followed did not progress to AIDS until 108 months. Independent prognostic factors for AIDS-free-time were: treatment with ART without HAART (HR 2.1; 95% CI 1.6 to 2.8), no treatment regimen (HR 3.0; 95% CI 2.5 to 3.6); age at HIV infection diagnosis between 30 and 49 years (HR 1.2; 95% CI 1.1 to 1.3), age over 50 years (HR 2.9; 95% CI 2.3 to 5.2); black race/colour (HR 1.4; 95% CI 1.1 to 1.7); MSM (HR 1.4; 95% CI 1.1 to 1.6) and IDU (HR 1.7; 95% CI 1.5 to 2.2) exposure categories; up to 8 years of schooling (HR 1.8; 95% CI 1.5 to 1.5) and no schooling (HR 2.0; 95% CI 1.4 to 5.6); and CD4 count between 550 and 600 cells/mm³ (HR 1.6; 95% CI 1.3 to 1.9).

Conclusions Increased AIDS-free-time was observed, with HAART. Decrease in the incidence rates were observed, Predictor factors to AIDS were treatment, age, race/colour, transmission categories, schooling and CD4 count.

Methods The authors used multivariable negative binomial regression in a large, population-representative birth cohort to examine the adjusted associations of proximity to hospitals with Accidents and Emergency services, proxied by distance to the nearest such hospital, with hospital admissions, bed-days and average length of stay from 8 days to 8 years of age.

Results Physical proximity was positively associated with emergency admissions in children (incidence rate ratio (IRR) 1.25, 95% CI 1.11 to 1.35 for <1 km compared to ≥2 km) and bed-days but not with average length of stay, adjusted for age, sex and socio-economic position. However, in a similar comparison there was no such association for other (e, planned) admissions (IRR 1.04, 95% CI 0.85 to 1.27).

Conclusion Proximity was associated with hospital use for emergency admissions. Given the societal costs of such use and the risks of iatrogenesis, attention should focus on achieving a more effective use of scarce resources.

Introduction Statistics on mortality levels and causes of death are essential for health planning. However, at the end of 2003, only 7 of 27 countries in the Western Pacific Region had data available on causes of death. Routine death reporting systems across seven Pacific Island Countries; Fiji, Kiribati, Nauru, Palau, Solomon Islands, Tonga and Vanuatu, are examined. Strengths and limitations common across national systems are identified, and system characteristics related to data availability and quality.

Methods System assessments included key informant interviews, observation of processes, and document review. Findings were grouped according to a framework that classifies system characteristics according to sociocultural issues, the national administrative environment, administration, technical and ownership issues.

Results Routine reporting of deaths is predominantly managed through civil registration systems or within Health departments. Health reporting systems are critical in supporting the civil registration process. Significantly more information is available than currently used. Legislation on death reporting exists for all islands, but does not necessarily reflect current practices. Significant duplication of data collection and entry exists across all systems. The close interaction between health staff and local communities could provide a good foundation for further improvement in death reporting in these countries. Responsibility, authority and ownership were central to the sustainability of the reporting systems.

Conclusion For Pacific Island Countries to effectively address health challenges there is no substitute for routine mortality and cause of death data collections. Suitable systems exist, but need to be strengthened to improve the completeness and quality of the data available.

Introduction Physical distance is a barrier to hospital utilisation. In a very densely populated city in China, we examined whether use of public hospitals by children was associated with individual-level residential proximity, and whether these associations varied with type of admission.

Methods The authors used multivariable negative binomial regression in a large, population-representative birth cohort to examine the adjusted associations of proximity to hospitals with Accidents and Emergency services, proxied by distance to the nearest such hospital, with hospital admissions, bed-days and average length of stay from 8 days to 8 years of age.

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Conclusion Proximity was associated with hospital use for emergency admissions. Given the societal costs of such use and the risks of iatrogenesis, attention should focus on achieving a more effective use of scarce resources.