

(Brazil). The prevalence of skin-prick test reactivity ranged from 1.7% (Ghana) to 45.3% (Hong Kong). The association between current wheeze and skin-prick test reactivity was stronger in affluent countries (odds ratio: 4.0 [95% confidence interval: 3.5–4.6]) than nonaffluent countries (odds ratio: 2.2 [95% confidence interval: 1.5–3.3]). The population attributable fraction (PAF), or fraction of current wheeze attributable to skin-prick test reactivity, ranged from 0% (Turkey) to 59.6% (Hong Kong). Overall, the combined PAFs were substantially higher in affluent countries (40.7%) than in nonaffluent countries (20.3%).

CONCLUSIONS. The authors concluded that the link between atopic sensitization and asthma symptoms in children differs strongly between populations and increases with economic development.

REVIEWER COMMENTS. The variation in rates of asthma and allergy around the world are striking, and the fact that the relationship between allergy and asthma seems related to the level of economic development in any given country is fascinating. The authors speculated that this may be a result of exposures or other factors that are different for children in more or less affluent countries that make it more or less likely that allergy would lead to asthma. Such factors could include greater exposure to helminth infections or different commensal bacteria in poorer countries and higher rates of urbanization and obesity in wealthier countries.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2008-21390

John M. Kelso, MD
San Diego, CA

ALLERGENS AND ENVIRONMENTAL EXPOSURES

Children's Respiratory Health and Mold Levels in New Orleans After Katrina: A Preliminary Look

Rabito FA, Iqbal S, Kiernan MP, Holt E, Chew GL. *J Allergy Clin Immunol.* 2008;121(3):622–625

PURPOSE OF THE STUDY. To study indoor air mold levels, lung function, and respiratory symptoms in a sample of children returning to live in New Orleans, Louisiana, immediately after Hurricane Katrina.

STUDY POPULATION. Participants were children aged 7 to 14 years currently residing in greater New Orleans with no plans to move. All study participants were recruited from a private primary school in the Garden District of New Orleans.

METHODS. Parents of all study participants completed a respiratory health symptom questionnaire during February/March and April/May 2006. During these defined study points, the children performed spirometry, and

indoor and outdoor air sampling was performed. All data were statistically analyzed to determine if indoor mold levels correlated to the children's respiratory health.

RESULTS. Average indoor and outdoor mold concentrations decreased during the study, although only the reduction in outdoor mold levels reached statistical significance. Pulmonary function of all study participants was >80% of predicted at both study points. Participants were stratified according to asthma history and flooding status, but no lung-function decrements were observed with stratification. A trend was seen in which respiratory symptoms increased after the hurricane and seemed to improve during the study. This difference, however, was only statistically significant for lower respiratory tract symptoms.

CONCLUSIONS. Indoor mold levels were low and pulmonary function in a sample of children living in New Orleans was normal >6 months after Hurricane Katrina.

REVIEWER COMMENTS. The Children's Respiratory Health Study is the first published study to evaluate pediatric respiratory health and indoor mold in the post-Hurricane Katrina environment. Although a small sample size was evaluated, this study provides practitioners with objective, reassuring findings. This study, however, included children who were exposed to limited flood damage. This possible selection bias should not allow us to ignore respiratory symptoms in the pediatric population returning to the more damaged neighborhoods. We look forward to further research studying this at-risk pediatric population.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2008-2139P

Maureen M. Petersen, MD
Cecilia P. Mikita, MD, MPH
Washington, DC

Outcome of a Randomized Multifaceted Intervention With Low-Income Families of Wheezing Infants

Klennert MD, Liu AH, Pearson MR, et al. *Arch Pediatr Adolesc Med.* 2007;161(8):783–790

PURPOSE OF THE STUDY. To evaluate whether a secondary intervention applied to infants with a history of multiple wheezing episodes can prevent early asthma and reduce asthma severity and morbidity.

STUDY POPULATION. This study identified 149 children from low-income urban families in the Denver, Colorado, area with ≥ 3 wheezing episodes before the age of 24 months. These children were followed until they reached 4 years of age.

METHODS. Families were randomly assigned to a 12-month intervention or control group. Home intervention con-

Children's Respiratory Health and Mold Levels in New Orleans After Katrina: A Preliminary Look

Maureen M. Petersen and Cecilia P. Mikita

Pediatrics 2008;122;S181

DOI: 10.1542/peds.2008-2139P

Updated Information & Services

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/122/Supplement_4/S181.1

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
Environmental Health
http://www.aappublications.org/cgi/collection/environmental_health_sub
Allergy/Immunology
http://www.aappublications.org/cgi/collection/allergy:immunology_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Children's Respiratory Health and Mold Levels in New Orleans After Katrina: A Preliminary Look

Maureen M. Petersen and Cecilia P. Mikita

Pediatrics 2008;122;S181

DOI: 10.1542/peds.2008-2139P

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/122/Supplement_4/S181.1

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2008 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

