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**Introduction** The 2009 A/H1N1 influenza spread also in Japan. Many students were absent in elementary schools. To prevent its expansion, many schools decided class closure with their original length under rough guideline by local education board. However, its effect had not been clear. The objective was to examine whether or not the class closure length related to the change of absentees.

**Methods** Subject was all the classes in elementary schools in T city that class closure was carried in the period from 1 September to 24 December in 2009. We sent the questionnaire including the questions (1) the number of students in class, (2) the number of absentees on the day, (3) whether or not class closure was carried out on the day, to the school principal, and asked school nurses to write under each class attendance book and to return them by post mail. The length of class closure and the change of absentees before and after class closure was analysed by  $\chi^2$  test with statistical soft R2.11.1.

**Results** 16 of total 37 elementary schools replied (43.2%), and 103 classes of 15 schools with the closure were analysed. It revealed statistical associations between class closure length and the change of the proportions of absentee ( $p<0.001$ ), and between class closure length and the proportions of class that absentee was decreased ( $p<0.001$ ).

**Conclusion** There were tendencies that the number of absentee decreased after class closure, and the longer class closure days, the fewer absentees changed.

### SP3-50 SERUM HEPATOCYTE GROWTH FACTOR LEVELS AND MORTALITIES FROM CANCER IN APPARENTLY HEALTHY GENERAL POPULATION

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**Introduction** Hepatocyte growth factor (HGF) is elevated in patients with cancer and is a predictor for prognosis. We investigated whether slight elevation of serum HGF level was a marker for subclinical cancer and death in a general population.

**Methods** Apparently healthy 1492 subjects had a health examination in 1999. Subjects with a history of liver disease or malignancies were excluded by a questionnaire. Finally, we measured plasma HGF levels in 1470 subjects. They were followed-up periodically for 10 years. The follow-up rate was 99.3%. We calculated mortalities from cancer by multivariate proportional hazards model.

**Results** At follow-up, 169 subjects had died (61 from cancer, 32 from cerebro-cardiovascular disease and 76 from others). The mean HGF level at baseline was significantly ( $p<0.01$ ) higher among subjects who died than those who survived ( $0.26\pm0.11$  vs  $0.23\pm0.09$  ng/ml). In a Cox proportional hazard model, age, systolic blood pressure, HGF (HR 1.270; 95% CI 1.059 to 1.523;  $p=0.009$ ), low albumin and smoking were independent predictors for death from all causes. Age, HGF (HR 1.309; 95% CI 1.042 to 1.654;  $p=0.02$ ) and low cholesterol were independent predictors for cancer death.

**Conclusion** Slight elevation of HGF may be an early marker of subclinical cancer.

### SP3-51 ACCESS TO TB PATIENTS OF DIRECTLY OBSERVED THERAPY (DOTS) DURING NATURAL DISASTERS IN BIHAR, INDIA

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**Introduction** This pilot study attempts to look at pattern and problem of adherence to DOTS by TB patient during flooding in Bihar, India.

**Methods** A cross-sectional survey was undertaken among 21 (female  $n=9$ ) TB patients who were participating in DOTS and faced the problem of flooding in Muzaffarpur district of Bihar, India. They were interviewed to collect information on age, sex, education, occupation, duration of flooding in the village, discontinuity period due to flooding and other factors, change in DOT provider, and knowledge on importance of continuing treatment using a semi-structured questionnaire.

**Results** Mean duration of flooding was 92.9 days (SD 32.4). Mean discontinuity period due to flooding was 26.9 days (SD 24.0). In the Fisher's Exact Test, Female TB treatment beneficiaries were found to more affected than males ( $p<0.005$ ). Following discontinuing DOTS, 3 (14.3%) participants thought that their disease would not be cured, 8 (38.1%) participants thought their TB disease would come back, whereas and 9.5% said they did not know.

**Conclusion** Although flooding lead to discontinuity in treatment to many of the TB patients on DOTS. This may lead to anti-tuberculosis drug resistance. The finding that females discontinued treatment more frequently than males needs to be highlighted. The TB control programme should look further in to this and take appropriate measures to address the issue.

### SP3-52 A DIFFERENCE IN ADRS (ADVERSE DRUG REACTIONS) MORTALITY RATE IN THAI TUBERCULOSIS PATIENTS BETWEEN YEAR 2008 AND 2009

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**Background** Surveillance of adverse drug reactions in Thailand is conducted through the spontaneous voluntary reporting system by hospital pharmacists and healthcare professionals. Adverse drug reactions reports have been collected in national spontaneous reporting database called Thaivigibase since year 1985. Public health program using medicine in AIDS, Tuberculosis (TB) control program have collected the patients' records. Integrating public health program in TB patients and spontaneous reporting system can receive ADRs mortality rate compare difference in anti-tuberculosis drug group. This ADR mortality rate may reflect TB drug group safety surveillance system.

**Objective** This study is aimed to compare difference in ADRs mortality rate in Thai tuberculosis patients, between year 2008 and 2009.

**Study Design** Descriptive observational study design is used for this study.

**Materials and Methods** Adverse reaction reports of patients to anti tuberculosis drugs from Thaivigibase and TB patient disease surveillance database from Bureau of Epidemiology during year 2008–2009 were retrieved and calculated. The pattern of spontaneous fatal adverse reactions to anti-tuberculosis drugs were described by analysing the data from Thaivigibase between year 2008 and 2009.

**Results/Conclusion** ADRs mortality rates to anti-tuberculosis drugs were 1.97 per 1000 patients in year 2009 compared with 4.35 per 1000 patients in year 2008. Stevens–Johnson Syndrome and