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 1.3 to 2.2) exposure categories; up to 8 years of schooling (HR 1.3; 95% CI 1.1 to 1.5) and no schooling (HR 2.0; 95% CI 1.4 to 5.6); and CD4 count between 550 and 500 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 (i.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.

Spatial Proximity and Childhood Hospital Admissions in a Densely Populated Conurbation: Evidence from Hong Kong’s “Children of 1997” Birth Cohort

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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 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 societal 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.

The Relationship of Class Closure Length and the Change of Absenteeism at Elementary Schools in the 2009 A/H1N1 Influenza Expansion in Japan: The Analysis in T City, Ibaraki Prefecture

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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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