A previous study in Bucaramanga, Colombia had shown that there were no associations between outdoor air pollution and incidence of respiratory symptoms related to asthma in healthy pediatric population. We investigated whether exposure to different levels of outdoor air pollution are associated to incidence of respiratory symptoms in population with chronic diseases. Three pollution zones were selected according to historic measures of particulate matter <10 µg/m³ (PM10): low (<40 µg/m³), medium (40-60 µg/m³) and high (>60 µg/m³). A total of 756 patients with chronic cardiovascular and respiratory disease were selected around the air quality stations at each zone. This was a cohort study with the follow-up-phase lasting 6 months using daily calendar of symptoms and clinic visits. Symptoms with higher incidence rates were sneeze and hacking cough. Incidence rate of total symptoms per 100-participant-day was 46 with differences between zones. Incidence rate ratio of total symptoms between low and high zone was 1.14 (95% CI 1.11 to 1.16). Except for wheezing (IRR 0.84; 95% CI 0.78 to 0.91) and inhalers use (IRR 0.68; 95% CI 0.64 to 0.73), all symptoms were higher in middle pollution area, but multivariate analysis using Poisson multilevel approach showed after adjustment for confounding variables, high pollution area is associated with 64% and 77% more symptoms compared with middle and low pollution area, respectively. These results suggest that in populations with morbidity outdoor air pollution is a key determinant of respiratory symptoms and respiratory negative effects are seen over 60 µg/m³.

**Objective** To estimate the prevalence of underweight, overweight and obesity in Vietnamese children and adolescents aged 6-18 years in both urban and rural areas.

**Methods** A cross-sectional study was conducted in 2006. Data on height and weight of 6354 children living in rural areas and 5280 children in urban areas were used for analysis. The prevalence of underweight/thinness, overweight and obesity was estimated according to the United States Centers for Disease Control (CDC) growth charts and WHO child growth standards (WHO Reference 2007).

**Results** In urban areas, the prevalence of underweight, overweight and obesity among children and adolescents aged 6-18 years was 9.5%, 21.0% and 3.4% in boys and 10.0%, 9.7% and 1.8 in girls, respectively, based on the CDC cut-offs. In rural areas, the corresponding rates were 26.2%, 1.2% and 0.3% in boys and 20.4%, 0.7% and 0.1% in girls, respectively. Urban children were more likely to be overweight than rural children. Conversely, rural children were more likely to be underweight than urban children.

**Conclusions** The co-occurrence of overweight and underweight among urban children and adolescents and persistent overweight epidemic among rural peers are the main health concerns in Vietnam. Policy planner should develop appropriate health strategies for urban populations to reduce the rising epidemic of overnutrition, while also focusing on the needs underweight children. In rural areas, it the government should provide more effective intervention to reduce poverty and improve the nutrition status of rural children.