ever users of OCP, and 20.7% were ever users of HRT. 8.9% had an aunt on the mother’s side with breast cancer, 8.8% had a sister, and 7.3% had a mother. 68.2% were participating for the first time. 88.8% considered the price acceptable. Television messages and a friend were the most common methods of campaign exposure. Women who participated previously compared to those participating for the first time: were significantly more likely to be older, of higher educational levels, non-smokers, and with a family history of breast cancer.

Conclusion It is essential that governments critically appraise these campaigns in order to enhance outreach, social injustice and equity among the population as well as to ensure better service delivery, capacity and quality.

**P1-76**

**HAI SURVEILLANCE IN SARDINIA, ITALY: POINT-PREVALENCE SURVEY IN A REGIONAL ONCOLOGY CARE CENTRE**

doi:10.1136/jech.2011.142976c.69

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**Introduction** A point-prevalence survey of adult patients was conducted from 14 July to 16 August 2010 in the “BUSINCO” Hospital, a regional primary oncology care centre, to measure the prevalence of Healthcare-Associated Infections (HAIs).

**Methods** The study consisted of a first phase (30 days), conducted using a daily monitoring system ward by ward and a second phase, starting after hospital discharge and lasting 30 days. International standardised criteria and definitions for the surveillance of HAI were used (CDC).

**Results** 394 patients were surveyed and the mean length stay was 8.5 days (extra stay of 12.5 if HAI). The most common HAIs were primary bloodstream infections (32%), in bone marrow transplantation unit due to coagulase-negative staphylococci), followed by urinary tract (27%), respiratory tract (18%) and surgical site (14%) infections. The use of antibiotics in class I operations (clean), necessarily leads to different results than a general investigation.

**Conclusions** Data obtained from this study are representative of an institution with breast cancer, 8.8% had a sister, and 7.3% had a mother. 68.2% were participating for the first time. 88.8% considered the price acceptable. Television messages and a friend were the most common methods of campaign exposure. Women who participated previously compared to those participating for the first time: were significantly more likely to be older, of higher educational levels, non-smokers, and with a family history of breast cancer.

**Conclusion** It is essential that governments critically appraise these campaigns in order to enhance outreach, social injustice and equity among the population as well as to ensure better service delivery, capacity and quality.

**P1-77**

**MATHEMATICAL AND AGENT-BASED ANALYSES UPON EPIDEMIOLOGICAL DIVERSITY OF THE INCIDENCE OF 2009 NOVEL H1N1 FLU (H1N1) AMONG SCHOOL CHILDREN WITHIN AND AMONG SMALL REGIONAL COMMUNITIES, SAITAMA, JAPAN**

doi:10.1136/jech.2011.142976c.70

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**Introduction** We examined the epidemiological diversity on the incidence of H1N1 within and among small regional communities using surveillance data and agent-based simulations.

**Methods** We investigated 27 elementary and junior high schools in Moroyama-town and Sakado-city located in the central part of Saitama Prefecture, Japan. The surveillance system was built on a www server. Agent-based modelling and simulations were performed using AnyLogic 6.5.1 (X Technologies, St.Petersburg).

**Results** By the end of March 2010, cumulative incidence rate (CIR) of H1N1 among school children reached 30% and 34% in Moroyama and Sakado, respectively. There was no considerable difference between epidemic curves in these neighbouring town and city. On the other hand, in the individual schools, the CIRs ranged 16%–51% even if the schools are closely located. To examine the cause of this diversity, we performed agent-based modelling and simulations assuming inequal probability of infection within and outside of schools. Repetitive simulations gave CIRs of 23%–44%, indicating that the CIRs of the small population communities may considerably vary even though all the agents were assumed to have the same susceptibility to infection.

**Conclusion** The granularity of surveillance/analyses/prevention should be finer than in the past to achieve the most effective policies against influenza and similar communicable diseases in the local communities. The cause of this diversity can be explained in part by the stochastic nature of infection transmission processes in the small populations shown by the agent-based simulations. Relevance of the other issues, for example, environmental factors, vaccination, intrafamilial infection, etc, is currently under investigation.