Methods  Data were collected from June 2009 to February 2010, from all elementary and junior high schools located in a northern sub-prefecture of Ibaraki, 100 km north of Tokyo (approximate population of 280,000). The information included school name, school address, the enrolment number by school, dates of absences from influenza-like illness (type-A), date of class closure and date of school closure. Impacts of school closure was analysed considering timing of closure, enrolment number, geographical location.

Result  All 68 schools responded for study. 8576 out of 23880 (145290 person-months) enrolled school children were infected. We classified these schools into two groups according to date of school closure. The difference of incidence between two groups was estimated with the RR with 95% CI. The incidence rates in the early and late school closure groups were 71.6 and 64.9 (1/1000 person-months), respectively. RR was 1.10 (95% CI 1.05 to 1.15), which was significant.

Conclusion  The result would show that the early school closure may have impact to prevent infection number of A/H1N1 influenza.

Introduction  Social capital is defined as resources embedded in social relationships. Social capital in the workplace may include social support, interpersonal trust, respect, and reciprocity, and may occur at both the worker and workplace level. The objective of this study was to determine if social capital in the workplace is associated with work-related injury or disability.

Methods  A systematic review of the epidemiologic literature was conducted. Studies were identified from 1990 to 2008 relevant to social capital in the workplace and work-related injury or disability. Identified studies were critically appraised for methodological quality by two qualified independent reviewers. Findings represent a best evidence synthesis of the literature.

Results  Sixty-six studies were scientifically reviewed. Forty-two were excluded due to poor methodological quality. The remaining 24 consisted of 14 studies examining the association between social capital in the workplace and work-related injury, eight focused on disability, and two studied both injury and disability. Only two studies included workplace-level social capital, the remaining focused on individual-level worker social capital. Limitations of the literature include unclear social capital, injury and disability definitions, limited study populations, and weak study designs.

Conclusions  Limitations preclude stating consistent conclusions. The evidence suggests an association between individual worker social capital and work disability. Group-level social capital may be important in the development of work-related injury and disability. We summarised the literature, highlighted its strengths and weaknesses, and provided suggestions for future work.

Methods  We evaluated 1489 (51.4% girls) 17-year-old adolescents living in Porto, Portugal (EPTeen cohort). Residences were georeferenced. Buffers of 250 m and 500 m around each space were created and distances to residences were classified in <250 m (class1), >250 m and ≤500 m (class2) and >500 m (class3). Association between distances to spaces and Intensity of PA (adjusted to BMI, and parents’ education) and with sports activity (adjusted to parents’ education and obesity) were measured using OR and 95% CI using logistic regression analysis.

Results  Considering class1 as reference, in girls the association between distance to UGS and Intensity of PA was 0.89 (0.70,1.42) for class2 and 0.81 (0.54,1.24) for class 3. Among boys, those results were 0.85 (0.58,1.24) and 0.69 (0.46,1.03), respectively. Regarding the association between distance to OSS and Intensity of PA, in girls, was 0.75 (0.50,1.13) for class2 and 1.14 (0.76,1.71), for class 3. Among boys, those results were 1.50 (0.84,2.01) and 1.38 (0.90,2.11), respectively. Similar results were found between distances to UGS and OSS and sports activity.

Conclusion  Adolescents closer to UGS and those most far from OSS were more physically active, although in general no statistically significant association was reached.

Methods  Recruitment has started in December, 2010 and will continue for 24 months. Presently, 50 patients were recruited. By August, preliminary data and practical lessons from data collection will be available.