**Results** After adjustment for individual/neighbourhood socioeconomic variables, both outcomes were negatively associated with characteristics of the physical/service environments reflecting higher densities (eg, built surface area, street network connectivity, and densities of fruit/vegetables selling shops, fast-food restaurants, and healthcare resources). Multiple adjustment models were unable to disentangle the effects of these correlated densities. Analyses by pairs of participants similarly exposed to another environmental variable only identified a few associations, primarily with the density of fruit/vegetables selling shops.

**Conclusion** Overall, beyond influences of the socioeconomic environment, certain characteristics of the physical/service environments may be associated with weight status, but it may be difficult to disentangle the effects of various environmental dimensions because of the strong correlation between the variables (even if they imply different causal mechanisms and interventions).

**Methods** We studied demographics, clinical features, and outcome of Malaysia hospitalised children aged 12 years and below with influenza A (H1N1) from 18th June 2009 to 1st March 2010. Real time web electronic case report form was used to collect data. We performed descriptive analysis and ORs with 95% CI were calculated using logistic regression of binary outcome.

**Results** 1362 children with 2009 pandemic influenza A (H1N1) were hospitalised and 861 (63.2%) were below 5 years. Children below 2 years accounted for over a third (39%) of the patients admitted during the study and almost half (49%) of the mortality. Of the 134 children admitted to the intensive care unit, 101 (75.4%) required mechanical ventilation and 46 (34.5%) died. Pneumonia and acute respiratory distress syndrome was present in 897 (85.5%) and 41 (3.0%) of the hospitalised children respectively including 18 of the 51 (55.5%) non-survivors. The incidence of mortality for children below 12 years, below 5 years and below 2 years, between June through July 2009, was 0.1 per 100 000 corresponding rates between August 2009 through February 2010 was 0.6, 0.9 and 1.3 per 100 000, respectively.

**Conclusions** The presence of one co-morbid was associated with higher rates of death and relatively a mild disease among hospitalised children in Malaysia.

**Introduction** Population ageing is not restricted to developed countries. In fact, the percentage of older adults is increasing more rapidly today in the developing world than in developed nations. These trends have important implications for understanding the mechanisms of population ageing. It will be impossible to understanding fully the global economic and political issues without an appreciation of the ageing of the world population. This study analysed health disparities associated with survival in older adult in a 6 year follow-up in Sao Paulo, Brazil.

**Methods** Data comes from a longitudinal survey-SABE Study (Health, Well-being and Ageing) that began in 2000 with a sample (n=2.145) of older adults (≥60 years) living in Sào Paulo/Brazil. The 2nd wave (2006) re-interviewed 1.115 elders. Multi variable analysis was performed adjusted logistic regression with robust estimation. Kaplan-Meier Survival Analysis was used to analyse death at 6 years.

**Results** Data show an annualised mortality rate of 55.2 per 1000 for males and 34.0 for females. The demographic variables associated with survival, besides age and gender, were greater education (p <0.000), higher income (p<0.00) and from an urban area in women (p=0.015). The health related variables associated with survival were self-reported better health (p<0.000-women and p=0.016-men), no self-reported disease (p<0.000), depression (p=0.035 for women) and no disability (p<0.000). In the Kaplan-Meier, men with excellent health are close to the women with regular health which is self-reported. Absence of disability makes the male curve higher than the female.

**Conclusions** Public policies should take into account the specific needs of the elderly population to facilitate access to healthcare services and reduce inequalities.

**Background** There is lack of children disease pattern data on children with 2009 pandemic influenza A(H1N1) in the tropics.

**Methods** We studied demographics, clinical features, and outcome of Malaysia hospitalised children aged 12 years and below with influenza A (H1N1) from 18th June 2009 to 1st March 2010. Real time web electronic case report form was used to collect data. We performed descriptive analysis and ORs with 95% CI were calculated using logistic regression of binary outcome.

**Results** 1362 children with 2009 pandemic influenza A (H1N1) were hospitalised and 861 (63.2%) were below 5 years. Children below 2 years accounted for over a third (39%) of the patients admitted during the study and almost half (49%) of the mortality. Of the 134 children admitted to the intensive care unit, 101 (75.4%) required mechanical ventilation and 46 (34.5%) died. Pneumonia and acute respiratory distress syndrome was present in 897 (85.5%) and 41 (3.0%) of the hospitalised children respectively including 18 of the 51 (55.5%) non-survivors. The incidence of mortality for children below 12 years, below 5 years and below 2 years, between June through July 2009, was 0.1 per 100 000 corresponding rates between August 2009 through February 2010 was 0.6, 0.9 and 1.3 per 100 000, respectively.

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