

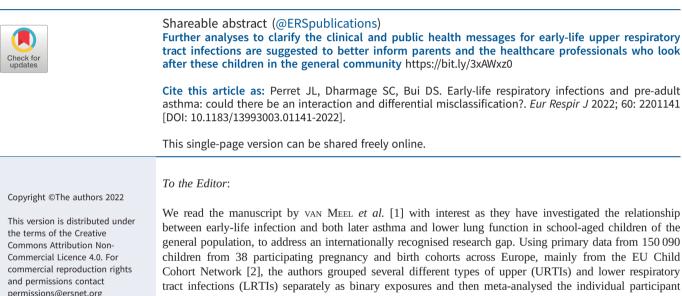


Early-life respiratory infections and pre-adult asthma: could there be an interaction and differential misclassification?

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tract infections (LRTIs) separately as binary exposures and then meta-analysed the individual participant data. Specifically in reference to school-aged asthma, table 3 summarised the positive associations for early-life respiratory infection, which were highest for LRTIs within the stratum of participants without early-life wheezing (i.e. statistically significant 2.1- to 2.7-fold increases in the odds), followed by LRTIs with early-life wheezing (i.e. significant 1.4- to 1.9-fold increases in the odds), URTIs without early-life wheezing (i.e. significant 1.1- to 1.2-fold increases in the odds), and URTIs with early-life wheezing (i.e. generally non-significant 1.0- to 1.2-fold increases in the odds).

