Dengue constitutes a severe public health problem worldwide, especially in most tropical countries where environmental conditions favour the development and proliferation of Aedes aegypti.

**Objective**
To identify priority areas of risk in various areas creating a numerical scale designated as low, moderate or high risk.

**Methodology**
A retrospective descriptive study was done of historical accumulated cases during the years 2006–2007, 2008–2009, 2009–2010. The capital city and surrounding districts were selected for the study and the following indicators were calculated: the mean incidence rates of the three epidemic periods; the general house larval infestation rate by district before the SE 14-2010 (peak of the last epidemic); and the historical movement of different serotypes in each district.

**Results**
Nine districts met the condition of population density. The average incidence rates of the three periods makes Asuncion first with 636.60 and Luque last with 167.69 per 100,000 inhabitants. The house larval infestation rate is in all districts of the metropolitan area >1%. The highest is 18.46% in Fernando de la Mora and the lowest 4.94% in Mariano Roque Alonso (MRA). The history of viral circulation shows that in the metropolitan area three serotypes, DEN 1, DEN 2, and DEN 3 have circulated. In the nine Metropolitan districts, four are at moderate risk and five are at high risk.

**Conclusion**
This epidemiological risk scale for dengue fever may be useful for the allocation of resources in a more rational way and address the actions with a risk approach.

---

**P1-73**

**CAN IN-HOSPITAL FATALITY RATES FOLLOWING HIP FRACTURES BE EXPLAINED? A META: REgression ANALYSIS**

*1*S Alves,* 1,2*M F Pina.* Instituto de Engenharia Biomédica, Porto, Portugal; 2Escola Superior de Tecnologia da Saúde do Porto—ESTSP, Porto, Portugal; 3Servicio de Higiene y Epidemiologia, Facultad de Medicina de la Universidad de Porto, Porto, Portugal; 4Instituto de Saúde Pública da Universidade do Porto, Porto, Portugal

**Introduction**
The risk of death increases following a hip fracture.

**Objective**
To explain mortality rates of patients hospitalised due to hip fracture, according to multiple co-variables.

**Methods**
A systematic review on Medline was conducted and studies were included if data for in-hospital fatality rates, following a hip fracture admission (ICD-10 S72.0—S72.2 or ICD-9 CM 820), was available for patients older than 50 years. Prospective cohorts were considered when appropriate data were available; experimental, review and case studies were excluded as well as studies comparing different treatments. Studies involving specific populations such as cancer or patients with kidney problems were also excluded. Studies published between 2010 and 2000 were considered. Economic, social, health and demographic data were retrieved from OECD—Organisation for Economic Co-operation and Development. A meta-regression was conducted.

**Results**
Preliminary results lead to 21 studies selected, 15 analysed, from 11 different countries, comprising a total of 710,886 cases of hip fractures. Sample sizes differ greatly between studies: 155 to 574,482. Most data refers to no earlier than 1996. Data available presented heterogeneity regarding age groups, availability of information by sex and period of collection. Case fatality rates range from 0.7% in Formosa (2001) to 14% in England (2002–2005).

**Conclusions**
Heterogeneity observed in fatality rates could be explained by a number of variables including allocation of medical resources. Meta regression will allow knowledge incorporation, accounting for sample size and explanation of several covariates.