

showed switching and simultaneous treatment from traditional, spiritual and modern healers. Moreover refusal to hospital admission due to limited decision making or due to self treatment at home, delays in time to reach health facility, not boiling drinking water due to lack of awareness, inadequate knowledge and misconceptions regarding ORS, use of public sources of drinking water and presence of blood in stools were other factors found in our triangulated results.

**P2-492 PREDICTORS OF MALARIA IN INDIVIDUALS AGED 15 YEARS AND OVER IN INDONESIA, 2010**

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<sup>1</sup>T Zulfikar,\* <sup>2</sup>M Sudaryo. <sup>1</sup>Port Health of Makassar, CDC - Ministry of Health, Makassar, South Sulawesi, Indonesia; <sup>2</sup>University of Indonesia, Jakarta, Indonesia

**Introduction** Malaria is global health problem. It is endemic in 10 of the 11 member countries of from the WHO South East-Asian Region, including Indonesia. In 2008 there were 2.4 million laboratory confirmed cases and 40000 deaths from malaria in Indonesia. Based on the Basic Health Census, the national incidence of malaria in 2010 was 22.9 per 1000 population. This study aimed to describe the predictors of malaria occurrence in individuals aged 15 years and over.

**Methods** Data from the Basic Health Census for 177 920 respondents were analysed using cross-sectional methodology.

**Results** Multivariate analyses found that age, gender, home wall type, region type, home proximity to rivers, forests or beaches, residence in a high-human density area, proximity to farms or plantations, use of bed nets, use of repellent and chemo-prophylaxis predicted malaria occurrence.

**Conclusions** The findings from this study support the use of repellent by persons living in high risk areas, and argue for the Ministry of Health to improve coverage of malariologist in rural areas and enhance vector control. Further studies using a case-control design are needed to assess the association and interplay between the various factors.

## NEGLECTED CONDITIONS

**P2-493 COMPUTER VISION SYNDROME: THE ASSOCIATION WITH ERGONOMIC FACTORS**

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Z A Rahman,\* S Sanip. *Universiti Sains Islam Malaysia, Kuala Lumpur, Malaysia*

**Introduction** The "Computer Vision Syndrome" (CVS) is one of the health effect related to the activities while on computer work. This problem is commonly overlooked and neglected therefore this study was aimed to explore ergonomic risk factors that may contribute to CVS.

**Methods** Using a cross-sectional study, university staff (academician and support staff) that used computer at least 2 h per day at work was interviewed using guided questionnaire to get information on sociodemographic, eye symptoms and possible contributing factors. Respondent's workstations were assessed for ergonomic factors. Respondents were considered as having CVS if they reported at least one of the vision symptoms as in the questionnaire. Analysis was using SPSS version 15.0.

**Results** From 436 respondents, 68.1% of them reported Computer Vision Syndrome (CVS).  $\chi^2$  Test showed that CVS was significant with gender, education, duration of computer usage, position of monitor to user, computer screen glare and computer monitor level. Exploring the OR, significantly higher odds for CVS were found among respondents who used computer more than five hours per day (OR: 1.8, CI 1.2 to 2.3), not facing their computer screen while

computing (OR: 2.9, CI 1.9 to 4.4), computer screen glaring (OR: 2.7, CI 1.4 to 5.1) and high monitor level (OR: 1.5, CI 1.0 to 2.4).

**Conclusions** Prevalence of computer vision syndrome was high (two in every three). Using computer more than 5 h per day, not facing computer screen while computing, screen glaring and high monitor level may predispose someone to get CVS.

**P2-494 DIFFERENTIAL OUTCOME AND TREATMENT RATES FOR PERIPHERAL VASCULAR DISEASE IN THE BLACK, ASIAN AND WHITE BRITISH POPULATION: SECONDARY ANALYSIS OF ENGLISH HOSPITAL DATA 2003–2009**

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<sup>1</sup>N Ahmad,\* <sup>1</sup>C Chan, <sup>2</sup>G N Thomas, <sup>3</sup>P Gill. <sup>1</sup>Department of Vascular Surgery, Wirral University Hospital NHS Foundation Trust, Wirral, UK; <sup>2</sup>Department of Public Health, Epidemiology and Biostatistics, University of Birmingham, Birmingham, UK; <sup>3</sup>Department of Primary Care Sciences, University of Birmingham, Birmingham, UK

**Introduction** Peripheral vascular disease is under researched with no outcome data for the UK. It has the same underlying pathology and treatment modalities as coronary heart disease and is just as preventable.

**Aim** To document treatment and outcomes for lower limb peripheral vascular disease in those aged 50–84 by ethnic group.

**Method** Secondary analysis of Hospital Episode Statistics (2003–2009) patient data with 77 million admission episodes. Age standardised prevalence data calculated for major leg amputation, endovascular intervention, surgical revascularisation.

**Results** The prevalence rate, per 100 000 in the White British population is approximately double in males compared with females for: major leg amputation (m=9, f=5), endovascular intervention (m=150, f=72), elective surgical revascularisation (m=41, f=16). Proportional rates (White British=100) of amputation were significantly higher in Black men (242; 95% CI 199 to 286) and women (475; 95% CI 363 to 587) and lower in Asian men (91; 95% CI 72 to 110) and women (66; 95% CI 41 to 91). Rates for endovascular intervention were lower for both ethnic groups in men (Black 91; 95% CI 84 to 97; Asian 85; 95% CI 81 to 90) and Asian women (52; 95% CI 46 to 58) but not Black women (138; 95% CI 126 to 151). Elective surgical revascularisation rates were also significantly lower in men (Black 74; 95% CI 63 to 85; Asian 39; 95% CI 31 to 46) and women (Black 72; 95% CI 53 to 91; Asian 24; 95% CI 14 to 34).

**Conclusion** Blacks have significantly higher rates of leg amputation with significantly lower rates of both endovascular and surgical revascularisation. Asians have significantly lower rates of amputation and revascularisation. These variations warrant further investigation.

**P2-495 PREDICTIVE FACTORS FOR NON-REPETITION OF THE TUBERCULIN TEST IN PATIENTS WITH HIV/AIDS: A SURVIVAL ANALYSIS**

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<sup>2</sup>L C R V Moura, <sup>1</sup>M D F P M Albuquerque,\* <sup>2,3</sup>R Ximenes, <sup>2,3</sup>H R Lacerda, <sup>2,3</sup>D M Filho, <sup>1</sup>R M S Silva, <sup>2</sup>C D P Freitas, <sup>4</sup>M R L Byington, <sup>5</sup>M T S Barbosa. <sup>1</sup>Centro de Pesquisas Aggeu Magalhães, Fundação Oswaldo Cruz, Recife, Pernambuco, Brazil; <sup>2</sup>Departamento de Medicina Tropical, Universidade Federal de Pernambuco, Recife, Pernambuco, Brazil; <sup>3</sup>Universidade de Pernambuco, UPE, Recife, Pernambuco, Brazil; <sup>4</sup>Instituto Nacional do Cancer, Rio de Janeiro, Rio de Janeiro, Brazil; <sup>5</sup>Departamento de Matemática e Estatística, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

**Introduction** Periodic repetition of the tuberculin skin (TST) test in individuals with HIV/AIDS with an initially non-reactive test should be carried out to identify those who should be treated for latent tuberculosis as recommended by the Brazilian Ministry of Health.