Objective Comparison of active vs passive primary healthcare function in rural with urban setting at determine of delay to diagnosis and treatment of tuberculosis and its outcomes in West Azerbaijan province, Iran, at 2004–2009.

Material and Methods In this perspective study we used years TB new cases data that have been recorded by TB management center in West Azerbaijan province. Patient and health system delay were determined as number of days between onset of symptoms to diagnosis and diagnosis to start of treatment respectively.

Results At comparison of domicile, both of patient and health delay mean days were more in urban patients (respectively 241 vs 115, p value =0.02 and 11 vs 7, p value=0.006). In rural patients, females at comparison of males had more mean total time delays (165 vs 115, p value=0.01). Despite of higher mean of total delays in extra pulmonary to pulmonary at both of domicile (respectively urban 278 vs 232 and rural 197 vs 97), there was significantly difference in rural regions (p value=0.0001). Default rate in rural regions was less than urban settings (respectively 3.53% vs 6.08%) and whereas success rate was more than it (respectively 81% vs 79%).

Conclusion At regard to health system policy in Iran that primary healthcare for tuberculosis in rural regions is active whereas urban settings is passive, it seems there is urgent need to change of policy in case finding and case holding of patients in urban area to decrease time delays and increase positive outcomes.


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Introduction In 2006, the Japanese government introduced a new prevention policy to limit the growth of old age disability care. The policy is based on what Geoffrey Rose called the “high-risk strategy” of prevention, and seeks to identify individuals with multiple risk factors. We provide cohort data to examine the feasibility of the policy.

Methods Older people (≥65 years old, n=11 889) who were independent in activities of daily living were followed up for 5 years as a part of AGES (Aichi Gerontological Evaluation Study) project. The endpoint is becoming functionally dependent. We used eligibility criteria for public long-term care insurance policy.

Results At baseline, 63% of subjects had no risk factors and 3% had three or more risk factors (high-risk group, HRG). After 3 years, 1149 individuals become dependent. Among the HRG, 32% lost independence compared to 6% of those with no risks. Although the HRG showed a higher rate of functional decline, they only comprised 9% of those who became dependent. If the targeted population is expanded to those with one or more risk factors, 57% of dependent people become eligible but the number requiring surveillance rises to more than ten million individuals in the country, with substantial costs of screening.

Conclusion The majority of cases of disability arises among individuals with fewer risk factors, illustrating Rose’s principle of the prevention paradox. Pursuing the high-risk strategy results in lower coverage, as well as substantial costs of screening. This suggests that a population strategy is the only sustainable approach.

P1-200 PROPORTION WITH CHILDREN UNDER 2 YEARS IN BRAZIL WHO HAD AN AVOIDABLE HOSPITALISATION, 2006 doi:10.1136/jech.2011.142976d.93

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Introduction Prevention of hospitalisation is a public health challenge worldwide. Many of the reasons for hospitalisation in developing countries should be avoided by presence of effective health systems. The aim of the study was to identify the proportion of young children with history of avoidable hospitalisation in the previous 12 months in Brazil, in order to gain insight into distribution and causes of hospitalisation to inform policies to prevent children hospitalisation.

Methods Analysis of causes of avoidable hospitalisation among children under 2 years of age based on data from the Brazilian DHS 2006 conducted by the Ministry of Health. The data collection was carried out in households with children by means of interviews with their mothers or guardians.

Results Mothers or guardians of 1901 children were examined. 11.8% reported infants to have been hospitalised at least once in the previous 12 months. The proportion with at least one hospitalisation in the previous year were 2.0% from pneumonia, 5.2% from bronchitis, 2.6% from diarrhoea, 0.5% from accident and 3.6% from others causes.