



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

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Further analyses to clarify the clinical and public health messages for early-life upper respiratory tract infections are suggested to better inform parents and the healthcare professionals who look after these children in the general community <https://bit.ly/3xAWxz0>

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To the Editor:

We read the manuscript by VAN MEEL *et al.* [1] with interest as they have investigated the relationship between early-life infection and both later asthma and lower lung function in school-aged children of the general population, to address an internationally recognised research gap. Using primary data from 150 090 children from 38 participating pregnancy and birth cohorts across Europe, mainly from the EU Child Cohort Network [2], the authors grouped several different types of upper (URTIs) and lower respiratory 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).

