Introduction The 2009 A/H1N1 influenza spread also in Japan. Many students were absent in elementary schools. To prevent its expansion, many school decided class closure with their original length under rough guideline by local education board. However, its effect had not been clear. The objective was to examine whether or not the class closure length related to the change of absenteees.

Methods Subject was all the classes in elementary schools in T city that class closure was carried in the period from 1 September to 24 December in 2009. We sent the questionnaire including the questions (1) the number of students in class, (2) the number of absenteees on the day, (3) whether or not class closure was carried out on the day, to the school principal, and asked school nurses to write under each class attendance book and to return them by post mail. The length of class closure and the change of absenteees before and after class closure was analysed by \( \chi^2 \) test with statistical soft R2.11.1.

Results 16 of total 37 elementary schools replied (43.2%), and 103 classes of 15 schools with the closure were analysed. It revealed statistical associations between class closure length and the change of the proportions of absentee (p<0.001), and between class closure length and the proportions of class that absentee was decreased (p<0.001).

Conclusion There are tendencies that the number of absenteees decreased after class closure, and the longer class closure days, the fewer absenteees changed.

SERUM HEPATOCYTE GROWTH FACTOR LEVELS AND MORTALITIES FROM CANCER IN APPARENTLY HEALTHY GENERAL POPULATION

Materials and Methods Descriptive observational study design is used for this study. We investigated whether slight elevation of serum HGF level was a marker for subclinical cancer and death in a general population.

Methods Subject was 1492 subjects had a health examination in 1999. Subjects with a history of liver disease or malignancies were excluded by a questionnaire. Finally, we measured plasma HGF levels in 1470 subjects. They were followed-up periodically for 10 years. The follow-up rate was 99.3%. We calculated mortalities from cancer by multivariate proportional hazards model.

Results At follow-up, 169 subjects had died (61 from cancer, 32 from cerebro-cardiovascular disease and 76 from others). The mean HGF levels in 1470 subjects. They were followed-up periodically for 10 years. The follow-up rate was 99.3%. We calculated mortalities from cancer by multivariate proportional hazards model.

Conclusion There were tendencies that the number of absenteees decreased after class closure, and the longer class closure days, the fewer absenteees changed.

Introduction Hepatocyte growth factor (HGF) is elevated in patients with cancer and is a predictor for prognosis. We investigated whether slight elevation of serum HGF level was a marker for subclinical cancer and death in a general population.

Methods Apparently healthy 1492 subjects had a health examination in 1999. Subjects with a history of liver disease or malignancies were excluded by a questionnaire. Finally, we measured plasma HGF levels in 1470 subjects. They were followed-up periodically for 10 years. The follow-up rate was 99.3%. We calculated mortalities from cancer by multivariate proportional hazards model.

Results At follow-up, 169 subjects had died (61 from cancer, 32 from cerebro-cardiovascular disease and 76 from others). The mean HGF level at baseline was significantly (p<0.01) higher among subjects who died than those who survived (0.26±0.11 vs 0.25±0.09 ng/ml). In a Cox proportional hazard model, age, systolic blood pressure, HGF (HR 1.270; 95% CI 1.059 to 1.523; p=0.009), low albumin and smoking were independent predictors for death from all causes. Age, HGF (HR 1.309; 95% CI 1.042 to 1.654; p=0.02) and low cholesterol were independent predictors for cancer death.

Conclusion Slight elevation of HGF may be an early marker of subclinical cancer.

A DIFFERENCE IN ADRS (ADVERSE DRUG REACTIONS) MORTALITY RATE IN THAI TUBERCULOSIS PATIENTS BETWEEN YEAR 2008 AND 2009

Materials and Methods Surveillance of adverse drug reactions in Thailand is conducted through the spontaneous voluntary reporting system by hospital pharmacists and healthcare professionals. Adverse drug reactions reports have been collected in national spontaneous reporting database called ThaiVigibase since year 1985. Public health program using medicine in AIDS, Tuberculosis (TB) control program have collected the patients’ records. Integrating public health program in TB patients and spontaneous reporting system can receive ADRs mortality rate may compare difference in anti-tuberculosis drug group. This ADR mortality rate may reflect TB drug group safety surveillance system.

Objective This study is aimed to compare difference in ADRs mortality rate in Thai tuberculosis patients, between year 2008 and 2009.

Study Design Descriptive observational study design is used for this study.

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Objective This study is aimed to compare difference in ADRs mortality rate in Thai tuberculosis patients, between year 2008 and 2009.

Study Design Descriptive observational study design is used for this study.

Materials and Methods Adverse reaction reports of patients to anti tuberculosis drugs from ThaiVigibase and TB patient disease surveillance database from Bureau of Epidemiology during year 2008–2009 were retrieved and calculated. The pattern of spontaneous fatal adverse reactions to anti-tuberculosis drugs were described by analysing the data from ThaiVigibase between year 2008 and 2009.

Results/Conclusion ADRs mortality rates to anti-tuberculosis drugs were 1.97 per 1000 patients in year 2009 compared with 4.35 per 1000 patients in year 2008. Stevens–Johnson Syndrome and