC regions, but we also performed analyses specifically for English language countries (Australia, Canada, Channel Islands, Isle of Man, New Zealand, Republic of Ireland, United Kingdom, USA). The findings were generally very similar in males and females (e.g. the global change in prevalence of “current wheeze” in 13-14 year olds was 0.05% per year in males and 0.03% per year in females, and males and females also showed similar time trends in most regions), so we have presented only the overall findings (both sexes combined). The key findings were also presented as “ranking plots” showing the change in prevalence of a symptom (e.g. current wheeze) for each centre by country, with countries ordered by their average

prevalence (for all centres combined) across Phase One and Phase Three. The average prevalence (rather than the Phase One prevalence) was used to order countries since this is statistically independent from the change in prevalence (between Phase One and Phase Three) whereas the Phase One prevalence is not¹¹⁻¹³. The ranking plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and assuming no cluster sampling effect.

RESULTS

Participants

The details of the participating centres are listed in a separate Phase Three overview paper¹⁰. Phase One involved 155 collaborating centres in 56 countries for the 13-14 year age group with a total of 463,801 participating children. The video questionnaire was completed in 99 collaborating centres in 42 countries, with a total of 304,796 children. For the 6-7 year olds there were 91 collaborating centres in 38 countries, with a total of 257,800 participating children. Of the centres that participated in Phase One, 106 centres in 56 countries completed the Phase Three survey and met the requirements for analysis, with a total of 304,679 participating children in the 13-14 year age-group (overall response rate 91%¹⁰); 54 centres in 32 countries (a total of 167,513 children) also completed the video questionnaires in 13-14 year old children; 66 centres in 37 countries, a total of 193,404 children (response rate 85%¹⁰) also completed the survey and met the requirements for analysis for the 6-7 year age-group. Four of the centres only did the survey in 6-7 year olds, so in total there were 110 centres (in either age-group) in 58 countries.

13-14 year old group

Written questionnaires

The changes from Phase One for symptoms of asthma (with the Phase Three prevalence rates in parentheses) in 13-14 year olds are summarised by region in Table 1 (the detailed findings by centre and country are summarised in Webtable 1). The average prevalence of “current wheeze” (“Have you had wheezing or whistling in your chest in the last 12 months?”) increased only slightly from 13.2% to 13.7% (an average increase of 0.06% per year). There was also little change in the average prevalence of severe asthma. However, the changes in asthma prevalence showed different regional patterns with current wheeze decreasing in those regions such as Oceania (-0.39% per year) that had previously shown the highest rates; there was a particularly marked reduction in the prevalence in English language countries (-0.51% per year). However, prevalence increased in Latin America (+0.32% per year) which had also previously shown relatively high rates. It also increased in regions such as Northern and Eastern Europe (+0.26% per year), Africa (+0.16% per year) and North America (+0.12% per year). There was little change in the Asia-Pacific region (+0.07% per year) and the Indian subcontinent (+0.02% per year), and a small decrease in the Eastern Mediterranean (-0.10% per year) and Western Europe (-0.07% per year).

Table 1: Summary regional and global estimates for changes in the prevalence of self-reported asthma symptoms (written questionnaire) between Phase One and Phase Three: % change in symptom prevalence per year (and Phase Three symptom prevalence %)

Centre	Phase One No	Phase Three No	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalenc e %)	12 Month Prevalence		Exercise Wheeze % change per year (Phase Three prevalen ce %)	Night Cough % change per year (Phase Three prevalenc e %)	Ever had Asthma % change per year (Phase Three prevalenc e %)	Ever had asthma and current wheeze % change per year (Phase Three prevalence %)
					Wheeze disturbs Sleep % change per year (Phase Three prevalenc e %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)				
13-14 year olds										
Africa	28,554	28,397	0.16 (13.4)	0.06 (4.0)	0.05 (3.5)	0.02 (5.9)	0.44 (24.7)	0.91 (30.5)	0.07 (11.9)	-0.01 (5.2)
Asia-Pacific	66,224	57,389	0.07 (8.8)	0.00 (2.3)	0.01 (0.7)	-0.02 (2.1)	0.42 (17.0)	0.49 (20.6)	0.39 (12.6)	0.07 (4.0)
Eastern			-0.10 (11.6)	-0.04 (2.7)	-0.04 (2.2)	-0.05 (3.9)	-0.11 (15.0)	0.22 (23.4)	0.11 (10.9)	
Mediterranean	16,109	19,887	0.02 (6.4)	-0.09 (1.9)	-0.06 (1.0)	-0.15 (2.6)	-0.05 (6.9)	-0.38 (20.0)	-0.01 (6.1)	-0.03 (2.2)
Indian Sub-continent	22,120	20,767	0.32 (18.8)	0.02 (3.6)	-0.01 (2.7)	-0.02 (4.6)	0.13 (21.3)	0.83 (35.1)	0.25 (16.1)	0.12 (8.2)
Latin America	46,209	44,550	5,86 (21.5)	4,9 (0.08)	0.12 (0.01)	0.11 (0.08)	0.20 (0.30)	0.00 (0.41)	0.71 (0.29)	0.20 (0.09)
North America	3	20	0.26 (11.6)	-0.02 (2.3)	0.01 (0.8)	0.08 (2.2)	0.30 (14.3)	0.41 (14.0)	0.29 (5.9)	0.09 (2.5)
Northern and Eastern Europe	36,508	32,608	-0.39 (26.7)	-0.38 (6.2)	-0.05 (2.6)	-0.21 (6.2)	-0.29 (37.5)	-0.01 (28.9)	0.93 (32.4)	0.14 (17.0)
Oceania	15,460	13,317	-0.07 (15.2)	-0.05 (3.7)	-0.02 (1.6)	-0.02 (3.8)	0.03 (20.3)	0.64 (29.3)	0.33 (16.3)	0.07 (7.7)
Western Europe	85,969	82,844								
GLOBAL TOTAL	323,016	304,679	0.06 (13.7)	-0.02 (3.2)	-0.01 (1.8)	-0.01 (3.7)	0.15 (19.2)	0.51 (25.8)	0.28 (13.8)	0.06 (6.2)
6-7 year olds										
Africa	1,696	2,396	0.10 (5.6)	0.02 (2.8)	0.04 (2.3)	0.14 (4.8)	-0.18 (5.4)	-0.18 (8.0)	-0.01 (3.3)	-0.10 (1.1)
Asia-Pacific	40,535	43403	-0.06 (8.9)	-0.09 (1.8)	-0.04 (0.6)	-0.04 (1.2)	-0.10 (4.6)	0.47 (20.6)	0.12 (11.4)	-0.04 (4.9)
Eastern			0.79 (11.7)	0.10 (2.3)	0.10 (2.3)	0.04 (1.9)	0.19 (4.9)	0.36 (15.7)	0.28 (9.1)	0.17 (4.6)
Mediterranean	12,853	13,990								
Indian Sub-	16,981	18,877	0.06 (16.981)	-0.07 (18.877)	-0.07 (18.877)	-0.09 (18.877)	-0.04 (18.877)	-0.17 (18.877)	-0.05 (18.877)	0.00 (2.6)

Centre	Phase One No	Phase Three No	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	12 Month Prevalence		Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)	Ever had Asthma % change per year (Phase Three prevalence %)	Ever had asthma and current wheeze % change per year (Phase Three prevalence %)
					Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)				
continent			6.8)	0.9)	0.6)	1.8)	4.0)	(12.5)	5.2)	
Latin America	21,467	21,112	0.07 (21.4)	0.09 (5.0)	-0.03 (3.6)	-0.05 (4.9)	-0.05 (10.3)	0.63 (34.4)	-0.15 (13.2)	-0.03 (9.0)
North America	5,707	4,014	0.32 (19.1)	0.01 (4.1)	0.04 (3.0)	0.04 (2.9)	0.22 (8.3)	0.34 (16.3)	0.74 (20.0)	0.37 (13.4)
Northern and Eastern Europe	24,196	21,984	0.05 (9.6)	0.04 (2.3)	0.00 (1.2)	0.02 (1.5)	0.06 (4.5)	0.33 (13.0)	0.23 (4.5)	0.13 (2.7)
Oceania	14,233	13,841	-0.21 (21.8)	-0.16 (7.0)	-0.04 (3.0)	-0.12 (3.6)	-0.08 (15.1)	-0.08 (28.4)	0.42 (29.2)	0.01 (16.8)
Western Europe	60,100	53,787	0.20 (9.7)	0.03 (2.1)	-0.01 (1.5)	0.03 (1.7)	0.09 (4.6)	0.65 (20.7)	0.25 (9.1)	0.12 (4.5)
GLOBAL TOTAL	197,768	193,404	0.13 (11.6)	-0.01 (2.7)	-0.02 (1.6)	-0.01 (2.1)	0.04 (6.0)	0.43 (20.4)	0.18 (10.8)	0.07 (5.7)

Webtable 1: Changes in the prevalence of self-reported asthma symptoms (written questionnaire) between Phase One and Phase Three in the 13-14 year age-group: % change in symptom prevalence per year (and Phase Three symptom prevalence %)

Figure 1 gives the ranking plot showing the change in prevalence of current wheeze for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three. It shows that in general the countries with the highest prevalence in Phase One (including most of the English language countries) showed decreases in prevalence between Phase One and Phase Three, whereas some of the countries which had previously had low prevalence showed increases. However, there were a number of countries (e.g. India, Albania) which had very low prevalence in Phase One, and little increase in Phase Three.

Figure 2 shows the corresponding ranking plot for severe asthma, as measured by four or more attacks of wheezing in the previous 12 months. It generally shows similar patterns to those for current wheeze, with decreases in prevalence in English language countries, and increases in prevalence in some, but not all, of the countries that had low prevalence in Phase One.

In contrast to the findings for current wheeze, the percentage of children reported to have had asthma at some time in their lives increased from 11.2% to 13.8% in the 13-14 year age group, an annual increase of 0.28% per year (table 1 and figure 3). There were particularly large increases in Oceania (+0.93% per year), Western Europe (+0.33% per year), and North America (+0.71% per year) despite the fact that these regions showed little change (or even a reduction) in symptom prevalence. The average proportion of children with “current wheeze” who were reported to have had asthma at some time in their lives increased only from 43% to 46%, but there were larger increases in Oceania (54% to 64%), Western Europe (45% to 51%) and North America (55% to 61%).

Video questionnaire

Table 2 summarises the findings in 13-14 year olds using the video questionnaire by region (the detailed findings by centre and country are summarised in Webtable 2) and figure 4 gives the corresponding ranking plot. The average prevalence of current wheeze decreased slightly from 8.1% to 7.9%. However, the changes in asthma prevalence showed different regional patterns with current wheeze showing no change in Western Europe, but a marked decrease in Oceania (-0.77% per year). It also showed little change in the Eastern Mediterranean (-0.05% per year), and Latin America (-0.03% per year), Western Europe (0.00% per year) and Northern and Eastern Europe (0.03% per year). There were increases in the Indian subcontinent (+0.31% per year), Africa (+0.34% per year), and Asia-Pacific (+0.12% per year), and a decrease in North America (-0.26% per year). Thus the video questionnaire findings for current wheeze were generally similar to those with the written questionnaire for Africa, Oceania, Asia-Pacific, Western Europe and Eastern Mediterranean. On the other hand, Latin America, and Northern and Eastern Europe showed an increase with the written questionnaire but little change with the video questionnaire, the Indian subcontinent showed little change with the written questionnaire and an increase with the video questionnaire, and North America showed an increase with the written questionnaire but a decrease with the video questionnaire.

Table 2: Summary regional and global changes in the prevalence of self-reported asthma symptoms (video questionnaire) between Phase One and Phase Three (13-14 year olds): % change in symptom prevalence per year (and Phase Three symptom prevalence %)

Centre	Phase One No	Phase Three No	Current Wheeze % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night wheeze % change per year (Phase Three prevalence %)	Night cough % change per year (Phase Three prevalence %)	Severe Wheeze % change per year (Phase Three prevalence %)
Africa	14,465	11,467	0.34 (11.0)	0.23 (14.6)	0.16 (6.2)	0.68 (19.7)	0.29 (7.7)
Asia-Pacific	53,679	51,196	0.12 (6.8)	0.28 (10.7)	0.02 (2.0)	0.29 (10.4)	0.05 (3.5)
Eastern Mediterranean	6,031	8,851	-0.05 (6.3)	0.06 (8.8)	-0.03 (3.1)	0.08 (8.8)	-0.04 (3.2)
Indian Sub- continent	12,562	11,552	0.31 (7.3)	0.14 (4.8)	0.29 (4.9)	0.18 (4.8)	0.01 (3.1)
Latin America	18,003	18,599	-0.03 (11.9)	-0.11 (14.2)	0.01 (4.5)	0.75 (20.6)	0.01 (6.5)
North America	5,673	4,895	-0.26 (11.3)	-0.79 (18.6)	-0.11 (8.3)	0.61 (17.7)	-0.44 (7.2)
Northern and Eastern Europe	13,970	13,167	0.03 (2.7)	0.15 (6.3)	0.02 (1.6)	0.24 (7.5)	0.06 (1.7)
Oceania	15,408	13,205	-0.77 (11.2)	-1.64 (15.9)	-0.73 (5.1)	-0.31 (19.4)	-0.56 (7.4)
Western Europe	33,722	34,581	0.00 (7.3)	-1.24 (13.2)	-0.18 (3.1)	0.23 (16.0)	0.07 (4.4)
GLOBAL TOTAL	173,513	167,513	0.01 (7.9)	-0.19 (11.6)	-0.04 (3.4)	0.24 (13.6)	0.02 (4.5)

Webtable 2: Changes in the prevalence of self-reported asthma symptoms (video questionnaire) between Phase One and Phase Three in the 13-14 year age-group: % change in symptom prevalence per year (and Phase Three symptom prevalence %)

6-7 year old group

The Phase Three prevalence rates for symptoms of asthma (with the change from Phase One in parentheses) in 6-7 year olds are summarised by region in table 1 (the detailed findings by centre and country are summarised in Webtable 3). The average prevalence of wheeze in the last 12 months (current wheeze) increased only slightly from 11.1% to 11.6% (an average increase of 0.13% per year). There was also little change in the average prevalence of severe asthma.

However, the changes in asthma symptom prevalence showed different regional patterns with current wheeze increasing in Western Europe (+0.20% per year), and decreasing in Oceania (-0.21% per year) both of which had previously shown high rates. Prevalence increased in Latin America (+0.07% per year) which had also previously shown relatively high rates, and in North America (+0.32% per year). It also increased in Eastern Mediterranean (+0.79% per year), and Africa (+0.10% per year) which had previously shown some of the lowest rates, while there was little change in Asia-Pacific (-0.06% per year), Northern and Eastern Europe (+0.05% per year) or the Indian subcontinent (+0.06% per year). Thus, the patterns in 6-7 year olds were not completely consistent with those in 13-14 year olds. There were increases in both age-groups in Latin America, North America, Northern and Eastern Europe and Africa, and decreases in both age-groups in Oceania. However, there were different patterns in the two age-groups in Western Europe and the Eastern Mediterranean (decreases for 13-14 year olds but increases for 6-7 year olds).

Webtable 3: Changes in the prevalence of parental-reported asthma symptoms (written questionnaire) between Phase One and Phase Three in the 6-7 year age-group: % change in symptom prevalence per year (and Phase Three symptom prevalence %)

Figure 5 gives the ranking plot for 6-7 year olds showing the change in prevalence of current wheeze for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three. As in 13-14 year olds, it shows that in general the countries with the highest prevalence in Phase One (including most of the English language countries) showed decreases in prevalence between Phase One and Phase Three, whereas some of the countries which had previously had low prevalence showed increases.

Figure 6 gives the corresponding ranking plot in 6-7 year olds for severe asthma, as measured by four or more attacks of wheezing in the previous 12 months. It generally shows similar patterns to those for current wheeze, with decreases in prevalence in English language countries, and increases in prevalence in some, but not all, of the countries that had low prevalence in Phase One.

As for the 13-14 year olds, the percentage of 6-7 year old children reported to have had asthma at some time in their lives increased between Phase One and Phase Three (table 2 and figure 7). There were particularly large increases in Oceania (+0.41% per year), Western Europe (+0.24% per year), and North America (+0.67% per year) despite the fact that these regions showed little change (or even a reduction) in symptom prevalence.

DISCUSSION

Phase One of ISAAC was a unique initiative involving genuinely worldwide involvement in research into the patterns and causes of asthma worldwide³. It represented by far the most extensive international survey of asthma symptom prevalence ever performed⁵. The only other comparable international survey of asthma is the European Community Respiratory Health Survey (ECRHS)¹⁴ which studied adults (20-44 years) mainly from European centres, and generally yielded similar findings to those of ISAAC¹⁵. The key findings included the high prevalence of reported asthma symptoms in English language countries, the high symptom prevalence in Latin America, the relatively high prevalences in Western Europe but much lower prevalences in Eastern Europe with a clear Northwest-Southeast gradient, and the relatively low prevalences in Africa and Asia with the exception of the more affluent countries such as Singapore and Japan.

The ISAAC Phase One methodology was simple, the protocol was rigorously applied, and a number of validation studies had indicated that the ISAAC core wheezing questions had acceptable sensitivity and specificity when compared with other indicators of asthma, including physician diagnosis, other questionnaires and physiological measures¹⁰. Nevertheless, the possibility could not be excluded that some of the patterns observed could be due to issues of translation of terms such as 'wheezing', or due to differences in recognition and labelling of symptoms¹⁰. These issues are of less concern in the current study, since the focus is on time trends, and the same methodology (including the same translations) has been used in the same centres at different times.

Nevertheless, it is possible that recognition and labelling of asthma symptoms may have shown different time trends in different geographical regions, and may account in part for the trends reported here. In this regard, it is of concern that some regions showed different time trends with the written and video questionnaires, although the differences were not consistent: Latin America, and Northern and Eastern Europe showed an increase with the written questionnaire but little change with the video questionnaire, the Indian subcontinent showed little change with

the written questionnaire and an increase with the video questionnaire, and North America showed an increase with the written questionnaire but a decrease with the video questionnaire. Increased use of effective treatment, especially inhaled corticosteroids, is likely to have reduced asthma severity, but is unlikely to eliminate asthma symptoms completely, and is therefore unlikely to explain changes in prevalence^{16 17}.

When assessing time trends in centres that had previously shown high or low prevalences (figures 1-7) we avoided the possibility of regression to the mean by using the mean prevalence when assessing the change between Phase One and Phase Three¹⁰, whereas a plot of changes relative to the Phase One prevalences would have shown spurious correlations even when no such associations existed¹¹.

Appropriate quality control measures are a critical component of any multi-centre research collaboration and this is particularly true of ISAAC given the unique global scope of the collaboration and the wide variation in the research experience of the collaborators. The extensive quality control measures adopted for ISAAC Phase Three are described in detail elsewhere², but the possibility that inappropriate implementation of the study design may have introduced bias in the results from individual centres should be acknowledged. However it is extremely unlikely that any such bias would affect the broader regional and global patterns presented in this publication.

It should also be stressed that prevalence and time trend data such as this primarily serve for purposes of hypothesis generation rather than hypothesis testing. Furthermore, with more than 100 centres involved, it is to be expected that at least 5 centres would show statistically significant changes by chance alone. Therefore, it is more valuable to focus on the regional and global patterns and trends, rather than on the findings in individual centres.

Bearing these reservations in mind, the findings reported here are of considerable interest.

Firstly, they show that in most high prevalence countries, particularly the English language countries, the rise in the prevalence of asthma symptoms has peaked and may even have begun to decline. This is consistent with the findings of other recent studies in children¹⁸⁻²⁴ and in adults^{25 26}. There are some exceptions to this trend, but of the European and English language countries which showed relatively high prevalence in Phase One, only Germany²⁷ and Finland have shown significant increases in symptom prevalence in Phase Three. The increases for “North America” are due to increases for Barbados (whose Phase One data was too late for inclusion in the Phase One paper⁵); the one United States centre showed a small decline in symptom prevalence consistent with the findings for other English language countries.

Secondly, a number of countries that had high or intermediate levels of symptom prevalence in Phase One have shown significant increases in prevalence in Phase Three; these include Latin American countries such as Costa Rica, Panama, Mexico, Argentina and Chile, and Eastern European countries such as the Ukraine and Romania. Other countries to show significant increases in symptom prevalence included Barbados, Tunisia, Morocco and Algeria.

Thirdly, with the exception of India, all of the countries with very low symptom prevalence rates in Phase One reported increases in prevalence in Phase Three, though only the increases for Indonesia and China were statistically significant.

Finally, virtually all countries, irrespective of the symptom prevalence level, reported increases in lifetime asthma prevalence between Phase One and Phase Three. In fact, the increases were most marked in those countries with the highest average prevalence between Phase One and Phase Three (figures 3 and 7) despite the fact that many of these countries reported declines in asthma symptom prevalence between Phase One and Phase Three (figures 1 and 4).

So what do these findings mean? Perhaps the most striking finding is the apparent decline in symptom prevalence in English language countries. Just as we do not (yet) know why prevalence has increased since the 1950s, we do not know why it should now be decreasing¹⁶. The “hygiene hypothesis” has been proposed as one explanation for the increases in symptom prevalence, although it does not appear to entirely account for the time trends since the increases have occurred for both non-atopic (non-eosinophilic) and atopic (eosinophilic) asthma whereas the hygiene hypotheses would only explain (at most) trends for atopic asthma²⁸. Furthermore, it does not seem apparent that the English language countries have become “less hygienic” in recent decades, although increases in infant and childhood infections could have occurred due to specific factors such as increased use of childcare facilities²⁹. Furthermore, the hygiene hypothesis is unlikely to explain the considerably higher prevalences in many Latin American countries than in Spain and Portugal which are more consistent with changes in environmental exposures other than hygiene³⁰⁻³².

Other “established” asthma risk factors do not appear to explain the worldwide asthma prevalence patterns³³⁻⁴², or the time trends, particularly the decline in English language countries. It also seems unlikely that the decline in symptom prevalence is due to decreased recognition and labelling of asthma symptoms, given that the prevalence of “asthma ever” has increased. For example, Garcia-Marcos et al⁴³ argue that asthma is now considered a less stigmatizing disease than it was at the time of Phase One, and the word “asthma” is more readily accepted. This could explain why in some countries symptom prevalence has not increased, or has even declined, but the prevalence of ‘asthma ever’ has increased. This has particularly occurred in English language countries, and may also in part reflect international differences in health care systems, as well as more specific differences in asthma recognition and diagnosis. It should also be noted that the findings for “asthma ever” are to some extent reassuring with regard to the findings for current asthma symptoms, since they indicate that an increased recognition and diagnosis of asthma has not been accompanied by an increase in reporting of asthma symptoms; such an increase would have been expected if the symptom prevalence patterns were entirely due to differences in recognition and labelling of symptoms.

These findings for English language countries and Western Europe are intriguing, and to some extent reassuring, but they should not be taken to indicate that the global “pandemic” of asthma is easing and that the worst is over. The Phase Three findings show striking increases for Latin American countries to the extent that in future we may be describing asthma as a “Spanish and Portuguese speaking” rather than as an “English speaking” disease. The modest increases for China are of potentially major significance, given the size of China’s population and its rapid economic growth. Furthermore there are some intriguing patterns with, for example, decreases in prevalence in India, but modest increases in China, Indonesia, Taiwan and South Korea, and stronger increases in Morocco, Algeria and Tunisia. As with the Phase One findings, it is to be hoped that this new evidence on time trends will lead to further questioning and testing of current theories, and the development of new theories of asthma aetiology. In addition, these findings suggest that although asthma symptom prevalence is no longer increasing in most English language and Western European countries, its global burden may continue to rise.

ACKNOWLEDGEMENTS

We are grateful to the children and parents who willingly cooperated and participated in ISAAC Phases One and Three and the coordination and assistance by the school staff is sincerely appreciated. We thank the Phase One Principal Investigators (2) and the Phase Three Principal Investigators (12) and their colleagues, who helped make ISAAC Phase Three such a success. We would like to acknowledge and thank the many funding bodies throughout the world that supported the individual ISAAC centres and collaborators and their meetings. In particular, we wish to thank the New Zealand funding bodies, the Health Research Council of New Zealand, the Asthma and Respiratory Foundation of New Zealand, the Child Health Research Foundation, the Hawke's Bay Medical Research Foundation, the Waikato Medical Research Foundation, Glaxo Wellcome New Zealand, the NZ Lottery Board and Astra Zeneca New Zealand. Glaxo Wellcome International Medical Affairs, supported the Regional Coordination and the ISAAC International Data Centre. Without help from all of the above, ISAAC would not have been such a global success. The Centre for Public Health Research is supported by a Programme Grant from the Health Research Council of New Zealand, and Neil Pearce's work on this project was also supported by the Progetto Lagrange, Fondazione CRT/ISI. We also thank Tadd Clayton and Soo Cheng for their work on the data management and data analysis.

REFERENCES

1. Asher MI, Keil U, Anderson HR, et al. International Study of Asthma and Allergies in Childhood (ISAAC): rationale and methods. *European Respiratory Journal*. 1995;8:483-91.
2. Ellwood P, Asher MI, Beasley R, et al. The international study of asthma and allergies in childhood (ISAAC): phase three rationale and methods. *International Journal of Tuberculosis and Lung Disease* 2005;9:10-6.
3. Enarson D. Fostering a spirit of critical thinking: the ISAAC story. *International Journal of Tuberculosis and Lung Disease* 2005;9:1.
4. Pearce N, Weiland S, Keil U, et al. Self-reported prevalence of asthma symptoms in children in Australia, England, Germany and New Zealand: an international comparison using the ISAAC protocol. *European Respiratory Journal*. 1993;6:1455-61.
5. Asher MI, Anderson HR, Stewart AW, et al. Worldwide variations in the prevalence of asthma symptoms: International Study of Asthma and Allergies in Childhood (ISAAC). *European Respiratory Journal* 1998;12:315-335.
6. Beasley R, Keil U, Von Mutius E, et al. Worldwide variation in prevalence of symptoms of asthma, allergic rhinoconjunctivitis and atopic eczema: ISAAC. *Lancet* 1998;351:1225-1232.
7. Strachan D, Sibbald B, Weiland S, et al. Worldwide variations in prevalence of symptoms of allergic rhinoconjunctivitis in children: the International Study of Asthma and Allergies in Childhood (ISAAC). *Pediatric Allergy & Immunology*. 1997;8:161-76.
8. Williams H, Robertson C, Stewart A, et al. Worldwide variations in the prevalence of symptoms of atopic eczema in the International Study of Asthma and Allergies in Childhood. *Journal of Allergy & Clinical Immunology*. 1999;103:125-38.
9. Weiland SK, Björkstén B, Brunekreef B, et al. Phase II of the International Study of Asthma and Allergies in Childhood (ISAAC II): rationale and methods. *European Respiratory Journal* 2004;24:406-412.
10. Asher MI, Montefort S, Björkstén B, et al. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys. *Lancet* 2006;368:733-743.
11. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* 1986;1:307-310.
12. Blomqvist N. On the relation between change and initial value. *Journal of the American Statistical Association* 1977;72:746-749.
13. Gill J, Zezulka A, Beevers D, Davies P. Relation between initial blood pressure and its fall with treatment. *lancet* 1985;1:567-569.
14. Burney PGJ, Luczynska C, Chinn S, Jarvis D. The European Community Respiratory Health Survey. *European Respiratory Journal* 1994;7:954-960.
15. Pearce N, Sunyer J, Cheng S, et al. Comparison of asthma prevalence in the ISAAC and the ECRHS. ISAAC Steering Committee and the European Community Respiratory Health Survey. International Study of Asthma and Allergies in Childhood. *European Respiratory Journal*. 2000;16:420-6.
16. Anderson HR, Ruggles R, Strachan DP, et al. Trends in prevalence of symptoms of asthma, hay fever, and eczema in 12-14 year olds in the British Isles, 1995-2002: questionnaire survey. *Bmj* 2004;328:1052-3.
17. Pearce N, Douwes J. Asthma time trends - mission accomplished? *International Journal of Epidemiology* 2005;34:1018-1019.

18. Braun-Fahrlander C, Gassner M, Grize L, et al. No further increase in asthma, hay fever and atopic sensitisation in adolescents living in Switzerland. *Eur Respir J* 2004;23:407-13.
19. Kalyoncu AF, Selcuk ZT, Enunlu T, et al. Prevalence of asthma and allergic diseases in primary school children in Ankara, Turkey: Two cross-sectional studies, five years apart. *Pediatric Allergy and Immunology* 1999;10:261-265.
20. Mommers M, Gielkens-Sijstermans C, Swaen GM, van Schayck CP. Trends in the prevalence of respiratory symptoms and treatment in Dutch children over a 12 year period: results of the fourth consecutive survey. *Thorax* 2005;60:97-9.
21. Nowak D, Suppli Ulrik C, von Mutius E. Asthma and atopy: has peak prevalence been reached? *Eur Respir J* 2004;23:359-60.
22. Ronchetti R, Villa MP, Barreto M, et al. Is the increase in childhood asthma coming to an end? Findings from three surveys of schoolchildren in Rome, Italy. *European Respiratory Journal* 2001;17:881-886.
23. Senthilselvan A, Lawson J, Rennie DC, Dosman JA. Stabilization of an increasing trend in physician-diagnosed asthma prevalence in Saskatchewan, 1991 to 1998. *Chest* 2003;124:438-448.
24. Toelle BG, Ng K, Belousova E, et al. Prevalence of asthma and allergy in schoolchildren in Belmont, Australia: three cross sectional surveys over 20 years. *Bmj* 2004;328:386-7.
25. Bollag U, Capkun G, Caesar J, Low N. Trends in primary care consultations for asthma in Switzerland, 1989-2002. *International Journal of Epidemiology* 2005.
26. Chinn S, Jarvis D, Burney P, et al. Increase in diagnosed asthma but not in symptoms in the European Community Respiratory Health Survey. *Thorax* 2004;59:646-651.
27. Maziak W, Behrens T, Brasky TM, et al. Are asthma and allergies in children and adolescents increasing? Results from ISAAC phase I and phase III surveys in Munster, Germany. *Allergy* 2003;58:572-579.
28. Douwes J, Pearce N. Asthma and the westernization 'package'. *International Journal of Epidemiology* 2002;31:1098-102.
29. Robertson CF, Roberts MF, Kappers JH. Asthma prevalence in Melbourne schoolchildren: have we reached the peak? *Med J Aust* 2004;180:273-6.
30. Mallol J, Sole D, Asher I, et al. Prevalence of asthma symptoms in Latin America: The International Study of Asthma and Allergies in Childhood (ISAAC). *Pediatric Pulmonology* 2000;30:439-444.
31. Penny ME, Murad S, Madrid SS, et al. Respiratory symptoms, asthma, exercise test spirometry, and atopy in schoolchildren from a Lima shanty town. *Thorax* 2001;56:607-612.
32. Salvi SS, Babu KS, Holgate ST. Is asthma really due to a polarized T cell response toward a helper T cell type 2 phenotype? *American Journal of Respiratory and Critical Care Medicine* 2001;164:1343-1346.
33. Anderson HR, Poloniecki JD, Strachan DP, et al. Immunization and symptoms of atopic disease in children: Results from the International Study of Asthma and Allergies in Childhood. *American Journal of Public Health* 2001;91:1126-1129.
34. Burr M, Emberlin JC, Treu R, et al. Pollen counts in relation to the prevalence of allergic rhinoconjunctivitis, asthma and atopic eczema in the International Study of Asthma and Allergies in Childhood (ISAAC). *Clinical & Experimental Allergy*. 2003;33:1675-1680.
35. Ellwood P, Asher MI, Bjorksten B, et al. 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. ISAAC Phase One Study Group. *European Respiratory Journal*. 2001;17:436-43.

36. Foliaki S, Nielsen SK, Bjorksten B, et al. Antibiotic sales and the prevalence of symptoms of asthma, rhinitis, and eczema: The International Study of Asthma and Allergies in Childhood (ISAAC). *International Journal of Epidemiology* 2004;33:558-563.
37. Mitchell EA, Stewart AW, Group. tiPOS. 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). *European Journal of Epidemiology*. 2002;17:667-673.
38. Shirtcliffe P, Weatherall M, Beasley R. An inverse correlation between estimated tuberculosis notification rates and asthma symptoms. *Respirology* 2002;7:153-155.
39. Stewart AW, Mitchell EA, Pearce N, et al. The relationship of per capita gross national product to the prevalence of symptoms of asthma and other atopic diseases in children (ISAAC).[comment]. *International Journal of Epidemiology*. 2001;30:173-9.
40. von Mutius E, Pearce N, Beasley R, et al. International patterns of tuberculosis and the prevalence of symptoms of asthma, rhinitis, and eczema.[comment]. *Thorax*. 2000;55:449-53.
41. Weiland SK, Husing A, Strachan DP, et al. Climate and the prevalence of symptoms of asthma, allergic rhinitis, and atopic eczema in children. *Occupational and Environmental Medicine* 2004;61:609-615.
42. Weiland SK, von Mutius E, Husing A, Asher MI. Intake of trans fatty acids and prevalence of childhood asthma and allergies in Europe. *Lancet* 1999;353:2040-2041.
43. Garcia-Marcos L, Quiros AB, Hernandez GG, et al. Stabilization of asthma prevalence among adolescents and increase among schoolchildren (ISAAC phases I and III) in Spain. *Allergy* 2004;59:1301-7.

APPENDIX

ISAAC Phase Three Study Group

ISAAC Steering Committee: N Ait-Khaled* (Union Internationale Contre la Tuberculose et les Maladies Respiratoires, Paris, France), HR Anderson (Department of Public Health Sciences, St Georges Hospital Medical School, London, UK), MI Asher (Department of Paediatrics, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand), R Beasley* (Medical Research Institute of New Zealand, Wellington, New Zealand), B Björkstén* (Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden), B Brunekreef (Institute of Risk Assessment Science, Universiteit Utrecht, Netherlands), W Cookson (Asthma Genetics Group, Wellcome Trust Centre for Human Genetics, University of Oxford, UK), J Crane (Wellington Asthma Research Group, Wellington School of Medicine, New Zealand), P Ellwood (Department of Paediatrics, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand), S Foliaki* (Centre for Public Health Research, Massey University, Wellington, New Zealand), U Keil* (Institut für Epidemiologie und Sozialmedizin, Universität Münster, Germany), CKW Lai* (Department of Medicine and Therapeutics, The Chinese University of Hong Kong, SAR China), J Mallol* (Department of Respiratory Medicine, Hospital CRS El Pino, University of Santiago de Chile, Chile), CF Robertson (Murdoch Children's Research Institute, Royal Children's Hospital, Parkville, Australia), EA Mitchell (Department of Paediatrics, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand), S Montefort* ("Belvedere", Naxxos, Malta), J Odhiambo* (Centre Respiratory Diseases Research Unit, Kenya Medical Research Institute, Nairobi, Kenya), N Pearce (Centre for Public Health Research, Massey University, Wellington, New Zealand), J Shah* (Jaslok Hospital & Research Centre, Mumbai, India), AW Stewart (Population Health, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand), D Strachan (Department of Public Health Sciences, St Georges Hospital Medical School, London, UK), E von Mutius (Dr von Haunerschen Kinderklinik de Universität München, Germany), SK Weiland (Department of Epidemiology, University of Ulm, Germany), H Williams (Centre for Evidence Based Dermatology, Queen's Medical Centre, University Hospital, Nottingham, UK). * Regional Coordinators.

ISAAC International Data Centre: MI Asher, TO Clayton, P Ellwood, T Milne, EA Mitchell, Department of Paediatrics, and AW Stewart, School of Population Health, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand.

ISAAC Phase Three National Coordinators: L Ng'ang'a (Kenya), HJ Zar (South Africa), Z Bouayad (Morocco), Y-Z Chen (China), C Lai (SAR China), J Shah (India), K Baratawidjaja (Indonesia), S Nishima (Japan), J de Bruyne (Malaysia), F Cua-Lim (Philippines), B Lee (Singapore), H-B Lee (South Korea), J-L Huang (Taiwan), P Vichyanond (Thailand), M-R Masjedi (Iran), S Montefort (Malta), N Mahmood (Pakistan), O Al-Rawas (Sultanate of Oman), CE Baena-Cagnani (Argentina), D Solé (Brazil), V Aguirre (Chile), ME Soto-Quirós (Costa Rica), M Baeza-Bacab (Mexico), P Chiarella (Peru), D Holgado (Uruguay), ME Howitt (Barbados), A Priftanji (Albania), M-A Riikjäär (Estonia), J Pekkanen (Finland), M Gotua (Georgia), J Bojarskas (Lithuania), G Lis (Poland), V Ognev (Ukraine), CF Robertson (Australia), MI Asher (New Zealand), G Haidinger (Austria), U Keil (Germany), F Forastiere (Italy), JE Rosado Pinto (Portugal), L Garcia-Marcos (Spain), HR Anderson (United Kingdom), P Manning (Republic of Ireland), L Nilsson (Sweden).

ISAAC Phase Three Principal Investigators: K Melaku (Ethiopia), FO Esamai, L Ng'ang'a (Kenya), BO Onadeko (Nigeria), HJ Zar (South Africa), B Benhabylès (Algeria), Z Bouayad (Morocco), M Jerray (Tunisia), Y-Z Chen, N-S Zhong (China), YL Lau, G Wong (SAR

China), CB Kartasasmita (Indonesia), H Odajima (Japan), KH Teh, J de Bruyne, BS Quah (Malaysia), F Cua-Lim (Philippines), DYT Goh (Singapore), H-B Lee (South Korea), J-L Huang (Taiwan), P Vichyanond, M Trakultivakom (Thailand), M-R Masjedi (Iran), JL al-Momen (Kuwait), S Montefort (Malta), N Mahmood (Pakistan), O Al-Rawas (Sultanate of Oman), MK Joshi, VA Khatav, L Kumar, G Setty, KC Jain, TU Sukumaran, SK Sharma, NM Hanumante, AV Pherwani (India), CE Baena-Cagnani (Argentina), N Rosário, GB Fischer, M de Britto, L de Freitas Souza, D Solé (Brazil), L Amarales, P Aguilar, MA Calvo (Chile), ME Soto-Quirós (Costa Rica), I Romieu (Mexico), G Cukier (Panama), JA Guggiari-Chase (Paraguay), P Chiarella (Peru), D Holgado (Uruguay), ME Howitt (Barbados), D Rennie, MR Sears (Canada), GJ Redding (USA), A Priftanji (Albania), M-A Riikjärv (Estonia), J Pekkanen (Finland), M Gotua (Georgia), V Svabe (Latvia), J Kudzyte (Lithuania), EG Kondiourina (Russia), G Lis, A Breborowicz (Poland), D Dumitrascu (Romania), H Vogt (Sweden), V Ognev (Ukraine), CF Robertson (Australia), MI Asher, C Moyes, P Pattemore, R Mackay, N Pearce (New Zealand), G Haidinger (Austria), J Weyler (Belgium), P Standring, R Goulding (Channel Islands), U Keil (Germany), A Steriu (Isle of Man), E Bonci, C Galassi, MG Petronio, E Chellini, L Bisanti, F Forastiere, P Sestini, G Ciccone, S Piffer (Italy), R Camâra, JE Rosado Pinto, C Nunes, JM Lopes dos Santos (Portugal), L Clancy (Republic of Ireland), RM Busquets, C González Díaz, L Garcia-Marcos, A Arnedo-Pena, G Garcia Hernández, F Guillén-Grima, M Morales Suarez-Varela, A Blanco Quirós (Spain), HR Anderson, JB Austin, MH Shamssain, D Strachan, M Burr (United Kingdom).

FIGURES

Figure 1

Ranking plot showing the change per year in prevalence of current wheeze (wheeze in the last 12 months) in 13-14 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three [the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 2

Ranking plot showing the change per year in prevalence of four or more attacks of wheezing in the previous 12 months in 13-14 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three

[the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 3

Ranking plot showing the change per year in the lifetime prevalence of asthma (“asthma ever”) in 13-14 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three [the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 4

Ranking plot showing the change per year in prevalence of current wheeze (wheeze in the last 12 months) using the video questionnaire in 13-14 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three

[the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 5

Ranking plot showing the change per year in prevalence of current wheeze (wheeze in the last 12 months) in 6-7 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three [the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 6

Ranking plot showing the change per year in prevalence of four or more attacks of wheezing in the previous 12 months in 6-7 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three

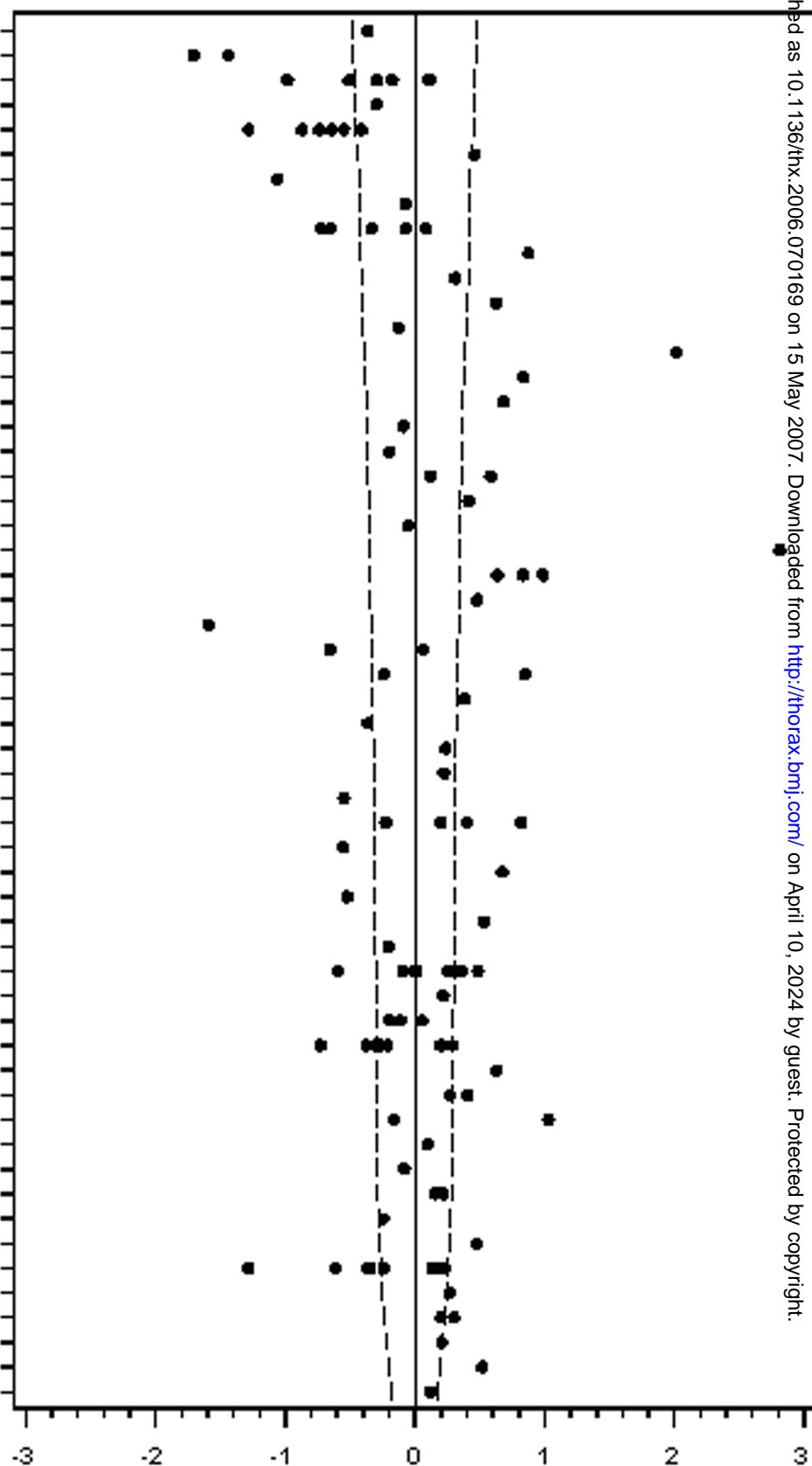
[the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

Figure 7

Ranking plot showing the change per year in the lifetime prevalence of asthma (“asthma ever”) in 6-7 year old children for each centre by country, with countries ordered by their average prevalence (for all centres combined) across Phase One and Phase Three [the plot also shows the confidence interval about zero change for a given level of prevalence (i.e. the average prevalence across Phase One and Phase Three) given a sample size of 3,000 and no cluster sampling effect]

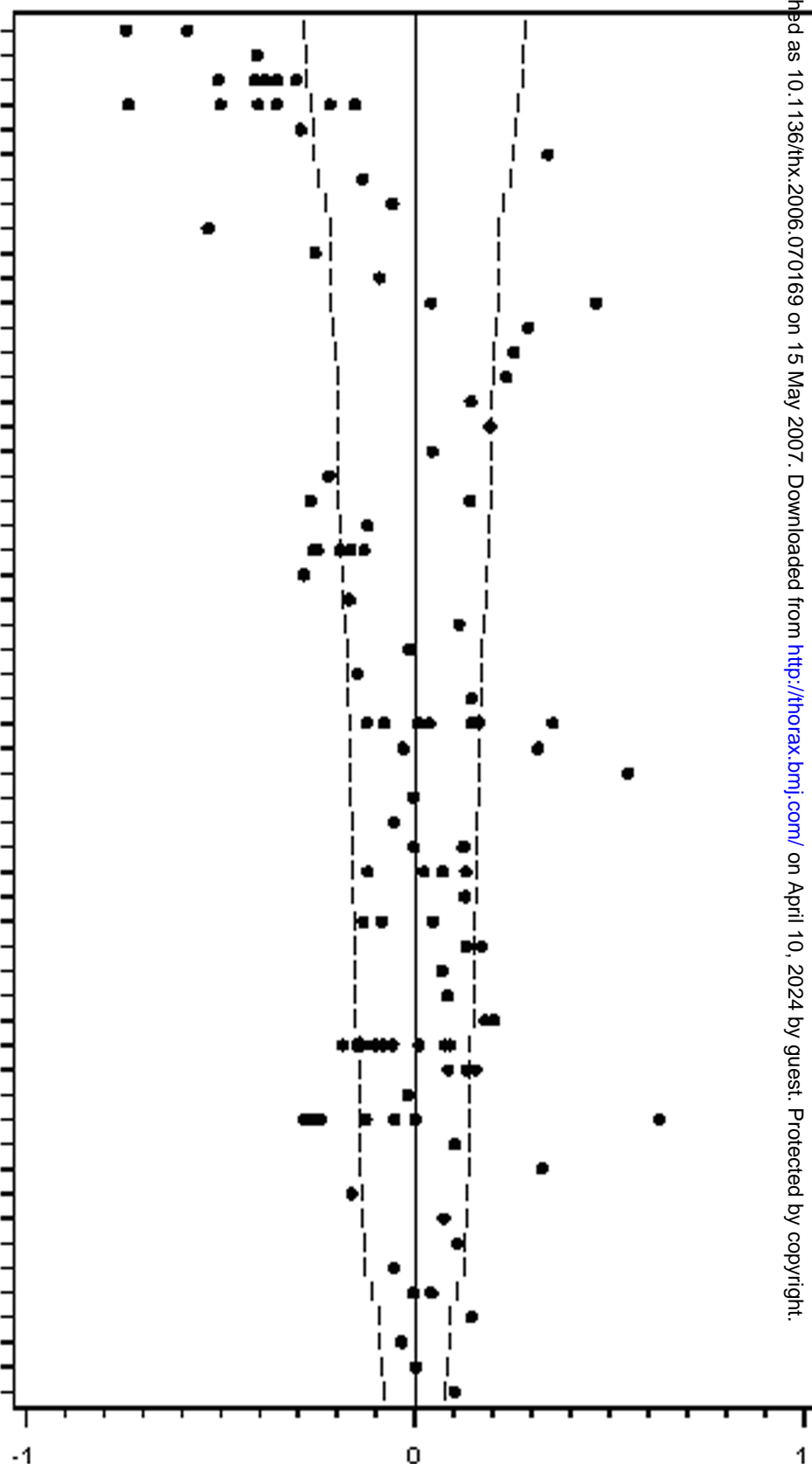
Country (prevalence %)

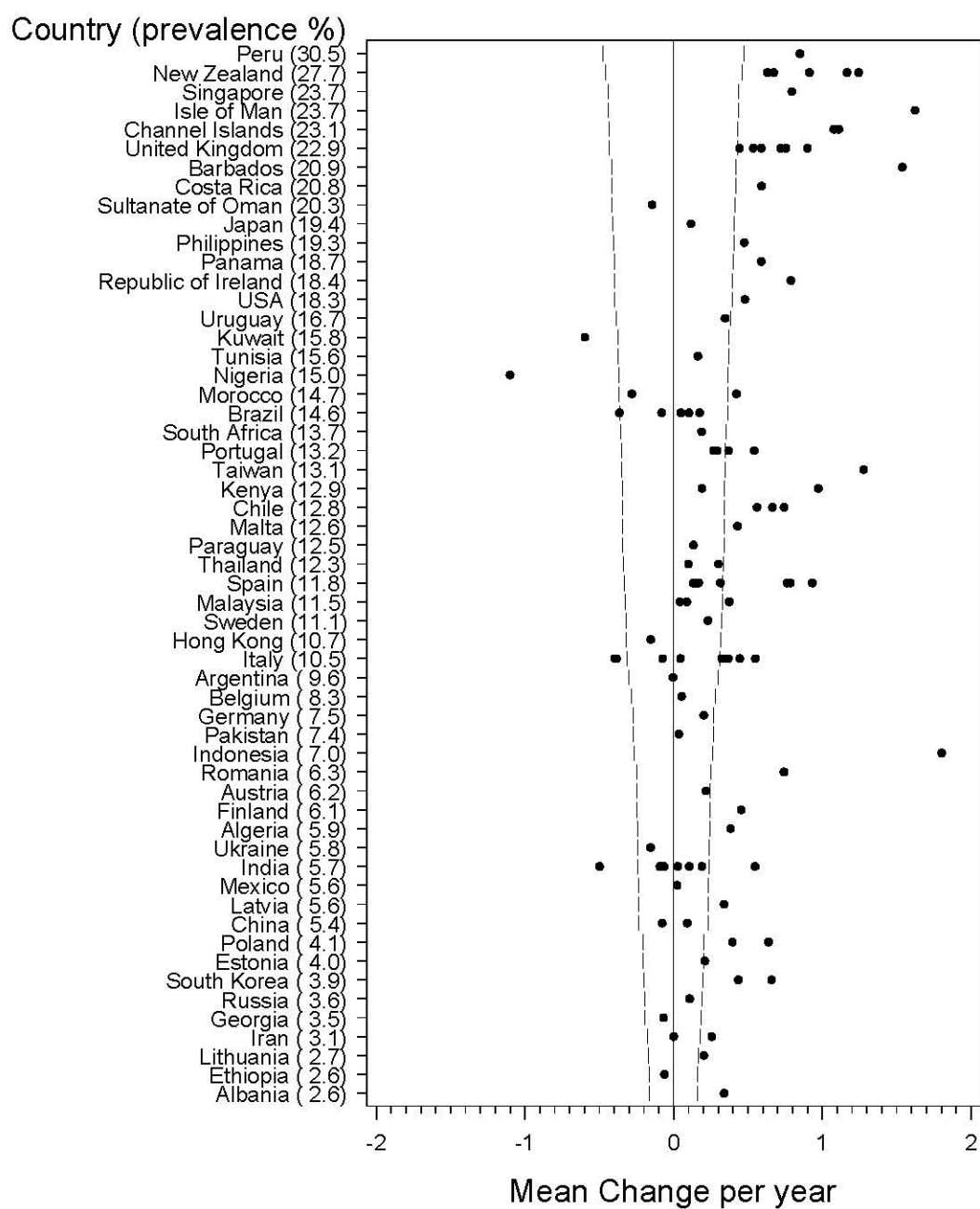
Isle of Man (32.3)
 Channel Islands (30.8)
 New Zealand (28.0)
 Republic of Ireland (27.9)
 United Kingdom (27.1)
 Costa Rica (25.5)
 Peru (22.8)
 USA (22.6)
 Brazil (21.3)
 Panama (20.3)
 Paraguay (20.2)
 Barbados (19.2)
 Uruguay (18.5)
 Ukraine (16.9)
 Finland (16.1)
 Germany (15.8)
 South Africa (15.8)
 Malta (15.3)
 Kenya (14.8)
 Austria (13.4)
 Japan (13.2)
 Romania (12.8)
 Chile (12.8)
 Argentina (12.4)
 Kuwait (12.3)
 Thailand (12.2)
 Iran (12.2)
 Nigeria (11.8)
 Sweden (11.1)
 Singapore (10.6)
 Russia (10.6)
 Hong Kong (10.5)
 Portugal (10.4)
 Philippines (10.3)
 Tunisia (10.2)
 Belgium (10.2)
 Pakistan (10.1)
 Ethiopia (9.9)
 Spain (9.5)
 Latvia (9.4)
 Malaysia (9.1)
 Italy (9.1)
 Mexico (9.1)
 Poland (9.0)
 Morocco (9.0)
 Estonia (8.9)
 Sultanate of Oman (8.7)
 South Korea (8.3)
 Lithuania (7.5)
 Algeria (7.3)
 India (6.5)
 Taiwan (6.2)
 China (5.1)
 Georgia (4.3)
 Indonesia (3.6)
 Albania (3.0)



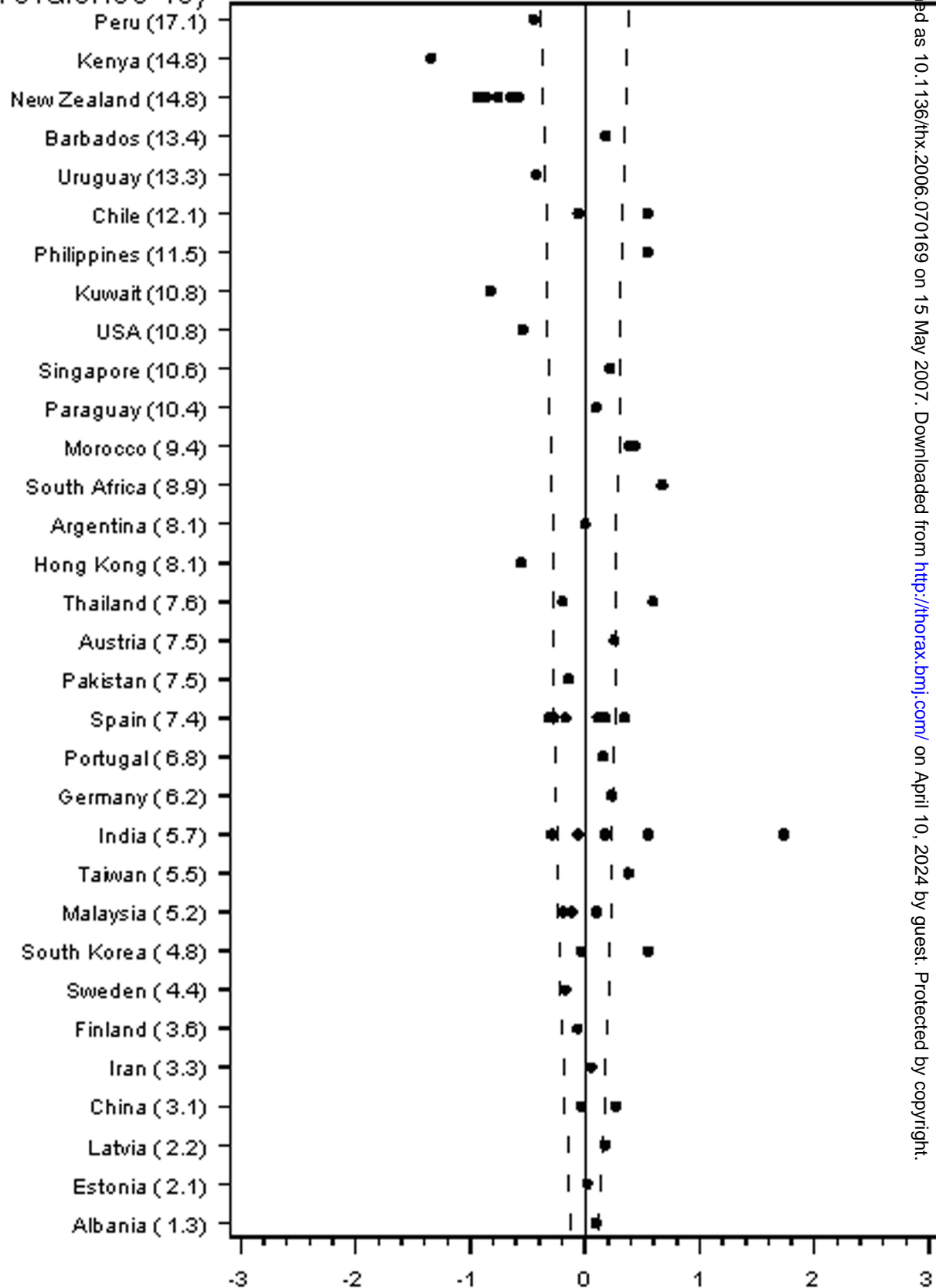
Country (prevalence %)

Channel Islands (8.3)
 Isle of Man (7.9)
 New Zealand (7.9)
 United Kingdom (7.3)
 Republic of Ireland (6.9)
 Costa Rica (6.7)
 USA (6.1)
 Uruguay (5.2)
 Kuwait (4.7)
 Ethiopia (4.6)
 Peru (4.6)
 Kenya (4.5)
 Panama (4.3)
 South Africa (4.2)
 Nigeria (3.9)
 Barbados (3.9)
 Paraguay (3.9)
 Germany (3.9)
 Malta (3.8)
 Thailand (3.8)
 Japan (3.7)
 Brazil (3.7)
 Hong Kong (3.3)
 Sweden (3.3)
 Finland (3.2)
 Austria (3.0)
 Belgium (3.0)
 Argentina (2.9)
 Spain (2.8)
 Morocco (2.7)
 Romania (2.7)
 Algeria (2.6)
 Sultanate of Oman (2.5)
 Iran (2.5)
 Portugal (2.4)
 Tunisia (2.4)
 Malaysia (2.4)
 Poland (2.4)
 Singapore (2.3)
 Pakistan (2.2)
 South Korea (2.2)
 Italy (2.0)
 Chile (2.0)
 Russia (1.9)
 India (1.9)
 Mexico (1.9)
 Ukraine (1.9)
 Philippines (1.8)
 Estonia (1.8)
 Latvia (1.6)
 Taiwan (1.5)
 China (1.2)
 Indonesia (0.8)
 Lithuania (0.8)
 Georgia (0.7)
 Albania (0.6)

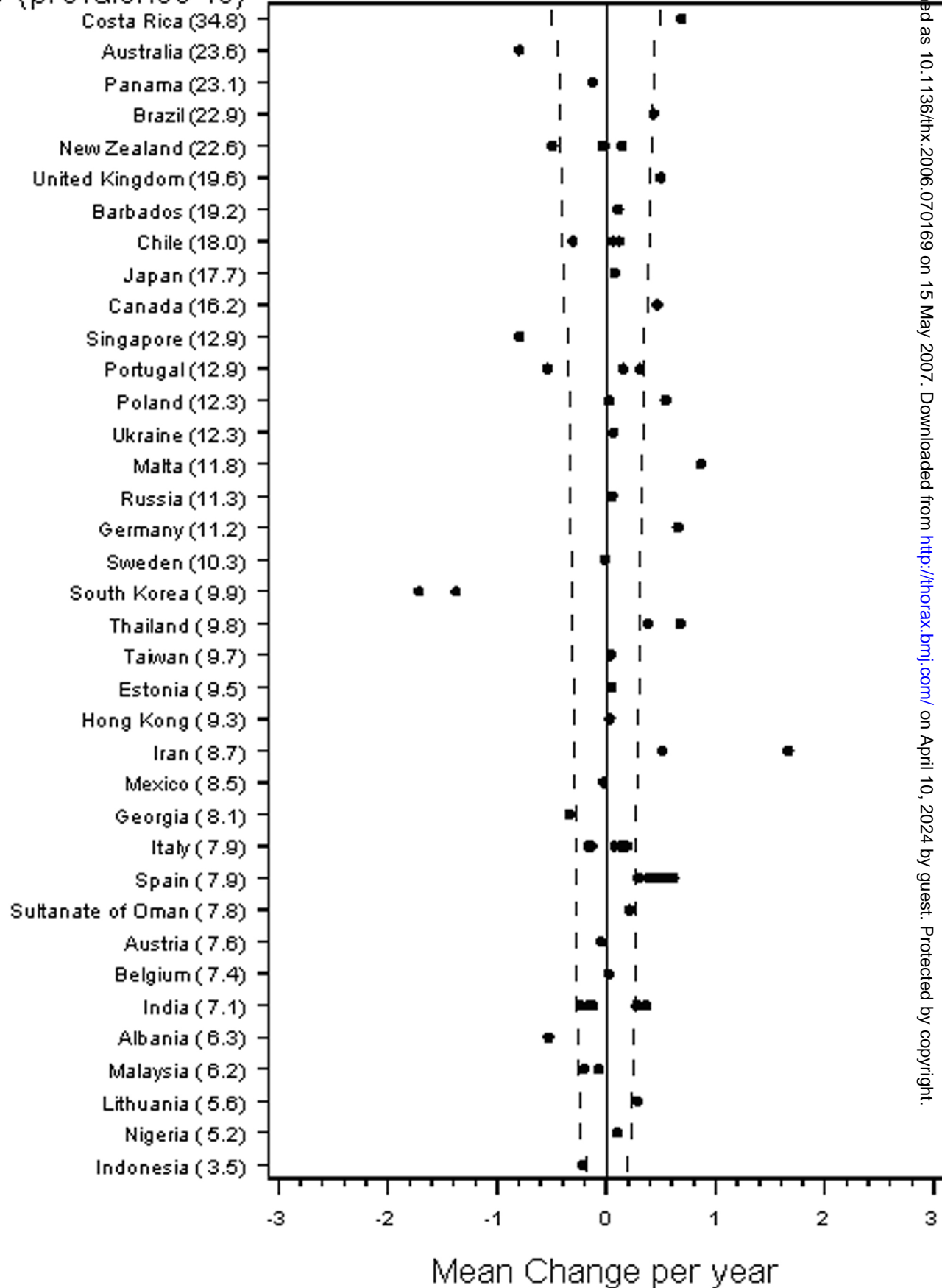




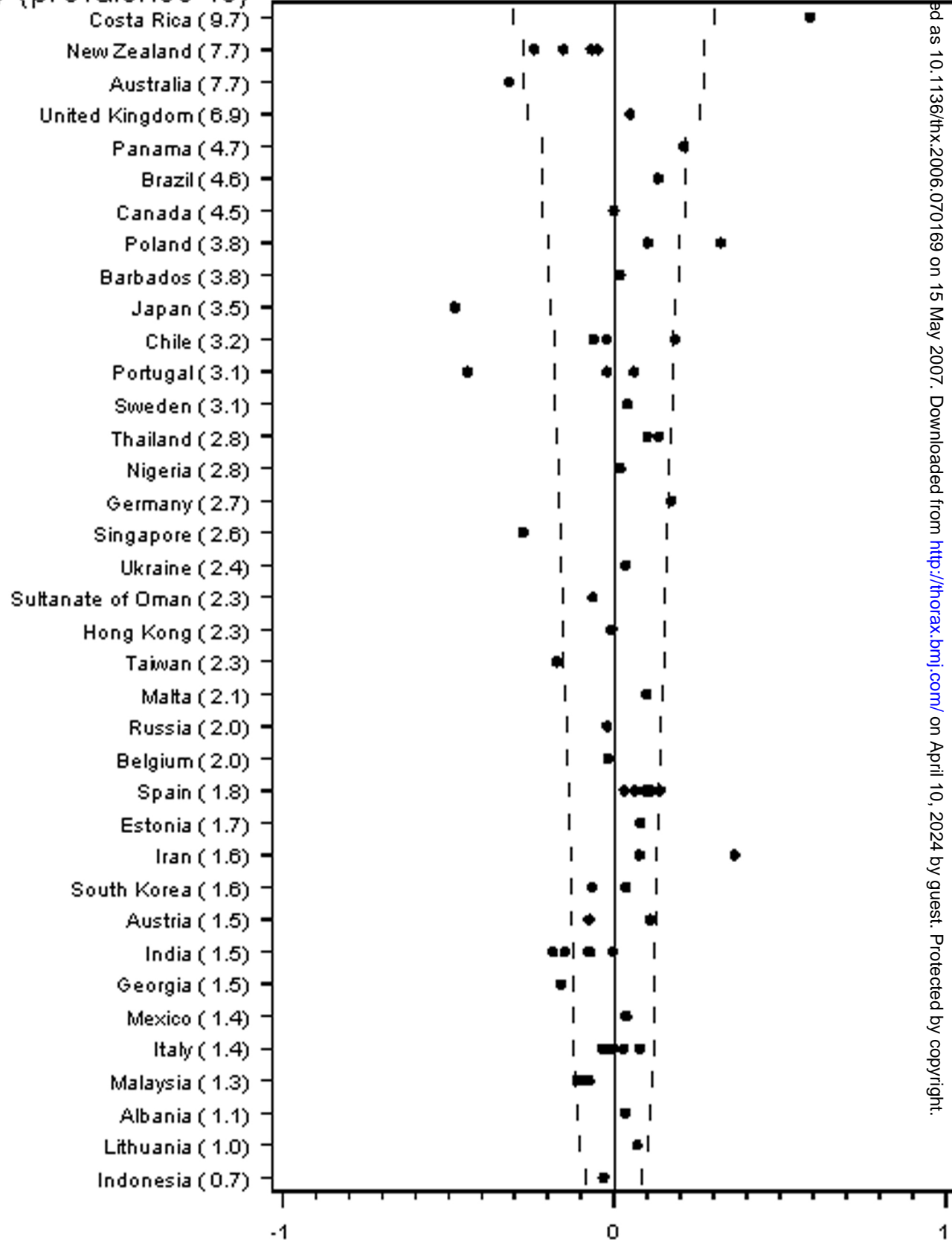
Country (prevalence %)



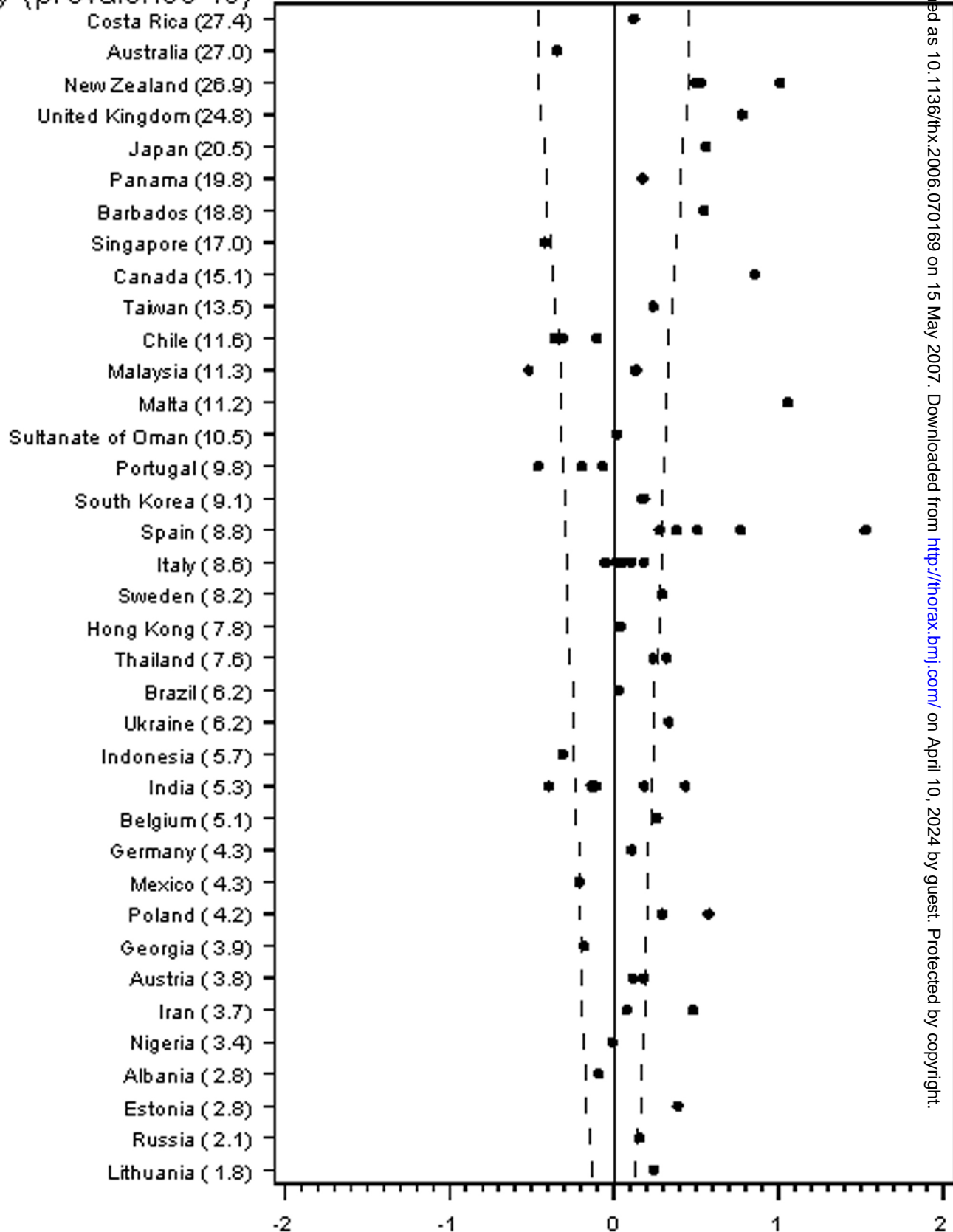
Country (prevalence %)



Country (prevalence %)



Country (prevalence %)



Mean Change per year

Centre	Phase One		Phase Three		12 Month Prevalence												
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)		≥4 Attacks % change per year (Phase Three prevalenc e %)		Wheeze disturbs Sleep % change per year (Phase Three prevalenc e %)		Severe wheeze limiting speech % change per year (Phase Three prevalenc e %)		Exercise Wheeze % change per year (Phase Three prevalenc e %)		Night Cough % change per year (Phase Three prevalenc e %)		Ever had Asthma % change per year (Phase Three prevalenc e %)
Africa																	
Algeria																	
Wilaya of Algiers (West Alger)	1996	2024	2002	4203	0.48 (8.7)	(	-0.00 (2.6)	(	0.03 (1.6)	(	-0.04 (2.1)	(	1.08 (14.4)		1.44 (18.8)		0.38 (7.1)
Ethiopia																	
Addis Ababa	1995	2951	2003	3195	-0.20 (9.1)	(	-0.26 (3.6)	(	-0.06 (2.1)	(	-0.19 (5.8)	(	-0.10 (26.4)		-0.10 (26.5)		-0.06 (2.3)
Kenya																	
Eldoret	1995	3024	2001	3289	0.58 (13.8)		0.47 (5.1)	(	0.35 (4.0)	(	0.73 (7.4)	(	1.76 (27.9)		2.31 (32.2)		0.97 (12.6)
Nairobi	1995	3226	2001	3023	0.12 (18.0)		0.04 (5.5)	(	-0.13 (5.5)	(	-0.02 (8.3)	(	-2.69 (14.2)		0.34 (37.8)		0.19 (16.6)
Morocco																	
Casablanca	1995	3183	2001	1777	1.03 (16.0)		0.32 (5.0)	(	0.15 (3.9)	(	0.08 (3.9)	(	1.18 (25.9)		0.84 (24.8)		0.42 (14.6)
Marrakech	1995	2900	2002	1689	-0.16 (4.4)	(	-0.03 (1.3)	(	0.03 (1.2)	(	-0.15 (1.2)	(	-0.09 (20.5)		0.08 (19.1)		-0.28 (15.1)
Nigeria																	
Ibadan	1995	3057	2001	3142	0.38 (13.0)		0.23 (4.6)	(	0.07 (4.1)	(	0.06 (7.9)	(	-1.54 (34.2)		-0.67 (27.7)		-1.10 (11.7)
South Africa																	
Cape Town	1995	5169	2002	5037	0.60 (20.3)		0.25 (5.0)	(	0.20 (5.0)	(	0.38 (7.8)	(	1.59 (32.6)		1.86 (36.6)		0.19 (14.4)
Tunisia																	
Sousse	1996	3020	2001	3042	0.67 (11.9)		0.13 (2.7)	(	0.27 (2.8)	(	0.26 (5.4)	(	0.69 (23.1)		3.45 (43.8)		0.16 (16.0)
Region Total		28,554		28,397	0.16 (13.4)	(	0.06 (4.0)	(	0.05 (3.5)	(	0.02 (5.9)	(	0.44 (24.7)		0.91 (30.5)		0.07 (11.9)
Asia-Pacific																	
China																	
Beijing	1994	4166	2001	3530	0.30 (7.2)	(	-0.00 (1.5)	(	0.01 (0.3)	(	0.01 (1.0)	(	0.06 (25.6)		0.51 (19.3)		-0.08 (6.3)
Guangzhou	1994	3855	2001	3514	0.20 (4.8)	(	0.04 (1.0)	(	-0.01 (0.2)	(	0.04 (0.8)	(	0.85 (23.4)		0.04 (19.2)		0.09 (4.6)
Hong Kong																	
Hong Kong	1995	4666	2002	3321	-0.55 (8.6)	(	-0.29 (2.3)	(	-0.04 (0.2)	(	-0.15 (1.4)	(	-1.32 (19.9)		-0.66 (23.1)		-0.15 (10.1)
Indonesia																	
Bandung	1996	2249	2002	2826	0.52 (5.2)	(	0.15 (1.3)	(	0.05 (1.0)	(	-0.03 (0.7)	(	1.30 (10.0)		2.96 (21.7)		1.80 (12.4)
Japan																	
Fukuoka	1994	2827	2002	2520	-0.05 (13.0)		-0.12 (3.2)	(	-0.03 (0.4)	(	-0.14 (1.0)	(	-0.47 (23.6)		0.03 (14.2)		0.12 (19.9)
Malaysia																	
Alor Setar	1995	3298	2002	2941	0.05 (9.3)	(	0.05 (2.4)	(	-0.01 (0.3)	(	-0.10 (1.1)	(	0.16 (17.5)		-0.37 (25.7)		0.09 (10.8)
Klang Valley	1995	6069	2001	3025	-0.11 (11.6)		-0.13 (3.0)	(	-0.01 (0.9)	(	-0.08 (1.8)	(	-0.20 (14.6)		0.91 (30.8)		0.37 (16.1)
Kota Bharu	1995	3075	2001	2989	-0.20 (5.8)	(	-0.09 (1.2)	(	0.05 (0.7)	(	0.00 (1.3)	(	0.28 (11.7)		0.42 (24.4)		0.04 (9.0)
Philippines																	
Metro Manilla	1994	3207	2001	3658	-0.55 (8.4)	(	-0.16 (1.2)	(	-0.15 (0.9)	(	-0.15 (3.0)	(	-0.46 (18.2)		-0.82 (28.6)		0.47 (20.9)
Singapore																	
Singapore	1994	4205	2001	4217	0.24 (11.4)		0.07 (2.6)	(	0.03 (1.5)	(	-0.01 (2.3)	(	0.19 (14.6)		1.26 (20.1)		0.79 (26.5)
South Korea																	
Provincial Korea	1995	6975	2000	7375	0.21 (8.5)	(	0.20 (2.5)	(	0.06 (0.4)	(	0.17 (3.6)	(	0.41 (13.9)		0.92 (12.9)		0.66 (5.5)
Seoul	1995	2990	2000	2888	0.16 (9.1)	(	0.18 (2.9)	(	0.00 (0.3)	(	0.22 (3.7)	(	0.03 (13.7)		0.88 (13.6)		0.44 (5.0)

Centre	Phase One		Phase Three		12 Month Prevalence										
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)	Ever had Asthma % change per year (Phase Three prevalence %)				
Taiwan	199	110	200	637	0.26	(	-0.05	(	0.02	(	0.03	(	1.82	0.29	1.28
Taipei	5	03	1	8	7.0)		1.4)		0.5)		1.0)		(19.4)	(12.5)	(17.0)
Thailand	199	371	200	466	0.06		0.14	(	0.11	(	0.10	(	0.40	0.44	0.30
Bangkok	5	2	1	9	(13.9)		5.0)		1.9)		4.5)		(18.0)	(31.0)	(15.9)
Chiang Mai	199	392	200	353	-0.65	(	-0.27	(	-0.05	(	-0.09	(	-0.23	-0.96	0.10
	5	7	1	8	8.7)		2.2)		0.7)		2.6)		(12.1)	(22.8)	9.9)
Region Total	66,224		57,389		0.07	(	0.00	(	0.01	(	-0.02	(	0.42	0.49	0.39
					8.8)		2.3)		0.7)		2.1)		(17.0)	(20.6)	12.6)
Eastern Mediterranean															
Iran	199	318	200	300	0.85		0.12	(	0.21	(	0.32	(	0.56	0.65	0.26
Rasht	5	1	2	4	(15.6)		3.2)		3.2)		4.5)		(13.0)	(17.7)	4.5)
Tehran	199	269	200	311	-0.24	(	-0.00	(	-0.06	(	-0.00	(	0.26	0.64	0.00
Kuwait	5	1	1	9	(10.9)		2.2)		1.6)		3.0)		(15.3)	(18.5)	2.6)
Kuwait	199	105	200	288	-1.59	(	-0.53	(	-0.54	(	-1.08	(	-1.99	0.24	-0.60
Malta	5	1	1	2	7.6)		3.1)		2.5)		4.2)		(12.9)	(32.1)	(14.0)
Malta	199	418	200	413	-0.20		-0.22	(	-0.12	(	-0.13	(	-0.32	-0.08	0.43
	5	3	2	6	(14.6)		3.1)		1.6)		2.7)		(18.4)	(31.3)	(14.1)
Pakistan	199	182	200	299	0.53		0.08	(	-0.01	(	0.48	(	-0.89	0.31	0.03
Karachi	5	9	1	9	(11.7)		2.5)		1.5)		6.7)		9.8)	(19.4)	7.5)
Sultanate of Oman	199	317	200	374	-0.08	(	-0.05	(	0.03	(	-0.19	(	-0.08	-0.13	-0.15
Al-Khod	5	4	1	7	8.4)		2.3)		3.1)		2.8)		(18.7)	(20.1)	(19.9)
Region Total	16,109		19,887		-0.10	(	-0.04	(	-0.04	(	-0.05	(	-0.11	0.22	0.11
					(11.6)		2.7)		2.2)		3.9)		(15.0)	(23.4)	(10.9)
Indian Sub-Continent															
India	199	387	200	100	-0.24	(	-0.05	(	-0.04	(	-0.12	(	-0.34	0.19	-0.08
Borivali	5	8	3	4	1.5)		0.2)		0.1)		0.7)		2.6)	(11.8)	5.3)
Chandigarh	199	313	200	312	0.23	(	-0.13	(	-0.03	(	-0.07	(	-0.45	3.11	0.10
	5	8	1	2	5.5)		0.8)		0.5)		2.3)		5.3)	(26.7)	4.0)
Jodhpur	199	307	200	218	-0.37	(	-0.28	(	-0.11	(	-0.19	(	-0.16	(-0.26	(-0.07
	5	9	2	1	3.5)		1.3)		1.2)		2.3)		6.3)	9.7)	1.3)
Kottayam	199	108	200	234	-0.62	(	-0.24	(	-0.11	(	-0.35	(	-1.33	1.39	-0.09
Chennai (Madras)	4	0	3	1	5.3)		1.3)		0.7)		1.6)		4.1)	(31.1)	5.6)
(3)	199	204	200	368	-0.35		0.63	(	0.06	(	-1.06	(	-0.88	-0.46	-0.50
Mumbai (18)	5	7	2	5	(15.4)		6.1)		2.2)		6.1)		(11.7)	(29.0)	8.9)
(Bombay)	199	317	200	298	0.13	(	-0.00	(	-0.03	(	0.07	(	0.28	1.53	0.55
	5	7	2	2	4.6)		1.0)		0.6)		1.8)		9.4)	(25.7)	9.1)
New Delhi (7)	199	302	200	346	-1.28	(	-0.27	(	-0.14	(	-0.31	(	-2.29	(-3.24	0.19
	5	5	1	9	5.3)		1.4)		1.1)		2.9)		4.7)	6.3)	6.5)
Pune	199	269	200	198	0.14	(	-0.10	(	-0.10	(	-0.17	(	0.35	0.15	0.03
	4	6	1	3	2.8)		0.0)		0.1)		0.1)		6.5)	(10.5)	5.1)
Region Total	22,120		20,767		0.02	(	-0.09	(	-0.06	(	-0.15	(	-0.05	(-0.38	-0.01
					6.4)		1.9)		1.0)		2.6)		6.9)	(20.0)	6.1)
Latin America															
Argentina	199	304	200	344	0.48		0.14	(	-0.04	(	-0.03	(	0.40	-2.77	-0.00
Córdoba	7	2	2	5	(13.6)		3.2)		1.4)		3.0)		(18.8)	(28.5)	9.6)
Brazil	199	300	200	362	0.09		-0.13	(	-0.13	(	-0.26	(	-0.12	0.76	0.10
Curitiba	5	4	1	8	(18.9)		2.7)		1.9)		3.1)		(19.1)	(34.7)	9.2)
Porto Alegre	199	319	200	300	-0.72	(	-0.16	(	-0.17	(	-0.10	(	-0.74	-0.47	-0.08
	4	5	3	7	(18.2)		3.1)		3.0)		4.8)		(22.4)	(35.0)	(21.2)

Centre	Phase One		Phase Three		12 Month Prevalence										Ever had Asthma % change per year (Phase Three prevalence %)
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)		Wheeze disturbs Sleep % change per year (Phase Three prevalence %)		Severe wheeze limiting speech % change per year (Phase Three prevalence %)		Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)		
Recife	1994	3086	2002	2865	-0.07 (19.1)	-0.25 (1.7)	(	-0.08 (3.9)	(	-0.09 (4.1)	(	0.32 (23.0)	0.81 (37.3)	-0.37 (18.0)
	1995	3162	2002	3020	-0.33 (24.6)	-0.19 (4.6)	(	0.09 (3.6)	(	0.07 (5.9)	(	0.99 (34.6)	0.68 (34.3)	0.17 (13.7)
Salvador	1995	3007	2002	3161	-0.65 (18.7)	-0.26 (2.5)	(	-0.10 (2.8)	(	0.02 (2.9)	(	-0.50 (17.0)	0.04 (33.3)	0.05 (10.4)
São Paulo	1994	3050	2001	3044	0.83 (13.6)	0.13 (2.2)	(	0.03 (1.1)	(	0.19 (2.8)	(	1.71 (19.2)	1.59 (28.8)	0.66 (13.0)
	1995	3050	2001	3026	0.98 (17.0)	0.16 (2.2)	(	0.04 (2.4)	(	0.09 (5.5)	(	-0.78 (20.7)	1.28 (40.4)	0.74 (16.0)
Chile	1995	3231	2001	3105	0.63 (16.0)	0.09 (2.7)	(	0.05 (1.6)	(	0.12 (3.1)	(	1.34 (27.4)	3.33 (39.5)	0.56 (15.8)
Punta Arenas	1994	3200	2002	2436	0.46 (27.3)	0.34 (8.0)	(	-0.10 (2.7)	(	0.29 (12.4)	(	-0.56 (19.7)	-0.59 (26.4)	0.59 (23.2)
Costa Rica	1994	3102	2002	1431	0.63 (11.6)	0.10 (2.3)	(	-0.09 (0.9)	(	-0.10 (1.6)	(	1.63 (17.0)	0.87 (20.5)	0.02 (5.7)
Cuernavaca	1995	2885	2001	3183	0.88 (22.9)	0.29 (5.2)	(	0.40 (4.4)	(	-0.49 (3.8)	(	-0.55 (11.3)	3.11 (40.3)	0.59 (20.5)
Paraguay	1997	2966	2002	3000	0.31 (20.9)	0.19 (4.4)	(	0.31 (4.6)	(	0.54 (7.9)	(	1.35 (22.1)	3.42 (48.4)	0.13 (12.8)
Asunción	1995	3157	2001	3022	-1.06 (19.6)	-0.09 (4.3)	(	-0.14 (2.5)	(	-0.33 (4.9)	(	-1.09 (29.4)	0.71 (37.9)	0.85 (33.1)
Lima	1994	3072	2002	3177	-0.13 (17.9)	-0.06 (4.9)	(	0.08 (3.3)	(	-0.12 (4.2)	(	-0.13 (17.4)	0.50 (32.1)	0.35 (18.1)
Uruguay					0.32 (18.8)	0.02 (3.6)	(	-0.01 (2.7)	(	-0.02 (4.6)	(	0.13 (21.3)	0.83 (35.1)	0.25 (16.1)
Region Total															
46,20944,5500.32 (18.8)0.02 (3.6)-0.01 (2.7)-0.02 (4.6)0.13 (21.3)0.83 (35.1)0.25 (16.1)															
North America															
Barbados															
Barbados	1996	3533	2001	2498	0.62 (20.8)	0.14 (4.3)	(	0.04 (3.5)	(	0.27 (6.6)	(	0.54 (21.5)	-0.16 (13.9)	1.54 (24.7)
USA	1995	2330	2003	2422	-0.07 (22.3)	-0.13 (5.6)	(	0.04 (2.7)	(	0.00 (7.4)	(	0.04 (28.4)	0.12 (28.6)	0.48 (20.2)
		5,863		4,920	0.12 (21.5)	-0.02 (4.9)	(	0.04 (3.1)	(	0.11 (7.0)	(	0.20 (24.9)	0.00 (21.1)	0.71 (22.5)
Region Total															
3200.12 (21.5)-0.02 (4.9)0.04 (3.1)0.11 (7.0)0.20 (24.9)0.00 (21.1)0.71 (22.5)															
Northern and Eastern Europe															
Albania															
Tiranë	1995	2957	2001	2983	0.12 (3.4)	0.10 (0.9)	(	-0.01 (0.2)	(	-0.05 (0.5)	(	0.45 (7.2)	0.81 (10.5)	0.34 (3.6)
Estonia	1994	3506	2001	3603	0.09 (9.3)	0.07 (2.1)	(	-0.03 (0.5)	(	-0.02 (1.2)	(	-0.03 (9.0)	-0.42 (11.7)	0.21 (4.8)
Finland	1994	2876	2001	3051	0.84 (19.0)	0.11 (3.6)	(	-0.03 (0.4)	(	0.08 (2.6)	(	0.47 (20.9)	0.06 (15.0)	0.45 (7.7)
Georgia	1996	3297	2003	2650	0.21 (5.1)	0.00 (0.7)	(	0.05 (0.9)	(	0.13 (1.6)	(	-0.44 (5.1)	0.04 (9.3)	-0.07 (3.3)
Latvia	1994	3004	2004	1283	0.22 (10.5)	0.11 (2.2)	(	0.03 (0.9)	(	0.06 (1.9)	(	0.38 (12.3)	0.66 (18.9)	0.34 (7.2)
Lithuania	1995	1600	2001	2723	-0.24 (6.7)	-0.03 (0.7)	(	-0.03 (0.3)	(	0.01 (1.0)	(	0.33 (14.0)	0.25 (6.9)	0.20 (3.3)

Centre	Phase One		Phase Three		12 Month Prevalence										Ever had Asthma % change per year (Phase Three prevalence %)
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)					
Poland	199	278	200	254	0.27 (9.4)	0.17 (3.1)	0.04 (1.2)	0.14 (2.8)	0.81 (15.5)	1.09 (23.7)	0.64 (6.8)				
Krakow	199	362	200	187	0.41 (11.2)	0.13 (2.8)	0.09 (1.7)	0.23 (3.4)	0.65 (13.5)	0.86 (19.5)	0.39 (5.2)				
Poznan	4	5	2	5											
Romania	199	339	200	301	2.81 (22.7)	0.55 (4.6)	0.20 (1.8)	0.83 (6.5)	2.66 (25.5)	1.29 (13.4)	0.74 (8.9)				
Cluj	4	6	1	9											
Russia	199	365	200	376	0.22 (11.2)	-0.02 (1.9)	0.04 (1.0)	0.16 (1.8)	-0.42 (12.9)	0.48 (14.2)	0.11 (3.9)				
Novosibirsk	6	4	2	9											
Sweden	199	249	200	267	-0.36 (9.7)	-0.17 (2.6)	-0.08 (0.3)	-0.06 (1.4)	-0.45 (14.6)	0.14 (11.6)	0.23 (12.0)				
Linköping	4	6	2	9											
Ukraine	199	331	200	242	2.01 (20.9)	0.33 (2.5)	0.08 (1.1)	0.08 (2.3)	1.85 (20.6)	1.80 (19.3)	-0.16 (5.5)				
Kharkiv	8	1	2	8	0.26 (11.6)	0.08 (2.3)	0.01 (0.8)	0.08 (2.2)	0.30 (14.3)	0.41 (14.0)	0.29 (5.9)				
Region Total		36,508		32,608											
Oceania															
New Zealand	199	320	200	287	-0.51 (22.5)	-0.38 (4.9)	0.02 (2.9)	-0.31 (5.6)	-0.45 (32.4)	0.14 (30.8)	0.63 (27.9)				
Auckland	3	6	1	0											
Bay of Plenty	199	281	200	197	-0.98 (20.6)	-0.51 (4.4)	-0.11 (2.3)	-0.33 (4.1)	-0.86 (31.6)	-0.49 (26.9)	0.67 (28.3)				
Christchurch	3	3	2	6											
	199	318	200	311	-0.17 (27.9)	-0.31 (6.7)	-0.07 (2.2)	-0.13 (6.2)	-0.25 (37.8)	-0.06 (26.8)	1.17 (37.6)				
Nelson	3	6	3	6											
	199	183	200	230	-0.29 (28.0)	-0.35 (6.6)	-0.09 (1.7)	-0.19 (6.3)	-0.17 (41.6)	0.13 (27.6)	0.91 (29.4)				
Wellington	3	8	3	5											
	199	441	200	305	0.11 (32.6)	-0.41 (7.8)	0.08 (3.7)	-0.03 (8.1)	0.17 (42.5)	0.15 (31.5)	1.24 (36.3)				
	3	7	1	0											
Region Total		15,460		13,317	-0.39 (26.7)	-0.38 (6.2)	-0.05 (2.6)	-0.21 (6.2)	-0.29 (37.5)	-0.01 (28.9)	0.93 (32.4)				
Western Europe															
Austria	199	151	200	143	0.41 (15.1)	-0.02 (2.9)	0.01 (0.9)	0.05 (5.4)	1.02 (27.2)	0.74 (19.2)	0.22 (7.0)				
Urfahr-Umgebung	5	1	3	9											
Belgium	199	151	200	325	-0.52 (8.3)	-0.15 (2.5)	-0.14 (0.5)	-0.18 (1.3)	-0.58 (9.1)	-0.58 (17.1)	0.05 (8.5)				
Antwerp	5	5	2	0											
Channel Islands	199	117	200	124	-1.70 (26.5)	-0.58 (6.7)	-0.10 (3.5)	-0.14 (7.9)	1.48 (39.1)	-2.21 (33.8)	1.11 (26.9)				
Guernsey	6	0	1	8											
	199	113	200		-1.44 (26.5)	-0.74 (6.2)	0.41 (5.2)	-0.30 (6.7)	0.60 (34.3)	-2.24 (31.7)	1.08 (25.2)				
Jersey	6	5	2	773											
Germany	199	400	199	413	0.68 (17.5)	0.04 (4.0)	0.13 (1.9)	0.35 (7.9)	0.92 (25.8)	0.60 (23.2)	0.20 (8.0)				
Münster	4	0	9	2											
Isle of Man	199	146	200	171	-0.36 (31.2)	-0.41 (6.7)	0.00 (3.4)	-0.19 (7.3)	1.73 (41.1)	-1.00 (35.5)	1.62 (28.6)				
Isle of Man	5	7	1	6											
Italy	199	106	200		-0.38 (4.1)	-0.14 (0.3)	0.00 (0.0)	-0.18 (0.9)	-1.09 (6.1)	0.69 (27.9)	-0.38 (5.0)				
Cosenza	4	8	2	925											
	199	396	200	134	-0.29 (8.1)	-0.08 (1.9)	-0.06 (0.1)	0.02 (2.2)	-0.16 (15.8)	1.89 (36.6)	-0.07 (9.6)				
Emilia-Romagna	4	1	2	7											
	199	104	200	122	-0.73 (7.6)	-0.19 (0.8)	-0.09 (0.1)	-0.16 (1.2)	-0.56 (13.1)	1.45 (40.2)	-0.40 (8.9)				
Empoli	4	6	2	9											
	199	117	200	138	-0.22 (8.7)	-0.06 (2.1)	-0.11 (0.1)	-0.06 (2.1)	-0.07 (15.2)	2.52 (41.5)	0.32 (12.1)				
Firenze	4	1	2	3											
Milano	199	337	200	141	-0.21 ()	0.01 ()	-0.05 ()	0.13 ()	-0.31 ()	1.24 ()	0.33 ()				

Centre	Phase One		Phase Three		12 Month Prevalence											
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)		Wheeze disturbs Sleep % change per year (Phase Three prevalence %)		Severe wheeze limiting speech % change per year (Phase Three prevalence %)		Exercise Wheeze % change per year (Phase Three prevalence %)		Night Cough % change per year (Phase Three prevalence %)		Ever had Asthma % change per year (Phase Three prevalence %)
Roma	4	3	2	0	8.9)	2.3)		0.3)		3.5)		(15.5)		(37.2)		(13.3)
	199	332	200	132	0.20	0.08	(	-0.01	(	0.09	(	0.12	(	1.10	(	0.44
	4	3	2	5	(11.4)	2.6)		0.3)		3.2)		(15.3)		(31.8)		(14.9)
Siena	199	118	200	108	-0.30	-0.15	(	-0.11	(	-0.10	(	-0.50	(	1.41	(	0.05
	4	1	2	2	(10.5)	1.8)		0.3)		2.1)		(16.8)		(37.7)		(11.4)
Torino	199	124	200	118	0.29	0.09	(	-0.01	(	0.26	(	-0.34	(	1.74	(	0.55
	4	2	2	0	(10.9)	3.0)		0.6)		5.0)		(16.0)		(37.2)		(13.8)
Trento	199	442	200	131	-0.26	-0.10	(	-0.05	(	-0.11	(	-0.27	(	0.23	(	0.37
	5	6	2	1	4.1)	0.6)		0.0)		0.5)		7.6)		(19.1)		(10.1)
Portugal																
Funchal	199	353	200	316	-0.23	-0.12	(	-0.05	(	-0.01	(	0.66	(	2.05	(	0.29
	5	1	2	1	9.0)	1.9)		1.5)		2.7)		(21.2)		(34.1)		(15.2)
Lisbon	199	303	200	302	0.40	0.07	(	0.08	(	0.13	(	1.20	(	1.99	(	0.37
	3	0	2	4	(14.6)	3.5)		2.1)		3.5)		(24.8)		(35.4)		(15.6)
Portimao	199	105	200	110	0.20	0.02	(	0.05	(	0.02	(	0.42	(	1.67	(	0.27
	4	8	2	9	9.7)	2.2)		1.8)		2.1)		(18.2)		(31.4)		(12.4)
Porto	199	313	200	333	0.82	0.13	(	0.08	(	0.18	(	1.50	(	2.83	(	0.54
	5	1	2	6	(13.1)	2.6)		1.5)		2.8)		(21.0)		(32.9)		(15.1)
Rep. of Ireland																
Rep. of Ireland	199	314	200	308	-0.30	-0.29	(	-0.03	(	-0.11	(	-0.48	(	0.46	(	0.79
	5	7	3	9	(26.7)	5.7)		2.4)		5.1)		(21.4)		(37.6)		(21.5)
Spain																
Barcelona	199	303	200	306	-0.59	-0.12	(	-0.06	(	-0.12	(	-0.55	(	-0.02	(	0.13
	3	1	2	6	9.0)	2.3)		0.8)		1.6)		(13.4)		(20.4)		(12.3)
Bilbao	199	321	200	340	0.26	0.01	(	-0.09	(	0.07	(	0.35	(	-0.72	(	0.79
	4	1	1	1	(13.7)	4.3)		0.8)		3.5)		(22.2)		(20.5)		(21.8)
Cartagena	199	301	200	399	0.01	-0.08	(	-0.08	(	-0.11	(	0.02	(	0.78	(	0.14
	3	7	2	8	(10.7)	2.7)		1.1)		1.9)		(15.1)		(27.4)		(11.8)
Castellón	199	309	200	402	-0.00	0.01	(	0.02	(	0.02	(	-0.15	(	-0.11	(	0.15
	4	4	2	4	7.1)	1.8)		0.6)		1.3)		(11.6)		(21.4)		9.0)
Madrid	199	322	200	265	0.49	0.35	(	0.05	(	0.24	(	1.42	(	-0.23	(	0.93
	7	1	2	2	(10.1)	3.9)		1.5)		2.7)		(16.9)		(17.3)		(14.3)
Pamplona	199	304	200	293	0.36	0.15	(	0.03	(	0.05	(	-0.13	(	0.75	(	0.31
	4	0	1	2	8.0)	2.8)		0.7)		1.4)		(11.3)		(22.9)		(10.9)
Valencia	199	317	200	313	-0.09	0.04	(	0.00	(	-0.06	(	-0.09	(	-0.25	(	0.17
	4	4	2	2	(10.3)	2.9)		1.1)		2.3)		(16.4)		(19.3)		(13.5)
Valladolid	199	317	200	294	0.25	0.16	(	0.04	(	0.04	(	0.21	(	0.62	(	0.76
	4	7	2	4	8.2)	2.8)		0.8)		1.8)		(14.8)		(27.9)		(12.4)
United Kingdom																
North Thames	199	222	200	235	-0.55	-0.22	(	-0.08	(	-0.28	(	-0.40	(	-0.41	(	0.90
	5	0	2	6	(26.6)	5.9)		2.7)		5.8)		(23.1)		(44.3)		(24.5)
Scotland	199	444	200	466	-1.28	-0.74	(	-0.14	(	-0.48	(	-1.34	(	-0.56	(	0.44
	5	4	2	2	(27.8)	6.4)		3.7)		6.6)		(22.1)		(38.5)		(24.5)
South Thames	199	229	200	243	-0.74	-0.50	(	-0.03	(	-0.13	(	-0.87	(	-0.11	(	0.72
	5	7	2	2	(26.2)	6.2)		3.2)		7.9)		(20.7)		(44.7)		(25.5)
Sunderland	199	209	200	219	-0.65	-0.15	(	-0.07	(	-0.27	(	-1.11	(	-0.33	(	0.59
	5	2	1	3	(16.1)	5.2)		2.0)		3.4)		(17.6)		(19.1)		(25.8)
Surrey/Sussex	199	211	200	508	-0.41	-0.36	(	-0.05	(	-0.16	(	-0.47	(	0.20	(	0.54
	2	4	2	2	(22.7)	5.1)		1.8)		5.4)		(33.9)		(28.6)		(24.3)
Wales	199	235	200	250	-0.87	-0.40	(	-0.00	(	-0.39	(	1.20	(	-0.56	(	0.76
	5	1	2	1	(27.5)	6.2)		3.7)		6.3)		(38.1)		(39.6)		(27.1)
					-0.07	-0.05	(	-0.02	(	-0.02	(	0.03	(	0.64	(	0.33
Region Total		85,969		82,844	(15.2)	3.7)		1.6)		3.8)		(20.3)		(29.3)		(16.3)
GLOBAL TOTAL		323,016		304,679	0.06	-0.02	(	-0.01	(	-0.01	(	0.15	(	0.51	(	0.28
					(13.7)	3.2)		1.8)		3.7)		(19.2)		(25.8)		13.8)

Centre	Phase One		Phase Three		Current Wheeze	Exercise Wheeze	Night wheeze	Night cough	Severe Wheeze
	Year	N	Year	N	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)
Africa									
Kenya									
Nairobi	1995	3224	2001	3023	-1.34 (10.8)	-1.25 (16.9)	-0.65 (7.8)	-1.31 (23.4)	-1.00 (7.1)
Morocco									
Casablanca	1995	3182	2001	1771	0.39 (12.9)	0.65 (16.9)	0.29 (7.2)	0.53 (17.6)	0.45 (11.0)
Marrakech	1995	2899	2002	1687	0.43 (8.7)	0.37 (10.3)	0.32 (4.7)	0.87 (16.7)	0.53 (7.5)
South Africa									
Cape Town	1995	5160	2002	4986	0.67 (11.2)	0.34 (13.9)	0.21 (5.3)	1.09 (19.2)	0.28 (7.0)
Region Total		14,465		11,467	0.34 (11.0)	0.23 (14.6)	0.16 (6.2)	0.68 (19.7)	0.29 (7.7)
Asia-Pacific									
China									
Beijing	1994	4164	2001	3523	-0.03 (3.1)	0.22 (6.2)	0.03 (0.9)	-0.08 (6.3)	0.04 (1.6)
Guangzhou	1994	3854	2001	3514	0.27 (3.8)	0.62 (11.3)	0.01 (0.8)	-0.00 (5.4)	0.06 (1.6)
Hong Kong									
Hong Kong	1995	4660	2002	3321	-0.56 (6.2)	-1.27 (6.4)	-0.30 (1.7)	-0.40 (21.8)	-0.19 (5.6)
Malaysia									
Alor Setar	1995	3295	2002	2916	-0.12 (4.5)	0.06 (9.1)	-0.04 (1.8)	0.08 (9.2)	0.13 (3.7)
Klang Valley	1995	5956	2001	3025	0.10 (7.5)	1.11 (16.3)	0.08 (3.2)	0.62 (12.8)	0.11 (4.4)
Kota Bharu	1995	3001	2001	2989	-0.19 (2.8)	0.29 (8.8)	-0.00 (1.7)	0.51 (8.3)	0.14 (3.0)
Philippines									
Metro Manilla	1994	3205	2001	3658	0.54 (13.4)	0.58 (16.6)	0.04 (4.1)	0.58 (18.6)	0.20 (6.3)
Singapore									
Singapore	1994	4188	2001	3631	0.22 (11.4)	0.68 (12.9)	0.08 (3.7)	0.84 (14.9)	0.40 (7.8)
South Korea									
Provincial Korea	1995	6957	2000	7224	0.55 (5.8)	1.20 (12.0)	0.17 (1.3)	0.73 (6.9)	0.20 (2.6)
Seoul	1995	2957	2000	2870	-0.03 (5.0)	0.35 (10.0)	0.11 (1.2)	0.11 (6.4)	0.03 (2.8)
Taiwan									
Taipei	1995	3814	2001	6378	0.38 (6.7)	0.52 (8.9)	0.04 (1.9)	0.31 (5.3)	-0.01 (2.7)
Thailand									
Bangkok	1995	3704	2001	4648	0.59 (11.5)	0.26 (14.2)	0.00 (2.7)	0.45 (17.1)	-0.17 (3.5)
Chiang Mai	1995	3924	2001	3499	-0.19 (4.8)	-0.57 (4.2)	0.00 (1.7)	-0.41 (7.7)	-0.36 (0.9)
Region Total		53,679		51,196	0.12 (6.8)	0.28 (10.7)	0.02 (2.0)	0.29 (10.4)	0.05 (3.5)
Eastern Mediterranean									
Iran									
Rasht	1995	3174	2002	2991	0.06 (3.5)	0.15 (7.2)	-0.02 (0.9)	-0.07 (5.5)	0.07 (2.5)
Kuwait									
Kuwait	1995	1028	2001	2882	-0.83 (8.4)	-0.18 (13.6)	-0.78 (4.8)	1.02 (15.9)	-0.67 (5.1)
Pakistan									
Karachi	1995	1829	2001	2978	-0.15 (7.1)	-0.07 (5.9)	0.08 (3.5)	-0.13 (5.3)	-0.42 (1.9)
Region Total		6,031		8,851	-0.05 (6.3)	0.06 (8.8)	-0.03 (3.1)	0.08 (8.8)	-0.04 (3.2)
Indian subcontinent									
India									
Chandigarh	1995	3086	2001	2317	-0.06 (2.5)	-0.19 (3.8)	0.26 (4.1)	0.15 (3.9)	0.00 (1.9)
Jodhpur	1995	3037	2002	1717	0.17 (3.8)	-0.35 (4.2)	0.12 (2.5)	-0.29 (2.7)	-0.05 (1.6)
Chennai									
(Madras) (3)	1994	1049	2003	2098	1.74 (21.4)	-0.39 (4.9)	0.71 (10.4)	0.47 (9.7)	0.17 (6.0)
New Delhi (7)	1995	2817	2001	3469	-0.29 (5.3)	-0.79 (4.4)	-0.50 (4.5)	-0.62 (4.2)	-0.57 (2.8)
Pune	1994	2573	2001	1951	0.55 (4.5)	0.80 (7.0)	0.31 (2.8)	0.41 (3.8)	0.32 (3.1)
Region Total		12,562		11,552	0.31 (7.3)	0.14 (4.8)	0.29 (4.9)	0.18 (4.8)	0.01 (3.1)
Latin America									
Argentina									
Córdoba	1997	2948	2002	3438	0.00 (8.1)	-0.39 (7.3)	-0.05 (2.5)	0.67 (16.7)	-0.05 (5.5)
Chile									
Punta Arenas	1994	2821	2001	3043	0.54 (13.3)	0.81 (17.1)	0.19 (3.9)	1.42 (24.7)	0.27 (6.0)
South Santiago	1995	3049	2001	3016	-0.06 (12.7)	-0.45 (14.2)	-0.03 (4.2)	1.20 (23.4)	0.16 (5.5)
Paraguay									
Asunción	1997	2966	2002	3000	0.10 (10.6)	-0.51 (12.0)	-0.01 (5.2)	1.06 (18.1)	0.04 (6.3)
Peru									
Lima	1995	3150	2001	2927	-0.45 (15.8)	-0.18 (20.3)	0.09 (6.9)	0.36 (18.9)	0.01 (8.3)
Uruguay									
Montevideo	1994	3069	2002	3175	-0.42 (11.6)	-0.30 (15.1)	-0.15 (4.7)	0.38 (22.3)	-0.42 (7.6)
Region Total		18,003		18,599	-0.03 (11.9)	-0.11 (14.2)	0.01 (4.5)	0.75 (20.6)	0.01 (6.5)

Centre	Phase One		Phase Three		Current Wheeze	Exercise Wheeze	Night wheeze	Night cough	Severe Wheeze
	Year	N	Year	N	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)	% change per year (Phase Three prevalence %)
North America									
Barbados									
Barbados	1996	3533	2001	2498	0.18 (13.9)	0.20 (22.0)	0.35 (12.9)	-0.17 (15.9)	-0.38 (7.4)
USA									
Seattle	1995	2140	2003	2397	-0.54 (8.7)	-0.92 (15.1)	-0.14 (3.5)	0.75 (19.5)	-0.45 (7.0)
Region Total		5,673		4,895	-0.26 (11.3)	-0.79 (18.6)	-0.11 (8.3)	0.61 (17.7)	-0.44 (7.2)
Northern and Eastern Europe									
Albania									
Tiranë	1995	2362	2001	2924	0.09 (1.6)	0.50 (4.3)	0.46 (3.1)	0.29 (3.3)	0.17 (1.6)
Estonia									
Tallinn	1994	3400	2001	3258	0.02 (2.2)	0.18 (6.8)	0.03 (1.4)	0.14 (7.1)	0.08 (1.5)
Finland									
Kuopio County	1994	2875	2001	3049	-0.06 (3.3)	-0.07 (7.1)	0.00 (0.9)	-0.06 (10.7)	-0.09 (1.9)
Latvia									
Riga	1994	2847	2004	1276	0.18 (3.1)	0.10 (4.2)	0.04 (1.1)	0.34 (6.7)	0.10 (1.6)
Sweden									
Linköping	1994	2486	2002	2660	-0.17 (3.7)	-0.40 (8.3)	0.01 (1.0)	0.23 (9.3)	-0.06 (2.0)
Region Total		13,970		13,167	0.03 (2.7)	0.15 (6.3)	0.02 (1.6)	0.24 (7.5)	0.06 (1.7)
Oceania									
New Zealand									
Auckland	1993	3201	2001	2869	-0.64 (11.2)	-1.56 (15.9)	-0.79 (5.1)	-0.09 (20.0)	-0.63 (6.3)
Bay of Plenty	1993	2810	2002	1902	-0.57 (13.4)	-1.66 (13.5)	-0.53 (6.7)	-0.88 (17.2)	-0.50 (8.3)
Christchurch	1993	3167	2003	3094	-0.86 (8.8)	-1.60 (16.2)	-0.67 (4.6)	-0.46 (17.9)	-0.61 (7.1)
Nelson	1993	1826	2003	2295	-0.76 (11.5)	-1.64 (15.9)	-0.65 (3.9)	-0.49 (18.4)	-0.23 (9.4)
Wellington	1993	4404	2001	3045	-0.93 (12.1)	-1.75 (17.1)	-0.86 (5.4)	-0.08 (22.5)	-1.01 (6.8)
Region Total		15,408		13,205	-0.77 (11.2)	-1.64 (15.9)	-0.73 (5.1)	-0.31 (19.4)	-0.56 (7.4)
Western Europe									
Austria									
Urfahr-Umgebung	1995	1502	2003	1424	0.26 (8.6)	0.00 (15.6)	0.02 (3.8)	0.24 (10.1)	0.21 (4.6)
Germany									
Münster	1994	3996	1999	4130	0.23 (6.8)	0.25 (17.7)	0.19 (4.7)	0.75 (14.4)	0.12 (4.7)
Portugal									
Funchal	1995	3406	2002	2961	0.15 (7.3)	0.28 (16.3)	0.17 (4.4)	0.93 (16.6)	-0.06 (4.6)
Spain									
Barcelona	1993	2984	2002	3062	-0.17 (5.9)	-1.43 (9.0)	-0.28 (2.2)	0.81 (23.6)	-0.01 (4.0)
Bilbao	1994	3166	2001	3401	0.16 (10.9)	-1.65 (16.1)	-0.15 (5.0)	-0.69 (11.9)	0.20 (6.6)
Cartagena	1993	3013	2002	3991	-0.27 (5.3)	-1.11 (12.9)	-0.23 (2.1)	0.01 (12.9)	-0.13 (2.5)
Castellón	1994	3089	2002	4021	0.11 (6.7)	-1.29 (8.6)	-0.24 (2.0)	-0.24 (16.8)	0.07 (3.2)
Madrid	1997	3221	2002	2651	0.34 (7.8)	-1.39 (10.7)	-0.11 (2.4)	-0.42 (10.1)	0.43 (4.5)
Pamplona	1994	3040	2001	2922	0.11 (7.7)	-1.54 (13.8)	-0.16 (2.7)	0.32 (18.0)	0.16 (4.5)
Valencia	1994	3135	2002	3078	-0.32 (7.1)	-3.11 (10.6)	-0.31 (2.6)	-0.23 (16.1)	-0.03 (4.0)
Valladolid	1994	3170	2002	2940	0.18 (7.7)	-1.83 (14.3)	-0.26 (1.8)	0.78 (23.3)	0.30 (5.7)
Region Total		33,722		34,581	0.00 (7.3)	-1.24 (13.2)	-0.18 (3.1)	0.23 (16.0)	0.07 (4.4)
GLOBAL TOTAL		173,513		167,513	0.01 (7.9)	-0.19 (11.6)	-0.04 (3.4)	0.24 (13.6)	0.02 (4.5)

Centre	Phase One		Phase Three		12 Month Prevalence										Ever had Asthma % change per year (Phase Three prevalence %)		
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)							
Africa																	
Nigeria	199	169	200	239	0.10		0.02		0.04		0.14		-0.18		-0.18		-0.01
Ibadan	5	6	2	6	5.6)		2.8)		2.3)		4.8)		5.4)		8.0)		3.3)
Region Total		1,69		2,3	0.10		0.02		0.04		0.14		-0.18		-0.18		-0.01
		6		96	5.6)		2.8)		2.3)		4.8)		5.4)		8.0)		3.3)
Asia-Pacific																	
Hong Kong	199	361	200	444	0.03		-0.01		0.01		-0.00		0.14		0.73		0.04
Hong Kong	5	8	1	8	9.4)		2.2)		0.4)		1.1)		7.7)		(26.0)		7.9)
Indonesia	199	139	200	250	-0.21		-0.03		-0.06		-0.03		-0.10		2.02		-0.31
Bandung	6	0	2	3	2.8)		0.6)		0.4)		0.6)		2.5)		(21.2)		4.8)
Japan	199	289	200	295	0.10		-0.48		-0.01		-0.02		-0.01		0.45		0.59
Fukuoka	4	6	2	8	(18.2)		1.6)		1.1)		1.6)		5.2)		(13.1)		(23.0)
Malaysia	199	297	200	378	-0.07		-0.09		-0.07		-0.07		-0.25		0.46		-0.52
Alor Setar	5	8	2	6	5.7)		1.0)		0.3)		0.9)		2.9)		(19.0)		9.8)
Klang Valley	199	310	200	304	-0.07		-0.11		-0.04		-0.01		-0.10		0.58		0.13
	5	9	1	4	7.4)		1.4)		0.4)		1.3)		4.2)		(21.4)		(11.9)
Kota Bharu	199	381	200	311	-0.21		-0.08		-0.05		-0.02		-0.05		-0.55		0.14
Singapore	5	9	1	0	4.3)		0.6)		0.1)		0.9)		3.7)		(17.7)		(11.2)
Singapore	199	235	200	538	-0.80		-0.28		-0.13		-0.15		-0.52		0.53		-0.42
South Korea	4	3	1	9	(10.2)		1.6)		0.9)		0.9)		4.5)		(18.7)		(15.5)
Provincial Korea	199	552	200	425	-1.38		-0.07		-0.03		-0.12		-0.12		0.03		0.17
	5	7	0	8	5.6)		1.5)		0.4)		1.4)		3.9)		(17.6)		9.1)
Seoul	199	258	200	176	-1.71		0.04		-0.07		-0.22		0.05		0.51		0.18
Taiwan	5	2	0	0	6.5)		1.6)		0.2)		0.9)		4.4)		(19.8)		9.9)
Taipei	199	480	200	483	0.04		-0.17		-0.06		-0.08		-0.16		0.59		0.24
Thailand	4	6	1	2	9.8)		1.7)		0.4)		0.7)		4.8)		(21.1)		(14.4)
Bangkok	199	362	200	420	0.68		0.13		0.07		0.16		0.10		1.36		0.24
	5	9	1	9	(15.0)		4.3)		1.3)		2.6)		5.7)		(31.0)		(10.7)
Chiang Mai	199	382	200	310	0.38		0.10		0.00		0.12		0.06		0.39		0.32
	5	8	1	6	7.8)		2.1)		0.7)		1.6)		3.2)		(16.5)		6.1)
Region Total		40,535		43403	-0.06		-0.09		-0.04		-0.04		-0.10		0.47		0.12
					8.9)		1.8)		0.6)		1.2)		4.6)		(20.6)		(11.4)
Eastern Mediterranean																	
Iran	199	301	200	305	1.67		0.36		0.17		0.22		0.41		0.69		0.48
Rasht	5	3	1	7	(15.3)		3.2)		2.0)		2.4)		4.3)		9.9)		7.0)
Tehran	199	245	200	300	0.51		0.08		0.14		0.11		0.09		0.20		0.08
Malta	5	6	1	8	8.6)		1.4)		1.6)		1.5)		2.3)		7.2)		2.1)
Malta	199	349	200	379	0.86		0.10		0.09		-0.01		0.26		0.76		1.06
Oman	4	3	1	5	(14.9)		2.4)		2.1)		1.1)		5.9)		(24.4)		(14.9)
Al-Khod	199	389	200	413	0.21		-0.06		-0.03		-0.12		-0.09		-0.27		0.02
	5	1	1	0	8.4)		2.2)		3.3)		2.5)		6.4)		(18.0)		(10.6)
Region Total		12,853		13,990	0.79		0.10		0.10		0.04		0.19		0.36		0.28
					(11.7)		2.3)		2.3)		1.9)		4.9)		(15.7)		9.1)
Indian Sub-Continent																	
India	(16)	199	200	211	-0.12		-0.08		-0.09		-0.10		-0.14		-0.39		-0.12
Mumbai (Bombay)	4	4	3	4	2.4)		0.6)		0.1)		0.5)		1.6)		(10.1)		3.0)
Mumbai	(18)	199	200	261	-0.23		-0.18		-0.18		0.04		-0.06		-0.80		-0.40

Centre	Phase One		Phase Three		12 Month Prevalence							
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)	Ever had Asthma % change per year (Phase Three prevalence %)	
(Bombay)	5	6	2	9	(23.0)	(3.4)	(2.6)	(7.8)	(12.9)	(21.4)	(11.6)	
Jodhpur	199	396	200	286	-0.15	(-0.15)	(-0.12)	(-0.17)	(-0.06)	(-0.15)	-0.11	
	5	7	3	5	2.5)	(0.1)	(0.0)	(0.2)	(2.5)	(11.4)	2.9)	
Kottayam	199	356	200	486	0.36	(-0.00)	(-0.03)	(0.02)	(0.09)	(0.73)	0.18	
	4	8	2	2	4.7)	(0.6)	(0.4)	(0.9)	(2.5)	(14.1)	3.8)	
New Delhi (7)	199	293	200	370	-0.12	(-0.07)	(-0.02)	(0.07)	(-0.14)	(-1.08)	0.43	
	5	8	2	6	6.0)	(0.9)	(0.6)	(2.1)	(3.0)	(7.0)	6.8)	
Pune	199	324	200	271	0.28	(0.0)	(-0.13)	(-0.22)	(0.09)	(0.38)	-0.14	
	5	8	1	1	4.0)	(0.0)	(0.0)	(0.0)	(3.1)	(11.8)	3.4)	
Region Total	16,981		18,877		0.06 (6.8)	(-0.07 (0.9)	(-0.07 (0.6)	(-0.09 (1.8)	(-0.04 (4.0)	(-0.17 (12.5)	(-0.05 (5.2)	
Latin America												
Brazil	199	300	200	304	0.44	0.13	0.42	0.35	-0.04	0.33	0.03	
São Paulo	5	5	2	7	(24.4)	(5.1)	(6.7)	(4.8)	(5.2)	(36.5)	(6.3)	
Chile	199	306	200	305	0.06	0.18	0.00	-0.01	-0.12	0.68	-0.36	
	4	0	1	2	(17.5)	(3.3)	(2.5)	(2.5)	(9.2)	(34.2)	(7.9)	
Punta Arenas	199	318	200	307	-0.31	-0.06	-0.08	-0.17	0.11	1.49	-0.31	
	4	2	1	5	(14.7)	(2.2)	(3.2)	(2.4)	(10.0)	(34.5)	(8.4)	
South Santiago	199	313	200	318	0.12	-0.02	-0.21	-0.01	-0.10	1.71	-0.11	
	4	8	1	3	(21.4)	(4.4)	(3.2)	(3.3)	(14.5)	(36.6)	(15.7)	
Valdivia	4	8	1	3	(21.4)	(4.4)	(3.2)	(3.3)	(14.5)	(36.6)	(15.7)	
Costa Rica	199	294	200	323	0.69	0.59	-0.18	0.44	0.12	-0.16	0.12	
Costa Rica	4	2	2	4	(37.6)	(12.1)	(3.5)	(14.9)	(17.1)	(37.0)	(27.9)	
Mexico	199	309	200	257	-0.03	0.04	-0.04	-0.21	-0.10	-0.11	-0.21	
Cuernavaca	4	7	2	9	8.4)	(1.6)	(1.3)	(1.1)	(3.2)	(19.0)	(3.5)	
Panama	199	304	200	294	-0.13	0.21	0.19	-0.38	-0.14	1.91	0.17	
David	5	3	1	2	(22.7)	(5.4)	(4.5)	(4.0)	(11.5)	(40.8)	(20.3)	
Region Total	21,467		21,112		0.07 (21.4)	(0.09 (5.0)	(-0.03 (3.6)	(-0.05 (4.9)	(-0.05 (10.3)	(0.63 (34.4)	(-0.15 (13.2)	
North America												
Barbados	199	328	200	275	0.11	0.02	0.03	-0.01	0.23	0.23	0.54	
Barbados	5	9	1	9	(19.5)	(3.9)	(3.4)	(2.7)	(7.5)	(11.9)	(20.5)	
Canada	199	241	200	125	0.47	-0.00	0.05	0.07	0.20	0.51	0.86	
Saskatoon	4	8	3	5	(18.2)	(4.5)	(2.2)	(3.3)	(9.9)	(26.1)	(19.0)	
Region Total	5,70		4,0		0.32 (19.1)	(0.01 (4.1)	(0.04 (3.0)	(0.04 (2.9)	(0.22 (8.3)	(0.34 (16.3)	(0.74 (20.0)	
Northern and Eastern Europe												
Albania	199	298	200	289	-0.53	0.03	-0.08	-0.22	-0.37	-0.28	-0.09	
Tiranë	5	1	0	6	(5.0)	(1.2)	(0.9)	(1.3)	(3.0)	(7.9)	(2.6)	
Estonia	199	307	200	238	0.05	0.08	-0.01	0.01	0.05	0.26	0.39	
Tallinn	4	0	1	5	(9.6)	(2.0)	(0.7)	(0.8)	(2.0)	(13.5)	(4.1)	
Georgia	199	335	200	266	-0.34	-0.16	-0.07	0.14	-0.34	-0.06	-0.18	
Kutaisi	6	6	3	6	(6.9)	(0.9)	(0.8)	(2.5)	(2.1)	(8.3)	(3.3)	
Lithuania	199	187	200	277	0.28	0.07	-0.03	-0.02	0.21	0.80	0.24	
Kaunas	5	8	2	2	(6.6)	(1.2)	(0.4)	(0.6)	(3.2)	(8.8)	(2.6)	
Poland	199	226	200	249	0.02	0.10	0.01	0.04	0.44	0.07	0.29	
Krakow	5	4	1	7	(14.5)	(4.4)	(2.2)	(2.7)	(7.5)	(25.6)	(5.8)	
Poznan	199	271	200	199	0.54	0.32	0.21	0.09	0.39	1.34	0.57	
	4	0	2	9	(12.5)	(4.9)	(2.7)	(2.5)	(6.1)	(23.7)	(5.9)	

Centre	Phase One		Phase Three		12 Month Prevalence												Ever had Asthma % change per year (Phase Three prevalence %)
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)		Wheeze disturbs Sleep % change per year (Phase Three prevalence %)		Severe wheeze limiting speech % change per year (Phase Three prevalence %)		Exercise Wheeze % change per year (Phase Three prevalence %)		Night Cough % change per year (Phase Three prevalence %)			
Russia	199	363	200	273	0.05	-0.02	(	-0.03	(	0.02	(	-0.36	(	-0.34	(	0.16	(
Novosibirsk	6	7	2	0	(11.4)	(1.9)		(1.5)		(1.0)		(3.5)		(8.1)		(2.5)	
Sweden	199	132	200	208	-0.01	0.04	(	-0.00	(	-0.00	(	-0.09	(	-0.11	(	0.29	(
Linköping	4	9	2	9	(10.2)	(3.3)		(1.1)		(1.0)		(5.3)		(11.9)		(9.3)	
Ukraine	199	297	200	195	0.07	0.03	(	-0.02	(	0.07	(	1.46	(	0.45	(	0.33	(
Kharkiv	8	1	2	0	(12.5)	(2.5)		(1.3)		(1.7)		(10.4)		(13.7)		(6.8)	
Region Total		24,196		21,984	0.05 (9.6)	0.04 (2.3)	(	0.00 (1.2)	(	0.02 (1.5)	(	0.06 (4.5)	(	0.33 (13.0)	(	0.23 (4.5)	(
Oceania																	
Australia	199	284	200	296	-0.80	-0.32	(	-0.03	(	-0.10	(	-0.42	(	-0.43	(	-0.35	(
Melbourne	3	0	2	8	(20.0)	(6.2)		(2.3)		(3.2)		(12.0)		(28.3)		(25.5)	
New Zealand	199	352	200	354	-0.02	-0.05	(	0.01	(	-0.17	(	0.07	(	0.20	(	0.50	(
Auckland	3	6	2	1	(22.4)	(7.4)		(3.8)		(3.8)		(15.4)		(29.3)		(28.3)	
	199	268	200	215	-0.04	-0.15	(	0.03	(	-0.04	(	0.14	(	0.01	(	0.50	(
Bay of Plenty	3	1	2	0	(23.7)	(6.8)		(3.8)		(4.4)		(17.1)		(29.0)		(30.2)	
	199	331	200	331	-0.49	-0.24	(	-0.13	(	-0.14	(	-0.24	(	-0.29	(	0.53	(
Christchurch	3	8	3	5	(22.3)	(7.8)		(2.6)		(3.6)		(16.8)		(29.2)		(33.6)	
	199	186	200	186	0.15	-0.07	(	0.01	(	-0.15	(	0.11	(	0.33	(	1.01	(
Nelson	3	8	3	7	(20.2)	(6.4)		(2.4)		(3.1)		(14.2)		(24.4)		(27.7)	
Region Total		14,233		13,841	-0.21 (21.8)	-0.16 (7.0)	(	-0.04 (3.0)	(	-0.12 (3.6)	(	-0.08 (15.1)	(	-0.08 (28.4)	(	0.42 (29.2)	(
Western Europe																	
Austria	199	526	200	484	-0.05	-0.08	(	-0.00	(	-0.05	(	-0.06	(	0.25	(	0.11	(
Kärnten	5	4	2	7	(7.5)	(1.2)		(0.9)		(1.1)		(4.1)		(13.1)		(4.1)	
	199	212	200	202	-0.05	0.11	(	0.07	(	0.03	(	0.03	(	0.08	(	0.18	(
Urfahr-Umgebung	5	9	2	9	(7.3)	(2.0)		(1.1)		(1.3)		(4.7)		(11.0)		(4.6)	
Belgium	199	653	200	564	0.02	-0.02	(	-0.04	(	-0.03	(	0.00	(	0.43	(	0.26	(
Antwerp	5	3	2	5	(7.5)	(1.9)		(1.0)		(1.0)		(3.6)		(17.8)		(6.0)	
Germany	199	373	199	383	0.65	0.17	(	-0.05	(	0.07	(	0.15	(	0.51	(	0.11	(
Münster	4	9	9	0	(12.8)	(3.1)		(1.8)		(2.5)		(6.8)		(16.1)		(4.6)	
Italy	199	447	200	226	0.19	0.03	(	-0.08	(	0.02	(	0.06	(	0.96	(	0.18	(
Emilia-Romagna	4	2	2	5	(8.9)	(1.6)		(0.1)		(1.3)		(2.0)		(23.8)		(8.3)	
	199	143	200	115	0.13	0.08	(	-0.04	(	0.10	(	0.10	(	0.79	(	-0.05	(
Empoli	4	4	2	2	(9.7)	(1.4)		(0.2)		(1.6)		(1.8)		(25.5)		(7.4)	
	199	113	200	103	-0.17	-0.04	(	-0.13	(	-0.01	(	-0.13	(	0.91	(	-0.05	(
Firenze	4	8	2	6	(8.6)	(1.6)		(0.0)		(1.3)		(1.5)		(27.0)		(8.4)	
	199	361	200	224	0.08	-0.02	(	-0.06	(	0.00	(	0.02	(	0.81	(	0.05	(
Milano	4	6	2	9	(7.6)	(1.3)		(0.2)		(1.3)		(2.4)		(29.2)		(9.6)	
	199	402	200	222	0.16	-0.00	(	-0.05	(	0.03	(	0.07	(	0.86	(	0.11	(
Roma	4	7	2	4	(8.4)	(1.4)		(0.2)		(1.3)		(2.3)		(25.0)		(11.2)	
	199	142	200	236	-0.13	-0.02	(	-0.06	(	0.01	(	0.02	(	1.05	(	0.02	(
Torino	4	9	2	1	(5.4)	(1.1)		(0.0)		(1.5)		(1.6)		(26.1)		(7.8)	
Portugal	199	179	200	181	-0.54	-0.44	(	-0.13	(	-0.55	(	-0.63	(	-0.29	(	-0.46	(
Funchal	5	7	2	9	(11.0)	(2.1)		(4.1)		(3.3)		(7.0)		(32.9)		(14.2)	
	199	214	200	247	0.15	-0.02	(	0.07	(	-0.02	(	0.06	(	0.91	(	-0.07	(
Lisbon	5	3	2	7	(14.2)	(3.4)		(3.4)		(2.9)		(7.1)		(32.7)		(7.8)	
	199	118	200	106	0.31	0.06	(	0.26	(	-0.15	(	0.13	(	1.06	(	-0.19	(
Portimao	4	9	1	9	(13.2)	(2.5)		(3.6)		(2.1)		(5.5)		(29.4)		(4.9)	
Spain	199	301	200	315	0.61	0.10	(	0.06	(	0.04	(	0.27	(	0.69	(	1.53	(
Bilbao	4	9	1	7	(12.4)	(2.8)		(1.4)		(1.6)		(6.7)		(20.7)		(20.8)	

Centre	Phase One		Phase Three		12 Month Prevalence									
	Year	N	Year	N	Wheeze % change per year (Phase Three prevalence %)	≥4 Attacks % change per year (Phase Three prevalence %)	Wheeze disturbs Sleep % change per year (Phase Three prevalence %)	Severe wheeze limiting speech % change per year (Phase Three prevalence %)	Exercise Wheeze % change per year (Phase Three prevalence %)	Night Cough % change per year (Phase Three prevalence %)	Ever had Asthma % change per year (Phase Three prevalence %)			
Cartagena	199	333	200	294	0.30	0.11	0.08	0.03	0.22	0.52	0.51			
	3	5	2	8	(11.1)	(2.6)	(2.2)	(1.8)	(5.1)	(20.8)	(10.8)			
Castellón	199	359	200	391	0.45	0.06	0.08	0.08	0.18	0.77	0.38			
	4	4	2	5	(8.3)	(1.5)	(1.4)	(1.4)	(3.5)	(14.6)	(7.3)			
Madrid	199	244	200	234	0.55	0.10	0.10	0.22	0.34	0.94	0.38			
	7	2	2	7	(9.4)	(2.2)	(1.8)	(2.3)	(5.4)	(21.6)	(9.9)			
Pamplona	199	299	200	317	0.51	0.14	0.08	0.10	0.38	1.17	0.77			
	4	6	1	6	(7.1)	(1.6)	(0.9)	(1.1)	(4.2)	(17.9)	(9.7)			
Valencia	199	394	200	339	0.39	0.03	0.09	0.11	0.09	0.69	0.28			
	4	0	2	8	(9.3)	(1.8)	(1.1)	(1.9)	(3.6)	(17.1)	(8.4)			
United Kingdom														
Sunderland	199	186	200	184	0.50	0.05	0.12	0.14	0.23	-0.19	0.78			
	6	4	1	3	(20.9)	(7.0)	(6.2)	(4.0)	(14.6)	(27.1)	(26.7)			
Region Total		60,100		53,787	0.20	0.03	-0.01	0.03	0.09	0.65	0.25			
					(9.7)	(2.1)	(1.5)	(1.7)	(4.6)	(20.7)	(9.1)			
GLOBAL TOTAL		197,768		193,404	0.13	-0.01	-0.02	-0.01	0.04	0.43	0.18			
					(11.6)	(2.7)	(1.6)	(2.1)	(6.0)	(20.4)	(10.8)			