

Correspondence

Reply

To the Editor:

We thank Drs van der Wouden and Bernsen¹ for their comments on our study² and appreciate the opportunity to respond to the points they raise.

This was an epidemiologic questionnaire-based study exploring an association between neonatal BCG vaccination and the prevalence of wheeze. Although it is acknowledged there are many potential confounders that could shape this relationship, a balance needed to be struck between obtaining sufficient data to produce reliable results and deterring responders with a lengthy questionnaire and/or invasive questions. A specific question on rural/urban/farming environment was not included because the population was restricted to children born in a city-based maternity unit and still living in the city and/or registered in a city school. The influence of pet exposure on risk of asthma and atopy is a complex issue and may depend on the level and timing of exposure as well as the type of pets involved.^{3,4} Such detail was outside the remit of this study.

The data have been stratified indirectly by BCG period by including period as a main factor ($P = .26$) and an interaction factor ($P = .48$) in the analysis (see the paragraph on regression analysis in the published article²). A direct stratification (ie, a separate analysis for each BCG period) was also performed and showed very similar results.

Neonatal BCG vaccination was offered during birth periods 1 and 3. During period 1, it was offered in the

hospital on a specific day every week. It is therefore possible that some babies were discharged before the vaccine could be given, which would explain the low uptake during this period. In period 3, it was given in the community, arranged by the health visitor at the first postnatal visit, and this may account for the higher uptake in this period.

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