**P1-326** 100 YEARS OF SUICIDE IN BRIGHTON AND HOVE, ENGLAND

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Introduction Compared with the suicide rates in England (12.0/100 000 males, 3.7/100 000 females), Brighton and Hove (B&H) had consistently higher rates in the past 100 years. However, in contrast with the national decline in suicide rates, B&H rates have consistently remained high. These findings are discussed in light of information obtained from the local Public Health Reports/suicide audit.

**P1-327** EVIDENCE SUPPORTING THE USE OF REDUCED DOSE SCHEDULES FOR PNEUMOCOCCAL CONJUGATE VACCINES: SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction Pneumococcal conjugate vaccines (PCVs) are designed to protect against Streptococcus pneumoniae disease. The first PCV (7-valent) was licensed based on clinical efficacy of 3 primary doses in infancy and a booster (“3p+1”). Many countries have since introduced reduced dose schedules; in 2010, 19 countries were using 2p+1 and 21 were using 3p+1 schedules. Evidence supporting the use of the 2p+1 schedule was examined in a systematic review.

**P1-328** COMPARISON OF PREVENTIVE PRACTICES AMONG WOMEN IN SÃO PAULO/BRAZIL

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The aim of this study was to compare estimates of Pap smear screening and mammogram obtained from household survey and a telephone survey in São Paulo/Brazil in the year 2008, according to sociodemographic characteristics, and to dimension the observed differences from those estimates. The study used data from the ISA-Capital 2008 Survey, conducted in São Paulo city, by Faculty of Public Health of the University of São Paulo with support from the Municipal Health Department, and VIGITEL (São Paulo), a telephone survey conducted by the Brazilian Ministry of Health towards Surveillance of Risk and Protection Factors for Chronic non-transmittable Diseases. Estimates of Pap smear and mammogram in women, as well as its realisation in the year prior to the interview were compared according to type of survey (household/telephone) by Poisson regression adjusted for age and education. There were no statistically significant differences between the estimates obtained by VIGITEL and ISA-Capital for the prevalence of mammogram in the year prior to the interview. However, estimates for the global estimates of the Pap smear at least once in life and in the last year and mammogram at least once in life, there has been observed statistically significant differences, with higher prevalence among those interviewed by telephone. It shows a tendency to overestimate the prevalence of mammography and Pap smear in the telephone survey data indicating a necessity for new studies that also contribute to a better understanding of the differences observed using different types of surveys.

**P1-329** SOCIOECONOMIC INEQUALITIES IN CANCER RISK BY SITE, AGE, AND SEX IN SCOTLAND, 2000–2007

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Some cancers are associated with socioeconomic inequality (SEI); this study quantified the extent and differences by cancer type, age and sex. We reviewed 216 315 incident cancers (excluding non-melanoma skin cancer) from 2000 to 2007 classified into 27 anatomical groups. Further analyses were performed by morphology or sub site. Depivation was measured using the Scottish Index of Multiple Deprivation and SEI using the slope index of inequality and the relative index of inequality (RII). Analyses were partitioned by five-year age group and sex. For both sexes, incidence was positively associated with deprivation for lung, head and neck, stomach, oesophagus, bladder, liver, pancreas and negatively associated with deprivation for cutaneous melanoma. Prostate, rectum (male), cervical and breast (female) cancers also show inequalities; only prostate and breast cancers are negatively associated with deprivation. Female RII (0.56) was lower than male RII (0.53). For males, SEI is pronounced at ages 45–74 years, peaking at 60–64 years.