

## Does New Zealand still have one of the highest rates of asthma in the world?

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Does New Zealand still have one of the highest rates of asthma in the world? The answer is we do not know, because the data which is comparable with other countries is old. For New Zealand (NZ) adults the prevalence of asthma symptoms (how common they are in a population) was last measured this way 22 years ago when it was 22 percent. For primary school children and adolescents the asthma symptom data is 13 years old with rates of 22 percent and 27 percent respectively, the third highest rates the world. Although NZ's high asthma death rate has fallen dramatically over the last three decades, WHO data from 2001-2010 shows NZ with the highest rate amongst high-income countries for people dying from asthma aged between 5 and 34 years, ahead of the United States of America, United Kingdom and Australia.

Astonishingly, NZ has no standard of care for asthma, guidelines for children and adults are long expired, access to asthma education is patchy, and there is no national asthma strategy. However NZ's Asthma Foundation is actively working in all these areas. When last estimated in 1999, the economic burden of asthma in NZ was high, totalling \$825 million, (\$125 million direct/\$700 million indirect costs), with costs for those with the most severe disease five times greater than those with mild asthma. NZ has no information on the costs of asthma by ethnicity, which is likely to be disproportionately distributed.

We want to know is if this picture is changing, so that asthma care can be appropriately focussed and delivered. The world burden of disease from asthma is high – asthma is the fourteenth most important disorder in terms of global years lived with a disability. Quality asthma management can be amazingly effective, reducing the suffering from asthma, loss of learning opportunities, improving work attendance and productivity, and lessening the risk of death from asthma. Our Global Asthma Report 2014 [www.globalasthmareport.org](http://www.globalasthmareport.org) summarises the strategies which are needed to achieve such good outcomes.

Environmental factors relevant to NZ which may adversely affect asthma need further exploration including high intensity truck traffic exposure, tobacco smoke exposure, damp and mould in homes; Paracetamol use in infancy, antibiotic use in infancy, higher burger/fast food intake, obesity, and watching television for long hours. Favourable associations have been found with fresh fruit and vegetable intake, milk and egg consumption. All these associations require further investigation and monitoring over time. None have yet provided firm targets for interventions apart from tobacco.

The Global Asthma Network, led by Professor Innes Asher, at the University of Auckland, is poised to begin a new Global Surveillance: Prevalence, Severity and Risk Factor Study. NZ has several centres from the 285 centres in 120 countries involved. However, regrettably, this work will not proceed unless long-term funding is found to continue the central coordination.

In 2012 the leader of WHO, Dr Margaret Chan, said *“Accurate assessment of the global, regional and country health situation and trends is critical for evidence-based decision making in public health.... The real need is to close the data gaps”*.

The Global Asthma Network urgently needs funding to continue to close the data gaps for asthma. The central coordination centre is located at the University of Auckland and continuity of funding is required for two staff. Donations can be made through our website <https://www.givingtoauckland.org.nz/en/FundPages/global-asthma-network.html>

Today is World Asthma Day, aiming to improve asthma awareness and care around the world. Its theme is "It's Time to Control Asthma." Without the ongoing epidemiological research of the Global Asthma Network, we will be working in the dark.

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