

information was used to collect data. Data were analysed in a descriptive fashion.

Results In all 27883 individuals were studied. The mean age of respondents was 32.7 (SD=11.8) years. Overall 25.4% were smoker, 53.8% indicated that never or a little did exercise, 52.7% indicated that they were very or very much concerned about their nutrition; 20.1% reported high level of anxiety, 25.6% reported a degree of depression, 30% stated that they did not care about their health, 79.3% reported a relatively high level of relationships with family, relatives and friends, 20.7% reported that they suffer from at least one chronic disease, and 27.9% reported less than good health status. Only 36.7% of the respondents said that they have enough information about health.

Conclusion Considering current healthcare programs in Iran it seems that policy makers should have a better understanding of people's health-related attitudes and behaviours.

P1-252 CREUTZFELDT-JAKOB DISEASE (CJD) SURVEILLANCE IN TEXAS 2010: A SURVEILLANCE ODYSSEY

doi:10.1136/jech.2011.142976e.44

K Moody.* *Texas Department of State Health Services, Austin, Texas, USA*

Creutzfeldt-Jakob Disease (CJD) is a rare, invariably fatal neurodegenerative disease caused by misfolded proteins called prions. The disease can originate in three different ways (sporadic, genetic and infectious) and has four forms (sporadic, variant, iatrogenic, and familial). Known infectious routes include ingestion of contaminated beef (mad cow disease or vCJD), and certain surgical procedures and contaminated surgical instruments (iCJD). CJD is a difficult disease to diagnose; ultimately requiring neuropathological examination of brain tissue for confirmation. Clinical history, MRI, electroencephalogram and cerebrospinal fluid testing assessing 14-3-3 and Tau proteins levels are all tools that are used to assess the likelihood of CJD. Unlike most reportable conditions, CJD can only be confirmed after death. Because of the complexity of the disease, surveillance and case investigation can be a challenge. The average rate of CJD in the US is 1 case per million. Historically, Texas has averaged 16 cases per year (0.7 cases per million). Last year, 2010, was an exception. Not only did Texas have over 25 cases, 7 of these cases had an uncharacteristic clinical course. This presentation will take a historical look at CJD surveillance in Texas from 2000 to 2010 and will highlight the distinctiveness of 2010.

P1-253 LONG-TERM HEALTH RISKS AFTER INFECTIVE GASTROENTERITIS: A POPULATION-BASED COHORT STUDY

doi:10.1136/jech.2011.142976e.45

^{1,2}R Moorin,* ²J Heyworth, ³G Forbes, ²T Riley. ¹*Curtin University, Western Australia, Australia*; ²*The University of Western Australia, Western Australia, Australia*; ³*Royal Perth Hospital, Western Australia, Australia*

Introduction Gastroenteritis presents a considerable burden on communities and health systems. In addition to the immediate health consequences long-term adverse sequelae have been associated with gastroenteritis; however, the risk and type of sequelae attributable to previous exposure to enteric infections have not been quantified. The objective of this study was to quantify the risk and type of sequelae attributable to previous exposure to enteric infections occurring in childhood and adolescence.

Methods This was a population-based retrospective cohort study comprising all individuals born in Western Australia between 1 January 1985 and 31 December 2000 using linked administrative records from the Western Australian notifiable infectious diseases database, the Western Australian hospital morbidity data system

and Western Australian death notifications. The risk of first-time hospitalisation for sequelae for those exposed to an enteric infection was modelled using Cox proportional regression analysis controlling for other health and socio-demographic factors.

Results After adjusting for confounding there was a significant increase in the rate of first-time hospitalisation for sequelae in those exposed to enteric infections by 64% for any sequelae; 52% for intra-gastrointestinal sequelae and 63% for extra-gastrointestinal sequelae compared with non-exposed individuals. This equated to an increased attributable risk of 39% for all sequelae, 34% for intra-gastrointestinal and 39% for extra-gastrointestinal sequelae.

Conclusion Infective gastroenteritis in childhood or adolescence increases the risk of first-time hospitalisation for intra-gastrointestinal and extra-gastrointestinal disease over the following 2 decades. This highlights the importance of developing appropriate risk management strategies for those exposed to enteric infections.

P1-254 DETERMINANTS OF REFUSALS IN A FOLLOW-UP EVALUATION OF A PORTUGUESE BIRTH COHORT

doi:10.1136/jech.2011.142976e.46

^{1,2}V Morais,* ^{1,2}S Correia, ^{1,2}A C Santos, ^{1,2}H Barros. ¹*Department of Hygiene and Epidemiology, University of Porto Medical School, Porto, Portugal*; ²*Institute of Public Health, University of Porto, Porto, Portugal*

Introduction The main advantages of birth cohort studies may be compromised by the refusals in participation, which tend to increase in time.

Objective To describe the main predictors of refusals in the Portuguese birth cohort 4 years after the assembling.

Methods *Geração XXI* was assembled in 2005/2006 in five public maternities in Porto Metropolitan area, Portugal. After delivery, data were collected by personal interviews. Sub-samples of mothers were re-assessed at 6, 15 and 24 months and an ongoing evaluation of the entire cohort is being performed at the age of 4/5 years. Refusals at follow-up were compared with evaluated participants considering baseline maternal and childhood characteristics, fitting logistic regression models were adjusted for age, education level and working condition, place of residence and previous follow-ups.

Results Within 6025 participants already contacted, 88% were evaluated and 704 (12%) refused. The major determinant of refusal was the absence of previous evaluations (OR=2.01; 95% CI 1.68 to 2.41). Refusals were more frequent among less educated women (≤ 9 vs ≥ 13 years of education: OR=1.23; 95% CI 1.01 to 1.53), as within housewives (vs employed OR=1.60; 95% CI 1.14 to 2.25). No statistical significant differences were found regarding other maternal, birth or newborn characteristics. The main reasons for refusal were unavailability (39.6%), personal/professional reasons (18.9%) and distance to evaluation setting (16.1%).

Conclusions This analysis suggests that keeping regular contacts with participants is probably the best approach to reduce refusals, which were, in this cohort, mainly determined by maternal socio-demographics characteristics.

P1-255 TRENDS OF BRUCELLOSIS (MALTA FEVER) IN IRAN DURING THE PERIOD 1991–2008

doi:10.1136/jech.2011.142976e.47

¹E Mostafavi,* ¹M Asmand. ¹*Pasteur Institute of Iran, Tehran, Iran*; ²*Faculty of Veterinary Medicine, University of Tabriz, Tabriz, Iran*

Introduction Brucellosis (Malta fever) is a bacterial zoonotic infectious disease. This study reviews the brucellosis trend in Iran during 1991–2008, provides the distribution maps related to the patient