**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).

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**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 ventilation and 46 (34.3%) died. Pneumonia and acute respiratory distress syndrome was present in 87 (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.