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REDESIGNING CASE SELECTION METHODS TO IMPROVE CLINICAL REVIEW OF INPATIENT MEDICAL RECORDS

Aneeta Minhas^a, Tun Tun Kyaw^a and Ong Biauwei Chi^a^aSingapore General Hospital, Singapore

Background: The objective of this project was to redesign the selection criteria for readmission cases so as to improve pick up rates of adverse events* during the clinical review of inpatient medical records. No similar study has been done in this subject and a new methodology was tried and tested through this project. (*Adverse events (AE) are defined as an unintended injury or complication resulting in an increased length of hospital stay, temporary or permanent disability or death, which is caused by healthcare management rather than by the disease process.

Level 1 AE's: these are unpreventable events only for the information of the clinical departments

Level 2 AE's: these are preventable or potentially preventable events that are reported to the Heads of clinical departments to address.)

Methods: Selected screening criteria were applied to the readmission cases for review in a series of iterative quality improvement cycles. Further modification was done by using Hospital Inpatient Discharge Summary (HIDS) screening of all the selected cases to further eliminate unnecessary cases for review. A checklist to simplify the screening of cases for review was implemented and a staff satisfaction survey was conducted to see the efficacy of these modifications.

Results: It was seen that modifications of the selection criteria increased the total adverse effect pick up rate. Hospital Inpatient Discharge Summary (HIDS) screening was also effective in reducing the number of unnecessary reviews. The checklist for screening cases proved effective as shown by the staff satisfaction survey conducted. It improved knowledge about the review process and selection of cases resulting in better time management.

Conclusion: This project was unique as no similar studies have been recorded in literature regarding improving AE pickup rates and significantly decreasing unnecessary reviews. The project resulted in a significant increase in the total AE pickup rate of 94.23% as compared to the baseline of 80%. The level 1 and 2 AE rates also increased to 92.31% and 1.92% from the baseline rates of 75% and 0.2%. There was also noted to be a significant decrease of 80.98% in the man hours required to review the inpatient readmission case-notes. These findings support the fact that an effective screening process for readmission review is beneficial and worth implementing.

Biography

Aneeta Minhas is an MS (Ophthalmology) from India, and worked as a private specialist in Mumbai. In 2003, he joined the prestigious Singapore General Hospital in the Health Information Management Systems department as a clinical coder and subsequently as an auditor. He also worked as a hospital internal auditor for preparation of JCI accreditation. In 2009, he joined the Medical board under Clinical Governance to undertake clinical quality and focused reviews as part of the Clinical Review Program team. His work entails reviewing flagged cases to identify adverse clinical events which are highlighted to the departments and solutions for prevention are implemented and monitored by his team.

aneeta.minhas@sgh.com.sg

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ANALYSIS OF EMERGENCY SURVIVAL RATE AFTER TRAFFIC ACCIDENTS BY THE EXACT & ASYMPTOTIC DISTRIBUTIONS STATISTICS

Toshiko Sawaguchi^{a,b} and Keizo Sato^b^aNational Institute of Public Health, Japan^bShowa University School of Medicine, Japan

Aim: The aim is to estimate the emergency survival rate after traffic accidents if these rates could analyse the prefecture difference.

Materials & methods: As for the totalized Japan, each prefecture in all Japan and 4 prefectures in the Hokuriku area in Japan, the number of traffic accidents, the number of the injured persons, the number of the injured dead persons were extracted from the total statistic book edited by the National Police Agency. The same kinds of data as for cities & towns in Niigata Prefecture were also extracted from the homepage of Niigata Prefecture in 2014, 2013 & 2012. Using these data, the emergency survival rate after traffic accidents were calculated using the following formula; The emergency survival rate after traffic accidents = (the number of the injured & dead persons after traffic accidents—the number of the injured persons after traffic accidents)/ the number of the injured & dead persons after traffic accidents) Each rate by each 4 prefecture & by secondary medical area in Niigata was tested using non-parametric one-way ANOVA. SAS Analytic Pro was used for statistical analysis.

Results: Significant differences were suggested as the following, between the secondary medical area only using the Cramer-Mises test only as for the number of traffic accidents, the number of dead persons after traffic accidents, the number of injured & dead persons after traffic accidents and the number of injured persons after traffic accidents (CM<1.5).

Biography

Toshiko Sawaguchi has been acting as originally pediatric forensic pathologist and moved to the epidemiology and public health field since 1st April 2015 as the research managing director.

sawaguchitoshiko@niph.go.jp

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EXTENDED MOLECULAR EPIDEMIOLOGY OF ACUTE GASTROENTERITIS IN HOSPITALIZED CHILDREN AFTER ROTAVIRUS VACCINE IMPLEMENTATION IN TAIWAN

Shih-Yen Chen*

*Chang Gung University College of Medicine, Taiwan

Background: Rotavirus vaccine implementation has changed enteric virus infections in children.**Objective:** To investigate the change in viral acute gastroenteritis (AGE) and associated infections in hospitalized children in a longer time after rotavirus vaccine implementation.**Design:** During the period from January 2006 to December 2015, fecal samples from hospitalized children in Chang Gung Children's Hospital with AGE were examined for enteric pathogens. Study period was divided into early post-vaccine (2006 Jan.-2010 Dec.) (EPV) and late post-vaccine (2011 Jan. -2015 Dec.) (LPV) periods.**Setting:** A tertiary children's medical center in northern Taiwan.**Results:** A total of 905 stool samples were collected from hospitalized patients with AGE including 441 in EPV and 464 in LPV. In EPV period, enteric pathogens were identified in 318 (72.1%) including 113 (25.6%) rotavirus, 107 (24.3%) norovirus as major pathogens; In LPV periods, detection ratio of 315 (67.9%) with major infections of 88 (19 %) rotavirus and 107 (23.1%) norovirus. Statistical analysis showed a significantly decreased prevalence of rotavirus infection ($P = 0.016$) and a significantly increased prevalence of enteric bacteria infections ($P < 0.001$). Norovirus has outnumbered rotavirus (23.1% vs 19%) as the most common viral pathogen acute gastroenteritis. Rotavirus genotyping demonstrated a significant decrease of G1 ($P=0.0002$) in LPV compared to that of EPV. Norovirus GII.4 were the most predominant genotype in both periods with the commonest of GII.4 2006 b strain (35 of 59, 59.3%) in EPV and GII.4 2012a Sydney strain (29 of 65, 44.6%) in LPV period. Among vaccinated patients with AGE, norovirus is the most common etiology and there was relatively lower prevalence rotavirus infection in LPV with common genotypes of G1, G2, and G3.**Conclusions:** In Taiwan, under a suboptimal rotavirus vaccination policy, rotavirus infection caused hospitalization AGE is definitely decreased and norovirus has replaced rotavirus as the leading cause for hospitalized children with AGE. Enrichment of rotavirus vaccine coverage, development of norovirus vaccination, and sustained bacterial infections control important for infection containment and hospital care in Taiwan.

Biography

Shih-Yen Chen is currently an attending physician in the Department of Pediatrics, Chang Gung Children's Hospital and Chang Gung University, Taoyuan, Taiwan. He received his Doctor of Medicine degree from Taipei Medical College, and Doctor of Philosophy degree from Chang Gung University College of Medicine. He obtained his postdoctoral fellowship training from the Division of Pediatric Gastroenterology and Hepatology, Chang Gung Children's Hospital. His research interests include pediatric gastrointestinal infection and molecular epidemiology of viral gastroenteritis.

csy001@adm.cgmh

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ASSOCIATION BETWEEN METABOLIC SYNDROME AND CHRONIC KIDNEY DISEASE AMONG 10657 CHINESE ADULTS IN PUDONG NEW AREA, SHANGHAI

Yi Zhou^a, Qiao Sun^b, Xiao-nan Ruan^a, Jian-jun Gu^b, Li-peng Hao^a, Hua Qiu^a, Xian-feng Zhou^a, Si-yu Yu^a, Kang Wu^a, Xiao-lin Liu^a, Lin-hai Xiao^a, Xin-yi Rui^a, Xiao-nan Wang^a, Wang-hong Xu^c and Gen-ming Zhao^c

^aPudong New Area Center for Disease Control and Prevention, China

^bHealth Bureau of Shanghai Pudong New Area, China

^cSchool of Public Health, Fudan University, China

Few population-based studies have examined the association between metabolic syndrome (MS) and chronic kidney disease (CKD) in China. 10,657 Chinese adults aged 18-95 years were selected from Pudong New Area of Shanghai through a multistage random sampling and interviewed. Demographic and lifestyle characteristics, anthropometry and blood pressure were measured. Biochemical assays included fasting plasma glucose, serum creatinine, lipids, urinary creatinine and albumin. The prevalence of albuminuria [urine albumin-to-creatinine ratio (ACR) ≥ 30 mg/g], decreased kidney function and CKD (either decreased kidney function or albuminuria) among MS and non-MS population were estimated. Based on WHO definition and MDRD(Modification of Diet in Renal Disease) study equation, the overall prevalence of MS and CKD were 18.2% (age standardized 15.7%) and 19.9% (age standardized 15.2%). The prevalence of microalbuminuria, macroalbuminuria, decreased kidney function and CKD in subjects with MS were 22.2%, 3.0%, 3.8% and 26.8%, higher than those without (8.6%,0.5%,1.0% and 9.5%, $P < 0.001$). Regard of the components of MS, the adjusted odds of BMI ≥ 25.0 , dysglycemia, hypertension and dyslipidemia were 1.36(95% confidence interval [CI]: 1.14-1.62), 2.40(95% CI: 1.99-2.89), 1.67(95% CI: 1.38-2.01) and 1.29(95% CI: 1.08-1.54) for albuminuria, while 1.45(95% CI: 1.22-1.72), 2.24(95% CI: 1.86-2.68), 1.67(95% CI: 1.39-2.00) and 1.25(95% CI: 1.05-1.49) for CKD, respectively. The risk of CKD increased with increasing number of MS components. MS was independently associated with the increased prevalence of albuminuria, decreased kidney function and CKD among population in Pudong New Area, Shanghai. Prevention and control of MS should be a high priority in reducing the CKD burden in China.

Biography

Zhou Yi has been graduated from School of Medicine, Shanghai Jiaotong University as clinical doctor, with the specialties including cardiovascular medicine. Later on she worked in the Department of Chronic Disease Prevention and Control, Shanghai Pudong New Area Center for Disease Control and Prevention. She obtained her PhD major in Epidemiology from School of Public Health, Shanghai Fudan University, where she has continued her research.

yizhou517@163.com

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METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) : AWARENESS AND KNOWLEDGE AMONG MANSOURA UNIVERSITY STUDENTS: A FIELD STUDY

Mahmoud Magdi Mohamed Elsayed Ali Abdou^a, **Muhammed Alaa Ahmed Moukhtar Hammad**^a, **Nihal Mostafa Hassan Saleh Saleh**^a, **Belal Abdelkader Abdo Elsayed**^a, **Mohamed Issam Abd Alaziz Eldereini Kabsha**^a, **Mohamed Hani El-Sayed Shahin**^a, **Lena Osama Fath Sharf Shoaib**^a, **Ahmed Mohamed Abdelaziz Ali Mekki**^a, **Maryam Mohiy Eldin Shehata**^a, **Sara El Bayoumi**^a, **Mohamed Abo Dabesh**^a, **Sara Alaa Uddin Farid Elhefnawi**^a, **Mahmoud Salah Elajouz**^a and **Amr Nabil Mansour Ali**^a

^aMansoura University School of Medicine, Egypt

Background: Methicillin-resistant Staphylococcus Aureus(MRSA) is a strain of Staphylococcus Aureus that has developed resistance to beta-lactam antibiotics and thus is considerably dangerous.

Aim(s)/Objective(s): To evaluate the current level of knowledge of MRSA among medical students and para medical students given that health workers are vulnerable to catching the disease. Also to raise awareness of the risk factors for MRSA infection and the protective measures individuals and institutions can take.

Method: This is a field study carried in the campus of the Faculty of Medicine, Mansoura, Egypt. A stand has been divided into: a pre-survey, an awareness station and a post-survey. Students were asked to participate in the survey and were handed the pre-survey questionnaire. The students were asked to identify their gender, area of study and level of education. The questionnaire addressed basic facts about MRSA and how to prevent it, its route of transmission, risk of morbidity and mortality, treatments available and countries afflicted. The next station was an awareness station where a talk was given to students about MRSA in small groups. Brochures and educational videos were shown to them. Last station was post-survey; which had the same questionnaire as pre-survey.

Results: were collected and analysed Results Out of 674 students surveyed, 534 acknowledged the prevention measures needed to prevent MRSA. 620 even knew how to diagnose it roughly by learning more about its complications. Moreover, after the post survey 545 students knew how to effectively attempt treating the MRSA.

Conclusion: Involving health care workers through awareness to follow infection control measures to limit developing the spread of MRSA in hospital settings.

Biography :

Mahmoud Magdi is an undergraduate in the Mansoura University, School of Medicine, Mansoura, Egypt. He was born in Fujairah, UAE, from full Egyptian parents, and later moved to the Egypt for higher Education. In 2014, He made the decision to pursue Medicine as a life career and was a member of Mansoura University Safety Society (MUSS). He aspires to seek higher education and health care profession in other continents such as Europe and North America. Because of his love for research, he continues to strive for the needs of international students by leading the Mansoura University Safety Society from 2016. He also plans to continue making research in the future regarding the implementation and improvement of health care.

sayedelhussieni@gmail.com

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FACTORS THAT PREDICT DIFFERENCES IN HEALTH SERVICES UTILIZATION FOR CHILDREN IN NIGERIAN COMMUNITIES

Victor T. Adekanmbi^a, Sulaimon T Adedokun^{b,c}, Sian Taylor-Phillips^a, Olalekan A Uthman^c and Aileen Clarke^a^aUniversity of Warwick Medical School, United Kingdom^bObafemi Awolowo University, Nigeria^cWarwick-Centre for Applied Health Research and Delivery (WCAHRD), United Kingdom

Objective: To identify determinants of variation in health care utilization for children in communities in Nigeria.

Methods: Secondary analysis of the 2013 Nigeria Demographic and Health Survey data (DHS) using univariable and multivariable mixed Poisson regression models. We included the index of maternal deprivation, gender of child, community environmental factor index, and maternal health seeking behavior index, multiple childhood deprivation index and ethnicity diversity index as the independent variables. The outcome variable was under-fives' hospital attendant rates for acute illness.

Results: 31,482 children from 896 communities in Nigeria were included. 1,936 (6.2%) were taken to the health care facilities for treatment. The final adjusted model revealed that both multiple childhood deprivation (incidence rate ratio [IRR] = 1.24, 95% confidence interval [CI] 1.17 to 1.32) and children living in communities with a high ethnic diversity (IRR = 1.005, 95% CI 1.003 to 1.006) significantly increased the rate of health service use. Maternal health seeking behaviour on the other hand significantly reduced the rate of usage of health care services.

Conclusions: There are striking differences in health services utilization for sick children across Nigerian communities. Sociodemographic and cultural factors beyond the scope of health authorities and healthcare delivery systems are important in these variations.

Biography

Victor Adekanmbi graduated with Bachelors of Medicine and Surgery (MBChB) from the College of Health Sciences, Obafemi Awolowo University, Nigeria in 2005. Following his bachelors, he worked in a number of hospitals, then moved to the UK where he achieved Masters in Public Health (Epidemiology and Biostatistics) from the University of Birmingham in 2010 and subsequently worked in some International Non-Governmental Organisations. He also has a PhD in Health Sciences obtained from the University of Warwick in 2015. Presently he works as a Research Fellow at Warwick Medical School, and works on CLAHRC WM Theme 3, Prevention and Detection of Disease

v.adekanmbi@warwick.ac.uk

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RISK FACTORS AND BURDENS OF BREAST AND OVARIAN CANCER IN YOUNG WOMEN OF THE ARABIAN GULF STATES

Sarah Al-Gahtani*

*Al-Maarefa University of Science and Technology, Saudi Arabia

It is widely known that cancer is a disease of “old-age”. However available data show that this is not the case for many types of cancers. Incidences of breast and ovarian cancers have varying rates of change with age. Breast cancer data of Arabian-gulf women, show that the incidence rates increase with age and reaches a maximum of 39 years. It then declines linearly with age to about 55 years. The rate of increase and its changes with age are similar to that of many other countries. In the premenopausal phase the relationship between incidence and age could be adequately modeled using a linear model for the logarithmic transformations of age and incidence. Similar observations are made for the ovarian cancer incidences.

Data and Methods: We analyze data from the gulf center for cancer registration, which was established in 1998 as a collaborative venture to collect and provide data for cancer incidence of the six Gulf-states;

Results: It was found that the rate of change with respect to age in both breast and ovarian cancers in the Arabian Gulf countries is statistically identical. It is shown that the rate of increase in breast and ovarian cancer incidence with respect to age is increasing in the premenopausal ages. However, the burden of the disease with respect to age standardized mortality and “Disability Adjusted Life Years” or DALY, varied considerably among the six gulf countries.

Biography

Sara Nabeel Al gahtani. Born in Riyadh, KSA. Graduated from high school 2009. She is now a senior student at Almaarefa university medical college in Riyadh, She intends to specialize in surgical oncology.

s_algahtani@live.com

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CREUTZFELDT-JAKOB DISEASE: EIGHT CASES IN MID-ESSEX FROM 2010 TO 2015, A REFLECTION OF A HIGHER INCIDENCE THAN CURRENTLY REPORTED?

Simon Cavinato^a, Sigurlaug Sveinbjornsdottir^b, Simon Mead^c and Klaus Schrier^d^aSt Georges Hospital, UK^bBroomfield Hospital, UK^cNational Prion Clinic, UK^dRoyal London Hospital, UK

Creutzfeldt-Jakob disease (CJD) is a fatal neurodegenerative disorder caused by the accumulation of prion protein in neural tissue. The most common of these is sporadic CJD (sCJD), with an estimated incidence of 0.4-1.8/million/year. This case series looked at a high incidence of sCJD in the catchment area of Broomfield Hospital, Essex, UK, where 8 patients were diagnosed between 2010 and 2015. This incidence of 3.72/million/year is significantly higher than the UK national average of 1.07/million/year from 1990 to 2014 ($p=0.011$).

The aim of this presentation is to look at the potential causes of this high incidence, which include an iatrogenic cause with a common origin, high diagnostic vigilance, a disease incidence higher than previously considered, or chance occurrence. None of the patients had surgery, making iatrogenic cause unlikely. CJD affects predominantly the elderly population and shows clinical similarity to other neurological conditions, potentially leading to misdiagnosis. Initial changes on MRI were not found on 7 of the 8 patients, though retrospective analysis showed changes visible in 6 of those scans, exhibiting the difficulties in diagnosis. The incidence of sCJD in Britain has been increasing, which is a trend observed in other European countries, considered to be due to increased accuracy in diagnosis and surveillance. We propose that the raised incidence of sCJD in Mid-Essex could reflect a higher true incidence of CJD than is currently reported, as a result of underdiagnosis of the disease.

Biography

Simon Cavinato has been Graduated from Barts and The London School of Medicine and Dentistry as Batchelor of Medicine and Surgery, and Batchelor of Science in Biomedical Science from the University of Leeds. He then complete foundation training in Princess Alexandra Hospital, Harlow and Queens Hospital, Romford. Presently he has been working at St George's Hospital in London as Clinical Fellow in Intensive Care.

simoncavinato@gmail.com

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POPULATION-BASED SURVEILLANCE OF CORONARY HEART DISEASE

Robert J. Goldberg*

*University of Massachusetts Medical School, USA

We have been carrying out population-based surveillance of hospitalized events of acute myocardial infarction (AMI) in approximately one half million residents of Central Massachusetts (U.S.) hospitalized with confirmed AMI at all medical centers (n=11-16) in Central Massachusetts on an approximate biennial basis between 1975 and 2011. This includes an examination of multi-decade long trends in the incidence rates, in-hospital and post-discharge death rates, and hospital management practices in approximately 10,500 residents of Central Massachusetts hospitalized with an independently validated first AMI during the years under study. After an initial increase in the incidence rates of initial AMI during the early years of this community-wide investigation, there has been a decline in the incidence rates of AMI during the most recent decade long period under study (2001-2011). There have been consistent declines in the in-hospital case-fatality rates of AMI over time (16.3% in 1975-84; 12.9% in 1986-1999; 8.8 % in 2001-2011) in both crude and multivariable adjusted analyses as well as increases in one year post-discharge survival rates during the years under study. In addition to these encouraging trends, there have been marked increases over time in the hospital prescribing of several effective cardiac medications including angiotensin converting enzyme inhibitors, aspirin, beta blockers, statins, thrombolytic agents, and coronary revascularization procedures (e.g., percutaneous coronary intervention). We will also present data on recent trends in the type of AMI (e.g., ST-segment vs. Non ST-segment elevation) and the impact of type of AMI on the natural history and management of AMI.

Biography

Goldberg received his PhD in 1978 from the Johns Hopkins University School of Hygiene and Public Health in Baltimore, MD, where he also completed a post-doctoral fellowship in cardiovascular epidemiology. He is a Professor and Chief of the Division of Epidemiology of Chronic Diseases and Vulnerable Populations at the University of Massachusetts Medical School in Worcester, MA. He has published more than 440 papers on a wide array of topics in clinical epidemiology and clinical research in peer reviewed journals and has sat on several scientific study sections at the National Institutes of Health.

Robert.Goldberg@umassmed.edu

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THE IMPROVEMENT OF BRAZILIAN PRIMARY HEALTH CARE PROGRAM (ESTRATÉGIA SAÚDE DA FAMÍLIA) BASED ON PMAQ EXTERNAL AVALIATION

Anya Pimentel Gomes Fernandes Vieira-Meyer^a, Themis Xavier de Albuquerque Pinheiro^b, Severina Alice da Costa Uchoa^b, Maria de Fátima^c, Ana Tânia Lopes Sampaio^b, Ardigleusa Alves^d and Paulo de Medeiros Rocha^b

^aFundação Oswaldo Cruz, Brazil

^bUniversidade Federal do Rio Grande do Norte, Brazil

^cUniversidade Regional do Cariri, Brazil

^dUniversidade Estadual da Paraíba, Brazil

The Brazilian Primary Health Care System, composed of *Estratégia Saúde da Família* (ESF) teams (one physician, one nurse, one dentist, health technicians and community health workers), is part of the Brazilian unified health system (SUS), which was structured on the principles of universal coverage and health as a right of all citizens. The need for its improvement has made the government to invest, in the last years, in a monitoring and evaluation policy for SUS. The *Programa Nacional de Melhoria do Acesso e Qualidade da Atenção Básica* (PMAQ-AB), standing for National Program for Primary Health Care Quality and Access Improvement, is responsible for evaluating the ESF teams and has already performed two external evaluation (2012 and 2014). The present study used the information regarding the system organization to observe if there has been improvement on the Primary Health Care System over this period. Ten indexes were created based on the information available: Professional Valorization, Planning, Matrix Support, Patient Reception, Health Attention, Prenatal Care, Child Attention, Health Promotion, Home visit/Social participation, School Health. Additionally, an overall quality index was also created based on the mentioned indexes. A total of 17,202 ESF teams were evaluated in 2012 and 29,778 in 2014. Significant changes were observed in all indexes (t-test, $p < 0.001$), where all, but Matrix Support index, presented improvement over the two year investigated. The overall grade went from 64.23 to 71.40 (in a 0-100 scale). It can be concluded that improvements in ESF occurred and that PMAQ may be aiding this progress.

Biography

Anya P G F Vieira-Meyer has completed her PhD in 2005 from the University of Toronto. She is currently a visiting scholar at the University of California in Berkeley (until May 2016). She is a senior researcher at Fundação Oswaldo Cruz (FIOCRUZ) – Brazil, as well as the Coordinator of the Family Health Master Program. She has published more than 40 papers in reputed journals and has been serving as an scientific editor for the *Revista Brasileira em Promoção da Saúde* journal. Themis Xavier de Albuquerque Pinheiro has completed her PhD in 2003 from the Universidade Estadual do Rio de Janeiro. She is a professor and a researcher at Universidade Federal do Rio Grande do Norte (UFRN). Severina Alice da Costa Uchoa has completed her PhD in 2003 from the Universidade do Estado do Rio de Janeiro. She is currently a visiting scholar at the Instituto de Higiene e Medicina Tropical da Universidade Nova de Lisboa, Portugal (until April 2016). She is a professor and a researcher at Universidade Federal do Rio Grande do Norte (UFRN).

anyavieira10@gmail.com

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SOME FACTORS RELATED TO THE DURATION OF DELIVERY AT HOSPITAL MUTIARA BUNDA, BANJAR AGUNG, TULANG BAWANG REGENCY, LAMPUNG PROVINCE, INDONESIA

Iling Lukman^a, IGusti Made Yoga Astawa^b and Wayan Aryawati^a^aUniversitas Malahayati, Indonesia^bCentral Lampung Regency, Indonesia

The delivery duration was caused by some factors which have a role in the delivery process such as age of mother, parity, rate of Hb (Haemoglobin), blood tension, his, and weight of the baby. Cohort retrospective design was applied and the secondary medical records of patients were fitted accordingly. The total population was 463 whose periods of delivery were from January to December 2013, and sample of 205 was taken by circular systematic sampling, with the size of the test was 5%, the power tests about 95%, median of delivery duration was 3.5 hours, and the median different considered significant was 1.5 hours. Data was analyzed by Cox regression proportional hazard model.

Biography

Iling Lukman has completed his PhD from Universiti Putra Malaysia (UPM) in the field of Environmental Planning and Management in 2007. He is a lecturer at Universitas Malahayati Bandar Lampung, Indonesia. He has published more than 10 papers in the proceedings, journals and has been serving as a reviewer. IGusti Made Yoga Astawa is a masters degree holder in Public Health, and working in Center of Public Health in Lampung Province, Indonesia. Wayan Aryawati is an officer of Public Health Division at Lampung Government, Indonesia

iilukman371@gmail.com

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SUDDEN UNEXPECTED DEATH IN EPILEPSY IN 45 YEARS OF THE DEPARTMENT OF FORENSIC MEDICINE AND CRIMINALISTICS IN RIJEKA, CROATIA

Ivan Sosa^a, Antun Ferencic^a and Drazen Cuculic^a^aRijeka University School of Medicine, Croatia

Objective: The aim of this study was to compare the available data of deaths from epilepsy in the period from 1968 to 2013 from the archives of the Department of Forensic Medicine and Criminalistics in Rijeka, and to determine the basic characteristics of the study group in order to lay the foundations for further research.

Patients and Methods: The study includes 26 cases of death due to epilepsy and studies concerning gender and age of the deceased, the number of deaths per year in the period of 45 years, the frequency of deaths by month and place of death.

Results: Of all the 26 cases surveyed, 17 (65%) were men, and 9 (35%) females. the most frequently, victims were middle aged men [N=18 (68%) aged 19-65 years; 12 males, 6 females], while an equal number of victims were found at the usual place of their residence and outside it. Occurrence of SUDEP doubles in the last 20 years, while their distribution through the year is balanced with a slight increase during the summer season (peak values for the July and August).

Conclusion: The analysis of the results and their presentation is trying to determine links that could facilitate further research in the form of definition for the parameters to be taken into account when setting up such a diagnosis. This paper quantifies the incidence of SUDEP. Also, our goal was to show the problems of the post-mortem diagnosis of SUDEP.

Biography

Ivan Sosa has completed his PhD at the age of 34 years from Rijeka University Medical Faculty. He lectures legal medicine and cooperates with several medical journals. He has published more than 30 papers in reputed journals and has been serving as an editorial board member of reputed.

ivan.sosa@medri.uniri.hr

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EPIDEMIOLOGIC PATTERN AND DISEASOME EXPLORATION FOR PHYSICAL PERFORMANCE: A NEW HORIZON FOR GENETIC AND ENVIRONMENTAL CROSS-TALK IN HEALTH AND DISEASE

M.R. Hashempour^{a,b}, A.R. Khoshdel^a, K. Majidzadeh^a and M.S. Baniaghil^c^aAJA University of Medical Sciences, Iran^bGolestan University of Medical Sciences, Iran^cShahid Beheshti University of Medical Sciences, Iran

Both genetic and environmental factors contribute to human diseases. Though genetic contributions are relatively well characterized for some monogenetic diseases, there has been no effort at curating the extensive list of environmental etiological factors. However, considering the interaction between the factors, a network of associates and clustering would explain the influencing factors on health and disease. In this study, we evaluated the association of factors on physical performance. From a comprehensive search of the MeSH annotation of MEDLINE articles, etiological factors associated with physical performance were identified. Clustering of etiological factors puts genes in the context of environment in a quantitative manner. After extraction of genetic factors, associated diseases with those genes were searched. Finally a matrix of association was formed. The degrees of associations were determined by pooling the published data and the network of “etiome” was constructed by Gephi. A 22 by 22 gene-gene interaction showed ACE gene with the highest centrality. Also 600 cells, gene-disease matrixes were illustrated, including the degree of associations and 95% CIs. The disease of physical performance demonstrated interesting clusters of diseases and risk factors with an average degree of 7.4 and average clustering coefficient of 0.60. The network principally included two main clusters around diabetes and neoplastic diseases, while diabetes had the highest strength and centrality. The diseasome helps a better understanding of genetic and environmental factors attributed to physical performance in order to find effective treatments for linking factors. Diabetes and ACE gene polymorphism should take a paramount attention in this regard.

Biography

Mohammad Reza Hashempour has completed his Doctorate at the age of 25 years from AJA University of medical sciences and postdoctoral studies from Golestan University School of Medicine. He has published papers in internal (Iranian) journals and has interest for evidence based and analytical research.

hashempourm@yahoo.com

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POTENTIAL PUBLIC HEALTH RISK ASSESSMENTS OF HEAVY METALS EXPOSURE VIA CONSUMPTION OF TROPICAL MARINE MUSSELS

Chee Kong Yap*

*Universiti Putra Malaysia, Malaysia

Present study covered a total of 40 popular and edible tropical marine green-lipped mussel *Perna viridis* populations which were collected from 20 geographical sites from the coastal waters of Peninsular Malaysia between 2002-2009. The mussels were determined for the concentrations of Cd, Cu, Fe, Ni, Pb and Zn in their edible soft tissues. In comparison with the maximum permissible limits (MPL) set by existing food safety guidelines, all metal concentrations found in all the mussel populations were lower than the prescribed MPLs. In terms of the heavy metal concentrations determined in the mussels and the provisional tolerable weekly intake (PTWI) prescribed by the Joint FAO/WHO Expert Committee on Food Additives (JECFA) and oral reference doses (RfD)s by the USEPA, all the studied metals (except for Pb) were unlikely to become the limiting factors for the consumption of mussels from all the populations investigated. The estimated daily intake (EDI) for average level mussel (ALM) and high level mussel (HLM) consumers of mussels were found to be lower than the RfD guidelines for Cd, Cu, Fe, Ni and Zn. Furthermore, the target hazard quotient (THQ) were found to be less than 1 for ALM consumers but higher than 1 for HLM consumers in some sites. Therefore, there were no potential human health risks to the ALM consumers of the marine mussels. However, for Pb's THQ values, the Pb levels in some mussel populations could create a health risk problem.

SALT INTAKE AND BLOOD PRESSURE AMONG SCHOOL CHILDREN IN IBADAN, SOUTH-WEST NIGERIA: A CROSS-SECTIONAL STUDY

Daini Babajide Oluseyi*

*University of Ibadan, Nigeria

The relationship between obesity/overweight, salt intake and Blood Pressure (BP) has been observed recently among children in developed countries. Due to current epidemiological transition, it became necessary to investigate if this pattern exists in a developing country. Thus the aim to assess the association between salt intake and BP by weight status among school children in Ibadan, Nigeria. A total of 327 school children aged 8-17 years were recruited. Anthropometric measures, BP and spot urine samples were obtained. Urine samples were analysed by flame photometric method. Mean age was 13.58±1.93 years. Participants consumed an average of 2713mg/day of Sodium, 67% had intakes above WHO recommended ≤2300mg/day. 17.2 % were Overweight/Obese. The prevalence of pre-HBP and HBP were 28.4% and 9.5% respectively, and dietary pattern (fast food and soft drink consumption) was associated with high sodium intake and BP. Mean adjusted SBP increased progressively with sodium intake quartile from 104.2mmHg to 114.7mmHg overall (P<0.001) and from 108.1mmHg to 121.0mmHg among those overweight/obese (P=0.003). Adjusted odds ratio comparing risk for pre-HBP/HBP among participants in the highest versus lowest sodium intake quartile were 2.1 (95% CI: 0.86-5.29) overall and 2.9 (95% CI: 1.48-8.03) among those overweight/obese. Sodium intake and weight status had synergistic effects on Pre-HBP/HBP risk (RERI=0.24). The findings corroborates the association between high salt intake and hypertension and this may be stronger among those overweight/obese. Therefore a need to initiate salt reduction programme and promote school based interventions to improve healthier dietary choices and increased levels of physical activity among children.

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PSYCHOTHERAPY AND PSYCHOSOCIAL TREATMENT: FUTURE DIRECTIONS AND RECENT ADVANCES

Eric M. Plakun*

*Austen Riggs Center, USA

This workshop addresses the future role of psychotherapy and psychosocial treatment in psychiatry and mental health treatment. This future depends on several factors related to psychiatric practice and teaching, but also to government policy toward funding treatment and research. In the realms of practice, teaching and research, it is ironic that, as psychiatric practice has become increasingly narrowly biologically focused, evidence is accumulating that psychotherapy and psychosocial treatment are effective forms of treatment for a range of individual and complex comorbid disorders. The field's biologically reductionistic stance constitutes a kind of "tunnel vision" that contributes to the increasingly recognized phenomenon of treatment resistance in psychiatry. This workshop reports evidence from epidemiology, molecular genetics and clinical research suggesting that psychiatry is adversely influenced by 3 unwitting false assumptions linked to its biological reductionistic stance: [1] Genes = disease, [2] Patients present with single disorders that respond to single evidence based treatments, and [3] The best treatments are pills. The future of psychiatry, and the role of psychotherapy and psychosocial treatment, depend on the field's ability to address these false assumptions, but also on policy issues like full implementation of mental health parity, and a shift in research and education policy that prioritizes funding of research into and teaching of nonspecific and specific "elements" shared by effective psychosocial therapies.

SEXUAL VIOLENCE AMONG HOUSE MAIDS AND ITS ADVERSE REPRODUCTIVE HEALTH OUT COMES IN ETHIOPIA, HAWASSA

Fasika Esatu*, Negusse Deyassa*

*University of Gonder School of Medicine & Public Health, Ethiopia

Sexual violence is a violation of human rights and a serious public health problem. It has a profound impact on physical and mental health, both immediately and many years after the assault. To date, sexual violence has received insufficient attention from researchers, policy-makers and program designers and it has been a long struggle to have it recognize as a legitimate public health issue

Objectives :- to assess the magnitude of sexual violence and its adverse RH outcome on housemaids, & to compare the adverse RH outcomes on sexually violated & non violated maids. A cross-sectional analytical study was conducted among 523 house maids in Hawassa. After the quantitative data was collected using self-administered questionnaire data were entered, cleaned and analyzed using SPSS. The lifetime prevalence of sexual violence was 15.3% with 95% CI (12.2, 18.4) and the 12 month prevalence of sexual violence were 5.9%. In this study the likely hood of experiencing sexual violence is higher among house maids who use any substance. The prevalence of any adverse RH outcome was 14.5% with 95% CI (11.5, 17.6) and the likely hood of experiencing adverse RH outcome is higher among those house maids who ever use any substance and house maids who experience sexual violence

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SOCIAL INEQUALITIES IN THE INCIDENCE OF CORONARY HEART DISEASE AND STROKE IN EUROPE: TESTING THE DIFFERENTIAL VULNERABILITY HYPOTHESIS

Marco M Ferrario*

*University of Insubria, Varese, Italy

Social inequalities constitute a relevant topic in the epidemiology literature. Recent research questioned whether social position interacts with risk factors, exacerbating their unfavourable effects, under a “differential vulnerability” mechanism. When measured on an additive scale such as the absolute risk of event, the interaction between social class and risk factors provides valuable information on which subgroups in the population may benefit most by preventive strategies. However, this important mechanism has been under-investigated so far, as large prospective studies are needed to provide precise interaction estimates. We tested the differential vulnerability hypothesis in incident coronary heart disease and stroke using data from 11 populations in 9 European countries, all participating in the MORGAM collaborative project, with harmonized baseline and follow-up data. Overall, 77 918 men and women with 9334 incident events occurring during a median follow-up of 12 years. We found evidence that low education exacerbates the effect of cardiovascular disease risk factors on the absolute risk of coronary heart disease or stroke between the ages of 35 and 75, in individuals initially free of CVD. In men, this synergistic interaction was mainly driven by smoking; in women by clustering of smoking, elevated blood pressure and obesity. Standard survival analysis, ignoring competing risks, led to over-estimating the interaction between low education and risk factors, in particular smoking and body mass index. Our study calls for future research pursuing explanations for the differential vulnerability we demonstrated, such as the accumulation of psychosocial stressors and allostatic load among the socially disadvantaged over lifetime.

CREATINEPHOSPHOKINASE MB FRACTION (CK-MB) AS A EARLY CARDIAC MARKER IN PATIENTS INFECTED BY *TRYPANOSOME CRUZI* IN BELÉM – PARÁ – BRASIL

Frederico AR Neves*

*Instituto Evandro Chagas, Brazil

Chagas disease is anthrozoosis caused by the protozoan *Trypanosoma cruzi* (*T. cruzi*), mainly transmitted by insect vectors of the Reduviidae family. It is distributed throughout the Americas. It is estimated that in Brazil 25 million people live in risk areas and five million are infected. Creatinephosphokinase MB fraction has long been considered a marker for the diagnosis of myocardial injury, caused by this parasite. This study aims to evaluate the prognostic value in laboratory scope of CK-MB in patients diagnosed with *Trypanosoma cruzi* infection. Transversal study where we selected 24 patients treated at health centers in Belem - Pará - Brazil, all with clinical signs and symptoms of infection by the parasite, infection confirmed by testing Enzyme Linked Immuno Sorbent Assay (ELISA) and testing haemagglutination Inhibition (HAI). Was used for measurements of serum CK-MB in the method of Enzyme linked fluorescent assay (ELFA) by bioMérieux*. In 41.6% of cases the CK-MB remained at normal levels < 5.0 µg / ml and in 58.4% CK-MB is altered > 5.0 µg / ml. In patients where the CK-MB was changed mainly seemed to be a direct relation of infection time, since this marker appears to have more sensitivity when the heart muscle is already showing necrosis, thus demonstrating a more advanced disease compared to patients that show normal rates. Creatinephosphokinase MB fraction apparently not presented with a good marker for the early diagnosis of myocardial injury.

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TIME TREND MORBIDITY DUE TO TRAFFIC ACCIDENTS IN THE CITY OF SÃO PAULO, BRAZIL

Gleice Margarete de Souza Conceição^a, Maria do Rosário Dias de Oliveira Latorre^a and Gizelton Pereira Alencar^a^aUniversity of São Paulo, Brazil

Nearly 1.3 million people die every day in traffic accidents (TA) worldwide, and 20–50 million people are injured. In 2010, the Brazilian public hospitals registered over 146 thousand admissions due to TA. São Paulo is the most populous city in the country, with nearly 11.8 million inhabitants and a fleet of more than 7.5 million vehicles. This study aims to describe the profile of hospital admissions due to TA in São Paulo and its time trend over the period 2000-2014. Hospital admissions data on TA was obtained from the Health State Secretary. Each victim was classified in one of the four groups according to the type of transport, based on ICD 10th revision: all, pedestrian, motorcyclist, vehicle occupant. Age groups were defined as 0-14, 15-19, 20-39, 40-59, 60 years and over. Statistical analysis was performed using Negative Binomial regression models.

Around 80% of admissions were of males. Running over pedestrians were responsible for the higher morbidity rates among man until 2003. Since 2004, motorcycle accidents are the main cause; rates (number of admissions per 100.000 inhabitants) have greatly increased during the period (from 14,8 to 42,5 $p < 0,05$). Age groups most susceptible to this type of accident were 15-19 and 20-39 years. Those aged 0-14, 40-59 and 60 years and over were admitted mainly as victim of trampling; the rates showed little fluctuation over the period (from 24,8 to 22,3 $p > 0,05$). The rates for vehicle occupants did not change much during the period (from 7,6 to 7,4, $p > 0,05$).

THE COCCINELLE STUDY-INTERVENTIONAL CARDIOLOGY DURING CHILDHOOD AND CANCER RISK

Hélène Baysson^a^aLaboratory of 'Epidémiology, France

Interventional cardiology (IC) has become an essential tool in the diagnosis and treatment of children with a wide variety of congenital and acquired forms of cardiovascular disease. Despite the clear clinical benefit to the patient, radiation exposure from IC may be substantial. Given children's greater sensitivity to radiation and the longer life span during which radiation health effects can develop, an epidemiological cohort study, named Coccinelle (French acronym for "Ladybird"), is carried out in France to evaluate the risks of leukaemia and solid cancers in this population. The study population consists of paediatric patients who underwent at least one IC (either for diagnostic or therapeutic purposes) before the age of 16 years and from 1 January, 2000, through 31 December, 2015. Patients are recruited in paediatric cardiology departments that perform IC. Individual IC-related doses are being assessed for each child included in the cohort. For each IC performed, dosimetric parameters (dose area product, fluoroscopy time) are retrieved retrospectively. The cohort will be followed up through linkage with French paediatric cancer registries. Our cohort study is specifically designed to provide further knowledge on the potential cancer risk associated with paediatric IC. This research project will also increase our knowledge on the level of doses received by the children during IC and will provide additional radiation protection information.